

Bill or Resolution # CB54-2011

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175. 1-10

County Council of Howard County, Maryland

2011 Legislative Session

Legislative Day No. 12

Bill No. 54 -2011

Introduced by: Council Members Calvin Ball, Mary Kay Sigaty, Jennifer Terrasa and Courtney Watson

AN ACT amending the Health and Social Services Title of the Howard County Code to include gender identity and expression as a classification protected against certain types of unlawful, discriminatory practices; and generally relating to the Human Rights law of Howard County.

Introduced and read first time \_\_\_\_\_, 2011. Ordered posted and hearing scheduled.

By order \_\_\_\_\_  
Stephen M. LeGendre, Administrator

Having been posted and notice of time & place of hearing & title of Bill having been published according to Charter, the Bill was read for a second time at a public hearing on \_\_\_\_\_, 2011.

By order \_\_\_\_\_  
Stephen M. LeGendre, Administrator

This Bill was read the third time on \_\_\_\_\_, 2011 and Passed \_\_\_\_, Passed with amendments \_\_\_\_\_, Failed \_\_\_\_\_.

By order \_\_\_\_\_  
Stephen M. LeGendre, Administrator

Sealed with the County Seal and presented to the County Executive for approval this \_\_ day of \_\_\_\_\_, 2011 at \_\_ a.m./p.m.

By order \_\_\_\_\_  
Stephen M. LeGendre, Administrator

Approved by the County Executive \_\_\_\_\_, 2011.

\_\_\_\_\_  
Ken Ulman, County Executive

NOTE: [[text in brackets]] indicates deletions from existing law; TEXT IN SMALL CAPITALS indicates additions to existing law; Strike-out indicates material deleted by amendment; Underlining indicates material added by amendment.

1 *Section 1. Be It Enacted by the County Council of Howard County, Maryland, that the*  
2 *Howard County Code is amended to read as follows:*

3

4 *By repealing and reenacting without amendment*

5 *Title 12. Health and Social Services*

6 *Subtitle 2. Human Rights*

7 *Section 12.200(I)*

8 *Section 12.210(II)*

9 *Section 12.210(III)*

10

11 *By amending*

12 *Title 12. Health and Social Services*

13 *Subtitle 2. Human Rights*

14 *Section 12.200 (II)*

15 *Section 12.207 (I)(a)*

16 *Section 12.208(I)(a)*

17 *Section 12.208(I)(d)*

18 *Section 12.209(I)(a)*

19 *Section 12.210(I)(a)*

20 *Section 12.210(I)(b)*

21 *Section 12.211 (I)(a)*

22 *By renumbering*

23 *Title 12. Health and Social Services*

24 *Subtitle. Human Rights*

25 *Sections 12.201(IX)-(XVII)*

26 *By adding*

27 *Title 12. Health and Social Services*

28 *Subtitle. Human Rights*

29 *Section 12.201(IX) "Gender identity or expression"*

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**Title 12. Health and Social Services.**

**Subtitle 2. Human Rights.**

**Sec. 12.200. - Public policy.**

I. *Equal Opportunity in Howard County.* The Howard County Government shall foster and encourage the growth and development of Howard County so that all persons shall have an equal opportunity to pursue their lives free of discrimination.

II. *Discriminatory Practices Contrary to Public Policy.* Discrimination practices based upon:

- Race,
- Creed,
- Religion,
- Handicap,
- Color,
- Sex,
- National origin,
- Age,
- Occupation,
- Marital status,
- Political opinion,
- Sexual orientation,
- Personal appearance,
- Familial status, [[or]]

1 Source of income, OR

2 GENDER IDENTITY OR EXPRESSION

3 are contrary to the public policy of Howard County.

4  
5 **12.201. Definitions.**

6  
7 IX. *GENDER IDENTITY OR EXPRESSION* MEANS A GENDER-RELATED IDENTITY OR APPEARANCE  
8 OF AN INDIVIDUAL REGARDLESS OF THE INDIVIDUAL'S ASSIGNED SEX AT BIRTH.

9 ~~[[IX.]]~~ X. *Handicap* means with respect to an individual:

- 10 (a) A physical or mental impairment which substantially limits one or more of the  
11 individual's major life activities; or  
12 (b) A record of having such an impairment; or  
13 (c) Being regarded as having such an impairment.

14 But the term "handicap" does not include current illegal use of or addiction to a controlled  
15 dangerous substance as defined in section 102 of the Controlled Substance Act (21 U.S.C.  
16 802).

17 ~~[[X.]]~~ XI. *Hearing* means an inquiry, forum, investigation or meeting conducted pursuant  
18 to this subtitle. Hearings may be closed pursuant to the requirements of article 76 of the  
19 Annotated Code of Maryland concerning meetings of public bodies.

20 ~~[[XI.]]~~XII. *Occupation* means the lawful activity of one's life, regardless of income. It  
21 includes but is not limited to students, welfare recipients or retired persons.

22 ~~[[XII.]]~~XIII. *Office* means the Office of Human Rights established pursuant to this  
23 subtitle.

24 ~~[[XIII.]]~~XIV. *Person* means one or more individuals, corporations, partnerships,  
25 associations, labor organizations, legal representatives, mutual companies, financial  
26 institutions, joint-stock companies, trusts, unincorporated organizations, trustees, trustees in  
27 bankruptcy, agents, receivers or fiduciaries, the government of Howard County and its  
28 agencies.

29 ~~[[XIV.]]~~XV. *Personal appearance* means outward appearance of a person with regard to  
30 hair style, facial hair, physical characteristics or manner of dress. It does not relate to a

1 requirement of cleanliness, uniforms or prescribed attire, when uniformly applied, for  
2 admittance to a public accommodation or to a class of employees.

3 ~~[[XV.]]~~XVI. *Political opinion* means the opinions of persons relating to:

- 4 Government,
- 5 The conduct of government,
- 6 Political parties,
- 7 Candidates for election, or
- 8 Elected office-holders.

9 ~~[[XVI.]]~~XVII. *Respondent* means a person against who a complaint is filed pursuant to  
10 section 12.207B or 12.212 or this subtitle. *Respondent* includes a person identified during  
11 an investigation of a complaint and joined as an additional or substitute respondent.

12 ~~[[XVII.]]~~XVIII. *Sexual orientation* means the preference or practice of an individual  
13 as to homosexuality, heterosexuality or bisexuality. This section is not intended to permit a  
14 sexual practice prohibited by law.

15  
16 **Sec. 12.207. - Unlawful housing practices.**

17 I. *Definitions.* Words and phrases used in this section have their usual meanings except  
18 as defined below:

19 (a) *Discrimination/discriminatory* means acting or failing to act, or unduly delaying  
20 any action regarding any person(s) because of:

- 21 Race,
- 22 Creed,
- 23 Religion,
- 24 Handicap,
- 25 Color,
- 26 Sex,
- 27 National origin,
- 28 Age,
- 29 Occupation,
- 30 Marital status,
- 31 Political opinion,

1 Sexual orientation,  
2 Personal appearance,  
3 Familial status, [[or]]  
4 Source of income, OR  
5 GENDER IDENTITY OR EXPRESSION

6 in such a way that such person(s) are adversely affected in the area of housing.

7

8 **Sec. 12.208. - Unlawful employment practices.**

9 I. *Definitions.* Words and phrases used in this section have their usual meanings except  
10 as defined below:

11 (a) *Discrimination/discriminatory* means acting or failing to act, or unduly delaying  
12 any action regarding any person because of:

- 13 Race,
- 14 Creed,
- 15 Religion,
- 16 Handicap,
- 17 Color,
- 18 Sex,
- 19 National origin,
- 20 Age,
- 21 Occupation,
- 22 Marital status,
- 23 Political opinion,
- 24 Sexual orientation,
- 25 Personal appearance, [[or]]
- 26 Familial status, OR
- 27 GENDER IDENTITY OR EXPRESSION

28 in such a way that such person(s) are adversely affected in the area of employment.

29 DISCRIMINATION DOES NOT INCLUDE PROVIDING FACILITIES TO EMPLOYEES THAT ARE  
30 DISTINCTLY PERSONAL OR PRIVATE IN NATURE.

31



1 (d) *Preferential treatment:*

2 (1) No employer, employment agency, labor organization or joint labor management  
3 committee may be required to grant preferential treatment to any person(s) because of  
4 any unbalance, compared to the general public, in the percentage or total number of  
5 people with the following characteristics employed, referred for employment,  
6 classified, admitted for membership or admitted to apprenticeship or training  
7 programs:

8 Race,

9 Creed,

10 Religion,

11 Handicap,

12 Color,

13 Sex,

14 National origin,

15 Age,

16 Occupation,

17 Marital status,

18 Political opinion,

19 Sexual orientation,

20 Personal appearance, [[or]]

21 Familial status[[]], OR

22 GENDER IDENTITY OR EXPRESSION.

23  
24 **Sec. 12.209. - Unlawful law enforcement practices.**

25 I. *Definitions.* Words and phrases used in this section shall have their usual meanings  
26 except as defined below:

27 (a) *Discrimination/discriminatory* means acting or failing to act, or unduly delaying  
28 any action regarding any person(s) because of:

29 Race,

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1 Handicap,  
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13 in such a way that the person(s) are adversely affected in the area of law enforcement.

14  
15 **Sec. 12.210. - Unlawful public accommodations practices.**

16 I. *Definitions.* Words and phrases used in this section shall have their usual meanings,  
17 except as defined below:

18 (a) *Discrimination/discriminatory* means acting, or failing to act or unduly delaying  
19 any action regarding any person(s) because of:

20 Race,  
21 Creed,  
22 Religion,  
23 Handicap,  
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4 in such a way that the person(s) are adversely affected in the area of public  
5 accommodations.

6 (b) *Public accommodations* means any place which holds itself out as inviting the  
7 public to utilize its goods and services, whether or not for profit. PUBLIC  
8 ACCOMMODATIONS DOES NOT INCLUDE ACCOMMODATIONS THAT ARE DISTINCTLY  
9 PRIVATE OR PERSONAL.

10 II. *Unlawful practices* means it shall be unlawful if, because of discrimination, an owner  
11 or operator (or his/her agent) of public accommodations denies any person any of the  
12 accommodations, advantages, facilities or privileges of such public accommodations.

13 III. *Exemptions*. This section shall not apply to:

14 (a) Those portions of a private club or similar establishment which is not in fact  
15 open to the general public, except to the extent that the facilities of such  
16 establishments are made available to the customers or patrons of an establishment  
17 within the scope of this section.

18 (b) Owner occupied establishments containing less than two rental rooms or  
19 apartments.

20 **Sec. 12.211. - Unlawful financing practices.**

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11 in such a way that such person or persons are adversely affected in the area of financing.

12  
13 *Section 2. And Be It Further Enacted by the County Council of Howard County,*  
14 *Maryland, that this Act shall become effective 61 days after its enactment.*

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6 in such a way that such person(s) are adversely affected in the area of housing.

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29 DISCRIMINATION DOES NOT INCLUDE PROVIDING FACILITIES TO EMPLOYEES THAT ARE  
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1 (d) *Preferential treatment:*

2 (1) No employer, employment agency, labor organization or joint labor management  
3 committee may be required to grant preferential treatment to any person(s) because of  
4 any unbalance, compared to the general public, in the percentage or total number of  
5 people with the following characteristics employed, referred for employment,  
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23  
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25 I. *Definitions.* Words and phrases used in this section shall have their usual meanings  
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13 in such a way that the person(s) are adversely affected in the area of law enforcement.

14

15 **Sec. 12.210. - Unlawful public accommodations practices.**

16 I. *Definitions.* Words and phrases used in this section shall have their usual meanings,  
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- 23 Handicap,
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4 in such a way that the person(s) are adversely affected in the area of public  
5 accommodations.

6 (b) *Public accommodations* means any place which holds itself out as inviting the  
7 public to utilize its goods and services, whether or not for profit. PUBLIC  
8 ACCOMMODATIONS DOES NOT INCLUDE ACCOMMODATIONS THAT ARE DISTINCTLY  
9 PRIVATE OR PERSONAL.

10 II. *Unlawful practices* means it shall be unlawful if, because of discrimination, an owner  
11 or operator (or his/her agent) of public accommodations denies any person any of the  
12 accommodations, advantages, facilities or privileges of such public accommodations.

13 III. *Exemptions*. This section shall not apply to:

14 (a) Those portions of a private club or similar establishment which is not in fact  
15 open to the general public, except to the extent that the facilities of such  
16 establishments are made available to the customers or patrons of an establishment  
17 within the scope of this section.

18 (b) Owner occupied establishments containing less than two rental rooms or  
19 apartments.

20 **Sec. 12.211. - Unlawful financing practices.**

21 I. *Definitions*. Words and phrases used in this section shall have their usual meanings  
22 except as defined below:

23 (a) *Discrimination/discriminatory* means acting or failing to act or unduly delaying  
24 any action regarding any persons because of:

- 25 Race,
- 26 Creed,
- 27 Religion,
- 28 Handicap,
- 29 Color,

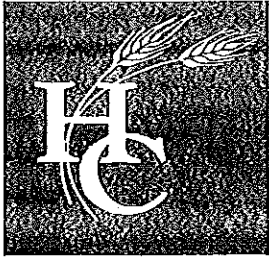
1 Sex,  
2 National origin,  
3 Age,  
4 Occupation,  
5 Marital status,  
6 Political opinion,  
7 Sexual orientation,  
8 Personal appearance, [[or]]  
9 Familial status, OR  
10 GENDER IDENTITY OR EXPRESSION

11 in such a way that such person or persons are adversely affected in the area of financing.

12

13 *Section 2. And Be It Further Enacted by the County Council of Howard County,*

14 *Maryland, that this Act shall become effective 61 days after its enactment.*



Howard County Human Rights Commission

6751 Columbia Gateway Drive, 2nd Floor, Suite 239  
Columbia, Maryland 21046

TEL 410.313.6430

FAX 410.313.6468

TTY 410.313.6401

CMB25  
CB54  
SL  
CB  
CW  
MB  
MAN

January 20, 2012

The Honorable Dr. Calvin Ball  
The Honorable Courtney Watson  
Howard County Council  
George Howard Building  
3430 Court House Drive  
Ellicott City, MD 21043

HOWARD COUNTY COUNCIL  
RECEIVED  
2012 JAN 25 P 2:30

Dear Dr. Ball and Ms. Watson,

As requested by the County Council, the Howard County Human Rights Commission studied legislation, Bill No. 54 -2011, which added gender identity to the list of protected classes in Howard County. The Human Rights Commission is pleased to see the continued support of human rights in the county code and public policy, which re-affirms that all individuals have an equal opportunity to enjoy a wholesome and productive quality of life free of discrimination. The Commission worked with senior representatives of the Howard County Public School System (HCPSS) and the President of the Howard County Chamber of Commerce to collect information and assess current approaches to gender identity nondiscrimination and a set of Frequently Asked Questions (FAQ).

The HCPSS is taking a number of steps to address gender identity topics in the school system, such as developing a strategy for transgender students, professional development training for all psychological services staff, and forming an anti-bullying task force around gender identity. Safe use of restrooms and locker rooms in schools is essential for all students, particularly transgender students. The Commission agrees with the HCPSS approach of allowing transgender students access to a faculty restroom or a single stall restroom.

Included with this letter is a draft "Frequently Asked Questions" pamphlet to provide Howard County public and private entities guidance on the terminology, discriminatory scenarios, and approaches to avoid discriminatory practices based on gender identity and expression.

Thank you for your time and attention.

Sincerely,

*Franklin V. Eastham, Jr.*

Franklin V. Eastham Jr., Chairperson  
Howard County Human Rights Commission

## Howard County Gender Identity and Expression Frequently Asked Questions

The Howard County Human Rights Commission provides this pamphlet of frequently asked questions to help residents, organizations, and businesses in the County understand and comply with gender identity and expression non-discrimination. The questions and answers provided are intended to be broad and highlight the gender identity and expression protections and classifications to protect against certain types of unlawful, discriminatory practices, while promoting the public policy of Howard County.

If you have questions or concerns after reviewing the information, please contact the Howard County Human Rights Commission.

### **What is the purpose of Council Bill No. 54-2011?**

Council Bill 54-2011 adds "gender identity or expression" as a protected class of persons in Howard County. The Bill will make it illegal to discriminate against persons because they are transgender or express a gender different from their assigned gender at birth.

### **What is "gender identity or expression"?**

Gender identity or expression is an individual's self-conception as being male or female, as distinguished from actual biological sex. It is an internal sense of gender.

### **Why do we need this legislation?**

The human rights provisions of the Howard County Code express the goal of creating an environment "so that all persons shall have an equal opportunity to pursue their lives free of discrimination." Adding "gender identity or expression" extends this protection to a group of individuals who currently do not have protection under the County Code. Statistics show individuals who identify with this category experience discrimination. According to the Center for Transgender Equality and the National Gay and Lesbian National Transgender Discrimination survey:

- Unemployment is twice the rate of the population as a whole
- Ninety-seven percent (97%) reported experiencing harassment or mistreatment on the job
- Forty-seven percent (47%) had experienced an adverse job outcome, such as being fired, not hired or denied a promotion
- Nineteen percent (19%) have been or are homeless



### **What is covered by Council Bill No. 54-2011?**

Council Bill 54-2011 makes it illegal in Howard County to discriminate based on gender identity or expression in public accommodations (restaurant, stores, healthcare facilities), employment (hiring, firing, promotion), housing, law enforcement, and finance (mortgage and consumer loans).

### **Are there exemptions in this legislation?**

As with all protected classes in Howard County Code Title 12, Health and Human Services, there are two exemptions:

- The Bill does not apply to the portions of a private club or similar establishment that is not in fact open to the general public. But if the establishment is made available to the customers or patrons of such establishment, it is covered under the Bill.
- Owner occupied establishments with less than two rental rooms or apartments are not covered by the Bill.

### **Do other counties or jurisdictions provide similar gender identity or expression protections?**

Yes. In Maryland, Baltimore City and Montgomery County have "gender identity or expression" as a protected class. Moreover, at least 13 states, the District of Columbia and 13 other US counties have banned discrimination based on gender identity or expression.

### **What does the term "transgender" mean?**

Transgender means a person whose gender identity, gender expression or behavior is different from the sex that person was assigned at birth and who either:

- Dresses or acts in a gender different from that assigned at birth;
- Takes hormones to begin the transformation from one gender to another;  
or;
- Has had surgery to physically reassign gender

### **What is assigned gender?**

Assigned gender is the gender that a baby is designated as at the time of birth by a physical inspection of the child. Assigned gender is based on chromosomes, hormones and physical anatomy.

### **What is gender expression?**

Gender expression refers to gender related appearance or behavior of an individual regardless of the individual's gender assigned at birth.

### **What is harassment?**

Harassment can take many forms and can be committed by anyone, including employers, teachers, students, and co-workers. Examples of harassing are teasing or ostracizing, derogatory language, threatening language, and cyber bullying.

### **What is discrimination?**

Discrimination is the treatment or consideration of an individual based on that individual's inclusion in a certain class or group of people rather than on the individual's merit.

### **How do I refer to a transgender person?**

Use names and pronouns that are appropriate for the person's gender. If in doubt, ask. Do not make assumptions about a transgender person's sexual orientation or other aspects of their identity.

### **What about use of restrooms?**

Transgender individuals should have access to public restrooms for the gender to which they identify. In many cases, reasonable accommodations can be made by allowing transgender individuals to use a single-stall or gender-neutral restroom. In situations such as public schools, transgender students should be allowed to use restrooms of the gender to which they identify, and on a case-by-case basis, reasonable accommodations such as using a single stall facility restroom or other private restroom is recommended.

### **What about use of locker rooms and sports teams?**

Transgender individuals should have access to the public locker room for the gender they are expressing. Like most people, transgender people seek privacy and personal space when changing and showering in locker rooms, in order to protect their own safety and privacy. Just as is true for many non-transgender individuals, many transgender individuals have a strong sense of modesty and choose to use private shower stalls when available and enclosed bathroom stalls to change their clothes. In situations where nudity may be unavoidable, and a transgender person has expressed discomfort with this situation, organizations can make a reasonable accommodation by creating a separate changing/showering space within the locker room—as many do already for people with physical disabilities. This solution may be as easy as putting up a shower curtain, or it may involve creating a separate shower stall or changing space that is private.

Many sporting organizations already have approved transgender membership policies in place that allow student-athletes to participate and compete in accordance with their gender identity while maintaining the relative balance of competitive equity among sports teams. Policies will differ between intermural competitive sporting teams and community teams. In general, reasonable accommodations should be made to allow transgender people to join teams in accordance with their gender identity.

### **What kinds of discrimination do transgender people experience?**

Transgender people experience discrimination in employment, housing, health care, education, legal system, and public accommodations. Transgender people are also the victims of hate crimes.

### **I own a business and/or hire employees. Does this legislation apply to me?**

The term Employer in the Howard County Human Rights Code includes persons or organizations that employ 5 or more persons. Non-profit religious or sectarian organizations are exempt from application of the Human Rights Code.

### **Can an employer refuse to hire or fire an individual because of the person's gender identity or expression?**

No. Employers may not consider gender identity or expression when making hiring, firing or other employment related decision. Employers are also prohibited from discrimination in compensation and other terms of employment based on gender identity or expression.

**What discrimination is currently illegal by Howard County employers?**

It is illegal to discriminate against persons based on race, color, creed, national origin, sex, familial status, marital status, physical or mental disability, sexual orientation, personal appearance, political opinion, or religion.

**Can an employer ask an applicant or employee's gender identity or sexual orientation?**

No. It is illegal for an employer to ask about an applicant or employee's sexual orientation or gender identity.

**Is an individual protected if an employer thinks the employee's sexual orientation is different than it is or perceived to be, and discriminates against the employee based on that perception?**

Yes. The individual is protected. It is illegal for an employer to discriminate against a person based on perceived sexual orientation.

**What happens if an employer violates the anti-discrimination laws of Howard County?**

A complaint may be filed with the Office of Human Rights, followed by an investigation or a public hearing by the Human Rights Commission. If reasonable cause is found, the employer may reconcile or reach an agreement with the complainant prior to a public hearing. If the parties cannot reach an agreement or reconcile, the Human Rights Commission will issue a finding that the employer or individual engaged in unlawful acts and issue a cease and desist order, and may order other remedies. The Circuit Court of Howard County may review the decision.

**Can an employer require an employee to affirmatively identify with a specific gender?**

No. It is illegal for an employer to ask or require an applicant or employee to affirmatively designate his/her gender on any form.

**How does an employer's dress code apply?**

An employer has the right to establish employee dress and grooming guidelines during work hours if they are reasonable and serve a legitimate business purpose.

If an employer has a gender specific dress code, employees should be permitted to comply with those provisions in an appropriate manner that is consistent with the person's gender identity or expression.

**What is an employer's obligation regarding restrooms for transgender persons?**

If an employer maintains gender specific restrooms, transgender employees should be permitted to use the restroom that is consistent with the individual's gender identity or expression. Where there are single restrooms available they may be designated as "gender neutral." All employers need to find solutions that are safe, convenient and respect a transgender employee's identity.

**Are employers required to change the name or sex of a transgender employee on company records?**

Employers should ask a transgender employee what name and sex specific pronoun he or she prefers and use them consistently. Official company records should reflect the employee's legal name. If the name is not consistent with employee's gender identity or expression, an employer can still insure that non-official references to the employee's name and gender (email, photo, id, etc.) are consistent with employee's gender identity or expression.

**What are employer's responsibilities regarding the behavior of co-workers?**

There may be misconceptions or questions regarding transgender employees by co-workers. Employers are responsible for non-discrimination, maintaining a non-hostile work environment and establishing clear policies on gender identity and expression, and educating all employees on these policies. Use of a consultant for gender identity awareness and sensitivity training may be helpful.

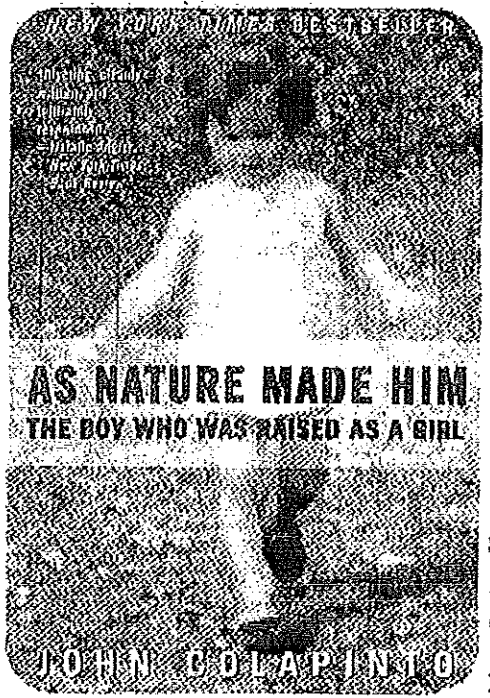
**What should an employer do with respect to background checks or references for transgender employees?**

A background check may disclose the previous name of a transgender employee. If it is unavoidable that an employer asks for the previous names, the employer

should, nevertheless, treat the employee exactly as any other employee whose name has changed would be treated.

In giving references, while the employee's previous name may not match the new name expected by the person checking the references, the employer should use the person's new name and preferred pronouns. If asked, the previous name may be confirmed.

There appears to be something innate, all of us are our gender



As Nature Made Him: The Boy Who Was Raised as a Girl, by John Colapinto.

A Canadian woman gave birth to twin boys in the wee hours of one winter morning. The hospital was understaffed, and the care fell to some very tired and overworked people. As the doctor was performing circumcision on one of the babies, her hand slipped and she burned off a large part of the boy's penis. Medical technology was not capable of repairing the damage. After some long and anxious conversations, the family and medical staff decided that the best thing to do was to remove the rest of the penis and raise the boy as a girl (Colapinto, 2000).

The decision was not taken lightly. The family consulted with leading experts on gender and sexuality. In the past, many psychologists and others had believed that men and women were innately different, but the feminist movement had challenged those beliefs as being more rationalizations for sexual oppression, and most expert opinion had come around to agree that boys and girls were not born different, but were made different by how they were brought up. Many Canadian and American parents were themselves rethinking how to raise their children so as to undo the constraining stereotypes and perhaps produce more autonomous, stronger daughters and more sensitive, caring sons. If adult personality depended mainly on upbringing, then it should not matter much whether a child was born as a boy or a girl. It should therefore be possible to raise this baby boy as a girl with no untoward consequences. At most, the experts thought that the child would need some injections of female hormones around the time of puberty.

Little Brenda (as the child was named) was not told about the botched circumcision or the gender switch. She grew up wearing long hair and dresses, playing with other girls, and in other ways being introduced to the female sex role. The sex experts kept in touch and reported back to the scientific community that the experiment was working. Brenda was a normal girl.

The reports were not quite right, however. The parents were anxious to avoid displeasing the experts, and perhaps they also wanted to avoid admitting that they might have made a mistake in converting their son into a daughter. But the girl never fit in. She wanted to play rough games like the boys did. She was more interested in sports, race cars, and fighting toys than in dolls, makeup, or tea parties. Her dress was often dirty and disheveled, and her hair was tangled, unlike the other girls'. As the children approached puberty and began to play kissing games or to try dancing at parties, the tensions increased. Brenda did not know what was wrong, but she wanted no part of kissing boys or dancing with them. Her rebellious behavior increased.

Finally it came time for the hormone shots. By now Brenda was in regular therapy. She rebelled and absolutely refused to accept the injections. When her parents broke down and told her the full story of how she had been born as a boy, she finally felt as if she could understand herself. She immediately quit being a girl. She cut her hair, replaced her dresses with boys' clothes, and took a male name. He insisted on having lengthy, agonizing surgeries to remove his breasts and create a sort of penis from the muscles and skin of his legs. Although his body could not biologically father a child, the former Brenda was even able to become a father by virtue of marrying a woman who already had children. But happiness proved elusive, and at age 38 he killed himself (Colapinto, 2000; also Joiner, 2005).

Later, investigative reporters uncovered other such cases. Each time, the person born as a boy and raised as a girl did not turn out to be a typical adult woman. One of them, for example, worked as an auto mechanic, never wore dresses or skirts, and smoked cigars.

These stories are important because they suggest limits to the power of socialization. In the 1970s and 1980s, most psychologists accepted the view that the dif-

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Testimony on Howard Council Council Bill 55-2011 on November 21, 2011

I am Ruth Alice Keeting-White of 8945 Footed Ridge, Columbia Md 21045

I am part of a team submitting testimony from the Climate Change Initiative of Howard County, CCIHC ([www.hococlimatechange.org](http://www.hococlimatechange.org)), a group that both educates the public on climate change and sustainability, and also advocates for change to mitigate climate change.

Our CCIHC Advocacy Team believes it is important to improve green building standards.

We note that on November 4, 2011 the Washington Post cited new data from the Department of Energy's Oak Ridge National Lab which reports greenhouse gases are rising much faster than previous worst case scenarios predicted. If we keep going in this direction the chance of dodging a very high rise in temperature becomes very very low. We could see a 10 degree F. temperature rise in the US by 2100, and a 6 foot sea level rise, changing the civilization our grandchildren will live in catastrophically.

A New York Times article estimates residences cause about 40% of an individual's greenhouse gas emissions. Some say our home emit more than our cars. Whatever, it is close, and home emissions are substantial.

It is important that new homes be more energy efficient.

We also support upgrading the energy efficiency of our older homes (but that is not this bill).

It is a no brainer to avoid needing later upgrading costs by starting with great efficiency in a new home.

The proposed tax credits are a carrot or incentive to home builders and home buyers to "go green" and invest a little more in homes that are more energy efficient. Homebuyers will also have the incentive of lower energy bills over the years.

I support the written comments emailed in by Dan Kirk-Davidoff and signed by myself and other advocacy team leaders.

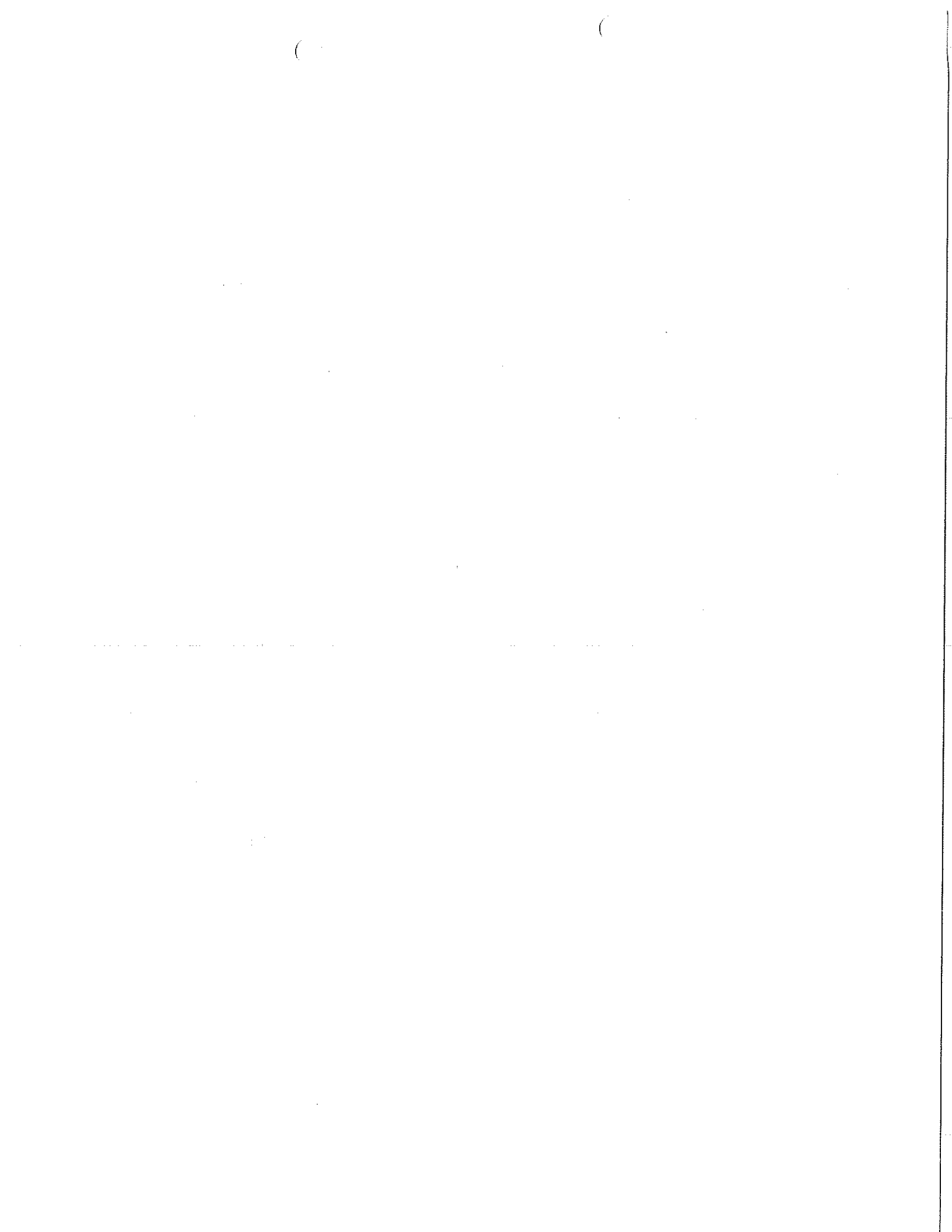
And I want to add a PERSONAL comment, one not endorsed by the whole CCIHC advocacy team.

My personal preference is, given the urgency of our need to reduce greenhouse gases, that we have green building mandates, not just carrots.

I understand that legislators and builders prefer carrots/incentives. Our neighboring counties have enacted carrots/incentives.

If over a period of time study shows the carrots do not produce substantial results, I would urge passage of green building mandates.

Thank you.



**CB54-2011: Testimony to the Maryland General Assembly**  
**Maria Singer, parent and Howard County resident**

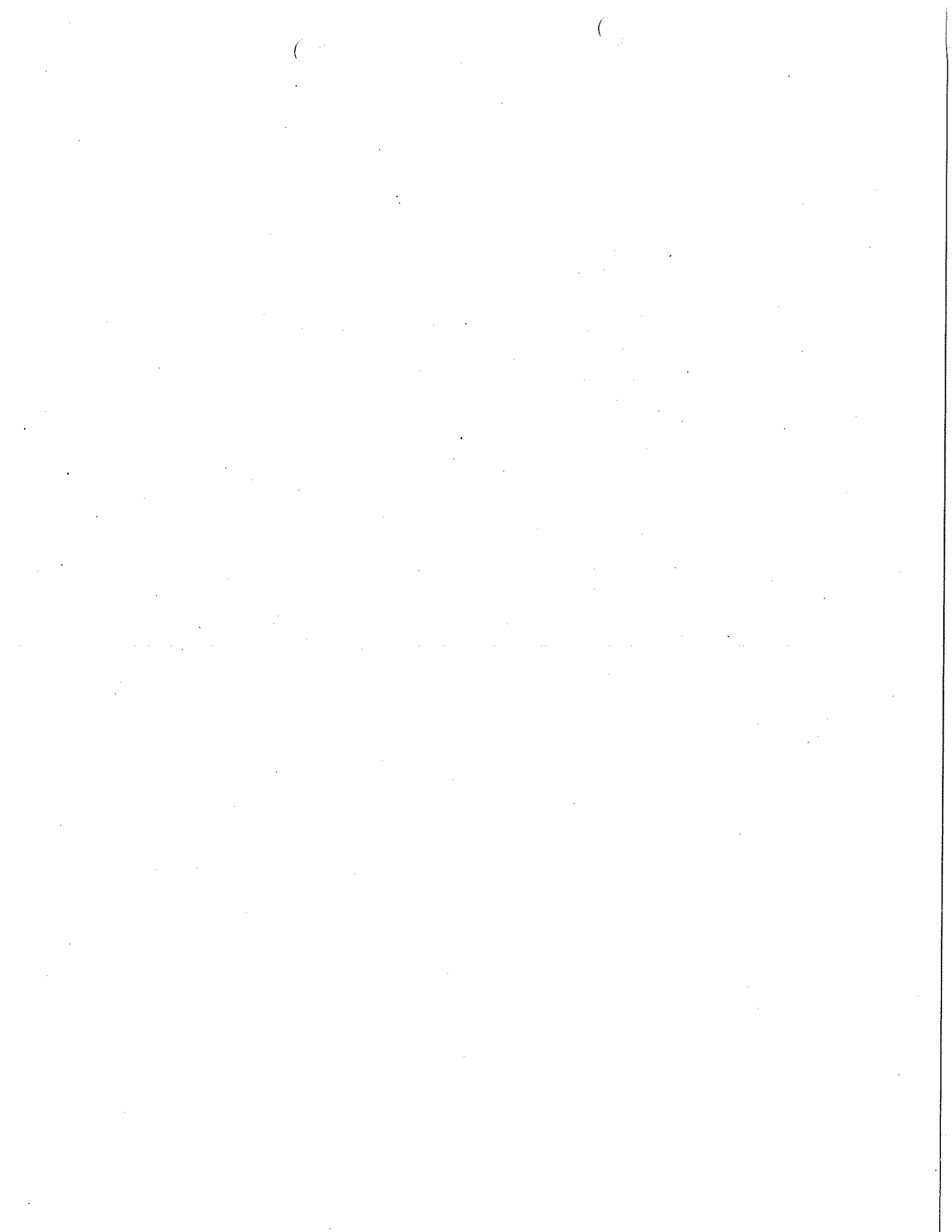
My name is Maria Singer. I live in Howard County, and I am speaking in support of CB54-2011. I want to thank Council Members Calvin Ball, Mary Kay Sigaty, Jennifer Terrassa and Courtney Watson for sponsoring this important legislation.

At age 2 ½ my child, who was born male, was playing with my clothing, my lipstick, my wedding dress. The pediatrician said it was a phase; we were not concerned; we were very supportive. We thought Jack was experimenting. Between ages 3-4, when we moved to Maryland, ~~it~~ <sup>she</sup> became more determinedly feminine. She would only play with princess dresses, cut up my dresses to make her own. It was at this time she said, "I'm a girl, mommy, get it through your head. I'm not going to tell you again."

We supported this at home; but then kindergarten started. At this point, Jack began acting out. She would speak out of turn, compare herself to other girls, then be heartbroken because she felt she was not pretty like them. The teacher was concerned over Jack's highs and lows. She and I discussed allowing Jack to go to school in a dress, so we allowed this, and it immediately helped my child relax and be better able to learn. The students accepted her a girl. They called her Jackie, used the pronoun she and called her a girl.

We feel blessed to live in Howard County, where Jackie's elementary school, Forrest Ridge, under Anne Schwartz's leadership, has just been outstanding. She welcomed a national trainer, insisted that all teachers and staff attend. She even proactively worked with the bus driver, who was struggling, to be sure my child would be safe and welcomed at all points through her school day. Anne understood the important implications, the long term implications to Jackie's health and education, and has been tremendously supportive. Following the training the staff feels better equipped to help all children.

This legislation is important to me because it will help protect my child and other children from being bullied. It is important to me, as it is to all parents, that my child feel comfortable, confident, accepted and celebrated, so that she can grow into a confident young woman. No child should be made to feel sad or upset because they wear pink, or have feminine qualities. And they certainly should not be beat up or bullied for being who they are. This legislation will help Howard County clearly make that point to all residents.



**11/21/2011 Howard County Council - In support of CB-54-2011: Gender Identity and Expression**

My name is Sama Bellomo, I live in Elkridge and work for a non-profit in Ellicott City.

When I was little they said it is not what's outside, but what is inside, that counts. I, transgender, am the same--except for how immediately at risk I become when people aren't comfortable with the outside of me. Terrible things happen, and they don't have to. Social criticism on the morality or validity of gender identity does not rule out the fact that discrimination and violence happen, or that I've insufficient legal recourse when it does.

I don't make the best looking fella, but if you stick me in a dress and heels, you won't find me any easier on the eyes. But I'm still here, a contributing taxpayer and denizen of Howard County. I'm a pretty good person. I need Howard County to be a safe place for me when in so many places human decency isn't enough. Putting a law in place sets an example that violence is not necessary, nor is discrimination.

When the average person uses a public restroom they may get self-conscious about the sound of their bodily functions. When a transgender person uses a public restroom they may get self-conscious about the idea of being beaten, stripped, videotaped and cast on the Internet. When I go to a public restroom, I use the other one. I become afraid that something terrible will happen, when I am really going there for relief. I think about skipping washing my hands, just so no one has extra time to assess me as I slink out the door. That's not what I should be spending time on; it's not funny, and it's not fair that I should think that way. Using the other bathroom is extra frightening because I have a disability; it would be hard to escape or defend myself, and the damage could be irreparable, or deadly. I am not on turf where I can consider myself a safe and equal human being; I need protection, just because I'm using the other restroom. Which restroom I was talking about is irrelevant; one is as scary as the other.

If something on the books said I won't get beaten up for relieving myself, then I would be doubly relieved. It's appropriate for our legislators to say, "I recognize on paper that violence happens, and that it's wrong."

I have Ehlers-Danlos Syndrome, a genetic disorder that causes chronic and unpredictable joint dislocations among other things. Nobody blames me for having been born this way, or beats me up for walking funny when my hips are dislocated and I can't get them back into their sockets. Nobody will beat me up for wearing splints, even though they look different and may make some people uncomfortable. They think twice because there's a law to protect me, and the law sets an example that violence is not necessary.

My genetic makeup is a mismatch for most things I need functional body parts to accomplish in this lifetime, be it to carry children or carry groceries, but society has caught up to its own stigma about disability, and the law set the stage for immeasurable progress in that regard.

My government can protect my right to live as I accept and understand myself, independently of my genetic make-up. In too many cases, that regard has cost me time, money and blood, and it doesn't need to. A law sets an example that such measures are not necessary in order for me to exist.

My genetics are a private matter, as are my privates. But in the public forum I must have the same right to exist, with the legal protections that protect my dignity as every other protected citizen in Howard County.

If you feel curiously unable to relate, I invite you to consider what that says about you, your inherent protection from such dangers, protections I don't get. I ask you to remember the core values that brought you into public service. I challenge you to break through any mental blocks you have against protecting my gender identity, and urge you to support the protections in this bill with an open heart.

You can make a difference, and I will be all too glad to thank you for it. Thank you for listening; I look forward to your support. You got my vote, and now I need yours.

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Testimony by David L. Bates, 21 Nov 2011,

Against the Council Bill No 54-2011 - Amending the Health and Social Services Title of the Howard County Code to include 'gender identity and expression' as a classification protected against certain types of unlawful, discriminatory practices, and generally relating to the Human Rights law of Howard County. Title 12 Health and Social Services, Sec. 12.200 Public Policy, II Discrimination Practices Contrary to Public Policy ('protected' listing).

This bill looks like a solution looking for a problem. It might be a knee jerk reaction to the incident recently caught on video of two women beating up a man who, dressed as a woman, entered a woman's restroom in a fast food restaurant. I have heard of no other such attacks in Howard County, or in the area. In the incident in question, the women were charged and convicted of assault and battery which was the proper remedy. Current law already addresses such behavior no matter the motivation.

The current Howard County code names Sexual Orientation and Personal Appearance as protected classes. These classes should not be included in the anti-discrimination code any more than this proposed one, for they violate our basic freedom of association in areas of conduct with which a large portion of the population disagrees, many on a religious basis. Sexual Orientation protects homosexual behavior and Personal Appearance already protects cross dressing and transvestite appearance and expression, which I believe this new class duplicates.

As a citizen with a Christian world view, I try to look to God's word, the Bible, for guidance in all matters and find that 'gender identity and expression' protection violates the natural order God has created, as does the whole range of sexual sins with which this is connected. The Bible, in no uncertain terms, condemns all sexual activity outside of marriage between a man and a woman. In I Corinthians 6:9, fornicating, adulterous, effeminate and homosexuality activities are condemned. God told the Hebrews through Moses in:

Deuteronomy 22:5 "A woman must not wear men's clothing, nor a man wear women's clothing, for the Lord your God detests anyone who does this."

This verse is followed by several admonitions not to mix things, like different crops, work animals and even materials in clothing. These admonitions were meant to emphasize order in people's lives and in their society. God knows that disorder and confusion cause people great suffering. That is why defined relationships are so important in scripture. We find in the New Testament in:

I Corinthians 14:33 "For God is not the author of confusion but of peace."

I think most of us would acknowledge that confusion is rampant in today's society. Men and women struggle with their roles, and as families break down, more and more children are raised without proper role models. By nature we are born with a sexual identity with different DNA, anatomy and brain structures and functions, but nurture is also important in the development of healthy, adjusted men and women. God planned that children be raised by a father and mother so those roles could be passed on to the next generation. Too often today, children are raised without both role models, to the detriment of society as confusion in sexual

roles and identity leads to broken lives and great suffering. By making the aforementioned special classes, you, as our representatives, are putting the stamp of society's approval on deviant behaviors which further damage society. All people should be treated equally under the current laws and protected from abuse and violence but we don't need special classes for that.

Many questions arise concerning this new protected class:

What do the schools do about girls' and boys' teams; about common sex restrooms and locker rooms? Will all schools have to be modified to replace all common sex facilities with large numbers of single person versions? Will this also apply to business and government buildings?

What if kids choose to change their "gender identity" every so often, or even every other day? Who would judge the motivation for "accepted" gender changes; and on what basis would that judgement be made? Wouldn't some unruly, maladjusted or rebellious kids change their "gender identity and expression" just to get attention, or to rebel against their parents and authority?

How is the Howard County Detention Center to handle gender identity and expression in their facilities? Do we have cell blocks for men, women, homosexual men, homosexual women, women choosing male gender, and men choosing female gender? Or do we replace the current facility with a much more expensive facility with single person only cells?

How are employers to stay in business if an employee chooses to express himself fully in appearance as a transvestite and customers choose to stay away? Does the employer have to fund insurance for sex change operations and gender choice breast implants or removals?

Do school health and sex curriculum and instructional materials have to be revised to add this new class as another acceptable and normalized behavior, over opposition of a majority of parents?

What do the police do in the situation where a man chooses to be female and insists on hanging around female restrooms? In addition to gender confused men, one would think voyeurs, cross dressers and peeping toms would find this a new opportunity, and if confronted would proclaim their chosen female gender. With the protected class of 'appearance' they would not even need to dress like women to choose the female restroom. The protection of gender identity and expression coupled with protection of appearance would preclude any police action against any males in what has been exclusive female locations and organizations, and vice versa.

In my lifetime, we have gone from most sexually immoral activity being criminal to decriminalization, to tolerance, to approval, to embracing, to now making special protected classes based on specific perversions. God's word says in:

James 3:16 "For where you have envy and selfish ambition, there is confusion and every evil practice."

Suffering and destroyed lives already result from this confusion. Please don't give this behavior special protection and thereby approve and enable the growing disorder in our society.





NATIONAL CENTER FOR LESBIAN RIGHTS

WASHINGTON DC  
1325 Massachusetts Ave NW  
Suite 600  
Washington DC 20005

**TESTIMONY OF LIZ SEATON, ESQ., STATE POLICY DIRECTOR  
NATIONAL CENTER FOR LESBIAN RIGHTS**

**IN FAVOR OF HOWARD COUNTY BILL NO. 54-2011:**

**INCLUDING GENDER IDENTITY OR EXPRESSION  
AS A PROTECTED NONDISCRIMINATION CLASSIFICATION**

**November 21, 2011**

My name is Liz Seaton and I am the State Policy Director at the National Center for Lesbian Rights and also a Maryland-licensed attorney. I presently reside in Takoma Park but when I was in law school and first moved to Maryland I lived in Howard County for more than two years, in the apartments across the river from Savage Mill. Today, my family and I regularly travel to and through this county, making us some of the individuals who would be affected by the passage of this proposed ordinance.

The National Center for Lesbian Rights is a national legal organization committed to advancing the civil and human rights of lesbian, gay, bisexual, and transgender people and their families through litigation, public policy advocacy, and public education.

NCLR advocates passage of County Bill No. 54-2011, the purpose and effect of which are clear from the text of the bill itself. The bill would add the category of "Gender identity or expression" to Howard County Human Rights law, prohibiting discrimination on the basis of this category in housing, employment, law enforcement, public accommodations and financing. The new category is well-defined: Gender identity or expression means a gender-related identity or appearance of an individual regardless of the individual's <sup>assigned</sup> sex at birth. The bill is intended to, and given its language if adopted would, protect transgender and gender non-conforming people from discrimination. The definitional language of this bill is similar to the language that has been passed in some states and localities around the country, and is similar to language in legislation pending before the U.S. Congress to end job discrimination against transgender people.

The problem of discrimination against transgender and gender nonconforming people is one that is slowly but surely being addressed by state and local jurisdictions around the nation. The law is advancing to protect this vulnerable population, as it should. In fact, just last week, the Commonwealth of Massachusetts acted to adopt a law prohibiting discrimination against transgender people in the areas of employment and housing. Others who are testifying tonight will be addressing the state of the law so I want to focus my remarks on one point in particular: the fact that laws and policies of non-discrimination, like those in the proposed C.B.54, are supported by major national legal, medical and psychological associations.

## **AMERICAN BAR ASSOCIATION "URGES PASSAGE" OF LEGISLATION TO PROHIBIT DISCRIMINATION BASED ON GENDER IDENTITY OR EXPRESSION**

The American Bar Association's (ABA's) House of Delegates adopted Resolution 122B in August, 2006 urging "federal, state, local, and territorial governments to enact legislation prohibiting discrimination on the basis of actual or perceived gender identity or expression, in employment, housing, and public accommodations." The ABA's carefully-documented Report on this issue, which is included with my written testimony, states clearly that "people who have, or are perceived as having, a non-traditional gender identity or gender expression face discrimination in all facets of life, including employment housing, and public accommodations." It also states that "[s]tatutory prohibitions on gender-identity-based discrimination send a strong message to the community regarding the dignity of transsexual and transgender people, and thus help to prevent tragedies ... Further, legislation nondiscrimination on the basis of gender identity and expression protects not only transgender people, but all individuals from being penalized for failure to conform with stereotypes linked to gender." Finally, "explicit protections are necessary to ensure that employers and providers of housing and other public accommodations know that this ... discrimination is prohibited."

## **AMERICAN MEDICAL ASSOCIATION HAS POLICY AGAINST DISCRIMINATION AND SAYS "NO BASIS" TO DENY EQUAL RIGHTS BASED ON GENDER IDENTITY**

The American Medical Association's (AMA's) General Policies Include:

**H-65.992 Continued Support of Human Rights and Freedom.** Our AMA continues (1) to support the dignity of the individual, human rights and the sanctity of human life, and (2) to oppose any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies. (Sub. Res. 107, A-85; Modified by CLRPD Rep. 2, I-95; Reaffirmation A-00; Reaffirmation A-05; Modified: BOT Rep. 11, A-07)

**H-65.983 Nondiscrimination Policy.** The AMA affirms that it has not been its policy now or in the past to discriminate with regard to sexual orientation or gender identity. (Res. 1, A-93; Reaffirmed: CCB Rep. 6, A-03; Modified: BOT Rep. 11, A-07)

**H-65.990 Civil Rights Restoration.** The AMA reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age. (BOT Rep. LL, I-86; Amended by Sunset Report, I-96; Modified: Res. 410, A-03)

The AMA further has adopted a set of 13 specific policies against discrimination relating to physician care, medical education and patient services; all include gender identity.

## **AMERICAN PSYCHOLOGICAL ASSOCIATION: OPPOSES DISCRIMINATION AND "URGES REPEAL OF DISCRIMINATORY LAWS AND POLICIES"**

The American Psychological Association (APA) has a Policy on Transgender, Gender Identity & Gender Expression Non-Discrimination in which it "opposes all public and private discrimination on the basis of actual or perceived gender identity and expression and urges the repeal of discriminatory laws and policies" and "calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals[.]

The APA further acknowledges that the laws in our cities and states do not go far enough to protect transgender people, and the harm that this causes. "[T]ransgender people in most cities and states can be denied housing or employment, lose custody of their children, or have difficulty achieving legal recognition of their marriages, solely because they are transgender. Many transgender people are [also] the victims of hate crimes." And the APA acknowledges that the lack of protective laws combined with "[t]he widespread nature of discrimination based on gender identity and gender expression can cause transgender people to feel unsafe or ashamed, even when they are not directly victimized."

## **OPPONENTS OF THIS BILL CANNOT SUBSTANTIATE THEIR ARGUMENTS**

Those who appear to testify against this proposed law have their own reasons for doing so, and I respect them for coming to participate in the political process, which they have a First Amendment right to do. However, none can substantiate any arguments they may make about potential harms that could flow from this bill, or provide any valid reason not to pass this ordinance exactly as written, without amendment. The ordinance is designed to help end discrimination against transgender men and women who want to work, live in decent housing with their families, and be able to go to county stores and restaurants and gas stations and banks like everyone else, without fear that they will be treated unfairly, turned away completely, or worse, because of the bias of others. It is written very much like similar laws in a growing number of jurisdictions around the country which work as intended, and which simply do not cause the problems that opponents of this bill imagine. Due diligence is important, and I have spoken with the Howard County Office of Human Rights, which would enforce the ordinance if it became law, and they have reviewed this ordinance. While they do not take a position on pending legislation, we had an extended conversation about this bill and the staff member I spoke to did not express any reservations about the language or the bill's enforceability.

## **NCLR URGES PASSAGE TO ADD HOWARD COUNTY TO JURISDICTIONS PROTECTING TRANSGENDER PEOPLE FROM DISCRIMINATION**

In 1974, not a single jurisdiction in the country had a law that protected transgender people from discrimination. Now our national government bans discrimination against federal workers, the largest single group of employees in the country. Sixteen states cover transgender people in their anti-discrimination laws and over 100 counties and cities do too. As the understanding of gender identity has grown, as transgender people have come forward to tell

the authentic stories of their lives and the devastating stories of how badly they have been treated, and, more recently, as the parents of transgender and gender nonconforming children bravely step forward on their children's behalf to create a better and safer society for them to live in – as every parent should – the tide in this country is turning on this issue. Today, we know it is right and just to protect transgender people from discrimination, which is why so many jurisdictions have taken action on this issue. Howard County can be next. That is the simple request we are here to make today, as we urge you to pass this important legislation.

Thank you for the opportunity to testify and urge you to support Bill No. 54-2011.

###

**Contact:**

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**122B**

**AMERICAN BAR ASSOCIATION**

**ADOPTED BY THE HOUSE OF DELEGATES**

**August 7-8, 2006**

**RECOMMENDATION**

RESOLVED, That the American Bar Association urges federal, state, local, and territorial governments to enact legislation prohibiting discrimination on the basis of actual or perceived gender identity or expression, in employment, housing and public accommodations.

## REPORT

The American Bar Association has a long tradition of actively opposing discrimination on the basis of classifications including race, gender, national origin, disability, age, and sexual orientation. The Association has adopted policies calling upon local, state, and federal lawmakers to prohibit such discrimination in employment, housing, public accommodations, credit, education, and public funding and has sought to eliminate such discrimination in all aspects of the legal profession.<sup>1</sup> The ABA's fundamental position condemning such discrimination is based on its underlying commitment to the ideal of equal opportunity – that no person should be denied basic civil rights because of membership in a minority group. Employment, housing, and public accommodations decisions should be made only on the basis of individualized facts, not on the basis of presumptions arising from mere status.

Pursuant to this commitment and these various policies, the ABA actively has participated in lobbying for effective federal anti-discrimination legislation.<sup>2</sup> The Association additionally has filed numerous Supreme Court amicus briefs urging the adoption of strong anti-discrimination positions.<sup>3</sup>

As discussed in more detail below, people who have, or are perceived as having, a non-traditional gender identity or gender expression face discrimination in all facets of life, including employment, housing, and public accommodations. This resolution will reaffirm the ABA's

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<sup>1</sup> See, e.g., resolutions adopted 8/65 (addressing race, color, creed, national origin); 8/78 (race); 8/72, 2/74, 2/78, 8/74, 8/75, 8/80, 8/84 (gender); 8/86 (race and gender); 2/72 (sex, religion, race, national origin); 8/77 (“handicap”); 8/87 (condemning hate crimes related to race, religion, sexual orientation, or minority status); 8/89 (urging prohibition of sexual orientation discrimination in employment, housing and public accommodation); 9/91 (urging study and elimination of judicial bias based on race, ethnicity, gender, age, sexual orientation and disability); 2/92 (opposing penalization of schools that prohibit on-campus recruiting by employers discriminating on the basis of sexual orientation); 8/94 (requiring law schools to provide equal educational and employment opportunities regardless of race, color, religion, national origin, sex or sexual orientation).

<sup>2</sup> For example, prior to the enactment of the Americans with Disabilities Act of 1990 (the “ADA”), the ABA House of Delegates resolved to support “federal legislation which prohibits discrimination on the basis of disabilities.” ABA Section on Individual Rights & Responsibilities and the Young Lawyers Division, Recommendation, Report No. 128 (Aug. 1989).

<sup>3</sup> For example, the ABA recently filed an amicus brief in *Jackson v. Birmingham Board of Education*, urging the Court to interpret Title IX as encompassing a cause of action based on retaliation. See 2004 WL 1876288. In *State v. Georgia*, the ABA filed an amicus brief urging the Court to hold that Title II of the ADA lies within the scope of congressional authority under Section 5 of the 14th Amendment. See 2005 WL 1812486. In 2003, the ABA filed an amicus brief in *Lawrence v. Texas*, urging the Court to overturn its 1986 decision in *Bowers v. Hardwick*. See 2003 WL 164108.

commitment to ensuring that decisions about employment, housing, and public accommodations are made on the basis of *bona fide* qualification rather than stereotypes or prejudices.

As a threshold matter of terminology, "gender identity" refers to a person's self-identification as a man or a woman. Usually a person's gender identity comports with his or her biological sex; that is, people born male usually identify as male and those born female usually identify as female. There are some people, however, for whom their gender identity does not correspond with their biological sex. "Gender expression" refers to all the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, and physical characteristics. "Transgender" is an umbrella term that is used to refer to a person whose gender identity or gender expression falls outside of stereotypical assumptions about how men or women are expected to behave or appear.

This recommendation would support laws and policies which prohibit discrimination and harassment based on a perception that a person's gender identity or gender expression differs from how men and women are expected to look and behave. For example, it would support laws that prohibit a woman from being harassed or discriminated against because she is perceived as acting "too masculine," or a man from being harassed or discriminated against because he is perceived as acting "too feminine."

This resolution would not preclude the typical exceptions to civil rights legislation, such as religious groups' hiring of employees to perform pastoral work, or the offering of housing in small, owner-occupied buildings. This resolution also would not preclude covered entities from maintaining single-sex bathroom facilities or prevent employers from enforcing otherwise-lawful dress codes. As with other equal opportunity laws, the balance between a covered entity's interest in continuing its customary policies and practices and a protected person's legitimate interest in equal treatment may tip in favor of adjusting policies or practices to serve the nondiscrimination principle. The recommendation assumes that the framework for determining how the balance is struck in any given circumstance will follow the analysis that applies under existing nondiscrimination law. The broad phrasing of this resolution would allow individual legislatures to define and regulate discrimination as they see fit.

In recent years, issues of gender identity and expression have received increased public attention, often because of violence perpetrated against transgender people. The movie, *Boys Don't Cry*, recounted the story of Brandon Teena, who was raped and brutally murdered in Nebraska in 1993 out of rage at the discovery that he was anatomically female. Tyra Hunter died in 1995 of injuries sustained in a car accident, after District of Columbia firefighters stopped treating her to mock her as a transsexual. In 2002, teenager Gwen Araujo was killed in the San Francisco Bay Area in an apparent hate crime based on her gender expression.

Statutory prohibitions on gender-identity-based discrimination send a strong message to the community regarding the dignity of transsexual and transgender people, and thus help prevent tragedies such as these. Further, legislating nondiscrimination on the basis of gender identity and expression protects not only transgender people, but all individuals from being penalized for failure to conform with stereotypes linked to gender.

Discrimination on the basis of gender identity and expression is widespread. A 1999 Ohio survey found that while 61% of gay, lesbian, and bisexual respondents felt they had experienced employment discrimination, 76% of those individuals said the prejudice expressed was related to their gender expression, not their sexual orientation.<sup>4</sup> A study of transgender people in San Francisco in 2002 found that 50% of respondents had experienced employment discrimination on the basis of gender identity, 30% had faced such discrimination in public accommodations, and nearly 30% had faced such discrimination in housing.<sup>5</sup>

Because of the overwhelming discrimination that transgender people face in the areas of employment, housing, and public accommodations, a growing number of jurisdictions have adopted laws and ordinances explicitly prohibiting such discrimination. In 1975, Minneapolis became the first jurisdiction to prohibit discrimination against transgender people. Since then, dozens of other localities have followed suit. Today, seven (7) states and 76 cities and counties explicitly forbid discrimination on the basis of gender identity or expression in housing, employment, and/or public accommodations.<sup>6</sup> These localities range from San Francisco, Indianapolis, and Boston to Pittsburgh, New Orleans, and Fayette County, Kentucky.<sup>7</sup> In addition to large cities, smaller towns like Allentown, Pennsylvania and Peoria, Illinois have also passed protective ordinances of this type.

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<sup>4</sup> *Gender Expression as a Basis for Employment Discrimination in Gay, Lesbian, and Bisexual Populations*, available at: <http://www.ntac.org/studies/ge01.html>.

<sup>5</sup> *Trans Realities: A Legal Needs Assessment of San Francisco's Transgender Communities*, available at: <http://www.transgenderlawcenter.org>.

<sup>6</sup> The states are: California; Hawaii; Illinois; Maine; Minnesota; New Mexico; and Rhode Island. Cal. Govt. Code §§ 12926 (definitions); § 12940 (employment), § 12955 (housing), Cal. Civ. Code § 51 (public accommodations); Haw. Rev. Stat. § 515-2-7 (housing); 775 ILCS 5/1-102; Me. Rev. Stat. Ann., tit. 5, § 4571076 (employment) § 4583 (housing), § 4591-94F (public accommodations), § 4595-98 (credit), § 4601-04 (education), § 4553 (definitions); Minn. Stat. §§ 363A.01 – 363A.41; N.M. Stat. Ann. §§ 28-1-2, 28-1-7, 28-1-9; R.I. Gen. Laws §§ 28-5-3, 28-5-7, 34-37-4, 34-37-3.4, 11-24-2. For a complete list of the jurisdictions that prohibit discrimination on the basis of gender identity, see <http://www.transgenderlaw.org/ndlaws/index.htm#jurisdictions>.

<sup>7</sup> About 24% of the U.S. population currently resides in a jurisdiction that bans discrimination on the basis of gender identity and/or expression.



Many other institutions have also prohibited discrimination on the basis of gender identity and expression. More than seventy (70) Fortune 500 companies have policies forbidding discrimination against transgender employees, including Ford Motor Company, IBM, Coors Brewing Co., and Pfizer, Inc.<sup>8</sup> At least forty-seven (47) colleges and universities prohibit discrimination on the basis of gender identity and/or expression, among them the Massachusetts Institute of Technology, Ohio State University, and the University of Pennsylvania. Public school districts in several cities, such as Denver, San Francisco, and Lawrence, Kansas have also banned gender-identity-based discrimination in their programs and activities.<sup>9</sup>

In addition, courts are beginning to interpret federal, state, and local laws that prohibit discrimination on the basis of sex or disability to protect transgender people.<sup>10</sup> While this case

<sup>8</sup> See, e.g., *When an employee switches gender, what's a company to do?*, USA Today, June 10, 2005, available at 6/10/05 USATD 01B (noting that in 2005, Microsoft, Viacom, Toys R Us, Chevron, and Merrill Lynch added gender identity and expression to their nondiscrimination policies).

For more information about private employers that prohibit discrimination on the basis of gender identity and expression, see the Human Rights Campaign's Corporate Equality Index, available at

[http://www.hrc.org/Template.cfm?Section=Corporate\\_Equality\\_Index&CONTENTID=28841&TEMPLATE=/ContentManagement/ContentDisplay.cfm](http://www.hrc.org/Template.cfm?Section=Corporate_Equality_Index&CONTENTID=28841&TEMPLATE=/ContentManagement/ContentDisplay.cfm).

<sup>9</sup> The full list of colleges and universities that prohibit discrimination on the basis of gender identity and expression can be accessed at

<http://www.transgenderlaw.org/college/index.htm#policies>.

<sup>10</sup> See, e.g., *Smith v. City of Salem*, 378 F.3d 566 (6<sup>th</sup> Cir. 2004) (holding that federal sex discrimination statute prohibits "discrimination based on failure to conform to stereotypical gender norms"). See also *Schwenk v. Hartford*, 204 F.3d 1187, 1202 (9<sup>th</sup> Cir. 2000) (noting in dicta that federal sex discrimination statute prohibits "[d]iscrimination because one fails to act in the way expected of a man or woman"); *Rosa v. Park West Bank & Trust Co.*, 214 F.3d 213 (1<sup>st</sup> Cir. 2000) (reinstating sex discrimination on behalf of plaintiff who alleged that he was denied an opportunity to apply for a loan because he was not dressed in conventionally "masculine attire"); *Doe v. United Consumer Fin. Servs.*, 2001 WL 34350174 (N.D. Ohio 2001) (holding that a transsexual woman had stated a sex discrimination claim where she alleged her termination may have been based, "at least in part, on the fact that her appearance and behavior did not meet United Consumer's gender expectations"); *Rentos v. OCE-Office Sys.*, 1996 WL 737215 (S.D.N.Y. 1996) (refusing to dismiss transsexual woman's claim that she had been discriminated against on the basis of sex in violation of the New York State Human Rights Law and the New York City Human Rights Law); *Lie v. Sky Publ'g*

law provides protection for some transgender people in some situations, the case law is not uniform throughout the country, or even throughout an individual state. Moreover, explicit protections are necessary to ensure that employers and providers of housing and other public accommodations know that this form of discrimination is prohibited. As the United States Supreme Court has explained: "Enumeration is the essential device used to make the duty not to discriminate concrete and to provide guidance for those who must comply."<sup>11</sup>

## CONCLUSION

Transgender people are disproportionately likely to face discrimination in employment, housing and public accommodations. In addition, many individuals who are not transgender continue to suffer discrimination in housing, employment, and public accommodations because they do not comply with gendered stereotypes. The ABA has an obligation to speak out on behalf of transgender people, who currently face widespread, invidious discrimination on the basis of their gender identity and expression.

Respectfully Submitted,

Paul M. Igasaki, Chair  
Section of Individual Rights and Responsibilities

August 2006

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*Corp.*, 15 Mass. L. Rptr. 412, (Mass. Super. 2002) (holding that transsexual plaintiff had established a prima facie case of discrimination based on sex and disability under state law prohibiting employment discrimination); *Enriquez v. W. Jersey Health Sys.*, 342 N.J. Super. 501, 777 A.2d 365 (N.J. Super.), *cert. denied*, 170 N.J. 211, 785 A.2d 439 (N.J. 2001) (concluding that transsexual people are protected by state law prohibitions against sex and disability discrimination); *Maffei v. Kolaeton Indus., Inc.*, 626 N.Y.S. 2d 391 (N.Y. Sup. Ct. 1995) (holding that city ordinance prohibiting "gender" discrimination protects transsexual persons).

For a more complete list of cases holding that transgender people are protected under state or federal law, see [http://www.nclrights.org/publications/pubs/fed\\_gender\\_nonconformity.pdf](http://www.nclrights.org/publications/pubs/fed_gender_nonconformity.pdf) (federal law claims); [http://www.nclrights.org/publications/pubs/state\\_cases091004.pdf](http://www.nclrights.org/publications/pubs/state_cases091004.pdf) (state law claims).

<sup>11</sup> *Romer v. Evans*, 517 U.S. 620, 628 (1996).

GENERAL INFORMATION FORM

Submitting Entity: Section of Individual Rights and Responsibilities

Submitted by: Paul M. Igasaki, Chair  
Section of Individual Rights and Responsibilities

1. Summary of Recommendation

The Recommendation urges federal, state, local, and territorial governments to enact legislation prohibiting discrimination on the basis of actual or perceived gender identity or expression, in employment, housing and public accommodations.

2. Approval by Submitting Entity

The Council of the Section of Individual Rights and Responsibilities approved the filing of this Report with Recommendation during its Spring Meeting in Washington, D.C. on May 5, 2006.

3. Has This or a Similar Recommendation Been Submitted to the House of Delegates Board of Governors Previously?

No.

4. What Existing Association Policies Are Relevant to This Recommendation and Would They Be Affected by Its Adoption?

The ABA House of Delegates has adopted a series of anti-discrimination policies including:

- Adopting as official ABA policy not to discriminate against any person because of race, color, creed or national origin, officers and section of the Association should endeavor to use all reasonable means to effectuate this policy. 8/65
- Supporting federal and state legislation assuring that prohibitions against sex discrimination in employment will also prohibit discrimination in pregnancy. 2/78
- Endorsing legal remedies and voluntary actions that take into account as a factor race, national origin, or gender to eliminate or prevent discrimination. 8/95
- Supporting a constitutional amendment calling for equal rights for women. 8/72

- Supporting legislation that prohibits discrimination on the basis of sex or marital status in the extension of credit. 2/74
- Urging legislation prohibiting on the basis of sex in the sale and rental of housing and in the provision of related services or facilities. 8/74
- Supporting the increase in the number of women and minority group employees in the correction systems of the nation. 8/75
- Supporting, in principle, legislation that prohibits discrimination in the sale and rental of housing on the basis of race, color, creed, sex or national origin. 2/80
- Urging the American Bar Association to continue to make substantial efforts to increase the participation of women and minorities in all levels of the Association. 8/84
- Recommending that state and federal education programs for judges include a course devoted to fairness and an analysis of race and stereotypes that may affect judicial decision-making. 8/86
- Urging law schools and legal employers to encourage women in the legal profession. 2/72
- Supporting the rights of physically handicapped individuals to equal employment opportunities. 8/77
- Condemning crimes of violence, including those based on bias or prejudice of race, religion, sexual orientation or minority status, and urges government officials to focus public attention on this growing national problem. 8/87
- Urging enactment of federal, state, and local legislation prohibiting discrimination on the basis of sexual orientation. 8/89
- Supporting the enactment of authoritative measures, requiring studies of the existence, if any of bias in the federal judicial system, including bias based on race, ethnicity, gender, age, sexual orientation and disability, and the extent to which bias may affect litigants, witnesses, attorneys and all those who work in the judicial branch; urging that such studies should include the development of remedial steps to address and eliminate any bias found to exist. 8/91
- Opposing federal government efforts to withhold funds from educational institutions that deny access to campus placement facilities to government employers who contravene university policies by discriminating on the basis of sexual orientation. 2/92
- Requiring law schools to provide equal educational and employment opportunities regardless of race, color, religion, national origin, sex or sexual orientation. 8/94
- Supporting federal legislation which prohibits discrimination on the basis of disabilities and seeks to ensure equal opportunity in employment, public accommodations and services. 8/89
- Supporting accession of the United States to the International Convention on the Elimination of All forms of Racial Discrimination. 8/78

The ABA has filed numerous *amicus curiae* briefs dealing with anti-discrimination issues as well, including:

- *Jackson v. Birmingham Board of Education*, urging the Court to interpret Title IX as encompassing a cause of action based on retaliation;
- *U.S. v. Georgia*, urging the Court to hold that Title II of the ADA lies within the scope of congressional authority under Section 5 of the 14th Amendment;
- *Grutter v. Bollinger*, urging the Court to hold that the Equal Protection Clause does not prohibit a law school's narrowly tailored use of race in admissions decisions to further a compelling interest in obtaining the educational benefits that flow from a diverse student body;
- *Lawrence v. Texas*, urging the Court to overturn its 1986 decision in *Bowers v. Hardwick*;
- *Dale v. Boy Scouts*, arguing that New Jersey's public accommodations law does not violate the Boy Scouts' First Amendment right of expressive association to bar homosexuals from serving as troop leaders because the application of the antidiscrimination law at issue does not impose a serious burden on the association's expressive activity;
- *Romer v. Evans*, urging the Court to hold that Amendment 2 of the Colorado State Constitution is unconstitutional in that it does not rationally advance any legitimate government interest and violates the respondents' right to equal protection of the laws.

5. What Urgency Exists That Requires Action at This Meeting of the House?

Discrimination on the basis of gender identity and expression is widespread. A 1999 Ohio survey found that while 61% of gay, lesbian, and bisexual respondents felt they had experienced employment discrimination, 76% of those individuals said the prejudice expressed was related to their gender expression, not their sexual orientation. A study of transgender people in San Francisco in 2002 found that 50% of respondents had experienced employment discrimination on the basis of gender identity, 30% had faced such discrimination in public accommodations, and nearly 30% had faced such discrimination in housing.

Because of the overwhelming discrimination that transgender people face in the areas of employment, housing, and public accommodations, a growing number of jurisdictions have adopted laws and ordinances explicitly prohibiting such discrimination. Today, seven (7) states and 76 cities and counties explicitly forbid discrimination on the basis of gender identity or expression in housing, employment, and/or public accommodations.

More than seventy (70) Fortune 500 companies have policies forbidding discrimination against transgender employees, at least forty-seven (47) colleges and universities prohibit discrimination on the basis of gender identity and/or expression, and courts are beginning to interpret federal, state, local, and territorial laws that prohibit discrimination on the basis of sex or disability to protect transgender people.

This recommendation would support laws and policies which prohibit discrimination and harassment based on a perception that a person's gender identity or gender expression differs from how men and women are expected to look and behave.

6. Status of Legislation

The sponsoring entities are not aware of any relevant legislation pending at this time.

7. Cost to the Association (both direct and indirect costs)

Adoption of this recommendation would result only in minor indirect costs associated with Governmental Affairs and Section staff time devoted to the policy subject matter as part of the staff members' overall substantive responsibilities.

8. Disclosure of Interest

There are no known conflicts of interest.

9. Referrals

Upon its filing with the House of Delegates, the Report with Recommendation will be referred to the following additional entities:

Section of Administrative Law and Regulatory Practice  
Section of Business Law  
Criminal Justice Section  
Section of Dispute Resolution  
Section of Family Law  
General Practice, Solo and Small Firm Section  
Government and Public Sector Lawyers Division  
Health Law Section  
Section of International Law and Practice  
Judicial Division  
Section of Labor and Employment Law  
Law Student Division  
Section of Litigation  
Section of Public Contract Law  
Section of Real Property, Probate and Trust Law

Section of Science and Technology Law  
Senior Lawyers Division  
Section of State and Local Government Law  
Section of Taxation  
Tort and Insurance Practice Section  
Young Lawyers Division  
Commission on Domestic Violence  
Commission on Homelessness and Poverty  
Commission on Law and Aging  
Commission on Racial and Ethnic Diversity in the Profession  
Council on Racial and Ethnic Justice  
Commission on Women in the Profession  
Hispanic National Bar Association  
National Asian Pacific American Bar Association  
National Association of Women Judges  
National Association of Women Lawyers  
National Bar Association Inc.  
National Conference of Women's Bar Associations  
National Lesbian and Gay Law Association  
National Legal Aid and Defender Association  
National Native American Bar Association

10. Contact Persons (prior to meeting)

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12. Contact Person Regarding Amendments to this Recommendation

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## PROFESSION

### AMA meeting: Anti-discrimination policy expanded to transgendered

The addition will allow the AMA to publicly oppose discrimination against transgender physicians, just as it would oppose inequities based on age, race or gender.

By KEVIN B. O'REILLY, amednews staff. July 16, 2007.

Chicago -- Transgender physicians, medical students and patients should not be discriminated against, the AMA's House of Delegates said at its Annual Meeting here last month.

The Association voted to modify 13 of its policies relating to human rights, medical staff and medical education to add gender identity to the list of characteristics such as race, sex and age that should be protected from discrimination.

The house also recommended that the Council on Ethical and Judicial Affairs add similar language to its policies on civil rights and physician-patient relationships.

The AMA Advisory Committee on Gay, Lesbian, Bisexual, and Transgender Issues, established in 2004, identified relevant policies and recommended the changes.

R. Nick Gorton, MD, is an openly transgender physician who said he was lucky to come out in a tolerant environment. He testified, however, about a transgender medical student whose school attempted to force him to leave when he announced his gender identity. It was only after outside intervention that the medical school even agreed to print the student's new legal male name on his diploma.

"Without policy opposing such discrimination, the AMA could not publicly support this student and condemn the school's actions," said Dr. Gorton, speaking as an individual.

AMA Trustee Steven J. Stack, MD, said he hopes that recognizing the challenges transgender physicians and patients face can have a larger impact.

"We want to be a thought leader in being as inclusive as possible," Dr. Stack said. Not including gender-identity language in AMA policy was an oversight, he added, "and we're happy to have it corrected."

#### ADDITIONAL INFORMATION:

#### Meeting Notes: Medical ethics

**Issue:** Medical device industry representatives often advise physicians about company equipment, many times during surgery, but the AMA had no ethical policy governing this activity.

**Proposed action:** A new ethical opinion calling on physicians to prevent industry representatives from breaching patient confidentiality, to assure that their hospitals have mechanisms to verify reps' credentials, and to tell patients if a representative is present during a procedure and explain that person's role. [Adopted]

**Issue:** Are physicians still obliged to uphold medical ethics when they are serving in nonclinical roles?

**Proposed action:** An ethical opinion saying that physicians are still bound by their medical ethical obligations to the extent that their nonclinical roles -- practicing health law or working as a health care journalist, for example -- rely on medical experience, perspective or training. [Adopted]

**Issue:** What should physicians do to avoid conflicts of interest relating to their ownership stake in a health facility?

**Proposed action:** Update existing ethical opinion to clarify that physician ownership must not be contingent on a specified volume of referrals and that doctors should disclose their financial interests when advising their patients. [Referred for study]

**Issue:** Some patients have reported trouble filling prescriptions, especially for the emergency contraceptive pill marketed as Plan B, because pharmacists refused to fill the orders on the grounds of conscience.

**Proposed action:** That the AMA prepare a report on reported delays and recommend ways to make sure patients' legally valid prescriptions are filled in a timely fashion. [Adopted]

**Issue:** The implantation of rice-grain-sized radio frequency identification tags in humans as a way to store medical information is likely to expand, but poses safety and ethical concerns.

**Proposed action:** Inform patients about the uncertainties associated with RFID tags, ensure that any information stored on the devices is secure and support further safety and efficacy research. [Adopted]

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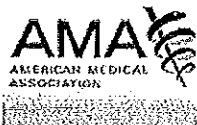
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## AMA Policy Regarding Sexual Orientation

### General Policies:

**H-65.992 Continued Support of Human Rights and Freedom.** Our AMA continues (1) to support the dignity of the individual, human rights and the sanctity of human life, and (2) to oppose any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies. (Sub. Res. 107, A-85; Modified by CLRPD Rep. 2, I-95; Reaffirmation A-00; Reaffirmation A-05; Modified: BOT Rep. 11, A-07)

**H-65.983 Nondiscrimination Policy.** The AMA affirms that it has not been its policy now or in the past to discriminate with regard to sexual orientation or gender identity. (Res. 1, A-93; Reaffirmed: CCB Rep. 6, A-03; Modified: BOT Rep. 11, A-07)

**H-65.990 Civil Rights Restoration.** The AMA reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age. (BOT Rep. LL, I-86; Amended by Sunset Report, I-96; Modified: Res. 410, A-03)

### Physician-centered policies:

**B-1.50 Discrimination.** Membership in any category of the AMA or in any of its constituent associations shall not be denied or abridged because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character, competence, ethics, professional status or professional activities.

**B-6.524 Council on Ethical and Judicial Affairs.** To receive appeals filed by applicants who allege that they, because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, or age, or for any other reason unrelated to character or competence have been unfairly denied membership in a component and/or constituent association, to determine the facts in the case, and to report the findings to the House of Delegates. If the Council determines that the allegations are indeed true, it shall admonish, censure, or in the event of repeated violations, recommend to the House of Delegates that the constituent and/or component association involved be declared to be no longer a constituent and/or component member of the AMA;

**E-9.03 Civil Rights and Professional Responsibility.** Opportunities in medical society activities or membership, medical education and training, employment, and all other aspects of professional endeavors should not be denied to any duly licensed physician because of race, color, religion, creed, ethnic affiliation, national origin, sex, sexual orientation, gender identity, age, or handicap. (IV) Issued prior to April 1977; Updated June 1994; Updated 2007

**E-9.12 Patient-Physician Relationship: Respect for Law and Human Rights.** The creation of the patient-physician relationship is contractual in nature. Generally, both the physician and the patient are free to enter into or decline the relationship. A physician may decline to undertake the care of a patient whose medical condition is not within the physician's current competence. However, physicians who offer their services to the public may not decline to accept patients because of race, color, religion, national origin, sexual orientation, gender identity or any other basis that would constitute invidious discrimination. Furthermore, physicians who are obligated under pre-existing contractual arrangements may not decline to accept patients as provided by those arrangements. (I, III, V, VI) Issued July 1986; Updated June 1994.

**H-200.951 Strategies for Enhancing Diversity in the Physician Workforce.** Our AMA supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and persons with disabilities. (CME Rep. 1, I-06; Reaffirmed: CME Rep. 7, A-08)

**G-630.130 Discrimination.** It is the policy of our AMA not to hold meetings or pay member, officer or employee dues in any club, restaurant, or other institution that has exclusionary policies based on gender, race, color, religion, national origin, gender identity, or sexual orientation. (Res. 101, I-90; Reaffirmed: Sunset Report, I-00; Consolidated: CLRPD Rep. 3, I-01; Modified: BOT Rep. 11, A-07)

**H-295.969 Nondiscrimination Toward Medical School and Residency Applicants.** Our AMA urges (1) the Liaison Committee on Medical Education to amend the Standards for Accreditation of Medical Education Programs Leading to the MD Degree, Part 2, Medical Students, Admissions to read: "In addition, there must be no discrimination on the basis of sex, age, race, creed, national origin, gender identity, or sexual orientation"; and (2) the Accreditation Council for Graduate Medical Education to amend the "General Essentials of Accredited Residencies, Eligibility and Selection of Residents" to read: "There must be no discrimination on the basis of sex, age, race, creed, national origin, gender identity or sexual orientation." (Res. 12, A-89; Reaffirmed: Sunset Report, A-00; Modified: BOT Rep. 11, A-07).

**H-310.919 Eliminating Questions Regarding Marital Status, Dependents, Plans for Marriage or Children, Sexual Orientation, Gender Identity, Age, Race, National Origin and Religion During the Residency and Fellowship Application Process.** Our AMA: 1. opposes questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, gender identity, age, race, national origin, and religion. 2. will work with the Accreditation Council for Graduate Medical Education, the National Residency Matching Program, and other interested parties to eliminate questioning about or discrimination based on marital and dependent status, future plans for marriage or children, sexual orientation, age, race, national origin, and religion during the residency and fellowship application process. 3. will continue to support efforts to enhance racial and ethnic diversity in medicine. Information regarding

race and ethnicity may be voluntarily provided by residency and fellowship applicants. (Res. 307, A-09)

**H-295.878 Eliminating Health Disparities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Issues in Medical Education.** Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, and Transgender communities; and (3) encourages the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to include Lesbian, Gay, Bisexual, and Transgender health issues in the cultural competency curriculum for medical education. (Res. 323, A-05)

**D-295.995 Adoption of Sexual Orientation Nondiscrimination and Gender Identity in LCME Accreditation.** Our AMA will urge the Liaison Committee on Medical Education to expand its current accreditation standard to include a nondiscriminatory statement related to all aspects of medical education, and to specify that the statement must address sexual orientation and gender identity. (Res. 305, A-99; Modified: BOT Rep. 11, A-07)

**H-295.955 Teacher-Learner Relationship in Medical Education.** The AMA recommends that each medical education institution have a widely disseminated policy that: (1) sets forth the expected standards of behavior of the teacher and the learner; (2) delineates procedures for dealing with breaches of that standard, including: (a) avenues for complaints, (b) procedures for investigation, (c) protection and confidentiality, (d) sanctions; and (3) outlines a mechanism for prevention and education. The AMA urges all medical education programs to regard the following Code of Behavior as a guide in developing standards of behavior for both teachers and learners in their own institutions, with appropriate provisions for grievance procedures, investigative methods, and maintenance of confidentiality. **CODE OF BEHAVIOR** The teacher-learner relationship should be based on mutual trust, respect, and responsibility. This relationship should be carried out in a professional manner, in a learning environment that places strong focus on education, high quality patient care, and ethical conduct. A number of factors place demand on medical school faculty to devote a greater proportion of their time to revenue-generating activity. Greater severity of illness among inpatients also places heavy demands on residents and fellows. In the face of sometimes conflicting demands on their time, educators must work to preserve the priority of education and place appropriate emphasis on the critical role of teacher. In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration, and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unfailing honesty. Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as violence, sexual harassment, inappropriate discrimination based on personal characteristics must never be tolerated. Other behavior can also be inappropriate if the effect interferes with professional development. Behavior patterns such as making habitual demeaning or derogatory remarks, belittling comments or destructive criticism fall into this category. On the behavioral level, abuse may be operationally defined as behavior by medical school faculty, residents, or students which is consensually disapproved by society and by the academic community as either exploitive or punishing. Examples of inappropriate behavior are: physical punishment or physical threats; sexual harassment; discrimination based on race, religion, ethnicity, sex, age, sexual orientation, gender identity, and physical disabilities; repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges); grading used to punish a student rather than to evaluate objective performance; assigning tasks for punishment rather than educational purposes; requiring the performance of personal services; taking credit for another individual's work; intentional neglect or intentional lack of communication. On the institutional level, abuse may be defined as policies, regulations, or procedures that are socially disapproved as a violation of individuals' rights. Examples of institutional abuse are: policies, regulations, or procedures that are discriminatory based on race, religion, ethnicity, sex, age, sexual orientation, gender identity, and physical disabilities; and requiring individuals to perform unpleasant tasks that are entirely irrelevant to their education as physicians. While criticism is part of the learning process, in order to be effective and constructive, it should be handled in a way to promote learning. Negative feedback is generally more useful when delivered in a private setting that fosters discussion and behavior modification. Feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling. Because people's opinions will differ on whether specific behavior is acceptable, teaching programs should encourage discussion and exchange among teacher and learner to promote effective educational strategies. People in the teaching role (including faculty, residents, and students) need guidance to carry out their educational responsibilities effectively. Medical schools are urged to develop innovative ways of preparing students for their roles as educators of other students as well as patients. (BOT Rep. 22, I-90; Reaffirmed by CME Rep. 9, A-98; Reaffirmed: CME Rep. 2, I-99; Modified: BOT Rep. 11, A-07)

**H-225.961 Medical Staff Development Plans.** 1. All hospitals/health systems incorporate the following principles for the development of medical staff development plans: (a) The medical staff and hospital/health system leaders have a mutual responsibility to cooperate and work together to meet the overall health and medical needs of the community and preserve quality patient care; acknowledge the constraints imposed on the two by limited financial resources; recognize the need to preserve the hospital/health system's economic viability; and respect the autonomy, practice prerogatives, and professional responsibilities of physicians. (b) The medical staff and its elected leaders must be involved in the hospital/health system's leadership function, including: the process to develop a mission that is reflected in the long-range, strategic, and operational plans; service design; resource allocation; and organizational policies. (c) Medical staffs must ensure that quality patient care is not harmed by economic motivations. (d) The medical staff should review and approve and make recommendations to the governing body prior to any decision being made to close the medical staff and/or a clinical department. (e) The best interests of patients should be the predominant consideration in granting staff membership and clinical privileges. (f) The medical staff must be responsible for professional/quality criteria related to appointment/reappointment to the medical staff and granting/renewing clinical privileges. The professional/quality criteria should be based on objective standards and the standards should be disclosed. (g) The medical staff should be consulted in establishing and implementing institutional/community criteria. Institutional/community criteria should not be used inappropriately to prevent a particular practitioner or group of practitioners from gaining access to staff membership. (h) Staff privileges for physicians should be based on training, experience, demonstrated competence, and adherence to medical staff bylaws. No aspect of medical staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, national origin, religion, disability, ethnic origin sexual orientation, or physical or mental impairment that does not pose a threat to the quality of patient care. (i) Physician profiling must be adjusted to recognize case mix, severity of illness, age of patients and other aspects of the physician's practice that may account for higher or lower than expected costs. Profiles of physicians must be made available to the physicians at regular intervals. 2. The AMA communicates the medical staff development plan principles to the President and Chair of the Board of the American Hospital Association and recommend that state and local medical associations establish a dialogue regarding medical staff development plans with their state hospital association. BOT Rep. 14, A-98) **E-10.05 Potential Patients.** (1) Physicians must keep their professional obligations to provide care to patients in accord with their prerogative to choose whether to enter into a patient-physician relationship. (2) The following instances identify the limits on physicians' prerogative: (a) Physicians should respond to the best of their ability in cases of medical emergency (Opinion 8.11, "Neglect of Patient"). (b) Physicians cannot refuse to care for patients based on race, gender, sexual orientation, gender identity or any other criteria that would constitute invidious discrimination (Opinion 9.12, "Patient-Physician Relationship: Respect for Law and Human Rights"), nor can they discriminate against patients with infectious diseases (Opinion 2.23, "HIV Testing"). (c) Physicians may not refuse to care for patients when operating under a contractual arrangement that requires them to treat (Opinion 10.015, "The Patient-Physician Relationship"). Exceptions to this requirement may exist when patient care is ultimately compromised by the contractual arrangement. (3) In situations not covered above, it may be ethically permissible for physicians to decline a potential patient when: (a) The treatment request is beyond the physician's current competence. (b) The treatment request is known to be scientifically invalid, has no medical indication, and offers no possible benefit to the patient (Opinion 8.20, "Invalid Medical Treatment"). (c) A specific treatment sought

by an individual is incompatible with the physician's personal, religious, or moral beliefs. (4) Physicians, as professionals and members of society, should work to assure access to adequate health care (Opinion 10.01, "Fundamental Elements of the Patient-Physician Relationship"). Accordingly, physicians have an obligation to share in providing charity care (Opinion 9.065, "Caring for the Poor") but not to the degree that would seriously compromise the care provided to existing patients. When deciding whether to take on a new patient, physicians should consider the individual's need for medical service along with the needs of their current patients. Greater medical necessity of a service engenders a stronger obligation to treat. (I, VI, VIII, IX) Issued December 2000 based on the report "Potential Patients, Ethical Considerations," adopted June 2000. Updated December 2003. \* Considerations in determining an adequate level of health care are outlined in Opinion 2.095, "The Provision of Adequate Health Care."

#### Patient-centered policies:

**H-160.991 Health Care Needs of the Homosexual Population.** 1. Our AMA: (a) believes that the physician's nonjudgmental recognition of sexual orientation and behavior enhances the ability to render optimal patient care in health as well as in illness. In the case of the homosexual patient this is especially true, since unrecognized homosexuality by the physician or the patient's reluctance to report his or her sexual orientation and behavior can lead to failure to screen, diagnose, or treat important medical problems. With the help of the gay and lesbian community and through a cooperative effort between physician and the homosexual patient effective progress can be made in treating the medical needs of this particular segment of the population; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of homosexuality and the need to take an adequate sexual history; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of their homosexual patients; (iii) encouraging the development of educational programs for homosexuals to acquaint them with the diseases for which they are at risk; (iv) encouraging physicians to seek out local or national experts in the health care needs of gay men and lesbians so that all physicians will achieve a better understanding of the medical needs of this population; and (v) working with the gay and lesbian community to offer physicians the opportunity to better understand the medical needs of homosexual and bisexual patients; and (c) opposes, the use of "reparative" or "conversion" therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation. 2. Our AMA will (a) educate physicians regarding: (i) the need for women who have sex exclusively with women to undergo regular cancer and sexually transmitted infection screenings due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; and (b) support our partner medical organizations in educating women who have sex exclusively with women on the need for regular cancer screening exams, the risk for sexually transmitted infections, and the appropriate safe sex techniques to avoid that risk. 3. Our AMA will use the results of the survey being conducted in collaboration with the Gay and Lesbian Medical Association to serve as a needs assessment in developing such tools and online continuing medical education (CME) programs with the goal of increasing physician competency on gay, lesbian, bisexual, and transgender health issues. 4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to physicians to enable the provision of high quality and culturally competent care to gay men and lesbians. (CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08)

**H-65.973 Health Care Disparities in Same-Sex Partner Households** Our AMA: (1) recognizes that exclusion from civil marriage contributes to health care disparities affecting same-sex households; (2) will work to reduce health care disparities among members of same-sex households including minor children; and (3) will support measures providing same-sex households with the same rights and privileges to health care, health insurance, and survivor benefits, as afforded opposite-sex households. (CSAPH Rep. 1, I-09; BOT Action in response to referred for decision Res. 918, I-09; Reaffirmed in lieu of Res. 918, I-09)

**H-65.976 Nondiscriminatory Policy for the Health Care Needs of the Homosexual Population.** Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, health care workers, or employees to include "sexual orientation, sex, or gender identity" in any nondiscrimination statement. (Res. 414, A-04; Modified: BOT Rep. 11, A-07)

**D-65.996 Nondiscriminatory Policy for the Health Care Needs of the Homosexual Population.** Our AMA will encourage and work with state medical societies to provide a sample printed nondiscrimination policy suitable for framing, and encourage individual physicians to display for patient and staff awareness as one example: "This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex, or gender identity." (Res. 414, A-04; Modified: BOT Rep. 11, A-07)

**H-65.972 Repeal of "Don't Ask, Don't Tell"** Our American Medical Association will advocate for repeal of "Don't Ask, Don't Tell," the common term for the policy regarding gay and lesbian individuals serving openly in the U.S. military as mandated by federal law Pub.L. 103-160 and codified at 10 U.S.C. § 654, the title of which is "Policy concerning homosexuality in the armed forces." (Res. 917, I-09)

**H-270.997 Legal Restrictions on Sexual Behavior Between Consenting Adults.** Our AMA supports in principle repeal of laws which classify as criminal any form of noncommercial sexual conduct between consenting adults in private, saving only those portions of the law which protect minors, public decorum, or the mentally incompetent. (BOT Rep. I, A-75; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

**D-65.995 Health Disparities Among Gay, Lesbian, Bisexual and Transgender Families.** Our AMA will work to reduce the health disparities suffered because of unequal treatment of minor children and same sex parents in same sex households by supporting equality in laws affecting health care of members in same sex partner households and their dependent children. (Res. 445, A-05)

**D-160.979 Health Care Disparities in Same-Sex Partner Households** Our AMA will evaluate existing data concerning same-sex couples and their dependent children and report back to the House of Delegates to determine whether there is evidence of health care disparities for these couples and children because of their exclusion from civil marriage. (Res. 522, A-08)

**D-50.997 Societal and Ethical Consequences of a Five-Year Blood Donation Deferral Policy for Men Who Have Had Sex With Men** Our AMA, working with relevant organizations and agencies, will analyze the societal and ethical consequences of a shift to a 5-year deferral policy for blood donation from men who have sex with men, with report back at the 2011 Annual Meeting. (Res. 2, A-10)

**H-60.940 Partner Co-Adoption.** Our AMA will support legislative and other efforts to allow the adoption of a child by the same-sex partner, or opposite sex non-married partner, who functions as a second parent or co-parent to that child. (Res. 204, A-04) **D-515.997 School Violence** Our AMA will collaborate with the US Surgeon General on the development of a comprehensive report on youth violence prevention, which should include such issues as bullying, racial prejudice, discrimination based on sexual orientation or gender identity, and similar behaviors and attitudes. (CSA Rep. 11, I-99; Modified: BOT Rep. 11, A-07)

**H-65.979 Sexual Orientation as an Exclusionary Criterion for Youth Organization.** Our AMA asks youth oriented organizations to reconsider exclusionary policies that are based on sexual orientation or gender identity. (Res. 414, A-01; Modified: BOT Rep. 11, A-07) **H-180.980 Sexual**

Orientation and/or Gender Identity as Health Insurance Criteria The AMA opposes the denial of health insurance on the basis of sexual orientation or gender identity. (Res. 178, A-88; Reaffirmed: Sub. Res. 101, I-97; Reaffirmed: CMS Rep. 9, A-07; Modified: BOT Rep. 11, A-07)

H-185.950 Removing Financial Barriers to Care for Transgender Patients. Our AMA supports public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician. (Res. 122; A-08) H-185.958 Equity in Health Care for Domestic Partnerships Our AMA: (1) encourages the development of domestic partner health care benefits in the public and private sector; and (2) supports equity of pre-tax health care benefits for domestic partnerships. (Res. 101, I-01)

H-215.965 Hospital Visitation Privileges for GLBT Patients. Our AMA encourages all hospitals to add to their rules and regulations, and to their Patient's Bill of Rights, language permitting same sex couples and their dependent children the same hospital visitation privileges offered to married couples. (Res. 733, A-06)

H-295.879 Improving Sexual History Curriculum in the Medical School. Our AMA (1) encourages all medical schools to train medical students to be able to take a thorough and nonjudgmental sexual history in a manner that is sensitive to the personal attitudes and behaviors of patients in order to decrease anxiety and personal difficulty with sexual aspects of health care; and (2) supports the creation of a national public service announcement that encourages patients to discuss concerns related to sexual health with their physician and reinforces its commitment to helping patients maintain sexual health and well-being. (Res. 314, A-05)

H-440.885 National Health Survey. Our AMA supports a national health survey that incorporates a representative sample of the U.S. population of all ages (including adolescents) and includes questions on sexual orientation, gender identity, and sexual behavior. (CSA Rep. 4, A-03; Modified: BOT Rep. 11, A-07)



## AMERICAN PSYCHOLOGICAL ASSOCIATION

### APA Policy Statement: Transgender, Gender Identity, & Gender Expression Non-Discrimination

*Adopted by the American Psychological Association Council of Representatives August, 2008.*

WHEREAS transgender and gender variant people frequently experience prejudice and discrimination and psychologists can, through their professional actions, address these problems at both an individual and a societal level;

WHEREAS the American Psychological Association opposes prejudice and discrimination based on demographic characteristics including gender identity, as reflected in policies including the Hate Crimes Resolution (Paige, 2005), the Resolution on Prejudice Stereotypes and Discrimination (Paige, 2007), APA Bylaws (Article III, Section 2), the Ethical Principles of Psychologists and Code of Conduct (APA 2002, 3.01 and Principle E);

WHEREAS transgender and other gender variant people benefit from treatment with therapists with specialized knowledge of their issues (Lurie, 2005; Rachlin, 2002), and that the Ethical Principles of Psychologists and Code of Conduct state that when scientific or professional knowledge ...is essential for the effective implementation of their services or research, psychologists have or obtain the training....necessary to ensure the competence of their services..." (APA 2002, 2.01b);

WHEREAS discrimination and prejudice against people based on their actual or perceived gender identity or expression detrimentally affects psychological, physical, social, and economic well-being (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Resolution on Prejudice Stereotypes and Discrimination, Paige, 2007; Riser et al., 2005; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS transgender people may be denied basic non-gender transition related health care (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; GLBT Health Access Project, 2000; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Riser et al., 2005; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS gender variant and transgender people may be denied appropriate gender transition related medical and mental health care despite evidence that appropriately evaluated individuals benefit from gender transition treatments (De Cuypere et al., 2005; Kuiper & Cohen-Kettenis, 1988; Lundstrom, et al., 1984; Newfield, et al., 2006; Pfafflin & Junge, 1998; Rehman et al., 1999; Ross & Need, 1989; Smith et al., 2005);

WHEREAS gender variant and transgender people may be denied basic civil rights and protections (Minter, 2003; Spade, 2003) including: the right to civil marriage which confers a social status and important legal benefits, rights, and privileges (Paige, 2005); the right to obtain appropriate identity documents that are consistent with a post-transition identity; and the right to fair and safe and harassment-free institutional environments such as care facilities, treatment centers, shelters, housing, schools, prisons and juvenile justice programs;

WHEREAS transgender and gender variant people experience a disproportionate rate of homelessness (Kammerer et al., 2001), unemployment (APA, 2007) and job discrimination (Herbst et al., 2007), disproportionately report income below the poverty line (APA, 2007) and experience other financial disadvantages (Lev, 2004);

WHEREAS transgender and gender variant people may be at increased risk in institutional environments and facilities for harassment, physical and sexual assault (Edney, 2004; Minter, 2003; Peterson et al., 1996; Witten & Eyler, 2007) and inadequate medical care including denial of gender transition treatments such as hormone therapy (Edney, 2004; Peterson et al., 1996; Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Newfield et al., 2006; Riser et al., 2005; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS many gender variant and transgender children and youth face harassment and violence in school environments, foster care, residential treatment centers, homeless centers and juvenile justice programs (D'Augelli, Grossman, & Starks, 2006; Gay Lesbian and Straight Education Network, 2003; Grossman, D'Augelli, & Slater, 2006);

WHEREAS psychologists are in a position to influence policies and practices in institutional settings, particularly regarding the implementation of the Standards of Care published by the World Professional Association of Transgender Health (WPATH, formerly known as the Harry Benjamin International Gender Dysphoria Association) which recommend the continuation of gender transition treatments and especially hormone therapy during incarceration (Meyer et al., 2001);

WHEREAS psychological research has the potential to inform treatment, service provision, civil rights and approaches to promoting the well-being of transgender and gender variant people;

WHEREAS APA has a history of successful collaboration with other organizations to meet the needs of particular populations, and organizations outside of APA have useful resources for addressing the needs of transgender and gender variant people;

THEREFORE BE IT RESOLVED THAT APA opposes all public and private discrimination on the basis of actual or perceived gender identity and expression and urges the repeal of discriminatory laws and policies;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports the passage of laws and policies protecting the rights, legal benefits, and privileges of people of all gender identities and expressions;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports full access to employment, housing, and education regardless of gender identity and expression;

THEREFORE BE IT FURTHER RESOLVED THAT APA calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals;

THEREFORE, BE IT FURTHER RESOLVED THAT APA encourages legal and social recognition of transgender individuals consistent with their gender identity and expression, including access to identity documents consistent with their gender identity and expression which do not involuntarily disclose their status as transgender for transgender people who permanently socially transition to another gender role;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports access to civil marriage and all its attendant benefits, rights, privileges and responsibilities, regardless of gender identity or expression;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports efforts to provide fair and safe environments for gender variant and transgender people in institutional settings such as supportive living environments, long-term care facilities, nursing homes, treatment facilities, and shelters, as well as custodial settings such as prisons and jails;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports efforts to provide safe and secure educational environments, at all levels of education, as well as foster care environments and juvenile justice programs, that promote an understanding and acceptance of self and in which all youths, including youth of all gender identities and expressions, may be free from discrimination, harassment, violence, and abuse;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports the provision of adequate and necessary mental and medical health care treatment for transgender and gender variant individuals;

THEREFORE, BE IT FURTHER RESOLVED THAT APA recognizes the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports access to appropriate treatment in institutional settings for people of all gender identities and expressions; including access to appropriate health care services including gender transition therapies;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports the creation of educational resources for all psychologists in working with individuals who are gender variant and transgender;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports the funding of basic and applied research concerning gender expression and gender identity;



THEREFORE BE IT FURTHER RESOLVED THAT APA supports the creation of scientific and educational resources that inform public discussion about gender identity and gender expression to promote public policy development, and societal and familial attitudes and behaviors that affirm the dignity and rights of all individuals regardless of gender identity or gender expression;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports cooperation with other organizations in efforts to accomplish these ends.

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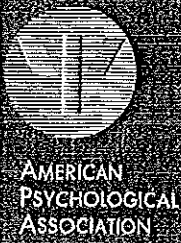
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# Answers to Your Questions About Transgender Individuals and Gender Identity

## What does transgender mean?

*Transgender* is an umbrella term used to describe people whose gender identity (sense of themselves as male or female) or gender expression differs from that usually associated with their birth sex. Many transgender people live part-time or full-time as members of the other gender. Broadly speaking, anyone whose identity, appearance, or behavior falls outside of conventional gender norms can be described as transgender. However, not everyone whose appearance or behavior is gender-atypical will identify as a transgender person.

## What is the difference between sex and gender?

Sex refers to biological status as male or female. It includes physical attributes such as sex chromosomes, gonads, sex hormones, internal reproductive structures, and external genitalia. Gender is a term that is often used to refer to ways that people act, interact, or feel about themselves, which are associated with boys/men and girls/women. While aspects of biological sex are the same across different cultures, aspects of gender may not be.

## What are some categories or types of transgender people?

Transsexuals are transgender people who live or wish to live full time as members of the gender opposite to their birth sex. Biological females who wish to live and be recognized as men are called female-to-male (FTM) transsexuals or transsexual men. Biological males who wish to live and be recognized as women are called male-to-female (MTF) transsexuals or transsexual women. Transsexuals usually seek medical interventions, such as hormones and surgery, to make their bodies as congruent as possible with their preferred gender. The process of transitioning from one gender to the other is called sex reassignment or gender reassignment.

Cross-dressers or transvestites comprise the most numerous transgender group. Cross-dressers wear the clothing of the other sex. They vary in how completely they dress (from one article of clothing to fully cross-dressing) as well as in their motives for doing so. Some cross-dress to express cross-gender feelings or identities; others cross-dress for fun, for emotional comfort, or for sexual arousal. The great majority of cross-dressers are biological males, most of whom are sexually attracted to women.

Drag queens and drag kings are, respectively, biological males and females who present part-time as members of the other sex primarily to perform or entertain. Their performances may include singing, lip-syncing, or dancing. Drag performers may or may not identify as transgender. Many drag queens and kings identify as gay, lesbian, or bisexual.

Other categories of transgender people include *androgynous*, *bigendered*, and *gender queer* people. Exact definitions of these terms vary from person to person, but often include a sense of blending or alternating genders. Some people who use these terms to describe themselves see traditional concepts of gender as restrictive.

## Have transgender people always existed?

Transgender persons have been documented in many Western and non-Western cultures and societies from antiquity until the present day. However, the meaning of gender variance may vary from culture to culture.

## Why are some people transgender?

There is no one generally accepted explanation for why some people are transgender. The diversity of transgender expression argues against any simple or unitary explanation. Many experts believe that biological factors such as genetic influences and prenatal hormone levels, early experiences in a person's family of origin, and other social influences can all contribute to the development of transgender behaviors and identities.

## How prevalent are transgender people?

It is difficult to accurately estimate the prevalence of transgender people in Western countries. As many as 2-3% of biological males engage in cross-dressing, at least occasionally. Current estimates of the prevalence of transsexualism are about 1 in 10,000 for biological males and 1 in 30,000 for biological females. The number of people in other transgender categories is unknown.

## What is the relationship between transgender and sexual orientation?

People generally experience gender identity and sexual orientation as two different things. Sexual orientation refers to one's sexual attraction to men, women, both,

or neither, whereas gender identity refers to one's sense of oneself as male, female, or transgender. Usually people who are attracted to women prior to transition continue to be attracted to women after transition, and people who are attracted to men prior to transition continue to be attracted to men after transition. That means, for example, that a biologic male who is attracted to females will be attracted to females after transitioning, and she may regard herself as a lesbian.

### **How do transgender people experience their transgender feelings?**

Transgender people experience their transgender feelings in a variety of ways. Some can trace their transgender identities or gender-atypical attitudes and behaviors back to their earliest memories. Others become aware of their transgender identities or begin to experience gender-atypical attitudes and behaviors much later in life. Some transgender people accept or embrace their transgender feelings, while others struggle with feelings of shame or confusion. Some transgender people, transsexuals in particular, experience intense dissatisfaction with their birth sex or with the gender role associated with that sex. These individuals often seek sex reassignment.

### **What should parents do if their child appears to be transgender or gender-atypical?**

Parents may be concerned about a child who appears to be gender-atypical for a variety of reasons. Some children express a great deal of distress about their assigned gender roles or the sex of their bodies. Some children experience difficult social interactions with peers and adults because of their gender expression. Parents may become concerned when what they believed to be a "phase" does not seem to pass. Parents of gender-atypical children may need to work with schools and other institutions to address their children's particular needs and to ensure their children's safety. It is often helpful to consult with a mental health professional familiar with gender issues in children to decide how to best address these concerns. In most cases it is not helpful to simply force the child to act in a more gender-typical way. Peer support from other parents of gender variant children may also be helpful.

### **How do transsexuals transition from one gender to the other?**

Transitioning from one gender to another is a complex process. People who transition often start by expressing their preferred gender in situations where they feel safe. They typically work up to living full-time as members of their preferred gender, by making many changes a little at a time.

Gender transition typically involves adopting the appearance of the desired sex through changes in clothing and grooming, adoption of a name typical of the desired sex, change of sex designation on identity docu-

ments, treatment with cross-sex hormones, surgical alteration of secondary sex characteristics to approximate those of the desired sex, and in biological males, removal of facial hair with electrolysis or laser treatments. Finding a qualified mental health professional to provide guidance and referrals to other helping professionals is often an important first step in gender transition. Connecting with other transgender people through peer support groups and transgender community organizations is also very helpful.

The Harry Benjamin International Gender Dysphoria Association (HBI/GDA), a professional organization devoted to the treatment of transgender people, publishes *The Standards of Care for Gender Identity Disorders*, which offers recommendations for the provision of sex reassignment procedures and services.

### **Is being transgender a mental disorder?**

A psychological condition is considered a mental disorder only if it causes distress or disability. Many transgender people do not experience their transgender feelings and traits to be distressing or disabling, which implies that being transgender does not constitute a mental disorder per se. For these people, the significant problem is finding the resources, such as hormone treatment, surgery, and the social support they need, in order to express their gender identity and minimize discrimination. However, some transgender people do find their transgender feelings to be distressing or disabling. This is particularly true of transsexuals, who experience their gender identity as incongruent with their birth sex or with the gender role associated with that sex. This distressing feeling of incongruity is called *gender dysphoria*.

According to the diagnostic standards of American psychiatry, as set forth in the *Diagnostic and Statistical Manual of Mental Disorders*, people who experience intense, persistent gender dysphoria can be given the diagnosis of *Gender Identity Disorder*. This diagnosis is highly controversial among some mental health professionals and transgender people. Some contend that the diagnosis inappropriately pathologizes gender variance and should be eliminated. Others argue that, because the health care system in the United States requires a diagnosis to justify medical or psychological treatment, it is essential to retain the diagnosis to ensure access to care.

### **What kinds of mental health problems do transgender people face?**

Transgender people experience the same kinds of mental health problems that nontransgender people do. However, the stigma, discrimination, and internal conflict that many transgender people experience may place them at increased risk for certain mental health problems. Discrimination, lack of social support, and inadequate access to care can exacerbate mental health problems in transgender people, while support from

peers, family, and helping professionals may act as protective factors.

### **What kinds of discrimination do transgender people face?**

Antidiscrimination laws in most U.S. cities and states do not protect transgender people from discrimination based on gender identity or gender expression.

Consequently, transgender people in most cities and states can be denied housing or employment, lose custody of their children, or have difficulty achieving legal recognition of their marriages, solely because they are transgender. Many transgender people are the targets of hate crimes. The widespread nature of discrimination based on gender identity and gender expression can cause transgender people to feel unsafe or ashamed, even when they are not directly victimized.

## **How can I be supportive of transgender family members, friends, or significant others?**

- Educate yourself about transgender issues.
- Be aware of your attitudes concerning people with gender-atypical appearance or behavior.
- Use names and pronouns that are appropriate to the person's gender presentation and identity; if in doubt, ask their preference.
- Don't make assumptions about transgender people's sexual orientation, desire for surgical or hormonal treatment, or other aspects of their identity or transition plans. If you have a reason to need to know, ask.
- Don't confuse gender dysphoria with gender expression: Gender-dysphoric males may not always appear stereotypically feminine, and not all gender-variant men are gender-dysphoric; gender-dysphoric females

- may not always appear stereotypically masculine, and not all gender-variant women are gender-dysphoric.
- Keep the lines of communication open with the transgender person in your life.
- Get support in processing your own reactions. It can take some time to adjust to seeing someone who is transitioning in a new way. Having someone close to you transition will be an adjustment and can be challenging, especially for partners, parents, and children.
- Seek support in dealing with your feelings. You are not alone. Mental health professionals and support groups for family, friends, and significant others of transgender people can be useful resources.

## **Where can I find more information about transgender issues?**

American Psychological Association  
750 First Street, NE  
Washington DC, 20002  
202-336-5500  
lgbc@apa.org (e-mail)  
www.apa.org/pi/lgbc/transgender

The Harry Benjamin International Gender Dysphoria Association, Inc.  
World Professional Association of Transgender  
1300 South Second Street, Suite 180  
Minneapolis, MN 55454  
612-624-9397  
612-624-9541 (fax)  
hbigda@hbigda.org (e-mail)  
www.hbigda.org

FTMInternational (FTM means Female-to-Male)  
740A 14th St. #216  
San Francisco, CA 94114  
877-267-1440  
info@ftmi.org (e-mail)  
www.ftmi.org

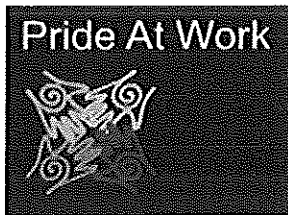
Gender Public Advocacy Coalition  
1743 Connecticut Ave., NW  
Fourth Floor  
Washington, DC 20009  
202-462-6610  
gpac@gpac.org (e-mail)  
www.gpac.org

National Center for Transgender Equality  
1325 Massachusetts Ave., Suite 700  
Washington, DC 20005  
202-903-0112  
202-393-2241 (fax)  
www.nctequality.org

Parents, Families, and Friends of Lesbians and Gays (PFLAG) Transgender Network (TNET)  
1726 M Street, NW  
Suite 400  
Washington, DC 20036  
202-467-8180  
info@pflag.org (e-mail)  
www.pflag.org/TNET.tnet.0.html

Sylvia Rivera Law Project  
322 8th Avenue  
3rd Floor  
New York, NY 10001  
212-337-8550  
212-337-1972 (fax)  
www.srlp.org

Transgender Law Center  
870 Market Street  
Room 823  
San Francisco, CA 94102  
415-865-0176  
info@transgenderlawcenter.org (e-mail)  
www.transgenderlawcenter.org



# **PRIDE AT WORK**

## **WE ARE LESBIAN, GAY, BISEXUAL, AND TRANSGENDER LABOR!**

Testimony of Donna M. Cartwright  
Co-President, Pride at Work, AFL-CIO

For Hearing on CB 54  
Howard County Council  
Nov. 21, 2011

Chairman and Members of the Council:

Pride at Work, the lesbian, gay, bisexual and transgender (LGBT) constituency group of the labor movement, thanks the Howard County Council for the opportunity to testify on CB 54, which would protect Howard County residents against discrimination based on gender identity or expression.

We believe that now is the time to take effective action to protect transgender workers, as well as other workers whose gender identity or expression do not conform to traditional expectations, against discrimination in employment and employment-related benefits.

Transgender and other gender-different people suffer severe and pervasive discrimination in employment. Indeed, such discrimination is a major factor in the serious disadvantage, material and otherwise, that is experienced by this community. In my experience of more than 10 years advocating for the transgender community, I have seen many people lose their jobs on coming out (or being discovered) as transgender; indeed, often transgender workers have found themselves unable to find work ever again in their professions, despite strong qualifications and excellent work records.

Many transgender and gender-different people continue to suffer from chronic unemployment or underemployment, and many others who retain their jobs have seen the door closed to further career development.

Transgender workers are often handicapped in seeking employment by the lack of documentation appropriate to their gender presentation. Transgender and gender different people who are unable to secure stable employment that fully utilizes their skills and talents are often forced into the underground economy, in the sex trade, with all its dangers, or into under-the-table "cash businesses" in which they can be badly exploited.

By enacting this bill, Howard County would send a critically important signal, not only to employers but also to young people, on the brink of coming out as transgender, that there may be some future for them that does not rely on sex work or casual, off-the-books employment.

Laws protecting transgender and gender-variant workers against discrimination in employment are in place in 16 states and scores of municipalities, including Baltimore City and Montgomery County with a combined population of over 40% of the U.S. total. The earliest law was enacted in 1975, and there is now much experience with how such



## **PRIDE AT WORK WE ARE LESBIAN, GAY, BISEXUAL, AND TRANSGENDER LABOR!**

legislation operates and is interpreted. No significant problems have resulted from protecting these vulnerable workers.

The labor movement has long stood in the forefront of efforts to prohibit discrimination against the most vulnerable parts of the workforce, including workers who are lesbian, gay, bisexual and transgender (LGBT). The AFL-CIO reaffirmed this support at its convention in 2009, and the Maryland State and District of Columbia AFL-CIO took similar action the same year. Increasingly, unions are seeking to incorporate anti-discrimination protection for transgender and gender-different workers into labor contracts.

In accordance with the proudest traditions of the labor movement, we believe that an injury to one is an injury to all. We urge the council to enact CB 54.

Donna M. Cartwright  
Co-President  
Pride at Work

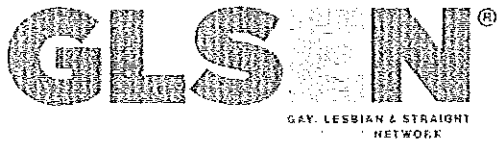


Bruce Savadkin  
6437 Spicwind Court  
Columbia, MD 21045

Good evening. Thank you for giving me the opportunity to testify tonight about an important issue for transgender citizens of Howard County. My name is Bruce Savadkin and I have been a resident of Howard County for over 30 years, but I'm not here tonight to talk about me - I'm here to tell you about my daughter, Andie. Andie attended public school here in Howard County and graduated with honors from Oakland Mills High School in 2008. Her excellent Howard County education helped her get accepted at Juniata College in Pennsylvania, where she received an academic scholarship. It was after her freshman year at Juniata that Andie came out to us as transgender. We were shocked to say the least. I'm sure that we experienced all the typical emotions that parents go through when they realize their dreams for their children are forever altered. These emotions included denial, anger, and depression, but I'm happy to say that we have now moved on to acceptance and hope for a bright future. It is this feeling of acceptance and hope that has motivated me to speak to you tonight.

Anyone who knows Andie would agree that she is intelligent, compassionate, kind and generous. I would also add courageous to this list. Being transgender at Juniata has not been easy for Andie. She has been subjected to harsh treatment from classmates, and was threatened with expulsion by the school administration and forced to move off-campus. Andie also experienced discrimination during her search for off-campus housing. Despite these early difficulties, Andie is now thriving. This is due in part to the outstanding support she has received from friends, family, and professors. Andie earns excellent grades, and is extremely active in several on-campus clubs and activities. As a transgender person, Andie completed 2 internships in Washington D.C., and she will graduate next spring with a major in Peace and Conflict Studies and a minor in Communication. Andie has a wide variety of interests and hobbies, including music, religion, philosophy, cooking, and performing magic. Andie will freely talk about what it means to be transgender with anyone who asks, but would prefer be defined by her interests rather than her gender identity.

Andie is doing well, and for that we are extremely grateful. So many other parents of transgender kids are not doing as well. They often deal with discrimination, violence, bullying, anger, depression, and suicidal thoughts. As parents, of course we worry about Andie's safety and well being. We have received wonderful support from our friends, family, congregation, and of course PFLAG. With their help, we have come to accept Andie for who she is, and feel that it is critically important to her health and well being for others to do the same. We very much hope that Andie will return to Maryland after her graduation. We urge you to pass gender identity and expression protections so that Howard County is a safe and welcoming place for Andie and all of our transgender citizens.



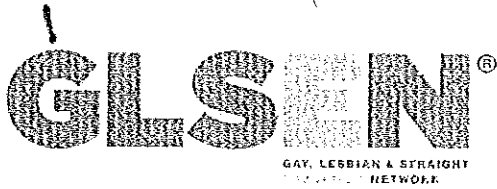
**Gay Lesbian and Straight Education Network**

**Rich Espey Testimony Submitted to the Howard County Council**

**Re: Hearing on Transgender Anti-Discrimination Bill**

Good evening, Council Members. Thank you for allowing me to testify today. My name is Rich Espey, and I have taught middle school science for 23 years. Currently, I am teaching eighth graders at the Park School in Baltimore. I am here today on behalf of GLSEN, the Gay, Lesbian & Straight Education Network. GLSEN strives to assure that each member of every school community is valued and respected regardless of sexual orientation or gender identity or expression. I am honored to have been named GLSEN's Teacher of the Year for 2011.

I am so happy to support this bill, which would provide critical nondiscrimination protections to Howard County residents from all walks of life, including some of our most vulnerable students, on the basis of gender identity and expression in employment, housing, health, and education. As an educator, I have seen that laws that create nondiscrimination protections for students, like this ordinance, help to create a safe, respectful, and welcoming school environment for all students that is conducive to learning.



Learning in a safe school environment, one free from bullying, harassment, and discrimination, is a right entitled to all students. Such an atmosphere engenders a positive sense of self, which is the basis of educational achievement and personal growth. Unfortunately, transgender and gender nonconforming students are frequently subjected to bullying, harassment, and discrimination every day in schools across America. In fact, gender identity and gender expression are among the top three reasons students are bullied and harassed at school. GLSEN's research has shown that more than 6 in 10 students report hearing biased remarks about students' gender expression often or frequently in school. More than 1 in 4 LGBT students reported being physically harassed at school because of how they expressed their gender. Yet over 60% of students who experienced harassment or assault in the past year did not report these experiences to school personnel. When asked why they chose not to tell school personnel about their experiences with harassment or assault, many said that they believed nothing would be done to address the situation. Others said that reporting would not be worth it because reporting had not been effective in the past.

Additionally, some students aren't aware that their school district has a policy that explicitly prohibits bullying, harassment, and discrimination based on gender identity and/or gender expression. The adoption of a county ordinance that explicitly prohibits discrimination based on gender identity and gender expression is essential

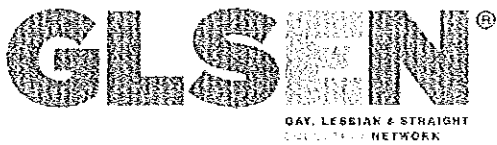


to ensuring the well being of students because it would convey to both students and educators that bullying, harassment, and discrimination on these bases is unacceptable.

Transgender and gender nonconforming students are particularly vulnerable in schools. GLSEN's research shows that a staggering 82% of transgender students across the country feel unsafe at school. Nearly half of transgender students missed at least one day of school in the past month because of safety concerns. Unfortunately, it is not surprising that these students feel unsafe. 41% of transgender students said they had been physically harassed sometimes, often, or frequently in the past school year. This is unacceptable.

It is our understanding that the school district has already approached the Howard County Human Rights Commission about developing guidelines to protect transgender and gender nonconforming students. We applaud Howard schools for this proactive step. GLSEN encourages districts to adopt policies that address areas such as use of appropriate names and pronouns, gender segregated activities, and privacy and confidentiality in gender identity transition.

Research has shown that laws and policies that prohibit discrimination based on characteristics that are frequently the target of bullying, harassment, and discrimination, including gender identity and expression, help create safer schools for



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all students. Currently, many jurisdictions across the United States, including 13 states and the District of Columbia as well as a number of counties, protect students from discrimination based on gender identity and gender expression. On behalf of GLSEN, and as an educator myself, I urge you to join them and take the important first step of passing this bill.

Thank you for your time. I look forward to answering any questions you may have.

My name is Grace Harley. I speak on behalf of Parents and Friends of Ex-Gays & Gays, a non-profit organization representing families and the ex-gay community.

Gender cannot be changed at will. You can dress up as the opposite sex but you are still the same sex you are born with. This is common sense.

Legislation cannot change reality by making believe that we, the people, have to legally recognize men as females simply because they try to dress and behave like a woman. They are still men and never ending prescription hormones cannot change it. I know this from personal experience because I lived as a man for many years, and honestly believed I was a male during that time.

Gender identity laws endanger individuals with gender identity disorder – GID-- , a medically recognized illness which is treated therapeutically or spiritually. If you pass this bill, it will encourage people with GID to permanently change their physical bodies. Instead of helping, it has been shown that such persons are more likely to commit suicide or need psychiatric help after these irreversible surgical procedures.

The Johns Hopkins University Hospital ended its sex reassignment surgeries because Dr. Paul McHugh, the psychiatrist in-chief at Johns Hopkins Hospital, found that the underlying psychological problems did not change. Transgenders still had the same troubles with relationships, work and emotions. He said – “We doctors have wasted scientific resources and damaged our professional credibility by collaborating with madness rather than trying to study, cure, and ultimately prevent it.”

I <sup>was</sup> sought help for my gender identity disorder, and so can others. Passing laws which harm gender confused people is not the answer. This bill will create more transgenders who will demand more and more concessions from society for approval of their behavior. Because that's what it is, a mentally disordered behavior.

I have compassion for all people with gender confusion, because I was once a transgender, and with the grace of God, I left that behavior. Please help us. Don't hurt us with this gender identity bill. There is another way. Thank you.

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Dr. Dana Beyer, Gender Rights Maryland, Executive Director

November 21, 2011

Dear Honorable Councilmembers,

I'm Dr. Dana Beyer, and I'm here in support of Bill 54-2011. While I am Executive Director of Gender Rights Maryland, the statewide transgender political organization, I am here this evening as the staff architect of Montgomery County's 2007 comprehensive gender identity civil rights act. Most importantly I would like to reassure you that as the case has been in the 16 other states, District of Columbia and over 130 local jurisdictions with a similar law to Montgomery County's, covering 44% of the U.S. population, nothing untoward - I repeat, NOTHING - has happened that should deter you from swift passage of this critical civil rights legislation. Let me summarize:

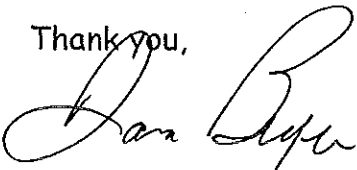
- There have been no documented instances of assaults by transgender persons against anyone in a public restroom in this country.
- Contrariwise, there continue to be assaults against trans persons in public restrooms throughout the state, most publicly, the Chrissy Polis assault in Rosedale earlier this year.
- Based on data compiled in the National Transgender Discrimination Study ([http://www.thetaskforce.org/reports\\_and\\_research/ntds](http://www.thetaskforce.org/reports_and_research/ntds)), trans persons continue to suffer extremely disproportionate levels of unemployment and homelessness, as well as bullying and harassment in school, workplaces and public accommodations.
- Being transgender is not a mental illness. The AMA and American Psychological Association have recognized the scientific reality of gender variance and removed gender identity variations from the list of mental illnesses.
- Next May, the American Psychiatric Association will make official what has already become consensus practice throughout the West, and depathologize gender variance as an official mental illness in the DSM.
- The latest poll, from the Public Religion Research Institute (<http://publicreligion.org/research/2011/11/american-attitudes-towards->

transgender-people/), shows 89% of Americans support full civil rights, including 93% of Catholics and 64% of white evangelical Protestants.

- Chronic fear-mongering by the opposition has not protected anyone nor made anyone's life any better; on the contrary, their political losses have led to staged events and a circus of lies.

It's time that the trans population became full participants in American society, with the same rights and responsibilities as those already enjoyed by the people who hate us the most.

Thank you,



Dana Beyer, M.D.

**CB54-2011: Parents Families & Friends of Lesbians & Gays (PFLAG)  
Testimony to the Maryland General Assembly**

My name is Catherine Hyde. I live in Marriottsville, and I am speaking in support of CB54-2011. As the parent of an 18-year-old transgender child, I am deeply grateful to Council Members Courtney Watson, Calvin Ball, Mary Kay Sigaty and Jennifer Terrassa for sponsoring this important legislation.

In addition to my personal experience raising a trans kid, I am Transgender Network Coordinator for PFLAG Howard County. As such, I am speaking this evening on behalf of 15 families in the area with transgender children who range in age from 3 to 28. Because they are transgender, our children are being harassed at school and on the streets, forced to live off campus, threatened with expulsion, and even fired from their jobs. Just last month, one of our children was raped. And far too many of our children are suicidal. Because they are transgender.

Gender identity is an inherent part of who we are and cannot be changed. Very few people understand transgender. I get that. I lived with my transgender child for 15 years without understanding it. But ignorance is not benign.

When our 4-year-old son wanted tutus and Barbie dolls, a psychologist who did not understand gender encouraged us to cajole our child and allow only boy toys and clothing, supposedly helping him. Two years later, our 6-year-old was threatening suicide. Suicidal ideation in young trans children is common. In fact, transgender people attempt suicide at a rate that is 25 times the norm.<sup>i</sup> And it is not the fact that they are transgender that makes them suicidal. It is the fact that they are transgender in a society that does not understand and therefore fears them and expresses that fear through disdain, anger and violence. So back to a therapist we went with our six year old, who was then diagnosed with depression and anxiety. Perfectly understandable, since we had been essentially shaming this child for being herself. But again there was no mention of gender. We did not get educated, and we did not stop the shaming. Ignorance is harmful.

My child was 15 when two NPR interviews taught me what transgender means and how it can manifest in even very young children. Our child transitioned in 10<sup>th</sup> grade, and we began to celebrate this very special child. Her depression and anxiety steadily lifted.

But the harassment at school did not. Students regularly called my child "pervert" and "freak," and though her friends stuck up for her, only one adult ever intervened. The harassment culminated when a Howard County Police officer humiliated my child in front of the entire senior class because he didn't understand transgender. When an authority figure openly mocks trans people, what license does that give to the students who were already bullying my kid? Ignorance is dangerous.

In addition to struggling with depression, anxiety under- and unemployment and homelessness, transgender people are disproportionately targeted for violence. In one study of the lesbian, gay, bisexual and transgender population, trans people accounted for 40% of the victims of police-initiated violence and 20% of the murder victims. Ignorance can be deadly.<sup>ii</sup>

Imagine for a moment that these scenarios and statistics pertain to your child. Then imagine how important this legislation would be to you and your family.

Transgender people, including our children, can be denied service at a movie theater or restaurant. They can be denied work or fired from their work, simply because God made them different. They are often harassed out of school. They are being denied housing. Maryland state

law does not protect transgender and gender non-conforming people from discrimination, despite the fact that most people in our state believe such protections already exist.<sup>iii</sup> Howard County prides itself on being a leader and doing the right thing just because it's the right thing to do. This is an opportunity to do just that: extend basic human rights to a very vulnerable population.

The media often focuses on the sensational aspects of trans lives. But in our everyday lives, our kids are pretty mainstream. They do the same things other people's kids do: they go to school, they play with friends, they participate in sports. And our issues with them are mostly about things completely unrelated to their gender identity: clean your room, eat your vegetables, do your homework. And we want for our kids what all parents want for their kids: that they be safe, happy, healthy and have productive jobs so they can move out of our house. I've met a hundred or more trans kids and adults, and they are just like you and me with one very special difference. They are among the most courageous, intrepid and magical people because of the special and challenging journey they have traveled.

I'm old enough to have personally experienced the difference that sexual discrimination legislation made by triggering education in the workforce and how that education changed how I was treated at work. We need transgender anti-discrimination legislation because legislation engenders education and reduces ignorance, which will help keep our kids safe, and allow them to grow into the productive members of society that we all want them to be.

Thank you

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<sup>i</sup> Injustice at Every Turn: A Report of the National Transgender Discrimination Survey, jointly published in 2011 by the National Center for Transgender Equality and the National Gay and Lesbian Task Force.

<sup>ii</sup> The National Coalition of Anti-Violence Programs studied bias-motivated violence aimed at lesbian, gay, bisexual and transgender people over 13 years.

<sup>iii</sup> PFLAG National