Dear ABA,

As a veteran Human Resources executive and Law practitioner, I agree that no person should be discriminated against in our profession. Rule 8.4 prohibiting discrimination and harassment in a Legal Practice, is an appropriate rule; and, is covered adequately in the current language.

Sexual orientation discrimination is not explicitly prohibited under federal law currently. It is my understanding that this is due to the inability to expressly define sexual orientation and gender identity within the psychological, medical and scientific professions. To further divide Gender into a variety of sub-classes is to examine the issue within the context of a society undergoing rapid social, economic as well and technological change. These personal "tags" are vague and amorphous with respect to discrimination, and deserve further study.

- What proportion of the population are actually defined?
- Has there been a change over time in this proportion?
- Is there a difference in this respect between men, women?
- Between transgender, sexual orientation?
- Between individuals who belong to different ethnic groups?
- Have these differences (between the age, gender and ethnic categories) increased or decreased over time?

Having language such as in Title VII, prohibiting discrimination due to race, color, religion, gender, and national origin, is an adequate representation to protect current classes of people.

Discrimination is prohibited currently by a myriad of strict State and Federal laws. Therefore, I believe the proposed change to Rule 8.4 is premature.

The ABA must continue to be forward thinking and be prepared to further divide protected classes into additional sub-classes if the ABA decides to divide "Gender" into additional protected classes as proposed. We may begin to see additional people come forward requesting protection for their specific gender identity variants, and with this, the ABA dilemma with conceptualizing these variants.

The DSM-5 is the mental health manual used by psychiatrists to diagnose disorders reveals a change in thinking on gender identity. In the new edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), released on 22 May 2013, the now-defunct diagnosis of gender identity disorder (GID) receives a new name, gender dysphoria, which reflects a new emphasis. Specifically, the incongruity between someone's birth gender and the gender with which he or she identifies and the level of distress and as a result.

Dr. Paul R. McHugh, the former psychiatrist-in-chief for Johns Hopkins Hospital and its current Distinguished Service Professor of Psychiatry, said that transgenderism is a “mental disorder” that merits treatment, that sex change is “biologically impossible,” and that people who promote sexual reassignment surgery are collaborating with and promoting a mental disorder.

The transgendered person’s disorder, is in the person’s “assumption” that they are different than the physical reality of their body, their maleness or femaleness, as assigned by nature.
It is a disorder similar to a “dangerously thin” person suffering anorexia who looks in the mirror and thinks they are “overweight,” Dr. Mc Hugh

Johns Hopkins has stopped doing sex-reassignment surgery, since producing a ‘satisfied’ but still troubled patient seemed an inadequate reason for surgically amputating normal organs,” said Dr. McHugh.

I strongly advise the ABA to withdraw the proposed amendment. By passing the amended language, it would appear that the ABA is promoting delusions and collaborating with mental illness.

Regards,

Donna M. Flanagan