




Speech By
Michael Berkman

MEMBER FOR MAIWAR

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HEALTH LEGISLATION AMENDMENT BILL

 **Mr BERKMAN** (Maiwar—Grn) (3.38 pm): I rise to speak in support of the Health Legislation Amendment Bill. I support the bill's administrative provisions and its continuation of the vital and incomplete project to close the gap when it comes to Indigenous health outcomes. In the words of the Queensland Aboriginal and Islander Health Council, these changes take important steps to reduce institutional racism within the health system and improve access to health care in Queensland.

The element of the bill, as we all know, that drew the most attention and the most submissions to the inquiry, and the one that I would particularly like to affirm my support for, is the ban on conversion therapy. Clause 28 of this bill and the amendments tabled by the minister earlier would amend the Public Health Act 2005 to prohibit the practice of conversion therapy by health service providers in Queensland. I am proud, and I think we should all be proud, that Queensland would be the first jurisdiction in Australia to do so, although the issue is live in many other states and territories. I hope and expect other jurisdictions will follow Queensland's lead here. As a member of the health committee that conducted the inquiry on this bill, I had the benefit of participating in the hearings, which reaffirmed for me the importance of this legislation.

In putting this bill forward, we want to protect the LGBTIQ+ community from the harm caused by conversion therapy. We want to send the strong message that being queer is not a disorder requiring treatment or correction. Conversely, conversion therapy is underpinned by the belief that queer people are somehow broken. It views sexual orientation and gender identity as something able to be cured, eliminated or suppressed. Its practices include running ex-gay camps, exorcisms—the sorts of practices we heard described by the member for Greenslopes a moment ago—group therapy and bogus psychiatric treatments. Conversion therapy is condemned by the medical community in Australia and overseas, but, despite that, conversion therapy practices continue to exist in Australia today.

The submission to the inquiry from the LGBTI Legal Service said there are around 10 organisations providing conversion therapy services in Australia today, that they were aware of. Two of those are based in Queensland. As the Queensland AIDS Council pointed out in its submission, although the focus of conversion therapy has traditionally been on changing a person's sexual orientation, gender identity conversion therapy is becoming more common.

The Queensland Greens' policy on sexuality and gender identity is and has been clear. People have the right to their self-identified gender, which is integral to people's lived experiences as citizens and members of the community. Society should be free of harassment, abuse, vilification, stigmatisation, discrimination, disadvantage or exploitation on the basis of the actual or assumed sex, sexual orientation or gender identity of a person or someone they are associated with. All people, including intersex and gender diverse people, have the right to bodily autonomy and physical integrity. A ban on sexuality or gender conversion therapy has long been part of our platform and something we absolutely support.

Among the submissions to the inquiry, one key fact emerged. Those at the coalface of supporting LGBTIQ+ community members support this bill. The Queensland Human Rights Commission pointed out that LGBTIQ+ people are currently vulnerable to harm from practices seeking to suppress or change their sexuality or gender identity. There is ample research to indicate the mental health of LGBTIQ+ is significantly worse than the broader population.

This fact is often relied on to assert that poor mental health is inherently associated with being queer. We know this to be blatantly false and I would suggest it is nothing more than bald faced homophobia and bigotry. The issue is with how LGBTIQ+ people are treated. People who have been exposed to conversion therapy have reported experiencing self-hatred, shame, grief, the loss of intimacy, connection and pleasure, mental health problems and self-harm.

As the commission pointed out, regardless of the prevalence of conversion therapy in Queensland, the extent of the harm justifies a strong legislative response. In the view of the LGBTI Legal Service, there is even more to do to ensure survivors of conversion therapy are supported. Supporting, rather than oppressing or disparaging, someone's sexuality and gender identity will improve their wellbeing and allow them to flourish in their communities.

Disappointingly, right now the bill focuses solely on health practitioners, failing to address the fact that the bulk of gender and sexuality conversion therapy is most likely occurring in informal and religious settings. The ban on this type of therapy should be extended to religious institutions and funding for specialised support for survivors prioritised.

I also agree with the Australian Association of Social Workers's suggestion that the bill could use more affirming terminology—namely, the term 'gender affirmation' rather than 'gender transition'. This better reflects the experience of many transgender people who do not perceive themselves to be changing from one gender to another but rather being able to start living in their true gender identity. The Association of Social Workers also recommended increased penalties for offences against vulnerable persons and amendment of the Criminal Code to criminalise the provision of conversion therapies, which I support.

Opponents to this legislation and the predictable response drummed up by the Australian Christian Lobby and their ilk rely on shameless, harmful misinformation. They assert that medical practitioners will not be permitted to treat a child in any other way, except to affirm the child's wish to transition gender, under threat of criminal sanction.

The terms of the bill are clear: conversion therapy does not include practice that, in a health service provider's reasonable professional judgement, is necessary to provide a safe, appropriate health service. It is clear. The amendments that we will see introduced shortly make it even clearer. Any health practitioner who exercises reasonable professional judgement in providing safe, appropriate health services has nothing to fear. We have so much further to go when it comes to supporting members of the LGBTIQ+ community, but I commend this bill as an important step towards ending discrimination and harm against them.

I will take a moment before I wrap up to, as always, thank my fellow committee members and the secretariat. We have not had a dull moment at all on the health committee over the last 2½ years. I do want to make particular mention of the member for Caloundra who will not be joining us in the chamber next parliament, irrespective of any election outcomes. As a new member in this House and as a new participant in the committee process, I found his contribution to be always very well considered and very carefully put. He certainly helped me to understand the way this process works.