

GP:CC Proposal #2020-02: ____, Substitute, Floor Amendment – AS PASSED (Dec. 15th, 2019)
offered by Hugh Esco

A Resolution to provide for the endorsement by the Georgia Green Party of the Declaration on Women's Sex-Based Rights, as developed and publicized by the Womens Human Rights Campaign; and for other purposes.

A Resolution of
the Coordinating Council of
the Georgia Green Party

Whereas, the 2003 Platform of the Georgia Green Party states in its Human Rights plank, that we intend to "Stop Violence and Discrimination Against women, . . . lesbians, gays, . . . children," and in the plank on Family, that "the State has an equal responsibility to utilize every appropriate means possible to protect children from deprivation and abuse", and that we "urge Greens and Georgians to challenge the sexist assumptions of our culture"; and

Whereas, the 2016 Platform of the Green Party of the United States states our commitment for the U.S. ratification of "the Convention on the Elimination of all Forms of Discrimination Against Women, which was adopted in 1979 by the UN General Assembly and ratified by 173 countries", while making a "call for passage of the Equal Rights Amendment" which asserts that "Equality of rights under the law shall not be denied or abridged by the United States or by any state on account of sex"; and

Whereas, our party's national Platform also "calls for new U.S. legislation relating to prostitution modeled on the Swedish law passed in 1999," a framework now known popularly as the Nordic Model, and on the African Continent as the Equality Model, to protect those used in prostitution from criminal prosecution while criminalizing those whose purchases create the market and those who profit by prostituting the bodies of others, alongside publicly funded support for the exit strategies of the mostly women leaving prostitution and supported by public education campaigns to deconstruct the myths of male entitlement to womens bodies which underly the sex industry and a rape culture which has given rise to #metoo organizing globally; and

Whereas, the United States is a signatory nation to the United Nations Convention on the Rights of the Child and our national party Platform seeks to amend its 'binding declaration' to increase our nation's compliance with the Convention; and

Whereas, in the Spring of 2019, the Womens Human Rights Campaign held launch events in Leeds (UK) and New York City (USA) to share with the world its Declaration on Women's Sex-Based Rights, a document developed with the participation of women from around the world:

<https://www.womensdeclaration.com/>

<https://www.womensdeclaration.com/documents/7/Declaration-with-logo.pdf>

https://www.womensdeclaration.com/documents/8/Declaration_Summary_PDF.pdf

; and

Whereas, the Declaration on Women's Sex-Based Rights restates and reaffirms existing international law governing the protections necessary to defend the existing sex-based rights of women; and

Whereas, those sex-based rights of women currently face challenges being raised by a patriarchal backlash often fronting as speaking on behalf of women and others prostituted by the sex-industry and at other times on behalf of trans-gender people; and

Whereas, articulated in HR-5, the Equality Act which now awaits action in the U.S. Senate, an un-nuanced recognition of 'gender-identity' as a protected class under U.S. civil rights legislation would have the effect of queing for reconsideration nearly two centuries of settled U.S. jurisprudence related to the sex-based rights of women, by abandoning the existing definition of woman grounded in biological, material and scientifically-verifiable reality for a new one based on self-declaration, and absent objective scientific support; and

Whereas, in addition to Early Onset Gender Dysphoria diagnosed in very young children and Late Onset Gender Dysphoria, which often seems to be an expression of autogynaphilia, with each of these conditions having long histories, documented in medical literature, practioners and researchers have recently identified a new presentation among children known as Rapid Onset Gender Dysphoria, characterized by its later manifestation, usually immediately prior to or in the midst of puberty, and its likely relationship to what is being discussed as a social contagion, appearing in clusters within social cohorts, and frequently after exposure on social media to transgender advocates; and

Whereas, thousands of de-transitioners are already networking online for mutual aid and support; and

Whereas, Charlie Evans, who for nearly a decade identified as a transman, on November 30th, 2019, hosted a launch event in Manchester UK, for a new Detransition Advocacy Network, with the event framed as "Detransition: The Elephant in the Room: Medical Ethics in the Age of Gender Identity", in response a hundred or more detransitioning individuals who had reached out to her since she went public with her own detransition story, and even prior to her well publicized speech to the Lesbian Strength 2019 Rally in Leeds this past September; and

Whereas, the Pique Resilience Project has brought together four young women in the United States of America who formerly identified as transmen to support one-another's detransition process, sharing what they are learning, and particularly to examine the role of social media in their own transition stories using a website, video blogs and social media where they have connected with hundreds of other young women who are also engaged in the detransition process; and

Whereas, learned health care practitioners are being actively deplatformed from publications and speaking opportunities, are losing their jobs, are being ostracized from their fields as bigots, when their research demonstrates that invasive and life-altering intervention are not necessary for the development of healthy gender-dysphoric children; and

Whereas, Tavistock Gender Clinic is the sole provider of gender treatment in the U.K., with clinics in London and Leeds; and

Whereas, multiple health care practitioners and a board member have each resigned from Tavistock, questioning whether the gender-affirming protocols used at the clinics constitute conversion therapy for gay and lesbian youth; and

Whereas, these irreversible gender-affirming therapies involve the off-label use of puberty blockers to disrupt the human maturation process, cross-sex hormones which leave patients sterile and invasive surgeries including mastectomies performed to remove healthy breasts from teenagers and sometimes even the reconstruction of healthy genitals to stimulate the appearance if not the function of the genitals for a reassigned sex; and

Whereas, these protocols are now being pursued in gender clinics in nearly every state in the nation, although unsupported by long-term studies for adverse impacts and are being called by critics 'medical experimentation on children'; and

Whereas, these invasive and life-altering gender-affirming interventions raise significant concerns for the medical ethics of such interventions on children prior to their developing the capacity for full, free and informed consent; and

Whereas, many, including medical ethicists, are questioning whether a parent, exercising their responsibility to safeguard their child, has the power to consent for a child which lacks that capacity, to such life-altering procedures in the absence of a medical diagnosis; and

Whereas, Heather Brunskell-Evans, a highly-respected feminist academic and co-editor and contributor to *Transgender Children and Young People – Born in Your Own Body*, published in late 2017 by Cambridge Scholars Press, has pointed out that 'Gender medicine is the only branch of medicine which makes healthy people medical patients for life'; and

Whereas, those clinicians who pursue a protocol of 'watchful waiting' generally find that for most cases of Early Onset Gender Dysphoria and particularly for Rapid Onset Gender Dysphoria, for the vast majority, the dysphoria is resolved by late adolescence.

Whereas, Marcus Evans, the resigning whistleblower and former member of the Board of Governors, Tavistock GIDS clinic, UK, has stated that, "The affirmative approach to children with Gender Dysphoria fails to provide a therapeutic space for thorough assessment, exploration and thought"; and

Whereas, Ken Zucker, Ph.D. C.Psych and Professor of Psychiatry at the University of Toronto, served as Psychologist-in-Chief at the CAMH's Family Gender Identity Clinic in that city, and contributed to the formulation of a definition for 'gender dysphoria' as it is currently published in the Diagnostic and Statistical Manual; and

Whereas, Dr. Zucker would sometimes recommend social and medical transition for gender dysphoric youth in his care, but also found that 'watchful waiting' was far more often indicated; and

Whereas, an activist campaign by transgender advocates accusing him of 'conversion therapy' led to his 2015 dismissal after thirty years in this role, spurring 500+ clinicians in the field to join a sign-on letter expressing their dismay at his "dismissal and defending his integrity and his 'outstanding' contribution to the field"; and

Whereas, a Fall 2018 public apology and CAD\$586,000 settlement from his former employer resulting in Dr. Zucker claiming publicly to have been exonerated from the accusations leveled against him by trans-activists without clinical experience in the field; and

Whereas, Dr. Zucker spoke to the 24th Congress of the World Association of Sexual Health, held in October 2019, in Mexico City, on developmental trajectories for children with gender dysphoria, presenting his paper, "Debate: Different strokes for different folks" published in May 2019 in the journal, *Child and Adolescent Mental Health*; and

Whereas, his presentation examined the literature to compare outcomes for three broad therapy approaches short of hormonal or surgical interventions, for pre-pubescent gender dysphoric children, finding that 'watchful waiting' and 'active treatment' short of social transition led to 80+% desistance rates among gender-dysphoric children, while social transition showed much higher rates of persistent dysphoria, and was more likely to lead to medical transition (requiring life-long medical treatments), noting ironically that "(a)lmost 45% of the persistors, . . . (who) had partially or completely socially transitioned, (found that) their gender dysphoria had not resolved"; and

Whereas, Dr. Zucker cautioned against drawing early conclusions, stating that "I do not believe that any of these approaches needs to be privileged over the others until we have more data. I also do not believe that any particular psychosexual outcome needs to be privileged over others — on this point, other kinds of data are required"; and

Whereas, in the abstract of his May 2019 paper published in the *CAMH* journal, he wrote, "Gender social transition of prepubertal children will increase dramatically the rate of gender dysphoria persistence when compared to follow-up studies of children with gender dysphoria who did not receive this type of psychosocial intervention and, oddly enough, might be characterized as iatrogenic," that is presenting with an "adverse condition . . . resulting from treatment".

Resolved, that the Coordinating Committee of the Georgia Green Party believes that it is possible for responsible policy makers to weigh the conflicts between existing law and the demands of those campaigning for the legal protections of trans-identified individuals, and to find nuanced approaches which will protect the latter without gutting from the former the gains that women have made for the protection of women under the law.

Resolved, that the Coordinating Committee of the Georgia Green Party joins the concern that too often and at least where children are concerned, "gender affirmative therapy is not progressive and humane but, on the contrary, binds children to traditional gender stereotypes, and medically harms them through life-changing irreversible procedures".

Resolved, that the Coordinating Committee of the Georgia Green Party here endorses the Declaration on Women's Sex-Based Rights, as developed and publicized by the Womens Human Rights Campaign, and encourage our members, our national party, policy makers and the general public to do the same.

Resolved, that the Secretary of the Party is instructed to convey the endorsement of this document to the Womens Human Rights Campaign and to ask that the Georgia Green Party be listed as an endorsing organization in their publicity around their campaign to build support for these provisions of existing international law.

Resolved, that the Delegation on National Green Party Affairs is urged to seek the support of the Green Party of the United States, in the form both of a similar endorsement by the National Committee, and advancing an amendment to the national party Platform endorsing the Declaration on Women's Sex-Based Rights, as developed and publicized by the Womens Human Rights Campaign.