

CHANGED

MOVEMENT

The harms of the Equality Act far outweigh its benefits

What is gender theory?

Gender theory seeks to erase the biological dimorphism of human beings. This extreme viewpoint establishes “equality” between the sexes by eradicating the notion of biological sex. Gender is associated with one’s inner self-perception of sex divorced from genetic reality.

As with other “critical power theories,” gender theory deconstructs socio-cultural institutions (marriage, family, religion, language, philosophy, national or ethnic identification etc.) to embed and establish itself.

According to the United Nations Human Rights Commission: “Gender theory informed approaches recognize gender as inextricably linked with social construct - that the meanings attached to sex (and other) differences are socially created. They challenge the assumption that gender identity necessarily correlates with biological sex and recognize the validity of a wide range of sexual orientations and gender identities. The recognition of gender as determined by social construct is common to many feminisms, as well as LGBT theory, as is the recognition that gender, sex and sexuality interconnect with other axes of power and identification such as race, age, ethnicity, religion, [dis]ability and health status among others. This approach provides for recognition of how race is gendered and gender is raced, as well as the many other factors which affect how one is allocated rights, privileges or deficits and limits to rights through the regulation of gender.”¹⁷

HR5 denies biological reality

“Sec. 1101: The term ‘gender identity’ means the gender-related identity, appearance, mannerisms, or other gender-related characteristics of an individual, regardless of the individual’s designated sex at birth.”

Sex is not “assigned.” It is based upon the presence of the two sex chromosomes (XX or XY) that are present in every nucleus-containing cell of the human body. Redefining sexual identity as a merely subjective feeling undermines science. This sweeping move will impact the advancement of medicine. How will medical practitioners diagnose and prescribe medications if the use of biological sex markers is considered discriminatory? How will medical practitioners be able to accurately treat conditions that are associated with biological sex if discrimination based upon sex-based stereotypes is perceived?

A Civil Rights Bill based upon self-identification

The impact of LGBTQ activism is effectively increasing the number of individuals who so identify. A recent Gallup Poll¹⁸ indicates that over the past eight years, Americans identifying as LGBTQ has increased by 60%, jumping from 3.5% to 5.6%. *In 2012, LGBTQ identification among Baby Boomers was 2.7%. Today, among Gen Z, 15.9% of individuals identify as LGBTQ. Enforcing a Federal ban on counseling choice blindly denies the implications of sexual fluidity.* As more people identify as LGBTQ more and more will also seek to desist. Change is anathema to LGBTQ activists, yet gender fluidity is reflected in these statistics. Nevertheless, counseling choice for individuals seeking to shape their own sexuality is made illegal in HR5 through a ban on so-called “conversion therapy.” HR5 enforces a state-led social identity that allows no dissent. One can come out as gay or trans, but certainly not go from gay to straight or away from trans.

HR5 will force sweeping changes in the understanding of male vs female

“Sec. 1101: (with respect to gender identity) an individual shall not be denied access to a shared facility, including a restroom, a locker room, and a dressing room, that is in accordance with the individual’s gender identity.”

By removing the boundary between male and female through a subjectively defined gender identity, society will be forced to remove traditional and culturally accepted divisions that provide privacy and safety. The shower room of your local gym, the dressing room of a department store, and the bathroom lounge for nursing mothers now will take on new meaning. While many are concerned about the potential threats to women due to the removal of private accommodations, a larger factor is how culture as a whole will begin to think about sex differences. Male and female are concepts that are ingrained in all of literature, history, tradition, education and religion. The sweeping enforcement of concepts such as “sex-based stereotypes” and “gender identity” will eventually impact all these institutions. By teaching our children that gender is subjective won’t the next generation question gender differences altogether?

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CHANGED Movement is intimately familiar with discrimination and exclusion based upon stereotype. As former LGBTQ we recognize the pain of rejection that this bill highlights. Nevertheless, we oppose any legislation that imposes the false construct of gender theory as a remedy.

Much of the Equality Act is aimed against religious faith that values gender empowerment, sexual integrity and the sanctity of opposite sex marriage—things which have established wholeness and liberty to all of us at CHANGED. Bills like this deny our existence and therefore cause harm by imposing the very worldview we escaped on our places of worship and safety.

Discrimination based upon categories of behavior

Sec. 2: "Discrimination based on sexual orientation includes discrimination based on an individual's actual or perceived romantic, emotional, physical, or sexual attraction to other persons, or lack thereof, on the basis of gender. LGBTQ people, including gender non-binary people, also commonly experience discrimination because of sex-based stereotypes."

Jesus modeled an ethical approach to individuals who refused to objectify or demean others. Nevertheless, Jesus spoke of an ideal standard of living to which believers are accountable that includes sexual behavior. Any suggestion that same-sex sexual practice should be modified or restrained may now be considered discriminatory. This will normalize transgender eros based on orientation essentialism. Pedophiles and hebephiles would claim inclusion. Time will tell how this will be practically applied, nevertheless, with the removal of RFRA, religious freedom will no longer be guaranteed in favor of a state-led gender ideology.

"The Religious Freedom Restoration Act of 1993 (42 U.S.C. 2000bb et seq.) shall not provide a claim concerning, or a defense to a claim under, a covered title, or provide a basis for challenging the application or enforcement of a covered title."

**Contact
your senator
today!**

The Equality Act **passed**
211-195 on Feb. 25, 2021
in the U.S. House of
Representatives

It moved into the U.S. Senate
March 1, 2021.

President Biden has
promised to sign this bill!

Currently centers of faith have a legal right to discriminate in employment. This allows churches to restrict entry of women into pulpits, or enables synagogues not to hire Muslim custodians. Biblically orthodox churches will no longer be able to require standards of sexual behavior among its employees.

The erasure of women's rights?

Title IX will be a casualty of HR5. With the elimination of sex-specific accommodations many legal protections will now be questionable. Women's sports will be dramatically impacted, but so will the protected status of women entrepreneurs. Women's shelters will now be forced to welcome biological men who identify as women. Locker rooms, private baby nursing lounges, all-women's gyms and department store dressing rooms will now be open to biological males.

Pregnancy, really abortion

"It's the most pro-abortion federal legislation in decades. One provision of the bill reads, 'Pregnancy, childbirth, or related medical conditions shall not receive less favorable treatment than other physical conditions.' But discrimination on the basis of pregnancy is already illegal under the 1978 Pregnancy Discrimination Act. So, why a new provision? That phrase 'related

medical condition' is a euphemism for abortion. As Erika Bachiochi writes in America magazine¹⁹, this provision means that 'an institution or individual that provides or funds health care but not abortion . . . would be discriminating on the basis of sex... and would have no recourse to federal conscience protections.'" ²⁰

No conscientious objection

Through HR5 freedom of conscience will be stripped from medical practitioners, business owners, teachers, pastors, and even parents. Doctors will be forced to prescribe and perform surgeries and therapies (whether abortion or transgender related) even when they know the effects will be harmful. Parents seeking to dissuade their children from LGBTQ identity will risk accusations of child-abuse and the potential loss of their children to Children and Family Services. Any Federally Funded education program must comply to tenets of gender theory. All curricula will be rewritten to align with these principles.

Children will be the biggest victims of gender theory

Conservatively, 85% will desist by adulthood

Studies overwhelmingly concur that DESISTANCE is the norm for childhood gender dysphoria, unless affirmed:

DSM-5 p.455: lists rates of persistence translate to rates of desistance in natal males from 70 to 97.8% and natal females from 50 to 88%.¹

American Psychological Association Handbook on Sexuality and Psychology, VI, 744²: *"In no more than about one in four children does gender dysphoria persist from childhood to adolescence or adulthood..."* That represents a minimum 75% rate of desistance.

Cohen-Kettenis, 2008, J SexMed: 80-95% of gender dysphoric pre-pubertal children desist by the end of adolescence.³

Ristori, et al Int Rev Psychiatry 2016: Finding a desistance rate of 61-98% of GD cases by adulthood.⁴

The pro-affirmation Endocrine Society Guidelines admit: "... the large majority (about 85%) of prepubertal children with a childhood diagnosis (of GD) did not remain gender dysphoric in adolescence."⁵

U of Toronto psychologist Dr. Ken Zucker summarizes and defends the numerous studies showing desistance is common in his 2018 paper, "The myth of persistence."⁶

Suicide rates increase, not decrease, after transition^{14 15}

A 2011 Swedish study of post-gender-reassignment adults showed a suicide rate 19 times that of the general population 10 years out. Also, nearly 3 times the rate of overall mortality and psychiatric inpatient care. This was a 30-year population-based matched cohort study of all 324 sex-reassigned persons in Sweden.⁷

19x
higher suicide
rate after gender-
reassignment

A patient... for life

A patient who undergoes gender transitioning will be a patient for the rest of their life. They incur lifelong need for sex hormones and management of their complications; surgeries, if chosen, have consequences and complication rates; as well as other shortcomings.^{10 11 16}

A child cannot provide informed consent.

Children have a developing brain, their minds change often, and they don't grasp long-term consequences.⁸

There is ethical concern that individuals of any age fully understand the implications of gender affirming therapy, really transition affirming (GAT/TAT), but especially children. Case Western Reserve's Dr. Stephen Levine's 2-part test for ethical tensions in people of all ages requesting GAT/TAT asks: "Does the patient have a clear idea of the risks of the services that are being requested? Is the consent truly informed?" Per Dr. Levine, "The World Professional Association for Transgender Health's Standards of Care recommend an informed consent process, which is at odds with its recommendation of providing hormones on demand."⁹

Sweden has had broad acceptance of transgender identity for decades. In May 2, 2019 the Swedish Pediatric Society issued a letter of support for the Swedish National Council for Medical Ethics' (SMER) proposal (for the Ministry of Social Affairs to systematically review treatment of youth with gender dysphoria) in which they cautioned, "Giving children the right to independently make vital decisions whereby at that age they cannot be expected to understand the consequences of their decisions is not scientifically founded and contrary to medical practice."¹²

UK High Court in Bell vs. Tavistock Dec. 12, 2020 ruled that GAT/TAT in minors was experimental — with limited evidence for efficacy and safety — and could not, in most cases, be given to minors under 16 without court order, and that such was advisable for those 16-17. They added, "There is no age appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years."¹³

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- ¹⁴Psychologists JM Bailey and R Blanchard: "There is no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves." J. Michael Bailey and Ray Blanchard, "Suicide or transition: The only options for gender dysphoric kids?" *4thwavenow.com*, Sept. 8, 2017. <https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>
- ¹⁵Studies claiming suicide reduction tend to use convenience sampling. The authoritative *Handbook of Survey Methodology for the Social Sciences* warns, "...you cannot make statistical generalizations from research that relies on convenience sampling." They also often violate the "association is not causation" rule. (Lior Gideon, editor. *Handbook of Survey Methodology for the Social Sciences*. New York: Springer, 2012. ISBN 978-1-4614-3875-5.)
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