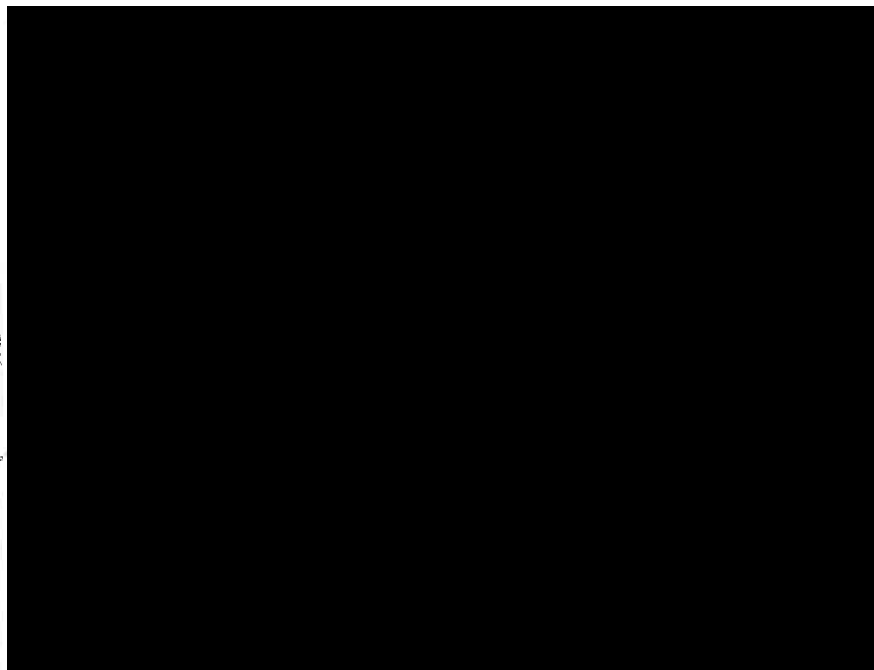


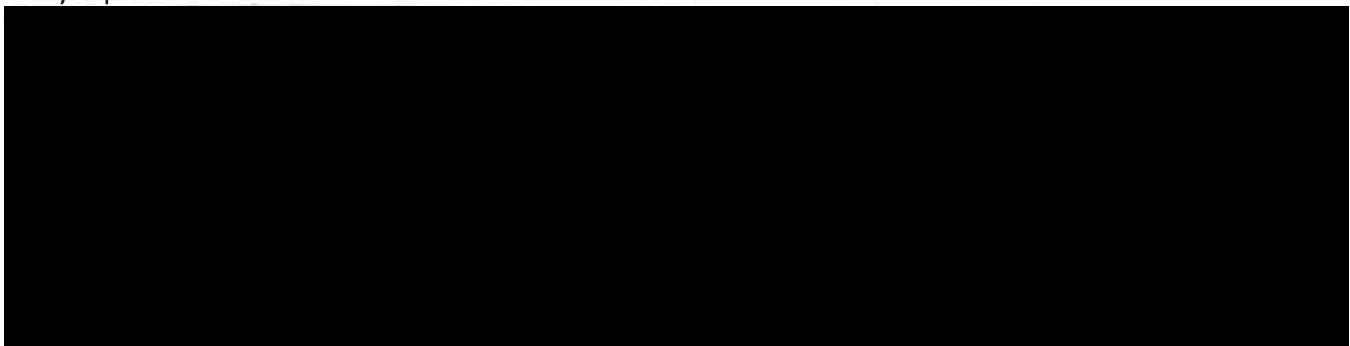
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27 – 01 – 2018



Dear Committee Members,

I write to express a response to the Discussion Paper: Modernising the Anti-Discrimination Act September 2017 released by the Department of Attorney-General and Justice. My experience includes:



RE: Gender and Sexuality Protections: *Intersex Status*

I am very concerned about what is evidentially an ideological sleight of hand in the Discussion Paper, that which proposes changes that are detrimental to human health. The Paper uses remotely accurate statements to pose dishonest questions. The Paper states:

- “An Intersex person will have biological variations on the traditional biological assignment of male and female.”
- “An intersex person may face many barriers in accessing equal opportunities because of the pervasive binary view of sex” before posing the question:
- “Should the attribute of “gender identity” be included in the Act?

Objections in Abstract

- Biology has nothing to do with **tradition**; but rather is **scientific fact**.
- Intersex persons **do not face** "many barriers in accessing equal opportunity" simply because they do not publicly identify. Their intersex Status is one of deeply private concern for themselves and their loved ones.
- One's binary sex is nothing to do with "pervasive views"; sex identification is simply biological and it is the key factor in determining health care diagnosis and treatment. To speak about binary sex as some kind of ideological construction is very fashionable but totally obstructive in this situation. Please leave this out of the amendments.
- Intersex Status has nothing whatsoever to do with Gender Identity

Biology has nothing to do with tradition; but rather is scientific fact.

Biological Assignment of male and female has absolutely nothing to do with "tradition", but rather is a scientifically verifiable, empirical and factual phenomena, *not a cultural or social construct* to be amended!

Intersex persons do not face "many barriers in accessing equal opportunity" simply because they do not publicly identify.

With my limited experience as a professional carer, caring in the home for children experiencing *Intersex Disorder*, I can testify that one's intersex status is one of both grave personal inconvenience and of deeply private concern for themselves and their loved ones, not a matter for public broadcast during occasions of seeking 'equal opportunity.'

Biological Intersex Status can be understood thus, as explained by Prof. Nicholas Tonti-Filippini PhD, formerly of Saint Vincent's Health and a member of the National Health and Medical Research Council (NHMRC) Governmental (Howard) Panel.

"Some children are born who are what is called true gonadal intersex disorder in which they have both ovarian and testicular tissue. Genetically they may be normal or they may have an extra sex chromosome. There are many many genetic disorders involving chromosome configurations other than simple 46, XX or 46, XY." ¹

I have not personally heard of a single example of an intersexed person [who has faced] "*many barriers in accessing equal opportunities because of the pervasive binary view of sex*". Certainly, at least in my limited experience, the process of sex determination for the true Gonadal Intersexed (GID) person is a very arduous one for both the individual but no less for the parents of the child.

¹ Gender Reassignment, Nicholas Tonti-Filippini John Paul II Institute for Marriage and Family Melbourne, Australia. Former member of the National Health and Medical Research Council (NHMRC) Governmental Panel

Best medical practice in our time is to delay surgery until post-puberty, when the individual has a better understanding of what sex they identify with.

In the related field of Gender reassignment, intervention prior to older adolescent is not advisable mainly because some early intervention can be irreversible such as hormone treatment to deepen one's voice, or breast removal. Though the practice of gender reassignment is becoming increasingly popularised by the media, it is considered somewhat hasty and presumptuous to engage the child or even the early adolescent in Sex reassignment treatment, simply because by late adolescence about 87 % of cases, the individual reverts back to identifying with their biological sex at birth.

The paper claims to speak for those with true gonadal intersex disorder. The Discussion Paper is evidently uses insidious process to pass off its "gender identity" political ideology as some kind of compassion argument in support of those experiencing intersex status.

One's binary sex is nothing to do with "pervasive views".

Sex identification is simply concrete reality and biological fact and it is the key factor in determining health care diagnosis and treatment.

The Discussion Paper appears to deliberately confuse the terms sex and gender which are two very distinct and separate realities; sex being *biological sex*, and gender being *feelings based phenomena*, which is most often transient - being subject to both social and psycho phenomena - as exemplified above in the matter of sex reassignment surgery. Intersexed status therefore too pertains to biological sex, not gender identity: a term which is not applicable for the decision making process in the Health Care arena.

In recent years (5) I have also advised upon the matter of Gender reassignment. Previously, while working as a personal Care Attendant during 2000 – 2005, I personally I have worked with children who were born with this: *True Gonadal Intersex Disorder*. It is my experience that individuals experiencing Intersexed status with to identify as either male or female and to remove the said: "binary view of sex" from *The Act* would not at all serve their needs. Concrete ground to stand upon is what an individual searches for in these situations, not further ambiguity.

Re: Modernisation of Language

In the section on page 27, the paper proposes to remove "offensive language" - in particular it is proposed that the terms "man" and "woman" be repealed.

Objection

The about proposal tacitly suggests that the terms man and woman are somehow offensive and that we would be somehow being compassionate to others including the aforementioned people experiencing Gonadal Intersexed Disorder (GID). Don't be fooled by this completely false argument; this is simply yet another ploy of the gender theorists to use the vulnerable in order to push their own anti human ideology. These people do not for one minute represent those with GID.

The terms male and female – pertaining to man and woman are the scientifically recognised concrete realities on which medical decisions and determinations are made. To remove these terms from *The Act* is absurd beyond comprehension; please close your ears to this utter stupidity.

Gender Ideology as a precursor To Sexual Reassignment Surgery

I have a grave concern that the discussion paper is being used to tacitly bring about confusion about the body and sex, through introducing gender ideology and then trying to pass it off as science and or compassion, of which it is neither. Certainly there are high levels of stress associated with GID and I have worked in the middle of these situations, however the false compassion argument that I have seen follow on from gender theory goes toward arguing for fluid genders and encouragement for children to reconsider their biological sex at birth, and subsequently opt for dangerous and experimental sex-change surgery.

The false compassion argument often used here is to say that those with GID will suffer if they do not receive sex reassignment treatment. The scientific facts tell a different story. The American Psychiatric Association has this to say:

“With or without sexual reassignment surgery there are very high levels of self-harm, suicide and unemployment in people with chronic GID that does not respond to psychotherapy. A proportion of those with GID spontaneously revert to normal gender identity.”²

As stated earlier, I believe the figure of reversion back to normal gender identity corresponding to birth sex is about 85% by late adolescents. Up until 10 years ago there was not a surgeon in Victoria who would touch a so called “sex change” operation, simply because it is bad medicine. Johns Hopkins rejected the whole fad of sex change surgery in the 1970’s recognising it for the medical incompetence that it was. Dr. Nick Tonti Fillipini told me in person that sex-change candidates represent the highest risk category for post-operative suicide, with one person in nine, taking their own life *post-operation*. Sex-reassignment surgery is hardly a fix-all. Some cowboy surgeons are now making a fortune riding on the wave of this new fad of sex change, which has increased in recent years with the strong encouraged Freemason owned media.

To say that Sex-reassignment surgery is medically incompetent is a gross understatement. Categorically speaking there is simply no such thing as a sex-change, no matter what language it is coined in. Children are suffering identity crisis and we need now to focus our attention on strengthening the family unit; identity comes from relationships, not chromosomes.

² American Psychiatric Association Diagnostic and Statistics Manual of Mental Disorders 4th Edition (2000) Accessed from <http://www.psychiatryonline.com/resourceTOC.aspx?resourceID=1>

Conclusion

- To speak about *binary sex* as some kind of ideological construction is very fashionable but totally obstructive in this situation. No, the attribute of “gender identity” most certainly should not be included in the Act, to do so would not serve the needs of those experiencing Gonadal Intersex Disorder (GID), but rather serve only those with an ideological agenda to deconstruct sound scientific foundations upon which both medical and scientific determinations are made.
- The terms male and female – pertaining to man and woman are the scientifically recognised concrete realities on which medical decisions and determinations are made. To remove these terms from *The Act* in favour of other fashionable idioms would not serve the needs of the vulnerable whom the arguments claim to serve, but rather the culturally elite political ideologues who wish to deconstruct the concrete realities upon which our society operates.
- I wish that members of the Labour Party who wish to deconstruct societal foundations, would refrain from the use of pretentious false compassion toward the vulnerable and needy in order to push their own ideological agenda's.

Yours Sincerely

