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We of LGB United endorse the 2023 South Dakota Legislature House Bill 1080 against the social and medical transitioning of minors. Though coming mainly from the left, in the traditional sense, we recognize the necessity of cross-partisan work against the medical harm currently being done to children and young people. Such necessary action on behalf of the vulnerable does not seem like it will come from liberals, who, unfortunately, have confused human rights violations with human rights.

Many on the left once understood—or, at least, *seemed* to understand—that medicalizing lesbians and gay men was harmful. Recently, in *The Guardian*, former staff Governor at the Tavistock David Bell has written of his concerns about this issue, as he has done over the past few years. Lesbians and gay men have good reason to be concerned, given that so many of the youth presenting at gender identity clinics experience distress over being homosexual. “Many suffered from confusion in relation to same-sex attraction,” Bell says, adding, “when I investigated GIDS, this was largely ignored.” A diagnosis of so-called “gender dysphoria” would encompass such confusion, which would present itself as a sense of distress. There is something else that has been largely ignored, that so-called “progressives” have refused to confront: their own complicity and collaboration in the very oppressions they claim to be against. Misogyny and homophobia factor into the medicalization they dogmatically champion as “life-saving,” which, even in our time, enforces the most rigid sex-role stereotyping.

For girls, feminism once made clear the possibility of being “free to be,” not having to conform to stereotypical femininity—but not needing to deny being female. Dating back to the nineteenth century, the earliest women’s movement stressed the unnaturalness of binding and pressing down the female body. As far back as the late 1800s, Elizabeth Cady Stanton, speaking about girls, recognized what she referred to as “the violence done Nature in the small waists and constrained gait and manners of all we meet.” While corsets have largely gone out of fashion, breast binders have become new tools for young women to find “the true self.” At the same time, girls see men performing the worst stereotypes associated with womanhood—and, unsurprisingly, “flee womanhood like a house on fire,” to quote Abigail Shrier. Given the option of “transitioning,” the

teenage girl formerly diagnosed with anorexia nervosa, or having body dysmorphia, would be “transitioned” in “treating” her “gender dysphoria.” Misogyny today, in a new form, presents the body, especially the female body, as what needs to be changed to “match” the mind—in reality, *the stereotypes*.

Another variation of homophobia extends from the faulty premise that the flesh itself needs to be subordinated to sex-role stereotyping. Lesbians and gay men, especially young people, have become targets of a new homophobia in medicine. We can find evidence in the most prominent cases of “trans kids,” where gender-nonconforming behavior has, once again, been pathologized as a medical condition.

Think about Jazz Jennings, who “hardly ever played with trucks or tools or superheroes,” preferring to play with “princesses and mermaid costumes.” He has been medicalized on the basis of toy and clothing preferences, because he liked “girl stuff.” It included subjecting him to puberty blockers and, then, so-called “vaginoplasty” at eighteen, with added surgical complications due to a lack of sexual development.

Think about Kai Shappley, whose mother Kimberly Shappley looked at her three-year-old son and thought “this kid might be gay.” “Prayers turned into googling conversion therapy,” she said, “and how can we implement these techniques at home to make Kai not be like *this*.” Kimberly says that she and her husband punished Kai, including spanking him, for playing with “girl toys.” He, too, has been medicalized on the basis of toy and clothing preferences.

Think about Jackie Green, the son of former Mermaids CEO Susie Green, whom his mother flew to Thailand at sixteen to have so-called “bottom surgery.” As Green said herself:

My first child, two years old, and I was starting to think that perhaps my child was gay as they were so different to the other little ‘boys’ as the things they were drawn to were largely seen as for girls.

Susie Green oversaw the largest “trans kid” charity. Like Kimberly Shappley, her view of her young son being “gay” factored into whether she saw him, later, as better off a “straight woman” than a gay man. Again, we see the most rigid sex-role stereotyping being the basis for a medical diagnosis and corresponding medical treatment.

Liberal defenders of the social and medical transitioning of minors have falsely equated these contemporary practices with human rights, as if castration over toy and clothing preferences actually preserves humanity. They position so-called “trans rights” as the

logical extension of women's rights and gay rights, but it constitutes an effective backlash against the gains we have made. Example after example illustrates the reality beyond the fantasy sold to us. With these issues in mind, we must support legislation that places constraints on this medicalization that causes so much harm in the name of helping patients in need. Laws banning conversion therapy have too long ignored placing necessary limits on what should be referred to as "sex conversion surgery." Medical ethics requires an unflinching look at these issues, especially how ideology has been prioritized over the health and wellbeing of children and young people. Present conditions demand a renewed commitment to a Hippocratic understanding of medicine and what it means to treat patients, especially minors, seeking care: "Do no harm."

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