



Speak Up for Women
Briefing to the
Incoming Minister of Health

13th December 2023



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1. Briefing purpose

This briefing document is to provide information about the areas of your ministerial portfolio that relate to the interests of women and girls based on sex, and where Speak Up for Women (SUFW) provides advocacy and representation.

SUFW is one of the largest and well-known women's advocacy organisations in New Zealand supporting women and girls' safety, freedoms and identities and we have good working relationships with other gender critical groups.

A comprehensive and safe health system should be grounded in the biological reality of sex, this means;

1. Sex-based language that incorporates plain language
2. Single sex hospital wards
3. Evidence based approach to healthcare for all

Please see [this section](#) for more information on the areas where we can provide ideas and suggestions.

We would like to meet with you to discuss these matters further.

We will actively and publicly support you when your decisions and policies support the interests of women and girls in relation to targeted healthcare, evidence based treatments and single-sex facilities.

2. Background – Sex realism vs gender ideology

Many countries including New Zealand are undergoing a political and cultural struggle between those who are sex realists and those who promote gender identity ideology.

Sex realists are those who know that biological sex is real and immutable, and that in certain situations sex really matters. In opposition to this, people who believe gender identity ideology assert that all humans have an innate, subjective gender identity, and that this gender identity should overwrite sex in custom, policy and law.

People who oppose gender identity ideology taking precedence over sex are often referred to as “gender critical”.

Sex matters

Female people have historically been subjected to discrimination and restrictions in a male dominated society that seeks to exploit our reproductive and sexual capacity. Additionally women are on average smaller, physically weaker, less prone to violence and more likely to be sexually victimised by predatory male sexual behaviours than the reverse.

For these reasons single sex services have historically been provided to enable women to have equal opportunities to participate in society.

The Human Rights Act 1993 (HRA) allows for single sex services, sports, facilities, services, and opportunities. To be clear, the HRA allows provision for females only, and the exclusion of males who assert a female gender identity (“Trans women”).

Sex

Human beings are mammals, evolved over millennia via sexual selection. There are only two sexes involved in this process – males, which develop along a pathway to produce small gametes, and females which develop along a pathway to produce large gametes. The development pathway of an individual is determined by their chromosomes at conception.

That some humans cannot reproduce does not change the fact that sex is binary and immutable in humans.

The reproductive strategies of other species such as fish and fungi do not prove that sex isn't binary and immutable in humans. No human has ever changed sex and there are no hermaphrodites or third sexes in humans.

There is no scientific evidence for transgender, for example “a female brain in a man's body”. Transgender-identifying people have brains and bodies typical of their sex.

Gender

It is useful in this discussion not to use *gender* as a synonym for *sex*. Instead *gender*, for the purposes of discussing gender ideology, refers to gender identity - the inner sense some people experience of being male, female or neither (and arguably, how much importance they place on this or spend ruminating on it).

Thus, a “transgender woman” is a male who asserts that he is a woman, and a “transgender man” is a woman who asserts that she is a man. A “non-binary” person asserts that they are neither male or female. (i.e., they do not feel male or female – whatever that means to them).

Notwithstanding the intensity with which the trans-identified assert their feelings of gender, it is clear that the concept merely relates to personality - whether someone believes themselves to be masculine or feminine, and the extent to which they choose to conform to sex role stereotypes or cultural norms.

Of course, this also means “gender” is subjective and unfalsifiable, as we cannot claim to know how others feel. This is why gender identity ideology places great emphasis on self-declaration, as unlike sex “gender” is not observable.

It is worth noting here that legislation that protects people on the basis of sex protects them from discrimination on the grounds of sex role conformity and presentation.

Sexuality

Sexual orientation or sexuality is another important concept in this discussion. Sexual orientation refers to heterosexuality (attracted to the opposite sex), homosexuality (same sex attracted) and bisexuality (attracted to both sexes). These are not gender identities or different sexes, a gay man is still male, and a lesbian is still female.

Intersex

Intersex conditions, also referred to as DSDs or disorders/differences in sexual development, are medical conditions. While intersex people may have atypical chromosomes and bodies, they are still male or female - these are the only two development pathways in humans. Intersex is not an “identity”.

3. About Speak Up for Women

Speak up For Women (SUFW) is seeking to ensure freedoms, safety and identities are protected for women and girls in New Zealand.

Formed in 2018, SUFW is a diverse group of ordinary women who are concerned about the impact of gender identity politics, as we realised that previously dedicated women's groups now focus heavily on gender identity and what is left is a void of services and advocates for women. We were also dismayed by the way women's voices have been silenced by slurs, smears and targeted harassment campaigns.

We came together to campaign against the sex self-ID amendment being pushed through as part of the BDMRR Bill and our hard work resulted in the inclusion of article 79(2) in the BDMRR Act 2021 which allows for the existence of women-only services and sex-segregated spaces on the bases of biological sex, not gender identity.

Our discussion group includes teachers, academics, health professionals, care workers, activists, lawyers, retirees, students, mums, aunties, sisters and daughters.

SUFW is run entirely by volunteers and receives no public funds or funds from external organisations. We are not affiliated to any political party or religious organisation.

Our **mission** is to advocate for the sex-based rights of women and girls, with a primary focus of bringing attention to the eroding of women's and girls' rights and language.

Our **vision** is for women and girls to maintain sex-based services, spaces and opportunities in New Zealand.

4. Suggested areas of discussion

SUFW would like to meet with the Minister to discuss the following areas. We would be happy to provide input going forward.

1. SUFW advocates for the return of sex based language in the Ministry of Health, the Cancer Control Agency and across the health system. Currently we note the following:
 - a. The Ministry of Health's, Cervical Screening National Screening Unit on-line information guide, "Time to Screen" doesn't mention or use the word woman or female.
 - b. The Cancer control agency has information on ovarian cancer which doesn't use the word women, but uses the word people. It also notes that trans men and non binary people can get ovarian cancer.
 - c. The Cancer Control agency on their information about breast cancer site mention the following people can get breast cancer: men and trans women; intersex and non-binary; maori and pacific women
 - d. Te Whatu Ora's National Breastfeeding Strategy doesn't use the word woman or mother, rather refers to breastfeeding parents or even breastfeeding employees.
 - e. We will publicly support any changes back to sex based language.
2. SUFW wishes to ensure that in hospital settings, single sex wards are maintained to ensure women's safety, dignity and privacy.
3. The exponential increase in young people presenting as transgender, especially amongst teenage girls (a cohort previously unseen) indicates a social contagion. In the UK, Dr Hilary Cass, a senior paediatrician, conducted a review into the Tavistock Gender Identity Clinic after clinicians who were concerned that young people were being rushed into social and medical transition, turned whistleblower. Dr Cass recommended that the clinic be shut down and replaced by regional teams that used a more holistic approach and were connected to local mental health centres. Dr Cass proposed that use of puberty blockers be for a subset of those with early onset gender dysphoria, and prescribed only in a research setting.
4. We support a more holistic approach to young people with gender identity issues, including a full assessment with differential diagnosis, treatment of comorbidities and appropriate psychological intervention. We endorse the [RANZCP's position statement](#) on working with trans and gender diverse people (updated December 2023).

5. The Ministry of Health is currently reviewing the safety and efficacy of puberty blockers (which are prescribed off label) for young people with gender dysphoria and gender identity issues. Given that the evidence of the efficacy and safety of these medicines is weak, we support the Cass review findings that puberty blockers should only be used for a subset of patients under research conditions. We will publicly support any roll back on the use of these drugs.

6. The Midwifery Council of New Zealand's new Scope of Practice removes the words woman, breastfeeding, mother and baby (infant is mentioned once). Childbirth is mentioned as birthing. The Scope of Practice shifts the focus from mother to whānau. We do not believe that this will pass regulatory scrutiny as our regulations are based on a medical practitioner and an individual and this will no longer be the case. We also believe that this change will be unworkable in practice. A midwife is an important role and should remain focused on the mother and baby. We ask that the Minister of Health disallows the new scope of practice when he presents it to the House of Representatives.

6. Gender identity politics and the “Rainbow Community”

As part of the cultural and political changes around gender ideology, the cultural and political constructs “the Rainbow Community” and “LGBTQIA+” have developed and been popularised by activists, the civil service and the media. It is important to understand that these terms group together very different populations.

We highly recommend that if you receive advice from officials related to the “Rainbow community” or “LGBTQIA+” you seek clarification about the particular demographic that is being discussed, the recommendations being made, and why it being asserted that these very different populations share the same needs.

LGBTQIA+

LGB relates to **sexuality** and refers to Lesbian, Gay and Bisexual. These are people who experience **same sex attraction** and historically have organised politically to achieve law reforms (decriminalisation of homosexual acts, same sex marriage). This is a distinct group. Many SUFW supporters (including our spokeswoman) are LGB.

T relates to **gender identity** and refers to trans or transgender – an umbrella term for those who assert a gender identity. This includes extremely varied demographic groups, for example heterosexual, middle aged, married, professionally successful fathers; and depressed, anxious NEET (not in education, employment or training) teenage girls.

Q stands for **Queer** and can relate to sexuality or gender identity. It is an umbrella term used by some people who assert a gender identity, some same-sex attracted people, and people who believe themselves to be upending what they perceive as sexual or sex role norms.

I refers to **Intersex** – a medical condition - see [here](#)

A refers to **Asexual** – operates as an identity but relates to sexuality. An umbrella term for people who identify as part of the Rainbow Community, based in whole or part on an asserted lack of experiencing sexual attraction. Notwithstanding this, many of those who identify as asexual also say they are sexually active. However they believe themselves to be a sexual (sexuality) minority in need of political and cultural rights and protections.

Gender in non-Western cultures

Many cultures include “third gender” roles. These categories are a way of accommodating sex role nonconformity and in particular male homosexuality, in cultures where male roles are very masculine and rigid. Gender identity activists claim that traditional “third gender” roles are proof of and part of the (Western-origin) “LGBTQIA+” construct. North American gender activists may include “2S” in their

acronym, meaning “Two Spirit”, a (relatively recent and contentious) Native American term for those who assert both a masculine and feminine spirit.

Out of the claim that non Western cultures recognise other “genders”, activists mount the argument that to assert the sex binary and its importance is “colonisation” and even “white supremacy”.

Activists in New Zealand may use the word *takatapui*, which translates as “close friend of the same sex”. This term has been co-opted by activists to include trans and other identities.

You may see the acronym *MVPFAFF* used. This includes Pasifika gender roles such as Samoan fa'afafine.

Gender ideology in other countries

Other countries experiencing this political and cultural phenomenon include Australia, the USA, Canada, the UK, Ireland, Mexico, Argentina, France, Iceland, and India. This political and cultural movement owes its genesis to a number of influences including but not limited to the internet/social media, with increasing numbers of people looking for community and meaning via personas and avatars they curate online and attempt to realise offline.

Opposition to gender

In modern, democratic societies sex does not, and should not determine life choices or personal expression. However this does not make it irrelevant to how we should organise society. Women by virtue of being female bear by far the greater physical burdens and responsibilities in reproduction. Men are on average bigger and stronger than women and are more inclined to use physical violence including sexual violence. This means women and girls require particular accommodations on the basis of sex to ensure we can safely and fairly participate in society

Speak Up for Women and those opposed to gender identity ideology consider gender to be a moot construct in modern democratic societies, as people are generally free to pursue their life path, express their personalities and choose personal styling in any way they choose, regardless of what is claimed to be typical or appropriate for males or females.

We do not think that refusal to abide by sex stereotypes warrants the construction of a gender identity, rather we think women, girls and society are better served by the equal opportunities feminism of the twentieth century - that understood female oppression was targeted at our physical characteristics, and best countered with the old rallying cry of “girls can do anything”. At its core, gender ideology is regressive and sexist as it asserts sex must be denied, even to the point of surgically changing bodies, to match personalities – as opposed to supporting women and girls, and men and boys, to express themselves and pursue their interests across traditional sex role boundaries if they wish.

7. Why Speak Up for Women exist

Speak Up for Women was formed in 2018 and is a diverse group of ordinary women who initially came together to campaign against the introduction of sex self-identification on birth certificates being pursued by the previous Government as part of the Births, Deaths, Marriages and Relationships Registration (BDMRR) Bill.

We began with a shared concern about the impact of gender identity activism (including sex self-ID) on the rights of women and girls. We quickly realised that there was no one advocating for women across the board.

Previously dedicated women's groups such as the National Council for Women now focus heavily on gender identity and the contested belief that to be a woman is a state of mind or a feeling rather than a material reality. What is left is a void of services and advocates for women/females as a sex class separate and distinct from men/males.

That sex matters, that sex (an objective material reality) is different from gender identity (a subjective inner feeling felt by some) and that in some circumstances, women need specific advocacy and representation on the basis of sex. This includes strongly advocating for the women and providers to be able to access and offer the existing exclusions in the Human Rights Act 1993 that allow for single sex services, sports, facilities, services, and opportunities.

After our attempts to meet in public venues to discuss to proposed changes in the BDMRR Bill were consistently cancelled by council facilities and being labelled as “transphobic”, “bigoted” and a “hate group” by a number of organisations and individuals (including MPs), we took one of the most recent and important court cases regarding freedom of association and speech and the Bill of Rights Act in recent times ([Whitmore vs Palmerston North City Council](#)).

Despite over two-thirds of submitters to the Select Committee opposing the introduction of sex self-identification on birth certifications, the Births, Deaths Marriages and Relationships Registration Act was passed in 2021. However, the advocacy of SUFW, alongside other groups and individuals, resulted in the inclusion of section 79(2). This section states that a birth certificate is not determinate of sex and allows for the existence of women only services and sex segregated spaces on the bases of biological sex, not gender identity.