



# Women's Declaration International

Testimony of Jane Srygley  
Before the House Judiciary Committee  
H0089  
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Thank you, members of the House Judiciary Committee, for allowing me to provide testimony regarding House Bill 0089. My name is Jane Srygley and I am the coordinator of the State Legislative Advocacy team for Women's Declaration International, USA.

Women's Declaration International (WDI) is a global, nonpartisan group of volunteer women dedicated to protecting women's sex-based rights. [WDI USA](#) is its U.S. chapter. WDI is based on the [Declaration on Women's Sex-Based Rights](#) (the Declaration), which has over 35,000 signatures globally.

Article 3 of the Declaration reaffirms the full reproductive rights of women and girls, including the right to be free from forced pregnancy. As much as abortion is a fundamental liberty right to bodily integrity for women and girls, free access to abortion is also a necessary part of healthcare. A [joint statement](#) by the American College of Obstetricians and Gynecologists and Physicians for Reproductive Health states that pregnancy can "exacerbate underlying or preexisting conditions, like renal or cardiac disease, and can severely compromise health or even cause death." Researchers have [estimated](#) that if abortion were federally banned, maternal mortality would increase by 24% overall, with a "39% increase over baseline in subsequent years" for non-Hispanic Black women. Women continue to be [economically disadvantaged](#) and on [average](#), "spend about twice as much time with their children as fathers do." According to [Census](#) data, 18 million children live with a single parent, the vast majority (83%) with their mothers. Even in [2-parent households](#), women "still devote more time than men on average to housework and child care and fewer hours to paid work." Lack of abortion access can destroy the economic quality of a woman's or girl's life and that of her existing children, as well as present a significant risk to her health or to her life. It is therefore gratifying to see that the sponsors of this bill want to guarantee access to reproductive healthcare for women and girls.

Nonetheless, WDI USA is unable to support this bill. As stated in the introduction to the Declaration, "the concept of 'gender identity' has enabled men who claim a female 'gender identity' to assert, in law, policies, and practice, that they are members of the category of women, which is a category based upon sex." It is impossible for human beings to change sex, and there is [no evidence](#) that so-called "gender-affirming" hormone treatments and surgeries improve mental health outcomes.

Most disturbingly, this bill does not specify a minimum age requirement. While WDI-USA supports the right of girls under 18 years of age to access all aspects of reproductive healthcare, we vehemently oppose allowing minors to access puberty blockers, hormone treatments, and surgeries to disguise their sex, with or without parental consent. As stated in Article 9 of the Declaration, "Children are not developmentally competent to give full, free and informed consent to such medical interventions, which carry a high risk of long-term adverse consequences to the physical and psychological health of the child, and which may result in permanent adverse consequences, such as sterility. States should prohibit the use of such medical interventions upon children."

Puberty is a natural and necessary stage of development, bridging childhood and adulthood. To prevent the onset of a natural and necessary developmental stage, in pursuit of something impossible, should not be permitted in law. The use of Lupron has never been approved by the FDA for the purpose of making a

child appear more like the opposite sex; and its [adverse effects](#) include [seizures, bone loss, and mood disorders](#). Adverse effects of cross-sex hormones include [heart disease, cardiovascular damage, and deep vein clots](#). Proponents rely on the [Trevor Project](#), an annual national survey on LGBTQ youth mental health, to argue that medicalization can prevent suicides in minors who seek it, but nothing in the report indicates a link between medical interventions and a reduction in suicidal ideation, so this survey should not be used as a basis for overriding parental consent.

Minors do not have the same [capacity](#) as adults to comprehend long-term consequences, and should not be allowed to make decisions that have permanent negative effects on their health and lives, especially without parental consent. Dr. Stephen Levine, an eminent psychiatrist in this field, published an [article](#) critical of the informed consent model for children, emphasizing the potential and documented harms of medical interventions in young people aimed at disguising their sex. I encourage legislators to read the entirety of this article as it addresses the arguments I have made in this testimony much more broadly, and refutes the commonly repeated claims of extreme suicide risk in children and adolescents.

It has been well established that the vast majority of children will outgrow discomfort with their sex if they are allowed to go through puberty. Most of these children tend to become lesbian or gay adults. A [2021 study](#) using the largest sample to date of boys clinic-referred for gender dysphoria showed that 88% desisted by their early 20s, and there are other studies showing similar results.

Vermont should be a safe haven for women and girls seeking comprehensive reproductive healthcare, including abortion, but the State should neither legally protect nor permit unproven, dangerous medical procedures designed to disguise sex, particularly for children. Therefore, WDI USA neither supports nor opposes this bill. These two issues – the right to abortion access for all women and girls, and the right for men to claim to be women and disguise themselves accordingly – must be considered separately.

Thank you.

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