

Cancel culture LIVE

Responding to the anonymous letter to the board of NZCOM

What the anonymous writers said	Comments and observations
<p>Milli Hill, a known transphobic feminist is the keynote speaker at this years conference, despite the real and immediate risk and harm she poses toward the LGBTTTQIA+ community. The theme for this year's conference is entitled "Celebrating Diversity – Growing stronger together". There is no commitment to or celebration of diversity when a speaker who promotes and encourages hate speech towards marginalised communities is being given a platform to share their views at conference.</p>	<p>An accusation of "transphobia" is the go to insult for women concerned with women as a sex, rather than women as a 'gender identity'. TERF used below seems to be used for women who retain independent thought but sadly it is often associated with threats that are often violent.</p> <p>Milli poses absolutely no harm to the LGBTTTQIA+ Community (whatever it consists of these days) and to assert this is arrant nonsense. A recent judicial review in NZ found that Speak Up For Women who take a similar perspective was not a 'hate group'.</p> <p>There is absolutely no evidence that Milli Hill "promotes and encourages hate speech towards marginalised communities" and to suggest that this is the case is potentially defamatory. Perhaps this is the reason why this letter is anonymous.</p>
<p>This letter is a call to action, and will provide some background on the key issues with having Milli Hill at the NZCOM conference, as well as our expectations of the New Zealand College of Midwives going forward.</p>	<p>Arrogance, the arrogance! Why do anonymous authors who cannot spell and have dubious research skills think they can make demands of professional organisations on trumped up allegations of 'transphobia'.</p>
<p>Milli Hill first entered the birth world in 2012, forming a global 'positive birth movement' and has since published a number of books, including: 'How to give birth like a feminist'; we note that this is the title of her keynote address.</p>	<p>This – unlike much in this letter is at least true!</p>
<p>In November 2020, Milli began public commentary about her beliefs that trans people are not deserving of care or recognition within birth, and that gender</p>	<p>This claim is not only insulting and defamatory. Milli works with women – the only people who ever get pregnant. She prioritises language that recognises that</p>

<p>affirmative language and healthcare should not be available for transgender or gender diverse people.</p>	<p>“pregnant people” are always women. The statement that her beliefs are that <i>trans people are not deserving of care or recognition within birth, and that gender affirmative language and healthcare should not be available for transgender or gender diverse people</i>” is arrant nonsense and moreover are not supported by any evidence from the writers.</p>
<p>Milli Hill has also stated that being transgender is “nonsensical,” and that only 2 categories) (sic) of gender exist, and that these align with physical sex.</p>	<p>But if these things were true perhaps there should be some links to the proof of this. There are of course, biologically as well as in the understanding of most people, only two genders and they correspond with sex.</p>
<p>This is despite gender dysphoria, intersex conditions, and gender affirmative healthcare being recognised by huge amounts of academic research, and in all mainstream medical texts.</p>	<p>Gender dysphoria is recognised as are intersex conditions. The academic research supporting gender affirmative healthcare is actually very poor as the recent UK NICE reports outline. Moreover the available evidence seems to find that post transition levels of regret are very high and in Swedish research suicide rates amongst transitioned people are as much as 19* above the norm raising questions as to the efficacy of the treatments for many of them. Sweden’s best known transwoman would not undergo the process again knowing now what it entailed and the high cost and health impacts. Notwithstanding this at no point has either Hill or the College of Midwives stated that transgender people are not deserving of their self-assessment as trans nor that they should be denied healthcare.</p>
<p>These specialists include psychiatrists, endocrinologists, gynaecologists, plastic surgeons, psychologists, and general practitioners whom all recognise gender dysphoria being a genuine medical condition that is best treated with gender affirmative medical care.</p>	<p>What on earth has this all got to do with pregnancy, midwifery or accusations of ‘transphobia’.</p> <p>But provided you do not start from the one-eyed view that children and adults are transgender if they say they are then the latest peer reviewed research shows that there are other and better ways to treat</p>

	<p>dysphoria – for example looking at mental health conditions underlying the belief in gender identity.</p>
<p>Given that the New Zealand College of Midwives has a commitment to peer reviewed, rigorously researched, and scientifically correct and safe information being shared with their members, it is concerning that the college would be prepared to allow somebody who goes against common medical knowledge and research to speak at conference.</p>	<p>This is just a simple misstatement of the facts. Where is the evidence that Hill fails to use solid research?</p> <p>Her interests are in women and childbirth. It is not her role to advocate for transgender medicine, nor for transgender identities.</p>
<p>Rates of depression and suicide amongst trans people are high; with 43%-48% of trans people having attempted suicide. It is not being trans that results in suicide, but the way that trans people are treated that results in suicide and suicidality (Zwickl et al. 2021). Milli Hill is actively causing harm. She has been repeatedly called out by individuals and organisations, and yet continues her transphobic rhetoric.</p>	<p>There is plenty of evidence that self-selecting surveys on suicide double the level of reporting when people are asked in surveys. While Minority Stress theory – what is being referred to here—has some adherents the research evidence comes down strongly on the view that the adoption of a gender identity often comes about as a result of severe mental health challenges. The cited article contains exactly the same procedural problems that are reported in a critique of a similar survey. The article One size does not fit all: In support of psychotherapy for gender dysphoria show that the opposite conclusion could have been drawn from the survey data. It appears that suicide attempts most reliably correlated with pre-existing mental health conditions as they are with reported attempts at conversion therapy.</p>
<p>Birthrights, a UK based organisation dedicated to ensuring women and birthing people receive the respect and dignity they deserve in pregnancy and childbirth, sent Milli Hill the following email, terminating their contract with her:</p>	<p>Birthrights is an organisation that has been captured by gender ideology, most probably because of the pressure applied by bullies. Just as the authors of this letter are attempting to pressure the New Zealand College of Midwives. Here is some background to Birthrights action. It does not show them in a flattering light.</p>

<p><i>“Birthrights is very clear that we are an inclusive organisation and are here for everyone who gives birth, regardless of how they identify. We reject any suggestion that respecting pregnant non-binary and trans people diminishes women’s rights. I have also seen other social media comments/replies where you undermine trans and non-binary people and state that people can only be male or female. This is harmful and distressing and in my view not compatible with a rights-based approach to pregnancy and childbirth. I’m afraid that Birthrights isn’t able to work with people who don’t share our inclusive values.”</i></p>	<p>Meanwhile in the article Hill says <i>if a person sitting in front of a midwife or doctor says they want to be called a ‘birthing person’, or they identify as a man and they want to use he/him or they/them pronouns, I 100 per cent agree that should happen.</i></p> <p>This can hardly be called transphobic.</p>
<p><i>“Birthrights is very clear that we are an inclusive organisation and are here for everyone who gives birth, regardless of how they identify. We reject any suggestion that respecting pregnant non-binary and trans people diminishes women’s rights.</i></p>	<p>Birthrights draw a false analogy here. There is no evidence that Hill is not inclusive. Neither does respecting non-binary and trans people. But refusing to use woman and female to describe pregnant people is to disrespect women.</p>
<p><i>I have also seen other social media comments/replies where you undermine trans and non-binary people and state that people can only be male or female. This is harmful and distressing and in my view not compatible with a rights-based approach to pregnancy and childbirth. I’m afraid that Birthrights isn’t able to work with people who don’t share our inclusive values.”</i></p>	<p>People can only be male or female. So can all mammals.</p> <p>Birthrights provide no proof and neither do the anonymous authors giving the impression that whatever exists may not be persuasive.</p> <p>This statement implies that Hill is not only transphobic but homophobic again without proof.</p>
<p>Māori scholars are clear that transphobia, and homophobia are both byproducts of colonisation, and no such attitudes existed toward takatāpui, tangata ira tāne, or whakawāhine in precolonial Māoridom. In order to uphold Te Tiriti o Waitangi, we cannot allow Trans Exclusionary Radical Feminists (TERFs) like Milli Hill to have a voice in the birthing world in Aotearoa.</p>	<p>But they are misquoting the scholars. The principle resource on which this claim rests is the PhD of Green MP Elizabeth Kerekere. However her PhD makes this clear saying <i>there is not yet evidence that Māori had diverse gender identities or that takatāpui played specific roles in pre-colonial times; notwithstanding any roles which have developed over the past 150 years. (page 82)</i></p> <p>Upholding Te Tiriti o Waitangi does not</p>

	<p>involve silencing speech and cancelling people. Te Ao Māori above all regard talk as vital and precious. There are a growing number of Māori voices who are sick and tired of the overreach of the transgender lobby and its bullying.</p>
	<p>The online Māori Dictionary makes this clear. In a definition of the word is the following proverb <i>Tā te rangatira tāna kai he kōrero, tā te ware he muhukai</i> (NP 2001:362). / The chief's sustenance is discussion, but that of the commoner is inattention.</p>
<p>If the associations listed below (not exhaustive) are able to release consensus statements, resources and guidelines on gender inclusivity during pregnancy and childbirth, then so is NZCOM.</p>	<p>It is odd that given the importance of working with parents with a gender identity that the anonymous letter writers apparently have not engaged with NZCOM to suggest they write a guideline. Nor have they included the suggestion in the list of demands below. This rather gives the impression that the letter writers are more interested in a capitulation than actually getting improvements for mothers who have a gender identity.</p> <p>Canadians are legislatively mandated to comply with self-id (with all sorts of negative impacts and here for women in that country) hence the greater number of standards from that country. The North America Midwives statement seems to accord with the approach that Hill herself advocates and is not a consensus guideline or practice resource. Brighton is an outlier in the UK. However its guideline focusses on working with and supporting mothers who have a gender identity. It does not advocate removing language about women in general or denying that it is women who give birth.</p>
<p>In 2018, the GSS identified that 3.5% of people in Aotearoa identify as LGBTTQIA+, that's 17,500 people. 25% of LGBTQ+</p>	<p>The Stats NZ 2018 GSS survey did not count "people identify as something other than cis gendered". It counted what it called</p>

<p>people identify as something other than cis gendered. Rainbow parenting is not, and will not be silenced. LGBTTTQIA+ parents are valid.</p>	<p>sexual identities which included gay, lesbian, bisexual people as well as those who used other terms for their sexuality such as 'pansexual'. Furthermore there is no rainbow community and lesbian and gay parents have never made these kinds of demands for affirmation and validation. CIS is a made up word that most people do not accept. All parents are 'valid' what ever that means. Implying that Hill or the midwives organisations says that they are not is a further attempt at slur, if not defamation.</p>
<p>If this year's conference is supposed to be celebrating diversity, you cannot do this if you are excluding the rainbow community.</p>	<p>Again what evidence is there that the rainbow community is excluded? As a lesbian I support Hill's attendance as would many others lesbians.</p>
<p>If Milli's feminism exludes (sic) trans, non-binary and genderqueer people, then it is not feminism. You cannot 'give birth like a feminist' if you do not acknowledge that there are people who do not identify as heterosexual or cisgendered giving birth.</p>	<p>Typo again! But wrong too! Feminism is for women and includes even those women who have run scared from being women.</p>
<p>This is not a time for discussion. Those who actively incite hate speech, cause harm to the LGBTTTQIA+ community and perpetuate transphobia should not be given a platform to speak.</p>	<p>There has been no hate speech. Embargoing speech only serves to escalate hostility.</p>
	<p>The Rainbow Midwives Alliance has no internet presence prior to the launching of this defamatory letter.</p>

Our call to NZCOM is the following:

- ❑ **Remove Milli Hill as your keynote speaker as a matter of urgency**
- ❑ **Provide a direct apology to the LGBTTTQIA+ community**

- **Engage a member of the local community who is truly committed to diversity as keynote speaker**

Ngā Mihi,

The Rainbow Midwives Alliance

Groups that have implemented consensus statements on gender inclusivity:

Canadian association of midwives (CAM ACSF) -

<https://canadianmidwives.org/2015/09/25/trans-inclusivity-statement/>

Association of Ontario Midwives (AOM) - [https://www.ontariomidwives.ca/gender-](https://www.ontariomidwives.ca/gender-inclusivity)

[inclusivity](https://www.ontariomidwives.ca/gender-inclusivity)

Midwives association of British Columbia -

https://www.bcmidwives.com/LGBTQIA2S_care.html

Midwives Association of North America - [https://mana.org/healthcare-policy/use-of-](https://mana.org/healthcare-policy/use-of-inclusive-language)

[inclusive-language](https://mana.org/healthcare-policy/use-of-inclusive-language)

Brighton & Sussex - [https://www.bsuh.nhs.uk/maternity/our-services/specialist-support/](https://www.bsuh.nhs.uk/maternity/our-services/specialist-support/gender-inclusion/)

[gender-inclusion/](https://www.bsuh.nhs.uk/maternity/our-services/specialist-support/gender-inclusion/)