

The main goal of Marxist feminists is to abolish capitalism. Through this, they believe that patriarchy itself can be tackled. Overthrowing the existing economic system is thought to liberate women... Since capitalism is at the root of inequality and patriarchy is a product of capitalism, removing this system should eliminate gender inequalities.

Marxist Feminist Theory; Simply Psychology, February 16, 2024

The gender revolution is fundamentally Marxist. Whether people are consciously aware of it or not, the root of gender ideology is Marxist, and its gambit is the construction of the egalitarian [equal] society through the obliteration of the division of gender. And the gender revolution is another prong in the full-throated attack on the family. [1]

Marxism and the Gender Revolution; Crisis Magazine, November 12, 2024

In my Addenda #4 Update – October 2025, I mentioned an August 2025 study done by Jody Herman and Andrew Flores of the Williams Institute at UCLA. The Williams Institute, a left-wing “think tank,” dedicates itself to research on sexual orientation and gender identity law, and public policy. Its Mission statement is: *We ensure that facts — not stereotypes — inform laws, policies, and judicial decisions that affect the LGBTQ community.* In that study, Herman and Flores estimated that 2.859 million people identified as transgender in 2024. That’s just 0.84% of the total U.S. population of 342 million. [2]

Think about that for a minute... Think of all the mainstream media stories, all the social media blogs and posts, all the demonstrations, protests and outrage about the “epidemic” of discrimination, persecution and violence against transgenders in this country. Think about the hundreds of policies and laws that have been put in place by local, state and federal governments, forcing the other 99% of the population to accept and affirm “their truths,” or be subject to punishment for “misgendering” or failing to recognize and respect any of the infinite number of gender identities a trans person may wish to identify as on any given day.

The Founding Fathers recognized that a tyranny of the minority was just as much a threat as tyranny of the majority. In *The Federalist Number 10*, James Madison warned, *The instability, injustice and confusion introduced into the public councils, have in truth been the mortal diseases under which popular governments have every where perished.*

Madison addressed the fact that a very small minority of the population, in effect a special interest group, could have a negative and controlling effect on the rights of other citizens or the interests of society. In *Federalist 10*, Madison described how “factionalization” can serve to bring about a “tyranny of a minority,” thereby harming the democratic interests of the majority. The entire transgender movement in the United States, and elsewhere, has had negative and controlling effects just as Madison warned.

0.84% of the population... “tyranny of a minority”

At the direction of transgender activists, President Biden issued two executive orders, giving biological males access to female bathrooms and locker rooms under the pretense of “prohibiting discrimination,” while removing safety and privacy protections from biological females. Based on the Williams study, this equals special privileges for 1.8 million transgender female and nonbinary individuals, versus the loss of privacy and safety rights of 168.7 million biological females... “tyranny of a minority”

The Biden administration also re-wrote Title IX to prioritize gender identity and the discrimination rights of trans students in schools and universities. These rules deprived biological women of fair competition in sports, one of the issues the original 1972 Title IX was specifically created for. Based on the Williams study, this equals special privileges for roughly 1 million transgender female and nonbinary students, versus the loss of academic and athletic rights of 26 million biological female students... “tyranny of a minority”

Herman and Flores collaborated in another ‘study’ on the issue of “gendered facilities,” and determined that in their opinion, *There is no evidence that allowing transgender people access to bathrooms aligning with their gender identity jeopardizes safety and privacy.* [3] Tell that, to the four freshman girls who a trans student exposed his male genitalia to in their Wisconsin High School locker room showers, after a swim class in 2023. Tell that, to the Wyoming University sorority sisters, who were continually stared at by a 6-foot-2, 260 pound trans female, who became physically aroused staring at them, after house leaders allowed him to join the sorority in 2022. Tell that, to the young girls at a Los Angeles spa, that a transgender female exposed his male genitalia to in 2021. (California law permits males access to female-only spaces based on their gender identity) Tell that, to the teenage girl that was sexually assaulted by a 15 year old trans female classmate in a bathroom stall at Stone Bridge High School (VA) in 2021, or a second teenage girl sexually assaulted by the same trans female student in a classroom at Broad Run High School (VA) later that year.

These are not just “isolated incidents” being “blown out of proportion” by “trans hating Conservatives.” The *Family Research Council* published an ‘Issue Brief’ in February 2017 titled *Bathroom Incidents*, which listed 21 incidents of men assaulting or violating women’s privacy in public bathrooms. Although the brief noted *the concern is not that transgendered individuals are more likely to be sexual predators, but rather that sexual predators could exploit such laws by posing as transgendered in order to gain access to women and girls.* [4] Note that this data was compiled in 2017, before gender friendly laws were put in place and before the incidents I mentioned above occurred! Herman and Flores instead tried to reverse the narrative, claiming *Research consistently finds that transgender people report negative experiences like harassment and violence when accessing bathrooms and Transgender people face increased risks when required to use bathrooms according to their sex assigned at birth.* [3] (In other words, their biological sex)

While the majority of adults in our society recognize that there is some discrimination against transgender people in our society and are in favor of laws protecting transgender individuals from discrimination, persecution and violence, many adults agree that today’s level of acceptance and affirmation of transgender individuals has gone too far.

The opening policy statement in Bidens gender discrimination executive order said, *Every person should be treated with respect and dignity and should be able to live without fear.* [5] Respect, dignity and safety was prioritized for the transgender minority, to the detriment of the biological female majority, and progressive leaders and their supporters forcefully pushed back at any attempts to publicize this injustice. The rhetoric got even more volatile in January 2025, when President Trump issued Executive Order 14168, *Defending Women From Gender Ideology Extremism And Restoring Biological Truth To The Federal Government.* The order stated that “Sex” shall refer to the biological classification as either male or female and not include the concept of “gender identity.” The executive order also acknowledged the inherent problem with men self-identifying as woman, in order to gain access to *intimate single-sex spaces and activities designed for women.* [6] The order was criticized by mainstream media outlets, lamenting the “rolling back of protections for “racial equity” (racial?) and “protections for transgender people.” Medical and legal “experts” called the presidents order, “shockingly out of step with what we know from science.”

Medical health professionals also claim that gender-affirming care is “preventative care” and that it is the cure-all for the mental and physical health of the “growing” trans population. Suicide, severe psychological distress, clinical depression and quality of life are all cited by the pro trans care group as the need to *immediately* affirm the gender of troubled adolescents and begin “preventative treatment” as soon as possible. (Would you rather have a dead son or a live daughter?) The Williams Institute acknowledges the existence of at least 133 gender-affirming care facilities throughout the United States, many of them located in children’s hospitals. Besides these known clinics, there are dozens or even hundreds more treatment clinics in “Blue State” high schools and colleges across the country.

Before the “gender revolution” began, treatment of an adolescent presenting symptoms of gender dysphoria started with a complete and in depth health assessment of the individual, followed by a behavioral evaluation of the adolescents sexual and mental concerns.* Discussions about the persons gender goals, explanations of their expectations and risks of treatment should also be addressed. * Various studies have shown that a large percentage of teenage girls had “severe psychopathology” *before* onset of gender dysphoria and referrals. Studies have also shown that the majority of children questioning their gender eventually accept their bodies if no medical interventions are carried out and that research claiming to show positive effects from cross-sex hormones or surgery is methodologically flawed and not scientifically reliable. [7] [8] [9] Instead, many healthcare professionals who are nothing more than trans activists, want to immediately begin “preventative treatment” with a course of puberty blockers, followed by hormone therapy. The Department of Health and Human Services recently released a report titled, *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices.*

Over the past decade, the number of children and adolescents who question their sex and identify as transgender or nonbinary has grown significantly. Many have been diagnosed with a condition known as “gender dysphoria” and offered a treatment approach known as “gender-affirming care.” This approach emphasizes social affirmation of a child’s self-

reported identity; puberty suppressing drugs to prevent the onset of puberty; cross-sex hormones to spur the secondary sex characteristics of the opposite sex; and surgeries including mastectomy and (in rare cases) vaginoplasty. Thousands of American children and adolescents have received these interventions. [10]

This should not be a controversial statement, because it is the truth. Social affirmation is almost always the universal first step when a person comes out publicly as trans. People who fail to acknowledge and support the trans person are subject to all sorts of persecution: socially and legally. Oxford University's Regent's Park College has a "trans inclusion" policy which explains that it is considered bullying or harassment to "misgender" transgender or non-binary-identifying individuals by referring to them by their birth name or biological pronouns. A student at Pace University Law School in New York City received a notice for violating the universities Sex-Based Misconduct Policy for "aggressively pointing at" a transgender woman during a panel discussion. The Olentangy Local School District in Ohio has a policy that students are subject to suspension and/or expulsion for intentionally misgendering their classmates, defined as "failing to use their preferred pronouns." The California Senate passed legislation in 2017, making "willful and repeated" misgendering a misdemeanor punishable by a fine of up to \$2,500 or imprisonment of up to 180 days. In May, the Colorado Senate approved HB25-1312. The bill allows schools to adopt a student's name and gender change without parental notification and adds misgendering and deadnaming to Colorado's anti-discrimination law. Parents are now intimidated into affirming their child's chosen gender identity, or face charges of abuse.

Several studies have also shown that transgenderism has become a fad among young girls, yearning for the type of social acceptance and praise that coming out as trans creates. "There are people who legitimately deal with gender dysphoria, but the "sharp rise" in the past few years has more to do a societal fad rather than finding a vast group that was misdiagnosed in the past." [11] [12] In less than a decade, the share of adolescents in the U.S. identifying as transgender quintupled, with the vast majority of that increase among women and girls. While trans activists claim this is due to a more open and inclusive society allowing today's youth to "express themselves", it is increased social media and internet access "fueling the transgender contagion." [13] [14] If this is proven to be true, why then would "medical professionals" insist on more gender-affirming care, more medical and surgical treatment, instead of waiting and watching? "*Primum non nocere*" ... first do no harm.

Puberty suppressing drugs, or puberty blockers, are also prescribed more often than trans activists would like to admit. The "official" numbers being promoted by trans defenders is that a "very, very small number" of transgender teens in the U.S. are receiving medical care related to gender transitions, either medical (puberty blockers and cross-sex hormone therapy) or surgical treatment. A study done by the Harvard T.H. Chan School of Public Health and the Harvard Pilgrim Health Care Institute, released in January, claims the total number of youths diagnosed with gender dysphoria from 2018-2022 was less than 18,000. The researchers also claimed that less than 1,000 youths received puberty blockers and less than 2,000 had access to hormones. [15]

Liberal media outlets, in the continued push to support the transgender revolution and cancel its opponents, published endless stories in support of the narrative.

'A very, very small number' of teens receive gender-affirming care, study finds
npr, January 6, 2025

Fewer than 0.1 percent of U.S. adolescents receive gender-affirming medications, report finds
PBS News, January 6, 2025

Fewer Than 0.1 Percent of Teens Receive Gender-Affirming Care, Study Shows
Newsweek, January 6, 2025

Less than 0.1% of U.S. minors take gender-affirming medication, study finds

NBC News, January 6, 2025

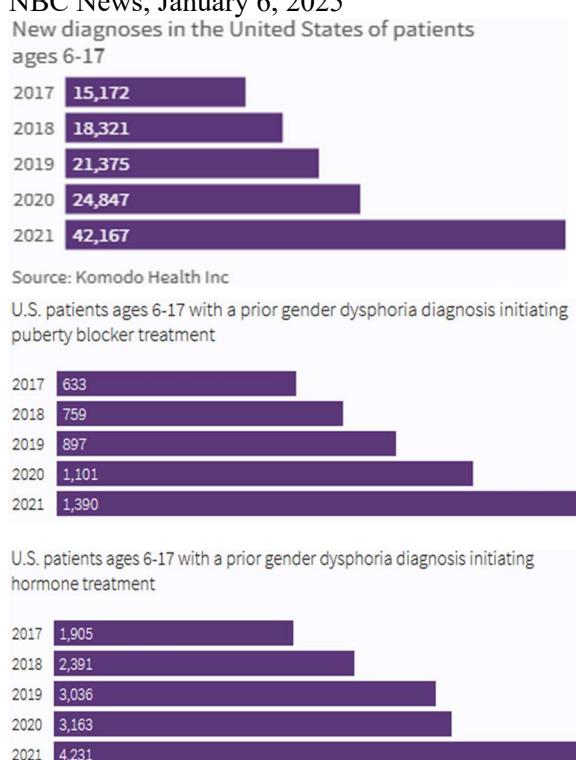
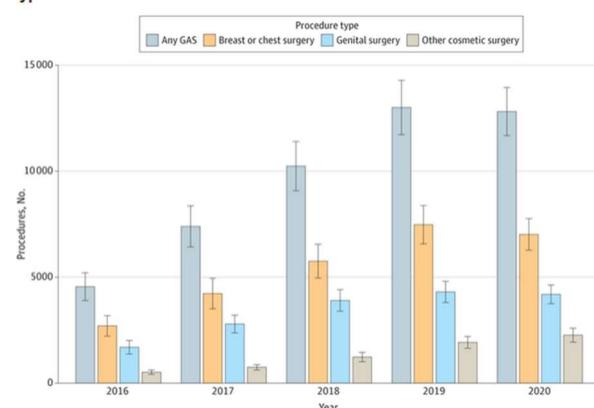


Figure 1. Gender-Affirming Surgical Procedures Performed by Year Stratified by Type



In direct contrast to the Harvard study, health technology company Komodo Health Inc. released a study in 2022, showing that between 2018 and 2021 106,710 youths aged 6-17 were diagnosed with gender dysphoria, significantly higher than 18,000. [\[16\]](#) [\[17\]](#)
40% of those were diagnosed in 2021 alone!

Of the 106,710 youths diagnosed with gender dysphoria, 4,147 (3.9%) were prescribed puberty blockers, significantly higher than 1,000" from the Harvard study.

Of the 106,710 youths diagnosed with gender dysphoria, 12,821 (12%) were undergoing hormone therapy, significantly higher than the 2,000 claimed by the Harvard study.

In August 2023, a study done by three Ob/Gyn specialists was published in the Journal of the American Medical Association. The study found, "The overall number of health system encounters for gender identity disorder rose from 13,855 in 2016 to 38,470 in 2020."

Of those encounters, 3,678 patients ages 12-18 had some form of gender-affirming surgical procedure including 3,215 breast or chest surgeries. [\[18\]](#)

Researchers for the American Medical Association study found that gender-affirming surgeries in all age groups *nearly tripled* from 2016 to 2020. During that five year period, a total of 48,019 patients underwent some form of gender-affirming surgery, 3,678 (7.6%) of them *ages 12-18*. In the entire study cohort, almost 55% of patients undergoing gender-affirming surgery were biological females transitioning and undergoing breast removal surgeries and hysterectomies.

Question: Why would the authors of the Gender-Affirming Medications Study underreport the statistics on how many adolescents identify as transgender?

Question: Why would the authors underreport the number of adolescents that were prescribed puberty blockers and undergoing hormone therapy?

Answer: The three authors, all professors and research members of the Harvard Pilgrim Health Care Institute, are affiliated with the LGBTQ Health Center of Excellence, whose motto is, “Our mission is to advance health equity for LGBTQ communities.” That, says it all! The LGBTQ Health Center claims that “LGBTQ people experience widespread discrimination resulting in adverse physical and mental health.” One of the researchers of the report, Brittany Charlton, is also the founder and director of the LGBTQ Health Center. Her profile on the Harvard Pilgrim Health Care Institute website is, “Dr. Charlton is known as a leading scholar of sexual and gender minority health inequities...”

The results *had to be* underreported, otherwise criticism from opponents of gender-affirming care would be validated! Everything that investigative reporter and author Abigail Shrier wrote in her 2020 book *Irreversible Damage: The Transgender Craze Seducing Our Daughters*, would be proven to be true, instead of dismissed as superficial, “full of errors, misrepresentations, and misunderstandings of science” and transphobic. All of the podcasts by Canadian psychologist and author Jordan Peterson, would be proven to be true, instead of being dismissed as the writings of a transphobic hater, containing misinformation that “has brought disrepute to the profession of psychology.” The articles, books and podcasts by journalist Helen Joyce (“*Trans: When Ideology Meets Reality*”), would be proven to be true, instead of being dismissed as “offensive, insulting and hateful” to members of the LGBTQ community. The results *had to be* underreported to disprove claims about transgenderism being “a fad” or “a social contagion.” The results *had to be* underreported to deflect claims about the “gender revolution.” The results *had to be* underreported, so that transgender adolescents would continue to be seen as a group *being discriminated against* by the right, instead of a group being *exploited* by the left in pursuit of a bigger agenda.

The World Professional Association for Transgender Health (WPATH) publishes *The Standards of Care for the Health of Transgender and Gender Diverse People* (SOC). Standards of care in SOC Version 7, published in 2012, state: *Gender dysphoria during childhood does not inevitably continue into adulthood*. The document noted that dysphoria persisted into adulthood in only 6-23% of adolescents in the studies were more likely to identify as gay instead of transgender. [19] The fact is, the majority of adolescents suffering from gender dysphoria, will outgrow the discomfort, and go on to live well-adjusted lives.

WPATH standards are the “clinical guidelines for the assessment and treatment of gender dysphoric children and adolescents” that gender healthcare professionals are supposed to follow. *Why* would they prescribe puberty blockers and hormone therapy to 17,000 adolescents aged 12 to 18, before they reach emotional and mental maturity? *Why* are gender-affirming surgeries being performed on boys and girls, before the age of majority (18) the minimum age recommended by WPATH? [19] *Why* aren’t gender care “professionals” letting nature take its course and taking a “watchful waiting” approach till full mental maturity, ages 18 to middle 20’s?

The standard of care is the benchmark that determines whether professional obligations to patients have been met. Failure to meet the standard of care is negligence, which can carry significant consequences for clinicians. National Library of Medicine

When have you ever heard of any gender care professional being referred for charges of negligence? Never! Instead, 23 states and the District of Columbia, have passed “shield laws”, protecting gender care providers from civil liability, professional liability, arrest, search warrants, subpoenas, witness summons, prosecution and sanctions by medical licensing boards. [20] Young men and women are being surgically mutilated for an agenda and there are no consequences for gender care professionals, only for the children treated.

In 1994, “transsexualism” was renamed “gender identity disorder.” (Medically, a disorder is defined as a derangement or abnormality of function). But as the transgender revolution began to take root in society, some amazing changes began to occur...

- > In 2010, Congress passed the *Patient Protection and Affordable Care Act*, commonly referred to as “Obamacare.” Section 1557 of the Affordable Care Act prohibited discrimination on the basis of sexual orientation and on the basis of gender identity. Gender reassignment surgeries, which were often excluded from insurance plans, now had to be covered by insurance companies. President Obama had just given fourth-wave feminism and the transgender revolution a platform to begin expansion from. As then Vice President Joe Biden said to Obama at the signing ceremony, “This is a big fucking deal!”
- > In 2013, “gender identity disorder” was eliminated and replaced with “gender dysphoria” and referred to not as a derangement or abnormality, but “gender identity-related distress.” The *Diagnostic and Statistical Manual of Mental Disorders, DSM-5* now stated that “gender non-conformity is not in itself a mental disorder.”
- > In 2014, the major provisions of the ACA came into force, including insurance coverage for medical and surgical gender-affirming care.
- > In 2014, a study conducted by the Williams Institute showed 0.70% of youths age 13 to 17 (119,000) identified as transgender.
- > In 2017, a study conducted by the Williams Institute showed 0.73% of youths age 13 to 17 (152,500) identified as transgender, a 28% increase in ‘diagnoses’.
- > In 2022, a study conducted by the Williams Institute showed 1.40% of youths age 13 to 17 (294,000) identified as transgender, a 93% increase in ‘diagnoses’.
- > In 2025, a study conducted by the Williams Institute showed 3.30% of youths age 13 to 17 (818,000) identified as transgender, a 178% increase in ‘diagnoses’.

Currently, we appear to be experiencing a significant psychic epidemic that is manifesting as children and young people coming to believe that they are the opposite sex, and in some cases taking drastic measures to change their bodies. I am particularly concerned about the number of teens and tweens suddenly coming out as transgender without a prior history of discomfort with their sex. “Rapid-onset gender dysphoria” is a new presentation of this condition that has not been well studied. [21]

Outbreak: On Transgender Teens and Psychic Epidemics; New York Center for Jungian Studies, Volume 60, 2017 – Issue 3: Gender Diversity

Jungian psychology, or analytical psychology, is a complex form of therapy used to help individuals with mental health issues define the causes of their psychological problems and to improve their mental health and wellbeing. From 2017 to 2021, 121,882 youths aged 6-17 were diagnosed with gender dysphoria. Various studies of adolescents referred for gender-identity services, show that 40-45% of these young people present with clinically significant psychopathology (mental illness) and adolescents with autism spectrum disorder were over four times more likely to receive a gender dysphoria diagnosis. The author of this article noted that instead of long-term psychological care helping the patient understand and work through his or her feelings, today’s psychotherapeutic practice involves ignoring the underlying psychological problems, affirming the person's self-diagnosis, and immediately moving on to medical and surgical treatment. They go on to say, “Although this practice will undoubtedly help a small number of children, I am concerned that there may be many false positives.”

Studies also indicate that a young person's coming out as transgender, is often preceded by increased social media use and/or having one or more peers also coming out as transgender. These factors suggest that social contagion may indeed be a contributing factor to the significant rise in the number of young people seeking treatment for gender dysphoria. In addition to a huge spike in numbers of children and adolescents presenting with gender dysphoria, there has also been a dramatic, unexplained increase of females presenting to gender clinics, with significantly more female teenagers requesting services than males, a ratio historically unheard of. In a 2015 report published in the British Medical Journal, researchers found that biological girls were “markedly overrepresented” among adolescent applicants for legal and medical sex reassignment. They also noted, “Severe psychopathology preceding onset of gender dysphoria was common. Autism spectrum problems were very common.” [22]

According to the World Health Organizations *International Statistical Classification of Diseases and Related Health Problems*, “transsexualism involves a desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make one’s body as congruent as possible with one’s preferred sex through surgery and hormonal treatment. The desire has to be persistent and not a symptom of a mental disorder.” If the desire to transition to another sex is due to an underlying mental disorder, how can gender care professionals justify diagnoses of gender dysphoria and gender-affirming care treatment?

A 2019 study published by five medical professionals (clinical psychologists, psychiatrists and physicians) found that *Transgender patients had a statistically significant increase in prevalence for all psychiatric diagnoses queried, with major depressive disorder and generalized anxiety disorder being the most common diagnoses.* 58% of the transgender patients in the study had at least one psychiatric diagnosis compared with 13.6% in the control patient population. [23]

A September 2023 study published by ten medical professionals (clinical psychologists and psychiatrists) found that adolescents with gender dysphoria *have more suicidal ideation, life-threatening behaviour, self-injurious thoughts or self-harm than their cisgender peers.* The researchers also found that *adolescents with GD show a higher prevalence of psychiatric issues, such as depression and anxiety disorders.* [24]

Researchers blame the fact that these individuals have mental health issues due to the “social stigma” of having gender dysphoria. I find it hard to believe that in today’s society, with the level of acceptance, affirmation and praise for someone who expresses their feelings of gender becomes so stigmatized, that they suddenly develop psychiatric issues. This is especially true in relation to younger adults, where 1 in 4 of the Generation Z cohort identifies as LGBTQ+.

Although researchers have put forward some theories as to why this rapid escalation in gender dysphoria might be the case, the increase has not been satisfactorily explained. My fear—and I am hardly alone in this—is that adopting a transgender identity has become the newest way for teen girls to express feelings of discomfort with their bodies—an issue adolescent girls typically experience.

With the best of intentions, the modern psychiatric and medical establishments have contributed to a situation in which minor children have been supported in believing that they are the opposite sex, and must alter their bodies drastically to ameliorate this situation. The mainstream media has quickly validated this line of thinking, and those who have doubts are reticent to express them for fear of being viewed as bigoted or being on the receiving end of career-altering attacks. How did we get here? [22]

Outbreak: On Transgender Teens and Psychic Epidemics; New York Center for Jungian Studies, Volume 60, 2017 – Issue 3: Gender Diversity

Summary:

The facts are clear. There has been an explosion of diagnoses of gender dysphoria among adolescent children, ever since the Obama administration allowed medical coverage for gender-affirming care treatment to be covered by insurance companies. This one, significant event caused an increase in gender-affirming care professionals and treatment centers. Trans activist websites and blogs have encouraged thousands of troubled adolescents to make the connection that they are a different sex (gender), trapped in the wrong body, much like the mass online radicalization of white supremacists and Islamic terrorists. Apologists for the “transgender revolution” distort and lie about facts and statistics. Politicians who unknowingly or willingly support this agenda, pass legislation to protect and encourage it.

Healthcare “professionals” who have been radicalized by the movement encourage thousands of adolescents with mental health issues to undergo medical and surgical treatments which will have a lifelong effect on their bodies and minds, all in the name of furthering the transgender revolution agenda.

Detransitioning is a real and growing phenomenon. In 2021, gender dysphoria physician There are numerous websites, support groups and blogs for detransitioners today. Of the tens of thousands of subscribers to these platforms, a significant number are “desisters” who previously identified as transgender but now “re-identify” with their biological sex, or detransitioners who received medical and/or surgical interventions but stopped taking these interventions and no longer identifies as transgender. 62% of survey participants detransitioned “due to health concerns”, even though trans-activists continue to tell the public that puberty blockers and hormone therapy is perfectly safe. 50% of the survey participants said they detransitioned “because transition did not help with my dysphoria.” Of the 237 participants in a 2021 survey, 70% said they realized that their gender dysphoria was “related to other issues.” [\[25\]](#)

Another study conducted in October 2021, found that 40% of respondents said their gender dysphoria was caused by a mental-health condition and 62% felt medical professionals did not investigate whether trauma was a factor in their transition decisions. 34% said that their gender dysphoria “resolved itself” over time [\[26\]](#) Think about that for a minute... Of the 16,974 adolescents that were prescribed puberty blockers or underwent hormone therapy in the Komodo Health study, or the 3,678 adolescents in the AMA medical study that had some form of gender-affirming surgical procedure , how many of those young and impressionable children have allowed gender-care specialists to inflict irreversible, life altering treatments to their bodies and mental anguish and regret to their minds?

The gender revolution is fundamentally Marxist. Whether people are consciously aware of it or not, the root of gender ideology is Marxist, and its gambit is the construction of the egalitarian [equal] society through the obliteration of the division of gender. And the gender revolution is another prong in the full-throated attack on the family. [\[1\]](#)

Marxism and the Gender Revolution; Crisis Magazine, November 12, 2024

“Why are we here today?” she [Millett] asked, “To make revolution” they answered. “What kind of revolution?” she asked, “The cultural revolution” ... The back and forth went on, including vows to “destroy the family...”

Marxist Feminism’s Ruined Lives; Mallory Millett, FrontPage Magazine, September 1, 2014

This Handbook on Gender Mainstreaming for Gender Equality Results has been developed with the aim to encourage and support more systematic and effective mainstreaming implementation for the achievement of gender equality and women’s empowerment throughout the United Nations system and within all sectors.

Handbook on gender mainstreaming for gender equality results, UN Women, 2022

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Additional Notes:

Physical Interventions for Adolescents

Fully Reversible Interventions

Adolescents may be eligible for puberty suppressing hormones as soon as pubertal changes have begun. In order for adolescents and their parents to make an informed decision about pubertal delay, it is recommended that adolescents experience the onset of puberty to at least Tanner Stage 2.

Two goals justify intervention with puberty suppressing hormones: (i) their use gives adolescents more time to explore their gender nonconformity and other developmental issues; and (ii) their use may facilitate transition by preventing the development of sex characteristics that are difficult or impossible to reverse if adolescents continue on to pursue sex reassignment.

Puberty suppression may continue for a few years, at which time a decision is made to either discontinue all hormone therapy or transition to a feminizing/masculinizing hormone regimen. Pubertal suppression does not inevitably lead to social transition or to sex reassignment.

Irreversible Interventions

Genital surgery should not be carried out until (i) patients reach the legal age of majority in a given country, and (ii) patients have lived continuously for at least 12 months in the gender role that is congruent with their gender identity. The age threshold should be seen as a minimum criterion and not an indication in and of itself for active intervention. Chest surgery in FtM patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery. However, different approaches may be more suitable, depending on an adolescent's specific clinical situation and goals for gender identity expression

Note: Puberty for girls usually starts between the ages of 8 and 13.

Tanner Stage 1 is prepubertal, or *before* age 8-13

Tanner Stage 2, physical changes begin, age 8-13

Tanner Stage 3, physical changes speed up, ages 9-14

Tanner Stage 4, puberty hits full stride (menstruation), ages 10-15

Tanner Stage 5, final phase, physical development typically ends & girls reach *physical* adulthood, ages 16-20

Note: Puberty for boys usually starts between the ages of 8 and 13.

Tanner Stage 1 is prepubertal, or *before* age 9-14

Tanner Stage 2, physical changes begin, age 9-14

Tanner Stage 3, physical changes speed up, ages 10-16

Tanner Stage 4, puberty hits full stride (menstruation), ages 11-16

Tanner Stage 5, final phase, physical development typically ends & boys reach *physical* adulthood, ages 17-20+

Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People 7th Version; The World Professional Association for Transgender Health (WPATH), 2012

Full development of the teenage brain, the ability to make rational and more balanced decision making, is not complete until adulthood is reached ages 20-25.

Ongoing changes in the brain, along with physical, emotional, and social changes, can make teens more likely to experience mental health problems. The fact that all these changes happen at one time may explain why many mental illnesses—such as schizophrenia, anxiety, depression, bipolar disorder, and eating disorders—emerge during adolescence.

The Teen Brain: 7 Things to Know, National Institute of Mental Health

Addenda #9 – July 2025, Update November 2025
Continuation of the Revolution

New York City mayoral election results: Mamdani is projected winner in historic win
yahoo!news November 4, 2025

ABC News projects Democratic candidate Zohran Mamdani will win the race for New York City mayor, in a history-making victory over former Gov. Andrew Cuomo, a Democrat who was running as an independent, and Republican candidate Curtis Sliwa.

Mamdani, 34, a state Assemblyman and democratic socialist who campaigned on a progressive economic platform, is set to become the city's first Muslim and South Asian mayor in an election that saw more than 2 million voters pack the polls -- the highest turnout for a mayoral election since 1969. (Identity politics at its finest!)

Candidate	Party	Votes	Pct.
Zohran Mamdani 	Democrat	1,036,051	50.4%
Andrew M. Cuomo	Independent	854,995	41.6
Curtis Sliwa	Republican	146,137	7.1
Eric Adams*	Independent	6,382	0.3
Irene Estrada	Conservative	2,643	0.1
Jim Walden	Independent	2,170	0.1
Joseph Hernandez	Independent	1,253	0.1
Total Write-ins		6,290	0.3
Total reported		2,055,921	

As of November 2025, there were 5.315 million registered voters in New York City's five boroughs, 4.954 million "active voters"

3.525 million (66.32%) registered Democrats and Working Families Party

591,966 (11.34%) registered Republicans and Conservatives

1.198 million (22.55%) registered unaffiliated
[\[1\]](#)

New York City Mayor Results 2025, NBC News November 7, 2025
93.5% of the vote counted, Est. remaining 145,000

Zohran Mamdani, self-described Democrat Socialist, won the 2025 New York City's mayor race with 50.4% of votes cast, hardly the resounding mandate he and mainstream media outlets made it out to be. (In contrast, Eric Adams won the 2021 NYC mayoral race with 67% of the vote) At the beginning of 2025, the five boroughs of New York City had a combined population of 8.258 million residents. Almost 90% (5.315 million) of New York City residents in the "prime voting ages" of 21 to 79 are registered to vote. [\[1\]](#) [\[2\]](#) Only 2.055 million New York City voters cast their ballots on November 4, 2025. Just 38.68% of all registered voters went to the polls to elect the person who would lead their city for the next four years. But as poor as these numbers are, they're a big improvement from the 2021 mayoral election, where only 20.5% of registered voters bothered to show up at the polls to cast their ballots.

While voter turnout for presidential elections in New York state has ranged between 53.5% in 2012, to 61.1% in 2020, the average over the last six elections has been 58.3%. In “off year” state and local elections, the turnout rate has averaged 37.8% over the last six election cycles. If you think logically about this, shouldn’t state and local elections be as important or maybe even more important than federal elections? After all, these are the people who will be making spending and policy decisions that directly affect the people who live in cities, towns and villages in their own backyards.

Voting in local elections is the way to make a difference in the way residents live their lives, yet 7.2 million registered NY state voters didn’t bother to show up at the polls in 2022 to elect their governor and 3.2 million registered NY City voters didn’t bother to show up at the polls in 2025 to elect their mayor. In 1974, 75.4% of New York voters went to the polls to vote for governor. Since then, voter turnout has continued to decline, hitting a low in 2014 of just 29% turnout when Andrew Cuomo ran for reelection as governor.

Many say that voter apathy is the reason for low turnout, that regardless of what party is in control, people who struggle to make ends meet don’t see any improvements. If the candidate doesn’t promise voters something special, something big, they just say the heck with it and stay home. A 2020 voting behavior poll by market research company Ipsos found that people who are registered to vote but almost never vote (inactive voters) are most likely to feel that voting doesn’t matter because the system is too broken, or that nothing will change for them. This cohort is more likely to have lower incomes, be young (under age 35), have lower levels of educational attainment and don’t identify with either major political party. With the addition of in person early voting and mail in ballot voting, two of the biggest “barriers” to voting, having to wait in long lines or being unable to get off work, have been greatly reduced. [\[3\]](#) [\[4\]](#)

In some states, the party in charge takes steps to deliberately reduce competitive voting and control the outcome of elections, further adding to voter discontent and low voter turnout. In 2016, ten different political parties endorsed five candidates for governor in New York State. Then in 2020, the Democrat party had a two-thirds “super majority” in both the Senate and Assembly and changed the standards for getting candidates on the state ballot, from requiring 15,000 signatures to requiring 45,000 signatures. They also changed the standards for ballot access by political parties, increasing the number of votes required to remain on the ballot from at least 50,000 votes to 2% for the office at the top of the ticket every two years. In 2020, that 2% equaled 172,226 votes, eliminating ballot access for the Libertarian, Green, Independence, Serve America Movement, Women’s Equality and Reform parties. [\[5\]](#) Fewer political parties to oppose the establishment, fewer choices for voters, more voter apathy. The reality is that third party candidates on their own, don’t stand a chance in elections, but the establishment practice of ensuring uncompetitive races for their candidates does nothing to energize voters and encourage them to go to the polls and vote. Like I mentioned in the previous paragraph, it takes someone different, promising something special, to overthrow the establishment and win election to office in a place like New York State and New York City.

‘Anything is still possible in America’: Ocasio-Cortez celebrates Mamdani’s win

“People across this country are hungry for public servants who put them first. For public servants who answer to them above special interests — and who are laser-focused on making life affordable for everyone... people are desperate for a new story.”

NBC News, Nov. 4, 2025

New York City is the financial capital of the United States, home to 41 Fortune 500 companies including some of the biggest names in banking: JPMorgan Chase, Citigroup, Goldman Sachs and Morgan Stanley. New York is also the wealthiest city in the U.S., with 384,500 millionaires living there. Because NYC is the wealthiest city in the U.S., it’s also one of the most expensive cities. U.S. News ranked New York City the 10th most expensive city in the U.S. to live in, with a median home value exceeding \$745,000. (twice the national average) ^[7] Of the 3.7 million housing units in NYC, 2.3 million (62%) are renter-occupied, with a median monthly rental of over \$4,000 for a one bedroom apartment, and reaching as high as \$6,600. Over 40% of all renters in NYC spend 30% or more of their income on rent alone. Utility prices, transportation, healthcare and grocery costs in NYC are all higher than the national average.

At the beginning of 2024, New York City had a total population of 8.258 million, the largest U.S. City by population, with 27,485 residents per square mile. (Los Angeles was a distant 2nd with 3.820 million residents and 8,120 residents per square mile) There are 1.474 million people with incomes *below* poverty level living in New York City, that’s 18.2% of all city residents and 1.3 times higher than the entire state average. More than 391,100 children under the age of 18 and 300,150 seniors over the age of 65 live in poverty in New York City. ^[6] Approximately 22% of all city residents have a high school education, 20% have at least some college education (but no degree) and 43% have earned a bachelor’s degree or higher. 16% of NYC residents have *no* degree. Data from the city’s Department of Social Services showed that in September 2025, 601,757 residents were receiving welfare benefits, a 5% increase from the same period in 2024 and a 22% increase from September 2023.

Data from the 2024 Census American Community Survey, the Bureau of Labor Statistics, and other organizations, show that to live “comfortably” in New York City, singles need to earn \$184,420 per year. The average income of city residents in 2024 was \$50,764 and the median household income was \$76,577, in the 10th most expensive city in the U.S. to live in. Affordability and “income inequality” are major issues for city residents. ^[6] Although private sector employment has increased by almost 110,000 jobs in 2024, the unemployment rate remains stubbornly steady at 5%. The very things that make New York City attractive as a place to live in, nightlife, theatre, entertainment, etc., also make it a very expensive place to live in.

I’m going to “break away” from the Mamdani election story for a minute and give a secondhand account of the type of person who, if he still lived in New York City, would have voted for Mamdani and his “free stuff” policies. A young man, age 38, and neighbor of mine, graduated high school in 2005 and chose not to go on to college for a degree.

Instead, he moved to New York City as a member of a band, in an attempt to make a career out of performing, recording and touring. From what I understand, his group was moderately successful at this for a number of years, until the COVID pandemic hit New York City hard in the spring of 2020, shutting down all nonessential businesses and restricting out-of-home activities. Other states and countries outside the U.S. followed suite. Theatres, bars and other entertainment venues remained closed for the next year and those working in the entertainment industry were without a job.

At this point, my neighbor and his bandmates left the city and moved back home to wait out the closures. His dream of a musical career abruptly ended, and he was forced to find a job to pay for his living expenses, minimal as they were while living in his parents' house again at age 33. Without a college degree or any special job skills on his resume, my neighbor took a job as a sales associate at a local franchise retail store where the starting wage for a sales associate is just above minimum wage at around \$17-\$18 per hour and no benefits for part time hours. I was talking with him a few months ago asking him how things were going. He complained about his job and the need to find something that paid more to enable him to support himself and possibly find his own apartment. Here is a guy that chose not to go to college, get a degree and build a set of job skills that would be attractive to a potential employer that would enable him to earn a decent income. Instead, he complained how the only class of employer that he was qualified to work for, should have to pay higher wages to compensate for the life choices *he* made, that are limiting his earning ability.

This is in large part, the group of voters Zohran Mamdani in New York City and Katie Wilson in Seattle have tapped into to become viable candidates for office; lower income workers struggling to make ends meet, in one of the most expensive cities in the country. Here's a shocking thought... move to a place that's *less expensive* to live in. Or, go back to school and get a degree in some sector that will pay you a higher income. Stop demanding that employers have to compensate you for your failure to be able to provide for yourself. Stop protesting about the income and homeownership of the people who did go to college, did get degrees that enabled them to earn more than you, buy more than you, have a more comfortable lifestyle than you. Stop buying booze, cigarettes and lottery tickets. Save some money instead. Ok, I got that out of my system... back to Zohran...

Mamdani was a musician and a community counselor before being elected to the New York Senate in 2020. He has no business leadership experience and no accounting or budget management experience, but voters elected Mamdani to run a city with a \$116 billion budget and a shortfall of \$6 to \$8 billion to cover that level of spending. New York State Comptroller Thomas DiNapoli put the budget shortfall into perspective when he declared, "New York City needs to face the current fiscal reality: uncertainty in the economy, federal funding policy shifts and a possible increase in costs. Realistic revenue and spending projections and increasing contingencies or reserves are essential. That way, the city will be prepared if stronger than projected results, particularly for revenues, do not materialize, and will have a larger cushion to absorb potential volatility." [\[8\]](#)

Instead of “facing reality”, instead of proposing realistic spending programs, Mamdani has promised a cornucopia of socialist “free for all” programs. Let’s take a look at his campaign promises and the cost to fulfill them...

As Mayor, Zohran will immediately freeze the rent for all stabilized tenants, and use every available resource to build the housing New Yorkers need and bring down the rent. The number one reason working families are leaving our city is the housing crisis. The Mayor has the power to change that.

According to the NYC Tenant Protection Cabinet, as of 2023, New York City had 2,324,000 renter-occupied housing units. Of that number, 43% or 996,600 apartments were “rent stabilized,” with the Rent Guidelines Board (RGB) setting the maximum increase in rent that landlords can charge the tenants in an effort to keep housing costs lower. For the current fiscal year, landlords are allowed rent increases of 2.75% for one-year leases and 5.25% for two-year lease renewals. By “freezing the rent” on stabilized apartments, landlords that own those apartments will not be able to increase rental income to keep up with the increasing costs of taxes, utilities and maintenance on the units they rent out. Not being able to keep up with increased costs, will result in deferred maintenance and inability to bring vacated apartments up to new building codes. In 2023, an estimated 26,310 rent-stabilized apartments were “vacant but unavailable for rent” due to landlord decisions to cut their losses. Thousands more apartments are under threat of foreclosure as landlords simply stop paying their mortgages. These problems are only going to increase, leading to an even bigger housing shortage, when Mamdani implements his rent freeze. [\[9\]](#) [\[10\]](#) [\[11\]](#) [\[12\]](#)

As Mayor, he'll permanently eliminate the fare on every city bus... Fast and free buses will not only make buses reliable and accessible but will improve safety for riders and operators – creating the world-class service New Yorkers deserve.

The Metropolitan Transportation Authority (MTA) is already trying to deal with a multi-year, multi-billion dollar capital plans deficit to bring much needed upgrades to its system. The MTA took in \$7.542 billion in fare and toll revenue in 2024, 69% of all revenue collected. To implement “fast and free buses”, Mamdani needs to replace that revenue. [\[13\]](#)

Zohran will implement free childcare for every New Yorker aged 6 weeks to 5 years, ensuring high quality programming for all families. And he will bring up wages for childcare workers – a quarter of whom currently live in poverty – to be at parity with public school teachers. It will foster early childhood development, save parents money and keep our families in the city they call home.

There are an estimated 10,135 licensed and registered childcare providers in New York City as of 2024, with a maximum capacity to care for 467,963 children. Parents pay \$3,300 a month for infants, \$2,900 for toddlers, and \$2,600 for kids, with additional charges for daycare meals and other services. According to the NY State Office of Children and Family Services, approximately 104,000 children received childcare assistance in FY 2024 at an estimated total cost recouped by childcare providers after state assistance of approximately \$1 billion per year. [\[14\]](#) If “no cost childcare” is implemented in NYC, Mamdani needs to replace that revenue. To increase wages for the 9,000 childcare providers in NYC by just 5%, Mamdani will have to also come up with an additional \$16 million per year, or \$32 million per year for a 10% increase in wages.

As Mayor, Zohran will champion a new local law bringing the NYC wage floor up to \$30/hour by 2030. After that, the minimum wage will automatically increase based on the cost of living and productivity increases. When working people have more money in their pocket, the whole economy thrives.

The current minimum wage in New York City is \$16.50 per hour, but the median wage for all workers is already \$27.45 per hour. While this increase won't cause any additional taxpayer burden, it will create a "ripple effect" in each business, as workers demand an increase to their own salary to maintain the existing differential with less-experienced workers. Low profit margin industries; bars, restaurants, retailers and healthcare, will be hit the hardest and will result in reduced hours and/or layoffs for employees and higher prices for consumers. Overall income inequality has been proven to increase wherever wage increases have been mandated. The very people Mamdani has promised to lift up with his Socialist policies will be hurt the most. [\[15\]](#)

(See: A Clear and Present Danger Threat #3, Addenda #12 – January 2024, Update June 2024 & January 2025)

As Mayor, Zohran will create a network of city-owned grocery stores focused on keeping prices low, not making a profit. Without having to pay rent or property taxes, they will reduce overhead and pass on savings to shoppers.

Mamdani wants to open city run grocery stores that will not make a profit, not pay rent to the landlords that own the buildings they operate out of and not pay any taxes to the city. Between the initial cost to renovate the stores, stock the shelves, pay employees, utilities and maintenance, the Mamdani campaign estimates the initial pilot program of five city owned grocery stores would cost \$60 million per year to operate. There are currently around 5,700 grocery stores in New York City serving 8.258 million residents. Mamdani's proposal to save New Yorkers money on groceries is to replace just 0.08% of the grocery stores serving shoppers of NYC? If he expanded the program to provide even 20% coverage, those 1,140 stores would cost the city \$13.7 billion a year to operate.

As Mayor, Zohran will put our public dollars to work and triple the City's production of permanently affordable, union-built, rent-stabilized homes – constructing 200,000 new units over the next 10 years.

Constructing 200,000 new units would cost the city \$100 billion over the next ten years according to the Mamdani campaign.

One million plus residents voted for Mamdani's version of a socialist utopia in New York City in November. Mamdani won more than 50% of the vote among New Yorkers under age 44, 53% aged 30-44 and 62% of those aged 18-29. This is the key demographic group in NYC: struggling to make ends meet, unhappy with results from establishment Democrat leaders, people desperate for a different outcome. Mamdani won the majority of low-income voters, making less than \$50,000 income, no surprise as this income group would benefit greatly from his promises. But Mamdani also received support from 48% of higher income voters earning more than \$100,000. This cohort, presumably college educated professionals,

are more likely to approve of his policies from a political philosophy ingrained in them after years on liberal college campuses.

Mamdani also tapped into the most important concern progressive voters have signaled this election cycle, hatred of Donald Trump. *"If anyone can show a nation betrayed by Donald Trump how to defeat him, it is the city that gave rise to him. And if there is any way to defeat a despot, it is by dismantling the very conditions that allowed him to accumulate power. This is not only how we stop Trump – it's how we stop the next one.* (Conditions = Capitalism) Mamdani received the Trump haters vote and the vote of those seeking to dismantle capitalism. The question remains, can Mamdani deliver on his campaign promises?

1. *Freezing the rent for almost 1 million rent stabilized apartments.* As mayor, Mamdani does not have the power to directly raise or lower rents. Only the nine members of the Rent Guidelines Board, appointed by the mayor, have the power to do this. Mamdani would have to replace enough current members when their terms are up, to implement a rent freeze.
2. *Permanently eliminate the fare on every city bus.* Replacing the \$7.542 billion in fare and toll revenue the MTA received in 2024, would require approval from state and local lawmakers, not all of whom support Mamdani's plan. New York Governor Hochul, who is running for reelection next year, has already opposed raising taxes on corporations and high-income earners to help finance his plans.
3. *Free childcare for every New Yorker aged 6 weeks to 5 years and higher wages for childcare workers.* Mamdani will require additional state funding to implement this plan, but the state is already facing a three-year budget gap of \$34.3 billion, caused by a weakening economy, federal spending cuts and overspending. The 2026 enacted budget shows total state-supported debt ballooning to \$95.8 billion dollars by 2030, and interest paid needed to support that debt increasing by 297% over the next four years.
4. *Bringing the NYC wage floor up to \$30/hour by 2030.* Increasing the minimum wage in NYC will require the approval of the New York State Department of Labor, the state legislature and Governor Hochul. Mamdani has claimed he has the authority to increase the minimum wage in NYC through the Municipal Home Rule Law in the state constitution, but no municipality in the state has ever received approval to do so. The 51 member city council has feuded with Mayor Eric Adams over who has the power to get things done in NYC and this would be just another power struggle that would have to be overcome.
5. *Creating a network of city-owned grocery stores focused on keeping prices low, while not making a profit.* Of the city's existing 5,700 grocery stores, more than 85% are individually owned and operated. The city also has between 7,000 and 13,000 bodegas. Owners of these stores would be under tremendous financial pressure if Mamdani's plan proceeds and many could be forced to close as a result. An additional 830 plus stores are part of larger chains like Trader Joe's, Whole Foods Market and aldi. Once again, big businesses would be able to weather the competition much better than single-owner stores of bodegas, owned and run by NYC residents, the very people Mamdani's policies are supposed to help.

6. *Constructing 200,000 new units over the next 10 years.* Mamdani's plan to finance construction is to issue \$70 billion in new municipal bond debt, adding to the city's current \$95.8 billion long-term debt burden. This would bring total long-term debt to \$165.8 billion, \$29 billion above the state's constitutional limit. The state legislature would have to vote to increase the debt limit and allow the sale of municipal bonds to finance construction of the housing units. Mamdani would also have to navigate a lengthy zoning and permitting process, community opposition to rezoning, shortages of labor and preemption of local laws supported by state lawmakers to achieve his targets. Corporate landlords, who would be subject to additional real estate taxes and cuts in developer subsidies to help pay for the plan, are sure to file lawsuits to prevent these cuts to their bottom line profits. While the promises Mamdani has made to voters to get elected are not impossible to achieve, they will not be achieved overnight as his supporters have been led to believe. Just like the lie that Mamdani's campaign was "a grassroots movement," when it was actually funded by Silicon Valley billionaires, Hollywood celebrities, out-of-state tech entrepreneurs and left-wing political action committees.

Ref: Addenda #8 – July 2025

Mamdani won on a plan to offer free bus rides, freeze rents, increase taxes on the wealthy and corporations, and create city-owned grocery stores. Each of these proposals attempts to address real problems but are either the result of magical thinking or will do more harm than good.

Barron's Magazine, November 7, 2025

Zohran Mamdani, man of the people, first Muslim and South Asian mayor of NYC, born into a wealthy family, educated at a private liberal arts college costing more than \$278,000 for a four year degree, who's December 2024 wedding was a three day, multi-million dollar event, at his family's gated compound in Uganda, protected by armed guards.

Zohran Mamdani whose past support for Palestine and statements referring to Israel's actions in Gaza as a "genocide" and refused to condemn the term "globalise the intifada."

More than 1 million New York City residents voted for Zohran Mamdani on November 4, 2025. They voted against the current establishment and against millionaires. They voted against capitalism which hasn't worked for them, and for the socialist policies he promised would make their lives easier. They voted against Donald Trump. They voted for the man who claimed, "I am of you and for you," a man who actually was and still is part of the upper class elite. They voted for a new socialist utopia in New York City and they deserve everything headed their way for supporting him.

Zohran Mamdani faces criminal referrals to DOJ over alleged illegal campaign donations from foreigners

"This was a sustained pattern of foreign money flowing into a New York City mayoral race which is a clear violation of both federal law and New York City campaign finance rules,"
October 28, 2025

Zohran Mamdani Blasted For Requesting Donations In First Video After Winning NYC Mayoral Race

“Remember how I told you a few months ago to stop sending us money?” Mamdani said in the video. “You can start again.”

bpdaily; November 6, 2025

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