

# Bill C-6

We believe that all Canadians deserve protections from bodily harm, mental harm and emotional abuse. The Canadian Charter of Freedoms and Rights enables Canadians to live their lives with strong protections against these kinds of abuses, through police and judicial systems already established.

I am speaking on behalf of caregivers, most of whom are women, who are placed at risk when vague legislation is passed without proper care and attention. The current bylaw opens a door for any physician, or anyone who works with children to be in violation of the law if they do not immediately affirm any gender confusion, but who instead follow the “watchful waiting” approach recommended by experts in the subject.

This is not a conversation about conversion therapy for same-sex attracted people; that they are being conflated with people who believe themselves to be the opposite sex is one of the many issues we have with the bylaw as proposed. We know that conversion therapy for same-sex attracted people is often rape and torture, that guilt and physical punishment are used in an effort to change someone’s innate sexual orientation and we oppose it unconditionally (The Canadian Charter of Rights and Freedoms protects individuals from these types of abuse).

Often, in reality, same-sex attracted youth are being told that they’re not homosexual, but that they are actually heterosexual and trapped in the “wrong body.” They are encouraged to take puberty blockers (which science shows are not reversible) and studies have shown that children who receive medical intervention in childhood typically go on to be permanently medicalised and receive hormone replacement therapy going forward. We also know that 80% of children who are NOT medicalised, who do not receive puberty blockers, go on to become happy, healthy, homosexual adults who are comfortable with their biological sex. Through this lens, we see that transing children IS a form of conversion therapy.

Women, be they radical feminists or not, have faced threats of rape, death, and are targeted for doxxing and public shaming because we want to protect the bodily integrity of children who are being taken in by gender ideology. Studies are showing that rates of transgenderism in children is social contagion; rapid onset gender dysphoria (ROGD) is a phenomenon that has been documented by Lisa Littman and explains how this is happening in clusters.

- This law prevents adults who wish to detransition from accessing services to aid in their recovery;
- This law prevents children from being given time to come to terms with their innate, immutable, biological sex and potentially puts them on the path to

permanent medicalization, a process for which there are endless negative side effects (including muscle atrophy, extreme physical pain, permanent changes to voice and hair growth, and in women and girls, damage to bones, hearts, and lungs); and

- This bylaw puts educators, therapists, counselors, doctors, and parents at risk if they do not affirm a child's gender identity.

With the shortage of mental healthcare available in my province, with the proliferation of the false idea that biological sex can be changed and that it's possible to be born in the "wrong body," we have serious concerns about the law as it stands and would like to discuss how the law can be amended to protect children and also professionals who have a duty of care.

Our desired outcomes:

- The nuance of the conversation is discussed with all possible consequences being taken into account in advance of finalising the law
- A review of the current trends with regard to transgenderism and the impacts of enshrining exclusively affirmative care in law, restricting alternative approaches
- A consideration of explicit protection for our same-sex attracted citizens from conversion therapy while not conflating sexual orientation with gender identity
- A review of evidence, anecdotal evidence and empirical evidence speaking on the validity of this ban at this time specifically.

-Questions such as:

- How does city council intent to impose this draconian measure
- Current rates of coercive therapy interactions involving gay and trans identified individuals
- coercive therapy interactions involving gay and trans identified individuals (rates, increases and decreases).
- detransition (rates, increases and decreases).

Evidence should be presented in the context of the Canadian socio and economic systems, which is the context of a free and socialist Alberta, before such wide restrictions can be put on all free-functioning human interactions in AB, and the rest of Canada.

To provide a balanced perspective, we would like to include the testimony of a trans-identified woman (transman), Scott Newgent, who has the same concerns we do about laws of this kind and can speak to the devastation of medical transition personally. We would also like to bring a woman who has detransitioned to include a balanced narrative.

See the following references:

Littman Study

Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria

Swiss study (30-year longitudinal study)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043071/>

I am deeply concerned about the nations push for children to be put on a fast track to medical interventions that are involved with transgender youth. The acceptable practice for transgender youth has changed from a 'watchful waiting' model to an 'affirmation' and medicalization model. The simple ethical jurisprudence of age of consent has been lost because transgender lobbyists have been allowed to influence policy. Youth with a 41.5% comorbidity for at least one mental health or substance dependence issue, and 35.4 percent criteria for a major depressive episode (Reisner, et al., 2016) cannot have consent. Affirmative care reduces a child's ability to understand the ramifications of hormone therapy and sex reassignment surgery (SRS) in the long term. This mandate toward medical transition of youth is doing children great harm by deepening a child's dissatisfaction, and deepening their gender confusion, because it normalizes disassociation from the body. Eighty percent of trans identified activists who advise schools to support transition, do not get medical interventions themselves. These activists suggest that we cannot ask questions

about a child's identity, as this is equated to conversion therapy (Moore, 2018).

Psychological counselling and family counselling is said, by some, to be the most effective form of therapy for these kids (Zucker, 2018). Affirmation excludes these possibilities. We know these youth are suicidal, but the comorbidity makes the data unclear. Psychological counselling and family counselling seem like a good fit. But, as children begin to live this path, they may become more disconnected from their bodies, unaware of the long-term effects of medical interventions due to peer social influence and age, once they make this declaration, they may stick to it because adults affirm them regularly. the possibility of desisting, once they mature, is reduced dramatically. (Fitzgibbons, 2015), intensifying the depression that has gone untreated. Increasing public understanding of these issues, based on lived experience and on empirical research, will only help to reduce the likelihood of such a medical approach, which brings lifelong complications.

Since 2013 when The American Psychological Association (APA) changed "Gender Identity Disorder from a psychiatric disorder to "Gender Dysphoria." (Drescher, 2009), this codification has made what was once an acceptable practice, involving family therapy, and psychological counselling like Dr. Kenneth Zucker's "wait and see method," with a 98% success rate for boys, and an 80% success rate for girls (Zucker k. J., 2018), altered to a fast track for medicalization that may be hard for

parents and children to veer from, or reverse. Zucker is a world renowned specialist who ran the gender identity clinic in Toronto at the Center for Addictions before he was fired. He says, though there remains unanswered theoretical questions, the field has been “poisoned by politics” (Zucker K. J., 2018).

Studies show that social stigma can be alleviated by “passing” as the opposite sex through hormonal therapies as early as possible, to minimizing risk (Crall & Jackson, 2016) and although this practice may help small numbers of children, for a time, there may also be many false positives. In the social contagion atmosphere that presently resides in the rates of children identifying as trans. The medical, psychological and educational fields have contributed to this contagion. There is a lack of balanced discourse. If those who advocate for affirmation of trans identified kids have a platform, so should the voices of those who are equally passionate in defending the rights of gender diverse kids to remain gender diverse (Butler, 2017).

Most professionals agree that social culturing is the primary reason for transitioning, be it to pass, or as a result of individuals not wanting to fulfill normative gender stereotypes. Professor Gary Butler, consultant in Paediatric & Adolescent Medicine and Endocrinology at UCLA made clear that the biological investigation of ‘trans’ children has not revealed anything abnormal and that medically we should approach the care of young trans people as only needing to look after their general health. Endocrin tests for children referred to Tavistock show that

there is no brain difference between gender dysphoric children and control population: they are physically 100% normal. He also pointed out that the true gender dysphoria is still very rare (Butler, 2017).

Dr. Paul McHugh's research that studies the misalignment between the brain and the body of true transgendered individuals agrees. He is a Professor of psychiatry at John Hopkins University School of Medicine and has written that transsexual attractions are often fluid and can change. "When children who reported transsexual feelings were tracked without medical or surgical treatment at both Vanderbilt University and London's Portman Clinic, 70 to 80 percent of them spontaneously lost those feelings" (Fitzgibbons, 2015). It is important to note, that in contrast to the short-term Sex Reassignment Surgeries (SRS) studies, long term studies, like the Swedish thirty-year study showed an almost a 20-fold increase in risks for mortality, suicidal behavior, and psychiatric morbidity than the general population (Dhejne, et al., 2011).

It is commonly agreed that suicidal thoughts for transgender identified individuals sit at about 41% but if we look at different studies of different age groups we will see differences regarding depression and suicidal thoughts, by age groups as well as by sex, male to female (MTF) and female to male (FTM) as well as non-binary individuals - who have the highest suicide rates in Canada, and seem to be the least discussed demographic. The first contradiction I saw was in a recent Canadian survey study that showed that as children

get older they cope better, especially for FTM identified individuals who reported that the biggest reason for desisting was a change in political and ideological beliefs (Survey Monkey) (this was not a peer reviewed study, but shows that more research is needed). This would suggest mental health for transgender identified individuals is related to mental maturity (Veal, Watson, Peter, & Saewyc, 2017). These stats are dissimilar for MTF identified individuals who show an increase in suicidal thoughts as they get older. This idea that they will kill themselves if they do not transition is often cited as a reason to suppress hormones and prepare for surgery for all transgender identified individuals, including autistic female children who cannot understand the ramifications of these medical treatments. A social work professor said her autistic daughter's breasts were removed by a doctor after only two appointments (Levinstein, 2016). Her autism and social network (internet groups) told her daughter that her testosterone would enable her to grow a penis; her mother had to carefully break the news to her that this would not happen.

New research survey studies on SRS and hormone replacements therapies claim to improve psychological functioning, but upon further investigation, they are inconclusive, short term, and poor quality surveys that often have no control groups (White Hughto & Reisner, 2015), while long term studies are being ignored and labeled as 'conservative lies' by activists. For example The National and Lesbian task force and the National Center for Transgender Equality began a study with an opening paragraph in their report that stated that their primary goal

was to, “to counter right-wing lies” in the report Injustice at Every Turn (National LGBTQ Task Force). That is clearly a political, rather than scientific stance for that organization to take.

According to Gladding and Alderson, “Ethics codes are historical documents – what may be acceptable practice at one time may be considered unethical later” (Gladding & Alderson, 2012). I would suggest the change of The American Psychiatric Association (APA) in its 2013 revised edition of the “Diagnostic and Statistical Manual of Psychiatric Disorders” (DSM-5) to delist “Gender Identity Disorder” as a psychiatric “disorder,” and reclassify it as “Gender Dysphoria,” has caused an ethical conflict for me when looking at Gladding and Alderson’s Guidelines for acting Ethically (Gladding & Alderson, 2012), because I see how it has effected whole bodies of research and services.

For example, The Canadian Center for Addictions and Mental Health (CAMH) was influenced greatly by the APA, in their negligence to responsibility act in personal and professional honesty, when they spread lies about Dr. Kenneth Zucker. CAMH also did not act in the best interest of their clients, by shutting down the gender identity clinic (which was one of the first to offer hormone therapy in Canada). They acted in malice by destroying Dr. Zuckers reputation. And they did all these things based on political correctness rather than according to the current state of the profession. Firing Dr. Zucker based on the lies of activists cost them half a million dollars in settlement fees. I am bothered that If I question the use of puberty blockers and cross sex hormones on youth, this



could get me fired as a professional as Dr. Allan Josephson was

<https://www.nationalreview.com/2019/07/allen-josephson-gender-dissenter-gets-fired/?fbclid=IwAR2JPBLw5k2nrLeGM1pkWjpNbA4srsVhH8N4OmZo6wry5xGv8HH2X3RrPfw>.

And Kathleen Lowery

The best way to answer this challenge in the future, regarding those working with gender diverse children would be to encourage research and be aware of personal bias regarding normative gender roles. It is our responsibility to study historical procedures rather than follow the ideals of lobbyists who may not have the best interests of kids at heart. I would suggest that Gender Dysphoria (GD) have stricter guidelines for treatment and diagnosis of GD, that do not promote lifelong dependence, especially where youth are concerned.

Gender is a box and we must be careful we do not put gender non-conforming individuals into boxes, based on adult bias, that adhere to stereotypes. True transgenderism is rare and deserves treatment and more study, but we must be careful we are not influencing young children on this track to medicalization by suggesting SRS is not dangerous. It is also worth investigating why non-binary youth, rather than gay, lesbian or transgender youth suffer the highest suicide rates in Canada (Veal, Watson, Peter, & Saewyc, 2017). I would suggest it is because they are the most non-

conforming of this demographic, which means that freeing children from those normative restrictions may serve their mental health better than medicalization and stereotyping in the name of political correctness.

I have found five incidents where parents were not included in the re-identification of children in schools by schools or government authorities.

In the podcast Wrongspeak with Debra Soh, and a mother, Catherine (2018), Catherine said that her child in Canada was introduced to the class as the opposite sex without their knowledge or consent (I have included this podcast in my references). The mother in the second incident, from the UK, felt her daughter was not truly transgender, but was suffering from other issues. Though the teacher agreed with the parent, she still was removed from the home and put in foster care nevertheless. The teacher said with regret, that his "hands were tied" (Moore, 2018). In the third source, that took place in the United States (Dreher, 2016) a father outlines how hard it is for girls to maintain the status quo in a sex-positive junior high public school. In this email, a father explains that his daughter was affirmed by the school as the opposite sex, and that there were other concerns that may have led to this girl to *feeling uncomfortable about being a girl in this porn addled culture, where women may not feel safe being women*. The father in the email goes on to say that *"Freshman year of high school, [girls have] immense pressure to conform to a highly sexualized environment, then if your self-confidence is not where the crowd thinks it*

*should be, the name-calling and rumor-mongering. It was so bad a friend of mine told me that her daughter would come home in tears every day because the girls thought she was lesbian and the boys would too, and worse, make lewd gestures. This girl, the victim, told me that a lot of the girls that were picked on were doing this and identifying as male, she thought, as a self defense mechanism so that the rest would leave them alone" (Dreher, 2018) his daughter eventually desisted on her own.*

*The fourth source was a friend. We parents are suggesting that youth may be "seeking transition to escape other emotional difficulties,". In Littman's study, 47 percent of the children were reported as academically gifted. My friend Anna said that her daughter was a perfectionist and had started representing as a boy soon after a boy had broken up with her - and then attacked and shamed her on social media. Anna then described a number of tragedies that had happened in the family, including the loss of her father due to alcoholism. Anna said most of the girls who identified as boys had absent fathers. I am suggesting that there may be trauma and grief issues, and social dynamics that need to be addressed for girls especially (internalized misogyny). Littman also noted a peer pressure dynamic, "Nearly 70% of the teenagers belonged to a peer group in which at least one friend had also come out as transgender. In some groups, the majority had done so. Nearly 65% of teens had spent an increased amount of time online and on social media, and parents reported that pro-*

transgender YouTube videos and blogs might have been influential" (Littman, 2018).

Susan Bradley, an expert in the field of transgender youth, on a podcast with sexologist, Debra's Soh's, stated autism was a big concern for transgender girls. (Soh, 2018), Kenneth Zucker in the documentary Transgender Kids, Who Knows Best (Conroy, 2016)? also advocated more exploration into underlying psychological and mental health issues that might lead children to believe they were born in the wrong body. The film featured a desisted FtM named 'Lou' - who was born female and had a double mastectomy as part of transitioning to a man. She now says it is a decision that 'haunts' her and feels that her gender dysphoria should have been treated as a mental health issue." Definitely, the lived experiences of transgender youth should be part of the treatment process, but more studies need to look at the lived experiences of desisting transgender youth, as a matter of ethical balance. Anna said that one of her daughter's friends saved money, flew to Michigan and had a double mastectomy with no pre-op, no blood work, and no counselling. This happened with Dr. Levinstein's daughter as well (Levisntsein, 2018). Anna also said that there were six of her daughter's friends who were on hormones, two had undergone mastectomies, one age 19, one age 21, and she couldn't count the number of girls representing as boys socially in her daughter's peer community. The BBC film also features a girl from a Toronto, who said she overcame her gender dysphoria after five years of strongly feeling that she was a boy. "I started to accept myself for

who I was, which was being a girl,” she says (Conroy, Transgender Kids: Who Knows Best, 2016). If counsellors can strengthen the mind body connection, without lifelong dependence on pharmaceuticals, isn't this Holism? Bill C-6 makes holism illegal.

Finally, Dr. Wallace Wong, a psychologist who has been transiting foster children (he brags 500+) has been caught advising parents to garner puberty blockers, hormones and SRS.

Wong said a suicide threat was an effective means of accomplishing this goal. While Wong framed the matter as the government's fault and explained to his audience that it is “up to us as advocates” to change the situation, his message could not have been lost on anyone present.

### [‘Doctor’ Advises Threatening Suicide To Get Trans Treatments For Kids](#)

At a public library, Wallace Wong proudly described his children-only ‘gender therapy’ practice, noting that his youngest client is not yet three.

[thefederalist.com](http://thefederalist.com)

“So, what you need is, you know what? Pull a stunt. Suicide, every time, [then] they will give you what you need,” Wong said, adding that gender-dysphoric kids “learn that. They learn it very fast.”

These words take on a particular significance for Maxine's case. Maxine's case involves her father's mental health as well. He is being forced to watch the state mutilate his daughter. Simply fighting for his right to protect his daughter from totalitarian state interference is a crime in Canada now.

There is a publication ban on one case in British Columbia Canada, The father has been ordered to not 'misgender' his daughter and now is being charged with 'family violence.' In December 2018 the father received a letter from the BC Children's Hospital informing him that he was no longer relevant in the medical care of his child (age-13). According to his lawyer, Angela Ireland, the father was respectful of the fact that his daughter may identify as trans or lesbian, at some date, when mature, he just wants time for her to decide. The judge in this case ignored the evidence of detransition rates (85% -98%). Instead Judge Bowden relied heavily on the opinion of Wong and his colleagues that "continued delay in hormone treatment" was placing Maxine "at risk of suicide." In fact, Bowden references Wong as claiming that Maxine had already experienced a suicide attempt "linked to [her] gender dysphoria."

Wong is heard proudly describing the scope of his children-only "gender therapy" practice, noting that his youngest client is *not yet three years old*.

There is another girl from BC who's mother was granted a 30 day stay on her gender surgery (age 17), but it won't last, these are issues that need to be addresses, no child is 'born in the wrong body' and a three year old in never transgender. The idea that our bodies are somehow wrong is a terrible lie to inflict on children. The cognitive dissonance is also causing children distress. The anxiety a child feels when forced to say something that isn't true is a terrible injustice being perpetrated by the media and the education system on children. Children will do and believe what they are told to do and believe, therefore children need extra protection from ideology. They base their actions on societal expectations; it isn't ethical to impose false beliefs on children. They trust us to tell them the truth. Children cannot be told to be honest in all matters, except when it goes against social convention; it's unethical and contradictory. When children find that it takes more lies to keep these gender lies alive, the confusion may have unforeseeable consequences. Keeping secrets, that everyone must comply to, is based on a 'claim to virtue.' This claim, that men ARE women, if they claim to be is an absurdity that has resulted in the atrocious, barbaric medical transition of children.

Kathleen Lowery lost her chair position for asserting biological reality. An anthropologist, who teaches female anthropology, a rare and new exciting field at the University of Alberta, where my mother studied, was reprimanded by ill mannered, fascist-minded students. Instructors are being fired? This is your first cue.

Children do what their parents expect them to do. This is the premise behind developmental psychology. No psychologist worth their salt would deny this premise. According to Dr. Becky A. Bailey, "The brain functions optimally in safe environments." According to Jordan Peterson (2020) mice who are given unstable environments can't cope with further anxieties. Developmental psychology is being cast aside. This is wrong. Attachment theory has proven that children cannot function optimally in an environment that is unstable.

According to Jack Dreschner:

critical discussion of Bradley and Zucker's work with children, cites APA and other organizations' policies against reparative therapies. However, none of those professional policy statements explicitly address the ethics or efficacy of efforts to change gender identity in children, which is often stable after puberty.

Does the current state of empirical research support treating prepubescent children with hormone blockers to prevent the onset of puberty and the facilitation of transition in later life? What of the gender variant child whose social environment both accepts and encourages an early transition but may be unaware that the child, unwilling to disappoint, has had a change of heart (P. T. Cohen-Kettenis, personal communication)? Who should be designated as the best advocates for gender variant children? Parents? Teachers? Government agencies? Mental health professionals? Adult transgender activists? Queer theorists? These and many other questions not easily answered and all will require further study as well as thoughtful analysis and discussion.

(Dreschner Reclassification of GID to GD).



When I joined roller derby in 2015 I did not know that children were being transitioned. I was an ally of the men playing as women that year. Though I could see the unfairness, and it made me feel unsafe, it was in a new culture, and I made no attempts to alter the cannon at that time.

After watching these men pummel us over and over, as girls said nothing, and then some left, I began to feel more and more uneasy. I had given my power away, because I had never been given a choice. Choice changes the brain chemistry so that learning is optimized, I found myself in a double bind. I would never get better as a player if I didn't say anything and I would be cancelled when I spoke out; I chose cancellation.

I was aware of my choice.

Transgender children have no choice, I have always seen this. They are victims of the dogma as much as I was. The policy is the magical parent that advises the fools unwilling to think for themselves. The parents of the trans kids were the ones to attack me the hardest. Three of them, all officials, not players, had me cancelled. I can't play my sport in my town, I play 2 hours away now; my team misses me, and I miss them. Because the focus is on men. Men who call themselves feminists.

My male friend was taken to parliament by Shannon Phillips, a team-mate/politician, to represent women on the centennial of women's suffrage in Canada; in the year of MMIW. This was my peak trans moment. Shannon Phillips, a strong proponent of this bill, calls this young man a transwoman, while I considered the dead and missing women around; including my beautiful first nations cousin Bella, missing for a year now. this was too much. History is filled with human tragedies of unaware obedience, tragedies brought about because people blindly conformed to authority whose purpose was to keep others dependent, unable to change, or to destroy them. Thirteen-year-old girls are having their breasts removed in Canada's social contagion; First Nations women are the victims of a new patriarchy growing stronger daily: the focus is on the well-educated, non-resilient men [trans women] in Canada now, not First Nations women, where it should be. My First Nations cousin Bella has been missing for a year now, when will killing women be a hate crime?

The cheating that is happening in sports is my afterthought now. Men who cheat are a protected class, not women, I knew this as a barrier to

speaking out a long time ago. I speak out against this act of re-forming the body being pushed on children foremost.

I was cancelled by the parent of a trans child. A psychologist with an immune disease problem, who teaches at the college. She is also the coach of the juniors in my home league and seems to enjoy injuring female players with a particular sadism. Her son, a 13-year-old boy is on cross-sex hormones. Mom has been advocating for her son's transition since he was 3. This is the scenario that has not been accounted for. No one will stand up to this terrible bully of a woman, who has made herself a fixture in the derby culture for a decade now. Her son could not consent to this. He developed this way, and the cult has him now.

Next we have a man who was kicking ass in the men's league and he switches to hormones (maybe??) and is now kicking ass in the women's league. No hormones tests are required of these men. I am affiliated with a woman from BC and a woman from Virginia who were also cancelled from their leagues.

There is sexual drama with men in our sport

There are high proclivities for sexual games in roller derby, beginning as an all-female sport, attracting lesbians, was the original aim.

The new lesbian player, who was a man in the previous season, lost his cis girlfriend (lesbian if you count him as a her) to another male-lesbian, who is also the coach of the junior girl's league in Calgary AB. Canada. The grooming implications of having sexually dramatic male leaders, with low moral codes teaching our girls is debatable; teachers of groups of female youth sports groups, historically, can lead to disaster. It is incredibly hard to watch. The male lesbian had all of the girls wearing pussy ears one game after the pussy hat march against Trump. Politicizing our own girls against us, as Trump actually maintained title IX as Trudeau erased the category of woman. (I didn't say I was a racist. I mentioned Trump in a sentence).

I am writing all of this because the bill you provided is a compromise in favour of the TRA/MRA dogma and will hurt women and children in many ways.

Please reconsider this stance, I wrote for Fair Play for Women, I wrote a chapter in a book on social justice, I am a graduate student, a mother of

five, and a Transactional Analysis Practitioner. Please consider fixing this Bill to reflect a more accurate scientific model: "Sex not gender" and "sex is determined at birth" are scientific fact, not alternative facts. I have a very long battle ahead of me; can we work together on this from the premise that "we can't change sex", and that "no one is born in the wrong body" and that if someone mentions Trump it does not mean that they are homophobic. I shouldn't have to announce my gender or sexual orientation to have a voice. The mask of identity is polarizing this country.

[screenshot of skatemare Edmonton invite 2017]

The screenshot shows a document titled "skatemare Edmonton invite 2017". It contains several sections of text:

- \*GAME DAY ADMISSION DETAILS:**
  - SKATERS AND COACHES:** On-site, skater and coach sign-in and game start times:
    - Game 1 - Feminine-identified Rookie (<10 Games - see definitions below) - registration: 3:30-4:00 pm; game @4:30 pm
    - Game 2 - Mixed-Gender Intermediate/Advanced (see definitions below) - registration: 4:00-5:15 pm; game @6:15 pm
    - Game 3 - Feminine-identified Intermediate/Advanced (see definitions below) - registration: 5:15-6:30 pm; game @8:00 pm
  - VOLUNTEERS (REFS, NSOS, ETC) AND VENDORS:** On-site registration begins at 3:15 - please check in when you arrive
  - SPECTATORS:** Doors for spectators open at 4:00 pm - Spectators, friends, family, etc that arrive prior to 4:00 pm are welcome to enjoy some food/drinks in the attached restaurant, Spikes - there is a family-friendly section
- \*GAME SPECIFICS:**
  - Skaters must be in good standing with their home league
  - Skaters may choose ONE game only
  - Space is limited, so register early!
  - OCD reserves the right to ensure the mixed-gender game is representative of a spectrum of identities

Skat8mare 2018. This is indeed my skatemare, this is the third 'gender inclusive' feminine-identified' tournament I have been invited to this fall...So of course I have to turn it down. Historically events that were at one time female (woman's) events (or a small number of Co-ed) are now all featuring males. In the past, a tournament would consist of three women's games, rookie, intermediate and advanced and then a co-ed. Now all events include men. "The Left has nonetheless managed to purge feminists from its ranks more successfully today than at any time since the Second World War. Pitting women against each other, first, through bastardising a core feminist demand, and then, by turning it into a wedge issue around which dissenting women are vilified, has proven to be a winning formula."

<https://www.abc.net.au/.../transgenderism-the.../10097710...>

Thank you for all your hard work and dedication to the people of Canada.  
With much respect,

Lara Forsberg

Founding member of The Lethbridge Pink Tea Ladies (Roller Derby Player)