



(LGB = Lesbian, Gay, Bisexual)

***Brief to the House of Commons
Standing Committee on
Justice and Human Rights
Regarding Bill C-6***

***Submitted by LGB Alliance Canada
November 2020***

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We are LGB Alliance Canada, an advocacy group of politically diverse lesbian, gay, and bisexual people in Canada. We oppose Bill C-6 as it's currently worded and suggest important changes that will strengthen protections for LGB and transgender people. We are not opposed to prohibitions on conversion therapy for same-sex attracted people (although we disagree with the Bill's wording regarding this, and we suggest improvements for clarity). We are also not opposed *in principle* to prohibitions on *genuine, harmful, coercive conversion attempts* against transgender adults. However, we strongly object to the Bill's conflation of sexual orientation with "gender identity," especially with regard to minors, and we urge you to change the wording of this Bill to avoid causing inadvertent harm to LGB people and other vulnerable groups.

All aspects of young people's identity — including their *gender* identity — are in flux, which is a natural part of being adolescent. (Sexual orientation, by contrast, is identifiable by innate physiological reactions — sexual arousal by one or both of the human sexes — that emerge and persist irrespective of whatever social identity we adopt while negotiating our role in the social environment we inhabit.) Transgender activists will almost certainly exploit the wording of this bill to frame healthy, therapeutic treatment of gender-distressed (and often same-sex attracted) minors experimenting with transgender identities as "conversion therapy" and attempt to criminally prosecute any clinicians willing to give gender-distressed minors the treatment they need.

Canada, along with the US and Western Europe, is in the midst of a never-before-seen surge¹ of young people experiencing distress over the sex of their bodies. They are being referred for drastic, permanent interventions, all at great profit² to the medical and pharmaceutical industries. **For decades, there was a stable, predictable, and very low number of people who experienced gender dysphoria.** Sexual reassignment surgery, today euphemistically re-branded and marketed as "gender confirmation", was once considered a rare and very serious decision — **a palliative treatment reserved only for the most extreme cases of persistent gender dysphoria in adults.**

Recently, the number of people undergoing "gender confirmation" has exploded in parallel with the emergence of online social media and a relentless, aggressive marketing of sex-change as a panacea to cure all one's ills. It has become a political symbol of progressive values and a way to correct society's past injustices against lesbians and gays. We are now only ever addressed as "LGBTQ people," as if same-sex attracted people and transgender people — a loose confederacy of individuals who don't identify with their biological sex for diverse reasons (historically being predominantly heterosexual males with sexual paraphilias³) — are one and the same. **Not surprisingly, then, this trend has exploded mainly in one specific part of the population: a generation raised online, of vulnerable children, adolescents, and young adults, especially those who are gender non-conforming and same-sex attracted.**

This explosion of young people identifying as "transgender" and being rushed into drastic medical treatment is at the heart of an ongoing conflict, with adherents of a new ideology

¹ <https://www.transgendertrend.com/surge-referral-rates-girls-tavistock-continues-rise/>

² <https://www.gminsights.com/industry-analysis/sex-reassignment-surgery-market>

³ <https://pubmed.ncbi.nlm.nih.gov/22005209/>

around “gender identity” often in opposition to gay & lesbian rights advocates, women’s rights advocates, children’s rights advocates, and crucially, the clinicians and therapists who are trying to help people achieve the healthiest possible outcomes. We at LGB Alliance Canada believe that Bill C-6 was introduced at the behest of gender identity activists, without consideration for the impact on other stakeholders, including women, children, and same-sex attracted & gender-nonconforming people. The wording of Bill C-6 would have the effect of silencing clinicians & preventing them from exploring healthy alternatives to permanent sex-reassignment intervention for young people who are experiencing distress about their sex, sexual orientation, or gender identity, encouraging such clinicians to wave many people through onto a permanent sexual-reassignment medical pathway, who will likely come to regret it. **One of the most common things you’ll hear lesbians, gays & bisexuals say to each other in whispered conversations is this: “Thank god I’m not a gay kid growing up right now. If I had been, there’s no question that I would have identified as transgender and that my parents would have sent me for sexual reassignment.”**⁴

Whether a young person grows up to be gay or straight is *morally* neutral — one outcome is not morally superior to the other. This is true for transgender identity as well — being transgender is no more or less *morally* superior to being “cisgender” — but **trans identity is not medically neutral: the medical impact of transition is enormous: it involves sterilization, loss of healthy body parts, a shortened lifespan, a lifetime of pharmaceutical dependency with severe side-effects, and the impact is irreversible.** (More on that later, in the section, “The Medical Consequences are Severe.”) Therefore it is imperative that therapists be given the freedom to help young gender-distressed people explore other possible causes of their distress, **without fear of falling foul of criminal law**, to make certain their patients fully understand the risks and limitations that come with stepping into a lifelong transgender identity. Very often this involves challenging distressed young patients’ beliefs about their sense of self, and this can very easily be interpreted by patients as distressing, and therefore “coercion.” Therapy is not a stroll in the park. Bill C-6 as it’s currently worded will give gender-distressed young people (and the activists backing them who are convinced that they are innately transgender and in need of protection) ammunition to shut down the difficult, but necessary, healthy, and realistic, discussions about alternatives.

To activists, anyone at any age who experiences some undefined threshold of distress regarding their sex simply “is” transgender, and immutably, permanently so. There are other possible causes of sex-related distress — for example, being an emergent homosexual in our still-homophobic society, being on the autism spectrum and therefore confused about the social aspects of gender, or being a victim of or witness to sexual trauma or abuse⁵. However, to activists, these crucial factors may be dismissed out of hand or at best played down as insignificant rarities. Anything other than immediate affirmation of a transgender identity (and subsequent medical intervention on the physical body) is mischaracterized as criminally cruel punishment, fearful adherence to outdated ideas, or resistance to progress.

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<https://www.theguardian.com/film/2016/jun/19/rupeverett-dangers-of-child-sex-change-operations-gender>

⁵ <https://drive.google.com/file/d/12FCjwZdFHLjcnOF7aBat2NswiABLGwh0/view>

Why This Bill; Why Now? Gender Identity Activists' Sly Political Tactics

It is a documented tactic among gender identity activists to advance their agenda by advocating for legislation that appears to be aimed at protecting gay & lesbian rights — an objective that has achieved broad and enthusiastic backing by the general public — and quietly attaching wording that is unrelated to LGB rights but rather advances the separate aims of gender identity ideology & its corporate backers. In 2015 for example, Ireland enthusiastically passed a referendum on same-sex marriage, but virtually none of the voting public was aware that a bill was passed at the same time⁶ which would force the government *by law* to house *any* male prisoner in the female estate if he filled out a simple form declaring that his “gender identity” was feminine. (This has since brought havoc upon the prison system⁷, putting incarcerated women in danger.) Dentons, a law firm which bills itself as the largest in the world, in co-operation with a global foundation, published and distributed a 65-page document outlining a strategy of advancing gender identity ideology in the shadows, by sneaking it into law bit by bit, hiding behind more popular (lesbian, gay & bisexual) causes. Over the past 12 months, Australia & Ireland have also introduced so-called gay conversion therapy bills with “gender identity” language tacked on (and Quebec has announced plans to do the same), despite the fact that all evidence indicates gay conversion therapy fell entirely out of favour and ceased to be clinically practiced decades ago⁸. Lesbians and gays are not the ones pushing these bills. This is called **astroturfing**: major global corporations pushing an agenda by disguising it as part of a grassroots movement. (Transgender medicine is now a rapidly growing, multibillion dollar market⁹. In May of this year a medical clinic in Ontario was found to be in violation of legal advertising standards¹⁰ for its aggressive marketing of expensive, invasive, and irreversible sex-reassignment surgeries to gender-distressed minors on teen-oriented social media platforms, under the guise of “confirming” their “gender identities,” draped in rainbow and trans flags.)

Thanks in large part to such astroturfing tactics, countries like the UK and Sweden¹¹ became early adopters of the gender identity activists’ advice on the clinical approach to treating gender-distressed young people (by enforcing the transgender “affirmation” model which Bill C-6 tacitly enshrines as the only legally allowed treatment model, and which leads to a greatly increased number of patients put on a permanent sexual-reassignment medical pathway¹²). And now both countries are waking up to the damage that’s been done and reversing course in the face of public scandals, whistleblowers¹³ and the first wave of what

⁶ <https://womansplaceuk.org/2020/07/13/gender-recognition-ireland/>

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<https://www.womenarehuman.com/transgender-teen-charged-with-making-death-threats-against-two-individuals/>

⁸ <https://www.youtube.com/watch?v=8lvedwFfTdk>

⁹ <https://www.gminsights.com/industry-analysis/sex-reassignment-surgery-market>

¹⁰ <https://genderreport.ca/college-of-physicians-rules-against-mclean-clinic/>

¹¹ <https://genderchallenge.no/onewebmedia/fortsatningen%20english.mp4> (video)

¹² <https://www.genderhq.org/trans-youth-affirmative-inappropriate-medical-transition-lgbt>

¹³ <https://www.thetimes.co.uk/article/calls-to-end-transgender-experiment-on-children-k792rfj7d>

are sure to be many lawsuits¹⁴. **Bills like C-6 are designed to put Canada on the same disastrous path, and the same disastrous results are guaranteed: a host of primarily young, primarily LGB people with tragically, irreversibly harmed bodies, and a general public increasingly alarmed at what's transpiring and demanding answers from the political leaders who let it happen. The politicians who endorse such bills will not emerge with their reputations untarnished.**

Desisters: The underrepresented majority

Over the past 40 years there were numerous studies throughout Europe, the US, and Canada on children experiencing gender dysphoria (distress around the sex of their bodies), and **every single study** came to the same conclusion: the overwhelming majority of these young people went on to become comfortable with the sex of their bodies before they became adults, and most of them turned out to be lesbian or gay¹⁵. **It was only a small number of patients whose gender dysphoria persisted that went on to become transsexual adults, but that small minority makes up virtually all of the activists campaigning to change the treatment protocols for young people with distress.** As a result, many legislators get introduced to gender identity issues with a heavily skewed lens: the small minority whose gender dysphoria persisted into adulthood have organized around the transgender movement and have gained the attention of legislators, while the vast majority whose dysphoria went away simply left their childhood & adolescent gender issues behind them, and have no reason to become heavily involved in contemporary debates around gender identity. Legislation around gender identity has a profound impact on **all** of society — especially women & girls, lesbians & gays, and vulnerable young people such as those in foster care¹⁶ and those on the autism spectrum. **Far too often legislators make the mistake of considering transgender people's needs alone when developing bills around gender and gender identity, and they learn far too late in the process that the bills they've drafted fail to balance transgender activists' demands with the divergent needs of other vulnerable groups.**

What about detransitioners?

The language of Bill C-6 is biased: it criminalizes actions that could be perceived to be encouraging young people to identify as “cisgender,” but it says nothing about actions that could be perceived to be encouraging young people to identify as “transgender.” This is extremely unusual given the circumstances today's young people are facing: we're in the midst of an unprecedented surge in adolescents suddenly, abruptly identifying as transgender as they enter into their teens, particularly girls, particularly after exposure to

¹⁴ <https://www.bbc.com/news/health-51676020>

¹⁵ <https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>

¹⁶

<https://thefederalist.com/2019/04/01/doctor-advises-threatening-suicide-get-transgender-treatments-kids/>

social media communities that glorify and glamourize transition¹⁷. A recent study out of the US estimates that approximately 2% of teens presently identify as transgender¹⁸, and we have no reason to think the figure is different here in Canada. However as recently as the mid-1990s the phenomenon of an adolescent girl identifying as a transgender boy was so rare as to be virtually nonexistent. **The fact is, the crisis facing today's distressed young people is that they're getting *too much* encouragement to identify as transgender and *not enough* therapy to help them to be comfortable in their natural bodies. As long as Bill C-6 retains any wording regarding criminalizing any therapy around children and adolescents' gender identities, it will only serve to exacerbate what is rapidly developing into a major medical scandal.** For years transgender activists have insisted that transition regret and "detransition" (reverting to a "gender identity" congruent with one's birth sex, re-adopting one's birth name, etc.) was so rare as to be negligible, but all indications are that with the explosion of this new, never-before-seen cohort of adolescents (primarily girls) diving head-first into transgender, and children (primarily boys) whose parents declare them to be "trans kids," that the regret and reversal rates are expected to explode in turn. Indeed, the wave of detransitioners has already begun: online detransitioners' groups are growing exponentially¹⁹, and some young trans social media stars are already stating they no longer identify as trans²⁰. **In progressive Sweden, after public scrutiny of the so-called "affirmative model" of youth gender care led to widespread negative media attention over the past 18 months, the number of youth referred for gender treatment at transgender-affirming clinics has plummeted by two thirds.**²¹

Many detransitioners are still minors by the time they detransition. They're especially vulnerable and in need of therapeutic care. Bill C-6 as it is currently worded will significantly hinder their ability to receive the care and treatment they need.

Why are you not hearing about these issues from other LGBT advocacy organizations?

Recent social and cultural developments have led to major changes in Canada's lesbian and gay communities. We've made tremendous progress fighting for our civil rights. Organizations historically dedicated to advocating for rights & protections for same-sex attracted people have rightly also included advocacy on behalf of transgender people; however, recently, with major victories in legal battles for same-sex attracted people (homosexuality decriminalization, same-sex marriage equality, workplace & housing discrimination protection) these organizations have re-oriented their attention towards not just rights and protections for transgender people, but rather the modern gender identity ideology movement as a whole. Now, LGBT advocacy organizations work exclusively to

¹⁷ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>

¹⁸

<https://www.thetrevorproject.org/2019/01/24/new-federal-survey-shows-2-of-us-high-school-students-identify-as-transgender/>

¹⁹ <https://www.reddit.com/r/detrans/>

²⁰

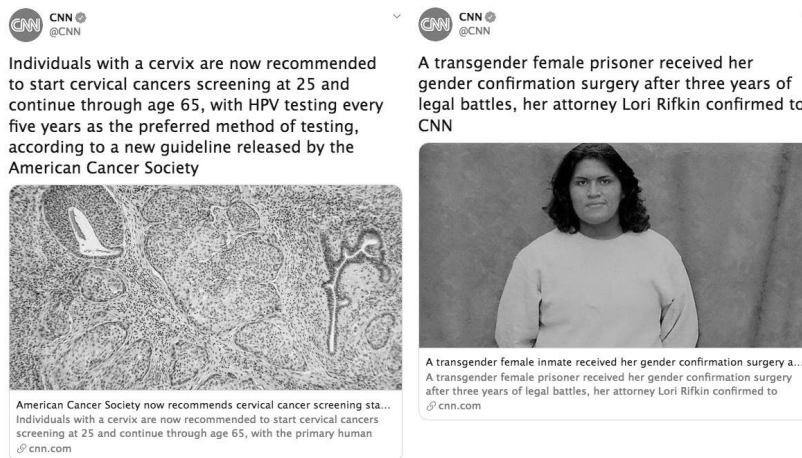
https://www.reddit.com/r/detrans/comments/e667z1/i_shouldnt_have_transitioned_video_description/

²¹ <https://genderchallenge.no/onewebmedia/fortsatningen%20english.mp4> (video)

replace people’s biological sex with their self-proclaimed gender identity in virtually every single aspect of society, from birth certificates to prisons to sports to sexual intercourse. As a result, the very concept of exclusive same-**sex** attraction — the very definition of homosexuality — has become taboo in LGBT activist organizations. (Likewise for exclusive opposite-sex attraction, but the focus has been primarily on lesbians and gays.) Lesbians and gays are now told that we must re-orient our sexual orientation around gender identity, that we must make efforts to learn to be sexually attracted to people who are biologically opposite-sex if they merely self-declare that their gender identity is the same as our biological sex. (Note the irony: it is LGBT orgs telling homosexuals they have to learn to enjoy having sex with members of the opposite sex under certain conditions.) LGBT rights orgs have gone so far as to lobby dictionaries to flag the word “homosexual” as offensive.²² They have already largely succeeded in changing the definition of “woman.” (The words “man” and “heterosexual” remain curiously untouched and uncontroversial. Perhaps that’s because the majority in LGBT activism leadership today are heterosexual males who self-identify as lesbian [trans]women.)

Policing of Language

How do we address Gender Conversion Therapy when gendered language itself is being policed throughout the press, women’s health institutions, resources, discussion forums, social media and clinical settings? Where do gender dysphoric teens go to for unbiased scientifically-based information, which will inform their decisions about transition, when the very language of the online and in-person resources they turn to are being rapidly whitewashed of any and all sex-specific language, especially in the field of women’s health? Laws are dependent upon the establishment of concrete language.



Gender identity advocates have been pushing to change laws to criminalize any concept that prioritizes biological sex over self-declared gender identity, while simultaneously re-writing the very definitions of the words that those laws are based on. For example, the definition of the word “women” is currently in such a dynamic and contentious state that academics, journalists and health care resources cannot use it without putting themselves

²² <https://www.merriam-webster.com/dictionary/homosexual>

at risk of legal liability for use of “transphobic” language. The push for gender-neutral language renders gender-specific terms like “women” or “girls” obsolete. They are replaced by dehumanizing descriptors of physical anatomy and physiology, like “menstruators”, “individuals with a cervix” and even “front hole havers” to describe women, girls and mothers alike. Trusted news sources like CNN are writing entire articles on critical women’s health issues, like this one pictured above (*left*) without actually using the word “women” or “female” even once throughout.²³ In the same week they published an article (*right*) on a transitioning biological male (and convicted sex offender) without hesitation in using those same words – “women” and “female”. She was convicted of raping a 15-year old boy in his sleep.²⁴ Both articles are dated from July of 2020.

The medical consequences are severe

Trans man, Scott Newgent, describes his own transitioning experience (not pictured):

“During my own transition, I had seven surgeries. I also had a massive pulmonary embolism, a helicopter life-flight ride, an emergency ambulance ride, a stress-induced heart attack, sepsis, a 17-month recurring infection due to using the wrong skin during a (failed) phalloplasty, 16 rounds of antibiotics, three weeks of daily IV antibiotics, the loss of all my hair, (only partially successful) arm reconstructive surgery, permanent lung and heart damage, a cut bladder, insomnia-induced hallucinations—oh and frequent loss of consciousness due to pain from the hair on the inside of my urethra. All this led to a form of PTSD that made me a prisoner in my apartment for a year. Between me and my insurance company, medical expenses exceeded \$900,000.”²⁵



(Double flap phalloplasty in transgender men: Surgical technique and outcome of pedicled anterolateral thigh flap phalloplasty combined with radial forearm free flap urethral reconstruction)²⁶

²³

<https://www.cnn.com/2020/07/30/health/new-cervical-cancer-screening-recommendations-wellness/index.html>

²⁴

<https://edition.cnn.com/2020/07/29/us/transgender-prisoner-gender-confirmation-surgery/index.html>

²⁵

<https://quillette.com/2020/10/06/forget-what-gender-activists-tell-you-heres-what-medical-transition-looks-like/>

²⁶ <https://onlinelibrary.wiley.com/doi/full/10.1002/micr.30190>

The Bill’s Ambiguous Wording will Deter Clinicians and Harm Children

We predict that activists will take advantage of the ambiguous wording of Bill C-6 to stop therapists from helping young people recover from gender dysphoria. Any clinicians who dare to diverge from the transgender “affirmation model” of care would be at risk of running afoul of the law. Activists will press to have such clinicians charged and the vagueness of the wording will end up getting played out in courts of law. **There is no cost for activists to attempt to press criminal charges on clinicians whose practices they disfavour, whereas the cost for clinicians to defend themselves would be substantial.** Therefore, clinicians will be given a strong incentive to avoid working with gender-distressed young people altogether — the very young people who need therapy now more than ever.

Our Recommendations for Bill C-6:

The Bill’s wording must be changed so that it **unambiguously** permits therapists to honestly and impartially give young people therapy regarding distress around their identity with regards to their biological sex. This may include exploring ways of resolving gender distress that don’t involve adopting transgender identity labels or pursuing sex-reassignment treatment. This can only be done by excluding “gender identity” from the offence “Causing a Child to Undergo Conversion Therapy.” To do that you must specifically:

1. **Correct the Inaccuracy about “Gender Identity” in the Preamble**

The first sentence of the bill contains a factual inaccuracy:

*Whereas conversion therapy causes harm to society because, among other things, it is based on and propagates **myths** and stereotypes about sexual orientation and gender identity, including the **myth** that a person’s sexual orientation and **gender identity can and ought to be changed**;*

It is not a “myth” that gender identity can change. Even gender identity activists routinely assert that gender identity is fluid²⁷. (This is one of many internal contradictions in the tenets of gender identity ideology.) “Gender identity” in its use here is a loosely defined term that roughly equates to a person’s sense of what social sex-role category they would like to be perceived and addressed as by others at any given time. Young people’s sense of identity is very much in flux and a matter of exploration.

2. **Change the Definition of Conversion Therapy**

²⁷

<https://www.theguardian.com/commentisfree/2016/mar/23/gender-fluid-generation-young-people-male-female-trans>

Limit the definition of conversion therapy strictly to the attempt to steer people away from exclusive same-sex attraction. We at LGB Alliance Canada would welcome the inclusion of a prohibition of *genuine* conversion therapy for transgender people, **but only if it unambiguously defines transgender conversion therapy as an attempt to steer an informed, consenting adult away from sex-reassignment treatment, and only after it has been decisively concluded that such a treatment is (or was, if it has already begun) the only reasonable medical option for the person.** (Simply adding the words “gender identity” will not suffice, because “gender identity” is not analogous to sexual orientation, at all.) This in turn can only be accomplished by legally clarifying the terms “decisively concluded” and “only reasonable medical option.” We acknowledge that this won’t be easy, but legislation that affects the rights and protections of transgender people and LGB people alike deserves careful consideration. Poorly-worded legislation must not be rushed though, no matter how good the authors’ intentions are.

Submitted by:

We are LGB Alliance Canada. We are part of a growing international movement, with branches in the USA, Canada, Spain, Brazil, Russia, Australia, the UK and other countries. LGB Alliance Canada campaigns for the rights of same-sex-attracted people, based on our sexuality. We believe that sexual orientation is different to gender identity and we believe the needs of lesbian, gay and bisexual people are different to the needs of transgender people. There are several organisations in Canada that campaign for trans rights, based on the gender identity of their members. We respect the rights of those organisations to do so; however, we stand firm in our right, as lesbian, gay and bisexual people, to form an organisation that centres our needs rather than other groups’ needs.