

November 24, 2020

Dear House of Commons Standing Committee on Justice and Human Rights,

My name is Shahdin Farsai. I am a lawyer from Vancouver, British Columbia. I am extremely concerned with this proposed Bill, which to me is a clear marker of the government inviting themselves not only in the bedrooms of the nations but also subverting constitutional protections afforded to parents to choose appropriate healthcare interventions for their children.

We already have criminal and civil law protections that would prevent and protect against any kind of forced and harmful therapies on children. Ironically, the proposed legislation has the capacity to create harm for children and ruin the autonomy and stability of families. I would like to adopt the article below by Meghan Murphy as my position on the Bill for consideration by the Committee. I cannot improve of Ms. Murphy's position. Thank you for the opportunity to provide input.

Sincerely,

Shahdin Farsai

Ideology should not trump children's health (published online on November 23, 2020 for Unherd ([Link to Article](#)))

By Meghan Murphy

"Transition was a very temporary, superficial fix for a very complex identity issue," recalls Kiera Bell, who transitioned as a teenager and then decided, some years on, that she'd made the wrong decision.

After being prescribed puberty blockers at 16, and undergoing a double mastectomy when she was 20, last year Bell decided to detransition, at 23. She is now [taking action against the Tavistock and Portman NHS trust](#), which operates [gender identity clinics](#) in Britain, to stop them from 'rushing' other teenagers down the same path.

"There was no exploration of the feelings that I had, no psychiatric assessment," [Bell told This Morning](#). "It was very brief and based on my recent past. There was no in-depth discussion."

As a result of her decision to transition, Bell will probably never be able to reproduce, nor will her body or voice recover completely from the impacts of testosterone and surgery. Many other girls are having similar changes of mind; more and more are coming forward to say they were sent down the path to transitioning with little information or warning of the long-term implications.

The trouble is, therapists and medical practitioners are reluctant to interrogate these kids and their wishes too deeply, increasingly fearful of being labelled bigoted or transphobic, or even accused of practising “conversion therapy”.

This particular development is currently playing out in Canada. In 2015, Dr Kenneth Zucker was [fired](#) from the Centre for Addiction and Mental Health Gender Identity Clinic (GIC) in Toronto, which he had run for more than 30 years, after trans activists called his approach “conversion therapy”. It transpired that this actually meant [“watchful waiting”](#) — rather than immediately starting patients who think they have gender dysphoria on the transition process, he thought it better to first try to “help children feel comfortable in their own bodies.” If the dysphoria persisted, Zucker would support them in their path to transitioning.

Today, his approach is close to being criminalised.

Last month, David Lametti, the current Minister of Justice and Attorney General of Canada, [reintroduced](#) proposed amendments to the Criminal Code, which would criminalise “conversion therapy”. In principle, most can understand the practice of attempting to turn gay people straight as damaging. But [Bill C-6](#) is dangerously deceptive, in that it conflates this outdated intervention with the practice of affirming “gender identity”.

Lametti told the Canadian House of Commons that “conversion therapy refers to misguided efforts to change the sexual orientation of bisexual, gay, and lesbian individuals to heterosexual [or to] change a person’s gender identity to cisgender”. But while conversion therapy, as it is understood conventionally, is a harmful practice, it shouldn’t be used to describe interventions involving children who believe they suffer from gender dysphoria. Indeed, it is the trend of transitioning children that is more likely to cause harm.

It is common practice to talk about depression, mental health and suicide when discussing the supposed need to “affirm” gender identity in kids, in order to start them on the path to transition. Lametti told the House of Commons of Canada that “scientific evidence” shows people who undergo conversion therapy “must deal with its negative effects such as anxiety, self-hate, depression, suicidal ideation, and attempted suicide”. He fails to mention that while this may be [true](#) of gay and lesbian individuals subjected to this practice, there is no evidence to support this claim with regard to youth who are not “affirmed” in their supposed gender identity.

Lisa Marchiano, a Jungian analyst in the US, explained in [Quillette](#) that the young female detransitioners she sees in her practice were all “suffering from complex social and mental health issues” at the time they decided to transition, and that “transition often not only failed to address these issues, but at times exacerbated them or added new issues”. Girls struggling with puberty, mental health issues, sexual identity, bullying, trauma, eating disorders, or gender roles will not be helped by testosterone and surgery. The real risk is that, with no caution, these practices will ruin their lives.

Over 90% of children who start on puberty blockers go on to take cross-sex hormones, eventually getting surgeries like mastectomies. But the blockers themselves can also have significant side effects, as Bell’s lawyer [argued](#) in court, including loss of fertility and sexual function, as well as decreased bone density. The impact on brain development is not yet fully known, but we do know that the surge of sex hormones at puberty triggers important changes in the adolescent brain,

connected to cognitive development. Puberty is not only about developing breasts or body hair, it is a necessary part of developing into a healthy adult in many other ways.

Treatments for so-called “trans kids” remains experimental, yet few in Canada are asking why we are experimenting on kids. The number of referrals to the gender clinic at British Columbia’s Children’s Hospital [rose](#) from seven in 2007 to 80 in 2017. The trans clinic at Toronto’s Hospital for Sick Children sees over 200 referrals each year. Ten years ago, the CHEO, a children’s hospital in Ottawa, saw one or two patients a year with concerns about “gender identity”. [In 2018](#), 189 patients were referred to the [clinic](#). And while a decade ago an equal number of boys and girls were coming to the CHEO clinic, today, 75% of patients are female.

Conflating sexual orientation and gender identity has proven to be a very successful means of manipulating public opinion, and those who wish to support gay and lesbian individuals to live joyful lives have come to believe that supporting gender identity ideology is the same thing. It is not.

Many governments and institutions across many countries are now treating “gender identity” as the determiner of biological sex — that is to say, that if one feels more connected to feminine stereotypes, one must be female, even if one is actually male. As a result, questioning gender norms, feeling uncomfortable in one’s body, experiencing same-sex attraction, or preferring toys or clothing typically associated with the opposite sex, is no longer just a normal part of growing up, but a sign a child may be “trans”.

Bill C-6 proposes to criminalise those who profit from or advertise “conversion therapy”, which would include therapists and medical practitioners who do not practice the “affirmative model” — which means confirming “trans identity” unquestioningly. Choosing not to encourage a child to transition; suggesting a teen wait, and see if the “gender dysphoria” sticks a few years before beginning the process of transitioning; and challenging the concept of “gender identity” itself would potentially set a therapist or medical practitioner up for criminal sanctions.

It is already difficult to question the legitimacy of gender identity ideology in this climate, and it is practically impossible to access therapy that might allow a teen to [grow out](#) of their desire to transition, as so [many do](#). Bill C-6 will make it illegal to offer therapy that does not approach transition as the best path.

The conflation of sexual orientation and gender identity in Bill C-6 is no accident. Lametti argued that his bill is an extension of [Bill C-16](#), which added gender identity and gender expression to the Canadian Human Rights Act and Criminal Code in 2017. Passed with little debate, Bill C-16 set a precedent, leading provinces across Canada to adopt policies allowing males to access women’s same sex spaces. Along with some other feminists, I [argued](#) that such legislation would endanger women and girls and reinforce sexist gender roles fought against for decades. We weren’t listened to. But it is, indeed, what came to pass; males have been allowed access to women’s [prisons](#) and [refuges](#) — and even female beauty therapists are bullied into handling male genitalia.

The ball is already rolling with Bill C-6. Schools in British Columbia and Alberta have adopted [SOGI](#), a programme to direct instructors on how to teach children about gender identity ideology. It claims to be aimed at stopping discrimination against and bullying of LGBTQ kids, but it does much more than that. [SOGI](#) insists that “Everyone has a sexual orientation and gender identity” and directs instructors to teach primary school kids that, “When babies are born, doctors and parents

usually decide if the baby is a boy or girl. However, not everybody will grow up feeling like or *identifying* as a boy or a girl.” Students are to “look for clues” that tell them if a boy is really a girl. Lesson plans for teachers direct them to “ask students, what does it mean to feel like a boy or to feel like a girl?”

It is one thing to attempt to stop bullying and depression and suicide in teenagers who feel different and out of place. But it is quite another to indoctrinate children into gender identity ideology.

Teaching girls and boys that sexist stereotypes determine their sex, and saying that if a young boy prefers dresses or dolls that means he is a girl, is dangerous. Teaching girls that if they don't conform to old-fashioned notions of femininity they are not girls, but boys, is harmful.

Kids should be free and encouraged to explore a variety of interests, sure. And they should not be shoved into categories if they don't conform. But they should not be led, *by adults*, down a path to harmful prescriptions and surgeries without any room for debate — in a country where such debate is about to be criminalised.

While Canada appears to be eager to be first to adopt gender identity policies and legislation, it is not the only country enmeshed in this trend. When 28-year-old Charlie Evans, from the north-east of England, announced that she was setting up a setting up a [charity](#) called The Detransition Advocacy Network, [hundreds](#) of girls and young women contacted her with their concerns about having transitioned. In the UK, the number of adolescents referred for “gender treatment” has increased from 97 in 2009 to 2,510 in 2017-2018, and among girls from 40 to 1,800 — a [4,400%](#) increase in 10 years. In the United States, surgeries for females transitioning to “male” [increased](#) by 289% between 2016 and 2017.

In 2017, our Canadian political representatives ignored the few [women](#) who dared speak up about their concerns about Bill C-16. Now we're facing yet another dangerous bill that will prevent therapists from doing ethical work, and set institutions and practitioners up for very serious legal cases like the one brought forward by Keira Bell. It will restrict freedom of speech and honest debate, and more importantly it will destroy the lives of thousands of kids. I hope all politicians will listen, before it's too late.