

I am writing today with respect to Bill C-6 which has been referred to your committee after receiving second reading.

I have significant concerns about this bill and I believe addressing them is both urgent and essential for the protection of minors. Canadian youth are being entrusted to make decisions affecting the trajectory of their lives after as little as a one hour visit with a physician, a psychologist or even in Ontario, a nurse. The problems associated with this legislation and explanatory materials related to it that have been released to the public could tragically impact many people.

These problems have arisen because much of the language used in the public introduction to the bill and in debates respecting it have no basis in science. Gender expression and gender identity are two of these examples.

While there are many disorders related to sexuality, science still says that all human beings are either male or female based on their chromosomes. For that reason, language such as gender expression and gender definition are constructs that have different meanings depending on who is using them.

I urge you and others connected with this debate to avoid these terms for this reason. We can all agree on the meaning of terms such as sexual identity and sexual orientation and clearly prohibition of conversion therapy relating to these, as incorporated in the bill, is appropriate. However, there has never been any proof shown up to now that such a practice as conversion therapy for gender identity has ever existed.

The problem with talking about gender identity and gender expression in any public policy and legislation relating to conversion therapy is the possibility of prohibiting or appearing to prohibit, guidance from parents and others relating to minor children, with all that implies.

I recognize that the bill excludes practices or services related to gender transition and personal exploration of a person's identity from the prohibition of conversion therapy. However in contradiction, the BC and Alberta schools policy of SOGI123 actively encourages children from the very youngest grades to explore their gender identity.

It is well known that there has been explosive growth in the number of minor children, especially girls, undergoing surgical and or pharmacological processes to change their gender. Some legislation related to conversion therapy has been interpreted to actually increase this as yet poorly understood phenomenon.

A whole industry has grown up in Canada to provide these treatments, including 48 Gender Clinics and 27 female-to-male cosmetic surgeons at topsurgery.net. A whole cohort of young people known as detransitioners, mostly women who later regret their choice, has grown up and is now speaking out online. Their lives have been impacted in ways that can never be

reversed. Tragically, many were distressed by co-existing conditions such as autism, anorexia, and depression which were not resolved by the irreversible affirmation treatment..

This industry is supported by an ideology actively supported by schools in the provinces related to gender conformity. It instructs children that if they identify as male or female, that is what they are regardless of their sex at birth and in utero. They are taught that gender is a spectrum rather than a binary distinction and as such are encouraged to explore what they might be.

This ideology has taken us to a very strange place. For example, an Ottawa mother has a case currently before the Ontario Human Rights Commission to complain that her five year old child was told by her teacher that she wasn't a girl because "there is no such thing as a girl". This was supported by the school administration and the Ottawa Carleton School Board despite the fact that women (and therefore girls) are protected terms under the Canadian Constitution. Surely the decision by the OHRC should come before establishing criminal penalties?

In my view, this ideology and the medical interventions that flow from it are dangerous. Interventions to change the gender of a minor should be strictly prohibited in the same way that conversion therapy relating to sexual orientation will be prohibited by Bill C-6. In fact, so little counselling is available for Canadian youth for any reason that youth may receive puberty blockers or cross-sex hormones after a single visit. In Ontario, both General Practitioners and Nurse Practitioners are fully licenced to provide these drugs without additional counselling in order to reduce the backlog and speed up the processing of clients..

Treating the distress caused by adolescence as if it is a medical condition by employing puberty blockers should specifically be prohibited. Puberty blockers are administered by a drug called Lupron which was created for male castration of sexual offenders. They are dangerous; they can result in osteoporosis, sexual dysfunction, depression and many other medical problems, some of which can impact people for their entire lives. Yet ten-year-old children are being prescribed.

There is a third reason for my concern. Medicalization of adolescence through puberty blockers, cross-sex hormones and often surgeries which may include chest reconstruction, genital reconstruction and hysterectomies will encourage a growing and unnecessary burden on health care systems as they become lifetime patients and an additional burden if they detransition.

Fourthly, since females are over represented among transgender youth, I am reminded of other treatments at other times in Canada mistakenly administered to help female distress such as lobotomies and the wide-spread use of shock treatments; the latter being widely used in my lifetime. A Gender Based Analysis has not been made public for Bill C-6. Yet in 1995 the Government of Canada committed to using GBA+ to advance gender equality in Canada, as enshrined in the Charter of Right and Freedoms.

When governments encourage these procedures, there are likely to be lawsuits and substantial costs that could come back to burden taxpayers and government for procedures that are cosmetic and are later seen by detransitioners who experienced them as destructive. Indeed, there are two lawsuits currently against the NHS in the UK. There are also two legal cases before the courts in British Columbia concerning cross-sex hormones and chest surgery.

This field has grown very rapidly and clinical practice preceded clinical evidence. There is no such thing as robust evidence in the transgenderfield of medicine. This is for the very simple reason that you cannot have randomized controlled trials. The reason for that is that there is no alternative pathway. There is no psychotherapeutic non-invasive pathway offered as an alternative so we do not have an alternative pathway to compare.

However, there is immense interest in the field. In Feb 2020, Sweden's Board of Health and Welfare confirmed a 1,500% rise between 2008 and 2018 in gender dysphoria diagnosis among 13-to17-year-olds born as girls. But in March 2019, Christopher Gillberg, a psychiatrist at Gothenburg's Sahlgrenska Academy warned that hormone treatment and surgery on children was "a big experiment" which risked becoming one of the country's worst medical scandals.

After a media frenzy, the Swedish Agency for Health Technology Assessment, reported that there was very little research either into the reason for the increase of the risks or benefits of hormone treatment or surgery. The report also found that 32.4 percent of the cohort also had depression at 28.9%, ADHD at 19.4%, and autism 15.2%. (The Guardian: Transgender row splits Sweden as dysphoria diagnoses soar by 1,500% by Richard Orange, Feb 22, 2020)

In writing this letter I am advocating for children and adolescents. I am a retired teacher who spent thirty years in the classroom, a parent and grandparent. I have lived experience of the distress of adolescence and know from experience that there are no one-size-fits-all answers such as Bill C-6 mandates. I think this background has helped me to understand the problems I am drawing to your attention.

I would appreciate it if you could give some attention to this note and to others making similar points that you will doubtless receive. I am very concerned that the problems associated with this legislation, if not corrected, could seriously affect many lives and have a negative impact on our society for decades to come.