In explaining Bill C-6, the Department of Justice website says, "These new offences would not criminalize private conversations in which personal views on sexual orientation, sexual feelings or gender identity are expressed such as where teachers, school counsellors, pastoral counsellors, faith leaders, doctors, mental health professionals, friends or family members provide ***affirming*** support to persons struggling with their sexual orientation, sexual feelings, or gender identity."

The word ***affirming*** is extremely important.

Legislators must understand what is happening in society with respect to gender identity -- particularly what is happening with children -- thanks to the ***affirming*** or ***affirmation-only*** approach already in widespread practice across Canada. Bill C-6 as it is currently worded will only serve to crystallize this approach.

As any parent knows, we do not affirm every desire of a child. We don't let them drink; we don't let them drive a car; we don't let them vote; we don't affirm cutting themselves; we don't affirm anorexia; and we should not automatically affirm treatment for gender dysphoria that tells a child they were born in the wrong body, therefore we are going to stop their body from going through puberty by administering ***an off-label drug that stops puberty from occurring***.

This is what affirming treatment involves in Canada. In 5 out of 10 Canadian gender clinics, they no longer require any psychological assessment prior to starting children on puberty blockers or cross-sex hormones.

There are many reasons why a child may present with gender dysphoria, and professional, licensed counsellors and therapists ***need to be permitted and feel permitted*** to help children as they are trained to do.

I have watched the hearings for Bill C-6, and there is a stubborn refusal to acknowledge what experts are telling the committee: there is widespread confusion over the wording of the bill, and widespread fear and reluctance among professionals to treat any children with gender dysphoria. ***Professionals do not feel permitted to do their jobs***, so the bill must be revised -- preferably by consulting experts -- until the wording is appropriate.

The government is not trained whatsoever in this field, and does not have the expertise to insert arbitrary rules into the practices of professionals who are already held to a strict code of conduct by the various regulatory bodies who work in conjunction with government.

As for the drug that is given to children as part of the affirming practice that Bill C-6 will increase, this drug -- with the trade name Lupron -- was given FDA approval to treat prostate cancer in men, and endometriosis in women.

It has also been used to treat children with a condition known as precocious puberty, which is a rare condition wherein a child enters into puberty at an extremely young age. Children come ***off*** of this drug when it is time for puberty to occur, preferably at least a year in advance, because it takes significant time for the body to get back to full function, presuming it can get there at all.

Lupron is not a simple pause button, as activists would have you believe. There is no such thing as a pause button for puberty. Years of crucial development that are lost, are lost.

With respect to how puberty blockers are currently being used on children with gender dysphoria -- as part of the affirming medical practice that Bill C-6 will further solidify -- these drugs are being used experimentally.

This is not my opinion. The High Court of England and Wales ruled on December 1st, 2020, that children cannot consent to puberty blockers. Here is the court's summary:

"The court held that in order for a child to be competent to give valid consent (to puberty blockers) the child would have to understand, retain, and weigh the following information:

(i) The immediate consequences of the treatment in physical and psychological terms;
(ii) The fact that the vast majority of patients taking puberty blocking drugs proceed to taking cross-sex hormones and are, therefore, a pathway to much greater medical interventions;
(iii) The relationship between taking cross-sex hormones and subsequent surgery, with the implications of such surgery;
(iv) The fact that cross-sex hormones may well lead to a loss of fertility;
(v) The impact of cross-sex hormones on sexual function;
(vi) The impact that taking this step on this treatment pathway may have on future and life-long relationships;
(vii) The unknown physical consequences of taking puberty blocking drugs, and
(viii) The fact that the evidence base for this treatment is as yet highly uncertain.

"The High Court considered that it was highly unlikely that a child aged 13 or under would be competent to give consent to the administration of puberty blockers.

"It was also highly doubtful that a child aged 14 or 15 could understand and weigh the long-term risks and consequences of the administration of puberty blocking drugs.

"In respect of young persons aged 16 and over, the legal position is that there is a statutory presumption that they have the ability to consent to medical treatment. Given the long-term consequences of the clinical interventions at issue in this case, and given that the treatment is as yet innovative and experimental, the court recognized that clinicians may well regard these as cases where the authorisation of the court should be sought before starting treatment with puberty blocking drugs."

As you can see, the administration of puberty blocking drugs to children is an extremely important issue. It is totally relevant to Bill C-6, because if practitioners are not permitted – or just as importantly, do not feel permitted do their jobs as they are trained, due to the vague wording of Bill C-6 – more and more children will be sent onto the pathway of affirming medical treatment which causes permanent medical damage and lifelong consequences that a child is in no position to understand, or consent to.

As for the vague wording, conversion therapy in Bill C-6 is defined as a practice, treatment or service designed to change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour. For greater certainty, this definition does not include a practice, treatment or service that relates

(a) to a person's gender transition; or

(b) to a person's exploration of their identity or to its development.

This ***greater certainty clause*** does not provide much in the way of greater certainty. What do (a) and (b) mean, exactly? This clause is entirely too vague and must be expanded upon by seeking out the help of experts in this field.

There is nothing more precious than our children, so please get this right. Their appropriate medical treatment depends on it.

Bill C-6 also spreads a falsity, right from the outset, where it states in the Preamble that it is a myth that "gender identity can and ought to be changed."

Gender identity in children changes all the time. ***Transgender activists teach that gender identity is fluid***. It is true that ***sexual orientation*** is innate and unchanging, but ***this is not the case with gender identity.***

Dr. Debra Soh, Sexologist and Neuroscientist, says in her book *The End of Gender***:**

"Gender identity is flexible in prepubescent children and grows more stable as a person reaches puberty and enters adulthood. For a young child who is gender-atypical, this may be indicative of feeling as though they are more like the opposite sex upon becoming sexually mature, *or it may be predicative of being gay*."

"Research has shown that childhood gender nonconformity (CGN) is one of the strongest predictors of being gay in adulthood. Gay adults have higher rates of recollecting CGN when asked about their childhood. Basically, gay women recall being masculine girls, and gay men recall being feminine boys."

"Despite what advocates for social justice might say, sexual orientation is linked not only with gender identity, but also with gender expression. One study showed that roughly 75 percent of boys demonstrating CGN will grow up to be gay or bisexual."

Dr. Soh goes on to say, "A study from the *American Journal of Psychiatry* showed that 61 percent of patients presenting with gender dysphoria have another psychiatric disorder. In 75 percent of this 61 percent of patients, gender dysphoria was a symptom of another mental illness, such as a personality, mood, or psychotic disorder. A common example would be borderline personality disorder, which includes core symptoms like having a rapidly shifting, unstable sense of self, suicidal ideation, and self-harm. Others can include body-dysmorphic disorder, anxiety, autism, or an eating disorder."

"The misdiagnosis of another mental health condition as gender dysphoria is a problem that will only be compounded by the lack of adequate diagnostic assessments being done currently, due to trepidation on the part of clinicians that failing to affirm their patients will lead to them being fired."

Gender dysphoria is classified as a mental disorder in the DSM-5, so why are we telling professionals that they must affirm only? Pretending it is not a mental disorder does no service to those struggling with gender dysphoria, as all of the appropriate psychotherapy and treatment options should be available to them. This does not equate to conversion therapy, and the language in Bill C-6 is creating a chill effect on practitioners who will be afraid to treat their patients, whether that is the intended effect of Bill C-6 or not.

Bill C-6 must clarify its language to protect those who are exploring their gender. Studies show that the majority of young children with gender dysphoria, when allowed to go through puberty, have their dysphoria desist.

Revise Bill C-6.