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Honorable Jones:

I am deeply dismayed by the recent Bill 42 introduced by several NDP members of provincial parliament who seek to expedite and enhance medical coverage for all affirming procedures including sex reassignment surgeries. Goal eight of this committee is to find a way to define affirming health care services *as lifesaving procedures*; when in reality they are life altering and often *life damaging* services.

Bill 42 does not address current research on the transgender community, which I will itemize below; nor does it seek to address underlying mental health issues within this population.

Let's address some facts:

Sweden National Board of Health & Welfare (NBHW), 2022[1]

- "For adolescents…the NBHW deems that the risks of puberty suppressing treatment…and gender-affirming hormonal treatment currently outweigh the possible benefits…based on…continued lack of reliable scientific evidence concerning the efficacy and the safety of both treatments."

England, National Health Service (NHS)/The Cass Evidence Review, 2022 [2]

- After an evidence review, NHS determined that "gender incongruence [usually] does not persist into adolescence," that "psychological support" and "a watchful approach" are generally recommended instead of "social transition" due to its "risks," and that puberty blockers/cross-sex hormones will only be given to minors in a research study.

- The Cass Review found that "*due to gaps in the evidence* base [about hormone treatments] …Evidence on the appropriate management of children and young people with gender incongruence and dysphoria is inconclusive."

- Cass noted ***the "affirmative model is likely responsible for insufficient child safeguarding."***

England, National Institute for Health and Care Excellence (NICE) Evidence review, 2020a [3]

[1] Transgender_Research--5_Questions_for_Parents_&_Policymakers_(IRE 9-26-22).pdf (institute-research.com)
[2] Ibid
[3] Ibid

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• The *studies on puberty blockers "are of very low certainty* [i.e., quality] using the G.R.A.D.E. rating system..."

• The G.R.A.D.E. rating system is the most widely adopted tool for grading the quality of [research] evidence.

The British Medical Journal (BMJ) Evidence Review, 2019 (Henagan, C. & Jefferson, T.) [4]
The prestigious scientific publication concluded:

• *Puberty blockers are being used in the context of* ***profound scientific ignorance***...treatments for under 18 gender dysphoric children and adolescents remain *largely experimental*. There are a large number of unanswered questions that include the age at start, reversibility; adverse events, *long term effects on mental health*, *quality of life*, *bone mineral density*, *osteoporosis in later life and cognition*...The current evidence base does not support informed decision making and safe practice in children.

Finland Board for Selection of Choices for Health Care (PALKO / COHERE Finland), 2020[5]
"*Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors:*"

• The *first-line treatment for gender dysphoria is* psychosocial support and, as necessary, psychotherapy and *treatment of possible comorbid psychiatric disorders*."

• The reliability of the existing studies with no control groups is highly uncertain, and because of this uncertainty, no decisions should be made that can permanently alter a still-maturing minor's mental and physical development ...

- In light of available evidence, gender reassignment of minors is an experimental practice...***no irreversible treatment should be initiated***."

• Surgical treatments are not part of the treatment methods for dysphoria caused by gender-related conflicts in minors. Hormonal interventions may be considered on a case-by-case basis after extensive evaluation.

U.S. Food & Drug Administration (FDA), 2022 [6]

• The FDA added a *warning to the labeling* for puberty blocking hormones (GnRH agonists): "to monitor patients taking GnRH agonists for signs and symptoms of pseudotumor cerebri, (*increased pressure inside the skull for an unknown reason, which causes severe headache and visual loss*); including headache, papilledema, blurred or loss of vision, diplopia, pain behind the eye or pain with eye movement, tinnitus, dizziness and nausea."

[4] Ibid
[5] Transgender_Research--5_Questions_for_Parents_&_Policymakers_(IRE 9-26-22).pdf (institute-research.com)
[6] Ibid

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> • "These hormones [puberty blockers] have **FDA approval only for the treatment of precocious puberty [not gender dysphoria]** in pediatric patients." They are not approved for...halting normally timed puberty. (AbbVie, 2018). [7]

U.S. Medicare National Coverage Analysis (NCA) – Decision Memo, 2016 [8]

> • "Based on an extensive assessment of the clinical evidence...there is not enough high-quality evidence to determine whether gender reassignment surgery improves health outcomes..."

When speaking of evidence, we must realize that there are currently two differing research tracks: researchers who fall in the Affirmation only camp and researchers who seek to shed light on the underlying conditions and comorbidities; medical issues; social contagions, the upsurge in transgender identifiers and the increasing number of detransitioners.

Hruz 2020[9] stated; there are many limitations of the published studies in transgender medicine; including

- a general lack of randomized controlled trial design,
- small sample sizes,
- high potential for recruitment bias,
- nongeneralizable population groups
- relatively short follow-up
- high numbers of patients lost to follow-up...

The only data that reached the level of "moderate" quality were related to adverse medical outcomes...risks include low bone density, altered adult height, and impaired spatial memory.[10] Children receiving puberty blockers are unlikely to desist in their cross-sex identification, following on with cross-sex hormones. One of the negative side effects of these drugs is infertility.[11]

Toronto based clinical psychologist James Cantor expressed concerns that almost all clinics and professional associations in the world use what's called watchful waiting approach for gender diverse (GD) children, yet the AAP (Americal Academy of Pediatrics) rejected that consensus, endorsing only gender affirmation.[12]

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[7] AbbVie. 2018. Lupron Depot (Leuprolide acetate) Product Monograph. Chicago: AbbVie Corporation. IN: Transgender_Research--5_Questions_for_Parents_&_Policymakers_(IRE 9-26-22).pdf (institute-research.com)

[8] Ibid

[9] Hruz, P.W. (2020). *Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria*. The Linacre Quarterly, 87(1) 34-42. DOI: 10.1177/0024363919873762

[10] de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA, CohenKettenis PT. (2014). *Young adult psychological outcome after puberty suppression and gender reassignment.* Pediatrics;134(4):696–704.

[11] Cheng PJ, Pastuszak AW, Myers JB, Goodwin IA, Hotaling JM. (2019). *Fertility concerns of the transgender patient.* Transl Androl Urol;8(3):209-218

[12] Cantor, J. M. (2019). *Transgender and gender diverse children and adolescents: Fact-checking of AAP Policy*. Journal of Sex & Marital Therapy, 46(4), 307–313. doi:10.1080/0092623X.2019.1698481

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Ken Zucker, also a Toronto psychologist, with over 30 years of clinical practice in treating Gender Identity Disorder (now classified Gender Dysportia) in children shared results of four studies:

> Among children meeting the diagnostic criteria for "Gender Dysphoria" ...***67% were no longer gender-dysphoric as adults***; the ***rate of natural resolution for gender dysphoria was 93%*** for children whose gender dysphoria was significant but [did not reach a medical] diagnosis."[13]

Zucker[14] and Littman[15] both address the dramatic reversal of male-to-female sex ratio in transgender youth. Females now significantly outnumber males coming out as transgender. They also address the role of social influences in creating the international explosion of transgender children, now called Rapid Onset Gender Dysphoria (ROGD).

In Great Britain, between 2010 and 2020, the *number of teenage girls referred* for gender dysphoria (GD) to the largest pediatric gender clinic in the world, ***increased by about 5000%.*** Rates for teenage boys also increased dramatically, although much less than for girls. In Sweden, GD in teen girls has risen *1500%* in a similar time span. [16]

A recent U.S. Gallup Poll found that the percent of Generation Z (born 1997 – 2002) who identify as transgender has *increased by* ***900% over the percent of Generation X*** (born 1965 – 1980).[17] The new reality is that one in six adults in Generation Z identify as something other than heterosexual. While more than half of LGBT (54.6) identify as bisexual, 24.5% say they are gay, 11.7% are lesbian identified and 11.3% identify as transgender. This means that there are now almost as many identifying as transgender as lesbian. These are huge percentage from just fifteen years ago when the estimated percentages for gay men was 2.2; lesbian 1.1; and transgender under one percent.[18]

Children receiving puberty blockers are unlikely to desist in their cross-sex identification, following on with cross-sex hormones. One of the negative side effects of these drugs is infertility.[19]

There is also no evidence that Gender Affirming Care (GAC) is 'lifesaving' and prevents suicide. An accurate rate of completed suicide in trans-identifying young people seeking GAC based on data from, the UK's Tavistock (the largest pediatric gender clinic in the world), has been estimated at 0.03% over 10 years. While higher than average relative to age matched non-gender dysphoric peers, it

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[13] IN: Levine SB, Abbruzzese E, Mason JW. (2022): *Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults*, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.204622

[14] Zucker KJ. (2019*). Adolescents with Gender Dysphoria: Reflections on Some Contemporary Clinical and Research Issues*. Archives of Sexual Behavior 48:1983– 1992. Available at: www.segm.org or https://link.springer.com/epdf/10.1007/s10508-019-01518-

[15] Littman L (2019*) Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria.* PLoS ONE 14(3): e0214157. https://doi.org/10.1371/journal.pone.0214157

[16] Turner, J. (2022). *Special Report: What went wrong at the Tavistock clinic for transgender teens*? The Times Magazine. June 17, 2022. Available at: https://segm.org/GIDS-puberty-blockers-minors-the-times-special-report

[17] Jones, JM. (2021*). LGBT Identification Rises to 5.6% in Latest U.S. Estimate*. Gallup Poll Social Series. February 24, 2021. Available at: https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx

[18] DSM VI.

[19] Cheng PJ, Pastuszak AW, Myers JB, Goodwin IA, Hotaling JM. (2019). *Fertility concerns of the transgender patient.* Transl Androl Urol;8(3):209-218

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is *far from the epidemic of transgender suicides portrayed* in some academic literature and general media reports that conflate suicidal ideation with suicide.

Studies that purport to show an increased rate of suicidality among transgender-identified adolescents contain estimates often based on methodologically flawed non-random surveys that neither differentiate suicidal ideation from suicidal behaviors nor address severity. While causality is unclear there is no evidence that suicidal ideation is caused by gender dysphoria nor is it reduced, in the long term, by gender affirming hormones or surgeries.[20] The appropriate response to suicidality is always ***appropriate mental health treatment***, not medical or surgical transition procedures.

As a retired psychotherapist specializing in trauma therapy, I can tell you that suicide attempts are much rarer than suicidality. Suicidal ideation is quite common among many individuals experiencing depression and anxiety, gender dysphoric or not. GD individuals have higher rates of personality disorders, identity issues and autism spectrum disorders, all of which need to be accessed and treated prior to any medicalized transitioning.

The flaws with Bill 42 are glaring. This Bill is an insult to Gender Dysphoric children and their families. It is an outrage to assume these children need life-altering mediations and body mutilation surgeries, when current evidence for such invasive strategies is non-existent. These individuals need to receive preventative mental health evaluations and psychological care given by professionals who are able to see through Affirming Care deceptions.

Please stand up for our children.

Sincerely,

Ann

A.E. Gillies, Ph.D.
Trauma Therapist,
Author

[20] Full article: Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults (tandfonline.com)

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