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**Official Report
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Wednesday 3 June 2015

**Journal
des débats
(Hansard)**

Mercredi 3 juin 2015

**Standing Committee on
Justice Policy**

Affirming Sexual Orientation
and Gender Identity Act, 2015

**Comité permanent
de la justice**

Loi de 2015 sur l'affirmation
de l'orientation sexuelle
et de l'identité sexuelle

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
JUSTICE POLICY**

**COMITÉ PERMANENT
DE LA JUSTICE**

Wednesday 3 June 2015

Mercredi 3 juin 2015

The committee met at 1302 in committee room 1.

**AFFIRMING SEXUAL ORIENTATION
AND GENDER IDENTITY ACT, 2015**

**LOI DE 2015 SUR L’AFFIRMATION
DE L’ORIENTATION SEXUELLE
ET DE L’IDENTITÉ SEXUELLE**

Consideration of the following bill:

Bill 77, An Act to amend the Health Insurance Act and the Regulated Health Professions Act, 1991 regarding efforts to change or direct sexual orientation or gender identity / *Projet de loi 77, Loi modifiant la Loi sur l'assurance-santé et la Loi de 1991 sur les professions de la santé réglementées à l'égard des interventions visant à changer ou à influencer l'orientation sexuelle ou l'identité sexuelle.*

M. Shafiq Qaadri: Chers collègues, j'appelle à l'ordre cette séance du Comité permanent de la justice. Comme vous savez, nous considérons maintenant le projet de loi 77, Loi modifiant la Loi sur l'assurance-santé et la Loi de 1991 sur les professions de la santé réglementées à l'égard des interventions visant à changer ou à influencer l'orientation sexuelle ou l'identité sexuelle.

Colleagues, as you know, we're here to consider Bill 77. Before I invite our first presenters, we received an anonymous submission, which is unusual protocol-wise, but if it is the will of the committee to accept the anonymous written submission, then we'll circulate it to all members. Do I have the will of the committee for that? Fair enough.

TRANS LOBBY GROUP

The Chair (Mr. Shafiq Qaadri): I now invite our first presenters to please come forward, the Trans Lobby Group: Ms. Gapka, Ms. Stonehouse and Ms. Hader. To remind you, you have five minutes in which to make your initial presentation, and then we'll rotate by each party, three minutes for questions, and the times will be vigorously enforced. Please have a seat, and do, of course, identify yourselves. Please begin.

Ms. Susan Gapka: My name is Susan Gapka and I'm chair of the lobby group. These are two members of our committee, Davina Hader and Martine Stonehouse, who are steering committee members.

We're here in support of Bill 77. If we had a little more time than five minutes, we'd want to tell you a little bit about some of the struggles that brought us to forming the Trans Lobby Group about 15 years ago, prior to the Ontario Human Rights Code legislation which would protect us under grounds of gender identity and gender expression; before we were able to change our legal ID to more accurately reflect ourselves—we would have required surgery—and prior to the time when a previous administration had cut funding to sex reassignment surgery.

Historically there have been a lot of challenges to bring us to this point. I think in the few minutes we have, that's kind of the sense of what I'd like to share with you.

This is our written submission. It's called the Ontario Human Rights Code—the little people that could, the little group that could. I'm just looking at some of the opposition documents. I'm looking at a large folder here, a large folder of opposing arguments, and I haven't had a chance to look at it.

When I grew up, there were no role models and there was not a lot of protection. The struggle was difficult. But we did come together and we did self-actualize. And in the past, where science had ruled supreme and the case study had ruled supreme, which replaced modernism—now we work from the area of our truth. Our truth is the way, and that's why we've been able to engage and have some political activism. And now, even still, if you look in the public media, trans people have some actualization.

In Ontario, we have an opportunity, with those three pieces of legislation that we've done by educating many of you in this room and those of you in the Legislature, by doing it through public education, to be ourselves, to self-actualize and self-identify.

I think, just because of time, and I want to actually talk a little more about the history, I'm going to close with a quotation from Magnus Hirschfeld in 1910, when it was illegal to cross-dress and homosexuality meant imprisonment: "Each new truth destroys the one held before it." This comes from *Die Transvestiten, The Erotic Drive to Cross Dress*, in 1910.

I just want to share with you that we hold our truth to be self-evident, and hopefully that does set off some of the previous truths. Thank you very much.

Would you be so kind as to extend a minute to each of the other panellists?

The Chair (Mr. Shafiq Qaadri): You have one minute and 20 seconds left, so please continue.

Ms. Martine Stonehouse: I'm Martine Stonehouse. Just a little bit from my own personal perspective: I went through the system, through the gender identity clinic, starting in 1982, and at that time they looked at trans people as closet gay people. I was misdiagnosed at the beginning, and this is similar to the treatment that they are giving at the children's gender identity clinic. This misdiagnosis meant that I had to prove to them that I was trans, and it took until 1998 before I was ready to get my approval for surgery. At that point, the government delisted the funding for surgery, just before I could get my approval. It took another 10 years of fighting to get the surgery relisted. I launched a human rights case. I won the case. It delayed my getting surgery for about 25 years in total, between the two things. If I had had my surgery when I was younger—

The Chair (Mr. Shafiq Qaadri): Thank you to our presenters.

We now have time for questions; three-minute rotation. Mr. Smith?

Mr. Todd Smith: Thank you, Mr. Chair. I appreciate Susan and Martine and Davina coming in to speak to the committee today—and because you did come in, I will give you a little more time in my few minutes to tell your story, if you can quickly, and Davina as well, if she would like to.

Ms. Martine Stonehouse: Okay, quickly finishing up with my end of it, I was saying that it took 25 years in order for me to finally get my surgery. Had I had my surgery when I was younger, I might not have had the medical complications I went through and that I'm still having complications from. That's just a little bit about me.

I'll give it over to Davina.

Ms. Davina Hader: Thank you. I just want to make a comment about growing up as a child. One of the things we forget is that children are alone. We have no one to turn to when we have feelings that are different, and many times we hide. We have no choice but to hide. And so our communities, especially the trans community, have been bullied through time. We have been forced to hide, to be untrue to ourselves and to be denied the basic human rights that others take for granted.

As a child, when I was growing up I knew well before kindergarten that I was very different. I was later diagnosed genetically intersex, and things began to make sense to me as I got older.

1310

But we need to be recognized for the queer community that we are, and we need to put an end to erasure and the constant discrimination of our youth. Everyone in the LGBT community has had to face this throughout time, and we need to stop this.

Reparative therapy is wrong, and it can never be allowed to continue. Bill 77 is a needed must. Thank you.

Mr. Todd Smith: Bill 77: What actually does it mean to you to have Bill 77 before us today?

Ms. Davina Hader: It means the end of discrimination. When you're young and you have feelings inside, and you know, deep inside, who you really are, to be told to do something else, to be told to act differently, is a form of discrimination. It's wrong. It's a form of being not recognized for who you really are.

We would rather be helped by the community. We would rather be helped, with a helping hand, to lead us forward—

The Chair (Mr. Shafiq Qaadri): Thirty seconds.

Ms. Davina Hader: —so that we don't have to put up with, and to live, the wrong life.

Mr. Todd Smith: Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Smith.

To you, Ms. DiNovo.

Ms. Cheri DiNovo: Just very quickly—because I'd like to hear more from you as well—I was speaking at a Jer's Vision conference recently, with about a hundred kids in the room, 15- and 16-year-olds. I asked them how many had been taken by a well-meaning parent to a medical professional—and this was a range, not just trans kids but lesbian and gay kids and bisexual kids—who then tried to point them in the direction of straight, tried to make them straight. Some 50% of them put their hands up.

We had people on our GSA committee come and testify. A psychiatrist said their entire practice in Ottawa was on this. It was religiously tinged and religiously predicated. I think a lot of Ontarians are shocked to know it's going on still.

I just wanted to bring that out—that this does not preclude therapy for children. Questioning children, and questioning anyone, should have therapy, and their parents should be enabled to do that. But we're talking about a specific kind of therapy.

Martine, did you or anybody want to take the balance of my time?

Ms. Davina Hader: I just wanted to put forward again—and it is something that people have to recognize very strongly—that as children, we know what we feel inside. It is not wrong, and it is not something that needs to be dismissed. When a child comes forward with ways that they're feeling, being totally different, they should be allowed to explore that possibility of being different and celebrating that difference. It doesn't necessarily mean that they're going to end up being a different gender, but it certainly means that they have a chance to be who they really are inside. To celebrate a feeling that doesn't get suppressed is very crucial.

Ms. Martine Stonehouse: Children have their basic gender identity ingrained within them. Children should be allowed to learn and express themselves and find who they really are. We should embrace that and not give therapies that actually harm the child and actually cause more psychological problems—

The Chair (Mr. Shafiq Qaadri): Thirty seconds.

Ms. Martine Stonehouse: —and sometimes lead children to feel that they have to commit suicide. Therapies like this should not be given at any point in

anybody's life. If people need therapy, it should be to help them find themselves and to be who they really are. We should all embrace that, as a society, and embrace everybody and not discriminate.

The Chair (Mr. Shafiq Qadri): Thank you, Ms. DiNovo.

To the government side: Ms. Martins.

Mrs. Cristina Martins: I want to thank all of you for being here today. I know that you've all been very strong advocates for LGBT rights. Susan, it's nice to see you here again. I want to take this opportunity to thank you for being here.

Susan, you spoke about there not really being a role model for the community 15 years ago. I'd like to say that I think you really have taken on that role as a role model, so I just wanted to say that. I know that your experience has definitely inspired many others in the community.

The bill before us is Bill 77, and our government is actually proposing to amend the language in Bill 77 so that certain medical services related to sexual orientation and gender exploration can still be provided without legal implication. The amendments will ensure that transition counselling, gender exploration, acceptance activities and other social supports for transitioning youth are still accessible.

Why is it so important for individuals in the community to have access to these services?

Ms. Susan Gapka: Around some of the language, we did get a chance to look at the amendments and—so I think also some of these practices are dated 30, 40 years, since the 1970s, when we first started providing OHIP coverage for some of these services. We need to look at some of the language and how are—“sex reassignment surgery” is more than likely outdated as a term to express what we need to be our true selves. “Transition-related services” is really helpful—because it's a bundle of services. It includes access to hormones, it includes access to counselling, it includes social supports—I'm trying to answer without notes here. When we look at it as a bundle, there are a number of things an individual may require, so we're pleased that that would be covered.

Just a quick point: We all had this critical incident growing up, where we were determined by the authorities, be it our parents, be it our schools, be it our—

The Chair (Mr. Shafiq Qadri): Thirty seconds.

Ms. Susan Gapka: —psychiatric counselling, when we couldn't be who we wanted to be, who we believed we were. That's the moment of crisis which can be the fork in the road. So we're trying to overcome that with this type of legislation.

Mrs. Cristina Martins: Thank you, Susan. Thank you all for coming in.

The Chair (Mr. Shafiq Qadri): Thanks to you for coming in on behalf of the Trans Lobby Group.

QUEER ONTARIO

The Chair (Mr. Shafiq Qadri): I now invite our next presenter to please come forward: Mr. Richard

Hudler of Queer Ontario. You've seen the drill: five minutes, three, three, three. Please go ahead.

Mr. Richard Hudler: My name is Richard Hudler. I represent the group Queer Ontario. Thank you for the opportunity to express our support for Bill 77 and urge its quick passage.

So-called conversion therapy is something which we in the lesbian, gay, bisexual, transsexual or transgender—LGBT—communities have long been aware of and feared. Such therapy has no basis in science, and there is much literature that questions and dispels its credibility. The concept of fixing or repairing one's sexual orientation, gender identity or expression is an attempt at making heterosexuality and traditional binary notions of gender compulsory, and it is a dangerous intervention that will inevitably harm children and youth physically, mentally, psychologically and socially.

The very existence of conversion or reparative therapies with regard to sexual orientation and gender identity and expression implies a form of mental disorder privileging those who are heterosexual and cisgendered. Such implicit assumptions on the part of our health care system pathologize individuals whose sexual orientation, gender identity or expression are located outside of society's norms and expectations. We firmly believe that these are not mental disorders—rejecting how the Diagnostic and Statistical Manual of Mental Disorders, DSM, has handled them in the past, regarding sexual orientation, and currently, regarding trans issues. It is our view that when health professionals engage in such practice, they are engaging in a discriminatory, harmful and unethical practice.

For these reasons, we at Queer Ontario are disturbed by the fact that there are health care professionals in Ontario today who provide such interventions and do so spending our tax dollars, billing OHIP. We urge that the province put an end to such abusive practices.

1320

My background is in social work, but I happened to attend a meeting of the LGBT caucus of the American Psychiatric Association in the days when they were revising the DSM-III to remove the diagnosis of ego-dystonic homosexuality, which legitimized the practice of sexual conversion if the patient wanted to change, even though it was no longer considered a mental illness. One of the doctors speaking at the caucus started to discuss his work treating people, referring to that diagnosis. The moderator of the discussion corrected him, saying the diagnosis was no longer valid. The speaker asked, “What is the effective date?” I relate that to emphasize how strong the will is to continue these diagnoses.

First acting on my sexual orientation as a gay man in 1960, making me a criminal for the first nine years of my adult life, I certainly understand the will of these practitioners to continue their work, considering the amount of pressure they must come under from families and children to be able to fit in. Even today, many opposing Bill 77 recognize that those aspects of the bill relating to sexual orientation are valid. There's no doubt in my mind

that the same will be true for the issues relating to gender identity. Offered a pill to change my sexual orientation, I would say no, even though I spent my life not fitting in. A queer liberationist perspective promotes the freedom of the individual to embrace the sexual orientation and gender identity that feel appropriate to them and to have the freedom to express them without fear of prejudice, stigma, discrimination or oppression.

We believe health care professionals have an ethical obligation to engage in practising what would uphold such principles, and Bill 77 can be a tool to ensure ethical, principled, sensitive and respectful treatment of gender- and sexually diverse people.

I realize my time is up. We did have some recommendations, but you do have them in writing in our written—

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Hudler.

To you, Ms. DiNovo.

Ms. Cheri DiNovo: Thank you, Richard, very much for your presentation and thank you for all the hard work Queer Ontario has been doing for all of these years.

I'm wondering if you could maybe share some of your experience, if you yourself have experienced reparative or conversion therapy.

Mr. Richard Hudler: I was spared that. I don't know; I wasn't too alert sexually as a child. I knew that I was attracted to people of the same sex, but I didn't understand it. It was before we were having even the sex education. I'm really glad to see that they're improving that now.

It wasn't until college that I really recognized and identified my sexual orientation. It was before I actually got involved with the gay community—I'm thinking, had I been offered conversion therapy, I might have accepted it, but I certainly wouldn't now, knowing what I know now.

Ms. Cheri DiNovo: You can use the balance of my time if there's anything else you want to add to your presentation.

Mr. Richard Hudler: I actually managed to get through it all. I surprised myself. It was just the recommendations that we had. I'll read some of them:

—that Bill 77 make it explicit that it applies to all health care and social service facilities in the province of Ontario, including faith-based facilities;

—that Ontario health and social service professional regulatory bodies, i.e., physicians, psychiatrists, psychologists, nurses, social workers etc., be urged to reflect the contents of Bill 77 in their respective principles, codes of ethics and standards of practice;

—that the accreditation bodies of all Ontario post-secondary educational institutions include that programs in the health and social service professions be provided with guidelines to assist in incorporating the contents of Bill 77 into curriculum;

—that researchers in the fields of health and social services be made aware of Bill 77 and incorporate its principles in their research ethics;

The Chair (Mr. Shafiq Qadri): You have 30 seconds left. Would you like to use them?

Mr. Richard Hudler: Thank you—that all stakeholders in the child welfare system be informed of Bill 77 and given the necessary resources to work with parents, guardians and families of gender- and sexually-diverse children and youth in addressing their needs.

Thank you. That was—

The Chair (Mr. Shafiq Qadri): Thank you, Richard.

To the government side: Mr. Berardinetti.

Mr. Lorenzo Berardinetti: Thank you, Mr. Hudler, for your presentation. I just want to ask you a question, and maybe you can expand a bit further. Why is the passage of Bill 77, which we have in front of us today, so important to further the goals of your organization and the community it represents?

Mr. Richard Hudler: We've certainly had a lot of help with legislation in the past, for the gay community at any rate, but it doesn't change the attitudes of society. And people do this whole business of trying to change sexual orientation and change gender expression—that is continuing to go on. It's very hard on the people who do experience it. We've heard that in our organization considerably. We've known people who have gone through it and have suffered from it. To see Bill 77 come into effect would really help a lot to show that this is not a practice that should be continued.

Mr. Lorenzo Berardinetti: Thank you. Did you want to add anything further to this committee at this time?

Mr. Richard Hudler: I really managed to get everything that I had—and it was Dr. Mulé who wrote the original reports.

The Chair (Mr. Shafiq Qadri): Mr. Ballard.

Mr. Chris Ballard: Thank you very much for being here today, Mr. Hudler. I really appreciated what you had to say. I'm happy to be here in support of Bill 77.

In the remaining time, I'm interested in your organization and the support it has given to the LGBTQ community in northern Ontario. Can you fill us in a little bit more about the organization?

Mr. Richard Hudler: Our mission statement: "Queer Ontario is a provincial network of gender and sexually diverse individuals—and their allies—who are committed to questioning, challenging and reforming the laws, institutional practices, and social norms that regulate queer people." That's our official statement.

We're kind of continuing the group that preceded us, which was called the Coalition for Lesbian and Gay Rights in Ontario, which had been in existence for almost 35 years.

Mr. Chris Ballard: Very good. Thank you.

The Chair (Mr. Shafiq Qadri): Thanks to you, Richard, for your presentation.

I'm sorry, we have the PC side. You have the next round. Mr. Walker.

Mr. Bill Walker: You've talked a little bit about your recommendations. Would you want to expand on any of those in any further context?

Mr. Richard Hudler: I'm sorry; about—

Mr. Bill Walker: You referenced a couple of times your recommendations. Do you want any time to expand on any of those and provide further context?

Mr. Richard Hudler: Oh, the recommendations: I think these probably aren't necessarily changes to be made to the bill, but would have to do with the regulations or something. The point is, once the bill has passed, to make sure that it gets out to all these different groups, such as the professional organizations that are teaching people and things like the child welfare system. That's the main focus of these recommendations. It's not only to pass the bill and have it there, but to make sure people know about it.

Mr. Bill Walker: You can use the rest of our time if you want to leave any concluding comments.

Mr. Richard Hudler: No, I think I've pretty well covered everything that I had.

The Chair (Mr. Shafiq Qadri): Richard, you're the only person who has declined speaking time in this committee for the last 200 years, but in any case, I thank you.

Thank you very much for your presentation on behalf of Queer Ontario.

TG INNERSELVES

The Chair (Mr. Shafiq Qadri): I now invite our next presenter to please come forward: Mr. Vincent Bolt of TG Innerselves. Please, have a seat. You've seen the drill. No, you may not use Richard's time, but you have five minutes, and then three-three-three. Please begin.

Mr. Vincent Bolt: Good afternoon.

On December 28, 2014, a 17-year-old girl by the name of Leelah Alcorn stepped in front of a truck just outside of Cincinnati, Ohio, and took her life. Leelah Alcorn was a trans girl who had come out to her parents as transgender. Their response was to send her to Christian counsellors, who made her feel like her entire being was wrong. They tried to convince her that she shouldn't go through the transition, and she did not get the support she needed.

1330

Much like Leelah, when I was around four years old, I realized that I was not like the other girls. I was very tomboyish. I liked to wear boys' clothing. I didn't really like to associate so much with the other girls in my class. You could say there were some warning signs that I would grow up to be a fabulous trans man.

My parents were okay with it when they thought I was just a tomboy. Well, eventually I ended up being bullied very severely at school, and there came a point in the fifth grade, when I was only 10 years old, when I contemplated suicide for the first time in my life; 77% of transgender people here in Ontario contemplate suicide at some point in their life.

I ended up changing schools. I ended up enrolling in a Catholic all-girls school to try to run away from these desires to be male, and I jumped from the pan into the fire, because instead of being bullied by my classmates at

this school, I was bullied by my teachers and by my principal.

I ended up one day realizing, "I can't face this school anymore." So one day after school, I went home and I tried to take my life. Forty-three percent of transgender people here in this province have attempted suicide at some point in their life, and the number for youth between the ages of 16 and 24 is more than double that for adults 25 and older.

It was when I was in high school that I came out as transgender. I started my transition process in the ninth grade. When I eventually came out to my parents, they were in complete distress. I come from a Catholic family. My parents were raised with the doctrine of the Catholic Church, and it was difficult for them. It wasn't until I had their support that I could really be successful. The support that eventually came from my parents and my school is what separates me from Leelah, and that is it.

No parent wants their child to commit suicide. Leelah's parents were probably doing what they thought was best, because they were misguided. They were made to believe that these counsellors would help her. I can't judge or blame these parents for not knowing any better.

Leelah's dying wish was for her life and her death to have meaning. The final words of Leelah's suicide note were: "Fix society. Please." We are all sitting here today because we are here to fix society. Please, make Leelah's dying wish come true.

The Chair (Mr. Shafiq Qadri): Thank you, Vincent.

To the government side: Mr. Ballard.

Mr. Chris Ballard: Thank you very much for being here today, Vincent. I appreciate your story and all that it's taken to get here.

As I've mentioned, I'm really interested in the work of your organization in northern Ontario. Can you fill me in a little bit more on that? You've talked about why it's so important for individuals in the community to have access to services, but to start with, I'm interested in learning more about the organization and how you support LGBTQ members in the northern community.

Mr. Victor Bolt: I will gladly talk about my organization. I work for TG Innerselves. We are a social service provider in Sudbury and we work directly with the transgender community. We have social support groups available as well as meeting one-on-one with clients. Currently, I'm the only employee. We've only been funded for just under a year by the Ontario Trillium Foundation. We are also very active in providing workshops, presentations and training for other service organizations. We recently made a police training video, which was sent out to services across the province, and we trained the entire Greater Sudbury Police Service, which is over 400 people. We continue to work also around northeastern Ontario. I was recently in Elliot Lake and North Bay, and providing this support in other communities as well.

Mr. Chris Ballard: Very good. Thank you very much for that. I know that Bill 77 is a very important piece of legislation and it's important that we get it right. I'm

happy that the government has been able to work so closely with the member who proposed it to make sure that we continue the spirit of the bill and that we do get it right.

I know that there will be at some point some amendments put forward to Bill 77 so that certain medical services related to sexual orientation and gender exploration can still be provided without implication. The amendments will ensure the transition counselling, gender exploration, acceptance activities and other social supports for transitioning youth are still accessible, and I'm quite happy to be able to say that.

You've touched on—

The Chair (Mr. Shafiq Qaadri): Thirty seconds.

Mr. Chris Ballard: Okay. Well, I'll just turn it back to you if there's anything else you want to say in the final 30 seconds of our time.

Mr. Vincent Bolt: Working with LGBT youth in an affirming manner is very important. That is the difference between life and death. I'm not saying to kids, "You must be gay or you must be trans." I don't even say that in my own practice. I allow people to come to their own decisions and then provide the support and resources and tools needed for them to—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Ballard.

To the PC side: Mr. Smith.

Mr. Todd Smith: Thank you, Vincent, for coming today. We're glad you are with us today indeed, considering what you went through as a young individual.

When you look at Bill 77, is there anything that you would change in Bill 77? I know some previous presenters here had some recommendations that they would make. Is there anything that comes to mind that you would recommend the committee consider?

Mr. Vincent Bolt: I agree that it's important to ensure that certain resources are still available. As I was saying with a previous question, continue programs like Gender Journeys, where people are able to openly explore, because it is a journey where you are discovering what is best for yourself. I do also agree with some of the previous recommendations as well.

Mr. Todd Smith: The suicide numbers are staggering, and I think that's probably one of the biggest reasons why Cheri has brought this bill forward—and she can speak to that. But they are staggering. Is there anything else that we can do to make those numbers go the other way?

Mr. Vincent Bolt: Passing this bill—that will be the first thing—and getting the information out there and definitely supporting those resources that do exist that give people the social networks they need and the support they need, and ensuring that these conversion therapy practices do not continue in this province.

Mr. Todd Smith: Thanks, Vincent.

The Chair (Mr. Shafiq Qaadri): Thanks to you, Vincent, for your presentation and presence.

We now invite our next presenters to please come forward from—

Interjections.

The Chair (Mr. Shafiq Qaadri): Oh, I'm sorry. Ms. DiNovo, please. The sponsor of the bill—can't forget her. Three minutes. Go ahead.

Ms. Cheri DiNovo: Thanks, Chair, and thank you, Vincent. I just wanted to let the committee know that it was actually in conversation with TG Innerselves in Sudbury that I asked them, "What can we do to affect these hideous statistics?" and it was in part their suggestion about Bill 77. I also heard from other trans activists, but I really want to thank them for their input into this bill.

Also, it's true: I have worked with the government. We have looked at ways of even fleshing out this bill to make it more encompassing, I think, so that we don't in any way send out the message that we're trying to cut off access to transition services or anything like that. We've looked at amendments and I've worked with the ministry as well on those.

I just want to thank you for all the amazing work that you do. If you've got some last words for us, we'd love to hear them.

Mr. Vincent Bolt: Thank you very much, Cheri. Well, one of the recommendations we would have made would have been to add those inclusions to this bill that TG Innerselves had suggested. So I definitely thank you for listening to those recommendations, adding those and taking them into consideration. I have nothing else to say. **1340**

Ms. Cheri DiNovo: We're good.

The Chair (Mr. Shafiq Qaadri): Thank you, colleagues, and thanks to you, Vincent, for coming by and for your presentation.

EGALE

The Chair (Mr. Shafiq Qaadri): Now I invite our next presenters to please come forward from Egale: Helen, Jane, Ronnie and Mike. Thank you, colleagues. Welcome. You've seen the protocol. Please introduce yourselves, and as soon as you're seated, your time will begin.

Please begin.

Mr. Ronnie Ali: Good afternoon, and thank you for inviting us to speak. My name is Ronnie Ali. I'm a psychotherapist working with Egale. I work exclusively with LGBTQ2S youth in Toronto.

Our objectives today are to highlight the need for lesbian, gay, bisexual, transgender, intersex and two-spirit youth to receive appropriate mental health treatment and support services—I'll be using "LGBT" here on out, just for ease—to highlight the risks for LGBT youth who experience anxiety, depression and suicide because of homophobia, lack of family and parental support, reduced social inclusion, isolation, a lack of appropriate mental health counselling and support services; to highlight the need for services for LGBT youth provided by the LGBT community in the LGBT community; to highlight the need for safer-space training within

mainstream agencies and training for all mental health professionals on guidelines for appropriate care of LGBT youth, and to ensure mental health professionals who use reparative therapies are not insured by the province of Ontario.

Egale Canada Human Rights Trust is Canada's only national charity promoting human rights based on sexual orientation and gender identity through research, education and community engagement. Egale's vision for Canada and the world is one without homophobia, biphobia, transphobia and all other forms of oppression, so that every person can achieve their full potential, free from hatred and bias.

In support of our mission, Egale leads numerous national projects, including the Safer and Accepting Schools project and LGBT youth suicide prevention.

Ms. Jane Walsh: I'm Jane Walsh. I'm the interim program manager at Egale Youth OUTReach. In Toronto, Egale operates the Egale Youth OUTReach counselling centre, a counselling centre established in 2014 by Egale for direct service to LGBT youth. Research on LGBT youth suicide identified the need for crisis services. Queer and trans youth were obtaining their only mental health care in emergency rooms and too often and too tragically being discharged and killing themselves.

In the context of a complete lack of appropriate crisis mental health care for LGBT youth, Egale responded by opening the EYO counselling centre with three full-time counsellors with psychology and social work education, providing individual counseling and a drop-in centre with two peer support workers. EYO provides immediate walk-in counselling support for suicide crisis and homelessness crisis in downtown Toronto.

Some 45% of EYO's clients are transgender. A high number are from racialized communities experiencing racism, homophobia and transphobia. Recently published research on trans suicide by Trans PULSE reported that 22% to 43% of transgender people report a history of suicide attempts.

Just for time, I'm going to jump through some of the statistics. One of the major protective factors that that important research found was that having even one piece of ID that reflected the gender of your choice greatly reduced the risk of suicide. EYO works closely with our local Legal Aid Ontario, East Toronto Community Legal Services, to provide name changes. The threat to Legal Aid Ontario clinics we're well aware of, and we're supporting them here.

Egale supports Bill 77. It is not possible to change sexual orientation. Many of the clients of EYO report inappropriate and damaging care by mental health professionals who practise from the belief that it is possible to change a person's sexual orientation or gender. If a mental health professional believes this myth, they must not be insured by the province of Ontario.

Mike Smith is a peer support worker in our EYO drop-in centre and a survivor of conversion therapy. His story is all too common in Ontario. I want you, while you're listening to Mike's story, to remember that both the

professionals, the psychologist and the psychiatrist, were paid by OHIP. This is why Bill 77 must stop this.

Mr. Mike Smith: Like Jane said, I am a survivor of conversion therapy, my last experience with it being in 2012. For time's sake, I would just like to say that the messages received during this time created extremely intense feelings of fear and hopelessness. With no hope of ever being happy, suicide became a more alluring alternative for me. Suicide was the way for me to escape the world I was trapped in, and escape from all the pain I was living through all my life.

I could not imagine how I could be happy in the future. I was never more depressed, more anxious and more socially isolated, or more self-destructive, than during this time. I was lucky to have a—

The Chair (Mr. Shafiq Qaadri): Thank you, Mike. Pass to the PC side. Mr. Walker?

Mr. Bill Walker: Mike, I would like to offer you my time to be able to share more of your story with us.

Mr. Mike Smith: I appreciate that. Thank you.

My parents took me to meet with a psychologist when I was 19. I was taken down to a church-based office in Etobicoke from Barrie, where we were living. He diagnosed me with a generalized anxiety disorder and recommended a program based out of Salt Lake City, Utah. I ordered a workbook from their website in April 2010, and as directed by my psychologist, I completed this self-directed program.

Later I was taken to a psychiatrist who also endorsed this program. This man was another Mormon and a close family friend based out of Brantford, and he instilled in me that I could indeed change my sexual orientation through this programming. Included in his treatment was the option to receive prescription medication that would not only lessen my sexual desires for men but make me completely asexual. This is nothing more than chemical castration. I did not agree to this option, but I suffered, and an already fragile self-image deteriorated.

Out of more desperation, I ventured outside of Ontario and I looked at programs in the States. I went to a program in Philadelphia called Journey into Manhood by an organization called People Can Change. This is an organization that has served up to 3,000 men up to this date. It was also during this program that it instilled feelings of brokenness, sickness, illness, insufficiency and deficiency that I internalized—and considered myself to be that way.

The Chair (Mr. Shafiq Qaadri): Thank you. There's still time, Mr. Walker. A minute left or so.

Mr. Bill Walker: Nothing further from me.

The Chair (Mr. Shafiq Qaadri): Thank you, colleagues. I'll move to the NDP then. Ms. DiNovo?

Ms. Cheri DiNovo: Thank you, all of you, for presenting and for all the amazing work that you do.

Michael, continue on with your story and use my time because I think it's very telling and very important to be told.

Mr. Mike Smith: I think I was able to get through what I wanted to say, thankfully, but I'd just like to instill

further the connection with my experience with this programming—from both the doctors that I experienced in Ontario and then recommended me to programs in the States—which was the connection with my suicide ideation.

When I talk about hopelessness, what I mean by that is that I never realized that I could be happy. The messages that they were sending to me were, “You can only be happy as a straight man. We need to fix you in order for you to be actually happy in this world. You need to be corrected in your development in order for you to be authentic with yourself, and only by being authentic with yourself will you be able to live the way that you want to be.” I internalized that. That became important, and I was motivated; and my family was motivated to support me in this.

However, I didn’t realize how destructive it was until this programming stopped working, and then I realized that I had no hope at all. I was going to be a closeted man who was going to be miserable my whole life, or I could be a gay man who was going to be miserable my whole life; I had no option. So that’s why suicide was the option for me.

Thankfully, intervention came in time for me to realize that this was psychological violence and that I couldn’t escape it unless someone dragged me out of it, and I realized that I can be happy as a gay man and I can accept myself, and the world can accept me, as a gay man.

I still struggle. I still struggle with depression and anxiety, but I’m getting better. But it’s with the help of people who actually took me out of that programming, who are helping me out.

The Chair (Mr. Shafiq Qadri): Thank you, Ms. DiNovo.

We’ll move to the government side, to Ms. Indira Naidoo-Harris.

Ms. Indira Naidoo-Harris: Thank you so much, Chair.

Good afternoon. Thank you very much for your presentation today and for coming in and sharing your touching and very personal story. It’s very much appreciated here. Egale has been a strong advocate for LGBTQ rights for years, and I want to take this opportunity to thank you for those years of hard work and dedication and vision and for coming in to speak with us this afternoon. Your organization has, of course, done great work for the community, but there is always much more work to be done.

1350

Why is the passage of Bill 77 so important? What makes it important to further the goals, for example, of your organization and the community you represent?

Mr. Ronnie Ali: I work with our crisis counselling centre as a psychotherapist, and many of the clients that we see have experienced abuse at the hands of mental health professionals. The passage of Bill 77 would send a clear message that this is unacceptable, that it’s highly unethical and, as Mike said, that it’s psychological violence.

It would also send a message to the public about what options are available. If conversion therapy and reparative therapies are sanctioned by our government, then it sends a clear cultural message that this is a viable option for people, which it is not.

In terms of promoting the work of LGBT rights across the country, I think there’s a very clear link to why this bill is important to our organization.

Ms. Jane Walsh: I think this bill, coupled with the commitment of the government for sex education in schools, counters some of the messages that are within religious organizations, as reflected by Mike’s experience. I think it’s critical that services like ours across the province are funded by mental health and children’s mental health funding. It is incredibly difficult to obtain appropriate, affirming, skilled mental health services in this city. We’re in a major North American city, so you can imagine what it would be like to try to receive services in a rural place in Ontario.

I think this bill sends a strong message. I’d love to see the money saved by not funding this go into the community—

The Chair (Mr. Shafiq Qadri): Thirty seconds.

Ms. Jane Walsh: —to provide service.

Ms. Indira Naidoo-Harris: Clearly, you feel that this bill is very important and will have a big impact. Do you actually think it will save lives?

Ms. Jane Walsh: Absolutely. The level of suicide ideation and attempts in this province because of crisis around identity and sexual orientation, the money that would be saved—when I say that young queer and trans people are seeking mental health—

The Chair (Mr. Shafiq Qadri): Thanks to you, Jane, Ronnie and Mike, for your deputation on behalf of Egale.

COLLEGE OF REGISTERED PSYCHOTHERAPISTS OF ONTARIO

The Chair (Mr. Shafiq Qadri): We now invite our next presenters to please come forward: Mark, Carol and Joyce of the College of Registered Psychotherapists of Ontario. You’ve seen the drill: five minutes, then three, three, three. The time begins now.

Ms. Joyce Rowlands: Mr. Chair, committee members, thank you so much for this opportunity to appear before you today to address issues related to Bill 77, Affirming Sexual Orientation and Gender Identity Act.

I’m Joyce Rowlands, registrar with the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario.

Regarding the name of our college, generally we use a shorter version: College of Registered Psychotherapists of Ontario. That’s because, for the time being, we’re not using the “registered mental health therapists” title and we’re not registering members in that category. Our members use the title of “registered psychotherapist.”

With me today, on my right, is Carol Cowan-Levine, our president. She is a child and family therapist and also

a social worker, and she's a member of our new college. Also, Mark Pioro, on the far right: He is our director of professional conduct and deputy registrar. Mark is also a lawyer by training.

By way of background, you may be interested to know that our college has been fully operational for just over two months, since the Psychotherapy Act was proclaimed into force on April 1, so we're very new. On April 2, we received a letter from the Minister of Health, the Honourable Dr. Hoskins, sent to our college and three other health regulatory colleges. Dr. Hoskins asked us to work with the ministry to identify how best to ensure that conversion therapy is not a practice engaged in by members of our profession. Our response to the minister, which included our views on Bill 77, is attached here. You've got copies of the minister's letter and our response.

We have posted the minister's letter and our response on our website and we've also communicated to our members and other stakeholders that we intend to ask one of our key committees to develop a professional practice standard prohibiting the intentional use of conversion therapy by our members. We have stated unequivocally that intentional conversion therapy is unacceptable and cannot be tolerated.

In our letter, we also raise concerns about the need for Bill 77, as health regulatory colleges already have the tools needed to discipline members who engage in practices or therapies that would be considered outside the bounds of acceptable practice. We already have the ability to develop practice standards to prohibit particular therapies or practices, and we have the power to discipline members who engage in such practices.

Our college questions the need for Bill 77. We are concerned that legislation banning conversion therapy may have a chilling effect on therapists, counsellors and other practitioners who work with young clients struggling with issues of sexual orientation or gender identity. These are important conversations and must be conducted in a safe place, an environment that is safe not only for the young client but also for the therapist, where the therapist isn't constantly fearful about doing or saying the wrong thing, fearing possible legal repercussions should words or intentions be misunderstood and possibly miscommunicated to a parent, for instance. We would ask, could this legislation create a chilling effect similar to political correctness, whereby therapists are afraid to do or say anything that could be misconstrued, where it's simply safer to steer away from certain topics altogether?

As a last point, we're also aware of the debate swirling around Bill 77 with regard to sexual orientation versus gender identity and wonder whether Bill 77, in the end, may do more harm than good, possibly by cutting off funding and services for those who need them.

I'm now going to turn it over to our president, who would say a few words from the practitioner's point of view, if you will indulge us for a moment.

Ms. Carol Cowan-Levine: Thank you very much. As president of the College of Registered Psychotherapists

of Ontario over the last many years, I have certainly been committed to the critical need for greater public protection and professional accountability. We've made progress and we will continue to do so.

While Bill 77 takes the first steps—

The Chair (Mr. Shafiq Qadri): Thank you, Carol.

To Ms. DiNovo of the NDP.

Ms. Cheri DiNovo: Yes. I'm wondering, if you listened to the testimony before you of all the various organizations, what your reaction was to that and the stories of conversion therapy and reparative therapy practised in Ontario?

Ms. Carol Cowan-Levine: Is the question directed to me? I'm appalled by any use of conversion therapy. The points that were made by the previous presenter were very powerful indeed. My concerns with Bill 77 rest not in its entirety around that, but in some of the wording that may come to be restrictive in the ability of a qualified clinician to explore some of the turmoil, negativities, depression, anxieties and chaotic thoughts that really prove to challenge youth.

Ms. Cheri DiNovo: Absolutely. There was a testifier who was a psychotherapist and, I assume, part of your organization who also testified in favour of Bill 77.

I just wanted to assure you that the amendments we are looking at make it very clear and explicit that this is not to put a chill on explorations of one's sexuality by youth, but is sending a strong message out.

I wonder if you've looked at the jurisdictional evidence in California and the other jurisdictions in the States that have already banned reparative or conversion therapy?

1400

Ms. Joyce Rowlands: I concur absolutely with Carol's comments—and we just heard the very last few minutes of one of the speakers, actually. But we have said absolutely, unequivocally that conversion therapy is not acceptable practice and cannot be tolerated.

Our point, really, is that this matter can be dealt with by the regulatory colleges. The tools—the legislation is already in place. The college, in its context—in developing a practice standard, let's say, prohibiting the intentional use of conversion therapy—can create some language and discussion around that so that there's a context and there's more nuance around it.

The Chair (Mr. Shafiq Qadri): Thirty seconds.

Ms. Cheri DiNovo: So you disagree with the States, and Manitoba now, and other jurisdictions bringing in similar—

Ms. Joyce Rowlands: We don't think that there is a need for legislation. We already have the tools to do it.

Ms. Cheri DiNovo: I wish that was borne out in the experience of all the others who have testified today. I wish it was. Thank you.

The Chair (Mr. Shafiq Qadri): To the government side: Ms. Naidoo-Harris.

Ms. Indira Naidoo-Harris: Thank you so much to the College of Registered Psychotherapists for coming in today and making your presentation.

Our government is proposing to amend the language of Bill 77 so that certain medical services related to sexual orientation and gender exploration can still be provided without legal implication. The amendments would ensure that transition counselling, gender exploration, acceptance activities and other social supports for transitioning youth are still accessible.

Tell me, why is it so important, do you think, for individuals in this community to have access to these services?

Ms. Joyce Rowlands: It's a necessary service. I'll turn that over to Carol.

Ms. Carol Cowan-Levine: I think that they're very distinct. I'm concerned about some of the blurring within the language of Bill 77 between sexual orientation and the distinct gender identity. But what I would say to that question is that there is a fundamental difference between using a practice that intentionally sets out to change a person and intentionally working with a person who wishes to seek a change in or of self.

Ms. Indira Naidoo-Harris: Thank you. I don't know if anyone else wants to elaborate on that? Okay.

My follow-up is: Can you tell us about how your organization is working to make sure that conversion therapy is not conducted by members of your college?

Ms. Joyce Rowlands: Well, as I mentioned, our college has been in place for two months now, as of April 1. On April 2, we received the minister's letter, which was addressed to our college and three others, asking that the ministry work with us to identify ways to ensure that this type of practice is not engaged in by our members. We have, to date, in that short period, circulated the minister's letter and our response, posted on our website.

We actually had an email or a call from a member after that was circulated, asking whether or not, if this member participated in a seminar on transgender transitioning, he could be seen to be in breach of the prohibition around conversion therapy. So that's a good example of the kind of chill that may already be out there.

The Chair (Mr. Shafiq Qadri): Thirty seconds.

Ms. Joyce Rowlands: We have also made a commitment to ask one of our key committees to develop a practice standard in this area, to make it perfectly clear to all members of our college that this type of practice, intentional conversion therapy, is unacceptable, will not be tolerated and will be treated as professional misconduct.

Ms. Indira Naidoo-Harris: Thank you.

The Chair (Mr. Shafiq Qadri): Thank you, Ms. Naidoo-Harris.

To the PC side: Mr. Smith.

Mr. Todd Smith: Thank you, ladies and gentlemen, for participating in the hearings today. One of the words that you've used several times here is "chill," and "chilling." In your letter to the minister, the exact sentence is, "We have concerns about a possible 'chill' effect if professionals are reluctant, as a result of legislative change, to explore issues of gender identity and/or sexual orientation with their clients—for fear of misunderstandings and possible legal repercussions." Can

you walk us through an example—without naming names, of course—of what may happen during a session where a psychotherapist may feel that chill and not provide the services that you believe are necessary?

Ms. Carol Cowan-Levine: I think that there will be a hesitancy perhaps, an example of the curtailment of professional judgement, in the exploration of some of the history within the family, how they learned about sex, going back in some of the years, what it is they're struggling with, and then some of that questioning being misinterpreted, reported back, and then the ramifications of that being perceived as trying to change their current thinking or their current feelings. It's about the dissolution of many of the factors that contribute to where a young person stands. I'm not sure; I think that there has to be breadth in terms of the exploration of the physical, cognitive, emotional and social development of that young person at that age.

I think that some years back, there was the whole notion of false memory syndrome. The example of that—the hesitancy is that then, clinicians were afraid to explore some of the earlier thinking, some of the early history for fear of reprisals and arriving at false conclusions. That's what I'm addressing.

Mr. Todd Smith: So you fear that the hands to provide the services may be tied—

Ms. Carol Cowan-Levine: There may be some concern about some reprisal or negative ramification, either by misinterpretation or how it comes to be reported.

Mr. Todd Smith: When you're providing your services, there are all kinds of different outcomes. Some things that happened early in people's lives lead to criminal activity down the road. Do you feel that you are going to be neutered, I guess, in your effectiveness, that your effectiveness as a psychotherapist will be restricted?

Ms. Carol Cowan-Levine: The effectiveness may be restricted if there is—

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Smith.

Thanks to you, Joyce, Carol and Mark, for your deputiation on behalf of the College of Registered Psychotherapists.

MS. ERIKA MUSE

The Chair (Mr. Shafiq Qadri): Erika, we welcome you right on time. Please come forward. You may have seen the drill. It's five minutes for your opening remarks and a three-three-three rotation by parties.

Paging Erika.

Interruption.

The Chair (Mr. Shafiq Qadri): Thank you, Erika. Five minutes, and then rotation by parties. Please begin.

Ms. Erika Muse: Oh, okay.

The Chair (Mr. Shafiq Qadri): Pardon?

Ms. Erika Muse: Sorry, I was just opening my notes here.

Hi there, everyone. I'm here to talk about my experiences as a youth and what I experienced during con-

version therapy under the Ontario health system through OHIP-provided care.

I came out as trans at 16. I immediately wanted to receive treatment because earlier treatment, such as puberty blockers and other hormonal interventions, means better outcomes for trans people.

I was told, according to everyone I talked to for health care in my region, that I had to see a specific therapist in order to receive treatment, that he was the only option available under OHIP coverage. From the beginning, seeing him didn't feel therapeutic. There was no focus on my current issues, what was affecting my health or anything that was affecting me. Instead, I was asked to tell intimate, personal details in front of classes of 20 students or more. It became clear that the therapist thought my social life was dysfunctional, and fixing that would fix my identity in turn.

I was denied the medication I asked for that was appropriate for my age, but I had to return for more therapy. In each appointment that I came to, he would comment on newly masculinized parts of my body that had been changing due to puberty—parts he could have stopped from developing had he given me care—then asked me how I could possibly pass as a woman in my future life. He would berate me for not meeting unknown expectations and excoriated my life at that point.

Sessions were not therapeutic, but abusive. They led to trauma about my body and a lack of faith in myself. I left feeling violated and hurt.

1410

A cycle developed with these sessions. I would fall into a deep depression from his abuse and my lack of assistance with my mental health issues. I would not sleep, leave my room etc. Eventually, I picked myself up and returned because he was literally the only option that I had for treatment under our system.

The cycle continued until I was 23—so eight years of abuse. Eventually, he relented and allowed me some care, but I think the only reason he did is that I proved to him I couldn't be fixed. I have a boyfriend, I changed my name officially etc.

The scars of his abuse remain. I've been suicidal and depressed due to his treatment of me. My self-identity is ruined, and only in the past year have I gained any self-esteem. I live in a body I hate, due to him.

Today, I don't have any access to therapy. The only medical care I'm receiving is from my family doctor. If I try to find any help, I'm instead referred back to my abuser. As far as I'm aware, he still practises today, and I fear for his other patients who are going through the same experience that I did.

The Chair (Mr. Shafiq Qadri): Thank you, Erika.

We'll begin with the government side: Ms. Martins.

Mrs. Cristina Martins: First of all, Erika, I just want to thank you very much for being here today and for sharing with us your very personal story. I know that you have experienced first-hand the negative psychological and physical effects of conversion therapy, and yet you're able to be here today and speak to us and be your

true self and a strong advocate for the transgender community.

What advice would you give to others in the transgender community who are going through or have gone through something similar?

Ms. Erika Muse: The advice that we generally give each other is to try to find other providers. At this point, what OHIP provides to us is mainly abusive and to some degree conversion-therapy-based care, so we try to find other providers—for example, have our family doctors prescribe hormones and so forth. That way, we don't have to go through that experience. We would try to talk about this, but we haven't had much success until now.

Mrs. Cristina Martins: I'm not sure if you're aware, but our government is proposing to amend some of the language in Bill 77. That was said here earlier, before you got here. It will ensure that transition counselling for youth, gender exploration, acceptance activities and other social supports for transitioning youth are still accessible. We are, collaboratively, all of us, working together—this side and the other side—to ensure that happens. Are you going to see that as a positive thing coming out of Bill 77?

Ms. Erika Muse: Yes, I think that's a positive thing. More care is always good, if it's positive and accepting and care that's not trying to force us out of being ourselves.

Mrs. Cristina Martins: And I guess, more important—in terms of even providing services for people in the community who are requiring those services; right?

Ms. Erika Muse: Yes.

Mrs. Cristina Martins: I don't have any further questions. I'm not sure if any of my colleagues do—unless, Erika, you wanted to expand a little bit on your own experiences—

Ms. Erika Muse: I don't have much else to say, unfortunately. It's hard to get into that much detail, considering how traumatic it was. I've said what I can without breaking out crying.

Mrs. Cristina Martins: Thank you for being that voice here today for the voiceless. I'm sure there are many people who have not been able to stir up the courage to come to where you are today. I want to commend you on that.

The Chair (Mr. Shafiq Qadri): To Mr. Walker on the PC side.

Mr. Bill Walker: Today, of course, is an opportunity to hear as much as we can about something of this nature that is very detailed. The bill itself—is there anything that you can suggest that you would like to see added, deleted or amended? Nobody has a lock on good knowledge for a bill. Is there anything that you think could be changed in this bill that you really want to speak about today?

Ms. Erika Muse: I don't think there's anything that can be changed that I've heard about. I haven't seen the amended copy that she referred to—I'm sorry, I forgot your name—but I read the original version that Ms. DiNovo presented, and I think that worked well. It prevented us from providing conversion care under OHIP, which is very important, because there has been this long

practice of conversion therapy being the promoted option through OHIP. I think that's very important. I think it's also very important that it can't be practised on youth who may not understand what they're getting themselves into.

I think those two interlocking platforms that were presented in the original bill are important and will go a long way towards advocating for better care for LGBT people in Canada.

I don't have any opinions beyond that because, unfortunately, I don't know how to write bills or anything. I think this does a good job and is dealing with a major issue and it should be left at that.

Mr. Bill Walker: The rest of my time, I'm quite happy to give to you if there is anything else you want to add to the discussion.

Ms. Erika Muse: No. I've said everything, but thank you.

The Chair (Mr. Shafiq Qaadri): I have to advise the audience today—

Mrs. Cristina Martins: Ms. DiNovo.

The Chair (Mr. Shafiq Qaadri): Yes, I am quite aware; I do thank you.

I thank you, Mr. Walker. I'm just saying that the committee is being extremely generous with no takers on ceding time. It's a first in parliamentary history, but anyway.

Ms. DiNovo.

Ms. Cheri DiNovo: Erika, thank you for your brave testimony here. We just heard from the college of psychotherapists, and they expressed concern about Bill 77 as putting a chill on the practice of psychotherapy, and that colleges should be able to self-regulate their practitioners and, in fact, they are. As far as I know, all the professional colleges have said that reparative or conversion therapy is wrong. What would you say to that?

Ms. Erika Muse: I would say that, obviously, self-regulation hasn't been working in Ontario. Without going into specifics, there are international organizations that deal specifically with trans therapy, like the Harry Benjamin gender identity disorder association—I forget the exact name for it—that have condemned what we do in Ontario as regressive and not being a good standard of care in this century. If there is an issue going on there and it's affecting people like me, then maybe we need to give the colleges a kind of kick in the butt to make sure that other people won't be hurt.

Self-regulation seems to be letting me and people like me down. I've been suicidal. I've felt like ending my life because of this. I don't think that should be left aside because of those concerns.

Ms. Cheri DiNovo: Thank you, Erika.

The Chair (Mr. Shafiq Qaadri): Thank you, Erika, for your presentation and presence.

MR. JAKE PYNE

The Chair (Mr. Shafiq Qaadri): We have Jake waiting very patiently for the last 1.5 hours by teleconference. Are you there, Jake?

Mr. Jake Pyne: I'm here.

The Chair (Mr. Shafiq Qaadri): Wonderful. As you've heard: five minutes for your initial presentation then a three-three-three rotation by parties. Your time begins now.

Mr. Jake Pyne: Great. Can I just confirm that I'm being heard?

Interjections.

Mr. Jake Pyne: Great, thank you. Good afternoon. My name is Jake Pyne. I'm a Trudeau scholar, a Vanier scholar and a doctoral student at McMaster University. I'm a researcher on a number of provincial and national research teams focused on transgender health, including the Ontario Trans PULSE Project and the Canadian Trans Youth Health Survey. I've been working in the trans community for the past 15 years or so. My current work focuses on gender non-conforming young people and their access to care. I'm also transgender myself.

I apologize for being absent this afternoon. I'm currently in Ottawa at the Congress of the Humanities and Social Sciences and helping to launch a position statement here by Canadian social workers, a statement that comes out in favour of affirmation and against any corrective type of therapy for gender-diverse youth.

I'd like to express my gratitude to the committee for the opportunity to speak, and to MPP Cheri DiNovo for proposing the legislation, which seems to be raising a number of important questions—questions like, is this practice really happening in Ontario? Do we need legislation? Are we sure this is an act of misconduct? The answer to each, unfortunately, is yes.

While I believe there are some religious-based conversion therapies that are practised in corners of Ontario, I'm going to leave that to others to address. I'm also going to leave it to others to address therapies aimed to change sexual orientation. I want to focus instead on therapeutic practices that still linger to a small extent in the fields of psychology and psychiatry, practices that are intended to prevent children from growing up to be transgender specifically, which is the reason we require protection for gender identity specifically in this bill.

It is important to begin by noting that not all children who challenge the rules of gender are or will be trans. Many will not be. Whether they do or do not grow up to be trans is not the issue of concern. The issue is whether they are supported in a manner that respects and affirms all the possible paths for their gender or whether health professionals are attempting to foreclose certain futures for them.

The treatments that we are discussing have a controversial history. Researchers in the 1960s studied and administered psychological treatment to children who failed to conform to gender expectations. Preventing them from growing up to be gay or transsexual was not a hidden agenda in those treatments; it was a stated goal. The goal, rather, was to help, but "help" was understood to mean steering them away from an LGBT future.

Over the 1980s and 1990s, treatment to cure sexual orientation became a lightning rod for critique. It had no

place in a society that was quickly moving towards protection for lesbian, gay and bisexual people. That form of therapy—again, around correcting sexual orientation—was declared unethical by the American Psychiatric Association in 2000, and the specific concern that the APA voiced at the time was that health practitioners must not align themselves on the side of societal prejudice.

Yet, when we look at gender identity, we can see that that has gone differently. Historically, treatments—

The Chair (Mr. Shafiq Qaadri): We seem to be losing you in the middle.

Mr. Jake Pyne: Okay. Did you lose a lot of what I said?

Interjections.

The Chair (Mr. Shafiq Qaadri): No, that's fine. Go ahead.

1420

Mr. Jake Pyne: Okay. Sexual orientation and gender identity have historically been treated differently, so treatments aimed at correcting gender nonconformity in children, preventing transsexuality, continue to this day. To a small extent, they continue in Ontario.

Ontario, in fact, was ground zero in a debate that lasted for several decades regarding appropriate responses to children who do not conform to gender expectations. I am using the past tense intentionally to speak of that debate, because I think this matter really no longer qualifies as a true debate. The vast majority of international experts and professional associations have since taken the same side: against treatment that seeks to correct young people, and for affirmation. The minority of professionals who have declined to evolve their practices are the reason for this bill.

Within recent public debates, those who are opposed to Bill 77 have tended to cast the issue as an argument between “activists” on one side and “professionals” on the other. But if that was ever the case, it is most certainly not the case today.

Within the past five years, statements by the World Professional Association for Transgender Health, the Canadian Association of Social Workers and the International Federation of Social Workers all declare these types of treatment unethical and unwelcome in professional communities. I'm hoping you got a handout that I tried to send, which has excerpts from these organizations that might be helpful.

The Yogyakarta Principles were drafted in 2006 by international human rights experts. They list the treatments that we are discussing under the heading of “medical abuses.” Moreover, they note the obligations of nation-states to ensure that this is not occurring in their jurisdictions.

A forthcoming statement that's authored by a group of medical and mental health providers who work with gender-nonconforming children in the US—these providers are calling themselves the Gender Center Consortium—also names these practices under discussion as

unethical. Their statement was written by clinicians representing a group of, I think, about eight major US children's hospitals.

Perhaps the most telling, however, is a study published last year in a German child psychiatry journal. Katharina Rutzen and colleagues asked 13 international experts in this field—

The Chair (Mr. Shafiq Qaadri): Thank you, Jake. Your five minutes and so have expired. I now move you to the PC side with Mr. Smith, who will question you for three minutes.

Please begin.

Mr. Todd Smith: Jake, please continue if you would like to wrap up your presentation.

Mr. Jake Pyne: Thank you, I would. I think the most telling piece of information for us is a study that was published last in a German child psychiatry journal. Katharina Rutzen and colleagues asked 13 international experts their opinion on attempting to correct children's gender expression to match social norms. Out of those 13 experts, 11 said they found it unethical. Given that there are only one or two experts in the world practising in this manner, it makes those one or two the only experts in their own field who believe their own practices are ethical.

Some have expressed concern that the clinicians who are providing “medically necessary” services will be targeted by the bill, but what is considered “medically necessary” is not a given fact; it is precisely the matter that's under discussion. On this, the vast majority of international medical, mental health and human rights experts have spoken.

It is not enough that a clinician feels that he or she is “helping.” It is not enough that a clinician provide “help” only as he or she understands the term. The nature of the help that gets provided in the province must be consistent with societal values. Does treatment that attempts to prevent young people from growing up to be trans pass that test? No, it doesn't—not in a province that upholds gender identity as protected grounds in the Human Rights Code for residents of any age.

Finally, I heard the concern of Ms. Rowlands from the College of Registered Psychotherapists; however, I believe that concern is not warranted, or at least it does not justify removing this bill. I think it's mistaken to assert that the various colleges of the helping professions in this province have the power to address this issue adequately. If that were the case, we would not have had this problem for the past 40 years. If a therapist is wrongly accused, I believe this legislation allows for that to be resolved and to clarify their practices. Thank you very much.

Mr. Todd Smith: Thank you, Jake. It was difficult to hear your last part because I wasn't able to read along with it in the submission, but you were referencing the presentation that we heard from the psychotherapists. Could you expand on what you were saying there?

Mr. Jake Pyne: Yes. I was saying I heard the concerns from Ms. Rowlands from the College of Registered

Psychotherapists. I think the concern is not warranted, or at least it does not warrant removal of this bill. I think it's mistaken to assert that the various colleges of the helping professions in this province have the power to address this issue adequately. I think if that were the case, we would not have had this problem for the past 40 years. If a therapist is wrongly accused, think the legislation already allows for that to be resolved and to clarify their practices.

Mr. Todd Smith: Thanks for your presentation, Jake.

The Chair (Mr. Shafiq Qaadri): Thanks, Mr. Smith. Now to the NDP. Ms. DiNovo?

Ms. Cheri DiNovo: Thank you very much, Jake, and thank you for that clarification at the end; I think that helped.

California, Illinois, Oklahoma, New Jersey—it's in the debating process in New Jersey—and Manitoba as well, are planning on bringing this in, so we're not by any means the first jurisdiction.

I wanted to go back again to the concern that the college of psychotherapists had—that they can regulate themselves, that they should be allowed to regulate, and that this will put a chill on their practice for questioning youth. What would you say to that?

Mr. Jake Pyne: I don't think it puts a chill on the practice. If it makes medical and mental health professionals aware of the importance of affirmation; if it makes them look up "affirmation" in Google to find out what that would mean, what it would entail and what it doesn't entail; if it makes them research what they ought to be doing and what the latest research says and what young people need, then I think that's a good thing.

Ms. Cheri DiNovo: Okay, thank you. If you want to say anything else, you've still got some time.

Mr. Jake Pyne: Anything else about the bill in general? I think it's really important for us to get on the right side of history on this. Ontario has an opportunity to take a leadership role to ensure gender-diverse youth are affirmed by the important people in their lives and then get the message from our political leadership that they're valued, not in spite of but because of who they are, so that they get the message that they have futures in this province.

Ms. Cheri DiNovo: Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you very much, Ms. DiNovo. Thanks to you—oh, we're going to go to the government.

Ms. Martins, go ahead—three minutes.

Mrs. Cristina Martins: Thank you very much, Jake. I wanted to thank you for joining us here today via teleconference. I think you're right when you talk about the important piece of legislation that we have here before us, and that it is important that we do get it right and that we are working collaboratively with all parties here today to ensure that we do get this right.

Two of the first documents that I ever got to commission as a new MPP last year, in June—the first was for a young man, who must have been about 19 or 20, who wanted to have his name legally changed. He didn't want to be associated at all with the man that he was

before coming out and letting his family know that he was gay. He wanted absolutely nothing in his memory and his history to bring him back to the shame that his own parents put him through when he did come out. He wanted to identify himself as a new person, a new man.

The second document that I had commissioned was for a gentleman in his mid-50s who, at that age, finally found himself and wanted to commission a document so that he could seek sex reassignment at that age. Just to let you know, he's doing well, as he's undergoing some of that therapy right now.

I wanted to commend you as well on all the work and all the advocacy that you have done on behalf of the transgender community. I know that you have extensive experience in this community. How do you see Bill 77 benefiting the LGBTQ community?

Mr. Jake Pyne: I think in its effect, it will be very useful that someone could bring a claim forward. We know it's going to be complaint-driven, so it will be possible to bring a complaint forward. I think beyond that, it sends a very strong message. It has a ripple effect, and one of the effects it has is that it sends a message to parents. We know it will send a message to medical and mental health providers. We know it will send a message to young people that their lives are valued and, as I said, they have futures in this province.

It sends a message to parents, because one of the really big problems is that some of the very pathologizing research and treatment that has been done in this province and elsewhere has accused parents of young trans people of being the problem. It has told those parents it was some faulty parenting on their part, that it was the fault of their own mental health problems that their child turned out this way. So parents are really tripped up and often begin by trying to figure out, "What's wrong with my child, and what's wrong with me?"

This sends a clear message that there is nothing wrong with your child and there is nothing wrong with you. It's a game-changer. It means parents need support, and they can look for support to support their kid rather than working to find out what is wrong.

Mrs. Cristina Martins: Can you tell us just a little bit more about the research that you're doing and how it's helping the transgender community?

Mr. Jake Pyne: I'm part of a number of research teams. The national Trans Youth Health Survey has just come out with a national report about the state of trans youth health in this country. It compares questions that have been asked to other youth to the same questions asked of trans youth. It has found a number of disparities, as you would expect: Some of the usual suspects around suicidality—

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Martins.

Thanks to you, Jake, for your presentation teleconference as well as your written submission.

Mrs. Cristina Martins: Thank you, Jake.

The Chair (Mr. Shafiq Qaadri): Colleagues, we have about 10 minutes or so before our next presenter,

and we're just printing up her submission, which she would like to have distributed and in the hands of all committee members, so we are officially in recess for precisely 9.5 minutes.

The committee recessed from 1430 to 1440.

CANADIAN PROFESSIONAL
ASSOCIATION
FOR TRANSGENDER HEALTH

The Chair (Mr. Shafiq Qaadri): Thank you, colleagues. The committee is back in session. I would respectfully invite you to please be seated.

Our next presenter is ready to present: Nicole Nussbaum, past president of the Canadian Professional Association for Transgender Health. A written submission has been provided to all members of the committee.

You've seen the protocol, Nicole. You have five minutes to make your opening address and three-minute rotations with the parties. The time officially begins now.

Ms. Nicole Nussbaum: Thank you very much, Chair and members of the committee. My name is Nicole Nussbaum. I am the past president of the Canadian Professional Association for Transgender Health. The Canadian Professional Association for Transgender Health is the only national multidisciplinary professional organization working—is my mike on?

Mr. Lorenzo Berardinetti: A bit louder.

Mrs. Cristina Martinetti: He has a cold and he can't hear if there's feedback.

Ms. Nicole Nussbaum: It's the only national multidisciplinary professional organization working to support the health, well-being and dignity of trans and gender-diverse people. Our mandate includes: educating professionals and enabling knowledge exchange to develop and promote best practices; facilitating networks and fostering supportive environments for professionals working with and for trans people; and encouraging research to expand knowledge and deepen understanding about sex and gender diversity.

Our membership consists of the majority of Canadian medical and psychological professionals who focus their practice on trans health and mental health. Also represented are many leading Canadian academics and researchers studying trans health, social determinants of health and related issues.

The World Professional Association for Transgender Health publishes the Standards of Care. The most recent version sets out a framework for psychological and social interventions for children and adolescents. Standards of Care version 7 notes that "Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success ... particularly in the long term." WPATH finds that "Such treatment is no longer considered ethical."

Standards of Care also sets out a role that a mental health professional working with children and adolescents with gender dysphoria should take. The role in-

cludes: providing family counselling and supportive psychotherapy to assist children with exploring their gender identity, alleviating distress related to gender dysphoria, if they are gender dysphoric, and ameliorating any other psychosocial difficulties that may exist; educating and advocating on behalf of gender dysphoric children, adolescents and their families in the community, so day-care centres, schools etc.; and providing children, youth and their families with information for peer support—for example, groups that support the families and parents of gender-nonconforming trans children.

Standards of Care 7 also sets out that families should be supported in managing uncertainty and anxiety about their child's or adolescent's development and in helping youth to develop a positive self-concept. Mental health professionals should not impose a binary view of gender and they should give ample room for their minor clients to explore different options for gender expression. It is the role of health and mental health professionals to advocate for these children with community members and schools, and in the courts when necessary.

The Canadian Psychiatric Association also opposes reparative or conversion therapy because it's based on the assumption that LGBTQ identities are indicative of a mental disorder and the assumption that a person could or should change their sexual orientation or their gender identity or gender expression.

The Trans PULSE Project, the largest research project of social determinants of health in Ontario, surveyed 433 trans people in the province. They provided a report to the Children's Aid Society of Toronto and Delisle Youth Services that provided some shocking results in terms of the impacts of a lack of strong parental support for a child's gender identity and gender expression. Specifically, trans youth with strongly supportive parents were 100% housed versus 45% who were not strongly supported by their parents.

Of even greater concern, lack of parental support is associated with significantly higher levels of symptoms of depression, at 23% for those with strongly supportive parents versus 75% for those without.

Consideration of suicide in the past year: 34% for those with strongly supportive parents versus 70% for those without. And, almost incomprehensibly, suicide attempts within the past year: 4% for those with strongly supportive parents versus 57% for those without. That is a 93% reduction in suicide attempts in the past year.

The Chair (Mr. Shafiq Qaadri): Thirty seconds.

Ms. Nicole Nussbaum: Professional efforts to undermine parental support for a youth's gender identity or gender expression, as a result, should be considered not only unethical but dangerous. Direction that parents receive from professionals is formative of their approach to their own children and how they will advocate for—

The Chair (Mr. Shafiq Qaadri): Thank you, Nicole.

We will move to the NDP side. Ms. DiNovo, three minutes.

Ms. Cheri DiNovo: Thank you, Nicole. It's lovely to see you again.

Nicole is also a lawyer and has been part of developing Toby's Act as well, to add gender identity and gender expression.

Very quickly: The College of Registered Psychotherapists came in and testified to us that they thought Bill 77 would put a chill on the practice of psychotherapy. Having said that, we are looking at amendments that would loosen the language up so that children exploring their sexuality—we don't want to put a chill on that; we want people to get the help they need. But they oppose Bill 77, saying, in essence, that the colleges already regulate this. They already have said no to conversion and reparative therapy, so why do we need Bill 77? Could you speak to that?

Ms. Nicole Nussbaum: Yes. One point I would make is that we don't know all of the people who are doing this.

I'll just mention that as an adult, myself personally, I was sent to somebody who was doing this kind of therapy within a closed community and who was a psychiatrist, in fact, still trying to have this practice. I think it would be unbeknownst perhaps to any of the colleges that this sort of thing is going on.

I think the key is to ensure that children are supported in their gender identity and gender expression and not restricted, and that parental support, affection and attention are not tied to a restrictive gender identity or gender expression. There has been some work on language to address that issue. That provides a window for people who are doing legitimate work with children and not subjecting vulnerable children who can't really advocate for their own rights in these situations to be protected.

Ms. Cheri DiNovo: Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. DiNovo.

We'll move to the government side. Mr. Ballard.

Mr. Chris Ballard: Thank you very much for your presentation. I notice that we cut you short. Is there anything else you'd like to add? I'd be quite happy to give my time to hear as much of your presentation as possible.

Ms. Nicole Nussbaum: Sure. I just have a couple of points. Professional direction that challenges or tries to restrict gender identity or expression in the hopes that it will reduce discrimination, harassment or bullying of a gender-independent or trans child reverses the onus of whose job it is to make sure that children are safe. It's our job to make sure that children are accepted and feel supported and safe. It's not the job of a child to restrict what is natural for them in order to avoid harassment, bullying, violence and discrimination. I think that's true with respect to trans people in general: children and adults.

1450

With respect to the bill itself, I would very much recommend that gender expression be specifically enumerated in the bill and in the act. The restrictions that are placed on children very much are geared to gender

expression issues—how they dress, how they talk, how they walk and those sorts of issues. Explicitly referencing gender expression is quite important.

I would also expand the exceptions section to reference puberty suppression and transition-related services, including hormone therapies and surgical procedures, including but not limited to the service that's listed under OHIP as sex reassignment surgery.

Mr. Chris Ballard: Very good. Thank you very much.

Ms. Nicole Nussbaum: You're very welcome.

Mr. Chris Ballard: I don't have any more questions. I don't know if anyone else on our side does. No?

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Ballard.

To the PC side. Mr. Walker?

Mr. Bill Walker: Thank you very much. My questions were going to be specific to what you've just referenced in the recommendations portion, to expand on those, because you didn't really get the time. Do you want to add anything more to those, or is there anything else in your presentation that you want to add?

Ms. Nicole Nussbaum: I think that with respect to recommendations, those are our recommendations.

I would mention a couple of other points. We know that trans students experience quite a bit of discrimination and harassment in schools as a result of their gender expression. What Egale Canada found in their climate survey of schools across the country was that heterosexual cisgender students experienced high levels—10% of straight cisgender students were harassed because of their gender expression. So we know that boxing children in and forcing very strict gender norms on children is not good for anyone. Children need the opportunity to explore, to develop. What we consider now to be gender-appropriate toys in society or gender-appropriate clothing changes quite a bit over time.

There's a photo of Franklin Delano Roosevelt as a three-year-old child with long hair and a dress. If we saw that child today, the discussion would be about what to do with that child: Does that child have a problem? What we're saying is that that is not a problem. Exploring, being a child and having a variety of interests that may not represent what we think of societally as gender norms is an authentic way of being.

The other point I would make is in terms of gender equity more broadly within society. I think we've gotten past the point where we say, "You're a boy or a man, so you can only be these things. You are a woman; you can"—

The Chair (Mr. Shafiq Qaadri): Thirty seconds.

Ms. Nicole Nussbaum:—"you can only be these things." If we were to apply the same sort of standard to, say, women litigators or to men who take parental leave—we wouldn't do that for adults; why would we do it for children?

Mr. Bill Walker: Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Walker, and thanks to you, Nicole, for your submission. We have—

Mr. Todd Smith: Not a question; just a comment—

The Chair (Mr. Shafiq Qaadri): Yes, in a moment.

Thank you, Nicole, for your presentation on behalf of the Canadian Professional Association for Transgender Health.

Mr. Smith?

Mr. Todd Smith: Just a question for the Clerk: I know there are people that wanted to get on the speaking list for hearings. Can the Clerk explain what happens with the written submissions for those people who don't have the opportunity to appear before the committee?

The Clerk of the Committee (Ms. Tamara Poman-ski): Sure. Every single written submission that we received will be forming the public record, it will be exhibited and it will end up in the Ontario archives after a certain amount of time, and it will be associated with this bill.

Mr. Todd Smith: Thank you very much.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Smith.

Unless there's any further business before the committee, we are in recess until one hour. There's a vote in the interim. We'll be reconvening for clause-by-clause consideration at 4 p.m. in this room. Thank you.

The committee recessed from 1455 to 1602.

The Chair (Mr. Shafiq Qaadri): Thank you, colleagues. We now return to consider Bill 77 at justice policy. As you know, we're doing clause-by-clause.

Are there any comments or general questions before we proceed to the actual motions and amendments? Any further comments from colleagues?

Seeing none, we'll proceed now to government motion 1, which shall be presented by the not-seated Cristina Martins.

Mrs. Cristina Martins: Quite apologetic, Mr. Chair.

I move that subsection 11.2(1.1) of the Health Insurance Act, as enacted by section 1 of the bill, be struck out and the following substituted:

"Efforts to change sexual orientation or gender identity

"(1.1) Despite subsection (1) and subject to the regulations, if any, any services that seek to change the sexual orientation or gender identity of a person are not insured services."

The Chair (Mr. Shafiq Qaadri): Thank you. The floor is open for comments. You're welcome to begin, Ms. Martins, and then to Ms. DiNovo.

I should also just mention that once we proceed to the vote, if we're going to have a recorded vote, if you would like, that needs to be asked before the vote actually commences.

In any case: Ms. Martins, then Ms. DiNovo.

Interjection.

The Chair (Mr. Shafiq Qaadri): As you like; it doesn't matter. Ms. DiNovo.

Ms. Cheri DiNovo: Yes. We're in support of this. There is just one slight change. There are two "any"s in there.

The Chair (Mr. Shafiq Qaadri): There are two what? Sorry.

Ms. Cheri DiNovo: Two "any"s—"if any, any services." It's just editing.

The Chair (Mr. Shafiq Qaadri): No, I think—

Mr. Arthur Potts: No, that's correct.

Ms. Cheri DiNovo: Oh, it's "if any"?

The Chair (Mr. Shafiq Qaadri): We're encapsulating many "any"s.

Ms. Cheri DiNovo: Oh, I see. I got it. Okay. Withdraw. That's okay.

The Chair (Mr. Shafiq Qaadri): Okay. Any further comments, besides the grammatical attack? Anything else? Comments? Fine. We'll proceed to the vote.

Those in favour of government motion 1? Those opposed?

Interjections.

The Chair (Mr. Shafiq Qaadri): Let's try that again, with conviction this time.

Those in favour of government motion 1? Those opposed? Government motion 1 carries.

Government motion 2: Ms. Martins.

Mrs. Cristina Martins: I move that subsection 11.2(1.2) of the Health Insurance Act, as enacted by section 1 of the bill, be struck out and the following substituted:

"Exception

"(1.2) The services mentioned in subsection (1.1) do not include,

"(a) services that provide acceptance, support or understanding of a person or the facilitation of a person's coping, social support or identity exploration or development; and

"(b) sex-reassignment surgery or any services related to sex-reassignment surgery."

The Chair (Mr. Shafiq Qaadri): Thank you. The floor is open for comments. Ms. DiNovo?

Ms. Cheri DiNovo: Yes. We support this. Again, this goes to the discussion we were having when people were coming forward to testify. It's better wording.

The Chair (Mr. Shafiq Qaadri): Thank you. Further comments before the vote? Seeing none, we shall proceed to the vote.

Those in favour of government motion 2? Those opposed? Carried.

We now proceed to government motion 3: Ms. Martins.

Mrs. Cristina Martins: I move that subsection 11.2 of the Health Insurance Act, as amended by section 1 of the bill, be amended by adding the following subsection:

"Regulations

"(6) The Lieutenant Governor in Council may make" recommendations,

"(a) clarifying the meaning of 'services', 'sexual orientation', 'gender identity' or 'seek to change' for the purposes of subsection (1.1);

"(b) exempting services from the application of subsection (1.1)."

The Chair (Mr. Shafiq Qadri): Ms. Martins, could you read the line that is labelled “(6)” again please, which is “Lieutenant Governor”?

Mrs. Cristina Martins: “Regulations

“(6) The Lieutenant Governor in Council may make regulations,”

The Chair (Mr. Shafiq Qadri): Thank you. Are there any further comments on this motion 3? Seeing none, we’ll proceed to the vote.

Those in favour of government motion 3? Those opposed? Government motion 3 carries.

Shall section 1, as amended, carry? Carried.

Proceed now to section 2, government motion 4: Ms. Martins.

Mrs. Cristina Martins: I move that subsection 27.1(1) of the Regulated Health Professions Act, 1991, as enacted by section 2 of the bill, be struck out and the following substituted:

“Sexual orientation and gender identity treatments

“(1) No person shall, in the course of providing health care services, provide any treatment that seeks to change the sexual orientation or gender identity of a person under 18 years of age.”

The Chair (Mr. Shafiq Qadri): Thank you. Comments? Ms. DiNovo?

Ms. Cheri DiNovo: Again, this speaks back to what we discussed and what we heard.

The Chair (Mr. Shafiq Qadri): Thank you. We’ll proceed then to the vote.

Those in favour of government motion 4? Those opposed? Government motion 4 carries.

Government motion 5: Ms. Martins.

Mrs. Cristina Martins: I move that subsection 27.1(2) of the Regulated Health Professions Act, 1991, as enacted by section 2 of the bill, be struck out and the following substituted:

“Exception

“(2) The treatments mentioned in subsection (1) do not include,

“(a) services that provide acceptance, support or understanding of a person or the facilitation of a person’s coping, social support or identity exploration or development; and

“(b) sex-reassignment surgery or any services related to sex-reassignment surgery.”

The Chair (Mr. Shafiq Qadri): Thank you. Comments?

Ms. Cheri DiNovo: Again, it brings it in line with what we discussed and also the Regulated Health Professions Act, so we’re good.

The Chair (Mr. Shafiq Qadri): Thank you. We’ll proceed to the vote.

Those in favour of government motion 5? Those opposed? Government motion 5 carries.

Government motion 6: Ms. Martins.

Mrs. Cristina Martins: I move that section 27.1 of the Regulated Health Professions Act, 1991, as enacted by section 2 of the bill, be amended by adding the following subsection:

“Person may consent

“(3) Subsection (1) does not apply if the person is capable with respect to the treatment and consents to the provision of the treatment.”

1610

The Chair (Mr. Shafiq Qadri): Thank you. Comments?

Ms. Cheri DiNovo: Again, we didn’t discuss this very much. We didn’t hear a lot of testimony. We are delisting it from OHIP for people over 18, but people are free to do what they will, if they are of the age of consent.

The Chair (Mr. Shafiq Qadri): Any further comments? Seeing none, I will proceed to the vote.

Those in favour of government motion 6? Those opposed? Government motion 6 carries.

Government motion 7: Ms. Martins.

Mrs. Cristina Martins: I move that section 27.1 of the Regulated Health Professions Act, 1991, as enacted by section 2 of the bill, be amended by adding the following subsection:

“Substitute decision-maker cannot consent

“(4) Despite the Health Care Consent Act, 1996, a substitute decision-maker may not give consent on a person’s behalf to the provision of any treatment described in subsection (1).”

The Chair (Mr. Shafiq Qadri): Comments? Ms. DiNovo.

Ms. Cheri DiNovo: Again, it brings it in line with the Regulated Health Professions Act—a worthy amendment. We support it.

The Chair (Mr. Shafiq Qadri): We’ll proceed to the vote.

Those in favour of government motion 7? Those opposed? Government motion 7 carries.

Government motion 8: Ms. Martins.

Mrs. Cristina Martins: I move that section 27.1 of the Regulated Health Professions Act, 1991, as enacted by section 2 of the bill, be amended by adding the following subsection:

“Regulations

“(5) Subject to the approval of the Lieutenant Governor in Council, the minister may make regulations,

“(a) clarifying the meaning of ‘sexual orientation’, ‘gender identity’ or ‘seek to change’ for the purposes of subsection (1);

“(b) exempting any person or treatment from the application of subsection (1).”

The Chair (Mr. Shafiq Qadri): Comments? Ms. DiNovo.

Ms. Cheri DiNovo: Again, we’re going to support this.

Just a note, and, I think, duly noted: Nicole Nussbaum mentioned gender expression, which is in our Human Rights Code but not in the bill. Just a word to the minister: It would be great if that kind of wording could also be included at some point.

So we’re supporting it.

The Chair (Mr. Shafiq Qadri): We’ll proceed to the vote, then.

Those in favour of government motion 8? Those opposed? Government motion 8 carries.

Government motion 9: Ms. Martins.

Mrs. Cristina Martins: I move that section 27.1 of the Regulated Health Professions Act, 1991, as enacted by section 2 of the bill, be renumbered as section 29.1.

The Chair (Mr. Shafiq Qaadri): Comments? Ms. DiNovo.

Ms. Cheri DiNovo: Form, not function; it's all good.

The Chair (Mr. Shafiq Qaadri): Pardon me?

Ms. Cheri DiNovo: Form, not function; it's all good.

The Chair (Mr. Shafiq Qaadri): I'll proceed to the vote.

Those in favour of government motion 9? Those opposed? Government motion 9 carries.

Shall section 2, as amended, carry? Carried.

Section 3, government motion 10: Ms. Martins.

Mrs. Cristina Martins: I move that section 3 of the bill be amended by striking out "subsection 27(1), section 27.1 or subsection 30(1)" at the end and substituting "subsection 27(1), 29.1(1) or 30(1)".

The Chair (Mr. Shafiq Qaadri): Besides form-or-function-level commentary, are there any other comments?

Ms. Cheri DiNovo: It's all good, Chair.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. DiNovo. We will proceed to the vote.

Those in favour of government motion 10? Those opposed? Government motion 10 carries.

Shall section 3, as amended, carry? Carried.

We have received no amendments, to date, for sections 4, 5 and 6, so I'll take it as the will of the committee—

Interjection.

The Chair (Mr. Shafiq Qaadri): We'll proceed to the consideration of section 4.

Those in favour of section 4? Those opposed to section 4? Section 4 falls.

Ms. Cheri DiNovo: I just wanted to—

The Chair (Mr. Shafiq Qaadri): Yes, please.

Ms. Cheri DiNovo: This is just pro forma, really, again, just so people know.

Mrs. Cristina Martins: That's right, because my understanding is you can't remove an entire section from a bill, right?

Ms. Cheri DiNovo: Yes.

Mrs. Cristina Martins: Okay.

The Chair (Mr. Shafiq Qaadri): Thank you. We have not received, to date, amendments for sections 5 to 6, so I can take it the will of the committee is to consider them en bloc?

Interjection.

The Chair (Mr. Shafiq Qaadri): Sections 5 and 6? Fair enough. Shall sections 5 and 6 carry? Carried.

There is a motion here, government motion 11 with reference to the title of the bill. Ms. Martins.

Mrs. Cristina Martins: I move that the title of the bill be amended by striking out "or direct".

The Chair (Mr. Shafiq Qaadri): Any questions or comments on that? Seeing none, we shall—

Interjection.

The Chair (Mr. Shafiq Qaadri): Sorry?

Ms. Cheri DiNovo: I'm fine with that.

The Chair (Mr. Shafiq Qaadri): We'll proceed to the vote.

Those in favour of government motion 11? Those opposed? Government motion 11 carries.

Shall the title of the bill, as amended, carry? Carried.

Shall Bill 77, as amended, carry? Carried.

Shall I report the bill, as amended, to the House? Carried.

I would thank you, colleagues, for your patience and endurance. Thanks also to the members of the public.

I have to officially declare that I think justice policy now holds the record for both the longest bill, which was affectionately known as the energy infrastructure or gas plant hearings and now the shortest bill, Bill 77. Thank you. The committee is adjourned.

The committee adjourned at 1616.

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CONTENTS

Wednesday 3 June 2015

Affirming Sexual Orientation and Gender Identity Act, 2015, Bill 77, Ms. DiNovo / Loi de 2015 sur l'affirmation de l'orientation sexuelle et de l'identité sexuelle, projet de loi 77, Mme DiNovo	JP-53
Trans Lobby Group	JP-53
Ms. Susan Gapka	
Ms. Martine Stonehouse	
Ms. Davina Hader	
Queer Ontario.....	JP-55
Mr. Richard Hudler	
TG Innerelves	JP-57
Mr. Vincent Bolt	
Egale.....	JP-58
Mr. Ronnie Ali	
Ms. Jane Walsh	
Mr. Mike Smith	
College of Registered Psychotherapists of Ontario.....	JP-60
Ms. Joyce Rowlands	
Ms. Carol Cowan-Levine	
Ms. Erika Muse	JP-62
Mr. Jake Pyne.....	JP-64
Canadian Professional Association for Transgender Health.....	JP-67
Ms. Nicole Nussbaum	