From: feedback@bill10courtchallenge.org
Sent: Saturday, December 7, 2019 10:16 AM
To: 700 Clergy
Subject: Bill10CourtChallenge.Org - Follow-up Report #18 – On SOGI and GSA Matters Parents Have a Fundamental Right to Know What Their 5,6,7,8,9,10... Year-Olds Are Doing at School

Reference:

A. Follow-up Report #17 – Public Engagement for Proposed Choice in Education, which includes ***A Social Conservative Response to Choice in Education.***

B. Attached PDF [see below] – ***On SOGI and GSA Matters Parents Have a Fundamental Right to Know What Their 5,6,7,8,9,10. Year-Olds Are Doing in School.***

At Reference A, the paper titled "***A Social Conservative Response to Choice in Education***," highlighted, in reply to a key government survey, the continuing concerns for many parents relating to *Alberta Education*. All parents should support a *welcoming, caring, respectful and safe learning environment* in our schools for all students. However, many parents believe this can and must be achieved without the unprecedented alteration of the state-parent-child (state-family) relationship; without radically disenfranchising parents from long-standing rights and responsibilities. Under current governance, a 5,6,7,8,9,10...year-old student can secretly self-identify LGBTQ, change his/her/ze's name, and/or join a Gay-Straight Alliance (GSA), while at school, all with the state's promotion/backing/protection, all hidden from the responsible parents. The mother and father, or guardian(s) have no choice, no say, no awareness, in the matter.

After sending ***A Social Conservative Response to Choice in Education*** to most school trustees, the following reply was received:

> *Respectfully, what I judge you are suggesting is that the basic, fundamental human rights of a person, no matter what their age, should and can be trumped by the rights of a parent or guardian. I don't agree. There has to be a way to support parental rights, without interfering with fundamental human rights. Resolve this issue and you will have my full support.*

There is definitely an unresolved quandary/collision of "rights." The interlocking fates and concepts of "parenting" and "family" in Alberta rest on appropriate resolution of the dilemma. The nature of human sexuality education in Alberta will also be hugely impacted by the type of resolution. Attached [below], find Ref. B., which is my response to the school trustee feedback. Both papers have been sent to most trustees and all MLAs.

Request of Clergy

I request you (or a staff/board member) review the two papers to understand what is at risk for Christian and non-Christian families; what is real choice in education; and what is needed for protecting the greatest number of Alberta school children. Prayer that MLAs acknowledge/face this quandary and our government finds a fair and balanced solution would be greatly appreciated.

Thank you for your time.

Carman Bradley

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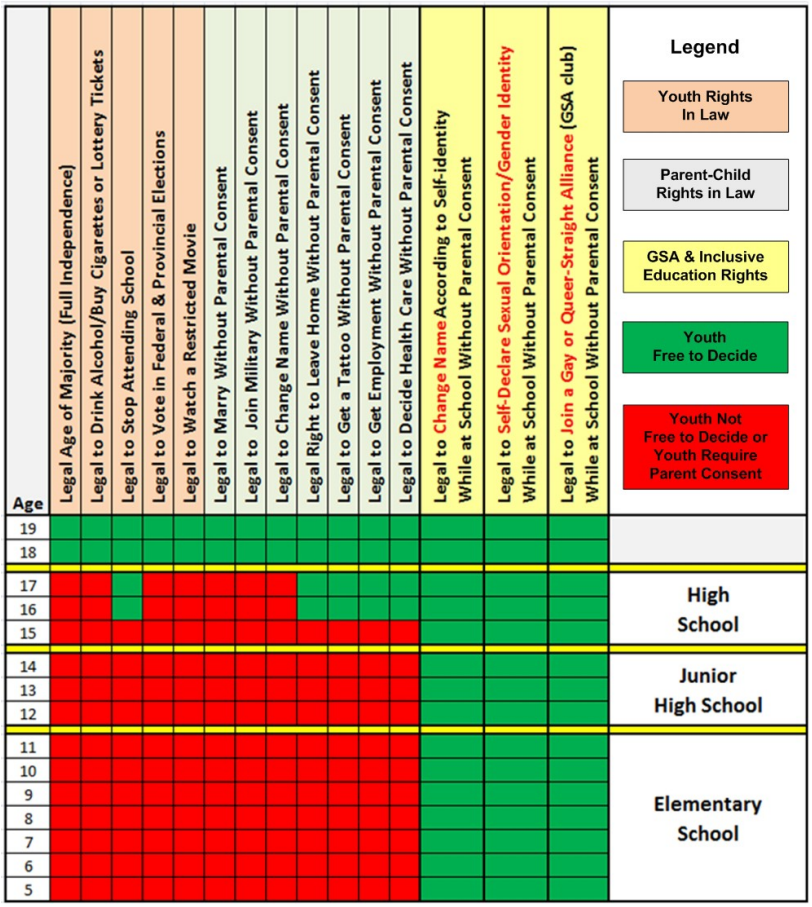
ON SOGI AND GSA MATTERS PARENTS HAVE A FUNDAMENTAL RIGHT TO KNOW WHAT THEIR 5,6,7,8,9,10...YEAR-OLDS ARE DOING AT SCHOOL

Trustee, thank you for your openness to dialogue on this social challenge. It is my intent to not reiterate what has been said in the previous PDF – *A Social Conservative Response to Choice in Education*, as much as possible. The Alberta Family Law Act declares parents have protections, rights, and responsibilities unless overturned by court order, i.e. after due legal process. These rights change as children reach legal age for independent decision-making or when a child is assessed by court to have sufficient maturity to make his/her own decision independent of parents. Under *Powers, responsibilities, entitlements of guardianship,* Family Law Act states at s.21 (5 and 6):

- *to nurture the child's physical, psychological and emotional development and to guide the child towards independent adulthood;*
- *to make day-to-day decisions affecting the child, including having the day-to-day care and control of the child and supervising the child's daily activities;*
- *to make decisions about the child's education, including the nature, extent and place of education and any participation in extracurricular school activities;*
- *to make decisions regarding the child's cultural, linguistic, religious and spiritual upbringing and heritage;*
- *to consent to medical, dental and other health-related treatment for the child;*
- *to decide with whom the child is to live and with whom the child is to associate; and*
- to grant or refuse consent where consent of a parent is required by law in any application, approval, proceeding or other matter.



This graphic illustrates an unprecedented breach in parent responsibilities/rights and the extraordinary level of deconstruction of family autonomy vis-a-vis the state. The image also highlights the end run around the previous need to follow due legal process to meddle with family. All resulting from the premise/assertion that SOGI self-identity (ages 5 to 18) and GSA law (Grades K-12) are sacrosanct human rights.

First of all, these rights result from changes to the Alberta School Act and Education Act, and apply only while a student is at school. If SOGI self-identity at any age is really a human right, would the state not also declare that at home; indeed anywhere, parents have no choice/no say in a child's self-declared SOGI identity. Moreover, by corollary reasoning government will have denied parents the authority/entitlement/power to be legitimately responsible for their children's SOGI-related decisions and consequences. In effect, given a conflict of views, the state would be ordering a child's "human right of self-identity" to trump traditional parent rights/responsibilities in all cases, for all ages once in school, even when not in a child's best interest – short or long-term.

As stated in the email PDF, *Alberta Education,* in the case of a discovered student's health issue related to secret SOGI self-identity or GSA membership, will immediately disclose the situation and effectively pass the child back to the previously unaware parents. The school authorities are declaring that the parents, not *Alberta Education*, have the legal responsibility to take the depressed/suicidal/problematic youth to AHS for assessment and treatment. This arrangement is unacceptable to most parents and results in health risk to our children. This politically correct, ideologically motivated assertion that a child age five and up has the right to hide a self-identity and GSA membership while at school from parents puts more children in harm's way than those whose health it expects to improve. See the further on dialogue in this paper and read:

- Eva Ferguson, Calgary SUN, "CBE takes heat for response to junior high students' messages about suicide," 21 Jan 2018, for CBE's non-readiness to take on parenting roles in a crisis.
- Licia Corbella, Calgary Herald, "Corbella: Couple warns their daughter could have died under new GSA law," 25 Nov 2017, to better understand the risks of unsupervised, non-transparent, ideological, child-led GSAs.

Currently, the state effectively declares indifference to the number of self-identifying LGBTQ children. Worse from a social conservative vantage, government insists that Alberta parents show the same apathy towards a son or daughter's course of sexual development. The NDP and UCP may override common sense to support the "politically correct" mantra of *celebrating* SOGI diversity; however, I dare say, a majority of parents would move mountains to have their children follow heteronormative sexual development and thus avoid persistent/inherent health, behavioural and spiritual risks of sexual minority lifestyles. Is this not a parent's right/responsibility, until such time as the child is mature/cognisant/adult enough to assume full responsibility for his/her human sexuality decisions? **If a five-year-old self-identifies transgender, does the "human right" extend to the right to change names or decide to have hormone treatment or sex-reassignment surgery?**

The US CDC website under the title *Gay and Bisexual Men's Health*[1] details many reasons parents by free "choice" hold a heteronormative sexuality development preference:

- Prevalence of HIV among sexual partners of gay, bisexual, and other men who have sex with men is 40 times that of sexual partners of heterosexual men.
- Young gay, bisexual, and other men who have sex with men ages 13-24 had over 72% of the estimated new HIV infections in 2010. In 2012, 75% of reported syphilis cases were among gay and bisexual men.
- Receptive anal sex is 18 times more risky for HIV acquisition than receptive vaginal sex.

[1] Centers for Disease Control and Prevention, website - *Gay and Bisexual Men's Health*, viewed 30 Nov 2017.

- To date, in the US roughly 636,000 Americans have died of AIDS. Of the 1,216,917 cumulative AIDS diagnoses in the US through to the end of 2015, 80% have been males.
- In 2010, an estimated 1.1 million people aged 13 years or older were living with HIV infection in the United States. Most (76%) of those living with HIV were male, and 69% of males were gay, bisexual, and other men who have sex with men (MSM).[2]
- Youth with HIV/AIDS face a lifetime of medication, 4 pills a day, and a reduction in life expectancy of 18-20 years.[3]

The number of reported cases of syphilis among men having sex with men (MSM) has been increasing since at least 2000. Twenty-seven American states reported MSM partner data for at least 70% of all cases of syphilis each year during 2007–2014. In 2014, MSM accounted for 82.9% of all male syphilis cases.[4] Across the participating STD clinics, 18,568 MSM were tested for gonorrhea and 18,414 MSM were tested for chlamydia. The median site-specific gonorrhea prevalence among those tested was 19.2% (range by site: 14.5%–25.3%). The median site-specific chlamydia prevalence among those tested was 14.9% (range by site: 7.0%–17.9%).[5]

The Youth Risk Behavior Surveillance, Selected Sites (YRBSSS), United States 2001-2009[6] (released in June 2011) studied seven US states and six large urban school districts and offers valuable comparative data on heterosexual, homosexual and bi-sexual behaviours among youth in grades 9-12. An extract of the results follows indicating median prevalence values for students identifying either as heterosexual, homosexual (G/L) or bi-sexual: [7]

Survey Question	% of Heterosexual Students	% of Homosexual Students	% of Bisexual Students
having been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey (i.e., dating violence)	10.5	27.5	23.3
having been physically forced to have sexual intercourse when they did not want to	7.2	23.7	22.6
having felt so sad or hopeless that they stopped doing some usual activities almost every day for 2 or more weeks in a row during the 12 months before the survey	24.8	41.3	56.3
having seriously considered attempting suicide during the 12 months before the survey	11.7	29.6	40.3
having attempted suicide one or more times during the 12 months before the survey	6.4	25.8	28.0
having used a needle to inject any illegal drug into their body one or more times during their life	1.5	14.9	7.6
having had sexual intercourse for first time before age 13 years	4.8	19.8	14.6
having had sexual intercourse with four or more persons	11.1	29.9	28.2
having drunk alcohol/used drugs before last sexual intercourse	18.7	35.1	29.9

[2] CDC, website *HIV Among Men in the United States*, viewed 30 Nov 2017.
[3] CATIE, website *Longer life expectancy for HIV-positive people in North America*, viewed 30 Nov 2017.
[4] CDC, 2014 Sexually Transmitted Diseases Surveillance, viewed 30 August 2016.
[5] Ibid.
[6] CDC, *Youth Risk Behavior Surveillance, Selected Sites (YRBSSS), United States 2001-2009*, viewed 30 Nov 2017.
[7] CDC, Morbidity and Mortality Weekly Report, Early Release, Vol. 60, "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009," 6 Jun 2011.

A study of sex reassignment (transgender surgery) impact done in Sweden, a very pro-sexual minority and inclusive country, determined:

> *Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group.*[8]

Parents cannot be complacent as LGBTQ activists and supporting politicians attempt to ban heteronormative counselling and close all access to medical professionals who advocate that children with apparent gender dysphoria wait until after puberty before choosing to take cross-sex hormones, and/or opt for sex reassignment surgery. Truth is that 84%[9] of children with gender dysphoria desist after puberty. See also Gender Ideology Harms Children for more background. A ban on all heteronormative counsel and delayed gender dysphoria treatment characterizes the goal of advocates in Edmonton City Council, the NDP Party, and the federal government. Their rhetoric does not square with the relevant science and goes against the concept of an open society and democratic right to seek the counsel/treatment and changes of "choice," regardless of the sexuality/gender direction of that "choice" (assuming age of adult independence). Social conservatives are not lobbying for a ban on transgender clinics. They do want "choice" and "access" to the professional medical advice they seek.

The largest study on the genetic basis of same-sex attraction (Science, Vol. 365 30 August 2019 p.882) concludes "there is no 'gay gene'." The study's lead author, Dr. Andrea Ganna, a geneticist at the Broad Institute of MIT and Harvard, says at least 75% of sexual behavior can be explained by environmental and cultural factors. The Public Health Agency of Canada *Guidelines for Sexual Health Education* supports this conclusion. The Agency writes: *"Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors."* The US Center for Disease Control and Prevention under *Collecting Sexual Orientation and Gender Identity Information* states: *"Some patients may question the relevance of being asked about their sex listed at birth or their sexual orientation. However, providers need this information to recommend appropriate preventive care. In addition,* ***sexual orientation and gender identity may be fluid across time and should be reassessed periodically so the most up-to-date information is available in the medical record."*** Psychiatrist Fritz Klein believed that sexual orientation can change. He created what is called the Klein Sexual Orientation Grid, which divides orientation into seven distinct categories-- Attraction, Behavior, Fantasies, Emotional Preference, Social Preference, Lifestyle, and Self-Identification. In sum, there is an abundance of evidence to support the view that counselling/therapy can change behaviour and influence the Klein factors.

The balance is further tipped in favour of the legal requirement for children ages 5 to 15 to have parental approval for any SOGI self-identity and/or GSA membership, while at school, because of waverers. Protecting traditional parent rights and powers is essential for justice and fairness for

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[8] Dhejne C. et al., PLoS One, "Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden," Feb, 2011.

[9] Thomas D. Steensma et al., Journal of the American Academy of Child & Adolescent Psychiatry, "*Factors Associated With Desistence and Persistence of Chidhood Gender Dysphoria: A Quantitative Follow-up Study*," Vol. 52 No.6, Jun 2013, p. 582.

their sons and daughters who may be waverers. These are confused or questioning youth who may develop along a sexual minority or a heterosexual path depending on "environmental influences." They deserve unbiased, non-ideological, non-political, scientific education that does not erase or hide the reality that 95% of most populations are heterosexual. They deserve to know the statistical/scientifically proven health risks associated with sexual minority lifestyles.

If government is asserting children as young as five have the human right to SOGI self-identify independent of their parents wish, is Alberta Education not obligated to deliver (assuming children starting in kindergarten can understand) the unbiased truth about transgenderism or other human sexual orientations to permit "informed decision-making." In other words curriculum should empower our youth with scientific truths, factual health risks, and likely complications. However, this approach is the exact opposite of current affirmative action "inclusive education" curricula across the country.

In 2015, as Premier, Ms. Wynne brought in a new Ontario Health & Physical Education curriculum.[10] A simple word frequency count in the document for Grades 1-6 is revealing. The word gender identity is found 43 times, sexual orientation 42 times and gender expression 11 times. The terms transgender, transsexual, intersex, and two-spirited total 18 times; gay and lesbian 14; and homophobia 4 times. The word heterosexual is found only once, listed in brackets along with gay, lesbian, and bisexual, as a type of sexual orientation. The curriculum glossary defines: bisexual, gay, gay-straight alliance, gender, gender-based violence, gender expression, gender identity, homophobia, lesbian, intersex, sexual orientation, sexuality, transgender, transsexual, and two-spirited. The glossary does not include nor does the curriculum anywhere define the term "heterosexual." The liberal-left political notion of equity and inclusivity in Ontario's education strategy reduces heterosexuality (some 95% of the student population) to one undefined orientation instance. In Ontario, after decades spent by the political left deconstructing heterosexism, investing in the constructs of homophobia and gender ideology, it is no longer "politically correct" or seen as necessary or desired to promote heterosexuality as a life choice in schools. Then, as Education Minister, Ms. Wynne put Ontario's affirmative action/inclusivity strategy as follows:

> *This is why I believe it is critical for us to articulate an equity and inclusive education strategy for Ontario schools. Embracing diversity and moving beyond tolerance to acceptance and respect will help us reach our goal of making Ontario's education system the most inclusive in the world.*[11]

Alberta parents must not allow government to replace science with such ideology and politics in curriculum. Responsible parents should not acquiesce to policies encouraging wavering sons and daughters to secretly attend GSA "safe spaces" where free and balanced speech is lacking, replaced with affinity group peer pressure and biased GSA Network ideological/political indoctrination.

The number of confused/questioning/wavering youth is larger than the homosexual student group in our Alberta educational system. *Rainbow Health Ontario* (see figure next page) found 3% of teens are waverers. Considering that at least an equal percentage of children in the lower grades are sexually confused, the total waverers in our schools well exceeds 20,000. These children cannot be

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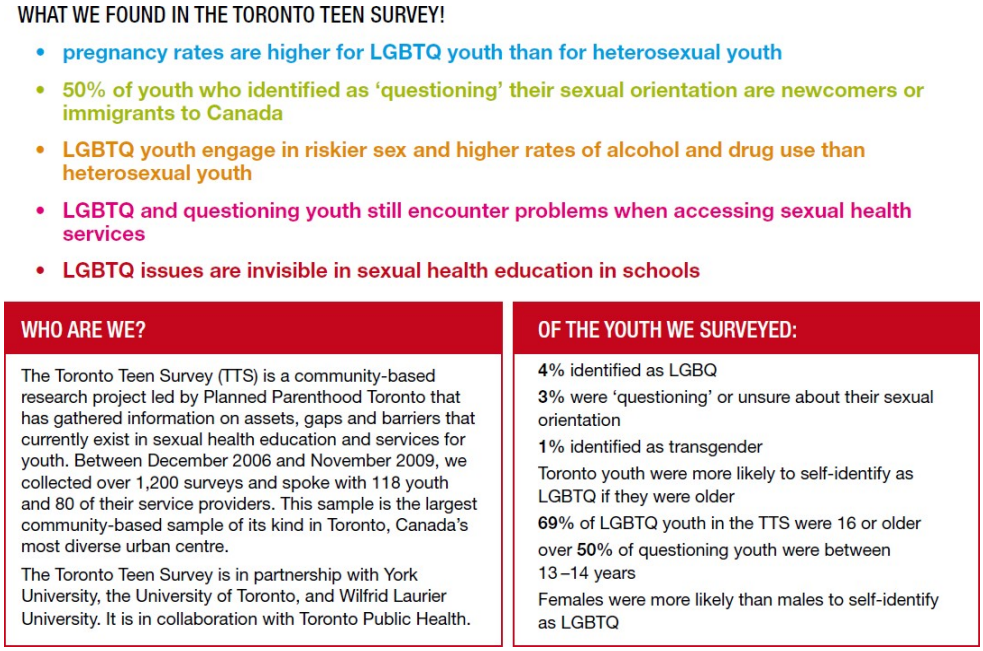
[10] Ontario Government, *The Ontario Curriculum Grades 1-8 Health and Physical Education*, 2015.
[11] Ontario Ministry of Education, *Realizing the Promise of Diversity…Ontario's Equity and Inclusive Education Strategy*, 2009, p.1.

abandoned to political/ideological aspirations of SOGI activists, child-led GSAs, and GSA Networks connected to adult sexual minority advocacy agencies. Parents recognize that restricting access to



WHAT WE FOUND IN THE TORONTO TEEN SURVEY!

- pregnancy rates are higher for LGBTQ youth than for heterosexual youth
- 50% of youth who identified as 'questioning' their sexual orientation are newcomers or immigrants to Canada
- LGBTQ youth engage in riskier sex and higher rates of alcohol and drug use than heterosexual youth
- LGBTQ and questioning youth still encounter problems when accessing sexual health services
- LGBTQ issues are invisible in sexual health education in schools

WHO ARE WE?

The Toronto Teen Survey (TTS) is a community-based research project led by Planned Parenthood Toronto that has gathered information on assets, gaps and barriers that currently exist in sexual health education and services for youth. Between December 2006 and November 2009, we collected over 1,200 surveys and spoke with 118 youth and 80 of their service providers. This sample is the largest community-based sample of its kind in Toronto, Canada's most diverse urban centre.

The Toronto Teen Survey is in partnership with York University, the University of Toronto, and Wilfrid Laurier University. It is in collaboration with Toronto Public Health.

OF THE YOUTH WE SURVEYED:

4% identified as LGBQ

3% were 'questioning' or unsure about their sexual orientation

1% identified as transgender

Toronto youth were more likely to self-identify as LGBTQ if they were older

69% of LGBTQ youth in the TTS were 16 or older

over 50% of questioning youth were between 13–14 years

Females were more likely than males to self-identify as LGBTQ

heteronormative affirming counsel and environmental-based therapy in our schools and in the public arena only increases sexuality confusion and health risks among our youth. Moreover, current *Inclusive Education* policies shift sexuality "influence factors" in favour of celebrating/enlarging the LGBTQ community. Waverers have been forgotten in this bid for LGBTQ student rights and *Inclusive Education*. Public policy should not be promoting the increase of the transgender community, as one example. However, LGBTQ affirmative action laws and inclusive education policies are having that exact effect.

Dr. Lisa Littman, specialist in gender dysphoria at Icahn School of Medicine at Mount Sinai, New York, reports on a phenomenon she titles "Rapid Onset of Gender Dysphoria (GD) in Adolescents and Young Adults (AYAs)."[12] In her study 164 parent-completed surveys (90 questions) met the study criteria. They describe GD appearing for the first time during or after puberty. The development occurs in the context of being part of a peer group where one, multiple, or even all friends have developed gender dysphoria and come out as transgender during the same timeframe. Dr. Littman discovered:

> *On average, 3.5 friends per group became gender dysphoric. Where friend group activities were known, 63.7% of friend groups mocked people who were not transgender or LGBTQ. Where popularity status was known, 64.2% of adolescents had an increase in popularity within the friend group after announcing they were transgender. AYAs received online advice that if they didn't transition immediately they'd never be happy (31.7%) and that parents who didn't agree to take them for hormones are abusive and transphobic (37.3%). AYAs expressed distrust of people who are not transgender (24.7%); stopped spending time with non-transgender friends (25.3%); withdrew from their families (46.5%), and expressed*

[12] Dr. Lisa Littman, Journal of Adolescent Health, "Rapid Onset of Gender Dysphoria in Adolescents and Young Adults: a Descriptive Study," Vol 60, Issue 2, Supplement 1, pp. S94-S95.

that they only trust information about gender dysphoria that comes from transgender sources (53.1%).[13]

She concludes:

> *Rapid onset of gender dysphoria that occurs in the context of peer group and online influences may represent an entity that is distinct from the gender dysphoria observed in individuals who have previously been described as transgender.* ***The worsening of mental well-being and parent-child relationships, peer group dynamics, and behaviors that isolate teens from their parents, families, non-transgender friends and mainstream sources of information are particularly concerning****.* [14]

Other informative data on the unprecedented increase in children declaring transgender identities and making gender clinic referrals in the United Kingdom and United States include:

- Child gender identity referrals show a huge rise in six years. [The data from the UK shows a 10-fold increase in six years, of which 70% were females taking on male identities.]
- Is Gender Dysphoria a Fad?
- More U.S. teens identify as transgender, survey finds

The premise/assertion that a child's self-declared sexual orientation/gender identity (LGBTQ…etc), at any age, is sacrosanct, a human right, indeed unchangeable, is founded in politics and ideology, not science or law. Alberta children should not be encouraged and empowered to create two realities – one in school and another at home. The revised Alberta Bill of Rights Act (ABRA), March 19, 2015, declaration at s.1(g): **"*the right of parents to make informed decisions respecting the education of their children*"** and the Choice in Education Act pledge to**: "*affirm that parents are the primary decision-makers in their child's education,*"** are both virtually meaningless without credible parental oversight of their children's sexual development. **Given a conflict of views (parent – child), one hopes our government is <u>not now</u> asserting a new caveat to Alberta Family Law Act s.21(5) and (6) that these powers and responsibilities no longer apply to the matter of a son/daughter's sexual development once his/her so-called "SOGI" self-identity is declared, even as early as age 5.** This level of disenfranchisement will result in the end of "Family" as social conservatives and many others view the institution. Such a totalitarian insertion of state authority over parents down to children age five will result in the deconstruction of *parent-child-family-state* relations, as has been the stable norm for centuries. Albertan society will be severely weakened as a result.

Carman Bradley

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[13] Ibid.
[14] Ibid.