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• (1105)

[English]

The Chair (Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.)): Good morning, everybody. I call this meeting to order.

Welcome to meeting number 15 of the House of Commons Standing Committee on Justice and Human Rights. Pursuant to the Order of Reference of Wednesday, October 28, 2020, the committee is meeting on its study of Bill C-6.

This is a hybrid format meeting. Members Mr. Cooper and Madam Findlay are with me here in the room and other members will be joining virtually.

I will remind you and the witnesses to unmute your mike when it's your turn to speak and to speak slowly and clearly so that the interpreters can do their work.

You have the option of picking your language. At the bottom of your screen for language Interpretation you can pick “English”, “French”, or “floor” for your better communication.

If you're not speaking, I would ask that you please put your microphone on mute.

The clerk and I will do our best to make sure that this meeting is run in an orderly fashion. Please address all questions and comments through the chair and we'll have a good meeting.

Today we are joined by a number of witnesses whom I would like to welcome.

Appearing as an individual we have Colette Aikema.

Appearing from the organization No Conversion Canada we have Nicholas Schiavo, who is the founder, and Peter Gajdics, who is a writer and advocate.

Peter, I hope you'll correct my pronunciation of your name when it's your turn to speak.

We also have, representing the Canadian Association of Social Workers, Joan Davis-Whelan, who is the president, and Alexandra Zannis, social policy and communications coordinator.

Last, we have the Justice Centre for Constitutional Freedoms represented by Lisa Bilty, who is a barrister and solicitor.

Each of you will have five minutes to speak. We'll start with Colette Aikema for five minutes.

Go ahead, please.

Ms. Colette Aikema (Speaker, As an Individual): Thank you so much, members of Parliament, for inviting me to present to you today.

My name is Colette and I'm from Lethbridge, Alberta. I am a mom, a wife, and I have three of the world's most beautiful children.

I'm here today to tell you about how counselling helped me survive terrible trauma. Despite the government's assurances, my life-saving counselling would become illegal if Bill C-6 is passed, and that's why I think it's so important for you to hear my story.

When I was a child, I was abused. Because of it, I struggled for many years with sexual behaviour and attractions that I did not want. I compulsively masturbated. I had intrusive gay fantasies and rape fantasies. My developing attractions and behaviours got worse after I was gang-raped as a teenager. Three men who I knew raped me and damaged my sexual well-being. This horrible moment led to even worse sexual problems, like the use of pornography that involved rape and rape fantasies, both heterosexual and non-heterosexual, behaviours that severely distressed me.

This trauma negatively impacted my sexual intimacy with my husband. I had difficulty with even casual relationships because they triggered an urge to seek out sexually addictive behaviours, both gay and straight. I saw the world through a lens of sexual pain and confusion, and life became unbearable.

Thankfully, I found support in two places, from a University of Lethbridge counsellor whose service I paid for, and a faith-based sex addiction group. Both helped reduce my non-heterosexual behaviour, and the support saved my marriage, my sanity and my life.

The government has argued that Bill C-6 will not ban the counselling I received, because it exempts the exploration of a person's identity or its development, but I need to make this clear. I was not interested in exploring my non-heterosexual attractions and behaviours or its development, as I knew where they came from. I needed to reduce these behaviours.

Both my secular counsellor and my faith-based support group are a practice, treatment or service that helped me repress or reduce non-heterosexual attraction or sexual behaviour, and under Bill C-6, this life-saving treatment that I freely chose would be criminal.

Even if the government says this bill won't ban my counselling experience, groups like No Conversion Canada, who will be speaking after me, have already publicly stated on social media that they intend to use conversion therapy bans to attempt to shut down the kind of counselling that I received and to shut down the groups that support my right to counselling.

There are many legitimate reasons why someone may want to reduce their sexual attractions or behaviour, whether they be gay or straight, and those reasons are not for the government to decide.

In fact, there's no professional body in North America that includes the phrase "reducing non-heterosexual behaviours" in their definition of conversion therapy. Even the Canadian Association of Social Workers, who will be speaking after me, define it the same way as the Canadian Psychological Association as a reparative therapy, not just any practice that attempts to change the sexual orientation of bisexual, gay and lesbian individuals to heterosexual. That definition does not mention reducing non-heterosexual behaviour by consenting patients.

Professional counselling organizations recognize that it is not the job of the therapist to set the outcome for the patients. If professional counsellors do not set the outcomes of therapy, why does the government? In fact, isn't conversion therapy wrong because it forces an outcome on someone?

If Bill C-6 is passed, isn't it then forcing an outcome on me? Isn't Bill C-6 then a form of conversion therapy on victims like me?

When Lethbridge passed a similarly worded bylaw, the public was denied a chance to speak to it, and after it passed, I spoke to a city councillor about my story. Only then did he admit that they had not considered people like me when passing their bylaw.

I am speaking to you now so that you can avoid making the same mistake. Consider the thousands of other women who are raped and need help. Don't they deserve to get the counselling that will help them achieve their goals?

I'm now happily married and a mother. I know those of you who are parents worry about your kids like I do. If they're ever in trouble, I want to make sure they have access to the same life-saving care that I paid for.

Make this bill better by adopting the definition of conversion therapy used by actual professional bodies. This will ensure that this government is not forcing outcomes on patients and instead is recognizing the diversity of our lived experiences.

Thank you so much for your time. I'm available for questions.

The Chair: Thank you very much, Ms. Aikema.

We'll now go to No Conversion Canada, represented by Nicholas Schiavo and Peter Gajdics.

• (1110)

Mr. Nicholas Schiavo (Founder, No Conversion Canada): Good morning, and thank you to the honourable members of the Standing Committee on Justice and Human Rights and all those who have made this appearance possible.

My name is Nicholas Schiavo, and I'm the founder of No Conversion Canada. No Conversion Canada is a non-profit, non-partisan, grassroots and volunteer-led coalition of conversion therapy survivors, LGBTQ2 individuals, civil society experts, academics and Canadians from coast to coast. We work to eradicate conversion therapy abuse, amplify the voices of survivors and protect the safety of LGBTQ2 Canadians.

Since 2018, we have worked with stakeholders and policy-makers across Canada to develop bylaws and legislation to end this torture.

I am here today to support this human rights legislation and to provide insight and facts to strengthen Bill C-6 for the safety of all Canadians.

I am honoured to be here with a pioneer in this movement, a survivor, author and advocate, Mr. Peter Gajdics, whom I will now cede the rest of my time to.

Mr. Peter Gajdics (Writer and Advocate, No Conversion Canada): Thank you.

Madam Chair, my name is Peter Gajdics. I'm here to make recommendations for Bill C-6 based on my lived experience. I went through six years of conversion therapy with a licensed psychiatrist when I was a legal adult between 1989 and 1995. I was 24 years old when I met this doctor, 31 years old when it ended.

I'm the author of the book *The Inheritance of Shame: A Memoir* about my years in this therapy and my road to recovery. For the past 23 years I have spoken out about conversion therapy. In 2018 I helped initiate the first Canadian municipal ban on conversion therapy in Vancouver, my home city.

I had already come out as gay before I met this psychiatrist. After starting counselling with him, he told me that my history of childhood sexual abuse had created a false homosexual identity and so my therapy's goal would be to heal old trauma in order, as he said, to correct the error of my sexual orientation and revert to my innate heterosexuality.

His methods then included prolonged sessions of primal scream therapy, multiple psychiatric medications to suppress my homosexual desires, injections of ketamine hydrochloride followed by re-parenting sessions to heal my broken masculinity, and when none of his methods worked, aversion therapy.

At their highest dosages he was prescribing near-fatal levels of these medications and I overdosed. I still consider it a miracle I didn't die. I left these six years shell-shocked. It was not so much that I wanted to kill myself as I thought I was already dead.

I later sued the doctor for medical malpractice. He denied treating me in order to change my sexual orientation. He claimed I had consented to his treatment. He said he had treated me for depression.

I imagine some will view my experiences as extreme, that it couldn't happen again today, except these are the exact words I've heard for over 20 years. As I write in my book, the horror of it all provokes disbelief. Though the facts of my treatment will differ from others', I believe the basic principles about fraudulent practice combined with a client's vulnerability, trust and lack of informed consent, will always apply to all, even today.

Currently there are no federal laws that would prohibit what happened to me with another legal adult, or even that could hold a similar practitioner accountable for his actions.

These are my recommendations for Bill C-6. The ban must be for all ages.

Banning conversion therapy is about ending a fraudulent practice that causes harm. This applies to all.

The ban should not include the word "will" or any suggestion of coercion. Suggesting coercion or the idea of forced conversion therapy, or even mentioning the will of the client, makes it sound as if conversion therapy could be anything other than coercive. It deflects attention away from the fraudulence and harm of these practices and to the actions of the client, their supposed willingness or consent to participate.

All forms of conversion therapy are inherently coercive and exist solely as a form of oppression over LGBT people. To imply otherwise is to invalidate the experience of survivors. Proper informed consent is not possible in these circumstances because all of these treatments are based on the false premise, the lie, that a person is broken by virtue of being gay or trans and that they can and ought to be changed. To suggest that a person could consent to such a thing is to say that they choose to do to themselves what has been done to them from the start. It is illogical and defeats the purpose of the bill.

Please ban conversion therapy for all, including adults.

Thank you.

• (1115)

The Chair: Thank you very much, Mr. Schiavo and Mr. Gajdics.

We'll now move to Joan Davis Whelan and Alexandra Zannis from the Canadian Association of Social Workers.

You have five minutes.

Ms. Joan Davis-Whelan (President, Canadian Association of Social Workers): Thank you.

Good morning. My name is Joan Davis-Whelan, and I'm the president of the Canadian Association of Social Workers. We represent over 20,000 social workers across Canada.

It is my privilege and honour to be here today to provide witness to this historic legislation that will serve to protect all children and

youth from those who are unaccepting of their inherent dignity and worth.

The Canadian Association of Social Workers enthusiastically applauds and provides unwavering support to all parliamentarians for their support of Bill C-6. We call for Parliament, the House of Commons and Senate of Canada, to put the safety and security of children and youth first by unanimously supporting and expediting this legislation into law. Any further delay in passing this reintroduced legislation is unacceptable. Not one more child or youth in Canada should endure the harm of this damaging and discredited attack against their persons.

I would now like to take a moment to thank the individuals who bravely stepped forward to share their stories of lived experience in enduring the harm inflicted by conversion therapy. Due to their relentless advocacy and commitment to protecting others, the vision of a Canada without legal conversion therapy will soon be realized.

In 2018, CASW released a position statement, in partnership with the Canadian Psychological Association, strongly condemning all forms of conversion therapy. Conversion or reparative therapy can take many forms, but can be broadly defined as any therapy with the goal of changing or converting an individual's sexual orientation or gender identity, regardless of age.

It is important to note that this so-called therapy is not evidence-based. It is completely discredited and causes extraordinary harm, especially amongst Canada's children and youth.

We now definitively know, and have heard time and time again, that conversion therapy directly contributes to two-spirited and LGBTQ+ youth experiencing disproportionate and alarming rates of mental health problems. Homelessness, poverty, violence and substance use result from this practice.

CASW would like to thank the Minister of Justice and Attorney General of Canada as well as the Minister of Diversity, Inclusion and Youth for including the voice of the social work profession during the process of developing this bill.

Notwithstanding our steadfast support of this bill, CASW encourages this committee to adopt the key recommendations of the guide for legislative action for conversion therapy in Canada. CASW endorses the revised guide. Its recommendations are needed to strengthen this legislation to protect all people from this discredited form of fraudulent therapy.

I will now pass it over to my colleague, Alexandra Zannis, to provide CASW's recommendations.

Ms. Alexandra Zannis (Social Policy and Communications Coordinator, Canadian Association of Social Workers): Thank you to this committee for asking us to come here today.

As listed in our written submission, CASW strongly urges the following amendments to strengthen Bill C-6:

First, CASW recommends that the bill be amended to include gender expression.

Second, any language focused on the issue of consent or coercion is misdirected as this wording could create a significant loophole limiting the protective effect of this proposed law by claiming an individual can consent to a therapy that has been deemed psychologically harmful.

Third, in its current state, the bill implies that conversion therapy may be dangerous and harmful to minors, but not necessarily to adults. It is harmful to all people.

Fourth, any federal legislation should also revoke the charitable status, if held, of any organization that promotes, advertises or practices any form of conversion therapy.

Fifth, CASW strongly supports investing in a survivors' fund to access reparations and supports for those who have experienced this practice.

Finally, CASW advocates that funding accompany this bill for education and awareness campaigns highlighting the need to officially end all conversion therapy practices in Canada.

Thank you. I look forward to your questions.

The Chair: Thank you very much for that.

We will now go to the Justice Centre for Constitutional Freedoms, represented by Lisa Bilyd.

You have five minutes.

• (1120)

Ms. Lisa Bilyd (Barrister and Solicitor, Justice Centre for Constitutional Freedoms): Thank you.

I am a lawyer with the Justice Centre for Constitutional Freedoms.

Objectively harmful coercive practices that are designed to change a person's sexual orientation, as we've just heard, should be banned. That is what Canadians think of when they hear the phrase "conversion therapy". But when it comes to gender identity, improperly conflated with sexual orientation in this bill, what we think we are talking about and what activists mean and are pushing for are not the same.

By conversion, they mean talk therapy or watchful waiting to help a child or adolescent become comfortable in their own body or that addresses other mental health concerns or past traumas, something that about 85% of them will do if given that space. That is what they want banned on pain of criminal sanction.

When they say "affirmation" they mean rejecting the body a child was born in and embarking on a path of puberty blockers, cross-sex hormones, multiple surgeries, and a lifetime of medication and dire consequences such as sterility and loss of sexual function. A whole industry is developing around this conversion of kids, and it is being encouraged through the influence of gender activists on social media and even in our schools.

Yes, that is the real conversion here that is endorsed and supported by this bill. The LGB Alliance Canada report, which I implore

you to read, speaks of lesbians and gays saying to each other in whispered conversations, "Thank God I am not a gay kid growing up right now. If I had been, there's no question that I would have identified as transgender and been sent for sexual reassignment."

Yet we have to pretend that talk therapy and a cautious measured approach is the danger. A free society that supports individual rights, as Canada is supposed to be, would allow parents, children and health professionals to find the best path for each unique child, not have the state preordain that transition is the only permissible option.

It is not for the government to dictate such outcomes, and doing so in our submission contravenes the rights of parents and children guaranteed under section 7 of the charter. The bill needs to remove gender identity entirely.

Other countries are beginning to realize the horrors that have unfolded from allowing and encouraging kids to self-diagnose at the behest of gender ideologues. Progressive Sweden has shifted course dramatically just in the last few months, and in the United Kingdom we are seeing positive signs of this.

The Keira Bell case last week was groundbreaking. It confirmed what many parents, therapists and other medical professionals have been warning about for years: The affirmation bandwagon puts kids on an irreversible path to permanent changes that will adversely impact their physical health, bone density and other complications and likely cause them sterility and an inability to experience sexual pleasure. The court reviewed the evidence with some horror and concluded that once children go on puberty blockers, they almost invariably proceed through all the stages of transition, and that children under 16, and those likely under 18, cannot possibly provide informed consent to those consequences.

Canada is going in the wrong direction. We're being steamrolled by an aggressive ideology that changes our language, undermines our usual safeguards relating to children, demonizes as bigots those who are cautious, refuses to consider evidence that counters the approved narrative, and demands complete fealty on pain of social cancellation.

Standing up to this is not transphobic. It is being child-centric and rational and it is necessary. It in no way prevents adults who wish to transition from doing so, or even children whose parents and a licensed health professional think transition is the best outcome for that child. But it isn't the right outcome for all children.

I was surprised to learn yesterday that the committee would not be hearing from important voices like LGB Alliance Canada and Detrans Canada. Detransitioners are ignored because they shatter the narrative. The preamble to the bill says that it's a myth that people can change their gender, but those who have detransitioned are proof that either their gender can be changed or that what some young people go through when they say they are transgender is indeed a phase that they might simply outgrow.

Detransitioners are usually homosexual, mostly young people who have gone through medical transition and have some serious regrets. Many self-diagnosed as having gender dysphoria as minors and subsequently accessed irreversible hormone blockers, cross-sex hormones and double mastectomy without any form of psychological assessment, all by the age of 16.

I invited a member of Detrans Canada to share my time today, but that was not allowed. They have three major concerns with the bill as written, which I share.

Affirming every single patient with gender distress or confusion as trans, including medical transition, will definitely result in more detransitioners in the long term.

It will be illegal for mental health professionals to support detransitioners because they do not seek affirmation, but wish to reconcile with their sex.

• (1125)

Minors who have experienced medical malpractice through unnecessary medical transition will have no course for redress because service providers will cite Bill C-6, which mandates affirmation as the only legal treatment.

I encourage members, as part of their due diligence in considering this bill, to read their excellent submissions and testimonials, as well as those of LGB Canada. It's important to make fully informed decisions and get this right.

Thank you.

The Chair: Thank you very much.

We'll now move into our first round of questions, starting with Mr. Moore for six minutes.

Go ahead, sir.

Hon. Rob Moore (Fundy Royal, CPC): Thank you, Madam Chair.

Thank you to all of our witnesses.

It's certainly an interesting panel, because we have a real diversity of views on what is an important bill. I think we start from the premise that conversion therapy in Canada and in some of the situations that have been expressed even on this panel is completely unacceptable, and there is goodwill on all sides of this debate about banning harmful practices.

I also think that some of the commentary we heard in the opening remarks illustrates perfectly why we need to get this definition right.

I heard one comment that we should remove the charitable status of those practising conversion therapy. We're dealing with the Criminal Code here. Criminal sanctions and removing charitable status are very serious consequences, which is why, as the justice committee, we have to get this definition of what is conversion therapy right. This definition is not a boilerplate we can take from some other legislation, because the definition the government provides has not been used anywhere else in government or seemingly by anyone else anywhere, so that raises concerns. We're looking at new language and we have to make sure the language is right.

Lisa Bilty, your submission to the justice committee states that the definition of conversion therapy is overbroad and as a result does not adequately prohibit harmful practices. Can you elaborate on that?

I'm looking at the definition and it states:

designed to change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour.

If that definition is problematic, could you explain to the committee how you feel it is so?

Ms. Lisa Bilty: It puts people on a one-way path here. I'm speaking specifically of gender identity, because it allows only transition to the opposite gender, essentially. It specifically prohibits any efforts to return to or remain cisgender, so it prohibits a whole range of therapies, approaches and desires of individuals that should be legally allowed and that a health professional might reasonably recommend.

Hon. Rob Moore: One of the talking points we've heard from the government on this repeatedly is that this bill would not criminalize non-coercive, voluntary counselling, such as between a pastor or a faith-based counsellor and a congregant in a church context. Given the government claims that this legislation will protect these conversations, I'm wondering if you could explain whether you feel this would be true in practice given the current definition of conversion therapy in the bill.

When the minister was here, he said things in his opening remarks when he introduced the bill and there are things that are said on the Justice Department website with regard to what this bill would or wouldn't do, but the plain definition as it's written does not make clear that the bill will do exactly what the justice minister said it will. Can you speak to that situation that the minister claims is not captured by this bill but that, I remain concerned, could be captured by the bill?

Ms. Lisa Bilty: Right. The fact that so many people have remained concerned that it might be captured means that it's not clear and that it needs to be much more clearly drafted.

I was also concerned to hear Minister Lametti say that legitimate conversations would not be caught up in this bill. Who is defining what is legitimate and what isn't legitimate? Is that something that is going to be determined by activists? I think that people will be targeted when they engage in any of these kinds of conversations. If anyone finds out about it, they will be targeted. That's the world we live in. If it isn't exceedingly obvious and clear in the bill, then people will face sanctions for that.

● (1130)

Hon. Rob Moore: That brings me to another point.

The minister has referenced these words that he claims describe what the bill does. The website describes what the bill purports to do, but as a lawyer, you and I know that if someone is being charged under Criminal Code legislation, a judge is going to look at what's in the legislation, what's in the Criminal Code, not necessarily what's on some old website from years back. That's why I feel it's important to get this definition correct.

Could you point out to the committee your views on getting the definition right versus things that the minister may say or the department may post on their website?

Ms. Lisa Bilyd: Well—

The Chair: I'm so sorry. That actually brought you up to your six minutes, Mr. Moore. Maybe in the next round we can get more into it.

Hon. Rob Moore: I'm sorry.

The Chair: We'll now move to Mr. Virani for six minutes.

Go ahead, sir.

Mr. Arif Virani (Parkdale—High Park, Lib.): Thank you very much.

Thank you to all of the witnesses, particularly Ms. Aikema and Mr. Gajdics, for sharing your personal stories. I know that's difficult and it takes courage, so thank you for being here.

We've heard a lot at this committee with respect to some of the bylaws that exist in other parts of the country.

Mr. Gajdics, perhaps you could just comment on two questions off the top and keep your response to about 60 to 90 seconds, if you could. Have any of the bylaws that have been passed around the country been challenged constitutionally, and what were the results of any of those challenges?

Mr. Peter Gajdics: To my knowledge, none of the municipal bans have been challenged, so that's a quick answer in that regard.

One thing I can add regarding this is about something that happened in the Vancouver ban when it was passed. I helped draft that bylaw. The City of Vancouver decided to write it for minors because of their fear that it could be challenged in court. I spoke at that chamber hearing. I was so delighted when one of the city councillors spoke up and said that we need to make an amendment to the bylaw and make it for all people regardless, because virtually every health organization globally has denounced these treatments as unethical, fraudulent and harmful, and if anyone were to challenge this bylaw in court, we would have the world stage at our de-

fence. The entire city council unanimously passed that amendment and Vancouver's bylaw was for adults, for all.

To my knowledge, there have been no challenges.

Mr. Arif Virani: I'm just conscious of the time.

With respect to the bylaws that exist around the country, Mr. Gajdics, would you say the majority or all of them now apply this across the board regardless of age, or do some still segregate out minors versus adults?

Mr. Peter Gajdics: I might call on Nick because he runs the No Conversion Canada website which actually shows every ban in Canada, whether it's for minors or adults.

Nick, maybe you could answer this part.

Mr. Nicholas Schiavo: Yes. Thank you, Peter, and thank you for that question.

Just to reiterate, there are currently seven provinces and territories with some form of conversion therapy legislation, and currently 14 municipalities across Canada that have some form of bylaw, policy or declaration regarding conversion therapy. They are each unique, so some of these are policies to regulate business licences. To your question, I think the gold standard in terms of municipal bylaws would be that of Calgary, which does apply to all ages. As we've seen more municipal bylaws happen, I think that tends to be the standard.

I also wanted to comment that, to my knowledge as well, there's been no constitutional challenge to any of these bylaws and we have seen no statistics or evidence to speak to this bogeyman chill effect in terms of impacting health care providers. This is a red herring argument that we've heard time and time again. I just want to reiterate that conversion therapy bylaws in legislation have existed in Canada for many years, and there's been no impact to credible scientific health care providers.

● (1135)

Mr. Arif Virani: I now want to involve Ms. Whelan and perhaps Ms. Zannis with the association for social workers.

We've heard this discussed a bit before and I personally have some reticence about enumerating a list. Some people have said, "Well, let's make it clear that it doesn't apply to a conversation with a parent or a teacher or a pastor." The second you enumerate a list, I think you might be faulted for not including a coach, a music instructor, a mentor, or a Boy Scout leader—you have your pick.

What are your views on the definition as it's entrenched right now in the legislation versus zooming out and creating a list of the types of conversations that are not meant to be caught?

Ms. Whelan.

Ms. Joan Davis-Whelan: I'm going to defer to Alexandra Zannis on this question.

Ms. Alexandra Zannis: Thanks, Joan.

Yes, thank you for the question; that is an excellent question.

We do not believe that it should be amended to include a list. To be very clear, this legislation isn't necessarily with the goal of targeting health care professionals such as social workers. Social workers and other health care professionals adhere to very strict codes of ethics, guidelines and regulatory bodies, and all of these practices, including talk therapy or the gentlest forms that we have been discussing here would already be a deep violation, and they would already face deep, deep code of ethics violations there. The point of this legislation is really to get at those unregulated individuals, like you said, who have the goal to change, alter or deny an individual's identity.

We think leaving it the way that it is would be the most beneficial in this scenario. Once you start to get into the list, exactly like you're saying, we're starting to create loopholes, and what we need is a federal ban on this practice to get at those unregulated individuals who adhere to no regulatory body when providing practices under the guise of therapy or—

Mr. Arif Virani: Thank you, Ms. Zannis, I'm just conscious of my time.

Ms. Bilty, I presume we're not going to agree on certain things, but can we agree that you mentioned the best interests of a child and that it is not in the best interests of a child to be forced into a therapy to which they are being coerced or taken against their will? Do we agree on that point?

Ms. Lisa Bilty: Well, yes, except for the fact that what we heard from the court in the U.K. last week is that children are not competent to give informed consent to what follows after a course of puberty blockers. You have to bear that in mind. Children should not be forced to.... I certainly believe with respect to children's sexual orientation that they should not be forced to undergo anything that makes them try to change that. I agree with you completely on that, but gender identity is a totally different kettle of fish. It's being strung along here in a bill that really should focus on sexual orientation only.

The Chair: Thank you.

I will now move to Monsieur Fortin.

Sir, you have six minutes. Go ahead.

[*Translation*]

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Thank you, Madam Chair.

I thank the witnesses for being here. Conversion therapies are a pretty hot topic. The more testimony I hear, the less I know how we should limit the bill. I feel like we are walking on eggshells. It's not simple.

I would perhaps like to begin with Ms. Aikema, who told us about her experience with receiving therapy at a young age.

Here is my question for you, Ms. Aikema. Are you not worried about pastors or religious groups having too much of a bias, in either direction, to be effective with young people who are using conversion therapies?

[*English*]

Ms. Colette Aikema: I absolutely agree with you that it's very possible that that.... Let me rephrase that. Could you rephrase the question?

[*Translation*]

Mr. Rhéal Fortin: What I have understood from your testimony is that, in your earlier days, you were involved in conversion discussions or therapies—whichever one—with a priest or a pastor.

This is what concerns me. Aren't priests or pastors, regardless of their religion, too biased on those issues to be able to objectively help a child searching for their identity or their sexual orientation?

• (1140)

[*English*]

Ms. Colette Aikema: Right. Regardless of the influence that faith leaders have, every person influences other people with their speech. Even you are influencing me right now with the things that you are saying, so absolutely, I would argue that the help and support that I got from the faith-based support group that I attended to deal with my sex addiction issues.... The impact that they had was absolutely monumental in saving my life and helping me heal from trauma. The impact that is there is absolutely true, and we need to make sure that the impact of this law is not going to be to restrict faith-based organizations and faith-based ministries, support groups and counsellors who are trying to help individuals like myself to meet our goals and our outcomes.

Conversion therapy is wrong because it forces an outcome on someone, and so I agree with you. We should never force an outcome on someone, and if that's what a pastor is doing, then they should be held responsible for that. The issue is that what we're talking about is that the government is trying to mandate the outcome of counselling and trying to mandate what a faith-based group should or should not be doing, which is a direct infringement on religious freedoms.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Ms. Aikema.

I would now like to put a question to you, Ms. Bilty.

Ms. Bilty, my understanding is that you are somewhat concerned about the definition set out in clause 5 of the bill that would potentially appear under section 320.101 of the Criminal Code. I would like you to summarize your understanding of that definition.

What is allowed and what is not if we keep to the current wording of the bill?

[*English*]

Ms. Lisa Bilty: Sorry; I'm just trying to find the clause that you're referring to. Bear with me for a moment.

[*Translation*]

Mr. Rhéal Fortin: I am talking about the definition of conversion therapy under section 320.101, or clause 5 of Bill C-6.

[English]

Ms. Lisa Bilty: Thank you.

My concern is that gender identity should be removed entirely.

It's interesting. We heard people say that we should ensure that gender expression is subject to this bill as well. There are a lot of convoluted inconsistencies in all of this. When you think about it, gender expression allows children, for example, to express themselves outside of what we would consider stereotypical gendered behaviour.

Typically now, we find that when kids do act, perhaps, as a very tomboyish female or a very effeminate male, despite the fact that we should be embracing their expansion of gender categories, they often get put on a transition bandwagon and it's suggested to them that perhaps they're in the wrong body.

Even what people are asking here, to include both gender expression and gender identity, are mutually exclusive. You really need to go back to the drawing board on this. I think the easiest thing to do is to get rid of gender identity entirely. It just doesn't belong here.

[Translation]

Mr. Rhéal Fortin: Okay.

If I understand correctly, you agree with the proposal to ban potential conversion therapy in its broadest form. It's a matter of banning the intervention of a professional who may be looking to change the gender identity of an adolescent searching for their identity, of a therapist who would be trying to change their identity or influence them in one direction or another. For example, the adolescent could be told that he is a homosexual man, or that he is actually a woman in a man's body, or that she is a lesbian woman.

If I understand your testimony correctly, all those debates with minors should be banned. Did I understand correctly?

[English]

Ms. Lisa Bilty: The bill actually says that you cannot change a person's gender identity to cisgender—

The Chair: Ms. Bilty, I'm sorry. Mr. Fortin is out of time.

[Translation]

Mr. Rhéal Fortin: Madam Chair, I did not understand the answer because you were talking at the same time as the witness.

• (1145)

[English]

The Chair: It's because the time is up, Mr. Fortin, and I was just alerting you to that.

[Translation]

Mr. Rhéal Fortin: I understand, Madam Chair, but I am appealing to your sense of fairness.

The interpretation makes us lose many seconds. I think that, while the witness is answering, they could be given the five or 10 seconds they need to provide their answer. If we take into account the time we lose through interpretation, I think that would be fair.

[English]

The Chair: Absolutely.

Go ahead, Ms. Bilty, for a very short response, please.

Ms. Lisa Bilty: Thank you.

The bill, though, only allows the transition in one direction. When you say that people could be influenced either way, only one is banned under this legislation. Only one way, to change a person's gender identity to cisgender, is banned. If somebody is trying to change them in another direction, that's okay. In fact, it's specifically allowed as a treatment of service that relates to a person's gender transition. It's a one-way street.

The Chair: Thank you.

That's all the time we have for Mr. Fortin. We'll now go to Mr. Garrison for six minutes.

Go ahead, sir.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Thank you very much, Madam Chair.

I want to start by thanking the witnesses for being here today and in particular, Ms. Aikema and Mr. Gajdics. To tell your personal stories in public is quite difficult. I thank you for having the courage to do so.

I also want to say, as the author of the bill that originally provided protection against discrimination on the basis of gender identity and gender expression, I'm always disappointed when transphobic arguments are brought before the committee in public, even if they're dressed up in legal language, and especially when they're connected to a false narrative about detransitioning and stated as a false concern for children.

On the basis of that, I'd like to ask the Canadian Association of Social Workers why they believe it's important for both gender identity and gender expression to be included in the ban in this bill.

Ms. Alexandra Zannis: Yes, thank you for that excellent question, as well.

As it stands right now, we are seeing that the loopholes in the legislation will allow for these practices to continue, and that by not including gender expression we will continue to see these harmful practices that lead to overrepresentation in homelessness, mental health crises, substance abuse, poverty and addiction.

If we want to get this right for the things that we know are already happening, not the things that we think may happen if this legislation gets introduced, we need to include gender expression and we need to include transpeople within this bill through gender expression specifically. If we continue to leave out gender expression, we will continue to see these practices, which will continue to lead to the overrepresentation of 2SLGBTQ2+ people within the social workers' offices.

Mr. Randall Garrison: Thanks very much.

This bill leaves the concept of consenting adults as able to submit to conversion therapies, so I'd like to ask No Conversion Canada a question. I know this was mentioned in your original presentation. Of course, I personally support a full ban, but on this question of consenting adults, do you believe that adults can, in fact, consent to something that is fraudulent and harmful?

Mr. Nicholas Schiavo: No, we do not. Thank you very much for that question.

It's important to note that all conversion therapy is inherently fraudulent, coercive and dangerous. The government legislation should apply to all ages without exception.

The notion that only forced conversion therapy is prohibited and by contrast there can be such a thing as consenting adults is misguided. There's no such thing as good conversion therapy. There's no such thing as honest conversion therapy, because it is based on a false premise that LGBTQ2 identities are somehow invalid, wrong, abnormal or undesirable. This is a false premise.

I also want to note that conversion therapy has been confirmed as a form of torture by the International Council on the Rehabilitation of Torture Victims. It's important to note that they explicitly reference both sexual orientation and gender identity and all forms of conversion therapy in their study. You cannot consent to torture. You cannot consent to harm. We should not be making hierarchies of torture where we condemn lobotomies but condone psychological abuse or where we condemn conversion therapy for youth and condone it for adults. It is all harmful and it leaves its victims with lifelong trauma.

To use a very quick example, it's the same reason that I cannot create my own vaccine for COVID-19 and go out on the street and sell it to the top buyer. Obviously there are people who are struggling, who are scared, but to do so would be committing harm on a false premise of consent that would be inherently fraudulent. That is the example I would use for conversion therapy as well. It needs to apply to all ages.

• (1150)

Mr. Randall Garrison: Thanks, very much.

I want to return to the Canadian Association of Social Workers on this question of consent and see if they have anything further they'd like to add.

Ms. Alexandra Zannis: Yes, exactly. I would completely, wholeheartedly echo No Conversion Canada. You cannot consent to a practice which at its core has been deemed fraudulent, baseless and harmful.

The idea that an individual can consent to a practice which at its core is trying to change, alter or deny who they are or who they want to be is again going to create those loopholes that we're trying to get rid of with a federal ban.

Yes, consent should absolutely be discluded. We echo everything that No Conversion Canada has to say in regard to that.

Mr. Randall Garrison: Do you, as the Canadian Association of Social Workers, see anything in this bill that would in any way inhibit you in dealing with your clients and making sure they get the supports and services they need?

Ms. Alexandra Zannis: Absolutely not. Conversion therapy in all of its forms, in every single form that we have talked about here today, is a deep violation of a social worker's code of ethics. They will not be able to practice and be a registered health care professional or a registered social worker outside of this bill.

This bill is for us to say who is doing these practices and how do we ensure that they are regulated like all other health care professionals who have to adhere to strict guidelines and codes of ethics, one of which is to respect the inherent dignity and worth of all persons. Conversion therapy does not do that, so for social workers, we are already in the realm of you cannot practise if you are doing any form of conversion therapy, so therefore, no.

If you are someone who is looking for gender affirming or any kind of social services around LGBTQ2+ gender expression or sexual orientation, you will absolutely be able to see a social worker and have any of the conversations you need with the goal not to be to change, alter or deny who you fundamentally are.

Mr. Randall Garrison: Thank you very much to the witnesses.

The Chair: Thank you.

We'll now go to our second round for five minutes starting with Mr. Cooper.

Go ahead, sir.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Thank you very much, Madam Chair.

Thank you to all of the witnesses, including those who have told their stories and experiences. I know it is not easy.

I will address my first question to Ms. Bilyd.

Perhaps you wish to pick up on where Mr. Moore left off, namely, how assurances on, for example, the Department of Justice website would hold up in court relative to what is in the law.

Ms. Lisa Bilyd: I think you're going to hear another witness in the next hour who is a criminal lawyer and can speak to that very specifically, but certainly, in my experience, the letter of the law is part of the Criminal Code, and the charge that someone is going to be issued is what you would be looking at primarily. Most lawyers are not going to go digging around on old websites trying to find some exceptions. It might become relevant to a degree, but I think that any exceptions and clarity need to be put directly into the bill for maximum protection.

Mr. Michael Cooper: Thank you for that.

You cited the recent U.K. High Court decision a couple of times. I wonder if you could be clear in terms of the connection or relevancy between the findings in that decision and the subject matter of this bill.

Ms. Lisa Bilty: What you're basically endorsing with this bill is for kids to self-diagnose their own gender identity at a very young age potentially—potentially as young as three or five years old—and to have that confirmed, supported and pushed through without any question. You're talking about 10-year-old or 12-year-old kids going on puberty blockers at their will and wish without anybody being able to say, “Maybe this is a bad idea. Maybe the fact that 10 or 12 kids in your class have all decided that they're trans might be influencing you here. Maybe this isn't something that is in your best interest.” We're not allowed to say that. We have to accept the child's self-diagnosis of their gender identity and then allow them, if they want.... They're all taught now on the Internet how to push for puberty blockers and make the arguments to allow them to get those. They will then be on this path that they will not be able to get off.

Ninety-nine per cent of those kids, once they start on puberty blockers, will go the distance. For many of them, it's the wrong decision, and they will regret it later. This is happening in Europe, and we are not far behind. In the U.K. the decision dealt with a young woman who had transitioned fully, had a mastectomy and so on, and came to regret it. She challenged the fact that she was not given any proper therapy or diagnosis of other underlying conditions from which she suffered, and she was basically pushed through because of dogma like Member Garrison is talking about, that it's transphobic to suggest that you should care about children and their well-being. That is just wrong and you are going to pay a price for that one day.

• (1155)

Mr. Arif Virani: Madam Chair, I have a point of order.

The Chair: Yes, Mr. Virani.

Mr. Michael Cooper: I hope my time is suspended.

Mr. Arif Virani: I'm not trying to take any time from Mr. Cooper.

I firmly believe that we can disagree without being disagreeable, and comments like that are not appropriate when they're volleyed at any member of Parliament, including the members of this committee.

I would just ask the chair to perhaps caution the witnesses in their use of terminology.

Thank you.

The Chair: Thank you, Mr. Virani.

Hon. Rob Moore: Point of order.

The Chair: Madam Findlay, you have a point of order.

Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC): Yes. We have heard testimony in this committee, both in the last bill and this one, where witnesses attack—that's the word—other witnesses and attack members of Parliament without comment from my colleague, Mr. Virani, if it was in line with his thinking on these bills. You cannot say to one witness, “You cannot take issue with other testimony”, and not do it for each and every one. That is totally improper.

The Chair: Thank you, Madam Findlay.

Mr. Moore, do you have a point of order?

Hon. Rob Moore: Madam Chair, on a similar vein to Madam Findlay, the time for Mr. Virani's intervention would have been when Mr. Garrison started throwing out offensive terms and disparaging our witnesses. Witnesses are here, and for many of them it's probably their first time being before a parliamentary committee. This is their time. Let's listen to them.

I think it's a two-way street, and respect has to come from our members of Parliament towards the witnesses as well. We shouldn't disparage any of them. I think every witness here today has brought something of value, and that's what we're discussing. So whether it's witness to witness, parliamentarian to parliamentarian, or between parliamentarians and witnesses, let's just have a respectful dialogue.

Thank you, Madam Chair.

The Chair: Thank you, Mr. Moore.

I thank members for raising the points of order. I will remind members that witnesses do have privilege when they come before committee to testify. With that privilege we hope that we can have respectful dialogue, respectful debate on the issues that are before us. I encourage all witnesses and members to please be mindful and be respectful of one another as we endeavour...on this study.

Thank you for raising this.

Mr. Cooper, we're back to you.

Mr. Michael Cooper: Thank you, Madam Chair.

Ms. Bilty and Ms. Aikema, both of you in your testimony referenced that the bill forces outcomes or dictates outcomes.

Can both of you just elaborate on what you mean by that?

Ms. Colette Aikema: I would love to elaborate on that, because I think the real point of order needs to be the fact that Mr. Garrison just said that I don't exist. That should be the real point of order.

How dare anyone dictate what my counselling experience was? We need to understand that just as it is very traumatic to deal with rape, it is very traumatic to hear people talk about the fact that they want to take away my life-saving therapy, because you are saying that all forms of conversion therapy are coercive. I have just explained to you that the trauma I went through was coercive. but the counselling that I chose to meet my goals and the outcome that I needed to heal from my trauma was not coercive. I wanted this therapy and I had a right to it.

Who are these people telling me what I should want as a survivor of rape? The counselling I went through was neither coercive nor torture. It was the trauma of this bill and what's happened before that's making this much more difficult.

Mr. Michael Cooper: Ms. Bilty.

Ms. Lisa Bilyd: Could I just clarify and follow up on my last comment with respect to the U.K. decision?

Members do need to know what was important about that decision. In that decision, children—anyone under the age of 16, for sure, and possibly under 18—were found not to have the capacity to consent to the kind of one-way treatment that this bill will require. They don't have the capacity.

Honestly, I'm trying to help you not having to face the music down the line when we have a whole slew of people coming through. The number of young girls particularly who are going through gender transition now.... In some countries, I'm not sure of Canada's number offhand, but I just saw that Sweden's was a 1,500% increase in young girls over a 10-year period. There's something going on. We need to make an evidence-based decision—

• (1200)

The Chair: Ms. Bilyd.

Ms. Lisa Bilyd: —but not all these girls are transgender.

The Chair: My sincerest apologies, Ms. Bilyd, but Mr. Cooper is out of time. We're about a minute over his time.

We'll go now to Mr. Zuberi for five minutes.

Go ahead, sir.

Mr. Sameer Zuberi (Pierrefonds—Dollard, Lib.): I want to thank all the witnesses for being here.

Also, I want to underscore what my colleague Mr. Virani just said, which was that we all are coming from different perspectives. We all have strong opinions on this, and that's normal. I think our duty here is to listen to each other, to do so in good faith, and to consider fully the testimony that we are hearing at this moment. I just want to put that out there that I personally....

Ms. Aikema and Mr. Gajdics, I also want to applaud both of you for sharing your stories. I know that it's very challenging to do so. This is a very condensed moment where we have a few minutes, but this is important. What you are saying is important to us and we're listening.

I want to put to the Canadian Association of Social Workers, in particular, Ms. Davis-Whelan, the question around peer-review subject matter, peer-review studies on the impacts of conversion therapy.

You did go into this a bit in your first five minutes. Could you elaborate on that now, briefly?

Ms. Joan Davis-Whelan: Yes. I think, actually, that might have been Alexandra who did so in the first few minutes of the conversation.

In terms of peer reviewed, it means basically that what you're referring to is the fact that we have people who are experts in the area, who are recognized and credited for their knowledge and experience to review materials, studies. etc., and then make determinations as to whether or not the material is appropriate, etc. To our knowledge there is nothing that has substantiated that for conversion therapy. It has been discredited.

Mr. Sameer Zuberi: Okay.

Just to reiterate, you're saying that it has been discredited. There have been no positive outcomes and they've been all negative outcomes with respect to what studies have said with respect to conversion therapy.

Ms. Joan Davis-Whelan: If we look at this from the point of view of do no harm, then there's nothing in there, in terms of conversion therapy, about a positive response. It has been harmful.

Mr. Sameer Zuberi: However, in terms of the legislation that's been drafted, right now it allows for essentially what is a good faith conversation between a professional and somebody who is seeking to explore their identity, to enter into a conversation that is first directed from your client, so to speak. For example, if they want to reduce their sexual desire or other types of questions in this legislation, they can enter that conversation with you and you can help them achieve whatever goal they want to achieve.

Is that correct?

Ms. Joan Davis-Whelan: Yes.

Alexandra, is there anything else you'd like to add to that?

Ms. Alexandra Zannis: No.

Mr. Sameer Zuberi: If you don't have anything else to add, I have another question with respect to analogous-type categories of individuals, including faith leaders, mentors, a teacher, a parent, or a family member.

You said that you can enter into those conversations that are person-directed by your clients. If that same person turns to their faith leader, coach, teacher, or their sibling to have an open conversation with honest feedback, they can still do that type of exploration.

Do you understand the legislation as such?

Ms. Alexandra Zannis: Yes.

Mr. Sameer Zuberi: I won't go into any more. This is really what I wanted to flesh out.

I want to underscore what Mr. Virani said before. I think we all agree that this is very important.

Mr. Fortin also said this is a delicate matter.

We do want to listen to everybody and hear your truths.

Again, I want to applaud Ms. Aikema and Mr. Gajdics for being with us.

Thank you.

• (1205)

The Chair: Thank you very much, Mr. Zuberi.

We'll now go to Mr. Fortin for two and a half minutes.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair.

If I may, I will come back to you, Ms. Bilyd.

In the definition of conversion therapy—and this is really the crucial topic here—it's a matter of what will be banned and what will not be banned once the bill has passed.

Here is what the exclusion states:

For greater certainty, this definition does not include a practice, treatment or service that relates

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

I'm not trying to suggest an answer to you, I just want to hear what you think about this. What is your understanding of this exclusion? What will be allowed and what will be excluded?

[*English*]

Ms. Lisa Bilyd: Thank you.

I understand that it's not clear, and I know that a lot of people find it unclear.

Even if therapists think that perhaps it might leave an opening, they're still going to feel the chill effect of knowing that this is in criminal legislation here; it's the Criminal Code. It will prevent people from engaging in anything other than affirmative-only transition when it comes to gender identity, particularly with children.

The people that you really need to hear from to sort this out are specialists. We have many of them in Canada who are experts in this field, like Dr. Zucker, Dr. Cantor, or Dr. Debra Soh, who were—

[*Translation*]

Mr. Rhéal Fortin: I'm sorry, I don't want to be impolite, but our time is limited, as you have seen.

You were saying earlier that conversions of people who are too young are dangerous, as changes of heart could occur in adulthood, and some adults may want to reverse the transition.

What I understand here is that this is allowed. It says that gender transition will be allowed.

Do you not think that, despite the bill being passed, this will still make it possible for a child or an adolescent to transition?

Is that how you understand it, Ms. Bilyd?

[*English*]

Ms. Lisa Bilyd: It says specifically that conversion therapy means any practice designed to change a person's gender identity to cisgender. Then it says that it does not relate to a person's gender transition.

Those two are—

[*Translation*]

Mr. Rhéal Fortin: I was talking about the exception at the end of the subsection, in the last sentence.

[*English*]

Ms. Lisa Bilyd: Right. It's for a person's gender transition.

We don't know what that means. By the way, that doesn't help kids who we think should properly take some time to consider

whether this is best for them through that watchful waiting approach, which has been a valid form of treatment for many kids and perhaps not exercised enough.

The Chair: Thank you very much.

My apologies again, but we have two and a half minutes left of this panel.

We're going to Mr. Garrison.

Go ahead, sir.

Mr. Randall Garrison: Thank you very much, Madam Chair.

Just let me say to Ms. Aikema that I'm sorry if I left any impression that I believe that her experience should not be affirmed and supported. I don't believe the bill takes away her right to have her experiences, her identity or anything that flows from that, not affirmed. I will be proposing some language to amend the bill to make that a bit clearer.

I want to go back to No Conversion Canada and talk for a minute about something we've heard from a number of witnesses and in briefs presented. It is that the bill bans advertising conversion therapy. There's been concern that this would not include unpaid promotion. I wonder if your position would be that the bill should be a bit broader in the prohibitions around advertising and promotion.

Mr. Nicholas Schiavo: Yes, thank you for that question. I'll keep it brief given the time.

Our position is that the ban should cover both paid and unpaid advertising. One of the key recommendations we make in our brief that was submitted to the committee is that the legislation should also cover referrals. We know that these kind of informal referrals and this insidious network is largely how conversion therapy spreads. Typically, conversion therapy goes by different names and it's not necessarily publicly advertised. It's important to make sure that those who were referring LGBTQ2 individuals to individuals or organizations that will cause them harm are also covered by the bill.

• (1210)

Mr. Randall Garrison: Thank you very much for that additional point, which I think is well taken.

For probably my last question, I want to go back to the Canadian Association of Social Workers and ask about how frequent you believe the practice of conversion therapy to be, in its various forms, in Canada. We've had some expressions of disbelief from people saying that this surely must not be going on.

Ms. Alexandra Zannis: Yes, thank you for your question.

Unfortunately, these practices are happening and they are happening at an alarming rate. We're not seeing them when they are happening at their inception. We're seeing them when they end up in other social service settings, such as with those seeking health care, housing or support through security support.

We know that they're happening, unfortunately, at an alarming rate. We're unfortunately catching it too late—once the practice has already happened. We need to be catching it before individuals end up in deep socio-economic and psychological harm.

Mr. Randall Garrison: Great.

Madam Chair, I think I'll conclude my questioning there.

The Chair: Thank you very much, Mr. Garrison, for always being so timely.

Witnesses, on behalf of the committee, I'd like to thank all of you for your testimony today, for taking the time to answer questions and for sharing your experiences. If there are any additional clarifications you need to provide to the committee, please don't hesitate to submit anything in writing through the clerk, so we can get further clarification on questions that were asked of you today.

With that, we'll suspend the meeting as we transition into our second panel.

Thank you once again to the witnesses.

• (1210) _____ (Pause) _____

• (1215)

The Chair: I call this meeting back to order.

We are studying Bill C-6. We welcome our guests and witnesses for the second panel.

Just before we go into that, I'll remind our witnesses and members that when you are speaking, please speak slowly and clearly with your microphone unmuted. When you are not speaking, please have your microphone on mute so as not to disrupt other speakers.

As we deal with this bill, I will remind members and witnesses to please maintain respectful dialogue and to be respectful to fellow members and witnesses at all times. It is in our best interest that we get through this and hear a diversity of opinions.

With that, I'd like to introduce our witnesses for the second panel.

As an individual, we have Dr. Jane Dobson. We have Daniel Santoro, who is a barrister and solicitor, and we have Rabbi Michael Whitman. We also have, representing the Archdiocese of Toronto, His Eminence Cardinal Thomas Collins.

Welcome.

We'll start now, for five minutes, with Dr. Jane Dobson.

Dr. Jane Dobson (As an Individual): Thank you, members of Parliament, for this chance to speak with you. I am here as a concerned family physician.

I want you to picture a young teenage girl who starts to question her gender identity. As you may know, questioning and exploring identity is a key part of adolescent development. She is referred to a gender clinic by her family doctor. Instead of having her anxiety and depressive symptoms treated, she is fast-tracked onto puberty blockers and cross-sex hormones, and at age 20 she has both breasts removed.

At age 23 she regrets her hasty decision and begins to detransition. She is left with a permanent five o'clock shadow, a permanently low voice and no breasts. Now she wonders how all this happened to her, simply because she questioned her gender identity.

She says, "I made a brash decision as a teenager, as a lot of teenagers do, trying to find confidence and happiness, except now the rest of my life will be negatively affected. I feel I was a guinea pig."

This is not an imaginary person. This is Keira Bell, the young woman who successfully sued England's Tavistock gender clinic. As a result, the British High Court has now ruled that children must understand the immediate and long-term consequences of taking puberty blockers to be able to consent. The court's permission is now needed to start anyone under 16 on puberty blockers and cross-sex hormones.

I wish I could share specific stories from my and my colleagues' medical practices, but of course I cannot.

Are adolescents being fast-tracked onto this biomedical regime here in Ontario? Yes. Why are their concomitant psychiatric diagnoses not being treated first? The therapist will be accused of conversion therapy.

In Ontario, since Bill 77 was passed in 2015, the psychotherapy-first approach has been stigmatized as conversion therapy. This psychotherapeutic approach has a proven positive track record.

Prior to 2015, when a gender-confused child received this treatment, they would be helped and encouraged to identify with their natal gender and be allowed to go through puberty unobstructed. Studies show that 80% to 88% of these children identified with their natal gender by adolescence. They accepted their biological body as their own.

Now, however, only one approach is offered, gender affirmation. Only one narrative is spoken, that gender identity is immutable.

What happens to young children who receive the gender affirmation approach? They are first socially transitioned, given new names, pronouns and new clothes. When they show early signs of puberty, they are placed on puberty blockers, which can cause brittle bones and may arrest natural brain development. Then they're placed on cross-sex hormones, which can increase anger and aggression, acne and hair loss, cause liver dysfunction, increase the risk of heart attacks and strokes, diabetes and blood clots, and cause sterility and sexual dysfunction. If they have further surgeries, they may well experience urinary incontinence.

One might well ask: How can a young child, a five-year-old, legally consent to this? The developmental stage of a five-year-old is still in concrete thinking. They can have no idea what could have happened if they had been offered the psychotherapeutic approach. They also can have no ability to understand what the future risks of this biomedical approach will entail.

My question is: Why is the government telling people what sexual or gender goals they should have? They are effectively doing this with Bill C-6, as the bill broadens the definition of conversion therapy from abusive and coercive therapeutic practices to also include talk therapy, watchful waiting, interpersonal conversations and spiritual practices, widening the net to now potentially criminalize parents, spiritual leaders and medical professionals for simply practising tested and tried therapy to help an individual reach their self-directed goals.

Further, it shouldn't be the government that decides what theories and therapies win out but the scientific community itself as it debates, studies, revises theories and moves forward.

What we should be asking is why referrals to gender clinics are soaring by as much as 1,000%, especially in adolescent natal females; why concomitant psychiatric diagnoses are so high, diagnoses that often predate the gender dysphoria; and why there are a growing number of detransitioners. Instead, Canada is seeking to stifle these questions by criminalizing proven therapy and allowing only one viewpoint to be heard.

Sweden is in the midst of a major review of their gender clinics. Finland has gone through their review, and now they require that psychiatric comorbidities be treated before medical transition is considered.

• (1220)

Instead of following the examples of England, Sweden and Finland, we are going in the absolute wrong direction. Will it take a lawsuit to change our direction? How many Keira Bells need to happen here in Canada before we change our approach and before we truly respect the rights of all Canadians?

Thank you.

The Chair: Thank you very much, Dr. Dobson.

We'll now go to Daniel Santoro for five minutes.

Go ahead, sir.

Mr. Daniel Santoro (Barrister and Solicitor, As an Individual): Good afternoon.

I am a lawyer in Toronto, Ontario, with extensive experience conducting complex criminal trials and appeals for all manner of offences. Thank you for providing me with the opportunity to testify respecting this proposed conversion therapy offence.

There are three main problems with this legislation as currently drafted. I will suggest solutions to all these problems that I think are simple and consistent with a lot of the evidence you've heard.

The first problem is that the definition of conversion therapy is overly broad and imprecise. It's likely to capture situations that are not actual conversion therapy and cause confusion. The second problem is that the existing exception for medical treatment is too narrow, because it specifies only one lawful form of treatment: gender transition. The third and final problem is that the exception allowing exploration of identity is unclear and does not adequately protect charter freedoms.

On the first problem, that the definition of conversion therapy is overly broad and imprecise, multiple provinces have, or are considering, conversion therapy legislation. In all cases, this legislation is passed pursuant to the provincial power to regulate health care. In order for this bill, Bill C-6, to be a valid exercise of the federal criminal law power, it must have a criminal public purpose, which means some specific public evil that is targeted. In this case, I think everyone can agree that the target is coercive and harmful practices that are designed to change a person's sexual orientation or gender identity.

The bill defines conversion therapy as the following:

a practice, treatment or service designed to change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour.

There are many difficult-to-define and undefined terms and words in this definition, and there are many difficult concepts that will be very difficult for criminal courts to nail down. This will prove to be a very difficult definition to interpret for the many, many reasons you've heard from different witnesses.

Realistic situations will arise that may be captured by this definition. For example, we have already heard mention of whether a therapist will be allowed to assist an adult person who wants to go through a detransitioning process, or whether a youth who is experiencing gender confusion will be able to access any therapy that would be affirming of their birth gender. There are many other situations as well. The difficulty is that if this definition is not properly tailored, it will be seen perhaps to not only be unconstitutional, because it regulates "criminal" in the field of health care, but to also be overbroad and contrary to section 7 of the charter.

My first suggestion is very simple. You need to restrict the definition to "a coercive practice". I suggest that the definition should read, "Conversion therapy is a coercive practice." This is a clear definition of a criminal public purpose. "Coercive" is a well-known term in the Criminal Code. It comes up in other sections. You can also consider whether you want to add the requirement that conversion therapy "causes harm", whether that be bodily or psychological harm. Those are also well-defined concepts in the Criminal Code.

The other problem with this definition is mainly in the last part. If we define conversion therapy as "a coercive practice designed to change sexual orientation or gender identity" and remove all the extraneous language with relation to specifying "sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce" attraction or behaviour, we can be very much more simple in our definition here by saying, "Conversion therapy is a coercive practice designed to change sexual orientation or gender identity." You can remove the rest of the language.

The second problem is with the medical treatment exception. It specifies only one sort of medical treatment that's allowed, and that's gender transition. Other medical exceptions in the Criminal Code, in order to avoid delving into the provincial regulation of health care, set out objective criteria according to which a judge or a person can understand whether what they're doing is allowed. In the euthanasia provisions and in other provisions in the Criminal Code when medical treatment is discussed, the exception is phrased that any treatment is allowed if exercised with "reasonable knowledge, care and skill". It does not specify one particular form of treatment that is allowed to the exclusion of all other forms of treatment.

• (1225)

Not only is that not allowed and unconstitutional because it would be regulating health care; it would be arbitrary and overbroad, because it captures situations such as treatments that doctors such as Dr. Dobson or some of her colleagues might suggest aren't gender transition. What you need to do is employ objective language.

The third issue has to do with the—

The Chair: I'm sorry, Mr. Santoro, but you are out of time. Hopefully your recommendations will come out in the questioning.

We'll now move to Rabbi Michael Whitman.

Go ahead, sir, for five minutes.

Rabbi Michael Whitman (As an Individual): Madam Chair, members of the committee, I am honoured to appear before you today to speak in support of Bill C-6.

My name is Michael Whitman. I am the senior rabbi of ADATH Congregation in Hampstead, Quebec, a modern-orthodox Jewish synagogue. I am a sessional instructor at McGill University Faculty of Law. I am involved in many communal efforts in Montreal and across Canada and have been engaged in providing pastoral counselling throughout my career of 37 years and counting.

My involvement in this specific issue began in 2012 when I read that the renowned psychiatrist Dr. Robert Spitzer, who years earlier had written a seminal paper that was used to support conversion therapy, recanted that research and wrote, "I owe the gay community an apology."

After learning about the destructive effects of conversion therapy and hearing first-hand the harm of its effects, I would rephrase the now widespread sentiment against conversion therapy, paraphrasing the Bible: "We are ashamed of what we did to our brothers and sisters. We saw them suffering when they cried out to us, but we did not listen to them." Today I ask that you do listen to them and take action to prevent this particular cry from ever being repeated in Canada.

For me, this is a straightforward issue of human rights. I find the earliest expression of human rights near the beginning of the Bible: that every human being is created *B'Tzelem Elokim*—in the image of God, cherished by God, deserving of respect and dignity. Our rabbis in the Talmud expanded this into the wide-reaching rubric of *Kavod HaBriyot*—the innate right of human dignity, that we are prohibited to embarrass, humiliate or debase anyone.

About five years ago, I was appointed the annual convention chair of the RCA, the Rabbinical Council of America, the largest professional organization of Orthodox rabbis. My committee and I had the responsibility to program instruction and resources for rabbis across North America and the world to assist them in leading their congregations. The theme we chose was "caring for LGBT Individuals and their families". Our goal was to listen to these individuals and the helping professionals who support them. I am proud that the RCA gave prime time to a subject that enables all rabbis to do our jobs better.

It's central to my mission as a rabbi and my identity as a Jew to make every human being feel welcome and respected. Conversion therapy does just the opposite. It is inherently belittling and dismissive. It demands that people live inauthentically, untrue to themselves, and requires a harsh cure where there is no disease. Its methods are often humiliating and traumatizing. There is no place for it in Canadian society.

I remember hearing a radio interview. Dr. Spitzer was asked how he felt, after writing his retraction at the age of 80, that his entire life's work and reputation would be tainted by this one research paper. I remember that he said, "I feel very bad, of course, for the hurt I have caused, but at the same time, when I realized I was wrong, I retracted it. I said it was wrong and I apologized to those I had hurt." Not many people do that, and it is something to be proud of.

Conversion therapy has continued in Canada for far too long. It is wrong, and I ask you to do something about it. That will be something you will be proud of.

Thank you very much.

• (1230)

The Chair: Thank you very much, Rabbi Whitman.

Mr. Housefather sends his regards. I believe he's your representative and he's very happy that you're here today.

We'll now go to His Eminence Cardinal Thomas Collins for five minutes.

Go ahead, sir.

His Eminence Cardinal Thomas Collins (Archbishop, Archdiocese of Toronto): Thank you very much.

Good afternoon and thank you for providing me with the opportunity to speak with you about Bill C-6. I am grateful for the work of the justice and human rights committee and for all that you do to serve our country in your role as elected members of Parliament.

As the Archbishop of Toronto, I serve as the spiritual leader of two million Catholics in the greater Toronto area. At the outset, I should clearly state that the Catholic Church opposes any coercive practices that undermine a person's free will and human dignity. We believe that every person is a gift from God to be treated with love, compassion and respect. In a society where mutual respect and love of neighbour should define us in all that we do, we must all ensure that no one experiences coercion or manipulation. I'm most appreciative of Minister Chagger's insistence that we act against coercive practices.

I am deeply concerned, however, that the current definition of conversion therapy found in Bill C-6 goes much further than the stated goal of criminalizing coercive behaviour. In this bill, there is no requirement that the practice, treatment or service in question be coercive or cause harm. The bill fails to define exactly what constitutes a practice, treatment or service. Actions that are now lawful could be subject to the Criminal Code.

In its current form the legislation lacks protection in relation to the following: the fundamental right of parents as first educators and guardians to make decisions regarding the welfare of their children, specifically their freedom to instruct them in accord with their religious and ethical beliefs; the right and freedom of every Canadian to voluntarily seek support to live in a manner consistent with their identity and beliefs, and in accord with their personal convictions; the right and freedom of the church and other religious communities to support persons who choose to live their lives and sexuality in accord with moral teachings and the dictates of conscience; and the right and freedom of the church and other religious communities to share their religious and ethical beliefs regarding the human person and human sexuality.

Now some within the government have said that clearly this bill is not intended to criminalize some of the points that I have just mentioned. Be that as it may, no such protection is actually present in the text of the legislation and it is the text that will become law.

If I may cite an example, when the euthanasia law was passed in 2016, we were assured that the language in the preamble would be sufficient to protect conscience rights for those not wishing to participate in the act of taking a patient's life. That has turned out not to be true.

Any law concerning conversion therapy must strike a careful balance. On the one hand, the law must recognize that coercive and harmful practices have no place in our social order. On the other hand, the law must not criminalize the charter-protected beliefs of Canadian people. While these beliefs may not find popular acclaim and may even be offensive to some, the fact remains that many people freely choose to live their lives in accordance with traditional principles and beliefs. Tolerance and diversity are a two-way street. Educators, counsellors, parents and pastoral leaders should be allowed to express their views freely and without fear of punishment. This is certainly true when it comes to faith communities because in practice in our society they are now and always have been at the forefront in caring for the most vulnerable.

I hope that this committee will seriously reflect on these concerns and amend Bill C-6 to criminalize conversion therapy in a more careful and accurate manner. While we must address the suffering caused by any harmful coercive practices to ensure they are no longer present in our country, at the same time we must permit respectful dialogue and expression of diverse views in a way that supports deeply enshrined principles in the Canadian Charter of Rights and Freedoms. It is the coercive and harmful element that we must focus on and not be too broad in the definition.

I thank you for the opportunity to share my comments with you this afternoon.

• (1235)

The Chair: Thank you very much.

We'll now move into our first round of questions, starting with Madam Findlay for six minutes.

Go ahead, Madam Findlay.

Hon. Kerry-Lynne Findlay: Thank you, Madam Chair.

Thank you to all the witnesses who are appearing here today. We really appreciate your input.

Dr. Dobson, thank you for your thoughts. As a medical professional, can you outline how this lack of clarity in the law might impact other medical professionals when trying to assist patients?

Dr. Jane Dobson: Currently in Ontario, of course, you can be disciplined by your college if you do anything other than affirmation therapy. It's already restricted here in Ontario, unfortunately. With the threat of jail time, I guess it will be further restricted.

So many people with gender dysphoria have a concomitant psychiatric diagnosis. They need that to be treated, and they're being rushed onto the biomedical model of puberty blockers and cross-sex hormones because of the fear in therapists that they will be accused of—quote—"conversion therapy".

I don't think anybody wants anybody to suffer with gender dysphoria. It's very important then, for anybody with anxiety, depression and all these other symptoms that are comorbid, to be treated. They shouldn't lose out on that just because of the fear of it being labelled as conversion therapy.

• (1240)

Hon. Kerry-Lynne Findlay: Thank you.

Cardinal Collins, thank you also for being here.

The Minister of Justice has said that this bill will not infringe on good faith conversations. However, he also said in his testimony before this committee that there seems to be confusion around the scope of the bill. We've heard from a number of witnesses who were concerned by the disconnect between the language of the minister and what is contained in the bill.

Would you support seeing an amendment that clarifies that the bill does not criminalize those good faith conversations?

Hon. Em Thomas Cardinal Collins: Absolutely, I think that's really essential. Whatever the assurances are and the good intentions around the bill, the fact is that as it stands, it does have this problem. If there was to be an amendment that only coercive behaviour, behaviour causing harm or practices that cause harm should be criminalized, that makes some sense. That would be the kind of thing that I believe Rabbi Whitman is concerned with.

As it is right now, it doesn't have those protections. We might assume them, but they're not there. I am very concerned that we would have, for example, groups within my own community, which seek to help and guide people in living a life of Christian chastity, in which everyone freely enters into—there is no coercion and there is no harm.... But these are behaviours that I think would come under the repressing of non-heterosexual sexual behaviour, believing that is not the way that we're called to live in Christ. I think that freely chosen practices being penalized or criminalized is just not right.

A simple amendment to say that it's coercive behaviour or practices that cause harm.... Nobody wants someone to be forced or manipulated into any kind of a therapy. That should obviously be forbidden, and that I think is what Rabbi Whitman is concerned about, absolutely. That's only the thing—

Hon. Kerry-Lynne Findlay: Thank you.

Mr. Santoro, about the broadness of the definition of conversion therapy and C-6 as it is now, do you believe because of how the bill is written now that it could be struck down?

Mr. Daniel Santoro: I think that if some of the particular circumstances that you've heard from witnesses, such as detransitioning, etc., were to arise, you'd have to look at each case on its facts. The fact of the matter is that if this law prevented some form of therapy or medical treatment that this person wanted, freely chose, and that the doctors and therapists are saying that they should have and that it wouldn't be harmful, if this law prevented that, which I think it very well may, then it could be very well struck down, either as violating the health care power or as overbroad.

Hon. Kerry-Lynne Findlay: As a lawyer, you would know that if it was struck down, it would mean that the government would then need to go back to the drawing board to amend the law. By not amending the bill now to clarify what the bill impacts and what it does not, is it your opinion that Parliament would then be faced with having to come back to amend the bill down the road?

Mr. Daniel Santoro: It's much better to amend it now. It's going to save a lot of trouble. It's going to save a lot of potential litigation, confusion among people. If you just put clear language in saying that conversion therapy is a coercive practice, that would solve a lot of problems. As well there is the other suggestion that I made about medical treatment. Don't specify one form of medical treatment. Just make it a generic medical treatment exception, as well as the other suggestion you just made about protecting conscientious speech and opinions.

Hon. Kerry-Lynne Findlay: Quickly, Mr. Santoro, do you believe there is adequate protection now for good faith conversations? Provide a very quick answer, please.

Mr. Daniel Santoro: No, there is not, because “exploration of identity or development” I take to be some kind of an expressive exception, but it's a very confusing term. I would suggest employing established terminology from other sections of the Criminal Code, such as the hate speech provision, which says that you can have conscientiously held opinions being expressed, and there's mention of religious texts and so on.

Just use the established language from other sections. Don't try to invent novel terminology, as the courts will have a hard time figuring out what that means.

Hon. Kerry-Lynne Findlay: Thank you.

The Chair: Thank you very much, Madam Findlay.

We'll now go to Mr. Maloney for six minutes.

Go ahead, sir.

• (1245)

Mr. James Maloney (Ettobicoke—Lakeshore, Lib.): Thank you, Madam Chair.

Thank you to all of our witnesses for appearing today.

This legislation results in a lot of charged conversations and extreme opinions, in my view. If you listened to some of our witnesses today, you might think that this legislation mandates therapy forcing people to go in a certain direction, when in fact the legislation does exactly the opposite. I think that's an absurd interpretation and frankly an outrageous statement, but those are just my views.

This legislation's intent is to prevent exactly what has been explained to us. Dr. Dobson, you referenced it earlier in your opening statement. You asked why the government is telling people what sexual goals they should have. This legislation does not say that anywhere. It does not do that, in my opinion, and I will respectfully disagree.

I'm going to direct my questions to His Eminence Cardinal Collins.

Although I'm a practising Catholic and went to Our Lady of Sorrows Catholic School—I am still a parishioner there—and went to Michael Power High School, it has not been my honour to meet you before.

I tell you that only because being born and raised a Catholic, I understand the struggle some people face with this legislation and this issue, but nowhere in this bill, Your Eminence, does it say anything that will in any way limit what I can say to you in a confessional or that you can say to me in the confines of our relationship. That's why I have so much difficulty....

The Catholic Church teaches that sexual acts outside of marriage are not allowed. That includes homosexual relationships and heterosexual relationships. To my knowledge, that it's in a heterosexual relationship is legal. No priest that I'm aware of has ever been charged with a crime for espousing that view to a parishioner. Nowhere in this legislation is that going to change when it comes to people who are in non-heterosexual relationships.

Your Eminence, I want you to help me understand where you're coming from because I've read the brief submitted by the Conference of Catholic Bishops, and I don't agree with those conclusions.

H.Em Thomas Cardinal Collins: Thank you, Mr. Maloney.

I think that was a very thorough brief, and it obviously says more than one can say in a short conversation.

Conversion therapy is something that is to be banned. That is the goal. I would say conversion therapy if it is coercive and so on, but if it's just conversion therapy, what is it? It's a practice, treatment or service designed to change a person's sexual orientation or to reduce non-heterosexual attraction or sexual behaviour. Well, any practice that reduces, I would say, heterosexual or non-heterosexual sexual behaviour is conversion therapy. That's what it says.

Now, what is a practice we could have? We have certain things. For example, we have groups within the church, which I highly support, of people who freely enter into them, people experiencing same-sex attraction who are indeed quite intending to reduce non-heterosexual sexual behaviour. They want to live a life of chastity. That, according to this over-broad, over-reaching definition, is what conversion therapy involves, so it's any practice that seeks to change a person's sexual orientation and so on, and reduce non-heterosexual attraction or sexual behaviour. That would involve a lot of spiritual groups that I've been involved with in terms of organizing them, such as Courage, and various other groups that are precisely designed to help a person live a life of chastity, which involves discipline of one's sexual behaviour.

Mr. James Maloney: Sorry to interrupt, but I have a limited amount of time.

Discipline of one's sexual behaviour is distinct from sexual orientation.

H.Em Thomas Cardinal Collins: No. It's "reduce non-heterosexual attraction or sexual behaviour". That's what the bill says. It may not be what people think the bill means, but that's what it says. Unfortunately, what it says is what gets into the law and ends up being interpreted later.

Mr. James Maloney: Nowhere in this law, Your Eminence, does it say that you are going to be limited or parents, as you have identified, are going to be restricted in advocating the teaching beliefs of our church. The source of the suggestion that it will somehow do that is from people who are opposed to this legislation.

• (1250)

H.Em Thomas Cardinal Collins: I am opposed to—

Mr. James Maloney: I'm struggling between being a Catholic and a lawyer here. The lawyer in me tells me this legislation does not come anywhere close to doing the things that are being alleged.

H.Em Thomas Cardinal Collins: The Catholic in me tells me that the type of spiritual guidance and practices we have—we don't have time now, but I could talk to you later about them—that help people living a life of... In the case of people who experience same-sex attraction, it's helping them to reduce non-heterosexual sexual behaviour. Indeed, if we were dealing with heterosexual behaviour, that could be there, as well.

This is very problematic. A simple change dealing with whether it is coercive behaviour that we're trying to outlaw would solve the problem. But as it stands, it will interfere with a lot of things, which I mentioned and which the Canadian bishops' brief mentions at greater length.

The Chair: Thank you.

That's all the time we have.

Mr. James Maloney: I would like to talk to you further, Your Eminence.

H.Em Thomas Cardinal Collins: I would be glad to do so. Just come and see me any time.

The Chair: Thank you.

Monsieur Fortin, you have six minutes.

Go ahead, sir.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair.

I thank all the witnesses who are with us. Their participation in this debate is valuable.

As I was saying previously, we feel that, the more people we hear talk about Bill C-6, the more we realize that the situation is confusing. I think that all the parliamentarians who have worked on this bill are acting in good faith and want to ban practices we all consider dishonourable.

I sort of agree with what Cardinal Collins was saying earlier that this is unfortunately the text that will have to be the legal support for those bans, but I unfortunately find it confusing.

That said, I personally feel that good faith conversations should be allowed, but I am wondering what would constitute a good faith conversation. Couldn't that conversation "in good faith" from one individual's point of view appear to be "in bad faith" from another point of view? What I mean by that is that religious and moral beliefs vary from one individual to another and from one religion to another.

Cardinal Collins, how would you view a question from a citizen who came to see you—for example a 13 or 14-year-old adolescent—and was questioning their gender identity and saying that they think they are bisexual, that they are sexually attracted to young women or young men and that they find that okay. What would be your opinion on that kind of a statement, Cardinal Collins?

H.Em Thomas Cardinal Collins: Thank you very much.

I would like to answer this very delicate and nuanced question in French, but I unfortunately do not have the ability to accurately discuss this topic in French.

[*English*]

I would think that if somebody.... Suppose you have a young person who is struggling. They have gender dysphoria, or whatever. Often people get more and more influenced by the society around them. I would say that they need to be listened to, spoken with and encouraged. If there's somebody influencing them, saying that for the moment they're somewhat confused—and some kids do get confused—and saying to go in the direction that Dr. Dobson was saying some people are asked to do, and she gave the example from England, I would say let's not do that. Let's just listen and be compassionate and understanding. I would not encourage such a person to enter into practices of, for example, transitioning, and things like that. That is happening, though.

If I were a parent, a counsellor or a priest, and a person came to me with these issues, I would advise them not to go in that direction. I would be giving them advice in my own way, which would be, I think, potentially getting in the way of this law. I think there's a greater danger of that in groups, and things like that, that would seek to give counselling, especially dealing with the issue of homosexuality.

I think we have to just listen and understand. This law is too.... If I'm trying to convince someone not to go in a direction, that could be conversion therapy. It's not, I don't think. Coercive things should be banned, as the rabbi mentioned. But advice for people not to go in a certain direction, I don't think should be banned.

• (1255)

[Translation]

Mr. Rhéal Fortin: Thank you.

Cardinal Collins, I will continue with you.

In your opinion, would priests, rabbis, imams or any other religious leaders intervene by adopting some sort of an affirmative approach, as Dr. Dobson was saying earlier? In short, would they listen without trying to influence young people or could they rather want to correct adolescents' sexual preferences or behaviours?

[English]

H.Em Thomas Cardinal Collins: I think this depends upon individuals. A friend of mine, a person I know very well, testified a while ago about some priests behaving in a rather strange manner, about exorcism and stuff. That I do not agree with. I think that can happen in any religion, including my own. I would not approve such an action.

Sure it might happen in Jewish, Muslim or Protestant groups; I don't know. You always have individual priests, ministers, rabbis and imams. I think the most important thing is to be able to have a person counsel and be able to do that, including to counsel, which I would be counselling, against homosexual sexual behaviour, because I don't believe that is the right direction.

I would not force anyone; I don't coerce anyone, but I just don't think that's the way to go. We have ways of helping people deal with this issue in their life, freely entered into, that I think are very fruitful and good. They're not coercive, but I think they would be captured under this definition and I don't think that's right.

A simple word, "coercive", solves the problem.

The Chair: Monsieur Fortin, that is your six minutes.

I will now go to Mr. Garrison, who will be our last questioner for today.

Mr. Garrison, go ahead.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I thank all the witnesses for appearing today. It's not very often that we have witnesses with the stature of Cardinal Collins and Rabbi Whitman before the committee.

Given that Cardinal Collins has had a fair degree of time, I want to focus my questions with Rabbi Whitman.

I think you are in a unique position as a witness here, because you've come to us as both a legal scholar and a biblical scholar. Therefore, my question for you, first, would be, do you see anything in this bill generally or specifically that you feel would limit you in the carrying out of your professional duties and responsibilities, or spiritual duties and responsibilities, as a rabbi?

Rabbi Michael Whitman: First of all, thank you for placing me in such august company as the other two speakers. I am honoured.

My understanding of conversion therapy is a type of activity that is coercive, so I would certainly support clarifying that point. However, it seems to me, from my reading of the bill, that it already allows for free expression of religious principles and good faith conversations. I don't see that it is contraindicated by this bill.

Mr. Randall Garrison: On the question of adults being subjected to conversion therapy, the bill presumes that there is such a thing as consenting adult conversion therapy.

Would you have any comment on whether people can actually consent to a process that has been found by professionals to be fraudulent and harmful?

Rabbi Michael Whitman: That's a very hard line to draw. Dr. Dobson made reference to the fact that a lot of individuals might have multiple emotional issues at the same time. Therefore, yes, if it was actually free consent and full consent, I think a person has the right to do that, but a person could very easily be in a situation where they feel compelled, feel pressured and it would be very hard to judge free and full consent.

• (1300)

Mr. Randall Garrison: In your experience as a rabbi, how often do you think conversion therapy is taking place either within the Jewish community or other faith communities in Canada?

Rabbi Michael Whitman: That's hard for me to answer. I have not personally encountered it. My guess would be that it exists within the fringes of the Jewish community in some of the larger areas, but I know that within the mainstream Jewish community of all denominations, orthodox, conservative and reform, it is pretty much discredited and not practised. If it exists now, it exists at the edges.

Mr. Randall Garrison: Thank you.

The human rights legislation in Canada has affirmed protection from discrimination on the basis of gender identity or gender expression. We've heard testimony from witnesses suggesting that this bill should depart from that and only protect sexual orientation from conversion therapy.

Would you have an opinion on the breadth of the bill? Should it include gender identity and gender expression?

Rabbi Michael Whitman: I think if we're talking about an activity that is coercive and that is harmful, it should apply in all situations.

Mr. Randall Garrison: Great.

Thank you, Madam Chair. I know we're out of time for our session, so I'll conclude my questions there.

The Chair: Thank you very much, Mr. Garrison.

I'd like to take the opportunity now on behalf of our committee to thank this wonderful group of witnesses and panellists. Thank you for your input.

I would like to remind members that the deadline for amendments is December 9, by 9 a.m. If you haven't already submitted amendments, please make sure you do so before that deadline.

Now I'll pass it over to Mr. Clerk for some remarks.

[*Translation*]

The Clerk of the Committee (Mr. Marc-Olivier Girard): Thank you very much, Madam Chair.

I just want to inform the committee that it has received nearly 300 submissions on Bill C-6. That's a huge number. About 260 submissions are currently being translated.

I would like to thank the committee's directorate's administrative team that is handling the processing of all those submissions, espe-

cially committee assistant, Natasha Filoso-Timpson, who worked all of last weekend. I would also like to thank the Translation Bureau's entire team that, despite being very busy these days, has been working very hard to translate all those submissions.

The vast majority of submissions should be ready in time for the clause-by-clause study of the bill, but some 30 briefs will be sent after December 10.

Once again, I thank everyone for their tremendous efforts.

[*English*]

The Chair: Thank you very much for that.

Seriously, it was really wonderful. Thank you for all of your hard work and for keeping us going. We really appreciate it.

With that, the meeting now stands adjourned.

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