

I wish to express my horror regarding this proposed legislation. Worldwide many thousands of people have made drastic decisions which they now regret. This practice amounts to child abuse.

The American College of Pediatricians urges educators and legislators to reject all policies that condition children to accept as normal a life of chemical and surgical impersonation of the opposite sex. Facts – not ideology – determine reality.”

The policy statement, authored by Johns Hopkins Medical School Psychology Professor Paul McHugh, listed arguments on why gender reclassification is harmful.

1. Human sexuality is an objective biological binary trait: “XY” and “XX” are genetic markers of health – not genetic **markers of** a disorder.
2. No one is born with a gender. Everyone is born with a biological sex. Gender (an awareness and sense of oneself as male or female) is a sociological and psychological concept; not an objective biological one.
3. A person’s belief that he or she is something they are not is, at best, a sign of confused thinking. When an otherwise healthy biological boy believes he is a girl, or an otherwise healthy biological girl believes she is a boy, an objective psychological problem exists that lies in the mind not the body, and it should be treated as such.
4. Puberty is not a disease and puberty-blocking hormones can be dangerous. Reversible or not, puberty-blocking hormones induce a state of disease – the absence of puberty – and inhibit growth and fertility in a previously biologically healthy child.
5. According to the DSM-V, as many as 98% of gender confused boys and 88% of gender confused girls eventually accept their biological sex after naturally passing through puberty.
6. Children who use puberty blockers to impersonate the opposite sex will require cross-sex hormones in late adolescence. Cross-sex hormones (testosterone and estrogen) are associated with dangerous health risks including but not limited to high blood pressure, blood clots, stroke and cancer.
7. Rates of suicide are twenty times greater among adults who use cross-sex hormones and undergo sex reassignment surgery, even in Sweden which is among the most LGBTQ – affirming countries.

Also, my PhD friend, Dr J Rawson who has been involved with the development of steroids and the FDA advised us three days ago "When doctors prescribe steroids for medical conditions they do so because they believe that the net gain will outweigh the negative side effects. To give anyone unnecessary steroids is playing with extraordinarily complex outcomes in humans (research what happened to East German sporting women who took androgens). Research into the side effects of giving steroids to unfortunate people who have gender dysphoria is really at the infantile stage. Our children should not become guinea pig pawns in the so called progressive agenda."

I am deeply concerned for the welfare of children like my 12 grandchildren and their peers if more encouragement with this ideology is made.

Thank you for considering my submission.

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To the Committee,
Health Legislation Amendment Bill 2019.

I wish to express my horror regarding this proposed legislation. I am appalled at the prospect and everyone I have spoken to are horrified.

This will deny the established contribution of individual and family psychotherapy to the mental health of a child or adolescent with gender dysphoria and condemns them to a life-long administration of hormones and the possibility of major surgery, including castration.

I believe the possible effects on the brain of blocking puberty and the administration of cross sex hormones are experimental. Dangerous results can result and supporters of these practices don't appear to be recognised.

Many children submitted to the regime have been found to suffer from co-morbid mental disorder such as autism. It is unthinkable to assume there will be no serious side effects. Such children do not have the mental capacity to understand both the possibility of side effects, and the experimental nature of the regime.

Even proponents for hormonal intervention confess lack of knowledge of the outcome of their massive intervention. One thing is known, however: the suicide rate in transgendering adults is some twenty times higher than the general population.

There is no evidence these measures, including genital surgery, will make the dysphoric child happier.

Experimentation on human subjects is deplored in several documents on human rights developed since the experience of WW2. The excuse 'the government made me do it' was found unacceptable.

Worldwide, I am aware of thousands of individuals who are regretting undergoing such drastic treatment.

With such widespread uncertainty of positive effect but certainty of deleterious side effects, I write to request the Parliament not to oblige therapists to pursue the hormonal intervention and to permit the alternative psychotherapeutic support, which has been shown to be effective in the past.

Please do not put medical people into crises of their conscience. This is most serious.