

COURT FILE NUMBER KBG-RG-01978-2023

COURT OF KING'S BENCH FOR SASKATCHEWAN

JUDICIAL CENTRE **REGINA**

APPLICANTS **PARENTS FOR CHOICE IN EDUCATION AND GENDER
DYSPHORIA ALLIANCE**

RESPONDANT (APPLICANT) **UR PRIDE CENTRE FOR SEXUALITY AND GENDER
DIVERSITY**

RESPONDANTS (RESPONDANTS) **GOVERNMENT OF SASKATCHEWAN AS REPRESENTED
BY THE MINISTER OF EDUCATION, CONSEIL DES
ECOLES FRANSAKOISES, CHINOOK SCHOOL
DIVISION, CHRIST THE TEACHER CATHOLIC SCHOOL,
CREIGHTON SCHOOL DIVISION NO. 111, GOOD SPIRIT
SCHOOL DIVISION, GREATER SASKATOON CATHOLIC
SCHOOLS, HOLY FAMILY ROMAN CATHOLICS
SEPARATE SCHOOL DIVISION #140, HOLY TRINITY
CATHOLIC SCHOOLS, HORIZON SCHOOL DIVISION, ILE-
A-LA CROSSE SCHOOL DIVISION NO. 112, LIGHT OF
CHRIST CATHOLIC SCHOOLS, LIVING SKY SCHOOL
DIVISION NO. 202, LLOYDMINSTER CATHOLIC SCHOOL
DIVISION, LLOYDMINSTER PUBLIC SCHOOL DIVISION,
NORTH EAST SCHOOL DIVISION, NORTHERN LIGHTS
SCHOOL DIVISION NO. 113, NORTHWEST SCHOOL
DIVISION #203, PRAIRIE SOUTH SCHOOL DIVISION,
PRAIRIE SPIRIT SCHOOL DIVISION, PRAIRIE VALLEY
SCHOOL DIVISION, PRINCE ALBERT CATHOLIC
SCHOOL DIVISION, REGINA CATHOLIC SCHOOLS,
REGINA PUBLIC SCHOOLS, SASKATCHEWAN RIVERS
SCHOOL DIVISION, SASKATOON PUBLIC SCHOOL,
SOUTH EAST CORNERSTONE PUBLIC SCHOOL
DIVISION #209, AND SUN WEST SCHOOL DIVISION**

AFFIDAVIT OF AARON KIMBERLY

I, Aaron Kimberly, of the City of Oak Lake, in the Province of Manitoba, MAKE OATH AND SAY/AFFIRM AS FOLLOWS:

1. I am the Executive Director and one of the founding members of Gender Dysphoria Alliance ("GDA"), one of the proposed interveners in the Notice of Joint Application For Leave to Intervene, and as such, have personal knowledge of the matters and facts herein deposed to, except where stated to be on information and belief, and where so stated I verily believe the same to be true.

2. As Executive Director of GDA, I am duly authorized to swear and submit this Affidavit in support of GDA's application to intervene in this proceeding.

Gender Dysphoria Alliance

3. GDA was registered in February 2021 and has been influential in bringing awareness to the facts about gender dysphoria (“GD”) internationally since its inception. GDA’s leadership board consists of transsexual adults, and our advisory board is a panel of leading researchers and subject matter experts. Our advisory board is comprised of academics, psychiatrists, psychologists, physicians and others with relevant expertise. Attached hereto to this my Affidavit as **Exhibit “A”** is a list of the individuals on our leadership board and our advisory board. GDA’s primary goal is to inform the conversation about GD from an evidence based-model, so that fair and reasonable accommodations can be made for those with GD, while balancing the rights of others. We are also advocating for reforms to our healthcare system. We believe that departures from sound evidence have led to missteps in policy and healthcare in ways that are harmful to persons with GD and society generally. Attached hereto to as **Exhibit “B”**, is GDA’s registration info.

4. Our activities include production of educational content such as a podcasts, short videos, printable materials and essays. We are regularly interviewed by journalists and have built relationships with other organizations such as LGBT Courage Coalition, Genspect, Foundation Against Intolerance and Racism and The Gender Exploratory Therapy Association. We have advised politicians at a national and provincial/state level. For example, I provided testimony in support of the Georgia Green Party’s commitment to balance trans rights and women’s rights. I also provided testimony in an Ontario human rights case against an Ontario school board after a teacher informed a class of 6-year-old students that “there are no such things as girls and boys”.¹ GDA also lobbied for changes to Canada’s poorly crafted conversion therapy legislation, as it applies to GD. And we have briefed policy-makers on flaws in the provision of health care to persons with GD. We have also attended clinical conferences as guests and speakers, including a recent clinical conference in Finland regarding the competent, safe and ethical treatment of GD in youth. I was a panelist on the topic of aetiologies of GD.

5. As a group of members of the gender dysphoric community (inclusively those of the non-transition, pre-transition, mid-transition, post-transition, and de-transitioned states of surgical and hormonal intervention) we are concerned about the direction that gender medicine and activism has taken. The GDA platform was created to give those with GD who share our concerns a place to learn, network, teach, and tell their own stories.

6. GDA believes that GD is a multi-faceted, multi-causal and multi-correlative condition. GD is associated with homosexuality, autogynephilia, certain intersex conditions, sexual abuse and autism.

¹ *N.B v. Ottawa-Carleton District School Board*, 2022 HRTO 1044.

7. As a transsexual person myself, and someone who is connected to many transsexual people as part of my livelihood, I am aware that treatment of GD can involve psychotherapy, hormonal treatment, and surgical intervention. GDA believes that counselling can be helpful to:

- a. improve coping skills and reduce distress;
- b. explore an individual's cross-sex identity and how it developed;
- c. discuss non-medical options for managing GD;
- d. explore whether or not GD can be integrated into an individual's identity without needing to change the body medically;
- e. identify things that may be contributing to an individual's GD;
- f. improve social skills and supports;
- g. address any other concerns an individual with GD has with their over-all mental health;
- h. help with family or social conflicts; and
- i. to prepare you for medical treatment, if needed.

GDA's Interest in this Litigation

8. GDA is interested in, and applies to intervene in this proceeding because of the significant implications this case has for the rights of hundreds of thousands of parents/guardians across Saskatchewan and its resulting persuasive implications to millions of parents and children across Canada. Specifically, GDA is concerned that the arguments of the Applicants will lead to clinical interventions such as social transition without appropriate and competent clinical and parental oversight at crucial times in young children under the age of 16. Additionally, GDA is concerned that this case will have broader implications across the country to the endangerment of gender dysphoric children.

9. As members of the gender dysphoric community who are concerned about the direction that gender medicine and activism has taken, GDA takes a significant interest in the outcome of this matter. In our experience and knowledge, the Affirmative Care model (as discussed in the Affidavit of Dr. Travers), which exclusively recommends social and then medical transition for individuals experiencing GD, creates a significant risk of considerable harm to children. The situation becomes exceedingly dangerous when coupled with an approach that removes parents and guardians out of the picture. As a group of gender dysphoric individuals who each have their individual experiences and concerns, and some of whom, like myself, have children, we hope to find a sensible outcome to this matter.

Submissions of GDA

10. I have reviewed the materials filed by the Applicant, UR Pride Centre for Sexuality and Gender Diversity (“UR Pride”) in support of its application for injunctive relief against the Government of Saskatchewan’s newly implemented 2023 “Policy – Use of Preferred First Name and Pronouns by Students” (the “Policy”).

11. GDA endorses the following positions in light of its important experience and expertise:

- a. Canadian law recognizes parents as the primary decision makers of their children for all significant decisions, including being charged with the responsibility for the education and moral upbringing of their children.
- b. A parent’s right to exercise decision making authority regarding their children involves being informed and involved in important decisions or any significant developments in their children’s social behaviour at school, absent demonstrable necessity of risk of harm on a case-by-case basis.
- c. Some children have a heightened risk to experience distress about their gender identity because of their development, unique personal circumstances or vulnerabilities.
- d. Adults and peers in school systems can have a significant influence on children’s self-perception, including about their gender identity.
- e. The best interests of children, including their legal and constitutional rights, are protected by the informed involvement of their own parents.

12. If granted the ability to intervene, GDA is able to provide meaningful submissions to this Honourable Court on the irreplaceable role of parents in understanding the unique underlying potential causes of GD in their children, which others, including educators and school personnel may not be privy to. GDA is also able to provide information about gender diversity with respect to evidence, best clinical practices and multicultural understandings of gender non-conformity. This information is crucial to understanding why parents and competent clinicians must be involved in decision-making regarding a given child’s treatment of GD, gender non-conformity, or gender-related distress of various origins, as it could have life-long implications for the child’s wellbeing. A meaningful decision-making process must begin with an accurate understanding of the condition, at different developmental stages which necessitates the involvement of children’s primary caregiver(s): their parent(s)/guardian(s).

13. When combined with a broader and more nuanced examination of the available relevant data, scientific discourse, and other discourses in relevant fields (which I imagine will necessarily be entered into the record by the original parties) our collective lived experiences paint an important and multi-faceted picture of the multi-causal issue that is GD, which merits a careful examination given its centrality to this litigation.

14. GDA's submissions will be informed by its unique insight as an organization organized and operated by transsexuals, with 2.5 years of experience working to protect the rights of those with GD in Canada and internationally by providing evidence-based information about the condition and its known pathways. This insight and experience will assist in providing the Court with a useful perspective on the implications of the legal issues at stake in the matter.

My story as a person with gender dysphoria

15. Besides my role as Executive Director of GDA, I am a Registered Nurse with a specialization in mental health and have worked within youth gender medicine. I live in Manitoba. Attached hereto to this my Affidavit as **Exhibit "C"** is verification of my status as a registered nurse. I am a surgically transitioned transgender man. I was born female with a rare ovotesticular disorder of sex differentiation (DSD).

16. I am familiar with much of the scientific, political and philosophical literature that relates to transgenderism, GD, Queer Theory and other related topics.

17. I am a begrudging but perhaps necessary exemplar of my community. I was born as a biological female in 1973 and grew up in a small farming community. From an early age, I perceived myself as a boy. My parents would buy me "girl" toys, which I would mostly ignore in preference to my brother's toys. I look miserable in my kindergarten class photo because my mom made me wear a frilly shirt. When swimming, I wanted to wear swim trunks, not a swimsuit. My Halloween costumes included characters like Smurf, Superman, Michael Jackson, and Gene Simmons. I looked and acted so much like what others expect of boys that I was accidentally put onto a boys' baseball team one summer – which I thought was great! When we played Star Wars in the playground, I was Luke Skywalker – never Leia – which no one seemed to mind. I was one of the boys. This social arrangement lasted until puberty, and then all the rules changed. I was attracted to girls, none of whom took any notice of me. My guy buddies started to either flirt with or ignore me. I had no idea why I perceived myself as male. It was confusing and embarrassing, a sentiment that is echoed with many of our members in their formative years.

18. At age 19, I had surgery to remove a grapefruit-sized cyst from one of my ovaries. The surgeon said that my ovary was unrecognizable as an organ, so it was sent for biopsy. It was discovered to be a mix of ovarian and testicular tissue, an intersex condition known as an ovotesticular disorder of sex development. The surgeon seemed embarrassed for me and

reassured me that the offending organ was gone, so I should just forget about it. This both validated and further confused my perception of myself. I did not tell anyone about this at the time. I've since learned that most people with an OT-DSD live as men due to the masculinization caused by our natal testosterone levels.

19. I tried to live with my GD as a young adult, and identified as a lesbian, though it never felt right to me, and I was not happy. I experimented with ways to express my masculinity. I changed my name to Aaron when I was 22.

20. I did not even know how to explain what I felt to people and felt ashamed of it. I also did not know back then that medically transitioning was possible, and when I did learn about it years later, it seemed far-fetched and risky.

21. In the early 2000s, I moved to Vancouver and met a few trans people. Then around 2007, I saw a documentary on TV about trans kids which resonated with my experience of GD, so I decided to transition. I do not really regret that decision, because I do feel a lot more comfortable living as a man, but it has not been easy. As I have gotten older, I care less about whether I am male or female. I do not believe in radical gender politics or Queer Theory.

22. Even if people do decide to transition, people with GD need counselling to help them understand GD and deal with it in reality-based ways. "Affirmation" is not the same as giving us answers about why we feel the way we do as transsexuals. When I went to see doctors for help, I assumed they understood exactly what this condition is, how it manifests and what treatment is most helpful. I have learned that the truth is far different: doctors often are guessing, and do not have concrete answers regarding GD. I was not informed by the physicians I saw about the vast amount of research by psychologists like Dr. Blanchard and Dr. Zucker; the doctors I encountered presented medical transition as the only real option, which was a disservice to me, and to many other people with GD. The failure to apprise patients, especially children, of all viable treatment options on the medical side, is mirrored by the one-size-fits-all orthodoxy pushed on children regarding social transitioning. Children are often told by activists and those who believe Queer Theory that they *are* in the wrong body, and that the *only* way to address this "fact" is to socially transition to a different gender. The reality is that there are many reasons why a given child may be experiencing GD, and there are many different options for treatment that do not involve social transitioning and genital surgery.

23. Because of the one-sided narrative that is often pushed on young people with GD, GDA's position is that parents absolutely need to be involved and aware of behavioral changes in their children.

24. Knowing what I know now, if I were back in my pre-transition state, I would have gone to more counselling first and learned more about what GD is and what all of my options were. Unfortunately, it is even harder to get that kind of information today given the prevalence of the Affirmative Care model. I thought I knew everything I needed to know when I decided to undergo surgery, but I did not. I was just so desperate to feel better and fit in that I was not really thinking straight.

25. I feel okay about my choices now, but I am not sure they were all necessary. Of the transitional procedures and hormonal regimens that have been performed on me, I do regret getting bottom surgery done because I had complications and the outcome is not what I expected. Bottom surgery is the surgical creation of a pseudo-phallus using tissue removed from other areas of the body. I feel I was misled about what to expect. The bottom surgery actually made my dysphoria worse not better; better and more realistic pre-surgery clinical care could have prevented this issue. I have learned my disappointment and experience is hardly unique.

26. It is great that people value diversity but, by embracing the militant transgender narrative espoused by UR Pride, people are embracing and promoting practices that objectively harm others, especially children such as:

- a. embracing and promoting the idea and reality of traumatized girls altering their bodies to feel safer as transmen;
- b. celebrating people fleeing homophobia via transition;
- c. praising people who use the medical system to manufacture imaginary personas of all kinds;
- d. applauding people who are using those of us with a medical condition to advance their own political and capitalist agendas; and
- e. institutionalizing the recruitment of children into this movement, many of whom will alter their healthy bodies needlessly.

27. I do not want my own kids to be captured by this. There are many stories that are like mine and yet are unique.

The stories of gender dysphoric individuals inform our views and contribute to our unique expertise

28. The GDA website at "<https://www.genderdysphoriaalliance.com/>" ("Website") contains the stories of many others that inform the overall views and positions of GDA. GDA provides a safe space for individuals with GD who hold views that critique or are contrary to Queer Theory or other reductive approaches to GD.

29. Attached hereto to this my Affidavit as **Exhibit “D”** is the story of the current GDA Director of Operations, Aaron Terrell, as posted on the Website. I have been informed and verily do believe due to my personal relationship with Aaron Terrell and from the Website that Terrell “is an American transman interested in the causes of GD as well as the sociopolitical trends that facilitate medical transition.”

30. Attached hereto to this my Affidavit as **Exhibit “E”** is the story of current GDA Director of Education, Janet Scott, as posted on the Website. I have been informed and verily do believe due to my personal relationship with Janet Scott and from the Website that Scott “has worked in education for over 20 years” and “medically transitioned in 2016-2017.”

31. Attached hereto to this my Affidavit as **Exhibit “F”** is the story of one, Lauren Black, as posted on the Website. I have been informed and verily do believe due to my personal relationship with Lauren Black and from the Website that Black is a butch lesbian who lives with GD. But, she does not believe that her “deep discomfort with her female body” means that she “should take steps to change it.”

32. There are many other stories and lived experiences on the Website. And we are privy to many other non-public stories that, along with our knowledge of the academic literature, inform our views and expertise. We trust that these views and expertise will be meaningful to this Court.

Different Submissions


33. If admitted as an intervenor, GDA will provide submissions from its unique perspective as a third-party entity comprised of GD persons that is concerned with:

- a. the broader implications of the special vulnerability of young persons experiencing GD or who are susceptible to experiencing GD;
- b. the single-minded treatment options promoted under the Affirmative Care model; and
- c. the general rule of isolation from parents that some schools, school districts, and individual teachers have chosen for young persons with GD.

34. If admitted as an intervener, GDA would take no position on the constitutionality of the case.

35. I swear this Affidavit in support of the Joint Application to Intervene, and for no improper purpose.

SWORN (OR AFFIRMED) BEFORE ME
at the City of Saskatoon, Saskatchewan,
this 13th day of September, 2023.



ANDRE F. MEMAURI
Being a solicitor.





AARON KIMBERLY

This is Exhibit "A" referred to in the Affidavit of
Aaron Kimberly Sworn electronically
before me this 13th day of September, 2023

A handwritten signature in black ink, appearing to read 'A. Memauri', is written over a horizontal line.

ANDRE MEMAURI, being a Solicitor



Gender Dysphoria Alliance

Dysphoria without ideology

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Aaron Kimberly
Executive Director

Aaron has been a mental health clinician since 2008 after 15 yrs as a graphic designer. He lives in Canada, with a banjo on his knee. He medically transitioned in 2006.



Aaron Terrell
Director, Operations

Aaron Terrell is an American transman interested in the causes of gender dysphoria as well as the sociopolitical trends that facilitate medical transition.



Kellie Pirie
Director, Transition Regret

Kellie (formerly Kenneth) transitioned from female to male in 2004, which she later regretted. She has a background in criminology and long haul trucking.



Janet Scott
Director, Education

Janet "Cat Lady" Scott has worked in education for over 20 years. She lives in the US with a small herd of cats. She medically transitioned in 2016-2017.



TBA
Is this you?

Our team is expanding and diversifying. If you think you'd be a good fit for a leadership role with us, be in touch! We are especially looking to add transwomen to our team.





Dr Ray Blanchard

Professor of Psychiatry at the University of Toronto. He was a member of the Sexual and Gender Identity Disorders Work Group for the DSM-5 and has made significant contributions to research of gender dysphoria.



Dr Oren Amitay

Clinical psychologist and university lecturer of 20 different psychology courses approximately 200 times since 2000, including Human Sexuality, Gender, Clinical Psychology, Personality, Research and Statistics.



Dr Lisa Littman

Dr. Littman is a physician-scientist and currently the President and Director of the Institute for Comprehensive Gender Dysphoria Research. Her research is focussed on GD and desistance/detransition.



Severus Hama-Owamparo

Severus is an African trans man and community psychologist. His work focuses on addressing mental health challenges and human rights violations faced by gender and sexual diverse individuals in Africa.



Pam Buffone

Pam is a software executive in the field of data analytics and a part of the leadership team at Genspect, an international organization representing parents of gender questioning youth.



Levi Pay

Levi is a policy, strategy and higher education specialist with experience in a range of UK organisations, including several universities, the Scottish Parliament, Stonewall and the Equality Challenge Unit.



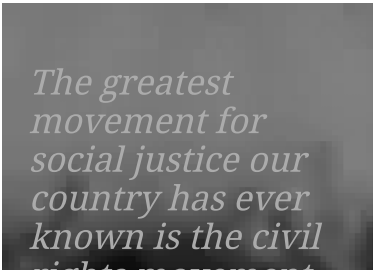
Sinead Watson

Sinead is a detransitioned woman from Scotland who underwent medical transition between 2015-2019. She is an advocate for balanced care of gender questioning youth.



Christina Buttens

Christina is an independent journalist who writes about gender, pseudoscience, mental health, autism & critical thinking. She advocates for early autism screening & transition care that prioritizes thorough, individualized assessments.



Gender Dysphoria Alliance (GDA) was formed in 2021 as a small group of community members who are concerned about the direction that gender medicine and activism has taken. We've created this platform to give others who share our concerns a place to learn, network, teach, and tell their own stories. Our network is quickly growing and partnering with other similar groups and individuals around the world.

Though our members come from diverse cultural backgrounds, hold various political and spiritual beliefs, and different professional designations, GDA is not



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Aaron Kimberly Sworn electronically
before me this 13th day of September, 2023

A handwritten signature in black ink, appearing to read 'A. Memauri', is written over a horizontal line.

ANDRE MEMAURI, being a Solicitor

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Authority

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Business number X

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● Feb 26, 2021 - Present

Statement of Registration of General Partnership or Sole Proprietorship ^
 GD ALLIANCE CANADA
 Registration number: FM0834876

Authority

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ANDRE MEMAURI, being a Solicitor



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Registration Number	First Name	Last Name	Current Membership Class	Conditions 	Notations 	Client Population	Expiry Date
406296	Aaron	Kimberly	Registered Nurse				2023-12-31

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ANDRE MEMAURI, being a Solicitor



Meet Aaron Terrell

Updated: Dec 18, 2021

Part I: Gender Dysphoria & Shame

I had what we would consider early onset childhood gender dysphoria; a self-conception of being a boy despite a body that contradicted that. I don't think I was born with it though; I think it was a response to restrictive female gender roles and a sense that boys had a freedom that shouldn't be withheld from me. I was a tomboy who grew up in a conservative Evangelical Christian environment and was regularly reminded how girls behave and dress, with the explicit message being I was acting like a boy and that was inappropriate. From my earliest memories the wish to be a boy, or the self-conception of myself as a boy, was inextricable from a sense of shame at feeling that way.

I began to tell myself stories to explain why I felt the way I did. When I was a toddler my infant brother died from SIDS and a few years later I became convinced that his spirit passed into me. That was why I felt like I was a boy; I was carrying my brother's spirit with me. This story also gave me permission to 'act like a boy', because I was doing it for my brother, not for me. I eventually outgrew this story and around age 11 or 12 my internal story shifted to something a little more realistic, which was that puberty would take away my 'boy' feelings and turn me into a real girl. I convinced myself that would fix me. It didn't.

The shame I felt as a small child for wishing I was a boy only increased in adolescence along with the "dysphoria". I didn't know that word at the time, but that's what I would come to understand it as. The older I got, the more intense the dysphoria got and the more intense the shame at still feeling that way. I kept telling myself I would outgrow it. I wouldn't feel this way at 16. Then when I still felt that way at 16, I knew I would outgrow it by 20. On and on it went.

It was further confounding and embarrassing because I wasn't attracted to girls. My peers thought I was a lesbian but in reality the thought of touching another girl's body was repellent to me. My own female body was grotesque,



why would I find pleasure in duplicating it? I wasn't attracted to boys until my late teens and when that attraction manifested it was indistinguishable from envy. I found gay men most attractive, and fantasized about being one. I now realize gay male relationships were appealing because they didn't involve any female anatomy and was therefore erotically pure in my estimation. I certainly never told anyone this.

By 26 I hadn't outgrown the dysphoria, and in 2010 I started exploring the possibility of transition. Medical transition wasn't nearly as daunting as the prospect of telling my friends and family my shameful secret that I had carried with me as long as I could remember. However, once I had vocalized it, the shame disappeared. As if all my life I had been carrying a heavy burden, when all I had to do was put it down. The dysphoria indeed persisted and I went on to transition in 2011 at the age of 27.

Important to note because I know this is a contentious issue right now between trans people and gay people: I did not transition to have sex with gay men. I anticipated being celibate the rest of my life. I did not believe actual gay men would be interested in me, and I wasn't interested in women. Spending the remainder of my life single was a sacrifice I was more than happy to make to be rid of the dysphoria. I saw it two ways: I could be single as a man or partnered as a woman. The choice was simple for me.

Part II: Gender Ideology & Gender Reconciliation

Transition was an unequivocal relief for me. Testosterone brought on physical and psychological changes that allowed me to feel comfortable in my body in a way I didn't know was even possible. The dysphoria dramatically reduced as my face and musculature began masculinizing. My sexuality ceased to be focused on gay men and instead, very surprisingly to me, turned primarily toward women. I later concluded my previous repulsion to the female form was a projection of my dysphoria, and my attraction to men was primarily envy. With the relief from dysphoria that repulsion and envy faded away. Two years into my transition I got "top surgery" and my dysphoria was mostly eradicated. As disturbing as this may sound to people who do not suffer from gender dysphoria, the day I had my double mastectomy remains the greatest day of my life. Dysphoria had been such a constant and seemingly interwoven sense of who I was, I wasn't able to fathom what I would feel like without it. Immense relief and contentment is what I felt.

After transition I didn't spend much time in trans communities. I lived mostly stealth. I went back to college and got a Bachelor's degree. I started a new job where no one knew of "my female past" (as I would refer to it at the time) and generally embraced life as a man and didn't spend much time dwelling on the trans part of my life. Transition worked wonders for me, and I got on with life. Occasionally I would wander into online trans communities where I would read young people, often teenagers, expressing they thought they were trans. I was team transition all the way. I mistakenly assumed gender dysphoria was one thing, and that transition was the only solution.

In 2017 I learned gender dysphoria is not one thing, and that plenty of people are transitioning despite never even experiencing dysphoria of any variety. I became aware of this shift in understanding when I befriended a number of transmen in my city. Initially I was glad to learn there were other people with whom I had such a fundamental commonality, but quickly learned our experiences were starkly different. Some of the things I learned from these young transmen:

1. Being 'trans' is separate from gender dysphoria
2. Transition is something you do to demonstrate you are 'trans'
3. Assuming dysphoria should be a prerequisite to transitioning is inherently transphobic because it 'pathologizes transness'
4. Lying about having dysphoria is a normal part of accessing trans healthcare, as is necessary because doctors and clinicians are by and large transphobic

Upon hearing multiple variations of all of the above, I was dumbfounded and angry at what I perceived as a cruel appropriation of an ailment I had suffered my entire life. When I expressed disagreement at this framing of 'trans' as an identity independent from any mental turmoil at one's sexed body, I was told that as a fellow trans person I shouldn't be invalidating anyone else's 'transness' because trans people are invalidated enough by 'cis transphobes', and therefore don't need it from fellow trans people as well.

After distancing myself from my short-lived friendship with these transmen, my anger and confusion only grew. I started lurking in online communities for transmen and learned the cohort I had known in person were not an anomaly - they were expressing the currently pervasive view of 'trans' as an identity. An identity that must be validated by surgeries and hormones. My anger at the appropriation melted into terror at what was happening. I read a lot of their stories, I asked a lot of questions, and eventually developed a sense of what was happening. Loneliness is driving young people to drastic measures to find community, purpose, and distinction. Trans is a religion and a youth subculture rolled into one. It is especially appealing to girls who have been sexually abused or who are on the Autism spectrum. In females it appears to be unrelated to sexuality (apart from fleeing male attention). What we now know as ROGD has little to do with GD as we previously understood it and more to do with tragically normal adolescent struggles being funneled into 'trans'.

While casually researching the turn within the trans community I came upon a number of stories of detransitioners, mostly women (former transmen). I was not surprised that there were many detransitioned women now. What did surprise me is their stories of dysphoria sounded much more familiar and relatable to me than what I was hearing from the current 'trans' population. For these women transition did not relieve their dysphoria. Sometimes it made it worse. In other cases it just came with the nagging reality that they were lying to others and deluding themselves. It would seem many experiences common in girls upbringing, especially masculine girls, can easily be interpreted as an intense, unrelenting feeling that we should have been boys.

All these revelations led me to re-examine my transition and the stories I told myself as a child and as an adult about why I felt the way I did. I've realized 'gender dysphoria' is just another story I use to explain to myself why I feel the way I do about my female sex and where that positions me in the world. While transition did provide significant relief, and I stand here a decade later without regret, I do wonder if had I been given a different story or tools to explain my discomfort with my sex, would I have found the relief I needed without such drastic and invasive measures? After all, no one is born in the wrong body and I was not supposed to be male. What we are currently doing is solving software issues by carving up hardware. We are treating normal female adolescence with blunt

force transition. We should be identifying the root issue before trying to solve vague and nebulous anxieties - body dysmorphia, social anxiety, fear of loneliness - with irreversible hormones and surgeries.

This is Exhibit "E" referred to in the Affidavit of
Aaron Kimberly Sworn electronically
before me this 13th day of September, 2023

A handwritten signature in black ink, appearing to read 'A. Memauri', is written over a horizontal line.

ANDRE MEMAURI, being a Solicitor



Meet Janet Scott

Updated: Dec 18, 2021

Most of my strongest childhood memories revolve around my desire to be a girl or at least the knowledge that I did not “fit” as a boy. We now call that gender dysphoria. I remember distinctly going to bed for several years with the constant secret wish that I would wake up and be a girl. From preschool through high school you were likely to find me as the lone boy among a group of girls. While I did have the occasional boy in my neighborhood that I was friends with, other boys tended to confuse me. They didn’t tend to like what I liked, they didn’t play the games I liked to play. At recess, I was often playing jump rope or learning the latest rhyming game with the girls, while the boys learned to play basketball or football or just chased around after each other.

Children tend to be strict enforcers of “gender”. “Boys do this.” “Only girls do that.” Most young children don’t really know about the sex differences between boys and girls, so what makes them different becomes other factors. When I was wishing

to be a girl at 6 and 7, I didn’t understand that that would require a change of my sexed body. What I did know is that I was different and that difference was not OK with some people. My parents were loving. They never tried to force me to “be like the other boys” but there were always limits on just how far I was allowed to go in the other direction. I could talk them into some “girls’ toys” but dolls and Barbie were a no go. I’d get the occasional lecture about how “Boys don’t do that. Boys don’t stand that way. They don’t carry their books like that.”

I was around 9 the first time I learned that people could actually have a “sex change”. From that moment on, I knew that’s what I wanted when I got older. (It was still very much an adult issue back then) Shortly after, I learned the word transsexual and began trying to find out everything I could. I was probably the only one in elementary school that knew who Christine Jorgenson and Renee Richards was.



Middle school and high school became very confusing. The friendships I had always enjoyed with girls became complicated. I lost one friend in middle school because a rumor started that we had “done it” in the girls’ bathroom. I didn’t even know what “it” was. Other friends became disappointed when I showed no interest in being their boyfriend. I never had crushes on boys my own age. I did however have crushes on male teachers, Being gay in middle school or high school wasn’t really a thing back then. Besides, it didn’t occur to me to consider the attraction I had to these men as “gay”, because the men weren’t gay and I had already convinced myself that I’d be a woman when I grew up. I became obsessed with transsexuals and “gender”, watching and reading everything I could find. Not the easiest thing to do in the early 1990s.

Unlike a lot of dysphoric children and teens of that time, I actually do have proof of these feelings and experiences. At 16, I called a cable talk show that was doing a story on transsexuals. The cohost was a young Dr. Drew. I also came out to one of my teachers because an assignment asked us to visualize how we saw ourselves in the future. I became paralyzed because how could I explain that in the future I saw myself as a woman? Coming out led to talks with the school counselor and then to my parents. My parents took me to a therapist, who did eventually diagnose me with what was then called Gender Identity Disorder. She told them that I was a “likely transsexual”.

Right after turning 17 my family and I moved to the southeast United States and I started college. My parents had made me promise to stop all this talk about being a woman and asked me if I was sure I wasn’t “just gay”. Despite that, I maintained the idea that I would transition after college. I grey my hair out and even frequently “passed” as a woman, even though that wasn’t my intent. After college (and more time on the internet) I decided to see if maybe everything else people said about me was true, maybe I was a gay man. I went on my first date with the man that would become my husband of 19 years. The dysphoria didn’t disappear, but it became tolerable. I had a relationship and a career to focus on, “gender” took a back seat.

In 2016 the dysphoria started getting stronger again. After discussion with my husband, I began socially transitioning and seeking a therapist and medical transition. My transition was from April 2016-July 2017 when I completed SRS. During my transition and after, I realized that things had changed from my initial ideas in the 90s. Gender Identity Disorder was out, gender dysphoria was in. Transsexuals were out, trans men and trans women were in. Therapy focused more on how you felt about the transition process than your dysphoria.

I spent the first few years after my transition saying a lot of the things gender ideology says. Even if I didn’t fully believe some of it, you start to trust those with more knowledge and experience. Slowly though I started listening to more voices and asserting my own views. “Trans” is not something you innately are, it’s something you become with transition. Transition is not a blanket solution for everything. Those of us that choose to transition need to understand the limitations of the process.

This is Exhibit "F" referred to in the Affidavit of
Aaron Kimberly Sworn electronically
before me this 13th day of September, 2023

A handwritten signature in black ink, appearing to read 'A. Memauri', is written over a horizontal line.

ANDRE MEMAURI, being a Solicitor



Meet Lauren Black

Updated: Oct 13, 2021



"I am a butch lesbian. I live with gender dysphoria. I do not believe my deep discomfort with my female body means that I should take steps to change it."

I am a butch lesbian. I live with gender dysphoria. This is the condition which, according to mental health professionals, means I am transgender. However, I do not define as transgender. I do not want to take hormones or have surgeries. I do not accept that it is possible to live "as a man", without believing in old fashioned gender stereotypes. I do not believe my deep discomfort with my female body means that I should take steps to change it. This is my story.

In many respects, I live "as a man," if you want to put it like that. I don't want to put it like that, which is part of the problem I face. But I work in a warehouse. I shop in the men's department. I have a wife and children, who I work to support. I am at ease in the company of men. My hobbies include turning wood, and fixing things. If I could click my fingers and be rid of my womb and my breasts, and not face lifelong medicalisation, I probably would. I have regularly felt, like Lady Macbeth, "unsex me here." I am often "misgendered." People call me "lad" or "sir," until they hear my voice. It bothers me not at all.

I meet the criteria, set out in the DSM 5, for medical transition. That is, if I went to a gender clinic and told them how I feel, and about my experiences, they would prescribe me testosterone and a double mastectomy. I choose not to transition. Instead, I am learning to love the skin I'm in. I have my own struggles with that skin, with my female body. Those struggles are not because my female body is wrong, but because my negative thinking around my body and my sexuality, which started in childhood, was not explored through therapy soon enough. I do not think it is in my interest to treat a condition that is in my head by making changes to my body. Psychiatry does not have a good history in this regard.

I'm not hard line about transition. I support the right of adults to take what course of action they feel they need to take. However, I believe it is the responsibility of the medical establishment to explore options with individuals, before going 'nuclear'. If counselling, feminism, learning to accept your sexuality shame free (which for me is butch femme dynamics), or even just growing into yourself can help you, why take life changing drugs and have life changing surgeries? It is not the job of clinicians to prescribe unthinkingly to satisfy another person's desire to be validated; it is the job of clinicians to explore the reasons for an individual's distress.

The affirmation model, the rush to the nuclear option first, is not good for individuals like me, who live with dysphoria. It closes down my options. I am less able, not more, to seek help for my distress, as the only help now widely available would, I believe, be damaging to my health and my life. The side effects of testosterone on women include, and may not be limited to – painful orgasm, vaginal atrophy, clitoromegaly, suicidal tendencies, violence, panic attacks, rage, jaundice, severe allergic reaction, nausea, vomiting, liver failure, cancer, kidney or urinary problems, infection of the injection site, stroke, or heart attack. Learning to love the skin I'm in sounds like a much better option to me.

Affirmation also solidifies a trans identity. Dysphoria is a condition affecting individuals; transition is only one treatment for that condition. "Being" trans seems as though it attaches an identity to a condition, and I don't think that's a helpful way to think. Individuals live with a variety of conditions, without letting those condition define them.

It is particularly important not to "affirm" children in identities which may take them down unhelpful routes in their lives. Telling a child they "are" anxious, for example, is less helpful than giving them support and strategies to deal with their worries.

How much more important is it, then, not to consolidate the identities of people in ways that will make them life long medical patients, reduce their choice of sexual partners, and may ruin their future fertility and sex life? If I had been "affirmed" as transgender as a child, when I was a tomboy, if that option had been open to me, I would have taken it. It was not an option. I am glad it was not. I now have a life that I never thought was open to me.

I still have difficulties with my sexed body. Periods are particularly difficult for me. But instead of seeking a hysterectomy, I tell myself, "Lauren, you're a butch lesbian, are you really so afraid of a little blood?", and then I get on with my day. My wife loves me, just how I am, with all my oddities. I'm very glad that I'm in a lesbian relationship. I would not want to be in a heterosexual relationship with a woman. That would wreck something important for me about who I am, and what I stand for and I could never have discovered that on my own if I had been transitioned young.

I stand for trashing the old fashioned, regressive stereotypes that say “if you can drive a forklift and operate a lathe, you must be a man.” No. I stand for a celebration of the amazing diversity that

women are. I stand for smashing the nonsense that is the gender binary. I stand for loving the skin you’re in, and embracing who you really are, not for altering healthy bodies with drugs and surgeries in an endless quest to become someone that, in the end, you biologically can never be.

And so, I will put on my high vis vest, and my steel toe caps, and go to work with the lads, and I will hug my wife a little tighter when I’m suffering. I will clad my female body with muscle, and my female voice with chivalry, and I will know that this is who I am. And that it is good enough.

Lauren’s story was originally published in Lesbian and Gay News. (Republished with permission).

