

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 UR PRIDE CENTRE FOR SEXUALITY AND GENDER  
(APPLICANT) DIVERSITY

RESPONDANTS GOVERNMENT OF SASKATCHEWAN AS REPRESENTED  
(RESPONDANTS) 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 [REDACTED], in the Province of [REDACTED], 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”.<sup>1</sup> 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.

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<sup>1</sup> *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 [REDACTED]. Attached hereto to this my Affidavit as **Exhibit "C"** is my nursing license. 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 13<sup>th</sup> day of September, 2023.

\_\_\_\_\_  
ANDRE F. MEMAURI  
Being a solicitor.



\_\_\_\_\_  
AARON KIMBERLY