

# Effects of legislation preventing access to gender-affirming care and furthering misinformation



**Research Overview and Associated  
Policy Recommendations for  
Alberta's Bill 9**  
Assembled by Fionnuala Braun and  
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# Addressing the impact of Alberta's Bill 9 on gender-affirming care access

Gender-affirming care can not only improve quality of life but has also been consistently associated with decreased suicidality and mental health concerns amongst transgender youth. Despite this, the Alberta government has used Bill 9 to restrict access to gender affirming care for transgender youth by attempting to represent it as experimental and dangerous. Alberta's recent use of the notwithstanding clause to override Charter rights has blocked affected youth from seeking legal recourse. Immediate policy correction is required to protect legal rights, uphold standards of care, and counter the spread of anti-transgender misinformation.

## KEY MESSAGES

- Gender-affirming care for young people is not dangerous nor experimental
- There is a long legal and scientific precedent for allowing access to gender-affirming care
- Restricting access to gender-affirming care can harm transgender youth
- Policies like Bill 9 are driven by misinformation and sow fear, which can contribute to an increase in hate crimes against LGBTIQ+ individuals

## WHAT'S AT STAKE?

Despite recent progress towards making gender-affirming care (including counselling, support groups, legal transition, and medical and surgical procedures) more accessible in Canada, harmful misinformation has continued to spread about the potential harms of this care. This misinformation, when turned into policy, makes accessing gender affirming care difficult or impossible for transgender youth. In turn, this barrier to access creates an increased risk of harm: social, physical, and emotional, and can lead to a higher chance of premature death and self-injury.

Much of this misinformation, as presented in Alberta's Bill 9, focuses on two main areas: 1) that gender affirming care, particularly medical interventions, are **experimental and novel**, and 2) that

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gender affirming care is **dangerous**. This is a misrepresentation of facts – but it causes real fear amongst parents, teachers, and policymakers.

To analyze the effects of gender affirming care, the [Brief for Amicus Curiae for the AMERICAN HISTORICAL ASSOCIATION, ORGANIZATION OF AMERICAN HISTORIANS, LGBTQ+ HISTORY ASSOCIATION, AND HISTORIAN SCHOLARS IN SUPPORT OF PETITIONERS AND RESPONDENTS IN SUPPORT OF PETITIONER](#), *United States v. Skrametti*, No. 23-477, (U.S. filed September 3, 2024) was analyzed for relevant information. This case, tried before the Supreme Court, assessed the right of transgender children to access care in Tennessee, where a law banned puberty blockers and hormone therapy for minors. These briefs collected relevant testimony from experts on the history of gender-affirming care.

This brief shares findings from this research, and aims to provide policymakers with effective, actionable solutions for ensuring transgender children are able to access lifesaving care, while also tempering the spread of misinformation and fear amongst caregivers, policymakers, and the public.

## METHODS

The analysis presented in this brief was conducted using two expert amicus briefs from the *United States v. Skrametti* case. In *United States v. Skrametti*, amicus briefs were provided by experts on the history of gender-affirming care by experts from the American Historical Association, Organization of American Historians, LGBTQ+ History Association, and independent historical scholars. They included well-established evidence on the nature of sex transition and diagnoses of gender dysphoria throughout history, documentation of the rigorous testing of sex-change and hormone therapy procedures during the 20<sup>th</sup> and 21<sup>st</sup> century, and testimony from transgender youths reaffirming the need for gender-affirming care to increase their quality of life.

These briefs identify the history of gender-affirming care, as well as the potential effects of decreasing accessibility to that care. These findings were then supported with information providing Canadian context on Bill 9, including the Canadian Civil Liberties Association and Égale Canada.

## RESULTS

### ***Gender-affirming care is long-established, evidence-based, and medically recognized***

The expert amicus briefs provide rigorous and credible evidence that gender-affirming care – such as social transition, puberty blockers, and hormone therapy – have been established forms of care for

transgender individuals since the beginning of the 20<sup>th</sup> century. Practices have been refined, rigorously tested, and established to meet common standards of care. They also indicate that these forms of care have been used on minors. Particularly, the development and testing of puberty blockers in the 1980s was intended for minors – and these treatments were tested and approved for public use in 2000.

### ***Restrictions on access to care can harm transgender youth emotionally, socially, and physically***

Experts used testimony from transgender youths, who **consistently** and **emphatically** indicated that gender-affirming care had improved their quality of life. Peer-reviewed research indicates these youths were at lower risk for adverse outcomes including:

- Bullying and social isolation
- Developmental delays
- Self-harm
- Suicidal ideation
- Suicide attempts
- Death by suicide

When gender-affirming care was difficult to access or inaccessible, the risks of all these outcomes increased. Further research indicated that transgender youth with access to gender-affirming care scored **lower** than cisgender youth in assessments for emotional problems.

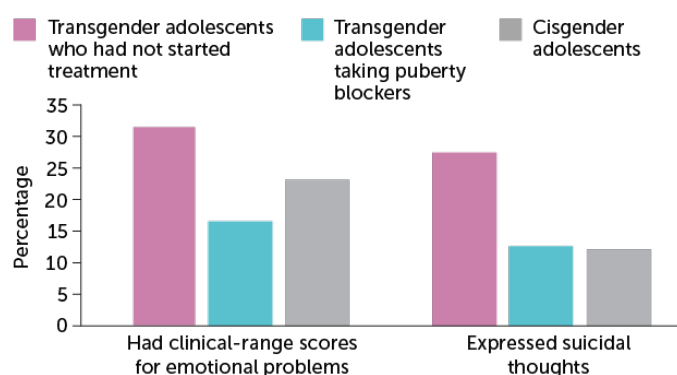


Figure 1 A.I.R van der Miesen et al. *Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. Journal of Adolescent Health. Vol. 66, June 1, 2020.*

### ***Disinformation drives policies like Bill 9, rather than evidence***

Labelling gender-affirming care as experimental, dangerous or untested is demonstrably false. Experts strongly emphasized the long history of rigorous scientific testing and backing of these treatments – as well as ongoing efforts to ensure they remain safe and effective.

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Instead, policies like Bill 9 misrepresent or select facts that are based in fear and misinformation. Perhaps most concerning, when these misrepresentations are presented by trusted information providers like governments, misinformation can spread widely in the public. The ACLU has reported an increase in harassment and discriminatory language when governments endorse laws restricting access to gender-affirming care.

***Laws restricting access to gender affirming care for youth in Canada violate charter rights***

Canadian organizations like the CCLA and Égale Canada have consistently and emphatically warned that Bill 9, and similar bills in other provinces, present a direct and immediate threat to the charter rights of already-vulnerable Canadians.

The Canadian Charter guarantees the right to life, liberty, and security of the person. In denying essential, lifesaving, and scientifically sound medical care to a minority group, the Government of Alberta overrules that guarantee. The recent invocation of the “notwithstanding clause” – used to pass laws that violate fundamental rights and freedoms – by the Government of Alberta has been cited by human rights organizations, including [Amnesty International](#) and [Égale Canada](#), as an “unprecedented attack” on the rights and freedoms of gendered minorities in Canada.

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## POLICY INSIGHTS AND ACTIONS

Laws restricting access to gender-affirming care for minors have significant implications for the mental and physical health of Canadians, as well as charter rights and freedoms, and the circulation of misinformation and anti-LGBTQI+ hate crimes in Canada. In line with the urgency of this situation and the findings of this brief, the following actions are recommended for immediate consideration by policymakers:

1. **Defend Clinical Autonomy:** Legislate protections for gender-affirming care in line with established medical standards as outlined by [WPATH](#), the [Canadian Professional Association for Transgender Health](#), and the [Canadian Paediatric Society](#).
2. **Combat Misinformation:** Launch a public education campaign in partnership with medical care professionals, historians, and researchers to counter myths about gender-affirming care being dangerous or experimental, particularly for young people. Particular areas of focus might include schools, community health centres, and parents' support groups.
3. **Support Legal and Human Rights Infrastructure:** Strengthen advocacy and legal supports through organizations like Amnesty International Canada and Égale Canada so transgender youth and their families can actively defend their rights to lifesaving care.

## CONCLUSION

Alberta's invocation of the notwithstanding clause to pass Bill 9 presents real and imminent dangers to transgender youth and sets a dangerous precedent for other provinces to do the same. Further, it weaponizes harmful myths about gender-affirming care, primarily that it is experimental and dangerous, to sow public doubt about the benefits of providing this care to young people. Perpetration of mis and disinformation and denial of care poses a risk not just to individual transgender youth, but to the foundation of rights protection in Canada. The government should engage in evidence-based policy decision-making rooted in medical consensus and human rights laws before further harm to transgender youth is caused.

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## FURTHER ENGAGEMENT/MORE INFORMATION

- Further reading and information can be found in the [Brief for Amicus Curiae for the AMERICAN HISTORICAL ASSOCIATION, ORGANIZATION OF AMERICAN HISTORIANS, LGBTQ+ HISTORY ASSOCIATION, AND HISTORIAN SCHOLARS IN SUPPORT OF PETITIONERS AND RESPONDENTS IN SUPPORT OF PETITIONER, \*United States v. Skrmetti\*, No. 23-477, \(U.S. filed September 3, 2024\)](#) as well as the following scholarly books and articles:
  - *Wondrous Transformations* (Alison Li, UNC Press)
  - A.I.R van der Miesen et al. Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. *J. ADOL. HEALTH*. (2020)
  - Alvaro Morales, The Long and Tortuous History of the Discovery of Testosterone, 10 *J. SEXUAL MED*. 1178 (2013)
  - Ashley Austin et al., Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors, 37 *J. INTERPERS. VIOLENCE*, 1 (2020)
  - Genny Beemyn, Transgender History in the United States, in *TRANS BODIES, TRANS SELVES* (Laura Erickson-Schroth ed., 2014)
  - Johanna Olson-Kennedy et al., Impact of Early Medical Treatment for Transgender Youth: Protocol for the Longitudinal, Observational Trans Youth Care Study, 8 *JMIR RSCH. PROTOCOLS* 1 (2019)

## AUTHORS

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## FUNDING

Funding for this brief was obtained through a grant from the Social Sciences and Humanities Research Council of Canada (SSHRC) entitled “Populist Publics: Memory, Populism, and Misinformation in the Canadians Social Mediascape.” Research was conducted at the Department of History, Carleton University