

--- In BC a child can consent to medical treatment, including cosmetic surgery without parents or guardians' approval. ---

BC Infant Act:

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96223_01

Part 2 — Medical Treatment

Consent of infant to medical treatment

17 (1) In this section:

"health care" means anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health related purpose, and includes a course of health care;

"health care provider" includes a person licensed, certified or registered in British Columbia to provide health care.

(2) Subject to subsection (3), an infant may consent to health care whether or not that health care would, in the absence of consent, constitute a trespass to the infant's person, and if an infant provides that consent, the consent is effective and it is not necessary to obtain a consent to the health care from the infant's parent or guardian.

(3) A request for or consent, agreement or acquiescence to health care by an infant does not constitute consent to the health care for the purposes of subsection (2) unless the health care provider providing the health care

(a) has explained to the infant and has been satisfied that the infant understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care, and

(b) has made reasonable efforts to determine and has concluded that the health care is in the infant's best interests.

What is “mature minor consent”?

A child under the age of 19 is called a “minor”. “Mature minor consent” is the consent a child gives to receive health care after the child has been assessed by a health care provider as having the necessary understanding to give the consent. A child who is assessed by a health care provider as being capable to give consent is called a "mature minor".

A child who is a mature minor may make their own health care decisions independent of their parents’ or guardians’ wishes. In B.C. there is no set age when a child is considered capable to give consent.

A health care provider can accept consent from the child and provide health care that is in the child’s best interests without getting

BILL C4:

https://www.parl.ca/Content/Bills/441/Government/C-4/C-4_4/C-4_4.PDF

Preamble

Whereas conversion therapy causes harm to the persons who are subjected to it;

Whereas conversion therapy causes harm to society because, among other things, it is based on and propagates myths and stereotypes about sexual orientation, gender identity and gender expression, including the myth that heterosexuality, cisgender gender identity, and gender expression that conforms to the sex assigned to a person at birth are to be preferred over other sexual orientations, gender identities and gender expressions;

And whereas, in light of those harms, it is important to discourage and denounce the provision of conversion therapy in order to protect the human dignity and equality of all Canadians;

Now, therefore, Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

Conversion Therapy

Definition of *conversion therapy*

320.101 In sections 320.102 to 320.104, ***conversion therapy*** means a practice, treatment or service designed to

- (a)** change a person's sexual orientation to heterosexual;
- (b)** change a person's gender identity to cisgender;

(c) change a person's gender expression so that it conforms to the sex assigned to the person at birth;

(d) repress or reduce non-heterosexual attraction or sexual behaviour;

(e) repress a person's non-cisgender gender identity;
or

(f) repress or reduce a person's gender expression that does not conform to the sex assigned to the person at birth.

For greater certainty, this definition does not include a practice, treatment or service that relates to the exploration or development of an integrated personal identity — such as a practice, treatment or service that relates to a person's gender transition — and that is not based on an assumption that a particular sexual orientation, gender identity or gender expression is to be preferred over another.

Drug Advertising for Youth from BC Trans Care:

<http://www.phsa.ca/transcarebc/child-youth/affirmation-transition/medical-affirmation-transition/puberty-blockers-for-youth>

Puberty Blockers for Youth

Information on puberty blocker medication used to delay the onset of puberty.

The changes to your body that happen during puberty can be distressing if they are not in line with your gender. Puberty blockers can help relieve this distress. Delaying puberty gives you more time to explore your gender identity, before changes happen to your body that can't be reversed.

If you are under age 19, the criteria for getting a prescription for a puberty blocker are:

- a long-lasting and intense pattern of gender non-conformity or gender dysphoria.
- gender dysphoria emerged or worsened with the onset of puberty.
- coexisting psychological, medical, or social problems, if any, are stable enough to start treatment.
- the adolescent having given informed consent. The consent of your guardian is preferred but not absolutely necessary under the BC Infants Act

Usually an endocrinologist (hormone specialist) monitors puberty blockers and hormone therapy for youth, due to changing needs during adolescence. The endocrinologist can work with your primary care provider for routine monitoring.

The puberty blocker used most often in BC is called Lupron Depot. It is given through a monthly injection in the thigh. Lupron Depot is quite expensive; it costs around \$400 a month. It is covered by BC PharmaCare; some families have the cost covered by the PharmaCare Plan G. Extended health care plans may also cover this medication.

Effects of puberty blockers

If you were assigned male at birth, puberty blockers will stop or limit:

- growth of facial and body hair
- deepening of the voice
- broadening of the shoulders
- growth of Adam's apple
- growth of gonads (testes) and erectile tissue (penis)

If you were assigned female at birth, puberty blockers will stop or limit:

- breast tissue development
- broadening of the hips
- monthly bleeding

In both cases, puberty blockers will temporarily stop or limit:

- growth in height
- development of sex drive
- impulsive, rebellious, irritable or risk-taking behaviour
- accumulation of calcium in the bones
- fertility

There are no known irreversible effects of puberty blockers. If you decide to stop taking them, your body will go through puberty just the way it would have if you had not taken puberty blockers at all.

Risks of taking puberty blockers

Puberty blockers are considered to be very safe overall.

We are not sure if puberty blockers have negative side effects on bone development and height. Research so far shows that the effects are minimal. However, we won't know the long-term effects until the first people to take puberty-blockers get older.

If you have erectile tissue (penis) and think you might eventually want to have a vaginoplasty, talk with your primary care provider or endocrinologist for more information. Vaginoplasty is the surgical procedure that creates a vagina. If you start taking puberty blockers early in puberty you might not be able to have the vaginoplasty surgery that is most commonly used in Canada, later as an adult. There are alternative techniques available, such as the use of a skin graft or colon tissue.

Risks of withholding puberty blockers

Health care providers refusing to provide puberty blockers to youth can cause additional distress, and may lead to anxiety and depression.

Withholding puberty blockers and hormone therapy is not a neutral option and can result in an increased risk of mental health issues.

Here is the list of side effects from the FDA site:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/020011s042,019943s035lbl.pdf

----- WARNINGS AND PRECAUTIONS -----

- Loss of bone mineral density (BMD): Duration of treatment is limited by risk of bone mineral density. When using for management of endometriosis: combination use with norethindrone acetate is effective in reducing loss of BMD; do not retreat without combination norethindrone acetate. Assess BMD before retreatment. (1.1, 1.2, 5.1)
- Embryo-Fetal Toxicity: May cause fetal harm. Exclude pregnancy before initiating treatment if clinically indicated and discontinue use if pregnancy occurs. Use non-hormonal methods of contraception only. (5.2)
- Hypersensitivity reactions, including anaphylaxis, have been reported with LUPRON DEPOT 3.75 mg. (5.3)
- If LUPRON is administered with norethindrone acetate, the warnings and precautions for norethindrone acetate apply to the combination regimen. (5.7)

----- ADVERSE REACTIONS -----

Most common adverse reactions (>10%) in clinical trials were hot flashes/sweats, headache/migraine, vaginitis, depression/emotional lability, general pain, weight gain/loss, nausea/vomiting, decreased libido, and dizziness. (6.1)

- Hypersensitivity to gonadotropin-releasing hormone (GnRH), GnRH agonist analogs, including leuprolide acetate, or any of the excipients in LUPRON DEPOT 3.75 mg [see *Warnings and Precautions (5.3) and Adverse Reactions (6.2)*]
- Undiagnosed abnormal uterine bleeding
- Pregnancy [see *Warnings and Precautions (5.2) and Use in Specific Populations (8.1)*]

When norethindrone acetate is administered with LUPRON DEPOT 3.75 mg, the contraindications to the use of norethindrone acetate also apply to this combination regimen. Refer to the norethindrone acetate prescribing information for a list of contraindications for norethindrone acetate.

5 WARNINGS AND PRECAUTIONS

5.1 Loss of Bone Mineral Density

LUPRON DEPOT 3.75 mg induces a hypoestrogenic state that results in loss of bone mineral density (BMD), some of which may not be reversible after stopping treatment. In women with major risk factors for decreased BMD such as chronic alcohol use (> 3 units per day), tobacco use, strong family history of osteoporosis, or chronic use of drugs that can decrease BMD, such as anticonvulsants or corticosteroids, use of LUPRON DEPOT 3.75 mg may pose an additional risk. Carefully weigh the risks and benefits of LUPRON DEPOT 3.75 mg use in these populations.

The duration of LUPRON DEPOT 3.75 mg treatment is limited by the risk of loss of bone mineral density [see *Dosage and Administration (2.1)*].

When using LUPRON DEPOT 3.75 mg for the management of endometriosis, combination use of norethindrone acetate (add-back therapy) is effective in reducing the loss of BMD that occurs with leuprolide acetate [see *Clinical Studies (14.2)*]. Do not retreat with LUPRON DEPOT 3.75 mg without combination norethindrone acetate. Assess BMD before retreatment.

5.2 Embryo-Fetal Toxicity

Based on animal reproduction studies and the drug's mechanism of action, LUPRON DEPOT 3.75 mg may cause fetal harm if administered to a pregnant woman and is contraindicated in pregnant women. Exclude pregnancy prior to initiating treatment with LUPRON DEPOT 3.75 mg if clinically indicated. Discontinue LUPRON DEPOT 3.75 mg if the woman becomes pregnant during treatment and inform the woman of potential risk to the fetus [see *Contraindications (4) and Use in Specific Populations (8.1)*]. Advise women to notify their healthcare provider if they believe they may be pregnant.

When used at the recommended dose and dosing interval, LUPRON DEPOT 11.25 mg usually inhibits ovulation and stops menstruation. Contraception, however, is not ensured by taking LUPRON DEPOT 11.25 mg. If contraception is indicated, advise women to use non-hormonal methods of contraception while on treatment with LUPRON DEPOT 3.75 mg.

5.3 Hypersensitivity Reactions

Hypersensitivity reactions, including anaphylaxis, have been reported with LUPRON DEPOT use. LUPRON DEPOT 3.75 mg is contraindicated in women with a history of hypersensitivity to

gonadotropin-releasing hormone (GnRH) or GnRH agonist analogs [see *Contraindications (4) and Adverse Reactions (6.2)*].

In clinical trials of LUPRON DEPOT 3.75 mg, adverse events of asthma were reported in women with pre-existing histories of asthma, sinusitis, and environmental or drug allergies. Symptoms consistent with an anaphylactoid or asthmatic process have been reported postmarketing.

5.4 Initial Flare of Symptoms

Following the first dose of LUPRON DEPOT 3.75 mg, sex steroids temporarily rise above baseline because of the physiologic effect of the drug. Therefore, an increase in symptoms may be observed during the initial days of therapy, but these should dissipate with continued therapy.

5.5 Convulsions

There have been postmarketing reports of convulsions in women on GnRH agonists, including leuprolide acetate. These included women with and without concurrent medications and comorbid conditions.

5.6 Clinical Depression

Depression may occur or worsen during treatment with GnRH agonists including LUPRON DEPOT 3.75 mg [see *Adverse Reactions (6.1)*]. Carefully observe women for depression, especially those with a history of depression and consider whether the risks of continuing LUPRON DEPOT 3.75 mg outweigh the benefits. Women with new or worsening depression should be referred to a mental health professional, as appropriate.

5.7 Risks Associated with Norethindrone Combination Treatment

If LUPRON DEPOT 3.75 mg is administered with norethindrone acetate, the warnings and precautions for norethindrone acetate apply to this regimen. Refer to the norethindrone acetate prescribing information for a full list of the warnings and precautions for norethindrone acetate.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Loss of Bone Mineral Density [see *Warnings and Precautions (5.1)*]
- Hypersensitivity Reactions [see *Warnings and Precautions (5.3)*]
- Initial Flare of Symptoms with Management of Endometriosis [see *Warnings and Precautions (5.4)*]
- Convulsions [see *Warnings and Precautions (5.5)*]
- Clinical Depression [see *Warnings and Precautions (5.6)*]

---PARENTAL RIGHT---

<https://www.comoxvalleyschools.ca/wp-content/uploads/2020/11/BoardPolicyHandbook.pdf>

Reference page 82 to 95:

Privacy and Confidentiality

All persons have the right to privacy. This includes the right to have one's gender identity and sex assigned at birth, and sexual orientation private at school and worksites. Disclosing this information to students, parents, or other third parties violates privacy laws, such as the *Freedom of Information and the Protection of Privacy Act (FOIPPA)* and the *B.C. Human Rights Code*. The district will ensure that all information relating to an individual's sexual orientation and gender identity will be kept confidential in accordance with applicable district, municipal, provincial and federal policies and privacy laws, unless legally required to do so, or the student/parent or guardian has authorized such disclosure through the use of the district's release of information form.

All persons have the right to discuss and express their gender identity and expression openly and to decide when and how much private information to share and with whom. Those decisions need to be respected by school personnel. An individual shall determine the name and pronouns used to refer to themselves in all communications including when school personnel contact parents or guardians.

Schools must balance the parents' or guardians' need to be informed about their child's school experiences with individual's right to live freely in their self-identified gender and sexual orientation. This can be complicated when there is a responsibility to communicate with the parent or guardian about any situation at school directly related to an individual's gender identity and sexual orientation. In general, the older the student, the more ownership they should have in this process. School personnel should err on the side of using the individual's preferred name and pronoun to protect the individual's privacy and human rights.

Situations arising at school may make it difficult or impossible for the school to keep an individual's status from parents or guardians. Schools can, in consultation with the individual, work with trained support providers to formally reveal the individual's gender identity to the parent or guardian in the relatively safe confines of the school. It is important to address all the potential consequences of this approach by consulting with and/or working with trained personnel familiar with such situations, while respecting that the process is owned by the individual. Ensure that support services can be accessed if it becomes evident that the individual is no longer safe to return home after the meeting. Privacy concerns are not a reason to prevent an individual from living as their self-identified gender. Issues of confidentiality vs open, respectful discussion must be handled on an individual basis. Individuals who choose to be open about their gender identity, will be addressed by their chosen names and pronouns. Denying this is a violation of their rights to free expression and equal protection under the law.

Reference page 9:

What can the schools do to support the parents/caregivers of gender variant youth?

Families are not always a safe place for gender variant youth. It is important not to involve the parents/caregivers of gender variant youth unless the youth themselves have already disclosed their identity to their families or you have a legal duty to report such as in the case of risk of self-harm. The gender variant youth may be put at risk within their homes if parents/caregivers who were unaware of their child's identity are approached by the school.

--- BC Trans Care and School ---

<http://www.phsa.ca/transcarebc/child-youth/support-for-families/info-for-schools>



Information for Schools

Children and youth spend much of their time at school. Schools can be affirming places with positive teacher and peer relationships. Learn about gender support plans and find resources for schools.

Increasingly, schools are providing staff training, supporting GSAs (Gender and Sexuality Alliances) and QSAs (Queer Straight Alliances), and putting policies into place to ensure equitable access to education for gender creative and trans students. Visit the [Queer Straight Alliances](#) page for more information. Many preschools and daycares provide staff training and create environments that are supportive of gender exploration and creativity.

Unfortunately, schools can also be a place where children and youth of all ages experience bullying, harassment, and discrimination based on their gender expressions or identities.

The following are some general information related to Gender Support Plans that may be in place in your schools, and resources used by schools.

Gender support plans

Whether your child attends a school with a strong history of providing an affirming environment for gender creative and trans students, or one that has no experience, you may need to become an advocate for your child.

A gender support plan helps to create a shared understanding of how the student's authentic gender will be accounted for and supported at school. [See this template](#) from Gender Spectrum. If you will be approaching your child's school to develop a gender support plan here are some suggestions:

- Talk with your child about what kinds of support they would like from the school. Find out if there are any issues they are currently dealing with or anticipate will be a problem in the future.

Discuss whether or not they would like to be part of the school meeting.

- Find out if the school or district has a policy or procedure in place to support gender creative and trans students.
- Connect with other parents of gender creative and trans students who are part of your school district.
- Identify a contact person you trust who can provide you with guidance about how systems work in your child's school or district. This might be a teacher, counsellor, administrator, diversity liaison, or GSA/QSA sponsor.
- Write down what supports you would like to have put in place and be prepared to explain why they are important for your child.
- If your child is connected with any professionals (e.g. counsellor or physician), consider having them write a letter detailing the kinds of support your child requires.
- Consider bringing a support person with you to the meeting.

Your child's plan should address your child's unique needs. However, there are several issues that commonly come up in school plans:

- Establish who will be aware of your child's gender creative or trans identity and how their privacy will be protected.
- Ensure correct names and pronouns are respected within the school community, and used on school records.
- Ensure access to washrooms and change rooms where your child feels most comfortable.
- Establish how your child will participate in any gender segregated activities.
- Identify one or more contact people within the school your child can go to in case they feel unsafe
- Have a plan in place to provide education for school community members.

Resources for schools

Ideally, your school will be affirming, already have policies and procedures in place, and be experienced in providing support to gender creative and trans students. However, it is good to be prepared to provide some education and resources to the school staff. The following resources may be helpful for you to review and share with them.

- [BC Teachers Federation](#) - for LGBTQ2S+ resources for teachers, and policies and regulations.
- [Trans Rights BC](#) - for information on the rights of trans students in public and independent schools in British Columbia.
- [SOGI 123](#) - SOGI 1 2 3 helps educators make schools inclusive and safe for students of all sexual orientations and gender identities.

- [Supporting Transgender Students in K-12 Schools](#) - a guide for educators from Canadian Teachers' Federation.
- [Schools in Transition](#) - a guide for supporting transgender students in K-12 schools from Gender Spectrum.
- [Affirming Gender in Elementary Schools: Social Transitioning](#) - a resource from Welcoming Schools.



Supporting gender creative children and their families

A 90-minute course introducing foundational info and strategies for supporting children and their families.

Register for online course

SOURCE: Information for Schools (<http://www.phsa.ca/transcarebc/child-youth/support-for-families/info-for-schools>)

Page printed: 2022-05-24 . Unofficial document if printed. Please refer to SOURCE for latest information.

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– Confidential –
Gender Support Plan

The purpose of this document is to create shared understandings of how the student's authentic gender will be accounted for and supported at school. School staff, caregivers (if appropriate) and the student should work together to develop the document. Ideally, each will spend time completing the sections and then come together to review them and confirm shared agreements. Use the action planning section at the end of the document to track items requiring any follow-up. Please note that there is a separate document to plan for a student formally communicating a change in their gender status at school.

School/District _____	Today's Date _____
Name Student Uses: _____	Pronouns Student Uses: _____
Name on Birth Certificate: _____	Sex Assigned at Birth _____
Date of Birth _____	Student's Grade Level _____
Sibling(s)/Grade(s) _____ / _____ / _____	
Parent(s), Guardian(s), or Caregiver(s) /relation to student _____	
_____ / _____ / _____	
Meeting participants: _____	

PARENT/GUARDIAN INVOLVEMENT

Guardian(s) aware of student's gender status? Yes/No Support Level: (none) 0 1 2 3 4 5 6 7 8 9 10 (High)
If support level is low what considerations must be accounted for in implementing this plan? _____

PRIVACY: CONFIDENTIALITY AND DISCLOSURE

How public or private will information about this student's gender be (check all that apply)?

- District staff will be aware (Superintendent, Student Support Services, District Psychologist, etc.)
Specify the adult staff members: _____
- Site level leadership/administration will know (Principal, head of school, counselor, etc.)
Specify the adult staff members: _____
- Teachers and/or other school staff will know
Specify the adult staff members: _____
- Student will not be openly "out," but some students are aware of the student's gender
Specify the students: _____
- Student is open with others (adults and peers) about gender
- Other – describe: _____

If the student has asserted a degree of privacy, what steps will be taken if that privacy is compromised, or is believed to have been compromised? _____



BC Children's Hospital Gender Clinic Roadmap



DOCTOR REFERRAL

- Have your doctor refer you to the BC Children's Hospital Gender Clinic.
- www.bcchildrens.ca/our-services/clinics/gender



INTAKE APPOINTMENT

- Once we receive your referral we will send you and your doctor a letter offering you an intake appointment.
- At this appointment, you will meet a nurse and/or social worker, not the endocrinologist.



LEARNING ABOUT YOUR JOURNEY

- During the intake appointment, we will learn about your journey and help you take the next steps in your care.
- If you are interested in gender-affirming treatment we will help you find a mental health professional to do a readiness assessment.



TREATMENT OPTIONS

- Once your puberty blocker/hormone assessment is completed and you are ready to move forward, you will call us to schedule your appointment with the endocrinologist.
- We will talk about your medical history, do an exam and talk about treatment options.



BEGIN TREATMENT

- Puberty blockers
- Gender-affirming hormones
- We will see you regularly during this time



CONTINUE TO ADULT CARE

- We can care for you until you are 19 years old
- After you are 19, we can refer to an adult care provider

<https://www2.gov.bc.ca/gov/content/erase/sogi>

Sexual Orientation and Gender Identity (SOGI)



Last updated: **March 11, 2019**



Information

Everyone has a sexual orientation and gender identity (SOGI). It's an inclusive term that applies to everyone, whether they identify as lesbian, gay, bisexual, transgender, queer, two-spirit, heterosexual or cisgender (identifying with the same gender that one was assigned at birth).

It's important for schools to be inclusive and safe spaces for students of all sexual orientations and gender identities. Being SOGI-inclusive means:

- Speaking about SOGI in a way that makes every student feel like they belong
- Not limiting a person's potential based on their biological sex and how they understand or express their gender
- Welcoming everyone without discrimination, regardless of their sexual orientation or gender identity

B.C. schools and school districts have found the following methods are helping reduce discrimination and risky behaviours among all students:

Expand All | Collapse All

Including SOGI in school codes of conduct and anti-bullying policies

This improves the school climate for LGBTQ and heterosexual students by reducing discrimination and harassment.



The teaching resources on SOGIEDUCATION.ORG were created by educators across the province to support other educators in creating inclusive classrooms for all students. All resources are in alignment with the update to the BC Human Rights Code in 2016.



SOGI 1 2 3 shares template lesson plans that make it easy for teachers to send a message of acceptance and to welcome students from different family structures, cultures and the LGBTQ community.

"There are kids that are different than myself or my children. They want to feel included too."
-STACEY WAKELIN,
LANGLEY PARENT

KIDS HAVE QUESTIONS.

Be **curious** together.
VISIT SOGI123.ORG

We acknowledge the financial support of the Province of British Columbia through the Ministry of Education.

Collaboration Partners:



BC Confederation of Parent Advisory Councils



BRITISH COLUMBIA



is a collection of resources available for teachers to use to make all students feel safe and included in their classrooms

"SOGI-inclusive education is about treating everyone with respect, and ensuring that every member of the school community feels valued, safe and represented."

- BCCPAC Board of Directors

SOGI topics and learning look different at every age and in every classroom

All students should be able to live and learn to their full potential.

Some students face physical barriers, while others aren't so visible.

Lesson plans like *4/5 Gender Identity* teaches kids that no one should feel limited by stereotypes, or be teased because of them.



For all students, seeing themselves reflected in their classroom directly affects their sense of belonging.

Some kids don't have moms, and some kids have two.

Lesson Plans like *K/1 Family Diversity* teach kids that families come in all shapes and sizes.

Schools teach about many different kinds of discrimination such as racism, misogyny and sexual harassment.

Lessons like *8/9/10 Social Justice Vocabulary* continue to reinforce that our language and actions can hurt someone else's feelings, and so can just ignoring it.

Teachers are best equipped to determine what is age appropriate for their classrooms. At the primary level, teachers may talk about stereotypes in families, toys and TV, while secondary teachers encourage students to critically analyze our world for how these stereotypes affect our interactions. Concepts around sexual orientation and gender identity mature as children age.

ALL STUDENTS LEARN VALUES OF RESPECT AND APPRECIATION FROM LESSONS THAT DISCOURAGE DISCRIMINATION

Lesson plans like *K-12 Why "That's So Gay" Is Not Okay* discourage children from saying things are "so gay" which directly impacts the welcoming atmosphere of schools. When we acknowledge our differences, we learn to respect one another.

<https://bccpac.bc.ca/index.php/resources/46-sogi>

<https://bccpac.bc.ca/index.php/resources/46-sogi>

The screenshot shows the BCCPAC website header with the logo, contact information (404-474-0524, 1-866-529-4397), a 'DONATE NOW' button, and a search bar. The navigation menu includes Home, About Us, Members, Resources (highlighted), Conferences, Resolutions, Contact Us, Sponsorship, and Forum. Below the menu is a large graphic with the text 'EVER STOP LEARN' in colorful letters. The main content area is titled 'SOGI Learning Moments' and lists various resources under a sidebar menu.

#2: What does "trans" mean?
bite size SOGI series

Trans or "transgender" is an umbrella term, meaning "change" or "different." It refers to one's gender identity: that is, how do you see yourself? A man, a woman, a mix, neither?

The umbrella term "trans" encompasses a variety of identities for people who do not identify with the gender they were assigned at birth. For example: a trans man is a man who was assigned female at birth, but that label didn't resonate with him, so he transitioned either medically or socially or both to present as a man.

A person who is not trans is "cis" or "cisgender," meaning "same." It refers to one's gender identity as well, but this term is more specific. It's a word to denote "not trans," so that people don't use the word "normal" to mean "not trans."

When you were born, a doctor held you up, inspected your genitalia, and declared your gender based on those traits: "it's a boy!" When you grew up, you happily wore the clothes you were dressed in, played with the stereotypically "male" toys you were given, and the word "boy" resonated with you. That means you're a cis man!

However, there are also folks who don't identify as "male" or "female." You could think of gender as a colour wheel! To use our society's gendered stereotypes:

- some people are happily in the "blue" end
- some people are happily in the "pink" end
- some people are a mix of both colours (Two-Spirit or genderqueer)
- some people fit between colours (genderfluid)
- some people are outside of that wheel entirely (non-binary, agender)

What should this look like in my classroom?

A NON-EXHAUSTIVE LIST OF IDEAS

Policy

Learn your students' pronouns & names, especially if they're different than what you assume!

Tip: if you can learn someone's name out of the thousands of possible names, you can learn their chosen name & proper pronouns.

Environment

Address homophobic and transphobic language and remarks both in and out of your classroom.

Tip: if you've overheard something homophobic, so have those around you. If you decide to let it slide, the LGBTQ+ students in your class will know they are not safe to be themselves in your space, and the other students will learn that this type of behaviour is acceptable.

Teaching

Math: feature diverse relationships & identities in word problems! (Cameron and their dads have 10 cords of wood...)

Socials: talk about the contributions/history of LGBTQ+ people! (Indigenous perspectives on gender...)

Languages: introduce non-binary pronouns! (iel/nil...)

Science: talk about LGBTQ+ scientists!

(Sally Ride, Alan Turing, Florence Nightingale...)

Tip: this is not a cut and dry curriculum, nor a one-off lesson. It's

#4: SEX VS. GENDER

SEX ASSIGNED AT BIRTH



When you were born, the doctor labeled your sex based on the appearance of your genitals. Many people have a combination of reproductive organs (internal/external), meaning they are intersex! This is a fixed category, unless surgery is involved.

Terms: male (AMAB: Assigned Male At Birth), female (AFAB), intersex

GENDER IDENTITY



This is the way you think about yourself. Picture this as the "brain" part of your identity: how do you see yourself? What label do you use for yourself? For some people this is fixed, but for others it's fluid!

Terms: girl/woman, boy/man, non-binary, genderfluid, cisgender, transgender, etc.

SEXUAL ORIENTATION



This is who you're attracted to. This is separate from your sex, gender, and gender identity: you're not necessarily attracted to women if you're a man, if you're masculine, etc. For some people this is fixed, but for others it's fluid!

Terms: gay, straight, bisexual, pansexual, queer, asexual, etc.

GENDER EXPRESSION



This is the way you present yourself to the world. How do you dress? Do you wear makeup? What is your hair like? Do you present as masculine, feminine, androgynous, a mix? For some people this is fixed, but for others it's fluid!

Terms: masculine, feminine, androgynous, etc.

<https://www.arcfoundation.ca/>



Student

"Schools are supposed to be about supporting kids, ALL kids, and giving them a safe environment to come and feel like they are accepted and loved. Schools need to know how to help kids like me. We cannot expect them to learn on their own, and YOU can help them."



Educator

"As a past teacher and former President of the BCTF, I have had the unprecedented advantage of witnessing the positive results of ARC Foundation's work. The resources and support given to teachers through SOGI 123 enables them to feel confident in their role as educators when discussing SOGI topics, which in



Parent

"Like the ARC Foundation, BCCPAC members believe that all students, in all schools across the province, should feel safe and included at school. The dialogue ARC initiated and the tools and resources they created with the help and support of the partners in education such as ourselves, have propelled the

Our Team



REG KRAKE, EXECUTIVE DIRECTOR (HE/HIM/HIS)

Reg is an executive leader with over 20 years' experience in the for-profit and non-profit sectors and as an educator with several years of teaching experience. He has held senior leadership roles with the Vancouver Airport Authority, Tourism British Columbia (Destination BC) and IntraWest. In his early career, he worked as a French Immersion teacher with the Vancouver School Board. He is a focused, team-oriented and results driven leader that brings an unwavering passion for, and commitment to, education and inclusivity.



HEATHER VAUSE, DIRECTOR, COMMUNITY ENGAGEMENT (SHE/HER/HERS)

Heather is a strategic leader with multifaceted community engagement experience, who joined ARC Foundation in 2019. She is a passionate collaborator, innovator, and relationship builder. Heather is a community champion with a strong interest in creating systemic change to support students of all sexual orientations and gender identities. In her role of Director, Community Engagement, Heather leads the SOGI 123 strategy and operations, including community partnerships and communications functions, nationally for ARC Foundation.



KIMBERLEY HOLLETT, DIRECTOR, FINANCE AND ADMINISTRATION (SHE/HER/HERS)

Kimberley is a team-oriented leader; she is driven by continuous learning, and thrives when working with others to achieve a common goal. She is passionate about helping people, making genuine connections, and hearing new perspectives. Kimberley has many years of experience working in diverse industries, as a trusted advisor and problem solver. In her role at ARC Foundation, Kimberley is responsible for developing and managing the finance, operations, and human resource strategies.



SCOUT GRAY, SOGI 123 LEAD (THEY/THEM/THEIRS)

Scout is a non-profit manager and youth engagement specialist with a passion for community engagement and fostering positive social change. They have a background in facilitation and experiential education, and they have a deep commitment to supporting inclusive and collaborative programs. Scout is responsible for leading SOGI 123 programming in BC, as well as National growth initiatives.



DALEY LAING, SOGI 123 LEAD - ALBERTA (THEY/THEM/THEIRS)

Daley is a community facilitator, researcher, and project manager with a deep commitment to 2SLGBTQ+ inclusion and equity. Their passion lies in supporting individuals and organizations to create futures where more of us can bring more of ourselves more of the time. They value creativity and connection as tools for systems level change. Daley is responsible for leading SOGI 123 programming in Alberta.



EMILY BALZARINI, FUNDRAISING & COMMUNICATIONS SPECIALIST (SHE/HER/HERS)

Emily is an experienced fundraising and communications specialist, with a strong interest in creating equitable learning environments for all students. With a background in non-profit administration and sociology, she is passionate about supporting institutional social change for a better and more equitable world. She values teamwork, creativity, and life-long learning, which are reflected in all facets of her work. Emily is responsible for developing and contributing to ARC Foundation's fundraising and communications initiatives.

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Brandi Rai / Director

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Jill Gardiner

Douglas R. Stollery

Dee Dee Sung

ALEX GINO
AWARD-WINNING AUTHOR OF **GEORGE**

RICK



Page 51:

“Yeah, so I’m Green, and I’m in sixth grade and enby.” Green saw some puzzled looks from around the room and clarified, “Enby from NB, or nonbinary.”

Page 53:

“I’m in sixth grade, and my pronouns are he and his. I’m a straight guy, as far as I can tell, but my moms are queer.”

“I’m Leila. I’m in sixth grade and use she and her, and I don’t really know yet, but I’ve been doing a lot of reading and thinking, and I might be bisexual.”

My name is Melissa, and I use she and her. I’m in sixth grade, I’m Kelly’s BFF, and my connection to the community is that I’m a transgender girl.”

Page 54:

Kelly went next. “Hi. I’m Kelly Arden. I’m straight, but I’m a proud ally.” “Not to be harsh,” said Zoe, “but ally isn’t really an identity to be proud of. And you’re new, but we talked about this last year, and we don’t use that word as a noun here anymore. Allying is something you do, not someone you are.” “Then what’s the A for in LGBTQIAP+?” asked Kelly. “Asexual,” said Zoe. A few kids nodded, but others looked confused. “Asexuality is when you don’t have any interest in, like, ever doing the deed with anyone.”

Page 55:

Others wanted to protest local businesses that didn’t support LGBTQIAP+ rights.

Page 56:

The screen filled with links to essays, glossaries, and checklists. Asexual meant you weren’t sexually attracted to people, or didn’t want to do that kind of thing with them. You could want to have a boyfriend or a girlfriend, though. If you were aromantic, you weren’t romantically attracted to anyone. There were other words too, like grayromantic and graysexual to describe people who were occasionally attracted to people romantically or sexually, and demiromantic and demisexual for people who only had those feelings after developing a deep connection. It was a little confusing, but also a relief to see so many possibilities.

M. G. HENNESSEY



“An emotionally complex and aching real read.”
—Ami Polonsky, author of *Gracefully Grayson*

Page 27:

Dad looked disgruntled, but Mom was already gathering up her purse. After they left, Dr. Anne did the normal routine: checking my eyes and ears, pressing her fingers along my stomach and back. The whole time, she asked questions. "Still no side effects from the blocker?"

Page 28:

"Not really," I said. When I was nine, I'd started getting implants of a hormone blocker in my arm. "Just a headache every once in a while."

"Great." Dr. Anne gave me a real smile then, showing all her teeth. "I think maybe it's time to decide whether to start the testosterone."

But then Dr. Anne got to the part about starting testosterone shots. "Most of the other boys Shane's age will be kicking into puberty high gear over the next year," she explained. "Ideally, it would be great if he could develop along with them."

Page 29:

Dr. Anne gave him a patient smile. "Basically, so far the hormone blockers have prevented Shane from going through female puberty. But once we add testosterone to the mix, he'll develop as a man. His voice will deepen, he'll get an Adam's apple and more body and facial hair, he'll be more muscular."

Page 30:

But it was. I'd been looking forward to this appointment for months. After brushing my teeth at night, I'd stand in front of the mirror and puff my chest out, imagining how it would look once I started

testosterone. I'd flex my puny biceps and picture them doubling in size. I'd practice deepening my voice until it almost sounded like Dad's.

Page 47:

On the phone last night, Mom promised to talk to Dr. Anne about the testosterone. She said we might even be able to get it in a day or so.

Page 54:

When Dr. Anne had explained over Skype how testosterone worked, she'd warned that it would take time to notice any changes.

Page 75:

"Cool," I said again, thinking about my dad. Even though he'd agreed to the testosterone, it was pretty obvious he still hoped that one day I'd wake up and want to be a girl.

Page 77:

Catching me looking at her chest, she laughed and said, "Yup, these are new too. Thanks, estrogen!" "Um . . . congratulation?" I muttered, slumping down in the chair and secretly wishing the floor would swallow me up. I felt a sudden pang for the elementary group. Playing tag and swinging across monkey bars sounded pretty good right about now.



GEORGE

ALEX GINO

 SCHOLASTIC

Q: *I think I might be transgender (or gay, lesbian, bisexual, queer, etc.). What should I do?*

A: First of all, be proud that you're figuring out who you are. And remember that you don't need all the answers today, and the answers can change. If you can access the Internet, you can read up on as well as connect with other LGBTQIAP+ people. You might be able to find a youth group in your area, or an online community. Check the shelves of your local library. There might be some great books there, and if there are, you might talk more directly with your librarian. Librarians love to connect people with the right resources (it's literally their job!), and they often know about local groups.

You might want to tell important people in your life, or maybe everyone in your life, or maybe no one—at least not right now. All of these answers are valid. You are under no obligation to tell anyone anything. The choice is up to you, but remember to be safe. That can mean thinking carefully about who you tell and when as well as being ready to answer questions, including some silly ones. At the same time, sometimes you'll be surprised. When faced with the choice between holding on to old beliefs and holding on to family and friends, many people choose the people they love. The path can be rocky though, and it can take way more time than you think it should. Make choices that are right for you.

“Naw, I found them this weekend. I knew Mom was upset about something, and then I saw the bag sitting on her bed. Dude, I thought you had porn or something in there, so I took a peek. You know, just to find out what kind of stuff my little bro was into. So I figured you were gay. But I didn't think you were *like that*.” Scott popped a corn fritter into his mouth. “So, like, do you want to”—he made a gesture with two fingers like a pair of scissors—“go all the way?”

George squeezed her legs together. “Maybe someday,” she said.

“Weird. But it kinda makes sense. No offense, but you don't make a very good boy.”

“I know.”

So George knew it could be done. A boy could become a girl. She had since read on the Internet that you could take girl hormones that would change your body, and you could get a bunch of different surgeries if you wanted them and had the money. This was called *transitioning*. You could even start before you were eighteen with pills called androgen blockers that stopped the boy hormones already inside you from turning your body into a man's. But for that, you needed your parents' permission.

"George, whatever it is, you can tell me." Mom took George's hand in one of her own, and covered it with the other. "Whatever happens in your life, you can share it, and I will love you. You will always be my little boy, and that will never change. Even when you grow up to be an old man, I will still love you as my son."

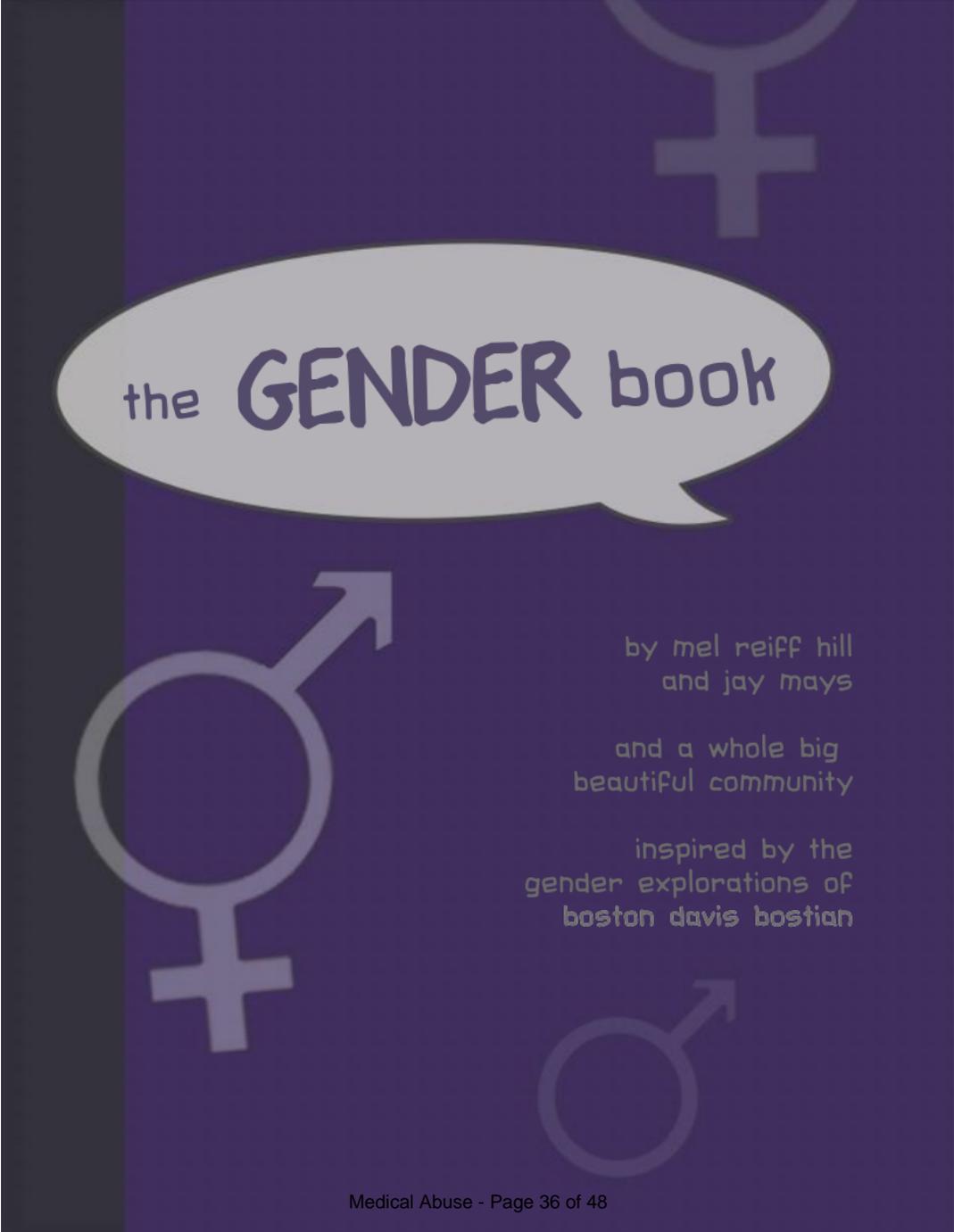
George opened her lips, but there were no words in her mouth and only one

"Then I think you're a girl too!" Kelly leaped onto her best friend and gave her a hug so big they both nearly toppled over. The openmouthed surprise and joy on George's face only made Kelly smile harder.

"So you're, like, transgender or something?" Kelly whispered as best she could in her excitement. "I was reading on the Internet, and there are lots of people like you. Did you know you can take hormones so that your body, you know, doesn't go all manlike?"

"Yeah, I know." George had been reading websites about transitioning since Scott had taught her how to clear the web browser history on Mom's computer. "But you need your parents' permission."

"Your mom's pretty cool," Kelly said, her eyebrows lifted. "Maybe she'd be okay with it."



the **GENDER** book

by mel reiff hill
and jay mays

and a whole big
beautiful community

inspired by the
gender explorations of
boston davis bostian

FILL OUT THE SURVEY!

my name is

I describe my gender identity as

my pronouns are

I think gender is...

The communities I'm a part of are

I experience gender in my communities as

What I think people don't realize is

The question I would have on this survey is

My answer to that question is



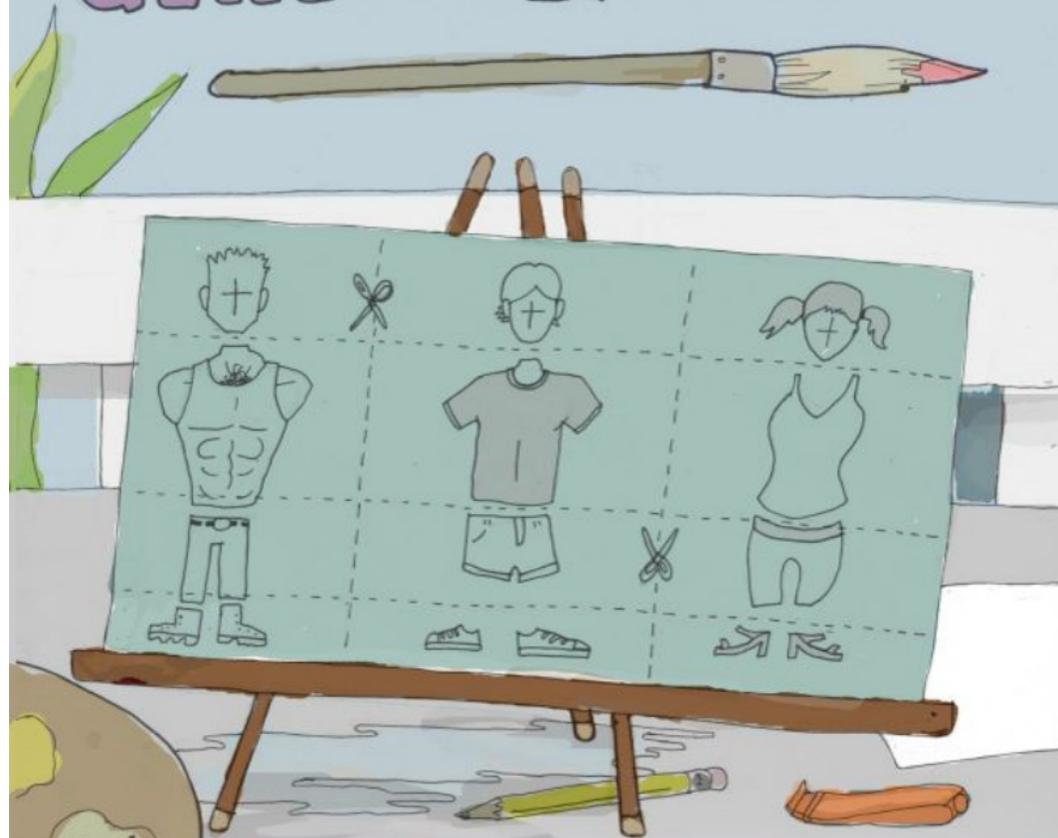
These are the same questions we asked over 200 people to answer to help build this book. What would you say?

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GENDER EXPRESSION



Vocal
Pitch

Word
Choice

14

Oh cool, I get it. Gender expression is about the ways I communicate my gender to other people. This includes my short hair, baseball cap, how I don't wear makeup, how I refer to myself, the way I talk, and even the activities I enjoy. Though the specifics change every time I get dressed, I notice I tend to use a consistently masculine palette overall. However, I might present a little differently depending on my mood that day, and the context - you know, whether I'm going to church with my grandma or a party with my friends. But that's just me. How do you wear your gender?

GENDER PERCEPTION

how is your gender seen?
how do you see others?

Haircut & style
Facial color, shape, hair
Clothing & Accessories
Body size & shape

How closely does your view of yourself align to how others see you?

It's not very darn close at all, and that hurts. Inside...I'm a girly girl, I like pink and fairy tales and don't want to be strong all the time, but I'm type cast by my size and by my gender, and no one bothers to get to know who I really am inside.

-Em's survey response

* Many people suffer slurs and physical harm just because they do not conform to gender roles. The murder of Willie Houston, harassed initially for holding his wife's purse, is a tragic reminder of how fear of gender nonconformity affects us all.

"Passing"

PRONOUNS

are a language's shortcuts used to describe people, places, or things. We're most interested in the uses for people. In English, personal pronouns tend to be gendered, though since the 1800s there's been a movement for a gender-neutral pronoun to avoid awkward contractions like s/he, which appeals greatly to folks outside the gender binary.

I used to think these were all the pronouns out there for people, but the more folks I meet, the more I learn. Choosing our own pronouns can be really empowering.

Hey Naomi,
so I never did
ask: which
pronouns should
I use for you?

pronoun	gender
he/him	masculine
she/her	feminine
they/them	neutral
ze/hir	neutral
phe/per	neutral
thon/thon	neutral
ey/em	neutral





I like ze/hir, thanks for asking, Mel!

Yeah, it's good to know. Sometimes I get offended if people assume my pronouns without asking, you know? I rarely mind a polite question about the words I use to describe myself, as long as it's kind.

example

He left his dog with his pal.
She took her power tools.
They are a good friend.
Ze likes to brush hir teeth.
Phe named per goldfish Bob.
Thon did all of thon's dishes.
Ey looked at em skeptically.

**MORE
Gender
Neutral
Pronouns**

- zie, ne,
- one, xe,
- sie, ve,
- tey, e,
- yo, co,
- re, ne,
- hu, ta,
- ve

16

try it!

the "pronoun game" is a fact of life for many transgender folks and their allies. See if you can go 24 hours without gendering someone with your language. ("Alex took Alex's dog to the park.") It can be tricky! Often, though, it's the best course of action when you don't know someone's pronouns yet.

TRANS WOMAN

A.K.A. MTF
male to female FTF
transsexual

Is an identity that refers to people who were assigned a male sex at birth and have since realized their gender identity is female.

These women are from all kinds of backgrounds, races, classes, sexual orientations, and personal histories, but the one thing that they have in common is a female identity so strong that they desire to live, work, and love full-time as women.



I've known I was a girl since I was young, but only took the steps to live full-time recently, with the support of my community.

My friend is a choir director. He's been helping me with weekly voice lessons.

Laser hair removal can be painful & expensive & necessary.

I guess you could say I dress conservatively. I go to Mass, walk my dog Honeybee, and work as a banker. I have 3 grown kids who make me proud.

she & her

no pronoun preference.



HI, MY NAME IS...
Christina

I've been on HRT for 7 years now, and the physical changes from my estrogen and testosterone-inhibitors are pretty obvious: breast tissue growth, softer skin, and a general redistribution of fat. I take 2 tablets daily.

It really hurts my feelings when people use words like tranny or she-male or 'it' to describe me.



I feel very blessed that my family is still in my life. I volunteer for a needle exchange program through my church to support my trans sisters who might not have the same access to healthcare that I enjoy.



***HRT** is short for hormone replacement therapy

Thanks! I'm just happy to learn anything you're comfortable sharing!

I know medical transition isn't right for everyone, but last February, I made the choice to travel to Thailand for my gender affirmation surgery (a.k.a. sexual reassignment surgery). It was a bit scary to go under anesthesia, but I was so ready. Even though the healing process was rough, I couldn't be happier with the results.

I've considered other surgeries like breast implants and facial sculpting, but it's not a high priority for me. I just want to focus on my family right now.

PHYSICAL TRANSITION

PHYSICAL TRANSITION

"Top surgery" is something I'm looking forward to when I can afford it. There are many methods. My insurance won't cover it, so right now I'm pre-op,* saving up and doing some research.

I'm lucky to have grown up in the internet age. Coming from a small town, it was a huge relief to find others like me, sharing their stories.

I know folks are curious, so I hope by sharing some private medical facts here they won't feel the need to ask me in person.

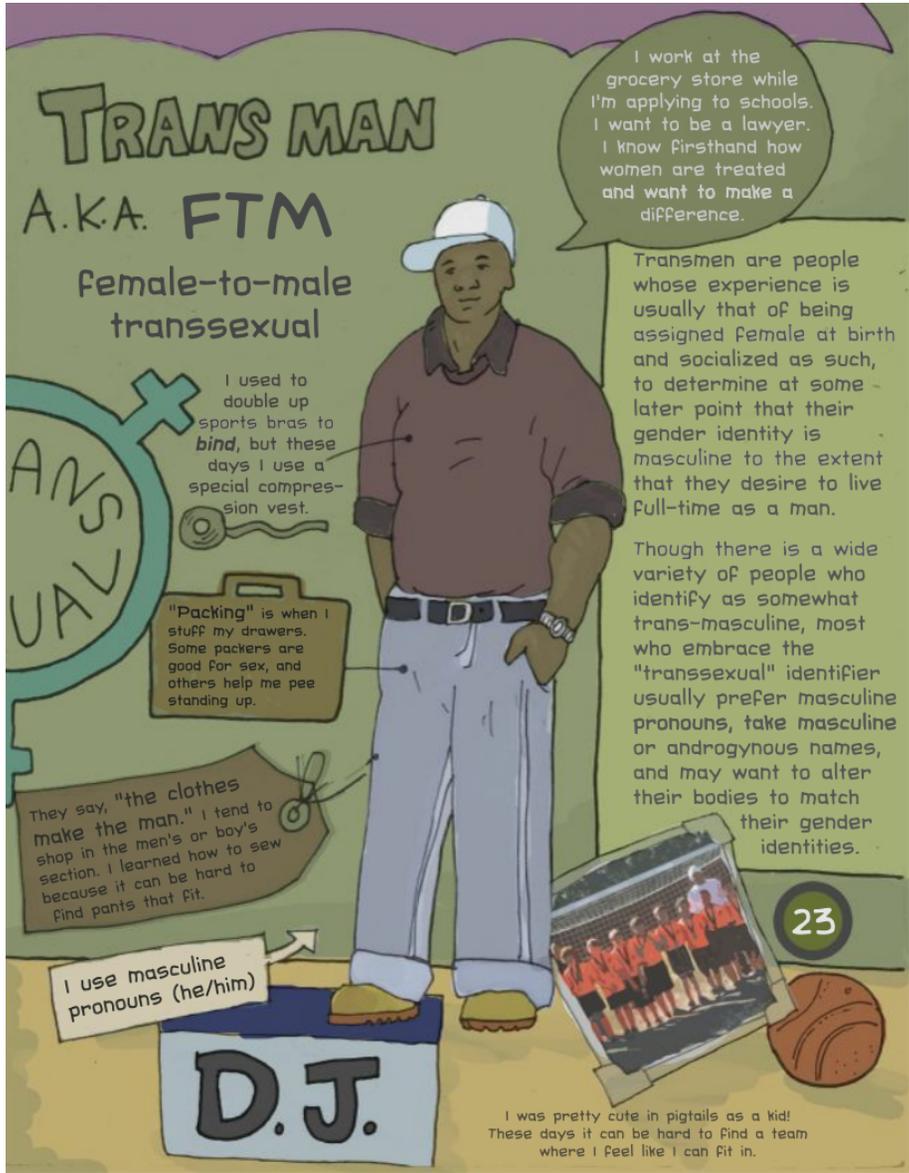
Testosterone is a hormone that can be injected into a muscle or (less often) applied topically via a cream or patch. I've been on T for 8 months now, and I've noticed increased muscle development, my voice has started to drop, and I even have a bit of facial hair coming in!!!

"Bottom surgery" isn't in my future right now. The options seem pretty limited, though some of my friends have had good results.



*Pre-op refers to a transsexual person who has not yet undergone surgery, as opposed to individuals who have already undergone (post-op) or do not plan to (non-op) surgically alter their bodies.

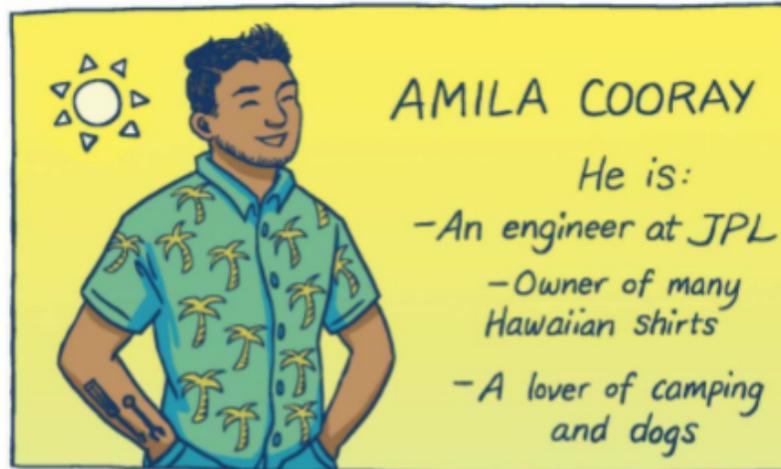




GENDER QUEER: A MEMOIR



AT THANKSGIVING IN 2015, MY SISTER BROUGHT HER NEW BOYFRIEND TO STAY WITH ME AND MY PARENTS FOR THE FIRST TIME.



AMILA IS THE FIRST PERSON I'VE WATCHED TAKE TESTOSTERONE.





topsurgery Message

908 posts 14.9K followers 618 following

McLean Clinic is a plastic surgery facility specializing in gender affirming top surgery.
info@topsurgery.ca
1-866-393-9433
youtu.be/ums2AzO8F2c
Followed by vancouvertopsurgery

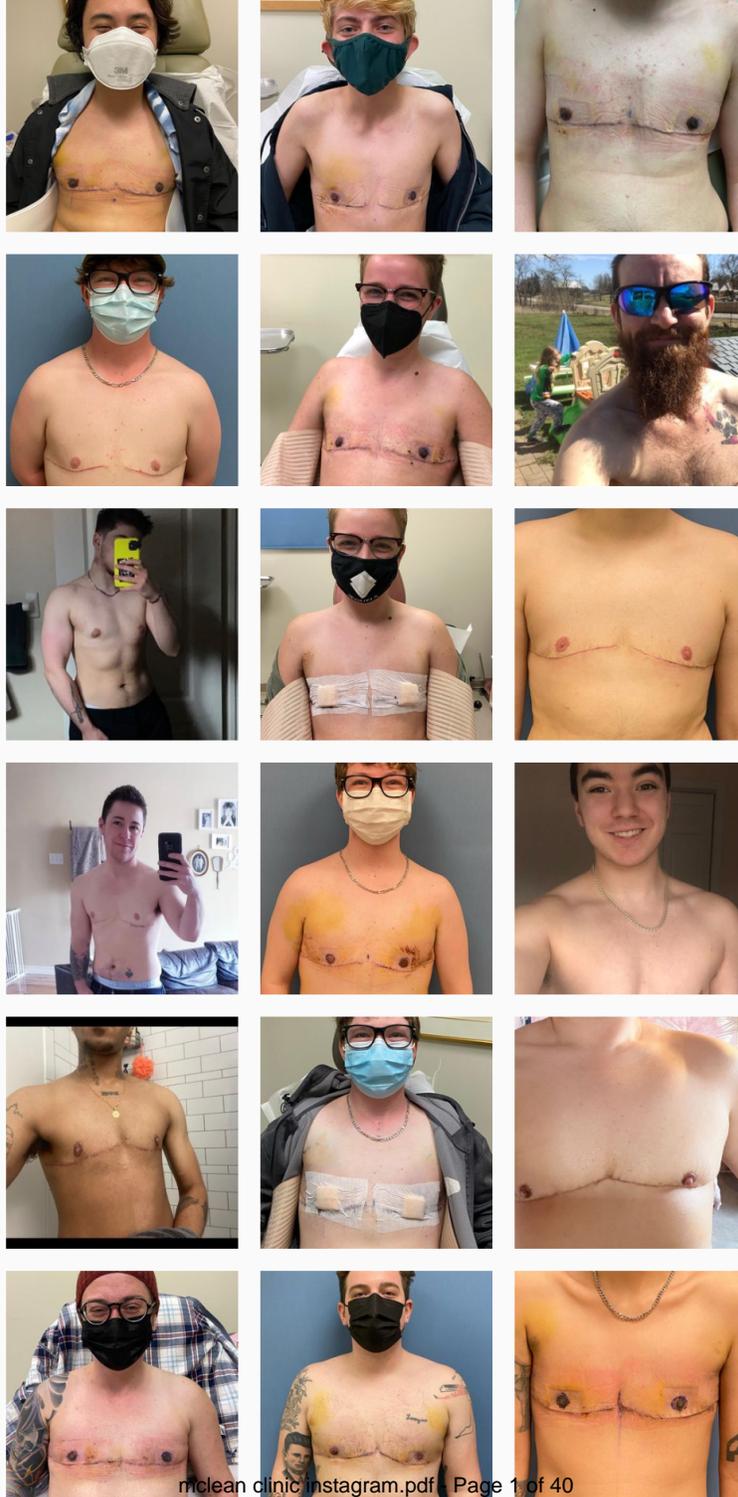


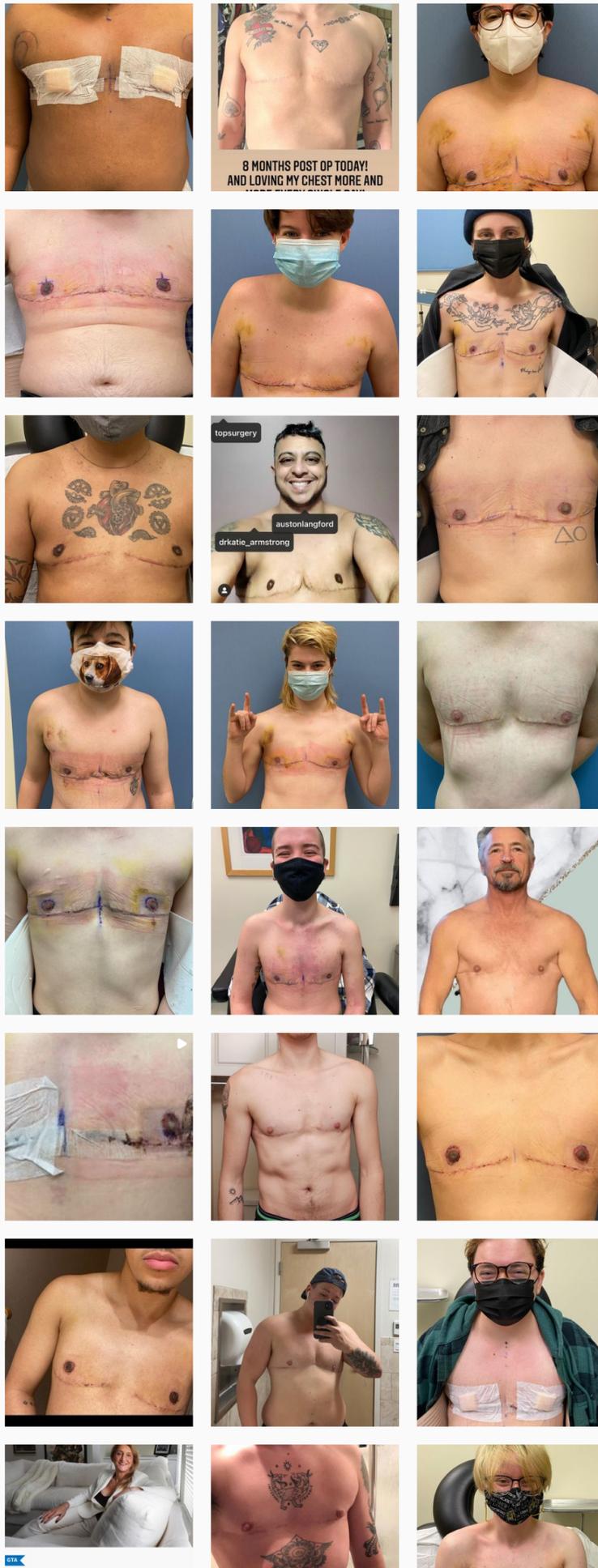
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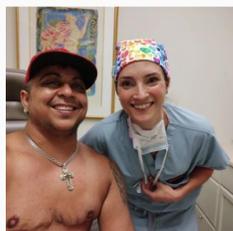
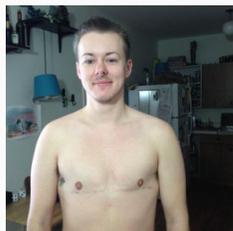
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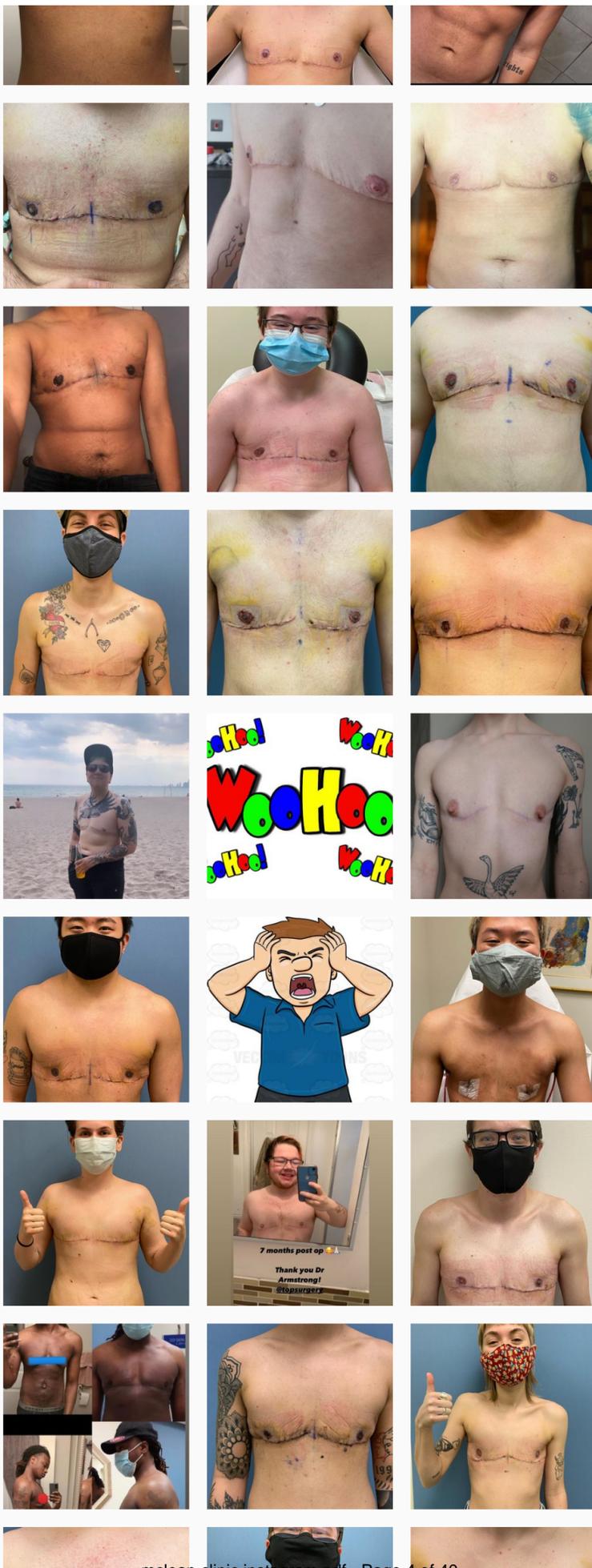
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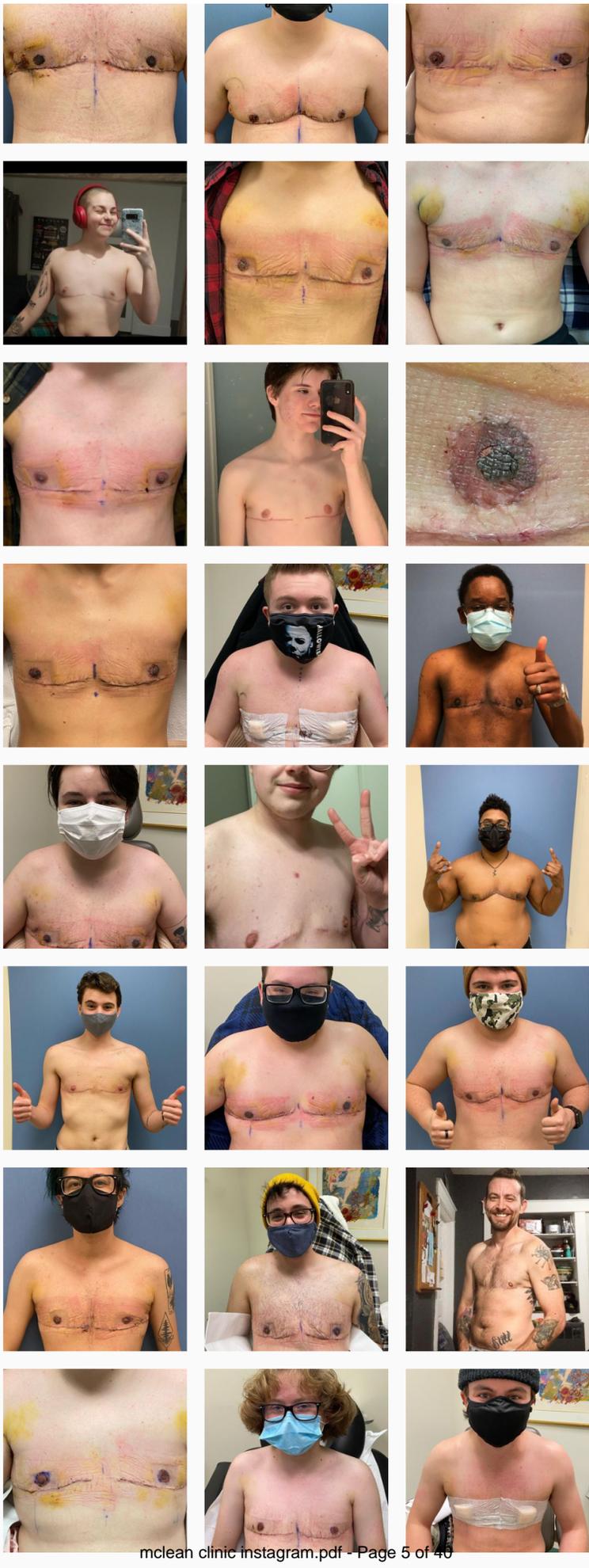


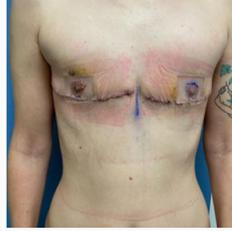
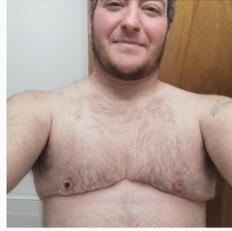
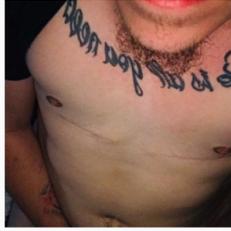
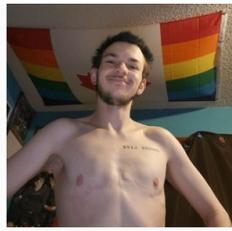


'My hope was taken away':
For some, like Katie
Dudtschak, pandemic





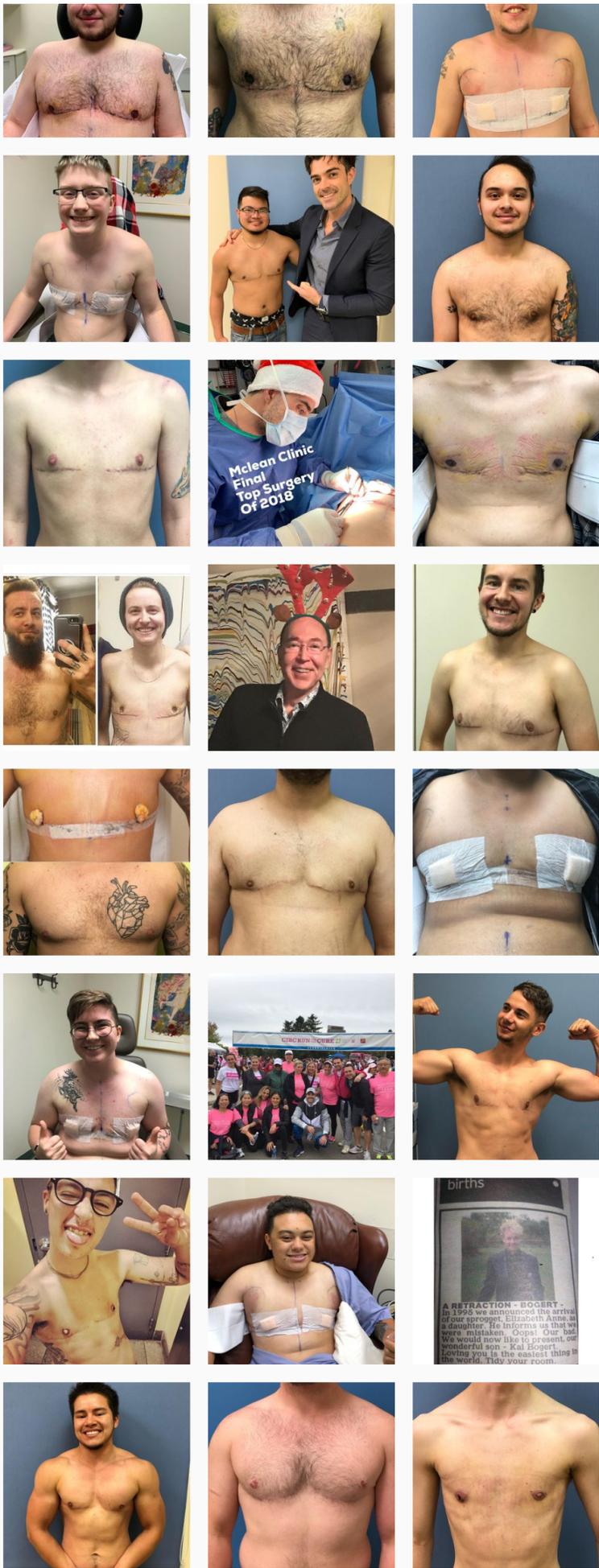


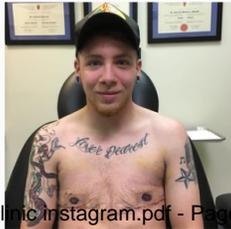
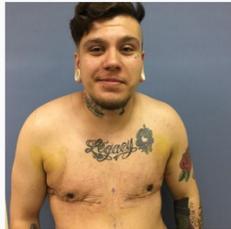
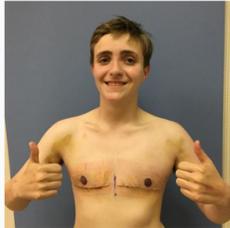
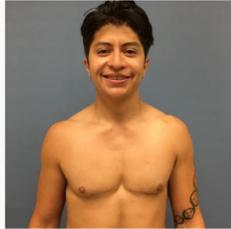
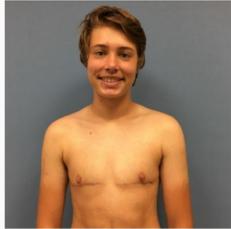


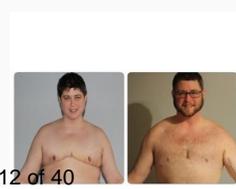
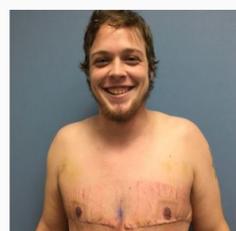
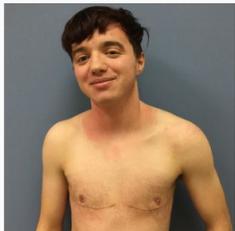






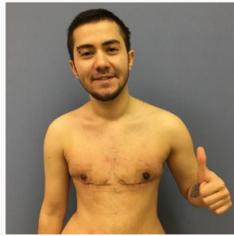


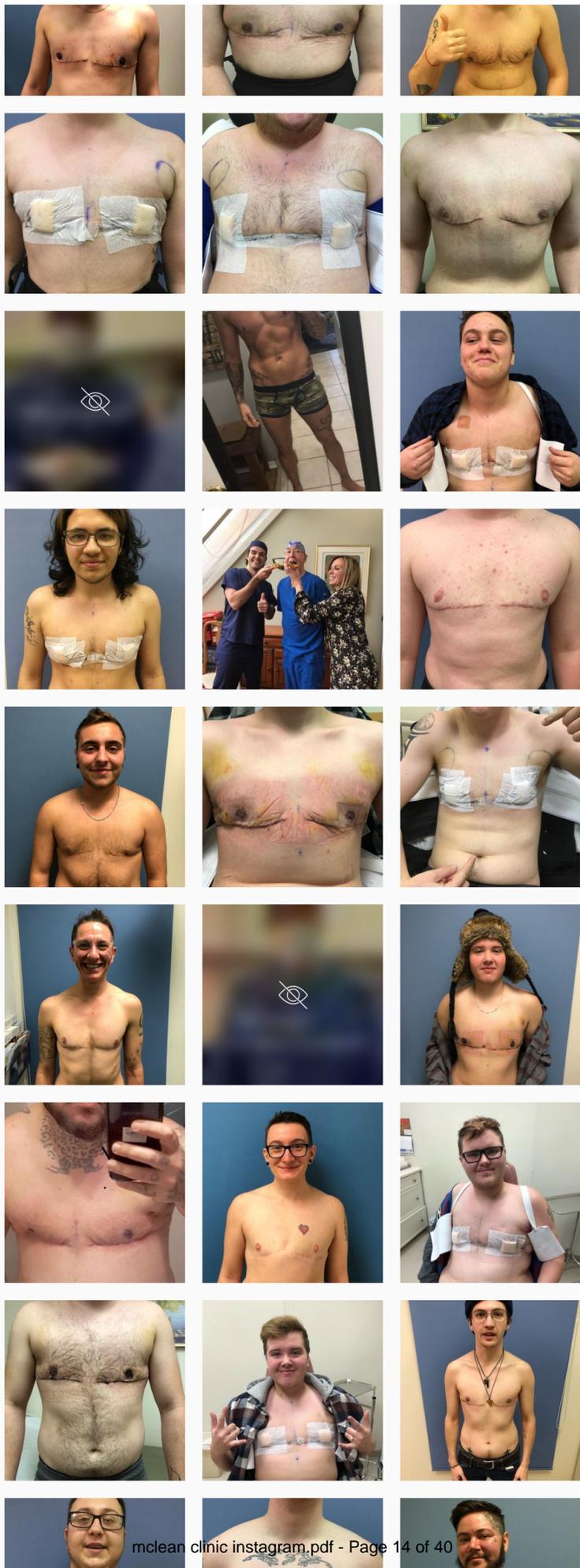


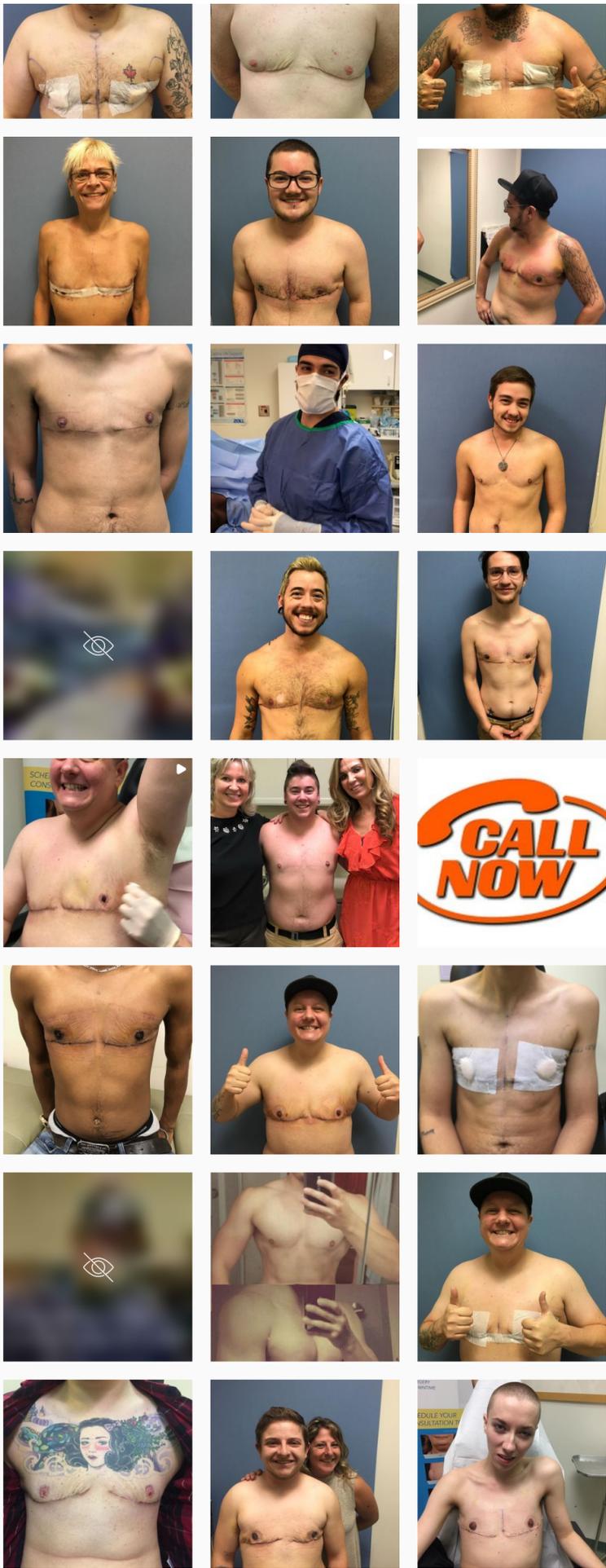


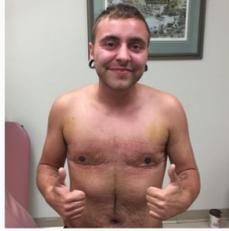
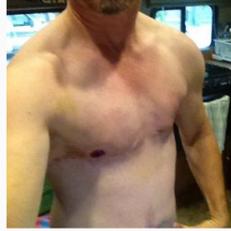
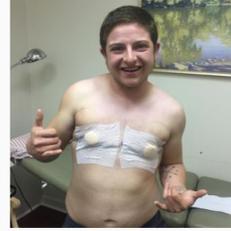
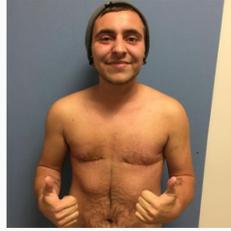


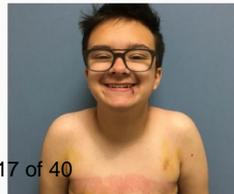
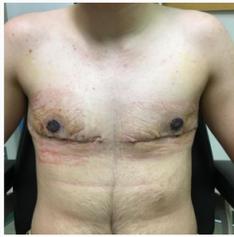
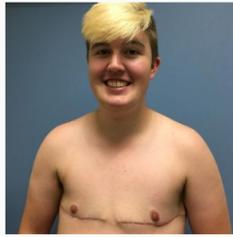
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Feb 11, 2018 - 5 yrs post op

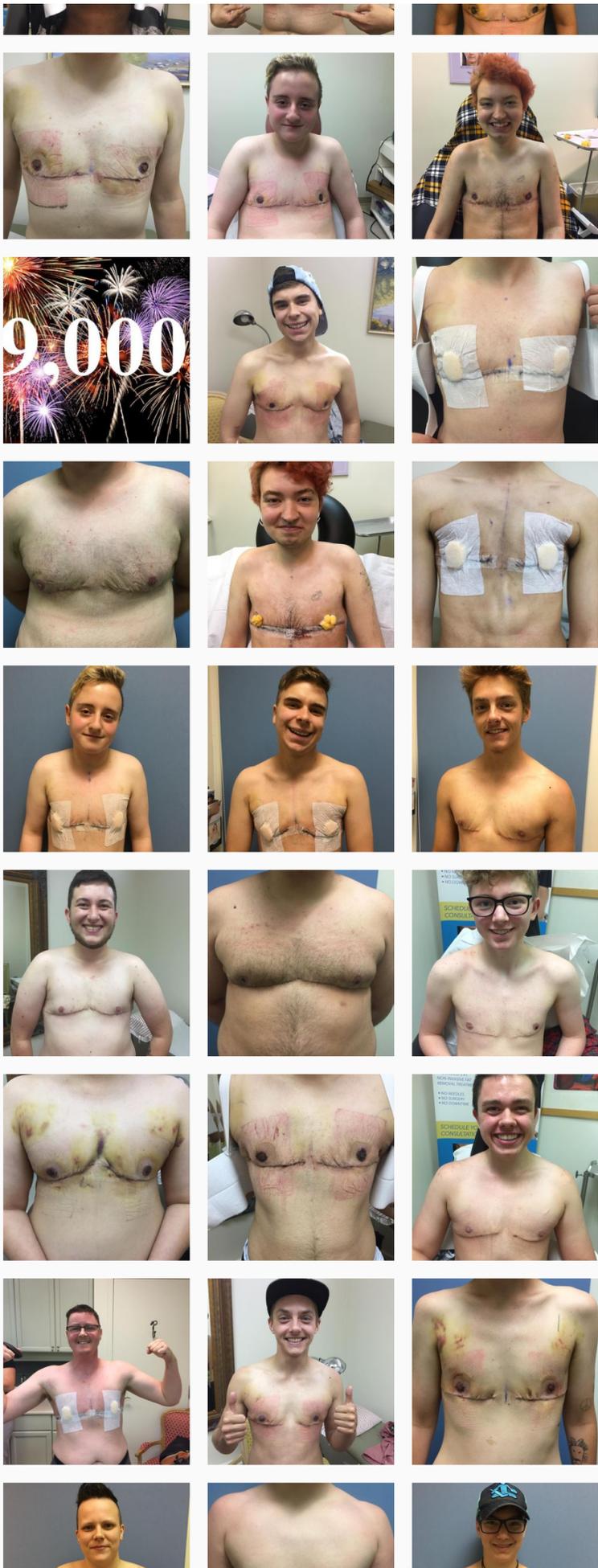


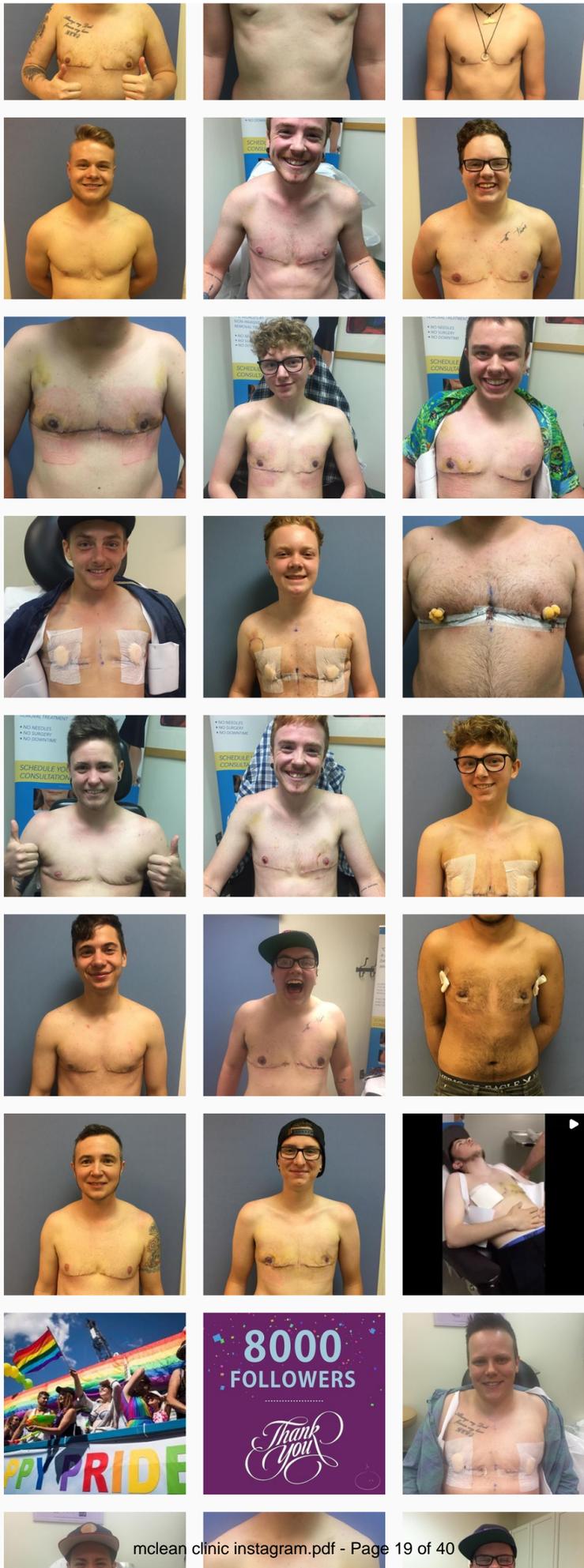


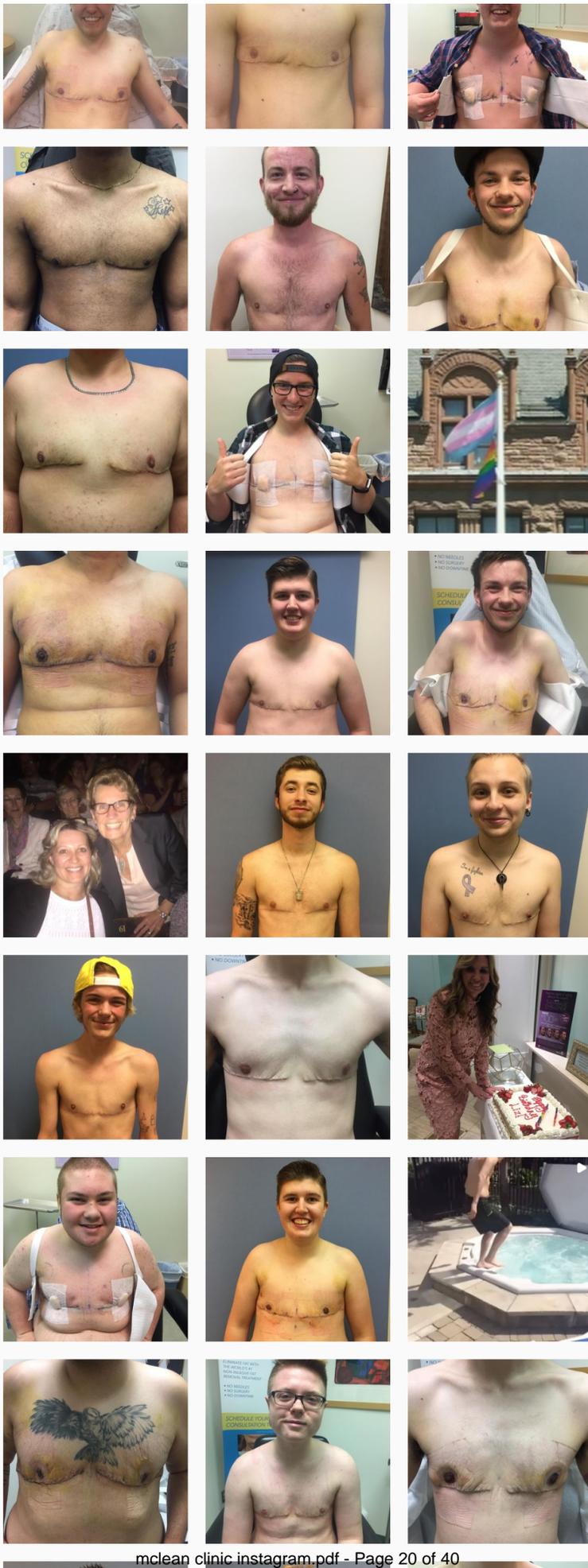


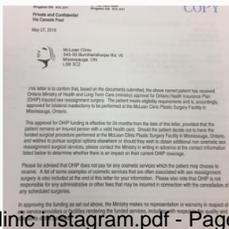
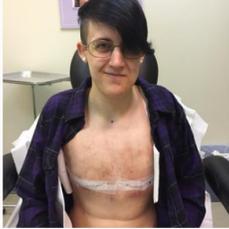
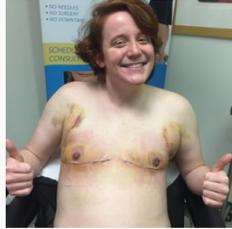




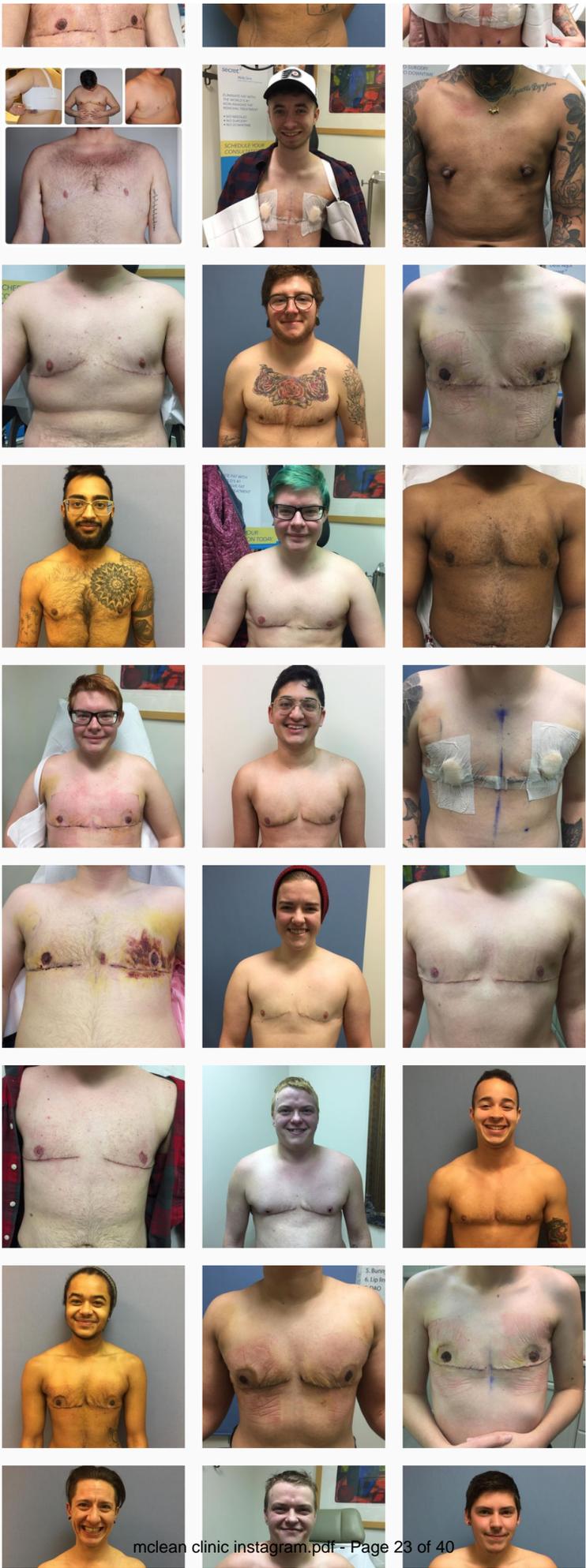




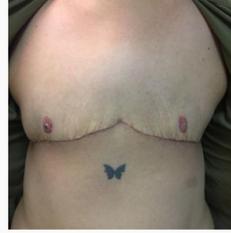
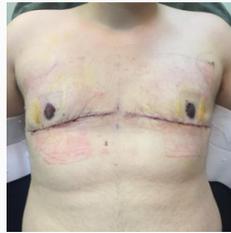


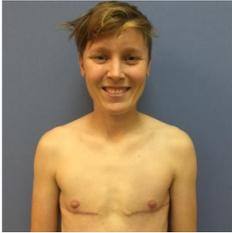


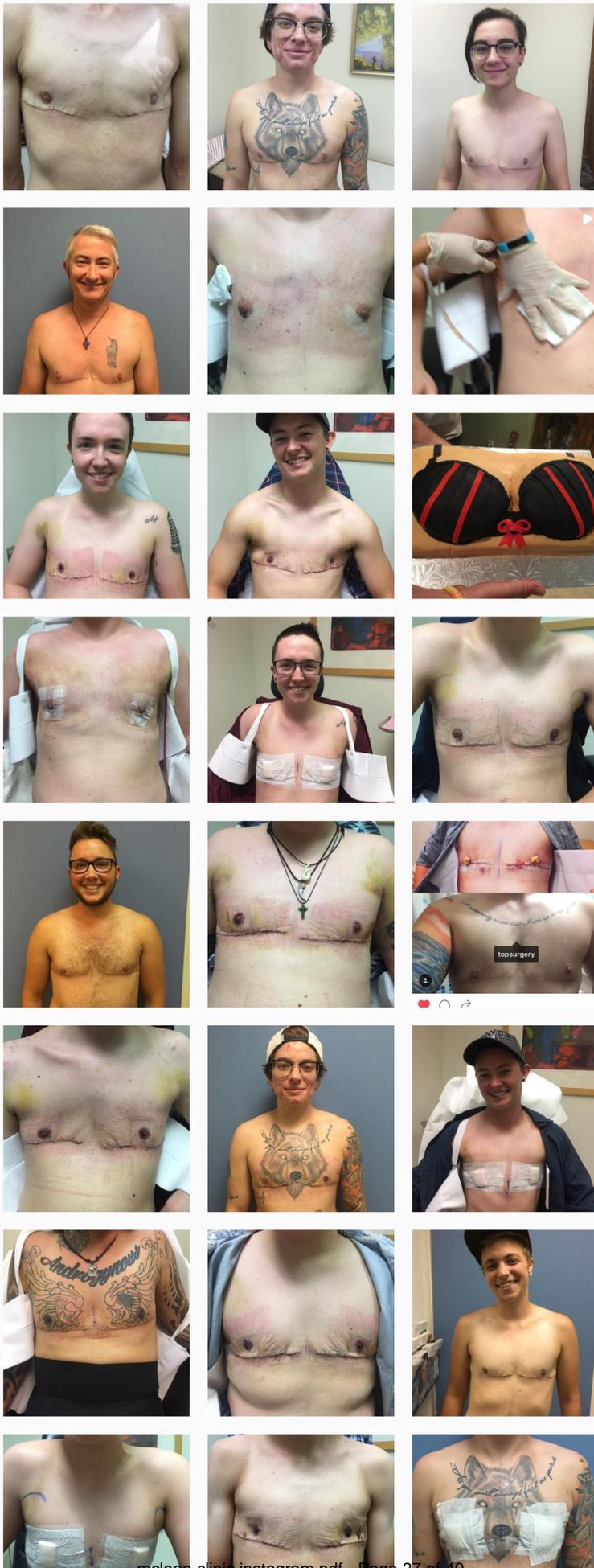


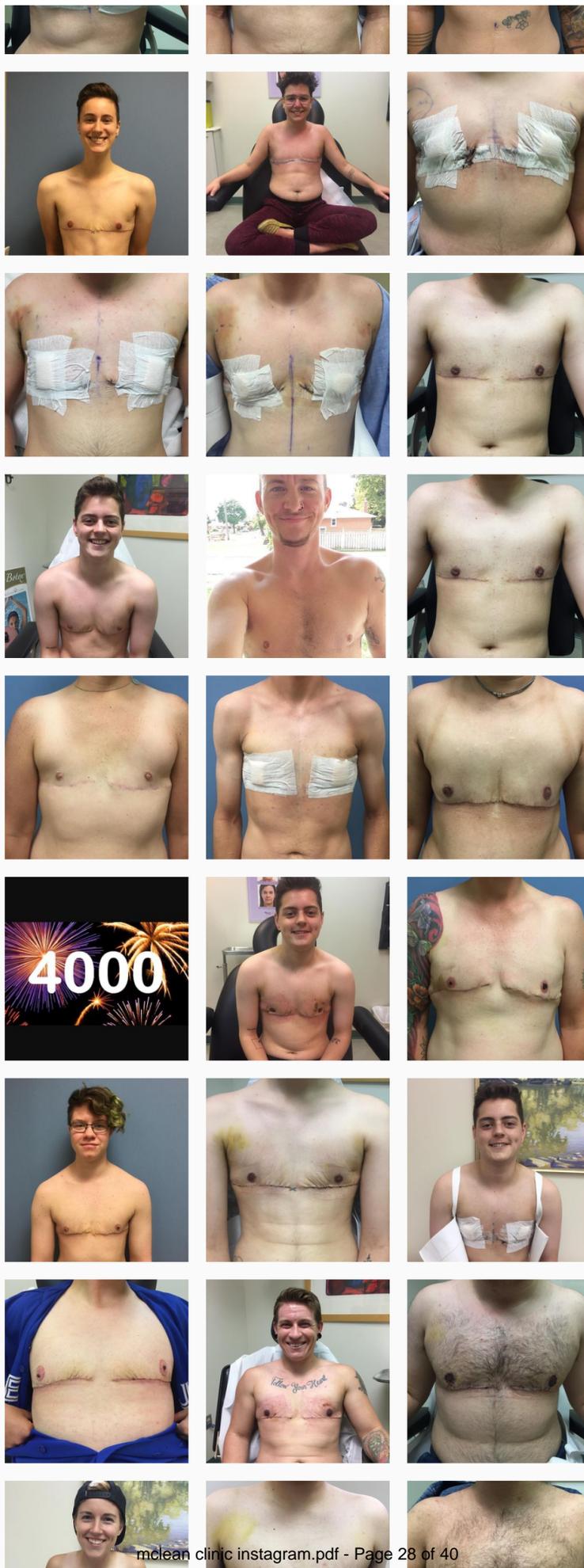




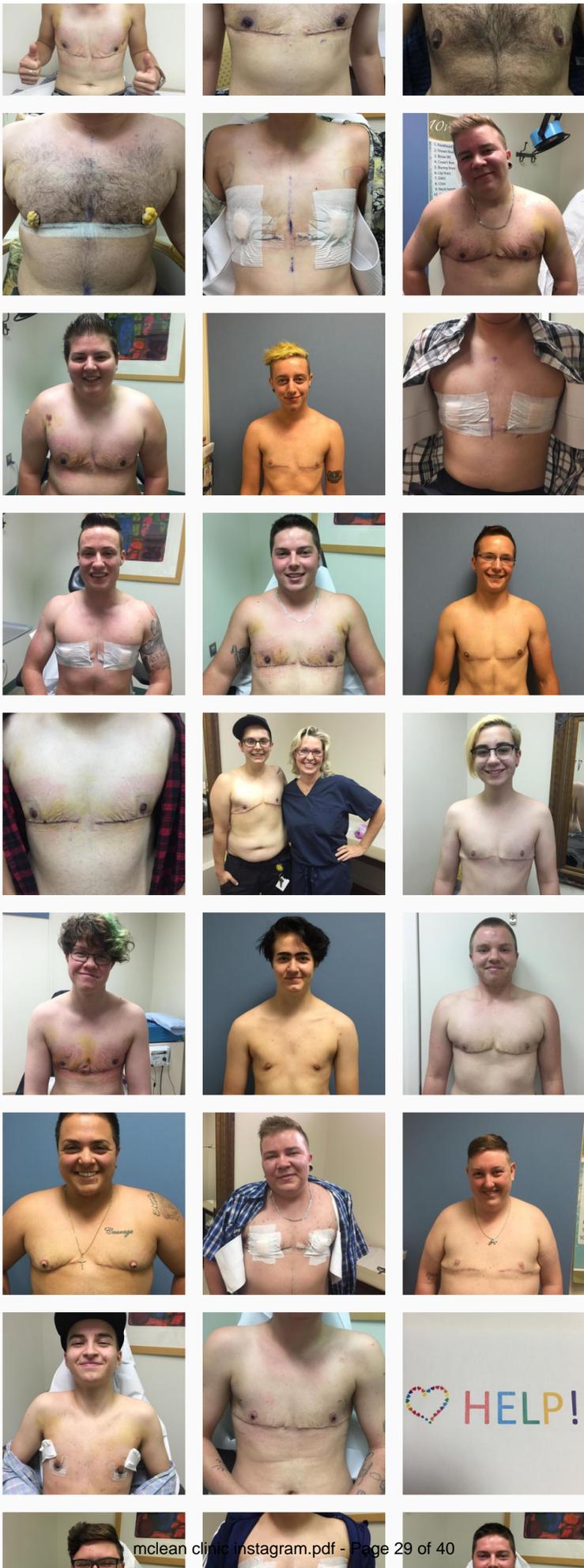






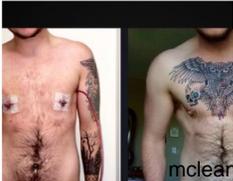
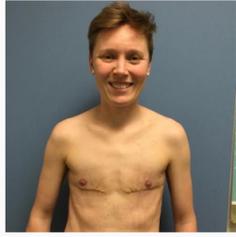
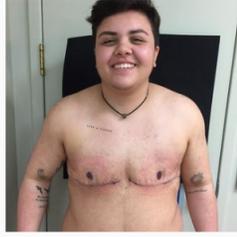


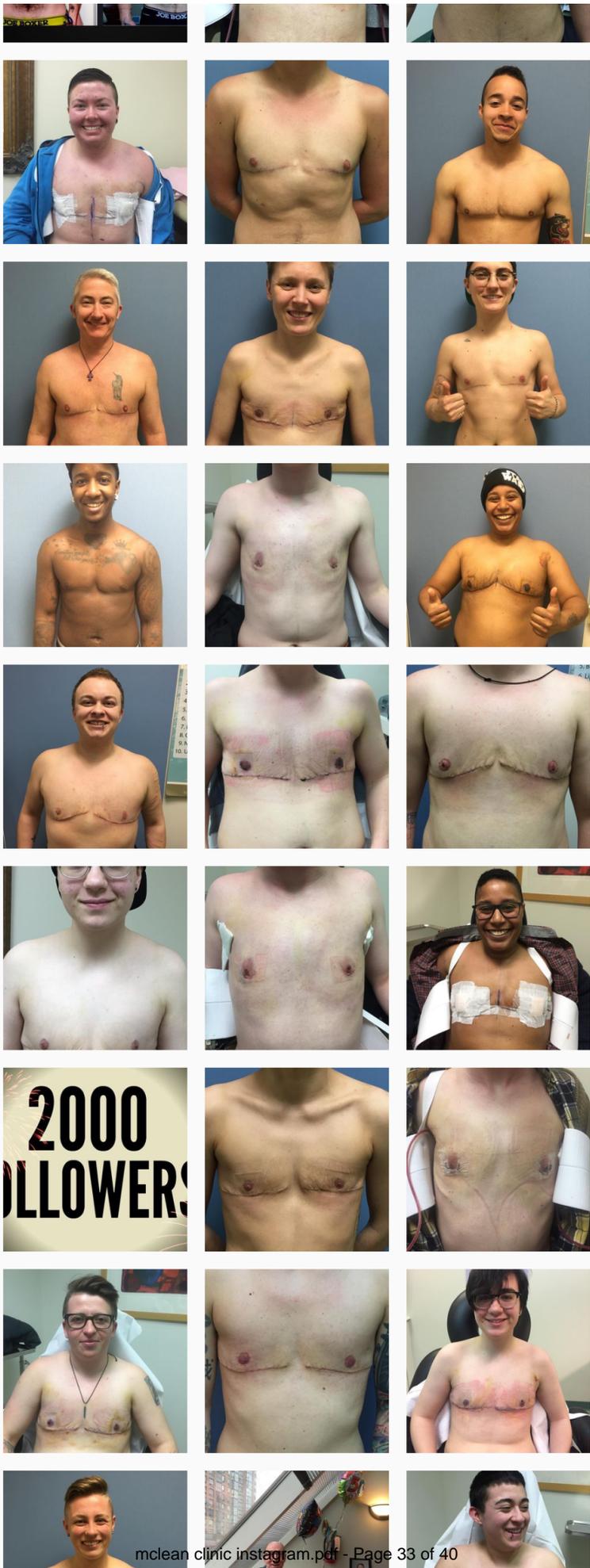
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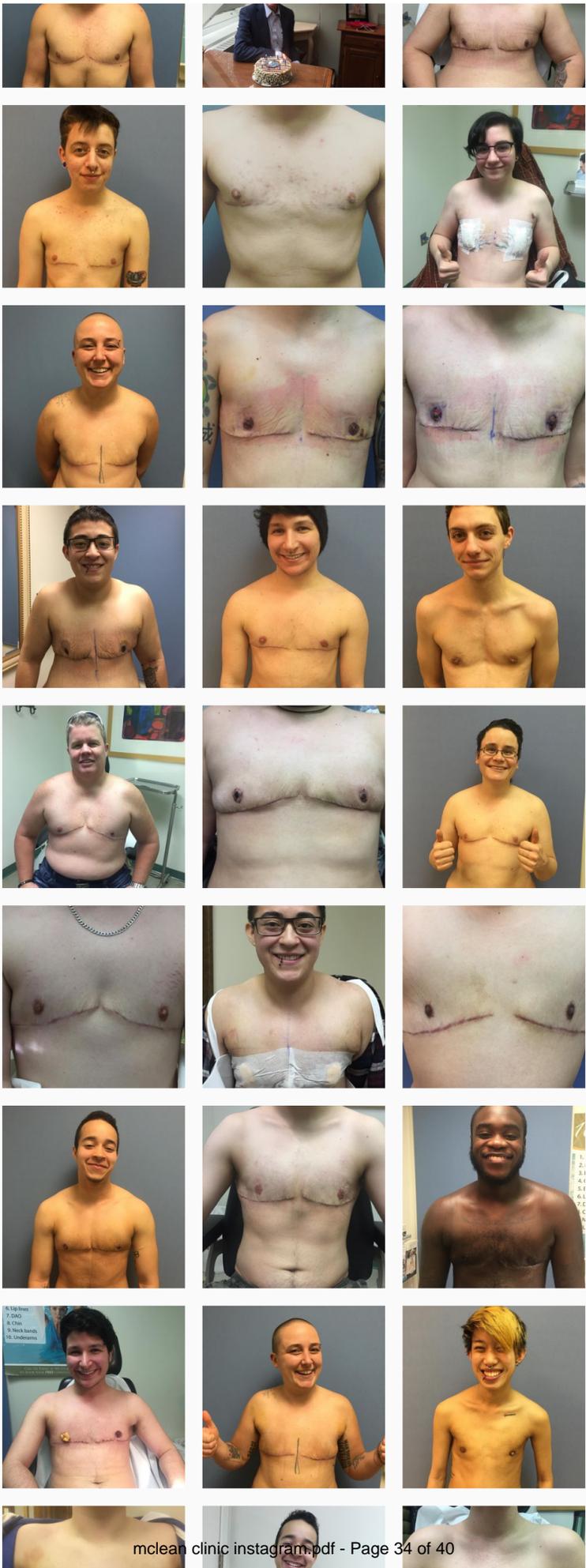


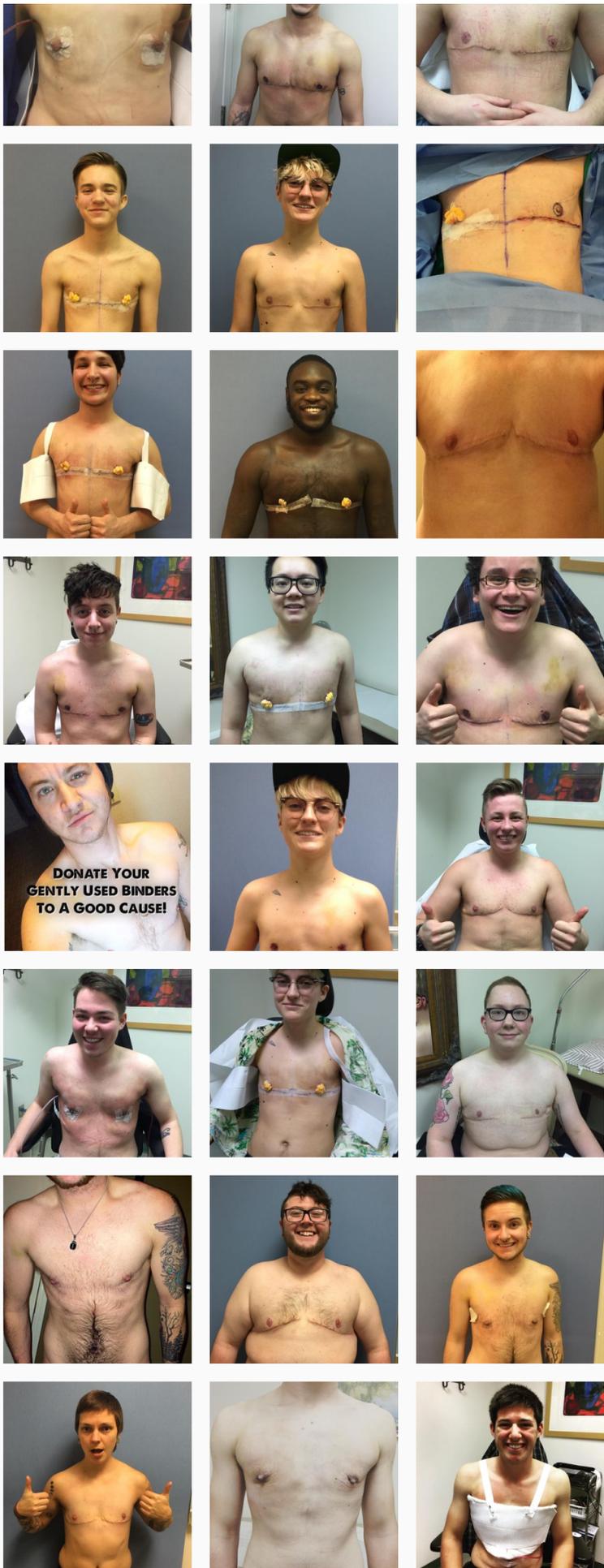


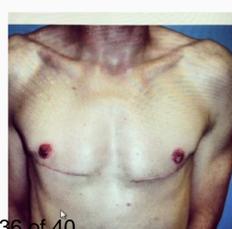
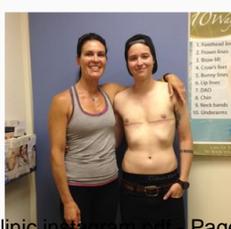
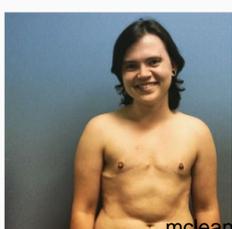
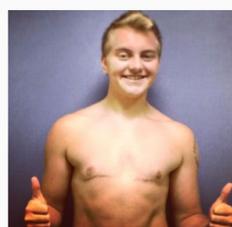
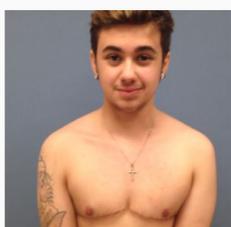
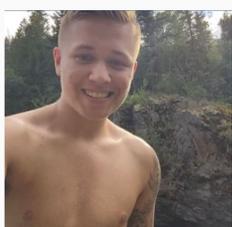
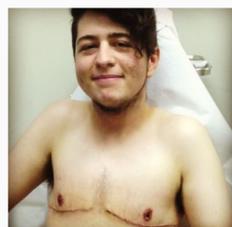
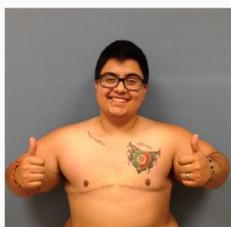
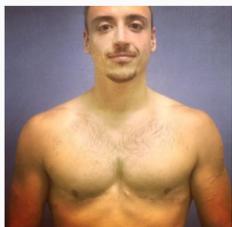
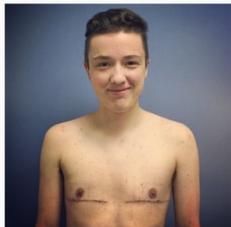
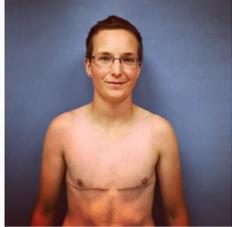






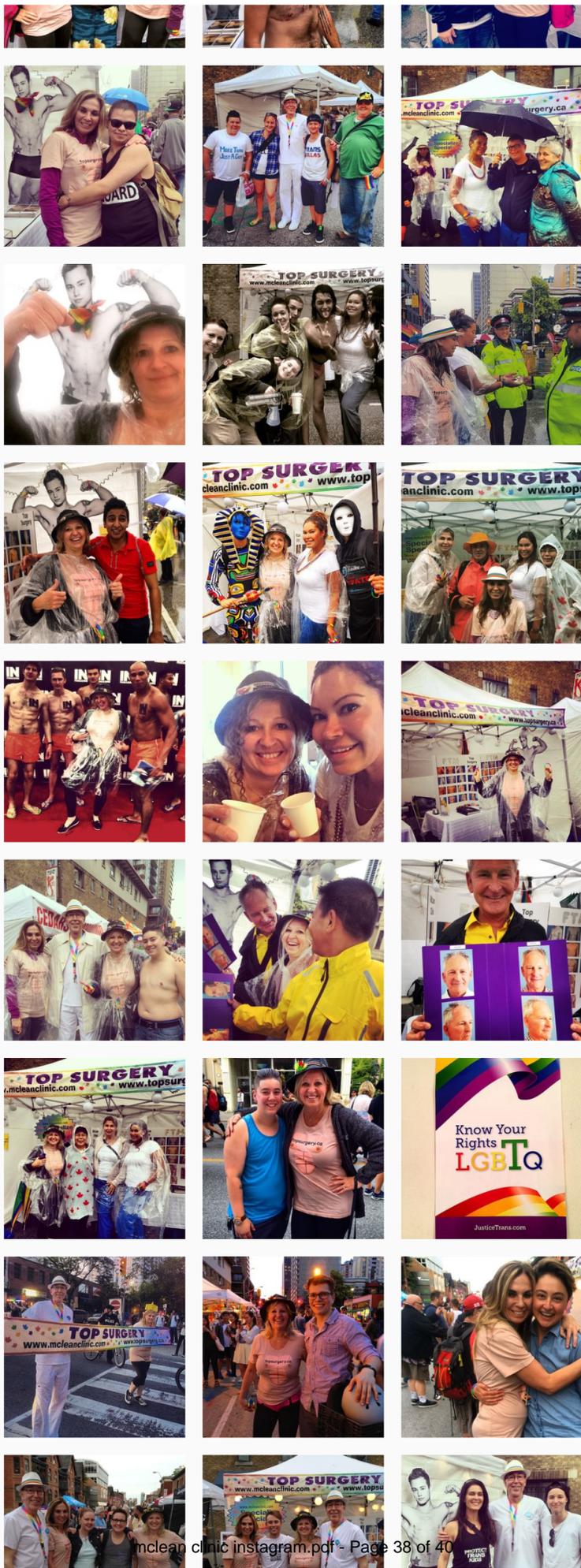


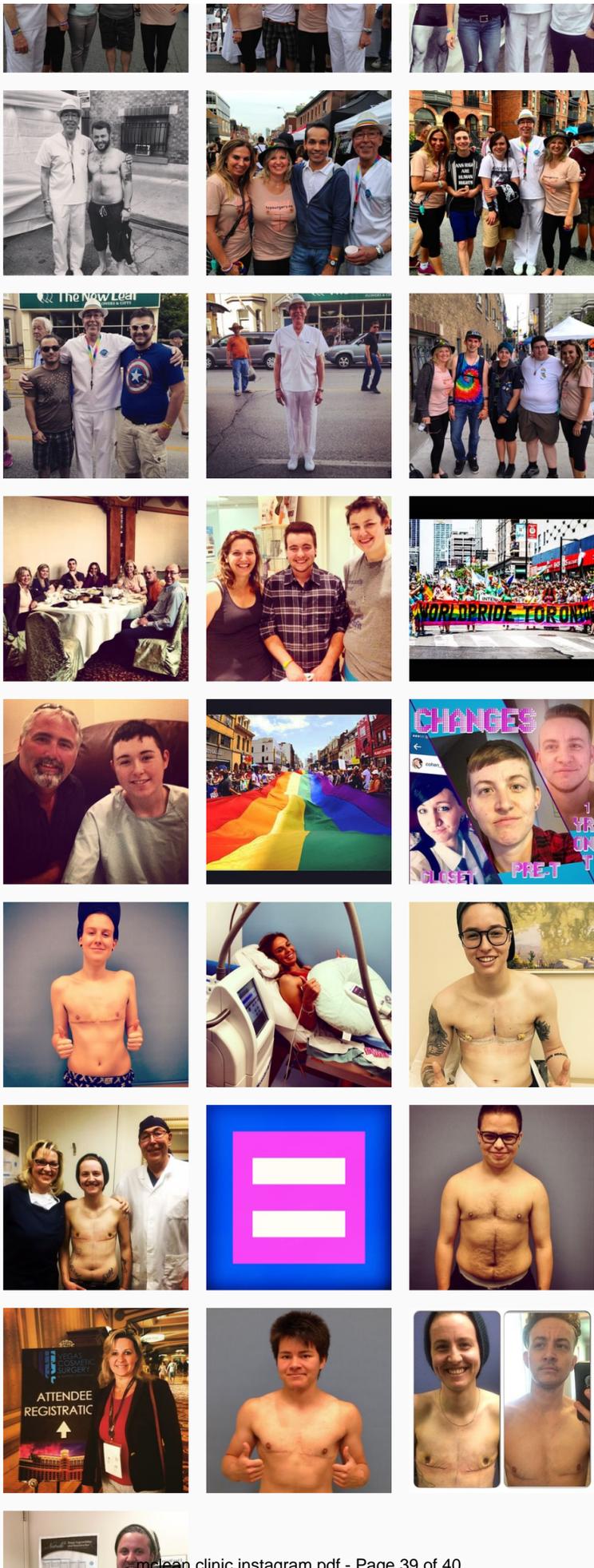




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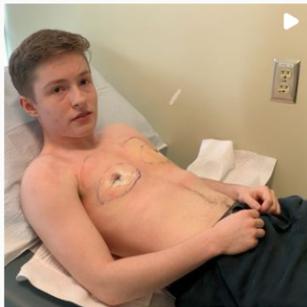
Dr. Daniel Mckee, M.D.
University of British Columbia (UBC),
Department of Surgery.
www.vancouvertopsurgery.com

POSTS, VIDEOS, TAGGED



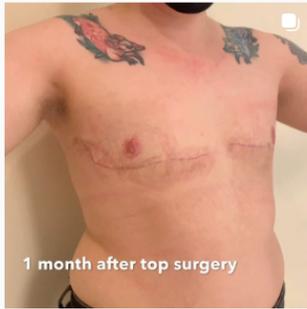
I'm so very happy that during this crazy year, I've been able to find peace in my body for the very first time.

TAKE TYLENOL AND ADVIL FOR PAIN



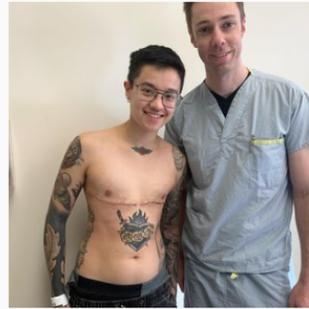


Dr. McKee,
 I've been thinking a lot about what to say for my gratitude to be understood, and a more "thank you" takes that impact. However, in this situation and most others, words are all a person has to reach out with. At my one week follow-up post-op you asked for feedback and expressed your desire to connect patients to others seeking this treatment. You seem to genuinely care about your job and the impact you have. I think Dr. Seuss put it nicely "Unless someone like you cares a whole awful lot, nothing is going to get better. It's not." I think you've found your own way of doing that. I've known for a long time that I'm an awkward individual and I struggle daily in social interactions. Despite my anxieties and communication flaws I was treated with nothing but respect and kindness through what could have been a terrifying experience. I was nervous about



Gender-Affirming Chest Surgery
 with Surgical Excellence, Safety, and Care





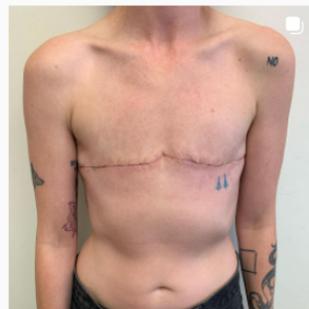
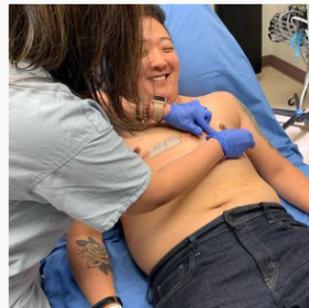
To Dr. McKee,

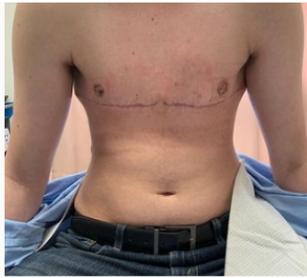
I wanted to express my appreciation for your surgical precision and skill with my chest reconstruction. My recovery has been swift and painless and as this is my first surgical procedure, I am very grateful for this.

Early as it may be, I have been impressed by the results and feel a great degree of happiness with my new circumstances and new design. The sense of freedom created by your work is exceptional.

Thank you for all of your efforts. I will be recommending your expertise to others seeking out quality results.

Sincerely,
Matt





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