

just over \$30 billion. It's just shy of a third of the State budget, so it's certainly a big emphasis. But if you want to ask a bit more, I'll reserve until after wherever we're going to now and get one of the clinicians to answer some questions on that. Nigel might want to do that. He's looking keen. Not now, Nigel.

NIGEL LYONS: I'm happy to, Minister.

The Hon. EMMA HURST: Great. I'll come back to you, Dr Lyons. Thank you.

The CHAIR: In light of the fact that you will be departing at about four o'clock or thereabouts, Minister, I'd like to give you a set of questions about a matter that I've got some particular concerns about. I've got some folders of material, if I could have them passed up to you. There's one for yourself, one for the secretary, one for the acting Chief Health Officer and one for Dr Chant. They contain some material that I want to draw to your attention.

Mr BRAD HAZZARD: Are these matters for discussion now?

The CHAIR: Yes, absolutely. They're in the public domain. They're not matters of—and there's a copy for Hansard as well, just to get the references right.

Mr BRAD HAZZARD: So the topic is gender dysphoria?

The CHAIR: Yes, for children and young people.

Mr BRAD HAZZARD: Sure, okay.

The CHAIR: Minister, I had originally planned to ask these questions yesterday of the Chief Psychiatrist, thinking that he would be the best person to direct them to, of course, with his expertise. But I thought, on reflection, I'll ask them to you and then you can defer to him and perhaps approach it that way.

Mr BRAD HAZZARD: Sure, no problem.

The CHAIR: I've actually said to a number of my colleagues, both inside this Parliament and outside of Parliament, that what's happening with respect to the treatment of children and young people and adolescents in Australia who may be or are gender dysphoric or gender incongruent with respect to the application of what's called the affirmation approach is a matter that we all should be very concerned about. I actually think that what we have in plain sight is an absolutely scandalous situation that is playing out in real time. There appears to be, for some reason or another, a lack of willingness at the highest level in health in this country—at the political level and at the bureaucratic level—to confront this issue and come to terms with the significance of what's going on. I'll say that I'm very conscious that this is a matter that is subject to some contest and debate, and I want to go through this in a way that is respectful of the fact that there are different views about this particular matter.

I start by referring to the three documents that are in your folders. The first one is a significant piece of research which is titled, "Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service". It appears in *Human Systems: Therapy, Culture and Attachments* 2021, volume 1, pages 70 to 95. The authors of this significant piece of research we should be very proud of. A number of them come from New South Wales. We have, in order—I don't know any of these clinicians—Kasia Kozłowska, from The Children's Hospital at Westmead; Georgia McClure and Catherine Chudleigh, also from The Children's Hospital at Westmead; Ann M Maguire, from The Children's Hospital at Westmead; Danielle Gessler, from The Children's Hospital at Westmead; Stephen Scher, from Harvard Medical School in the United States; and Geoffrey Ambler, equally from The Children's Hospital at Westmead.

Minister, I don't expect that you will have read this. I have tabbed some pages, which I will come to shortly, to draw some particular matters to your attention. But it's a significant piece of research which came out last year and which has been quite influential in effecting what I might describe as a change of direction in the way in which the matter of the treatment of children who are or may be gender dysphoric is being treated. I'm talking about a movement away from the affirmation approach.

The second piece of literature in your folder is from *The Sydney Morning Herald*. I'm sure you read it at the time. It's dealing with a young woman, a tragic set of circumstances. I'm sure you saw it. I'm sure you reflected on it. She is one of the many and growing number of individuals who are seeking to transition back to their natal sex. They went down the path of normally of an affirmative program, now realise that they have made a major mistake and now have grave sorrow over it because effectively they have sterilised themselves from the practice that they partook of.

The third document is a document from the ACON website. You are well familiar with that organisation, Minister. The first three pages are from the TransHub part of the ACON website, which you may or may not have

seen before, but it's on the website. If you turn over—it's not actually tabbed—four pages, you've got the heading "Gender Affirming Doctor List". It's highlighted. It says on the TransHub part of the ACON website:

Below is a map of doctors who offer different kinds of gender affirming hormonal care and support to trans and gender diverse people in NSW.

The first sentence of the third paragraph states, "All GPs and prescribers can and should be gender affirming doctors." I do not expect you to count them, but on my count there are 83, and a growing list of mainly general practitioners, but there are also some endocrinologists, sexual health physicians and others who are all listed on this growing list of treatment-affirming doctors with respect to gender dysphoria in this State. I might say the same website, ACON which is based in New South Wales, actually lists doctors in all States and Territories in Australia, which is interesting, given that it is effectively a New South Wales-based organisation. I take you to the very last page of my documentation—and I don't need to remind you that this is taken from ACON's last year's accounts—that in the 2020 financial year NSW Health provided them \$12 million, or over \$12 million. In 2021 that jumped to \$12.63 million and, interestingly, without explanation, in addition to the monies from New South Wales Department of Health, monies also flowed to ACON from local health districts.

Now, Minister, I am sure that you probably are generally aware, and if you are not, perhaps the secretary is or the acting chief is, with respect to the issue of gender dysphoria for children and adolescence, it is a contested area and there are essentially two schools of thought on how to deal with it. One involves the affirmation of the child or adolescent who comes in with wanting to discuss the matter of what they say is their gender dysphoria. They then move rather quickly from that point of saying that they want their matter affirmed through at least a two-stage process. The first stage, as I am sure you are aware, involves puberty blocking and the use of pharmaceuticals to do that, followed by cross-sex hormones, normally within a couple of years. Moving from one to the other is almost guaranteed. Something like 98 per cent or 99 per cent of those who commence puberty blockers move on to the cross-sex hormones.

The third stage is surgery. Typically for young women it involves bilateral ~~vasectomy~~ ^{hysterectomy}, removal of uterus and removal of the ovaries and maybe reconstruction surgery as well. With respect to males, it involves the removal of the penis and testes because they are obviously seeking to affirm and become a trans-female—a trans-girl, trans-woman—and will take associated pharmaceuticals for the development of breasts. We all know this. It is all on the public record and has been around now for some time. What has happened significantly, though, is that in recent times over the last couple of years, particularly overseas, there has been quite sea change. In summary, that sea change has been an awakening or an awareness of this major problem that has been identified of what is this rapid movement through affirmation process versus the more considered process. The more considered process used to be called "watchful waiting" but now it is referred to as a more careful, considered and multidisciplinary approach.

With that, I take you to the actual academic article. I just want to draw it to your attention because I won't have time to read it out. I take you to page 84 and I have highlighted a piece there, and I don't have time to read. I also draw your attention quickly to the highlighted part on page 89 and then, importantly, on page 91 going on to page 92, concluding paragraphs. Minister, with respect to the trans hub set of clinicians identified, and there are 83 of them, the situation is that there is a rapid progress of young people through at least the first two stages of puberty blocking and the cross-sex hormones. NSW Health, at the John Hunter Hospital, has a children's part of the hospital. Associated with it is a place called Maple Leaf House, which you may or may not be aware of. Maple Leaf House is located at No. 56 Stewart Avenue, Hamilton East, Newcastle. It promotes itself as being an affirmation facility with affirmation clinicians.

I have been informed by various individuals, particularly clinicians, that with respect to Maple Leaf House and children and young people presenting there, only after two to three medical appointments, they are moved on to the commencement of puberty-blocking medication. As I understand, it is the same situation for a number of these affirming doctors listed on the trans-hub part of the ACON website. This rapid movement is completely contra to what is happening overseas. You may be aware, Minister—and I know this is a particularly long lead-in explanation, but it is context for you—that in the United Kingdom most recently, after an interim review by an eminent paediatrician, from memory, Professor Cass, the Tavistock Institute in the United Kingdom which provided affirmation treatment for children and young people was closed down. I also draw to your attention, and you may know this already, that the cautious approach—and this is the cautious approach as opposed to the affirmation approach—is now part of the official guidance by the national treatment advisory bodies in Finland, Sweden, France and the United Kingdom. Specifically in Finland, it states:

... the recommendation is that among young people with gender dysphoria and significant psychiatric comorbidity no conclusions can be drawn on the stability of the gender identity of the child.

Minister, in plain sight for everyone is that there is a major, major issue and not just in New South Wales. Might I just say, the fact that this article is coproduced by four eminent clinicians from our own Children's Hospital at

Westmead, belling the cat on this challenge we have in Australia. I say to you, and I have said it to many other people, the epicentre of our problem in this country is the gender clinic at the Royal Children's Hospital in Melbourne.

Mr BRAD HAZZARD: Sorry, the gender clinic?

The CHAIR: Yes, the children's gender clinic at the RCH in Melbourne, headed by Dr Telfer. Can I say, Minister, and once again this is not a gotcha moment, but I have a piece of correspondence signed by you to a member of Parliament in New South Wales. The second paragraph states, "NSW Health supports holistic person-centred and evidence-based care to trans and gender-diverse people with appropriate consent and education safeguards". No-one can disagree with that. The correspondence continues: "The statewide service model of care aligns with accepted good practice in an Australian context including: ~~(4)~~"—and you specifically refer to, because I presume that this was the advice provided to you—"The Australian standards of care and treatment guidelines for trans and gender diverse children in adolescence." Minister, there is no such thing as Australian guidelines. Those guidelines were created by Dr Telfer at the Royal Children's Hospital in Melbourne. She called them the Australian guidelines, and they now have taken root as the Australian guidelines. They sit quite contra to what is best practice recognised around the world now with emerging growing evidence.

I pause there, it's a long introduction and I apologise, Minister. Can I say, it is something I feel very strongly about and actually have been following since 2016 when I first commenced collecting data through GIPAA's, not just at The Children's Hospital at Westmead but every children's hospital around Australia to see what the growing trend was. I have to say I have been completely unsuccessful in any attempts to advocate and draw this matter to the attention of senior people like Ministers and clinicians. But the sands are moving, the sands have moved and I am gravely concerned about what is happening specifically at Maple Leaf House in Newcastle. I am particularly concerned about a group of clinicians at the John Hunter Hospital who particularly are enamoured with the affirmation approach. With respect to Westmead, there appears to be, as one would think from reading that article, a more considered, holistic and careful approach being taken. I might leave my comments there.

Mr BRAD HAZZARD: I have heard what you said. This is the first time I have been made aware that the NSW Labor Party opposes the medical response that is currently being undertaken at Maple Leaf House or anywhere else for that matter. And I wasn't aware that NSW Labor was opposed to the \$12 million that goes to ACON or of the funding to ACON.

The Hon. MARK LATHAM: Hear, hear!

The CHAIR: Minister, just to jump in, just to be clear, I am speaking as a member of this Committee. I am not speaking on behalf of the NSW Labor Party. I am raising these issues as a member of the Committee.

Mr BRAD HAZZARD: Sorry, I thought it was the Labor members speaking and then it was crossbench members speaking and The Greens speaking.

The CHAIR: Yes, absolutely. I am a member of the Labor Party, and proudly so, but at the end of the day—

Mr BRAD HAZZARD: So, what is the Labor Party's position on this?

The Hon. MARK LATHAM: He's asking your position.

The CHAIR: I'm asking your—

Mr BRAD HAZZARD: I don't need your help. I don't need anything from you.

The CHAIR: Minister, I know what you are trying to do.

Mr BRAD HAZZARD: And actually, most people don't need anything from you.

The CHAIR: I can handle myself.

The Hon. MARK LATHAM: You needed your pills at lunchtime.

The CHAIR: I can handle myself. But, Minister—

Mr BRAD HAZZARD: You've had great success. Kim Beazley chucked you out of Cabinet. The next leader didn't want you back in Cabinet. You then went to an election and you lost it, seriously. You are now here, big time.

The Hon. MARK LATHAM: You have no idea.

The CHAIR: Minister, can I just invite you to come back to a very serious matter.

The Hon. MARK LATHAM: I've never been to ICAC, like you have.

Mr BRAD HAZZARD: Big time.

The CHAIR: Minister, these young women are having bilateral mastectomies in hospitals run by NSW Health—

Mr BRAD HAZZARD: Can I just say this, Mr Chair.

The CHAIR: I invite you—

Mr BRAD HAZZARD: I've heard your concerns, and you have clarified now that it is not a Labor Party concern, you are expressing your personal concern. What I will undertake to do—

The CHAIR: A personal concern, just to be clear, that I have ventilated with colleagues inside the Labor Party and in the Liberal Party and in the National Party and in the crossbench.

The Hon. MARK LATHAM: Hear, hear!

Mr BRAD HAZZARD: All I was going to say was, I'm happy to look closely at the issues you have raised and to take advice, obviously. I think that is appropriate from what you have asserted. But I have actually visited a number of these services and I think it is, as you rightly said at the beginning, a very complex issue, very complex worldwide.

The CHAIR: Absolutely.

Mr BRAD HAZZARD: I would point one thing out to you and that is ACON—you talked about the \$12 million, that is not for kids. ACON does a whole range of other services, including STIs and so on.

The CHAIR: I know, I am well aware what the organisation does. But TransHub—and if you go to the website you will see a whole lot of material regarding trans, as they refer to young trans people, and it is all leading into the part with respect to affirmation treatment. I think that is a matter of particular concern.

Mr BRAD HAZZARD: Again, I hear what you say, but up until this moment, and possibly going forward, I have remained very supportive of the services of ACON, very supportive of the services offered to often very confused youngsters through the clinical and, indeed, allied health multidisciplinary teams at both Westmead and John Hunter. I think the centre that you are talking about, I am very aware of that and I was always of the view they were doing a very good job—

The CHAIR: Westmead?

Mr BRAD HAZZARD: No, sorry. Westmead too, but also—sorry?

SUSAN PEARCE: Maple Leaf.

Mr BRAD HAZZARD: Maple Leaf House at Hamilton, as you have said. I have visited there.

The CHAIR: Yes. It's not been opened that long, particularly.

Mr BRAD HAZZARD: It opened probably about a year ago now—and I attended the opening. So I am very aware of all the issues you are talking about, but I agree it is complex. I have to be really forthright that it is such a complex issue, I am not sure that is an appropriate issue for me as a health Minister to determine; it is more the clinicians. I will query on the issues that you have raised because I think that is my obligation. But I am certainly not going to insert myself into what is the most complex of complex issues for youngsters who might be suffering from gender dysphoria, and I think worldwide, as you have said, there are varying views on the appropriate way to put it. I have sat with mums and dads who are just beside—

The CHAIR: No, that's not what I said at all, Minister. No, I have said that there is a distinct movement away from what was hitherto seen as the—

Mr BRAD HAZZARD: I understand what you said.

The CHAIR: No, let me finish—orthodoxy to now opposing that orthodoxy and I use the example of the closure of The Tavistock Institute in the United Kingdom, the complete closure of a clinic which treated all children and young people in the United Kingdom, along with changes with respect to procedures in Finland, Sweden, and I can go on. So, don't misunderstand me. This is not just, there's different views around the world. Of course, there are different opinions on everything. But I am talking about a sea change which has taken place and while that is happening in Australia in our six States and two Territories, I submit that we—when I say "we", I mean collectively, not you or the department, but we as Australians—are asleep at the wheel.

Mr BRAD HAZZARD: As I said, you have raised the issues with me, Mr Chair—