

TO: [hiv-aids@who.int](mailto:hiv-aids@who.int)

Re: WHO announces the development of a guideline on the health of trans and gender diverse people

Dr. Tedros Adhanom Ghebreyesus, Director General, WHO  
Sr. Jeremy Farrar, Chief Scientist, WHO  
World Health Organization  
Avenue Appia 20  
1202 Geneva

January 8, 2024

Dear Dr. Tedros and Sir Jeremy,

The Heritage Foundation respectfully submits this comment out of concern for people who struggle with gender confusion or gender dysphoria, particularly minors. The best way to identify effective medical treatments for a health condition is to examine the evidence from science and medicine without precommitments to any outcomes. In contrast, the WHO's process for developing guidelines on the health of "transgender and gender diverse" people should be characterized by open, searching inquiry into the evidence.

The WHO invited civil society to provide views on the 21 members of the Guidelines Development Group (GDG). After reviewing the biographies of the GDG members, we are deeply concerned that they have ideological precommitments to a highly controversial and contested standard of care. The "gender-affirming" model treats patients suffering from gender dysphoria with experimental, invasive, and irreversible measures on their bodies, including through hormones and surgeries. The WHO announcement also expresses a precommitment to this approach in the 5 areas of the GDG's work:

- 1) provision of gender-affirming care, including hormones;
- 2) health workers education and training for the provision of gender-inclusive care;
- 3) provision of health care for trans and gender diverse people who suffered interpersonal violence based in their needs;
- 4) health policies that support gender-inclusive care, and
- 5) legal recognition of self-determined gender identity.

The description of these areas betrays a clear ideological conflict of interest, and, as such, is deeply concerning. The biographies of the GDG members suggest that an ideological commitment to gender-affirmation is the purity test for membership in this GDG. This ideological conformity does not reflect the vigorous global debate among medical professionals and national health authorities around the world regarding the correct standard of care for gender dysphoria.

The GDG does not include a single medical professional who is critical of “gender affirmation,” nor does the composition of the GDG reflect the diversity of viewpoints and experiences of those who struggle with gender dysphoria. A growing number of detransitioners, for instance, regret the invasive procedures that gender-affirming doctors performed on them. These procedures have created permanent harms, including infertility and sterility. In the U.S., a number of detransitioners have filed medical malpractice lawsuits against doctors and health insurance companies. Such lawsuits are likely to proliferate in the next few years, as the weak evidential basis for these interventions becomes more widely known. Many such detransitioners now support legislation to limit hormonal and surgical interventions on minors.

Furthermore, the composition of the GDG fails to demonstrate concern for understanding the root causes of gender dysphoria, particularly the rapid rise of gender distress among young people in Western nations. If it is concerned about an intellectually honest and rigorous examination of these issues, and its future reputation, the WHO should change the composition of the GDG and include medical professionals, mental health experts, and detransitioners who represent alternative viewpoints on gender dysphoria and related issues. If, instead, it pursues what is, at the moment, a manifestly biased GDG, it should expect resistance from member states.

### **1. An inappropriate reliance on the World Professional Association of Transgender Health (WPATH):**

The following GDG members have past or current affiliations to the World Professional Association of Transgender Health (WPATH): Chris McLachlan, Gail Knudsen, Sanjay Sharma, Walter Bockting, and Walter Bouman.

The World Professional Association for Transgender Health is an activist organization, not merely a professional association. It defines gender as follows:

Depending on the context, gender may reference gender identity, gender expression, and/or social gender role, including understandings and expectations culturally tied to people who were assigned male or female at birth. Gender identities other than those of men and women (who can be either cisgender or transgender) include transgender, nonbinary, genderqueer, gender neutral, agender, gender fluid, and “third” gender, among others; many other genders are recognized around the world.<sup>1</sup>

This is not definition, but rather confusion. “Gender” is tied to other characteristics such as identity or role, but the term itself is not explained. Nonetheless, one may infer that, according to WPATH, “gender” is divorced from the male/female sex binary, is malleable, and is culturally constructed.

WPATH’s definition of gender identity refers to a person’s “deeply felt internal, intrinsic sense of their own gender.” From this, we know that WPATH members consider gender to be subjectively perceived, and therefore determined solely by a person’s self-report. And gender identity advocates describe gender identity as a continuum, although some have suggested it to be a “patchwork.” How one picks two points within a continuum to define “male” or “female” is not explained.

It is a fact that a growing number of young people suffer from gender confusion. Some percentage of them may have gender dysphoria. But WPATH’s definitions divorce subjectively felt “genders” from reproductive physiology.

Sex is binary and not a spectrum. It is based on the orientation of male and female bodies for reproduction, and not on subjective feelings.<sup>2</sup> Medicine and science have recognized this for centuries. While gender dysphoria can be treated through counseling and psychotherapy, there is no possibility of “sex change” since sex is an immutable characteristic. “Gender-affirming care” only seeks to change the body’s physical appearance, but it cannot alter a person’s sex.<sup>3</sup> The reality that sex change is not possible is deeply disappointing to many individuals who have undergone hormonal and surgical interventions. They experience deep regret and painful consequences. Yet, the gender affirming model and WPATH does not acknowledge the very real possibility of regret and dissatisfaction with procedures that have only a cosmetic effect.

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<sup>1</sup> E. Coleman, et al., Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, Int’l J. of Transgender Health, 2022, Vol. 23 No. S1, at S252.

<sup>2</sup> See Jay W. Richards, “Why States Must Define Sex Precisely,” *Public Discourse*, March 30, 2023, <https://www.thepublicdiscourse.com/2023/03/88194/> (accessed January 4, 2024).

<sup>3</sup> Ryan T. Anderson, “Sex Reassignment Doesn’t Work. Here Is the Evidence,” *The Daily Signal*, March 8, 2018, <https://www.dailysignal.com/2018/03/08/sex-reassignment-doesnt-work-evidence/> (accessed January 5, 2024).

## **2. WHO’s Guidelines should be based on objective evidence from science and medicine.**

WHO should prioritize the health of gender dysphoric individuals, especially youth and children, by crafting guidelines based on objective evidence from medical and scientific study.

Recently, Dr. Marci Bowers (the surgeon for Jazz Jennings’s much-lauded “transition”) and trans-identified psychologist Dr. Erica Anderson publicly recognized the suppression of dissent from gender-affirming practices, admitted the poor understanding of the lifelong impacts (particularly lost fertility) from those practices, and predicted that years of “sloppy healthcare work” would lead to an increase in those regretting their “transition.”<sup>4</sup>

Today, the science behind gender affirmation treatments is still wanting, despite transgender advocates insisting that the medicalized gender affirmation model rests on broad consensus and is the sole ethical approach.

Against this, several member-states of the WHO that were once at the forefront of gender affirmation—such as Sweden, Finland, the Netherlands, Norway, and the United Kingdom—are in various stages of retreat from the drugs and scalpels of “gender-affirmation” and toward psychotherapy as the first-line response to confusion about sex and gender.<sup>5</sup>

In the U.S., 22 American state legislatures examined extensive evidence of the risk and harm coming from gender-affirming treatments and wisely regulated or restricted gender-affirming medical procedures and drugs.<sup>6</sup> The thoroughness with which legislators have considered the evidence is typified by Florida’s Medical

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<sup>4</sup> Abigail Shrier, Top Trans Doctors Blow the Whistle on ‘Sloppy’ Care, The Free Press (October 4, 2021), <https://www.thefp.com/p/top-trans-doctors-blow-the-whistle>.

<sup>5</sup> Joshua Cohen, Increasing Number of European Nations Adopt a More Cautious Approach to Gender-Affirming Care Among Minors, Forbes (June 6, 2023, 7:28 PM), <https://www.forbes.com/sites/joshuacohen/2023/06/06/increasing-number-of-european-nations-adopt-a-more-cautious-approach-to-gender-affirming-care-among-minors/?sh=7466c71a7efb>. See also Leon Sapir, Yes, Europe is Restricting “Gender-Affirming Care,” City Journal (Feb. 13, 2023) <https://www.city-journal.org/article/yes-europe-is-restricting-gender-affirming-care> (rebutting claims that Europe was not backtracking on gender-affirming treatments) and Stephen B. Levine and E. Abbruzzese, Current Concerns About Gender-Affirming Therapy in Adolescents, 15 Current Sexual Health Rep. 113 (2023), <https://doi.org/10.1007/s11930-023-00358-x> (cataloging concerns about expanding use of hormones and surgery to resolve youthful gender dysphoria).

<sup>6</sup> Biological Integrity, <https://biologicalintegrity.org/> (last visited January 5, 2024).

Standards on Treatment of Gender Dysphoria.<sup>7</sup> Unsurprisingly, gender identity advocates responded with lawsuits, but recent federal appellate court decisions have upheld these regulations.

The current protocols of “gender affirming care” are based on a poorly designed and very limited study. But through the advocacy of associations such as WPATH, experimental procedures are treated as preferred interventions for many if not most children suffering from gender dysphoria.

Unfortunately, WPATH discounts the evidence that has compelled several national governments in Europe and American states to reverse course on a standard of care that promotes “gender-affirmative care.”<sup>8</sup>

**3. Exclusion of those who oppose so-called gender affirming care will almost certainly ensure an outcome document that whitewashes the many risks of “gender-affirming care,” particularly for children.**

Many concerned physicians, mental health professionals, academics, parents, and others have been independently challenging the flaws and false promises of gender identity ideology with sound science, reason, and compassion. To mention just a few that are credibly countering gender identity ideology’s claims:

- Society for Evidence-Based Gender Medicine is an association of over 100 clinicians “concerned about the lack of quality evidence for the use of hormonal and surgical interventions as first-line treatment for young people with gender dysphoria.”<sup>9</sup>
- Do No Harm Medicine is an association of over 6,000 medical professionals and concerned citizens intent on protecting “healthcare from a radical, divisive, and discriminatory ideology.”<sup>10</sup>
- Genspect is an international coalition of over two dozen organizations comprised of “professionals, trans people, detransitioners, and parent groups

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<sup>7</sup> Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria (June 2022), <https://bit.ly/FloridaGenderRxMedicalStandards>.

<sup>8</sup>For example, see Jennifer Block, “Youth gender medicine has become a hall of mirrors,” *The Boston Globe*, November 7, 2023 at <https://www.bostonglobe.com/2023/11/07/opinion/gender-affirming-care-trans-kids/> (accessed January 5, 2024).

<sup>9</sup>Society for Evidence Based Gender Medicine at [www.segm.org](http://www.segm.org) (accessed January 5, 2024).

<sup>10</sup> Do No Harm at [www.donoharmmedicine.org](http://www.donoharmmedicine.org) (accessed January 5, 2024).

who work together to advocate for a non-medicalized approach to gender diversity.”<sup>11</sup>

- 4thWaveNow is a website taking a gender-critical view where many “give voice to an alternative to the dominant trans-activist and medical paradigm currently being touted by the media.”<sup>12</sup>
- Biological Integrity provides “reliable medical resource[s] on the topic of gender dysphoria for parents, teens, physicians, schools, and policymakers.”<sup>13</sup>

These organizations represent views from the secular left to Christian conservatives. Yet they find a common cause in critically assessing and rebutting the poor science and dangerous medicine fostered by gender identity ideology.

WHO appears to have sidelined medical experts who question the gender-affirmative care approach that WPATH recommends. This is unfortunate as there are noninvasive therapies for those suffering from gender dysphoria which can lead to their increased health and well-being.

WHO is the United Nations agency responsible for promoting health, keeping the world safe and serving the vulnerable. Respectfully, we ask that you reconsider the composition of the GDG and add experts who focus on the objective evidence from science and medicine in treating individuals who struggle with their sex and gender. WHO is undertaking an important endeavor in developing this new guidance, and individuals deserve guidelines devoid of ideology and grounded in objective evidence.

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<sup>11</sup> Genspect at [www.genspect.org](http://www.genspect.org) (accessed January 5, 2024).

<sup>12</sup> 4thWaveNow at <https://4thwavenow.com/> (accessed January 5, 2024).

<sup>13</sup> Biological Integrity at <https://biologicalintegrity.org/> (accessed January 5, 2024).