Submission to AHRC

Leaked Files from the World Professional Association for Transgender Health should discredit its influence and all its professional associates.
On March 4, files were released of screen shots of 'semi-private conversations' that had been exchanged, from 2021 to 2023, between members and leaders of the World Professional Association for Transgender Health (WPATH) on the organisation's 'internal on-line forum for discussing specific medical cases', and transcripts of an Identity Evolution Workshop held on May 6, 2022. WPATH has been perceived by medical organisations and various governments throughout the world as an authority on transgendering issues. Thus, since its inception in 2007 it has greatly influenced, if not directed, the medical pathways of 'affirmation' to a desired gender incongruent with chromosomes, and it has influenced various legislatures which have criminalised the contrary efforts of seeking reconciliation between mental desires and biological facts.

The executive summary is emphatic: 'gender medicine in neither science nor medicine'. It is an 'experiment' in which 'members demonstrate a lack of consideration for long-term patient outcomes despite being aware of the debilitating and potentially fatal side effects of cross-sex hormones and other treatments'. It proclaims 'WPATH advocates for many arbitrary medical practices including hormonal and surgical experimentation on minors and vulnerable adults. Its approach to medicines is consumer driven and pseudoscientific and its members appear to be engaged in political activism, not science'.

Regarding 'informed consent'.

Children's hospitals conducting hormonal and surgical 'affirmation' of children confused about gender into an identity incongruent with their chromosomes proclaim they take much effort in ensuring the confused children are fully informed about the interventions they are about to undergo. In one gender clinic of a major children's hospital in Australia, children as young as nine are invited to undergo preparatory counselling for the administration of 'puberty blockers' which will interrupt the hormonal cascade from their brain to their gonads, 'neutering' the process of puberty in order, it is argued, to give the child longer time to make a mature decision on his or her sexual and reproductive future.

The clinics assure, repeatedly and publicly, that the effects of the blockers are 'safe and entirely reversible'. But the private communications of WPATH reveal that members do not believe they can impart life-changing concepts to children regarding their future sexuality and reproductive capacity and how these will be irrevocably altered by the hormones and surgery they are about to undergo.

One prominent member of WPATH and contributor to its guidelines, psychologist Dianne Berg, explained children and adolescents could not be expected to understand the effects of 'affirmation' because it is 'out of their developmental range to understand the extent to which some of these medical impacting them…they say they understand but then they'll say something else that makes you think, of, they didn't really understand that they are going to have facial hair'.

Another leader, Daniel Metzger, Canadian endocrinologist concurs that therapists are 'often explaining these sorts of things to people who haven't even had biology in high school yet'. In reference to WPATH guidelines where 'it's encouraged and ethical to talk about fertility preservation options' because puberty blockers followed by cross-sex hormones 'will eliminate the development of their gonads producing sperm and eggs', Metzger responded that 'its always a good theory that you talk about fertility preservation with a fourteen year old, but I know I am talking to a brick wall'.

Yet another prominent member of WPATH added that the challenge of explaining the life-long implications of sterilisation inherent in 'affirmation' had her 'stumped'. And the Canadian prescriber of hormones, Metzger appears to have sympathised, declaring 'most of the kids are nowhere in any kind of a brain space to really talk about it in a serious way'.

Here it should be emphasized that the phrase 'informed consent' appears to have an alternate meaning for WPATH. Normally, the term would encompass a full sharing of knowledge of the tested benefits and known side effects of any therapy, based on biological plausibility, substantiated by controlled trials. Any intervention would be constrained by the principle of 'first doing no harm' and all would be predicated on the conviction that the patient and or carer fully comprehended all the issues.

To WPATH, of the four components of medical ethics (beneficence, non-maleficence, justice and autonomy) autonomy would appear to be paramount, reducing the term 'informed consent' to the mechanical level of consumer and provider: the patient *'informs'* the doctor about which bodily modification is being sought and it is then the doctor's role to '*consent'* to administer the appropriate hormones and surgery

Regarding the ability to provide informed consent.

That the mental state of the driving consumers might not be conducive to the making of wise decisions regarding future sexuality and fertility, and the intimate relations involved is rejected by members of WPATH. One nurse practitioner reported to the forum she was 'perplexed' about the ability of one of her patients to make a rational decision about hormones and surgeries given he was suffering from a combination of PTSD, major depression, observed dissociations and schizoid traits. However, a lead author of WPATH's most recent Standard of Care' replied 'I am missing why you are perplexed…the mere presence of psychiatric illness should not block a person's ability to start hormones if they have persistent gender dysphoria, capacity to consent and the benefits of starting hormones outweigh the risks.'

The issue of 'dissociations' should be clarified: they pertain to 'dissociative identity disorder' (DID), once known as 'multiple personality disorder', which alleges that the mind of a sufferer might be comprised of two or more separate personalities which can rise and fall in dominance to exert their own, often contending, manifestations. DID appears not enjoy widespread recognition in psychiatric circles and, for some, it appears, in retrospect, to have been more of an iatrogenic 'social contagion' inspired by such movies as 'The Three Faces of Eve'.

Nevertheless, DID lives on the realms of WPATH where it offers a challenge to transgendering physicians not because such mental turmoil might, per se, preclude wise decisions regarding future sexuality but because lack of consensus amongst the 'alters' (as the individual personalities are known) might result in unfortunate law suites in the future. One psychologist member emphasised 'it is imperative to get all the alters who would be affected by HRT (hormone therapy) to be aware and consent to the changes…Ethically, if you do not get consent from all alters you have not really received consent and you may be open to being sued later, if they decide HRT or surgery was not in their best interests'. Intriguingly, one member suggested 'apps' could be created through which the alters could communicate.

Ultimately, the consensus of advice given by leaders to the 'perplexed' was the paramountcy principle that gender dysphoria trumps other mental disturbances and that objections to its

hormones and surgery constituted unnecessary 'gate keeping'. One WPATH leader assured that his patients with DID, major depressive disorder, bipolar and schizophrenia 'do just fine' on hormone therapy. Furthermore, the leader assured that removing the testicles of one homeless man made a 'huge difference' to his lifestyle. The files provide no assurance: it can only be hoped the therapist had the support of the alters.

Regarding information not provided for really informed consent.

The most shocking revelation in the files concerns the effect of puberty blockers on subsequent sexuality and fertility. And here it should be repeated that, from the Tavistock centre in London, the Royal Children's Hospital in Melbourne, it is continuously and vigorously asserted that 'blockers are safe and entirely reversible'.

Yet on January 31, 2020, Marci Bowers, President of WPATH, replied to a question 'regarding orgasmic responses and fertility' of those administered puberty blockers. She replied 'The fertility question has no research that I'm aware of as puberty onset allows for fertility options while blockers preclude those opportunities.

The orgasmic response question is thornier and observational based largely upon the growing cohort of puberty blocked individuals seeking gender affirming surgical care years later…To date, I'm unaware of an individual claiming ability to orgasm when they were blocked at Tanner 2.'

Emphasising the experimental nature of the transgender of children she further explained 'Clearly this number needs documentation and the long term sexual healthy of these individuals needs to be tracked. Again, puberty blockade is in its infancy…'.

Though fertility and anorgasma are major issues that were, at least, raised for discussion, other major effects of puberty blockers were ignored, and these relate to their effect on the brain. The forum was aware of the reproductive role of the blocked hormone, GnRH, which is produced in the hypothalamus to stimulate the pituitary to stimulate by means hormones the distant gonads to produce eggs and sperm and also the sex hormones, oestrogen and testosterone, which evoke secondary sex characteristics in the body including the brain.

But, not only has that 'vertical' role from brain to gonads, it also has a stimulating, invigorating, horizontal role on the brain itself which has been revealed in many studies on animals and humans, including the most recent revelation, from international research based in France that the brains of sufferers of Down Syndrome suffer from progressive dementia because they lack GnRH. With its replacement, cognition has been shown to improve in both animal and human studies.

Regarding other information that is not widely shared with the general public.

First, no member questioned the role of cross sex hormones on the brain, though it was generally agreed they would be administered as long as identity incongruent with chromosomes was pursued. Two long standing studies have revealed that adult male brains exposed to oestrogen shrink at a rate much faster than ageing, while female brains on testosterone hypertrophy.

Second, members discussed the complications of gender confirming surgery from a case of life taking infection, to pain, discharge, incontinence, and malfunction. It was noted that in the creation of an ersatz female from a natal male, a transplanted length of intestine might be needed to deepen the hole whose walls comprised inverted scrotal and penile skin. The need for dilation of this sexual cavity was emphasised, for it needed to be performed for lengthy periods each and every day to

prevent stenosis (narrowing by fibrous tissue reaction. Difficulties in creating an ersatz penis from a skin graft were also noted, but these, too, are not widely published for the general population for whom a much smoother picture is painted.

Third, members did not explore the fact that suicide is much higher in transgendered people: 19 times higher than the national rate in one European study. 'Regret' for lost fertility was considered but there was no in-depth consideration for the growing phenomenon of transgendered people coming to conclude they had made a large mistake.

The party line for both suicide and regret is 'minority stress' in which an unaccepting population is alleged responsible for depression in the transgendered. That the role of co-morbid psychiatric disease, the iatrogenic effect of hormones on the brain, and the complications of surgery have not lead to 'gold' at the end of the rainbow, resulting in regret and suicide are not considered.

Guilt by association.

WPATH has exerted a profound influence on gender clinics, gender activists and vulnerable parliaments. The revelations in the voluminous collection of files should embarrass all those institutions who were content to be lead by that organisation and its 'associates'. Notably, the Royal Hospital for Children (RCH) declares a 'Professional Association' on its website. Indeed, RCH would appear to be more than an 'associate' for it appears to be responsible for a major change in WPATH's "Standards of Care…the abandonment of age restrictions for transgendering 'affirmation'.

While the authors of the so-called 'Australian Standards of Care and Treatment Guidelines', based in RCH gender clinic, declare them to be based 'primarily' on 'previously published standards of care from …WPATH…(and other sources), which were used as a 'general guide'', they objected to the age limits set by WPATH.

As a result, according to 'A history of trans health care in Australia', published in 2022 and available on the RCH website, the Melbourne gender clinic has consistently worked with any children and young people under the age of 17' and had concluded, contrary to WPATH's restriction of prescription of cross sex hormones before the age of 16, that such 'delays could cause unnecessary stress…particularly as peers went through puberty'.

Thus, the so-called 'Australian Guidelines' declare no age restrictions: puberty blockers may be given when the therapist observes 'significant distress' in a child entering puberty (which may occur in a girl as young 8 years and a boy by 9). The time for administration of cross sex hormones 'depends on the individual seeking treatment and their unique circumstances'. The best time for mastectomies, euphemistically named 'chest reconstructive surgery', is imprecise but proclaimed to be in 'alignment' with WPATH guidelines which report the procedure 'is performed across the world in countries where the age of majority for medical procedures is 16 years. Reporting that genital surgery 'performed before the age of 18 years remains relatively uncommon internationally' the guidelines advise delay until 'adulthood.hey are based 'primarily on 'previously published standards of care from …WPATH…(and other sources), which were used as a 'general guide''. However, WPATH suggested certain age limits on the progression of a gender confused child through the stages of affirmation.

Given the prestige of RCH it is no wonder that Victorian parliamentarians were influenced to pass a Change and Suppression Act which has criminalised any activity that intends to bring about reconciliation between the feelings of a confused young person and his or her biologically

determining chromosomes. It is a shame the WPATH files were not around when that legislation was passed with almost unanimous support by leading political parties in that and other states. Perhaps the revelation of sterility and anorgasma, plus mind altering hormones, plus the side effects of surgery, plus the reported high rates of suicide, all inflicted with the support of their legislation, when it has been reported for many years that most of these castrates would have made peace with their chromosomes with the help of psychotherapy, psychiatry and social support…might have curbed their enthusiasm. But it is never too late to read the Files and change the mind.

Prof John Whitehall