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**RE: WHO - GUIDELINE ON THE HEALTH OF TRANS AND GENDER DIVERSE PEOPLE
Addendum to our January 7th submission**

February 1st, 2024

Dear WHO representatives,

In continuation of our submission dated January 7th, we, an international alliance of parental organisations, remain committed to advocating for safe, compassionate, ethical, and evidence-based healthcare for children, adolescents, and young adults with gender dysphoria. Our submission reflects the collective concerns of thousands of families globally, addressing issues surrounding “Gender Affirming Care” (GAC).

With this addendum, we wish to bring additional attention to the vulnerable cohort of young people between 18-24, as well as address the ideological bias behind the Guideline Development Group composition, as exposed in the press¹ since January 7th.

During the initial submission period, many associations of medical professionals, LGBT activists, feminists including UN Special Rapporteur on Violence against Women and Girls and stakeholders reached out to WHO in open letters and through the media, echoing our concerns regarding the biased composition of the Guideline Development Group, the ideological language of the announcement itself, the rushed process, and the short public comment submission period over a holiday.

On January 15th, WHO amended their original announcement.

We appreciate that WHO has considered some of the concerns and critiques raised by different organizations internationally, such as ours, resulting in its extension of the public comment submission period. **We support WHO’s decision to open the GDG to additional voices and wish to insist again on the importance of including scientists and professionals who question and critique the Affirmative Model of Care** (“social, hormonal, surgical transition”) and advocate for other models of care for “gender dysphoric” and “gender confused” young adults and adults, such as psychosocial support.

¹ Daily Mail, January 9th, 2024, REVEALED: HALF of the WHO's transgender health committee members have NO medical background and the majority are activists <https://www.dailymail.co.uk/health/article-12940493/HALF-WHOs-transgender-health-committee-members-NO-medical-background-majority-activists.html>

Daily Mail, January 16th 2024, “Radical trans activist is quietly removed from new WHO transgender health panel - after calling for children to be rushed onto puberty blockers” <https://www.dailymail.co.uk/health/article-12969191/Win-DM-com-World-Health-Organization-quietly-removes-transgender-extremist-panel-gender-dysphoria-story.html>

We particularly welcome WHO's January 15th announcement (in the FAQ) that *"the scope [of the Guideline] will cover adults only and not address the needs of children and adolescents, because on review, the evidence base for children and adolescents is limited and variable regarding the longer-term outcomes of gender affirming care for children and adolescents."*

Our original submission focused on children and adolescents, precisely because, as stated in your FAQ, *"on review, the evidence base is limited and variable"*. This has been demonstrated by the systematic reviews of evidence conducted in Sweden, the UK and Florida. But as parents of young adults who have expressed their desire to be of the opposite sex or expressed a "diverse gender identity", we wish to draw attention to important facts regarding this special group. While a minority of our children and relatives declared their "gender diverse identity" after 18, **most of them engaged in "Gender Affirming" hormonal treatment and surgeries after their 18th birthday.**

- Studies demonstrate that **young adults (18-24) are the main group expressing a "transgender" or "gender diverse" identity today.** A PEW research from June 2022 notes that:

"Adults under 30 are more likely than older adults to be trans or nonbinary. Some 5.1% of adults younger than 30 are trans or nonbinary, including 2.0% who are a trans man or trans woman and 3.0% who are nonbinary. [...] **The share of U.S. adults who are transgender is particularly high among adults younger than 25.** In this age group, 3.1% are a trans man or a trans woman, compared with just 0.5% of those ages 25 to 29."² *(our highlight)*

This research is corroborated by a Williams Institute study³ of June 2022 which finds that **43% of all trans identifying people in the USA are under 25.** Last year, Ipsos conducted a world-wide survey which found that:

"When asked about their gender identity, 1% on average globally describe themselves as transgender, 1% as non-binary, gender non-conforming, or gender fluid, and 1% as neither, but differently from male or female. There are also large differences between younger and older adults when it comes to their propensity to describe themselves as any of these. This is the case of 6% of Gen Zers and 3% of Millennials, compared to 1% of both GenXers and Boomers. And the gap is growing: +2 percentage points since 2021 among both Gen Zers and Millennials vs. +1 point or less among Gen Xers and Boomers."⁴ *(our highlight)*

This skyrocketing rise is recent⁵, **heightening the hypothesis of a social contagion.**

- In the countries where it is legally possible to change one's sex marker on official

² Pew Research Center, June 7th 2022 - <https://www.pewresearch.org/short-reads/2022/06/07/about-5-of-young-adults-in-the-u-s-say-their-gender-is-different-from-their-sex-assigned-at-birth/>

³ Williams Institute, Jody L. Herman Andrew R. Flores Kathryn K. O'Neill "How many adults and youth identify as transgender in the USA", June 2022 <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf>

⁴ Ipsos survey, June 1st 2023, <https://www.ipsos.com/en/pride-month-2023-9-of-adults-identify-as-lgbt>

⁵ New York Times, "Report Reveals Sharp Rise in Transgender Young People in the US", June 10th 2022 - <https://www.nytimes.com/2022/06/10/science/transgender-teenagers-national-survey.html>

documents, i.e. **Self ID or “legal recognition of self-determined gender identity”**, under 25 identifying as trans constitute the majority of the requests. For instance, in Switzerland, Self-ID was enforced on January 1st, 2022. That year, **53% of the people who used this option were aged between 15-24,**⁶ with a majority being 20-24⁷.

- **Young adults (18-24) today are also the main cohort consulting gender health professionals and getting GAC hormonal treatments and surgeries** - mostly “GAC double mastectomies” (see original January 7th submission’s appendices + additional appendices), hence confirming the iatrogenic nature of social/legal transition as pointed out in the Interim Cass Review report⁸.
- Importantly, **the rise in detransitioners** (people who regret their medical gender affirming treatment) and desisters (people who stop identifying as trans or gender diverse) **within the 18-24 age group raises concerns about the long-term outcomes and potential risks associated with GAC**. As evidenced by the numerous testimonies on <https://www.reddit.com/r/detrans>, on <https://post-trans.com>, on <https://www.piqueresproject.com>, in recent documentaries (*The Trans Train*, *The Lost Boys: searching for Manhood*, *Dysphoric: Fleeing womanhood like a house on fire*, in numerous interviews online (*Rebelles du Genre* (France), *The Boyce of reason*), in the many testimonies given to different bodies of the US government in the past years, as well as the ones covered in the international press (see appendices). An in-depth Reuters investigation from December 2022 indicated that though the real percentage of detransitioners is not known precisely, far from the “1%” figure often repeated by proponents of the Affirmative Model of Care, some U.S. data suggest that the rate of medical detransition [has reached ~30%](#)⁹.
- **The maturation of the pre-frontal cortex by age 25**¹⁰, which helps guide decision making, **coupled with the documented increase in mental health disorders** among adolescents and young adults¹¹, especially among “gender diverse” youth¹²,¹³,¹⁴, **emphasizes the vulnerability of this specific cohort.**

Given the specificity of the 18-24 cohort, which is most likely to identify as trans or gender diverse, most likely to make use of legal Self-ID, most likely to undergo hormonal or surgical GAC, most found amongst the rising cohort of detransitioners, with a pre-frontal cortex still developing, while mental health disorders are rising in this population and that trans and gender diverse youth particularly suffer from various comorbidities, **it is essential that WHO keeps differentiating 18-24 young adults from adults over 25**. Indeed, if adulthood starts in most countries at 18, WHO already judiciously groups young adults below 25 in the

⁶ Swiss Federal Office of Statistics, press release, legal sex changes 2022, 20.03.2023,

<https://www.bfs.admin.ch/bfs/fr/home/statistiques/catalogues-banques-donnees.assetdetail.24325586.html>

⁷ Swiss Federal Office of Statistics, graphs, legal sex changes 2022, 20.03.2023

<https://www.bfs.admin.ch/bfs/fr/home/statistiques/catalogues-banques-donnees.assetdetail.25685788.html>

⁸ The Cass review <https://cass.independent-review.uk>

⁹ A Reuters special report, part IV, why detransitioners are crucial to the science of gender care, December 22 2022

<https://www.reuters.com/investigates/special-report/usa-transyouth-outcomes/>

¹⁰ <https://www.scottishsentencingcouncil.org.uk/news-and-media/news/research-indicates-the-brain-does-not-fully-mature-until-you-are-at-least-25>

¹¹ <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

¹² Kaltiala-Heino, R, Sumia, M, Työläljärvi, M, Lindberg, N. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child Adolesc Psychiatry Ment Health* 2015; 9(1): <https://www.ncbi.nlm.nih.gov/pubmed/25873995>

¹³ Holt, V, Skagerberg, E, Dunsford, M. Young people with features of gender dysphoria: demographics and associated difficulties. *Clin Child Psychol Psychiatry* 2016; 21: 108–18. <https://www.ncbi.nlm.nih.gov/pubmed/25431051>

¹⁴ van der Miesen, AIR, de Vries, ALC, Steensma, TD, Hartman, CA. Autistic symptoms in children and adolescents with gender dysphoria. *J Autism Dev Disord* 2018; 48: 1537–48 <https://www.ncbi.nlm.nih.gov/pubmed/29189919>

young people category when addressing health dangers¹⁵.

Finally, the evidence regarding the longer-term outcomes of GAC for young adults and older adults is just as limited and variable as for children and adolescents. The data on long-term benefits is lacking and the complication rates of surgeries is alarming.

Indeed, as stated in our initial submission, the Gender Affirming Model of Care (Self-ID and social, hormonal and surgical “transition”) is the subject of a heated debate amongst medical professionals. **Given the experimental nature of GAC, the irreversible consequences of the GAC treatments on psychological, physical, sexual and reproductive health, we believe it is not ethical to engage young people in such a controversial process.**

Due consideration must therefore be given to whether trans-affirmative medical practice applied to young adult is compatible with fundamental medical-ethical guidelines and with the protection due to this particularly vulnerable population.

On this basis, we advocate for the exclusion of the 18-24 age group from the Guideline.

While our original submission centered on children and adolescents, we request WHO to maintain consideration for it, as this group is most likely to initiate GAC between the ages of 18 and 25.

Additionally, **we urge WHO to conduct systematic reviews of evidence of hormonal and surgical GAC** for young people, as well as for adults. We add that any Guideline on Self-ID should be addressed separately from access to GAC, and include in its GDG women’s rights organisations, LGB organisations, law enforcement and safeguarding specialists.

Health care should be based on science, not ideology.

That is why we urge WHO to address the overarching issue of ideological capture.

Indeed, the whole process behind the Guideline highlights a more serious issue at the heart of WHO.

- WHO’s original announcement was grounded in the Affirmative Model of Care, without any hint of the actual heated international debate and controversies surrounding both GAC and Self-ID.
- The composition of the GDG was openly heavily biased towards the Affirmative Model of Care, having invited WPATH members as well as radical activists. This selection illustrates a serious failure of conduct from WHO’s Guideline Steering Committee.

The Affirmative Model of Care promoted by WHO is not evidenced-based and is a unique model of care based on the patient’s self-diagnostic.

In its 2022 revised **Guideline on Self-Care**, WHO’s new *key consideration* on GAC (chapter 3.5.5) were as follows:

- **The principles of gender equality and human rights in the delivery of quality gender-affirming hormones are critical to expanding access to this important intervention** and reducing discrimination

¹⁵ Risques pour la santé des jeunes, rapport du secrétariat, 28 avril 2011, OMS
https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_25-fr.pdf

based on gender identity.

- Transgender and gender-diverse people live within social, legal, economic and political systems that place them at high risk of discrimination, exclusion, poverty and violence.
- **Research is urgently needed to support evidence-driven guidance.**

While we agree with the last recommendation, we fear that any evidence admitted by the GDG would have to conform to the Affirmative Model of Care, as the recommendations ask to expand access to hormones, before conducting evidence-driven research, and are based on the following argument:

“Holistic care for transgender and gender-diverse individuals is critical, yet too often unavailable. **Health systems must be designed to support individuals to seek the interventions they desire in affirming their gender identity**” (Self-Care Guideline, WHO, 2022, p.54)

While Self-Care is essential and should be encouraged for all, it is highly contentious and cynical to categorize the Affirmative Model of Care as Self-Care. Access to hormones and surgery based on self-diagnosis of trans or gender diverse identity is not Self-Care in any shape or form. This recommendation runs contrary to the holistic approach advocated in introduction to the Self-Care Guideline:

“This guideline is grounded in and advocates a strengthened, comprehensive, people-centred approach to health and well-being, including for SRHR. This approach is underpinned by the key principles of human rights, ethics and gender equality. **People-centredness requires taking an holistic approach to the care of each person, taking account of their individual circumstances, needs and desires across their whole life course, and taking account of the environment within which they live.**”

When it comes to health care recommendations for people who identify as “trans or gender-diverse”, why is WHO going against its own standards of **ethics, human rights and gender equality**? The Affirmative Model of Care, which insists on self-diagnostic, elective medical treatments, including surgeries, and legal “self-determination of gender-identity”, runs contrary to any standard medical procedures, and the Hippocratic oath of “first do no harm”.

We are confident that WHO will agree with us that **young people and adults who express discomfort about their bodies and gender deserve to be treated with the same care and according to the same ethical rules as in any other area of medicine.**

We therefore urge WHO to

- **exclude young people under 25 from any future “Guideline on Trans and Gender Diverse” Healthcare;**
- **support and conduct research to draft evidence-based Guidelines;**
- **exclude Self-ID from any medical Guideline;**
- **thoroughly review, address and handle the ideological capture behind “Trans and Gender Diverse” Healthcare policies at WHO.**

We thank you for taking up this issue and preventing further harm.

Appendices: Additional international 18-24 statistics; Compilation of international articles on young detransitioners

Signatories:

AMANDA Familias, **Spain**, www.amandafamilias.org
AMQG/AUFG, for a Measured Approach to Questions of Gender, **Switzerland**
www.amqq.ch
Aotearoa Support, **New Zealand** aotearoasupport.nz
Bayswater Support Group, **United Kingdom** <https://www.bayswatersupport.org.uk>
Bescherm onze kinderen, Flanders, **Belgium** www.bescherm-onze-kinderen.be
Beyond Trans, <https://beyondtrans.org>
Cardinal Support Network, **USA** www.cardinalsupportnetwork.com
Canadian Gender Report, **Canada**, www.genderreport.ca
Cry for Recognition, **Belgium**, www.cryforrecognition.be info@cryforrecognition
EGGDe, Europäische Gesellschaft für Geschlechtergerechtigkeit Deutschland, **Germany**,
<https://www.eggde.de>
EGGö, Europäische Gesellschaft für Geschlechtergerechtigkeit Österreich, **Austria**
<https://www.eggoe.at>
Gender Dysphoria Support Network, <https://genderdysphoriasupportnetwork.com>
GenerAzioneD, **Italy** www.generazione.org
Genid, Gender Identity Challenge, **Sweden** <https://genid.se>
Genspect, **United Kingdom** <https://genspect.org>
Genspect **Australia|New Zealand** ausnz@genspect.org
Matria, **Brasil** <https://www.associacaomatria.com>
No Corpo Certo, **Brasil** <https://nocorpocerto.com>
Our Duty, **Australia**, <https://ourduty.group/australia/>
Our Duty, **United Kingdom**, <https://ourduty.group>
PAGD Vic, Parents of Adolescents with Gender Distress – Victoria, **Australia**
Parents of ROGD Kids, **USA** www.parentsofrogdkids.com
PDEQ, Pour les droits des enfants Quebec, **Canada** <https://pdeq.org>
PEC, Partners for Ethical Care, **USA** <https://www.partnersforethicalcare.com/>
PITT, Parents with Inconvenient Truth about Trans, **USA** <https://www.pittparents.com>
RESI, Réseau Education, Sexe et Identité, **Quebec, Canada** Reseau-ESI.com
The Florida Parent Group, Florida, **USA**
Trans Teens Sorge Berechtigt, **Germany** www.transteens-sorge-berechtigt.net
Ypomoni, for an ethical approach to gender questions, **France** www.ypomoni.org