

Memo from Rollo/Ruff on Resolution 2024-14.

As strong supporters of the LGBTQ+ community and equal rights for all, we took it very seriously when we recently became aware of significant high-profile controversy involving the organization WPATH (World Professional Association for Transgender Health), and also that the governments of several European nations had recently enacted restrictive and prohibitive positions and policies towards certain kinds of gender-affirming care for minors.

Recognizing how extremely important the implications of these issues are, especially as they pertain to minors, and how thoroughly complex the issues are, with the highest level of due diligence being demanded in taking up a City resolution on gender-affirming care that includes minors and promotes the use of such methods as puberty blockers and surgeries, we requested that the sponsors of the resolution take Resolution 2024-14 off of a fast-track to allow time to investigate. The sponsors of this resolution would not agree to take more time. This memo and packet addendum is the alternative we were left with to explain our concerns and provide information and reference materials that illustrate why we would be reluctant at this point to vote yes or no on this resolution. Quite simply, more time is required to get a better understanding of the controversies, associated policy changes, and the most current scientific information regarding minors and certain types of gender-affirming care.

The resolution draft was reviewed by City Legal and their approved version was made available to Council members just three days before it appeared in the packet. This fast-tracking has placed us in the nearly impossible position of adequately processing conflicting and contradictory evidence about gender-affirming care (also known as gender transitioning), which involves puberty blockers (in the case of children and adolescents), cross-sex hormones, and surgeries.

This is a very sensitive topic, that should be discussed with care, dignity and respect for those who choose to transition, and empathy for what are significant difficulties that may be encountered in the process. We also unequivocally condemn discrimination directed to trans individuals and note our long support of the LGBTQ community.

Sadly, politicization of the topic of gender-affirming care is rampant, especially in the U.S., with each side of the spectrum wishing to score points. This has created an environment where asking questions and examining data is denounced and the questioner maligned. This is a terrible situation for medical science to operate in. Debate and discussion are essential for understanding any topic of inquiry, especially one that is so consequential and where experts clearly disagree.

We fully support the bodily autonomy of adults and their right to undergo hormonal treatment and surgeries – with informed consent – the foundation of medical ethics. But children are a different matter for several reasons. First, minors cannot legally provide informed consent; their parents or legal guardians must grant consent. Furthermore, with respect to gender-affirming care, children generally lack the cognitive development to understand the implications of

sterility, inability to experience orgasm, and other potential but serious complications of gender transitioning. Third, because children have not gone through puberty, gender-affirming care involves even more life altering and irreversible changes to their person than is the case for adults who undertake such care.

Parents or legal guardians of children are responsible for their children's well-being, and for protecting them from abuse or hazard. In the case of medical interventions, parents must be properly and fully informed of the risks and hazards and so must children, to the extent that children can understand them. However, we find there is substantial debate on the risks and hazards of the chemical, hormonal, and surgical treatments involved in gender transitioning for children and whether children are provided opportunity to assent to such procedures.

This debate has focused on data – particularly its quality and the absence of long-term studies. It has also focused on ethics, both for reasons already mentioned and in light of recent leaks of internal discussions of a leading gender transitioning advocacy group – WPATH (World Professional Association for Transgender Health). As investigations reporter Jennifer Block explains in her *British Journal of Medicine* article of February 23, 2023 titled “Gender dysphoria in young people is rising—and so is professional disagreement”:<sup>1</sup> “*Three organizations (sic) have had a major role in shaping the US’s approach to gender dysphoria care: WPATH, the AAP, and the Endocrine Society.*” These organizations inform other professional medical organizations on the topic and all three of them are referred to in Resolution 2024-14.

Block goes on to describe the data deficiencies coming from each of these organizations as reviewed by medical experts, and the need for greater stringency in research methods.

In England, whistleblowers at Tavistock (England’s National Health Services (NHS) only gender clinic for children) called attention to what they asserted were unsafe conditions, and to what the staff whistleblowers called an “*unquestioning affirmative approach.*”<sup>2</sup> In response, an independent review was conducted, resulting in the “Cass Report”<sup>3</sup> that resulted in the clinic’s closure. The Cass Report reveals that children were coached by Tavistock staff about what to say to receive puberty blockers.<sup>4</sup> Subsequently, the NHS has restricted gender transitioning for individuals under the age of 16.<sup>5</sup> Similar restrictions have now been implemented in other European countries, such as Norway, Sweden and Finland.<sup>6</sup>

Resolution 2024-14 states that gender transitioning for children and adolescents is associated with better mental health outcomes and lower rates of suicide. Studies have called these claims into question with closer analysis of the quality of the data. Small sample size, biased sampling, and failure to follow up on patients render this research of poor quality.<sup>7</sup>

Last year, the Endocrine Society’s new president Stephen Hammes asserted a linkage between gender transitioning and alleviating suicide. The organization and Dr. Hammes have since been taken to task in a July 23, 2023 editorial in the *Wall Street Journal* titled: “The Endocrine

Society's Dangerous Transgender Politicization,"<sup>8</sup> which was signed by 21 experts in the field of pediatric gender medicine from 8 countries.

The letter states that health authorities abroad depend on systematic reviews of evidence to determine the efficacy of hormone treatment and have found the claimed benefits reflected in U.S. medical associations to be without dependable evidence. As journalist Leo Sapir reports *"among the international experts is Dr. Riita Kaltiala, chief psychiatrist at Tampere University gender clinic, author of numerous peer-reviewed articles on trans medicine, and Finland's top authority on pediatric gender care."*<sup>9</sup>

Sapir summarizes:

*"Dr. Hammes' claim that "gender-affirming care" is a suicide prevention measure, the intl' experts say in their WSJ letter, "is contradicted by every systematic review." Dr. Kaltiala had previously called the affirm-or-suicide narrative "purposeful disinformation" and its promotion (given the contagious nature of suicide) "irresponsible."*

Sapir goes on to explain that the differences in the conclusions of U.S. medical associations versus international experts stems from the former's use of poor grade evidence rather than systematic reviews of evidence – the highest level of evidence-based medicine (EBM, see figure below). Sapir notes that systematic reviews of evidence *"furnish the highest quality evidence. They follow a rigorously developed, reproducible methodology. They do not cherry-pick studies with convenient results, but instead consider all the available research."*<sup>10</sup>

Because Resolution 2024-14 includes the position of the American Academy of Pediatrics, it is informative to note that, according to Sapir:

*"The American Academy of Pediatrics' main statement on gender medicine, authored by a single doctor while still in his residency, is not a systematic review. The author himself has conceded as much. A later published peer-reviewed fact check found the AAP statement to be a textbook example of cherry-picking and mischaracterization of evidence."*<sup>11</sup>

Beyond the quality of evidence debate, astounding revelations of medical ethics transgressions emerged in March of 2024 in the form of the WPATH Files.<sup>12</sup> WPATH is the World Professional Association of Transgendered Health and is featured in Resolution 2024-14 as an organization supporting that *"gender-affirming healthcare has been proven to be evidence-based, medically necessary, and lifesaving."* WPATH is also cited by many other health organizations as they are perceived to be experts in the field of transgender health.

The WPATH files were leaked by whistleblower(s) and consist of internal conversations, in both written form and on video.

According to the press release of the group Environmental Progress, who received the tranche:

*“Newly leaked files from within the leading global transgender healthcare body have revealed that the clinicians who shape how “gender medicine” is regulated and practiced around the world consistently violate medical ethics and informed consent.”*

Within the files (included in this Packet Addendum), doctors and clinicians at WPATH:

- Acknowledge to each other privately that children under their care cannot fathom the implications of their decisions (in violation of WPATH’s own Standards of Care 8 (SOC8)).
- Describe that parents may also not understand these implications.
- Make clear during a WPATH panel discussion (video is provided), that children are confused about outcomes of hormone therapy.
- Admit that children do not have the cognitive maturity to grasp the implications of sterility.
- Refer to follow ups that indicate 27% of those who transitioned (in a study with only 49% participation in the follow up) regret sacrificing their fertility.
- Discuss that a 9-year-old doesn’t have “the brain space” to understand lifelong sterility, but advocate for transitioning despite being “stumped” by incongruity of the practice and the child’s understanding.
- Admit that consent forms are not always read or understood, in contradiction to the SOC8 statement that careful evaluation is provided for each patient.
- Discuss patients with severe mental health disorders (multiple personality, schizophrenia and bi-polar) being allowed to transition, despite concerns about their ability to follow post-surgical instructions and procedures.
- Speculate about serious side effects of the treatments, including liver tumors.

There are many more examples that call into question a variety of medical/ethical practices, and which should clearly be investigated.

We include the WPATH Files with a report by Mia Hughes, a reporter with Environmental Progress who offers a description and review of the contents of the leaked documents. Ms. Hughes’ report is informative and provides context within the field of gender transitioning. Regardless of whether one agrees with Hughes’ report, one can view the WPATH files themselves to verify the above bullet points.

A further concern for us is the developing body of research that indicates that many children that exhibit gender dysphoria may simply develop to be same-sex attracted adults. The Cass Report Commissioned by the NHS indicates that this may be true for 89% of girls and 81% of boys. There is concern that guiding such children into transitioning may consist of a kind of gay conversion therapy<sup>13</sup> –in effect heterosexualizing gay children.

To conclude, while we fully support transgender people and acknowledge that they can lead happy and fulfilling lives, there is evidence that for minors, gender-affirming care involving

puberty blockers, hormone therapy, and surgery may be doing more harm than good. We, as council members, are not in a position to determine this at this time, but what we have described above gives us great trepidation about supporting gender transitioning in minors as is the aim of Resolution 2024-14.

We believe that investigations of WPATH and their practices should be conducted. And it should be determined to what extent WPATH has influenced other medical organizations. Furthermore, we hope that subsequent research, discussion, and debate happens in an open and transparent setting, and with the highest standards of scientific rigor including highly controlled, double-blind studies, peer review and systematic reviews.

We will be abstaining on support for Resolution 2024-14 until more clarity is achieved on gender-affirming care for minors. One of our council colleagues has described the resolution as “symbolic” as it beyond our home rule authority and we agree with his assessment. It is a serious matter, however, to support a policy that may be harming, not helping children.

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<sup>1</sup><https://www.bmj.com/content/380/bmj.p382>

<sup>2</sup><https://www.bbc.com/news/health-51806962>

<sup>3</sup><https://cass.independent-review.uk/home/publications/final-report/>

<sup>4</sup><https://www.dailymail.co.uk/health/article-13293513/Children-coached-NHS-doctors-puberty-blockers.html>

<sup>5</sup><https://www.usnews.com/news/health-news/articles/2024-03-20/england-is-limiting-gender-transitions-for-youths-us-legislators-are-watching>

<sup>6</sup><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/>

<sup>7</sup><https://www.transgendertrend.com/the-suicide-myth/>

<sup>8</sup>[https://www.wsj.com/articles/the-endocrine-societys-dangerous-politicization-endocrinologists-gender-affirming-care-arkansas-dac768bd?mod=article\\_inline](https://www.wsj.com/articles/the-endocrine-societys-dangerous-politicization-endocrinologists-gender-affirming-care-arkansas-dac768bd?mod=article_inline)

<sup>9</sup><https://threadreaderapp.com/thread/1679603669010989057.html>

<sup>10</sup><https://thehill.com/opinion/healthcare/4070174-why-europe-and-america-are-going-in-opposite-directions-on-youth-transgender-medicine/>

<sup>11</sup><https://thehill.com/opinion/healthcare/4070174-why-europe-and-america-are-going-in-opposite-directions-on-youth-transgender-medicine/>

<sup>12</sup><https://static1.squarespace.com/static/56a45d683b0be33df885def6/t/6602fa875978a01601858171/1711471262073/WPATH+Report+and+Files111.pdf>

<sup>13</sup><https://www.wsj.com/articles/most-transgender-kids-turn-out-to-be-gay-gender-affirming-care-conversion-therapy-58111b2e>