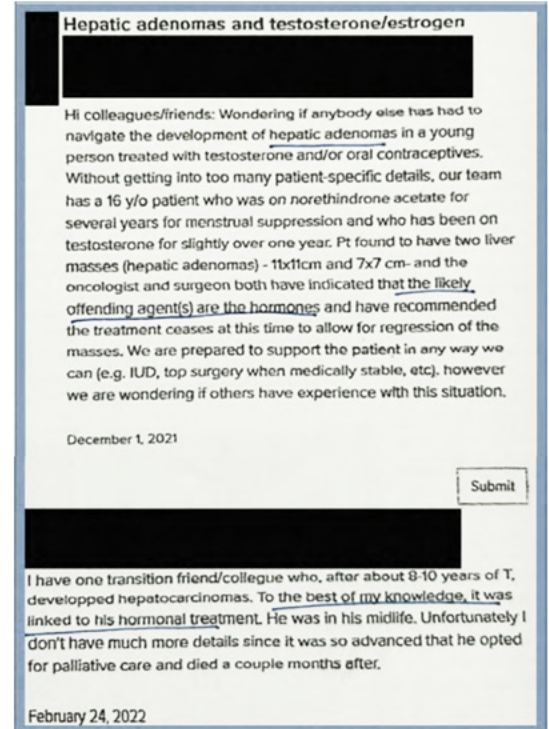


WPATH EXPOSED

WPATH's so-called standards of care, the foundational basis for pediatric gender interventions, are not based upon rigorous scientific evidence, but politics and advocacy.

In March 2024, Journalist Michael Shellenberger released a damning report of leaked incriminating internal communications between members of the World Professional Association for Transgender Health (WPATH), *The WPATH Files: Pseudoscientific Surgical and Hormonal Experiments on Children, Adolescents, and Vulnerable Adults* (<https://environmentalprogress.org/big-news/wpath-files>). The leaked documents reveal that WPATH is unethical and mired in medical scandal.

Video and messages between WPATH members reveal doctors who ignore their Hippocratic Oath, prescribing drugs and approving surgeries despite admitting that children cannot comprehend the long-term effect of these interventions, providing these interventions to "clients" with known severe mental health issues, and surgically altering bodies to create humans with both sets of genitals or none at all. Health care agencies throughout the world have quietly removed WPATH's *Standards of Care* (SOC) (<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>) from their websites, while the U.S. main stream media and the major medical associations have largely ignored this exposé.



ISSUES IDENTIFIED IN THE WPATH FILES

Conversations among WPATH members reveal that WPATH clinicians are fully aware of the serious ethical and medical problems with "gender affirming care." Issues exposed by the files:

- **Clinicians Harming Patients:** WPATH clinicians knew that "gender affirming care" could harm patients and cause irreversible physical damage.
- **Lack of informed Consent:** Clinicians acknowledged that patients were not mature enough or psychologically well enough to comprehend the consequences or the realities and limitations of "affirmative care" interventions, and were incapable of providing consent or assent. Often their parents were also unable to understand the implications of the medical pathway.
- **Psychiatric Comorbidities:** Children and adolescents who are referred to gender clinics often already suffer from debilitating mental illness including schizophrenia, PTSD, anxiety, depression and Dissociative Identity Disorder, as well as neurocognitive challenges including ASD and ADHD — conditions that can contribute to distress and dysphoria, but are ignored.
- **Detransition:** Growing numbers of patients who undergo these interventions later experience profound regret. The lack of systems for tracking patient experience has resulted in the misconception that only a minority of patients detransition. A new study from Germany puts detransition numbers at least 63% (www.aerzteblatt.de/int/archive/article/239563).



- **Physical Harm:** The recommended opposite-sex hormones, cosmetic mastectomies, and genital surgeries that comprise “gender-affirming” interventions can result in sterilization, loss of sexual function, liver tumors, and death.
- **Lack of an Evidence Base:** WPATH member correspondences expose serious ethical breaches and raise critical questions about the scientific rationale behind some clinical decisions, casting doubt on their claim that their SOC is evidence-based and constitutes best practice.

Hello,

It depends on many factors that equally affect those without any psychiatric concerns - do they have a support system with actual humans to help them on a daily basis, do they have a safe place to recover, and do they understand instructions such as dilate, wash, monitor - or do they have one or two persons who can help? Also - autism is neurodivergence on a spectrum with variability in function but not classified as "serious mental illness." In addition, as gender affirmative practitioners, we always consider harm reduction as our primary lens - in other words, what will happen to these patients if they do NOT undergo their affirmative treatment, which is also a medical necessity?

In my practice, I have found that those with diagnosed psychiatric concerns, e.g., schizophrenia controlled by medication, usually have a prior support system of sorts and can get help. But I have also intervened on behalf of people who have been diagnosed with major depressive disorder, PTSD, homeless and got at least an orchiectomy - which made a huge difference in their lives and put them on the road to emotional recovery and enabled them to seek assistance (and yes, they were successful). To me, the letter is an assessment of mental capacity to provide informed consent; if such capacity clearly does not exist, the patient needs to be informed and a new appointment for changes in psychiatric meds or at least one discussion with their treating psychiatrist need to happen. I am personally not invested in the "well controlled" criterion phrase unless absolutely necessary, and I believe it's disappearing in the SOC v 8 version. Meanwhile, in the last 15 years I had to regrettably decline writing only one letter, mainly b/c the person evaluated was in active psychosis and hallucinated during the assessment session. Other than that - nothing - everyone got their assessment letter, insurance approval, and are living (presumably) happily ever after.

Comment

My feeling is that, in general, mental illness is not a reason to withhold needed medical care from clients. Doing so just increases the day-to-day level of distress these clients are called upon to manage, in the form of gender dysphoria. In contrast, receiving gender-affirming care can often significantly stabilize client's mental health.

My assumption is that you're asking this question because you're taking seriously your responsibility to care for and guide your clients. Unfortunately, though, I think the broader context in which this question even exists is one in which we, as mental health professionals, have been put inappropriately into gatekeeper roles. I'm not aware of any other medical procedure that requires the approval of a therapist. I think requiring this for trans clients is another way that our healthcare system positions gender-affirming care as "optional" or only for those who can prove they deserve it.

Even if your clients might struggle with some of the needs and challenges that come with surgeries, for example, I believe that they will likely be better off in the long run. More importantly, I also believe that they have the right to access that care if they choose.

A NEW WPATH LOW

In April 2024, evidence came to light that despite claiming that it was impossible to conduct a systematic review of the evidence for “gender-affirming care,” WPATH had contracted with Johns Hopkins University to conduct a series of systematic evidence reviews. WPATH prohibited John Hopkins from publishing all but two of the manuscripts.

The scandal continued as unsealed documents in an Alabama case provided evidence that WPATH arbitrarily removed any age restrictions for wrong-sex hormones or surgeries for children, including cosmetic mastectomies and genital surgeries following pressure from Health and Human Services Assistant Director for Health, Admiral Levine, MD. Concerns about age limits were based on political concerns rather than what was in the best interest of young patients, despite a lack of scientific evidence supporting the change.

One-third of WPATH's members are non-medical practitioners and all are activists, placing ideological beliefs over the welfare of their young patients. Any organization that claims that children can have a “eunuch identity,” linking to a database of pornography involving castration, much of it involving minors, in its latest SOC (www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644) while removing the Ethics chapter has discredited itself and should be renounced by reputable medical associations and their members.

To learn more, visit di-ag.org/wpath-exposed

