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United States Senate

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS

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October 9, 2024

VIA ELECTRONIC TRANSMISSION

Marci L. Bowers, M.D.
President
World Professional Association for Transgender Health
1061 East Main Street, Suite 300
East Dundee, IL 60118

Dear Dr. Bowers:

I write to request information regarding the World Professional Association for Transgender Health's (WPATH) "Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People," particularly as they relate to children and/or adolescents suffering from "gender dysphoria." As the Ranking Member of the Senate Committee on Health, Education, Labor, and Pensions, I have a responsibility to ensure transparency and accountability in matters that directly affect public health. As WPATH has been highly influential in directing international practice on gender transition procedures, the public must be properly informed on the scientific evidence your organization relies on, especially since these guidelines have the potential to influence physicians and patients, including minors.

In January 2020, the United Kingdom's National Health Service (NHS) established a working group, the Cass Review, to review the published evidence on the use of puberty blockers and cross-sex hormones in children and young adults.¹ The Cass Review aimed to understand the reasons for the rapid rise in children and adolescents seeking gender transition procedures and to develop recommendations to ensure they undergo procedures that are "safe, holistic, and effective."²

On April 10, the Cass Review Final Report (Final Report) was published. The Final Report included systematic reviews of scientific literature carried out by University of York on issues including characteristics of children and young people who are receiving gender transition procedures, the forces driving the rise in referrals and the change in patient demographics, and services provided through NHS-affiliated hospitals.³ The University of York's review further evaluated international guidelines on gender transition procedures, the effects of social transitioning, puberty blockers and hormone treatments, and evaluated 23 regional, national and

¹ NATIONAL HEALTH SERVICE, THE CASS REVIEW—INDEPENDENT REVIEW OF GENDER IDENTITY SERVICES FOR CHILDREN AND YOUNG PEOPLE—FINAL REPORT (UK).

² *Id.* at 20.

³ *Id.* at 21.

international guidelines covering key areas of practice—nearly all of which were influenced by either WPATH or Endocrine Society Guidelines.⁴

According to the Final Report, evidence on the use of puberty blockers and cross-sex hormones is “weak” and there continues to be a lack of high-quality evidence supporting their use.⁵ The Final Report also found insufficient evidence to assess whether social transition in childhood has positive or negative effects on mental health, and weak evidence for efficacy in adolescence.⁶ Evidence for early puberty blockers is also unclear, with unknown effects on cognitive and psychosexual development.⁷ The Final Report also notes that there is insufficient evidence regarding the physical risks and benefits of these procedures.⁸

The Final Report further raises the interconnectedness of various guidelines related to gender transition procedures, like WPATH adopting, cosponsoring, and providing input on the Endocrine Society recommendations.⁹ WPATH’s guidelines also cite other national and regional guidelines to support some of its recommendations, “despite these guidelines having been considerably influenced by [WPATH].”¹⁰ The Final Report states that “the circularity of this approach may explain why there has been an apparent consensus on key areas of practice despite the evidence being poor.”¹¹ While collaboration among medical organizations is commonplace, here organizations are adopting policies developed without scientific rigor, which will cause harm to patients.

To illustrate, WPATH routinely develops “SOCs” that are written and developed by self-appointed experts, but these “SOCs” have been questioned for failing to meet the standards of evidence-based medicine by both the Cass Review and by Environmental Progress, a research and policy organization founded to protect the planet and vulnerable populations.¹² WPATH’s recent “SOC” (SOC8), published in 2022, recommends eliminating minimum age requirements for children to be given puberty blockers, and emphasizing the performance of irreversible surgeries. These recommendations, however, have recently come under scrutiny for being politically influenced by the Biden-Harris administration, including the Department of Health and Human Services (HHS) Assistant Secretary Admiral Rachel Levine and her staff, and for failing basic scientific rigor.¹³ Moreover, reports indicate research conducted on WPATH’s behalf by Johns Hopkins University was discarded after systematic reviews of evidence by researchers indicated “little to no evidence” supporting performing gender transition procedures on minors.¹⁴

⁴ *Id.* at 28.

⁵ *Id.* at 20.

⁶ *Id.* at 31.

⁷ *Id.* at 32.

⁸ *Id.* at 32, 130.

⁹ *Id.* at 130.

¹⁰ *Id.*

¹¹ *Id.*

¹² *The WPATH Files*, ENVIRONMENTAL PROGRESS, <https://environmentalprogress.org/big-news/wpath-files> (last visited June 6, 2024).

¹³ Azeen Ghorayski, *Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show*, THE NEW YORK TIMES (June 25, 2024), <https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html>.

¹⁴ Jackson Walker, *Trans health group fought study analyzing ‘gender affirming care’ for children, docs show*, ABCNEWS3340 (May 14, 2024), <https://abc3340.com/news/nation-world/trans-health-group-fought-study->

On May 4, Environmental Progress released files and records from WPATH showing that the organization consistently violates medical ethics and informed consent. Foundational to medical ethics, the process of informed consent requires a health care provider to educate a patient about the risks, benefits, and alternatives of a given procedure or intervention. Troublingly, the WPATH files show that its members “believe that minors can understand and give cognitive consent” to gender transition surgeries, even though minors do not yet have the maturity or experience to fully comprehend the potential risks and long-term implications for their well-being. The WPATH files further gave examples where WPATH members failed to give parents the most up-to-date clinical information and evidence about gender transition procedures.¹⁵

As discussed above, American clinics routinely base their treatment on the “SOCs” developed by WPATH. However, WPATH’s “SOCs” have been shown, time and time again, to be flawed and lacking basic scientific rigor. So much so that, on June 6, the American College of Pediatrics led 17 other medical and health policy organizations, as well as dozens of individual health care experts in calling on WPATH to “**immediately stop** the promotion of social affirmation, puberty blockers, cross-sex hormones, and surgeries for children and adolescents.”¹⁶

WPATH must answer for its failures given its oversized impact on children and young adults seeking gender transition procedures. Accordingly, I ask that you respond to each of the following questions, on a question-by-question basis, **by October 24, 2024**. For the production of records, we ask these be unredacted and bates stamped.

1. Please describe the process for developing and revising WPATH SOC8, including HHS’s involvement in eliminating references to age limits, which had been included in previous drafts.
2. What types of scientific evidence were considered when formulating SOC8? Please produce all peer-reviewed materials and non-peer reviewed materials considered or relied on when drafting and finalizing SOC8, including any research commissioned for or produced by WPATH.
3. Please produce all records and electronic communications related to WPATH’s partnership with academic institutions, including Johns Hopkins University and its research on adolescent gender transition procedures.
4. Please provide the name(s) and title(s) of each individual involved in creating and updating SOC8.
5. When developing SOC8, how did WPATH address conflicting studies or evidence?

[analyzing-gender-affirming-care-for-children-docs-show-johns-hopkins-university-researchers-world-professional-association-for-transgender-health-do-no-harm-lgbt-puberty-blockers-hormone-therapy](#).

¹⁵ *The WPATH Files*, ENVIRONMENTAL PROGRESS, <https://environmentalprogress.org/big-news/wpath-files> 38 (last visited June 6, 2024).

¹⁶ *Doctors Protecting Children Declaration*, AMERICAN ASSOC. OF PEDIATRICS (June 6, 2024), <https://doctorsprotectingchildren.org/>.

- a. As stated above, the Final Review found that the evidence on the use of puberty blockers and cross-sex hormones to treat the mental or psychosocial health of minors is “weak” and there continues to be a lack of high-quality evidence. If the evidence is “weak,” how was it possible for WPATH to measure SOC8 in improving “health outcomes”?
6. Produce WPATH’s organizational charts from 2018 to the present.
7. Produce a list of WPATH Board of Directors from 2018 to the present.
8. Produce all records, including agendas, minutes, electronic communications, and electronic recordings, for WPATH Board of Directors Regular Meetings, Special Meetings, and Committee Meetings from 2018 to the present.
9. Produce all documents and records, including electronic communications, related to WPATH’s SOC8.
10. Produce complete Form 990s that your organization has filed with the Internal Revenue Service for each year from 2018 to the present. In your submission, please also provide complete Schedule Bs.

Respectfully,

Bill Cassidy, M.D.

Bill Cassidy, M.D.
Ranking Member
U.S. Senate Committee on Health,
Education, Labor, and Pensions