

Congress of the United States

Washington, DC 20515

November 25, 2024

The Honorable Dr. Tedros Adhanom Ghebreyesus
Director- General
World Health Organization
Avenue Appia 20,1211
Geneva 27, Switzerland

Dear Director-General Dr. Tedros Ghebreyesus,

We are writing to share our grave concerns about the proposed World Health Organization (WHO) Guideline Development Group (GDG) “on the health of trans and gender diverse people.” From the beginning, the Guideline process has violated WHO requirements for a transparent and evidence-based approach. It has been shrouded in secrecy, irregularities, and profound conflicts of interest. Many members of the GDG are embroiled in a scandal involving the manipulation of scientific evidence.

Incomprehensibly, the Group bypasses evidence reviews on the safety, effectiveness, risks and costs of treating gender dysphoria with medical interventions, including cross-sex drugs. Instead, it moves directly to consider how countries should provide such interventions and impose the highly controversial, sex-denying framework of “gender identity,” including through legal “self-identification.”

This looks very much like a global marketing campaign rather than an honest assessment of the medical evidence.

Any legitimate development of guidelines must withstand pressure from wealthy interests to exploit lower-income nations. It must be grounded in scientific evidence, not politics. This Guideline Development Group, as constituted, will harm the credibility of WHO.

We urge you, therefore, to disband this Group and reevaluate your position on the matter. We welcome the opportunity to discuss these grave concerns, described in more detail below.

1. Members of the WHO GDG are implicated in the growing WPATH scandal involving the manipulation of evidence.

At least 10 GDG appointees are members of the World Professional Association for Transgender Healthcare (WPATH), including two senior WPATH leaders: Walter Bouman and Gail Knudson. It was reported by numerous news media outlets, including the New York Times¹, and

¹ Azeen Ghorayshi, “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?unlocked_article_code=1.2k0.XLH8.ouupLYkwhAP&smid=nytcore-ios-share&referringSource=articleShare&sgrp=c-cb.

the Economist² that WPATH has sought to suppress and manipulate evidence that contradicts its socially “woke” activism.

In a lawsuit before the U.S. District Court of Alabama,³ it was revealed that WPATH commissioned systematic evidence reviews from Johns Hopkins University (JHU) then pressured the researchers not to publish the results. Court documents revealed that WPATH was developing policy that avoided unfavorable conclusions regarding the widespread use of “gender-affirming” drugs and surgery. As JHU researchers employed the WPATH assessment method – designed to produce positive results – they found little positive evidence that the procedures WPATH championed were beneficial. Rather than accept the reviews they commissioned, WPATH pressured the researchers not to publish the results.

A WPATH letter signed by GDG members Bouman and Knudson insisted that any published data must come down in favor of administering cross-sex hormones to treat gender dysphoria. They also required JHU to claim reviews were conducted independently from WPATH. As a result, most of the evidence reviews remain unpublished.

Even worse than this suppression of scientific evidence were revelations that WPATH, for financial and political reasons, removed age limits from its guidelines for hormones and most surgeries.⁴ This egregious action took place at the behest of US government official Dr. Rachel Levine—formerly Richard Levine. Correspondence shows that WPATH sought to label cross-sex interventions as “medically necessary.” This change was not based on evidence. Its purpose was to compel insurance companies and government health plans to provide them.⁵

It is clear that WPATH and its leadership cannot serve as an unbiased and ethical custodian to develop WHO guidelines on these procedures.

2. The GDG process did not follow WHO transparency requirements.

The WHO claims it is committed to processes designed to ensure transparency and unbiased expert panels, evidence reviews, and recommendations.⁶ This was the case, for instance, for the Guideline on Breast-Feeding.⁷ In contrast, the process for developing gender medicine guidelines has been shrouded in secrecy and sleight of hand.

² “Research into Trans Medicine Has Been Manipulated,” The Economist, June 27, 2024, <https://www.economist.com/united-states/2024/06/27/research-into-trans-medicine-has-been-manipulated>.

³ “Alabama Attorney General Marshall: Eleventh Circuit Order Clears Way for Enforcement of Law Protecting Children from Experimental Sex-Modification Procedures,” Alabama Attorney General’s Office, January 11, 2024, <https://www.alabamaag.gov/alabama-attorney-general-marshall-eleventh-circuit-order-clears-way-for-enforcement-of-law-protecting-children-from-experimental-sex-modification-procedures/>.

⁴ Victor Nava, “Biden Admin Official Pressured Medical Experts to Nix Age Limit Guidelines for Transgender Surgery: Court Doc,” New York Post, June 26, 2024, <https://nypost.com/2024/06/26/us-news/biden-administration-official-rachel-levine-pressured-medical-experts-to-remove-age-limit-guidelines-for-transgender-surgery/>.

⁵ Aaron Sibarium, “Top Transgender Health Group Said Hormones, Surgeries Were ‘medically Necessary’ so That Insurance Would Cover Them, Documents Show,” Washington Free Beacon, July 23, 2024, <https://freebeacon.com/courts/top-transgender-health-group-said-hormones-surgeries-were-medically-necessary-so-that-insurance-would-cover-them-documents-show/>.

⁶ “WHO Handbook for Guideline Development, 2nd Edition,” World Health Organization, December 18, 2014, <https://www.who.int/publications/i/item/9789241548960>.

⁷ “Guideline: Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services,” World Health Organization, November 2, 2017, <https://www.who.int/publications/i/item/9789241550086>.

For instance, the timing and extreme brevity for the public comment periods on the GDG prevented many stakeholders from participating. Comment windows were scheduled during the Christmas Holiday, the British and French elections and America's Independence Day.

It further appears that the Guideline had in fact been finalized long before the required public notification that it was even in process. A footnote (21, page 41) in the WHO 2022 Consolidated Guidelines on HIV [...], reveals that "WHO guidelines on health services for trans and gender diverse people are under development at the time of writing. They should be available in 2023."⁸

Critical questions surround these departures from established WHO Guideline procedures:

- What evidence was reviewed, and by whom, before deciding a Guideline was needed and before establishing its scope? Where is the report of this review?
- When and where was the usual Call for Experts published? What criteria were followed, and by whom, in selecting the Expert Committee, the methodologists, the systematic review team, and the GDG? What are the terms of reference for these experts?
- What countries and stakeholders requested this Guideline, GDG and scope? How were conflicts of interest assessed and by whom were they managed?

3. **The Guideline process is not evidence-based.**

Multiple inquiries were made by stakeholders and medical professionals about the lack of systematic evidence reviews, yet no response was provided. The only "evidence" basis for the GDG referenced in the "Frequently Asked Questions" is prior guidelines, none of which dealt with scientific evidence on cross-sex interventions, as detailed below.⁹

Despite this glaring absence of transparency and evidence, the purpose of the February GDG meeting was announced as reviewing graded evidence, making recommendations and developing guidelines.¹⁰

Where are these completed systematic evidence reviews and graded evidence, if they were ready to be considered and acted upon nearly a year ago?

In fact, they appear never to have existed at all.

The proposed GDG guidelines mirror the fraudulent WPATH process: like WPATH, the GDG has opted not to review the evidence to determine *whether* hormones should be widely available. Instead, it will only focus on *how* to best promote their wide availability. How can WHO justify recommending global guidelines on gender reassignment interventions without conducting a single systematic review on the risks, effectiveness, comparison of risks to benefits and costs of such interventions? The GDG claims to "build on more than 10 years of WHO work" but, in

⁸ "Consolidated Guidelines on HIV, Viral Hepatitis and STI for Key Populations," World Health Organization, July 29, 2022, <https://www.who.int/publications/i/item/9789240052390>, Page 41.

⁹ "Frequently Asked Questions (FAQ)," World Health Organization, June 20, 2024, https://cdn.who.int/media/docs/default-source/documents/gender/200624---tgd_faupdates-final-v2.pdf?sfvrsn=68d5ab94_8.

¹⁰ "WHO Announces the Development of a Guideline on the Health of Trans and Gender Diverse People," World Health Organization, December 18, 2023, <https://www.who.int/news/item/18-12-2023-who-announces-the-development-of-a-guideline-on-the-health-of-trans-and-gender-diverse-people>.

fact, the prior guidelines cited as “work” deal solely with HIV prevention and sexual and reproductive “self-care.”¹¹ Neither assessed evidence for gender transition medical interventions.

- **This cited “work” consists of opinion surveys in other areas** (HIV prevention and reproductive/sexual “self-care”), tangentially conducted on perceived needs and desires of a handful of individuals who identify as transgender or gender diverse:
 - 14 such individuals in the 2014 “Values and Preferences” HIV Survey.¹²
 - 8 such individuals in the 2022 Self-Care Survey¹³
 - 50 such individuals in the 2022 “Values and Preferences” HIV Survey performed by the trans activist group Global Action for Trans Equality (“GATE”).¹⁴
- **These opinion surveys are simply wish lists: they do not meet the criteria in Evidence-Based Medicine (EBM)** for “Values and Preferences Surveys.” To fulfill the criteria of “evidence-based,” surveys on values and preferences must include knowledge of and ability to assess benefits and harms. None of the opinion surveys include such a process. For instance, respondents in both the 2014 and 2022 surveys expressed the strong desire for government-provided sex reassignment surgeries. No question was raised as to harms or costs of such surgeries.
- **These opinion surveys even set aside the normative, evidence-based “GRADE” criteria** used in scientific research and invented a novel category of “key consideration.”
- **These invented “key considerations” were then quietly upgraded to “existing guidance”** in the 2022 Consolidated HIV Guidelines, again with no explanation or evidence basis.¹⁵
- **The 2022 Survey also quietly inserted the controversial concept of legal “self-identification”** into a medical guideline. Legal self-identification is a non-medical, political construct, again with no basis in evidence-based medicine or science.

Thus, the proposed Guidelines rest on three unscientific opinion surveys of the desires of a few dozen interested parties. Moreover, these surveys were conducted for other research areas and circumvented accepted evidentiary criteria.

It should embarrass any organization reputed to be evidence-based that three unscientific wish lists are serving as the basis for a global effort to impose controversial medical interventions on member states.

4. “Self-identification” has no basis in medical science and will harm women.

¹¹ “Frequently Asked Questions (FAQ),” World Health Organization, June 20, 2024, https://cdn.who.int/media/docs/default-source/documents/gender/200624---tgd_faupdates-final-v2.pdf?sfvrsn=68d5ab94_8.

¹² Mira Schneiders, Values and Preferences of Transgender People, 2014, <https://iris.who.int/bitstream/handle/10665/128119/WH?sequence=1>.

¹³ WHO Guideline on Self-Care Interventions for Health and Well-Being, 2022 revision, 2022, <https://iris.who.int/bitstream/handle/10665/356986/9789240052215-eng.pdf>, Pages 8, 44.

¹⁴ “Key Populations’ Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study,” GATE, 2022, <https://gate.ngo/>.

¹⁵ “The World Health Organization Clarifies Its Plans to Issue Guidelines on Trans and Gender Diverse People—Significant Concerns Remain,” SEGM, February 1, 2024, <https://segm.org/WHO-TGD-Guideline-Concerns-2024>.

Policies that treat sex as a matter of “self-identification” endanger women and children. Most Americans recognize this fact, and strongly oppose “self-identified” biological males accessing private spaces and competitions reserved for females. More than half of US States have filed lawsuits against President Biden’s efforts to impose these sex-denigrating policies in schools through Title IX, and all rulings thus far have been in their favor.¹⁶

In states such as California, female prisoners have been raped by male prisoners who “identify” as female.¹⁷ The UN Special Rapporteur on violence against women and girls has noted that sex self-identification is not based on medical science. It derives from a controversial legal and philosophical concept that should not be ratified in any medical guideline.

Inserting the issue of laws as a simplistic medical intervention into the context of a clinical guideline is unscientific in the extreme. There is no means to study cause and effect, as one can do with a drug studied through a longitudinal study or randomized control trial. This is particularly the case as only a handful of wealthy nations have legal self-identification, and any comparison with a lower income country would be confounded on countless grounds. Legal measures also impact other vulnerable groups, not only those whom they may benefit. Self-identification cannot under any pretense qualify as a measurable medical intervention nor, indeed, as healthcare at all.

However, many GDG members are members or leaders of activist groups, including WPATH,¹⁸ GATE,¹⁹ and ILGA Europe,²⁰ that promote such self-identification laws as a primary policy goal. GATE is responsible for surreptitiously inserting this unscientific concept as “healthcare” in the 2022 Values and Preferences opinion survey.

With its political framing of gender medicine, the GDG has already pitted itself against women’s rights. If the group continues, it will not only destroy any claim of prioritizing scientific evidence but taint the moral standing of WHO itself.

5. Powerful activist and financial interests shape the Group and Guidelines.

Most GDG members have clear conflicts of interest.²¹ They already benefit from providing “gender transition,” and stand to benefit far more from this guideline.

¹⁶ Libby Stanford, “Which States Have Sued to Stop Biden’s Title IX Rule?,” Education Week, August 1, 2024, <https://www.edweek.org/policy-politics/which-states-have-sued-to-stop-bidens-title-ix-rule/2024/07#:~:text=The%20Biden%20administration’s%20Title%20IX,have%20signed%20onto%20the%20lawsuits.>

¹⁷ Kate Anderson, “Sexual Assault Survivor’s Ordeal with Trans Inmate in Female Prison Explored in Documentary,” The Daily Signal, May 29, 2024, [https://www.dailysignal.com/2024/05/29/documentary-details-female-sexual-assault-survivors-story-of-being-incarcerated-with-trans-inmate/.](https://www.dailysignal.com/2024/05/29/documentary-details-female-sexual-assault-survivors-story-of-being-incarcerated-with-trans-inmate/)

¹⁸ WPATH Identity Recognition Statement, November 15, 2017, [https://www.wpath.org/media/cms/Documents/Web Transfer/Policies/WPATH Identity Recognition Statement 11.15.17.pdf.](https://www.wpath.org/media/cms/Documents/Web%20Transfer/Policies/WPATH%20Identity%20Recognition%20Statement%2011.15.17.pdf)

¹⁹ “HIV WHO Consolidated Guidelines: Trans and Gender Diverse Values and Preferences,” GATE, November 10, 2022, [https://gate.ngo/knowledge-portal/news/hiv-who-consolidated-guidelines-trans-and-gender-diverse-values-and-preferences/.](https://gate.ngo/knowledge-portal/news/hiv-who-consolidated-guidelines-trans-and-gender-diverse-values-and-preferences/)

²⁰ “Legal Protection,” ILGA, accessed November 13, 2024, [https://www.ilga-europe.org/topics/legal-protection/.](https://www.ilga-europe.org/topics/legal-protection/)

²¹ “LGBT Courage Coalition: Conflicts of Interest Report- W.H.O.,” LGBT Courage Coalition, January 30, 2024, [https://www.lgbtcourage.org/.](https://www.lgbtcourage.org/)

Global Action for Trans Equality (GATE): GATE is funded by ARCUS, the foundation of the Stryker biomedical industry.²² Several GDG members are in GATE leadership, including Executive Director Erika Castellanos, who led the 2022 Values and Preferences opinion survey incorporated into the 2022 HIV Guideline.²³

The GDG conforms to GATE’s strategic plan, including specified goals of “activists participating in technical processes” for international groups and “Publication of WHO GAC [“Gender-Affirming Care”] Guidelines” (page 21).²⁴ **GATE exists to promote, not assess gender transition interventions. It cannot possibly serve as an unbiased participant.**

WPATH is managed by a for-profit organization, “Veritas Association Management” (formerly Veritas Business Solutions).²⁵ Other Veritas clients include companies that manufacture hormones and surgical equipment as well as surgeon groups that practice gender “reassignment” procedures.

Such blatant conflicts of interest should disqualify these individuals. Their presence in the guideline group exposes the WHO to severe and justified criticism.

6. The GDG will allow powerful interests to exploit lower income countries.

The GDG and its Guidelines would benefit activists and industries that stand to profit from the guidelines opening developing nation’s markets to the multi-billion-dollar gender transition industry. In the United States alone, the estimated market for these interventions is projected to reach \$7.8 billion dollars by 2030.²⁶

In the nations where “gender-affirming care” is commonly practiced, the evidence of harm and lawsuits that follow are mounting by the day. Yet the GDG proposes to remove safeguards and pressure developing nations to adopt these experimental interventions, all while imposing their twisted ideological wokeism these cultures.

The proposed Guideline Development Group and its process are compromised beyond repair and should be dissolved.

Many member states share our concerns about medicalizing patients who suffer from gender distress. As the Cass Report in the UK recently showed, young adults are a key vulnerable group, with sharply rising rates of gender confusion in the last decade and a half. The UK has just begun its independent systematic review of cross-sex interventions in adult services, in response to whistleblowers who came forward in the Cass Report.²⁷

²² “Our Donors,” GATE, accessed November 13, 2024, <https://gate.ngo/get-involved/our-donors/>.

²³ “HIV WHO Consolidated Guidelines: Trans and Gender Diverse Values and Preferences,” GATE, November 10, 2022, <https://gate.ngo/knowledge-portal/news/hiv-who-consolidated-guidelines-trans-and-gender-diverse-values-and-preferences/>.

²⁴ “GATE Strategic Plan 2022-2026,” GATE, May 27, 2022, <https://gate.ngo/knowledge-portal/publication/strategy/>, Page 21.

²⁵ “World Professional Association for Transgender Health (WPATH),” Veritas TV, accessed November 13, 2024, <https://veritastv.org/categories/world-professional-association-for-transgender-health-wpath>.

²⁶ “The Gender Industrial Complex,” American Principles Project, July 12, 2024, <https://reports.americanprinciplesproject.org/>.

This vulnerable population deserves evidence-based care, not a shameless promotion of medical experiments tainted by ideology and industry interests.

Both WHO's reputation and your legacy as Director General are at risk. Any legitimate guidelines must be grounded in a careful review of the evidence and follow WHO's requirements that the process be transparent and ethical. Anything less betrays WHO's principles, history, and mandate. We urge you to disband this Guideline Development Group, investigate the disreputable process that led to its formation, and discard its proposed guidelines.

Sincerely,



Rich McCormick, MD, MBA
Member of Congress



Roger Marshall, M.D.
United States Senator



Doug LaMalfa
Member of Congress



Mary E. Miller
Member of Congress



Ralph Norman
Member of Congress



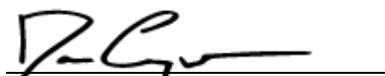
Troy E. Nehls
Member of Congress



Lance Gooden
Member of Congress



Mark Alford
Member of Congress



Dan Crenshaw
Member of Congress



W. Gregory Steube
Member of Congress

²⁷ "Review of Adult Gender Dysphoria Services," National Health Service - England, accessed November 13, 2024, <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/review-of-adult-gender-dysphoria-services/>.



Paul A. Gosar, D.D.S.
Member of Congress



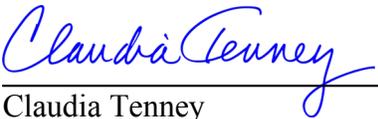
Harriet M. Hageman
Member of Congress



Keith Self
Member of Congress



Dusty Johnson
Member of Congress



Claudia Tenney
Member of Congress



Glenn Grothman
Member of Congress



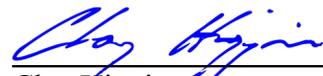
Barry Moore
Member of Congress



Alex X. Mooney
Member of Congress



Randy K. Weber, Sr.
Member of Congress



Clay Higgins
Member of Congress



Michael Guest
Member of Congress



Brad R. Wenstrup, D.F.M.
Member of Congress



Brad Finstad
Member of Congress



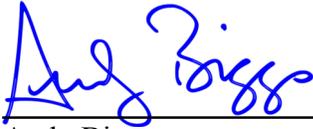
Elijah Crane
Member of Congress



Ronny L. Jackson
Member of Congress



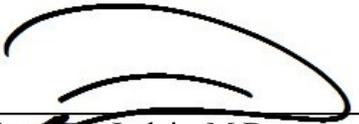
Roger Williams
Member of Congress



Andy Biggs
Member of Congress



William R. Timmons, IV
Member of Congress



Scott DesJarlais, M.D.
Member of Congress