



The Gay Men's Network

7 January 2024

Dr Tedros Adhanom Ghebreyesus, Director General, WHO
Sir Jeremy Farrar, Chief Scientist, WHO
World Health Organisation
Avenue Appia 20
1202 Geneva

Dear Dr Tedros and Sir Jeremy,

Re: Guideline development group public consultation

Introduction

The Gay Men's Network is a not-for-profit UK organisation established to fight modern homophobia in all its various forms and advocate for the rights of homosexual males. We correspond in respect of the above public consultation and specifically to raise serious concerns around the subjects of the composition of this panel and the ideological nature of the guidelines it seems likely to develop. We take the view that the rights of homosexuals have not been adequately considered in the composition of the panel and its ideological steer. This is most evident with the nakedly political aim that the panel produce guidance on "legal recognition of self-determined gender identity". Where states have adopted policies of this nature, homosexual rights regress. That much is obvious following a recent decision of the Australian Human Rights Commission that held lesbian only gatherings in public buildings to be *de facto* unlawful¹.

¹ https://humanrights.gov.au/sites/default/files/lesbian_action_group_summary_of_decision_1_0.pdf

Nature of the relevant debate and the concept of institutional capture

As you will be aware, a global debate as to the ethics of transgender healthcare is currently taking place with different countries taking different approaches in this area. Some countries adopt the term “gender affirming medicine” and subscribe to the unevidenced belief that human beings possess a sexed soul that in some cases may be that of the opposite sex (commonly referred to as the dualist proposition that human possess a “gender identity”). Other countries, such as the UK, instead adopt an evidenced based approach. Having noted disturbing trends in the patient cohort at the leading UK paediatric gender clinic 90% of girls and 80% of boys were same sex attracted². While the Guideline Development Group ostensibly concerns adult treatment, we consider it unlikely that such guidance will be incoherent with that for children, and we have marked concerns in the cases of young adults and those on the Autism spectrum (a group vastly overrepresented in this field of medicine). Given the marked differences between the former and latter approaches, we would expect a panel to be comprised also of those tending towards an evidence-based approach. This is far from the case.

We are also bound to raise the issue of “institutional capture” which is a common tactic of extreme gender identity ideologues. WHO should be aware of this tactic and guard against any attempt to politicise the essential work it conducts. Those convening the panel in the first instance ought to familiarise themselves with the so-called “Dentons document³” which counsels activists to (i) propose legislation and policy for which there is no public mandate, (ii) to avoid press coverage and exposure and (iii) to tie unpopular campaigns (like gender self-ID) to popular campaigns (such as equal marriage). Captured institutions haemorrhage credibility and swiftly begin to work against the rights of homosexuals. We are concerned that the composition of the panel, its objectives, and the short consultation period constitute clear evidence of institutional capture in progress.

The terms of reference of the panel

The Guideline Development group will consider 5 areas, namely: (i) provision of gender-affirming care, (ii) medical training, (iii) gender-affirmative health policies, (iv) “provision of health care for trans and gender diverse people who suffered interpersonal violence based in their needs”, and (v) “legal recognition of self-determined gender identity.”

As we have explained, the terminology used in areas (i) and (iii) (“gender-affirming care”) is itself ideological, unevidenced and contested. The terminology in (v) suggests a wholly political commitment to the ideological and contested policy of “self-identification” which is not the law in the United Kingdom and on the face of it appears entirely ultra vires given the panel’s health remit. Framing the work of the panel in this fashion does nothing to suggest it will produce credible or independent health

² Tavistock GIDS survey 2012

³ <https://www.spectator.co.uk/article/the-document-that-reveals-the-remarkable-tactics-of-trans-lobbyists/>

guidelines, instead, the language and ideological direction speak to institutional capture and supra national policy formation by extremists.

Homosexuals have a right to single sex spaces in UK law and a right to exclusively politically organise around our protected characteristic of homosexuality pursuant to the 2010 Equality Act. Support for self-identification is contrary to that right as we have demonstrated with the Lesbian Action Group example from Australia. It is also grotesquely offensive to homosexuals to be told "some lesbians have penises" or the equivalent discourse for gay men.

So called "gender affirming care" in the case of children and young people was recently compared to a new form of gay conversion therapy by the UK Secretary of State for Women and Equalities, the Rt Hon Kemi Badenoch MP. We share her concerns and see no evidence that this question is to be taken seriously by the panel or considered at all.

For the avoidance of any doubt on this matter, we consider the terms of reference to be indicative of clear homophobia and we ask that this matter is taken seriously.

The composition of the panel

We share the marked concerns of the Society for Evidence Based Gender Medicine ("SEGM") regarding the extreme nature of the proposed panel members⁴. All panel members appear to subscribe to the unevidenced and unscientific belief that humans possess sexed souls and over a third are members of a deeply concerning organisation called WPATH. This organisation recently asserted that children can consent to voluntary castration in pursuit of a "eunuch" gender identity. We take the view that any such activity would constitute monstrous medical malpractice⁵. We endorse the concerns of the SEGM regarding the composition of the panel given the nature of the public pronouncements of most of the members. We are particularly concerned with the suggestion that normal exploratory therapy amounts to a conversion practice which appears to be the view of Florence Ashley, "a transfeminine law professor". Further, proposed member Teddy Cook (Vice-President of AUSPATH) appears to be of the extreme and unevidenced ideological view that this is a field of medicine where there are no possible drawback or downsides (as would be the case with any other treatment). His quote on this subject thus, *"The actual side effects of gender affirming medical care, for those who can access it, include a significantly improved quality of life, significantly better health and wellbeing outcomes, a dramatic decrease in distress, depression and anxiety and a substantial increase of gender euphoria and trans joy... We are not at risk of harm by affirming our gender."* Is simply not a credible approach to any field of medicine and it indicates deep ideological bias verging on religious fervour.

We understand the SEGM has raised issues regarding conflicts of interests re potential panel members and we share these concerns. We see no evidence that any panel

⁴ <https://segm.org/world-health-organization-transgender-guidelines>

⁵ <https://www.wpath.org/media/cms/Documents/SOC%20v8/SOC8%20Chapters%20for%20Public%20Comment/SOC8%20Chapter%20Draft%20for%20Public%20Comment%20-%20Eunuch.pdf>

member is prepared to consider the rights of homosexuals either in this field of medicine or the political question of self-identification this panel proposes to address.

The consultation process

Any consultation process should be of sufficient length to facilitate proper public participation. This consultation was launched on December 18th, 2023, and closes on January 8th 2024 with a meeting of the panel scheduled for February 19th-21st 2024. This timetable is not credible. The short consultation period suggests that the real objective is that of the second "Denton's principle" we identify above ("to avoid press coverage and exposure"). The meeting shortly afterwards in February does not inspire any confidence that consultation responses (which are likely to be detailed and numerous) can properly be considered in such a timeframe.

The WHO will do nothing to help its reputation or credibility by presenting a set of extreme guidelines following a disingenuous gesture at consultation. Further, it is simply not ethical or proper to present the public with what has every appearance of being a fait accompli in this fashion.

Conclusion

For the reasons we identify, we endorse the calls of the SEGM to pause this entire process and address the serious issues around panel composition, ideological steer and proper consultation. To that we add the serious concerns we have raised regarding homophobia.

Yours Faithfully

The Directors

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