US DHHS Report on Gender Dysphoria and WPATH Response

Foreword by Pavement Education Project

The Report on Gender Dysphoria, including medical transition for minors, from the US Department of Health and Human Services was issued on May 1, 2025 (link provided below). It is fairly long (266 pages not including Appendices and Bibliography) and at times technical. But it contains extremely important information for parents of children who experience discomfort or anxiety over their sex and pubertal changes in their bodies, as well as for school board members, policy makers, lawmakers, and all persons of goodwill who are concerned for the well-being of children and adolescents who experience these feelings. School officials and Board members especially need to understand the Report because their actions to socially transition students (allowing use of opposite sex bathrooms and locker rooms, alternate pronouns, playing on sports teams of the opposite sex, GSA clubs, etc.) are not neutral acts that allow kids to explore their gender, but rather active interventions that psychologically condition children and adolescents to proceed onto medical transition (see our own brief review of the research on social transition elsewhere on our website).

The Report comprises a summary of 17 international systematic reviews of the medical and psychiatric literature, including the Cass Review for NHS England (link provided below). These reviews evaluated the quality of evidence for gender transition of children and adolescents (i.e., how certain (or not) are the benefits that have been claimed). The reviews were performed by specialists with expertise in research methodologies and quality of evidence. The reviews found that the evidence supporting medical gender transition of minors was remarkably weak because of numerous methodological flaws such as lack of appropriate control or comparison groups, confounding variables, short term follow up, attrition, loss to follow up, small sample size, and reliance on voluntary patient self-assessment instead of clinical observations of mental health. The Report critiques in detail several seminal research studies, including the two original “Dutch Protocol” papers and two 2023 publications from different research groups that have been frequently cited to justify gender transition of minors. The Report points out how both the patients and the data were selected in these papers to favor making the claim for positive benefits. The Report also points out what are not adequately captured by the reviews, namely the possible harms caused by the treatments themselves, because these have generally not been the focus of the research publications.

Beyond the evidence reviews, the Report details serious irregularities in the process of developing the World Professional Association for Transgender Health (WPATH) Standards of Care, version 8 (SOC-8, link provided below) that have been uncovered through the discovery process and depositions in court cases over certain state laws banning medical treatments to change the gender of minors (at the time the present Foreword was being written, the US Supreme Court upheld Tennessee’s law in *United States vs Skrmetti*). Despite claims in SOC-8 that its recommendations were evidence-based, it was uncovered that WPATH leadership did not allow publication of a number of evidence reviews that it had contracted a team at Johns Hopkins University to conduct after it became apparent that these reviews did not find strong evidence to justify certain treatments. Further, the strength of the recommendations were increased under pressure from Rachel Levine, Assistant Secretary of Health in the Biden Administration DHHS, without the consensus of the 119 co-authors of SOC-8 in contradiction to statements in SOC-8 itself that the formal process known as DELPHI was used to achieve consensus. Similarly, all the minimum age recommendations except for one that were agreed upon by consensus of the co-authors were deleted even after initial publication under pressure from certain officials of the American Academy of Pediatrics (AAP). The evidence presented suggests that these modifications were made to SOC-8 without going through the DELPHI process and not based on the medical evidence, but in order to shore up the legal position against state laws limiting medical gender treatments for minors. These revelations about the development of SOC-8 call into question the credibility of WPATH as an objective medical association grounded in science and ethics.

Although the SOC-8 claims of “medically necessary” and even “life saving” still need to be maintained to get insurance claim reimbursements as well as support the position in court and legislative battles, the rationale for medical gender transition of minors recently has been shifting toward patient civil rights and autonomy. The Report points out how treatment for minors has shifted from the original “Dutch Protocol” requiring careful assessment of how longstanding the minor patient’s dysphoria has been, to now the “Gender Affirming” model wherein as soon as a patient declares that he or she is the opposite gender, that must be affirmed (accepted) and transition commenced shortly thereafter. (It is noted however that even sticking with the Dutch approach, there is no way to determine which patients will indeed persist in a life-long dysphoria.) At Pavement Education Project, our opinion of this autonomy argument is not only that it obliterates patient safeguards, but that the principle would allow consent by minors for all sorts of other things.

Interestingly, the Dutch Protocol also required the approval and support of parents for the transition, whereas now in some states, such as California, and in many locales, children may be taken out of homes if parents do not go along with the gender transition. (Many school districts, including even a few in NC, will not inform parents of their child’s social transition unless the child permits “on a case-by-case basis.”) The Dutch Protocol study made the representation that the patients in that study did not have psychiatric co-morbidities. But the international systematic reviews found that the patient demographic now presenting at gender clinics includes a majority suffering other psychiatric co-morbidities. A significant minority have suffered sexual abuse. A large percentage is also neuro-diverse (autistic and/or having ADHD). The great majority are attracted to the same sex. The patient demographic has also shifted in recent years from mainly pre-pubescent boys to adolescent girls instead, tracking the rise in mental health disorders among adolescent girls. Yet SOC-8 does not even consider that gender dysphoria and the desire for transition could be an inter-related, mal-adaptive coping mechanism for other co-morbidities and adverse childhood experiences. The position in SOC-8 is that co-morbidities may be treated concurrently with medical gender transition treatments, but not before or in place of the gender transition.

The day after the Report was published, WPATH and USPATH issued a joint response (link provided below) blasting the Report, as did the AAP. They repeat assertions that gender affirming care is based on thorough evaluation of evidence and rigorous research. But, the quality of evidence is precisely what is challenged in the Report and the 17 comprehensive international reviews of the medical literature. The reviews found that many studies were not rigorous, but had various methodological flaws. In our opinion, for WPATH-USPATH simply to make this assertion is really no response at all because no specific analysis or reasons are offered to show how the international reviews got it wrong in concluding that the evidence is remarkably weak. The chapter on adolescents in the WPATH SOC-8 even says that “A key challenge in adolescent transgender care is quality of evidence evaluating the effectiveness of medically necessary gender-affirming medical and surgical treatments.” So, which is it? How can it be claimed as medically necessary if the evidence doesn’t strongly support it? The present WPATH-USPATH response does refer to critical findings in recent studies, but gives no details or citations. Isn’t this an admission that gender affirming care for minors has been rolled out for many years without solid evidence to justify it, at least until recently (if at all)? In fact the Report does address studies that have come out since the international reviews within the last year. The Report notes that these studies suffer some of the same methodological flaws as the earlier studies included in the systematic reviews.

The WPATH-USPATH response states that clinical practice guidelines (CPGs), including SOC-8, “are developed [sic] thorough evaluation of evidence, clinical expertise, patient values and preferences, and cultural and contextual considerations.” This begs the question: Are the CPGs based on evidence, or more on all those other things that are nebulous and ill-defined? What good is clinical experience if the evidence has not been found to justify the risk/benefit of the treatments? Again, how can they talk about thorough evaluation of evidence when SOC-8 said the quality of evidence was a key challenge, and further said that systematic reviews were not possible because of this? Moreover, as mentioned above, the record in the court cases challenging state laws restricting such treatments for minors shows that the SOC-8 guidelines were significantly altered to bolster legal arguments, not to follow the medical evidence.

It is telling that the WPATH-USPATH response uses the term “Gender-Affirming Care” as opposed to pediatric medical gender treatments. This means that whatever gender identity a child declares must be affirmed and not questioned. This may be why “patient values and preferences” are included in the list of things that the CPGs are based upon. As a consequence, the WPATH-USPATH support for a “comprehensive, multidisciplinary assessment” is limited to co-occurring mental health issues and does not include an assessment of how long-standing or stable the professed identity has been (unlike the original Dutch protocol), or whether it is being sought as an escape from other problems.

The joint WPATH-USPATH response also keeps repeating the claim that there is medical consensus for medical gender transition of minors. No, there is not!!! As a result of the international reviews, many countries, including the UK and the Nordic countries, have greatly curtailed the medical transition of minors and instead emphasize psychotherapy as the first line of treatment. Some of the key doctors who pioneered gender medicine have turned against medical transition of minors. A significant number of AAP’s members dissent from that organization’s position, too. WPATH-USPATH pontificates in their response that healthcare decisions should not be in the hands of politicians, yet the court record discussed above reveals that SOC-8 was substantially altered under pressure from a Biden Administration official. We find it odd that WPATH-USPATH would close their response with a statement that transgender healthcare policies should be guided by clinical evidence, not ideology.

To make well-informed decisions on a matter of such serious consequence, all concerned parties need to put in the time to thoughtfully study the 2025 DHHS Report and also the Cass Review. The WPATH SOC-8 should also be read and studied in comparison. Readers will then be able to form their own opinion whether the WPATH-USPATH response has substance. Links are provided below.

US DHHS Gender Dysphoria report:

<https://opa.hhs.gov/gender-dysphoria-report>

Cass Review for NHS England:

<https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/>

WPATH Standard of Care, version 8:

<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

WPATH-USPATH response to DHHS Gender Dysphoria report:

https://wpath.org/wp-content/uploads/2025/05/WPATH-USPATH-Response-to-HHS-Report-02May2025-1.pdf