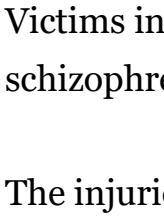


Michael Shellenberger
@shellenberger

Mar 4 · 31 tweets · 16 min read · Read on X

THE WPATH FILES

Advocates of gender-affirming care say it's evidence-based.

But now, newly released internal files from the World Professional Association for Transgender Health (WPATH) prove that the practice of transgender medicine is neither scientific nor medical.

American Medical Association, The Endocrine Society, the American Academy of Pediatrics, and thousands of doctors worldwide rely on WPATH. It is considered the leading global authority on gender medicine.

And yet WPATH's internal files, which include written discussions and a video, reveal that its members know they are creating victims and not getting "informed consent."

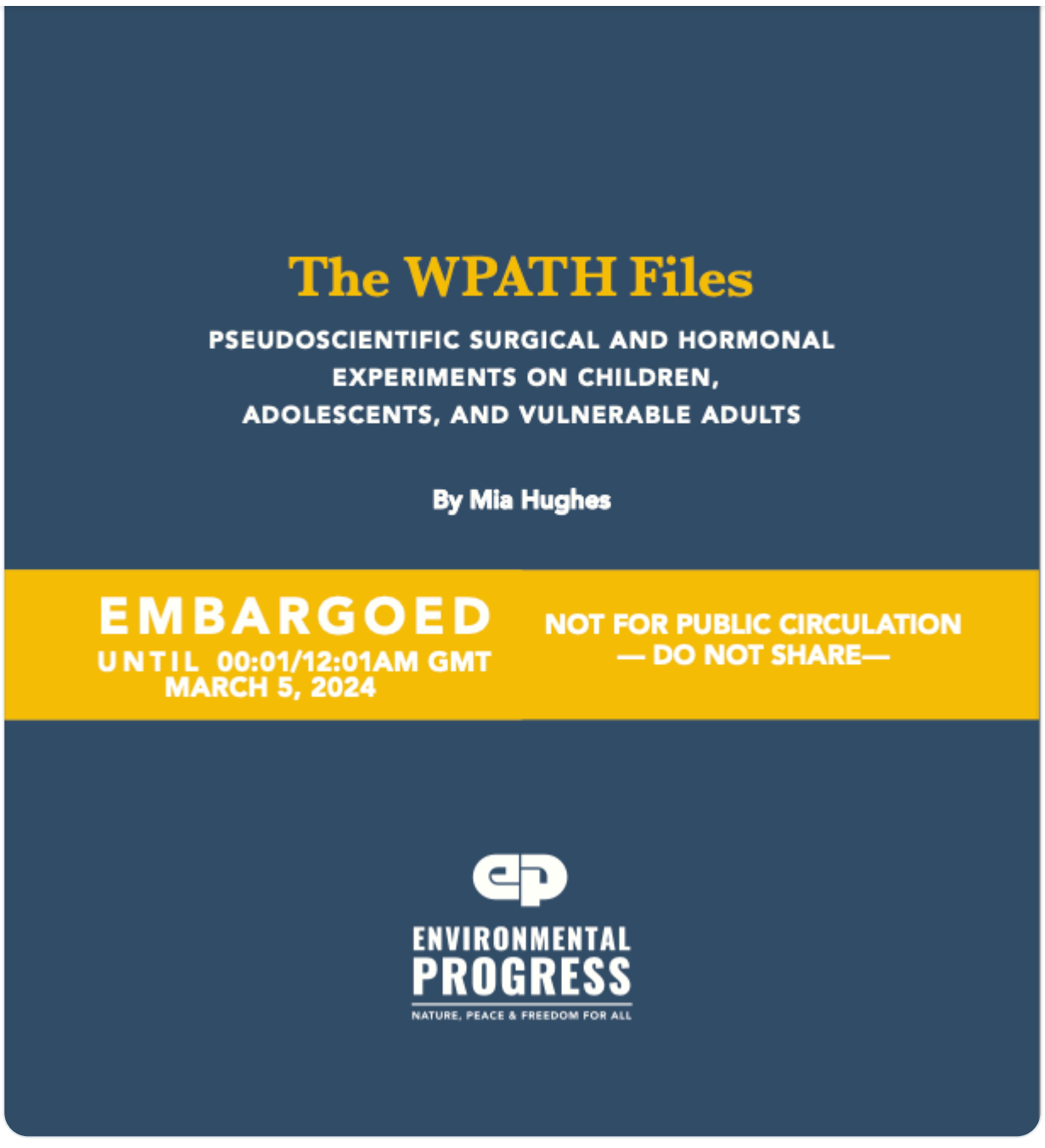
Victims include a 10-year-old girl, a 13-year-old developmentally delayed adolescent, and individuals suffering from schizophrenia and other serious mental illnesses.

The injuries described in the WPATH Files include sterilization, loss of sexual function, liver tumors, and death.

WPATH members indicate repeatedly that they know that many children and their parents don't understand the effects that puberty blockers, hormones, and surgeries will have on their bodies. And yet, they continue to perform and advocate for gender medicine.

The WPATH Files prove that gender medicine is comprised of unregulated and pseudoscientific experiments on children, adolescents, and vulnerable adults. It will go down as one of the worst medical scandals in history.

environmentalprogress.org/big-news/wpath…



The WPATH Files — Environmental Progress
Leaked files from WPATH reveal widespread medical malpractice on children and vulnerable adults at global transgender healthcare authority World Professional Association of Transgender Health (WPA…
https://environmentalprogress.org/big-news/wpath-files

Why I Am Publishing WPATH Files And How I Got Them

The written WPATH Files come from WPATH's member discussion forum, which runs on software provided by DocMatter.

Ninety seconds of the 82-minute video was made public last year. We are making the full video available for the first time.

One or more people gave me the WPATH Files, and my colleagues and I attempted to summarize them as a series of articles. We quickly realized the topic was too sensitive, complex, and large to be dealt with as a work of journalism, and we moved the project to the research institute I founded seven years ago, Environmental Progress (EP).

The Files are authentic. We redacted most names and left only those individuals who are leading gender medicine practitioners to whom we sent "right-of-reply" emails. We know WPATH members discussed our emails internally. No WPATH leader or member has denied that the Files are anything other than what they appear to be.

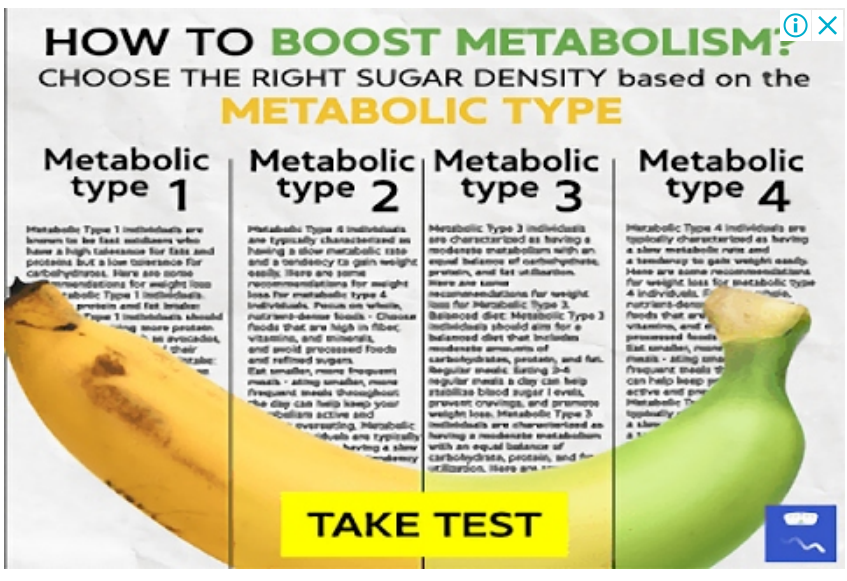
EP is publishing a 70-page report to provide context for the 170 pages of WPATH Files. Mia Hughes is the author of the report. It and accompanying summary materials can be downloaded at the link below. That link also provides a link to the full WPATH video.

0:00 / 3:36

The WPATH Files — Environmental Progress

Leaked files from WPATH reveal widespread medical malpractice on children and vulnerable adults at global transgender healthcare authority World Professional Association of Transgender Health (WPA…

https://environmentalprogress.org/big-news/wpath-files



Part I: Children and Adolescents

“We're explaining things to people who haven't even had biology in high school…”

“I think the thing you have to remember about kids is that we're often explaining these sorts of things to people who haven't even had biology in high school yet,” says Dan Metzger, an endocrinologist.

“The 14-year-olds, you just… It's like talking [about] diabetic complications with a 14-year-old. They don't care. They're not going to die. They're going to live forever, right? So I think when we're doing informed consent, that's still a big

Post Share

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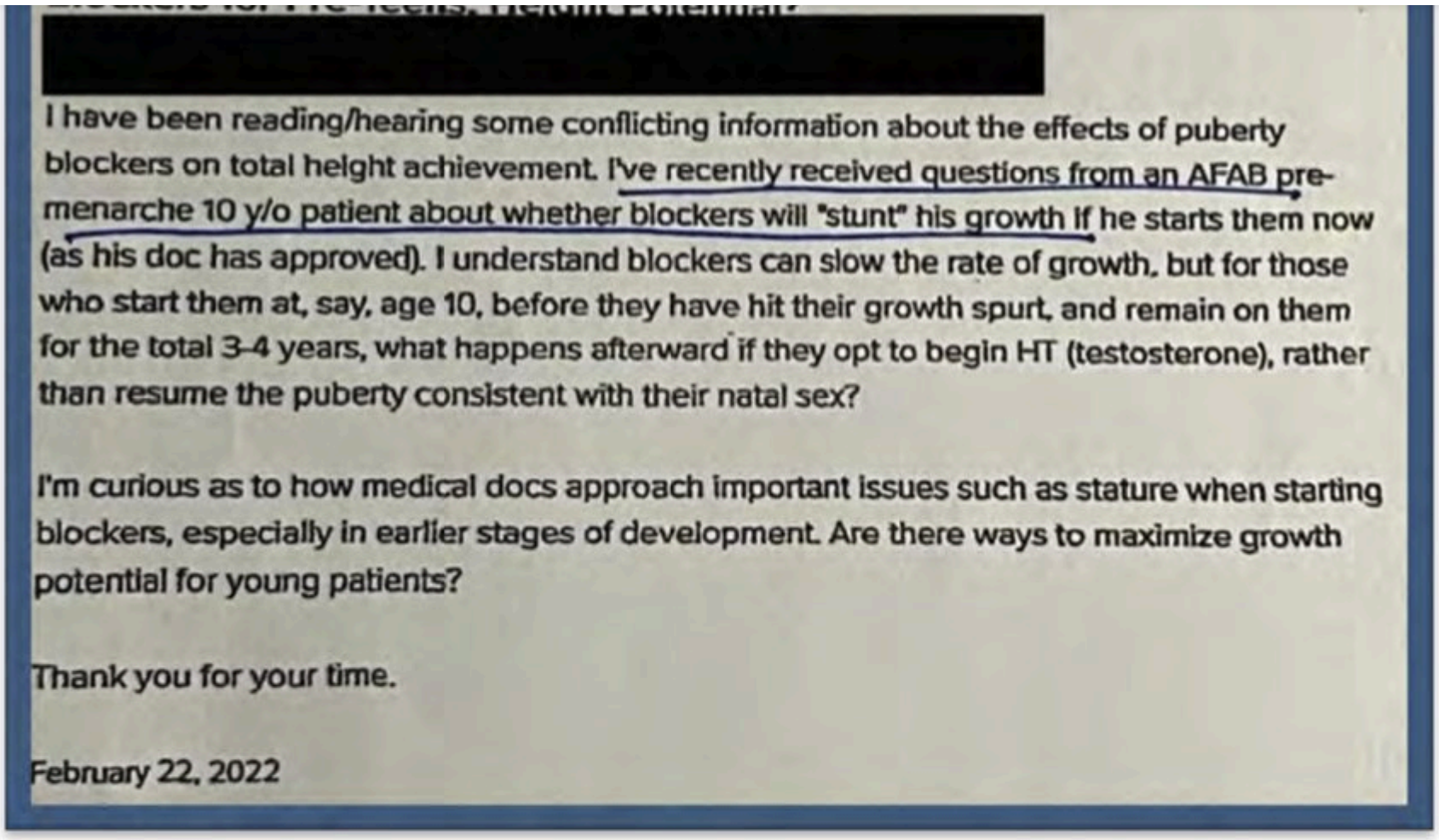
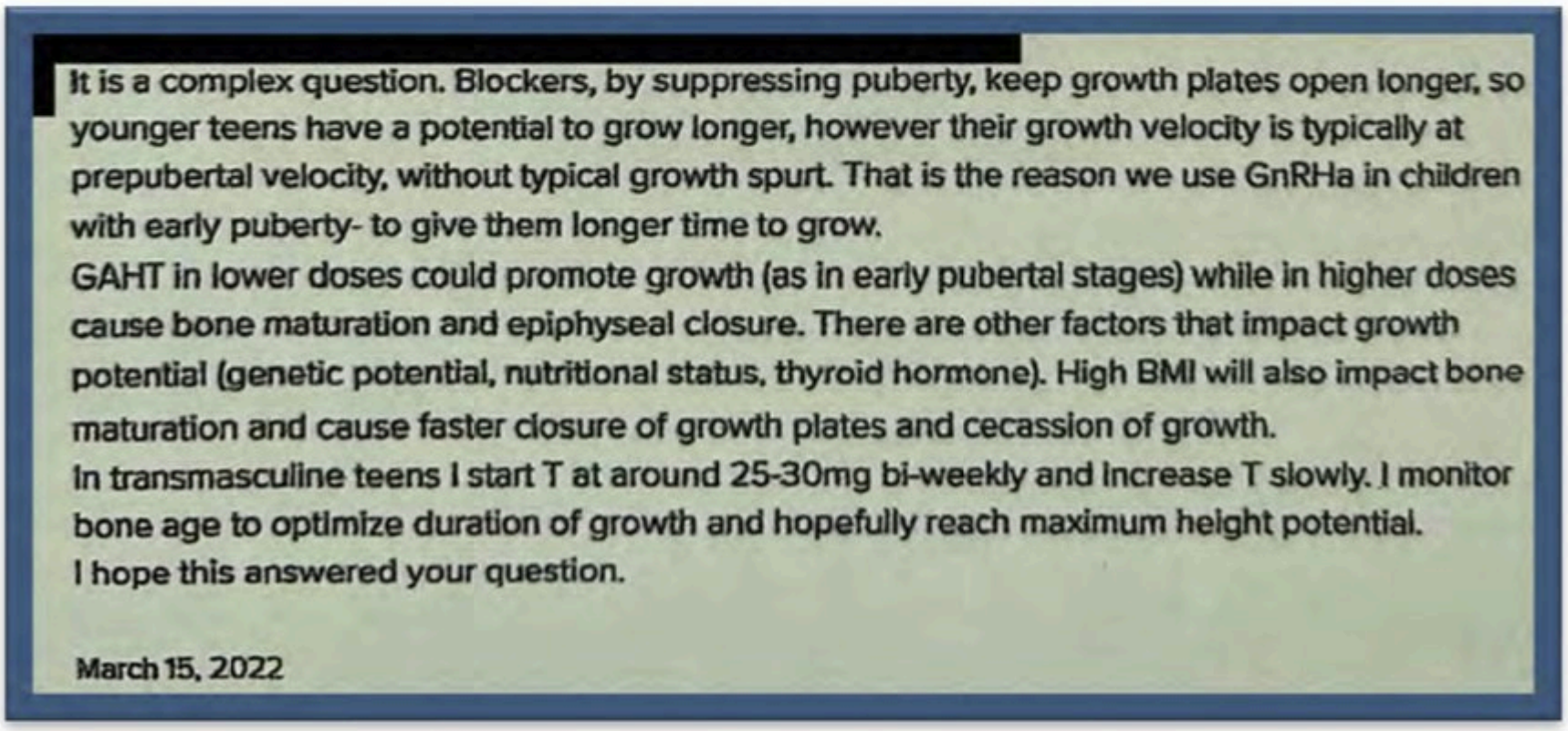
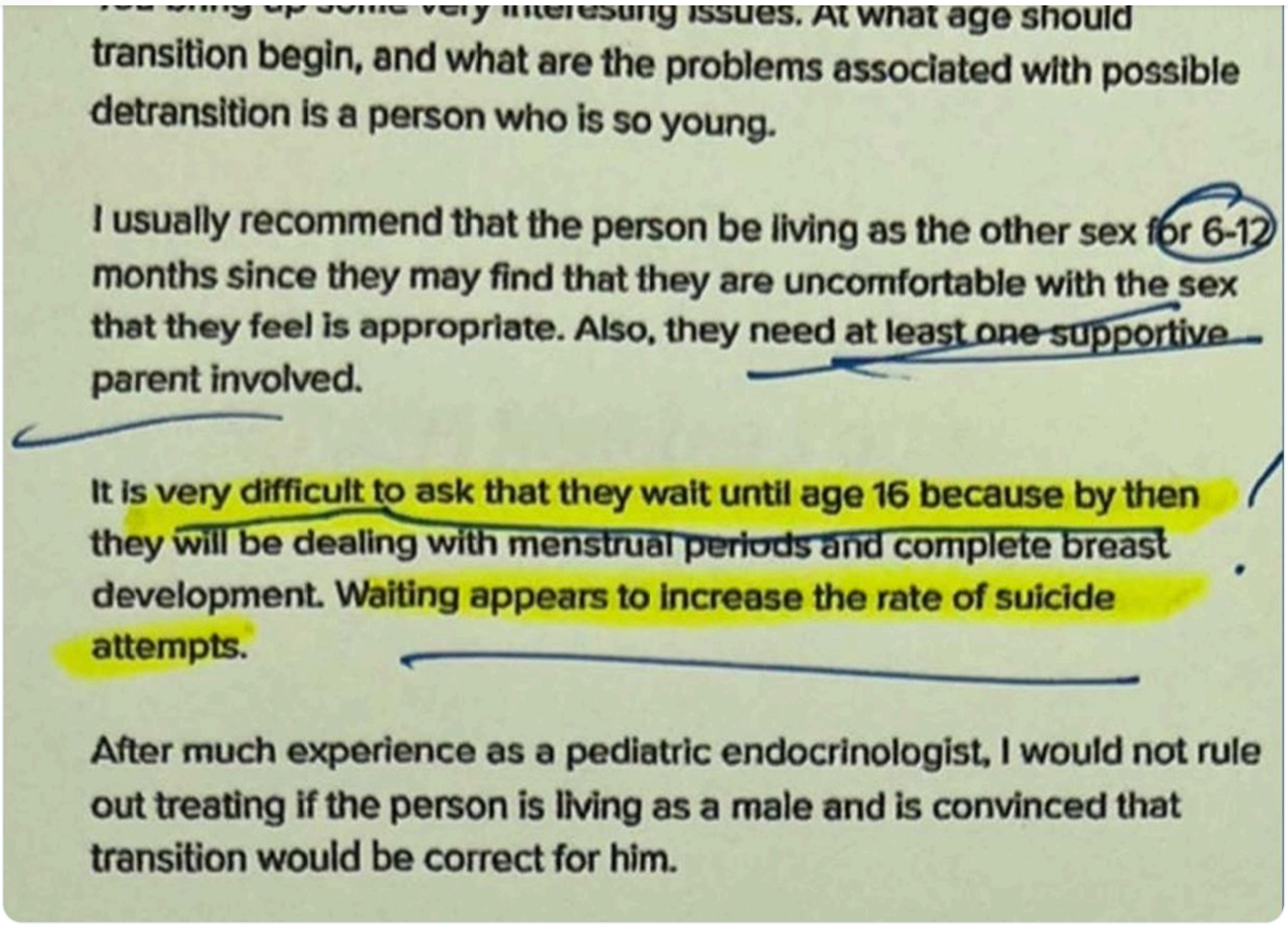
“14 year old trans female who started transition since she was 4... wants to have Gender Affirming Surgery”



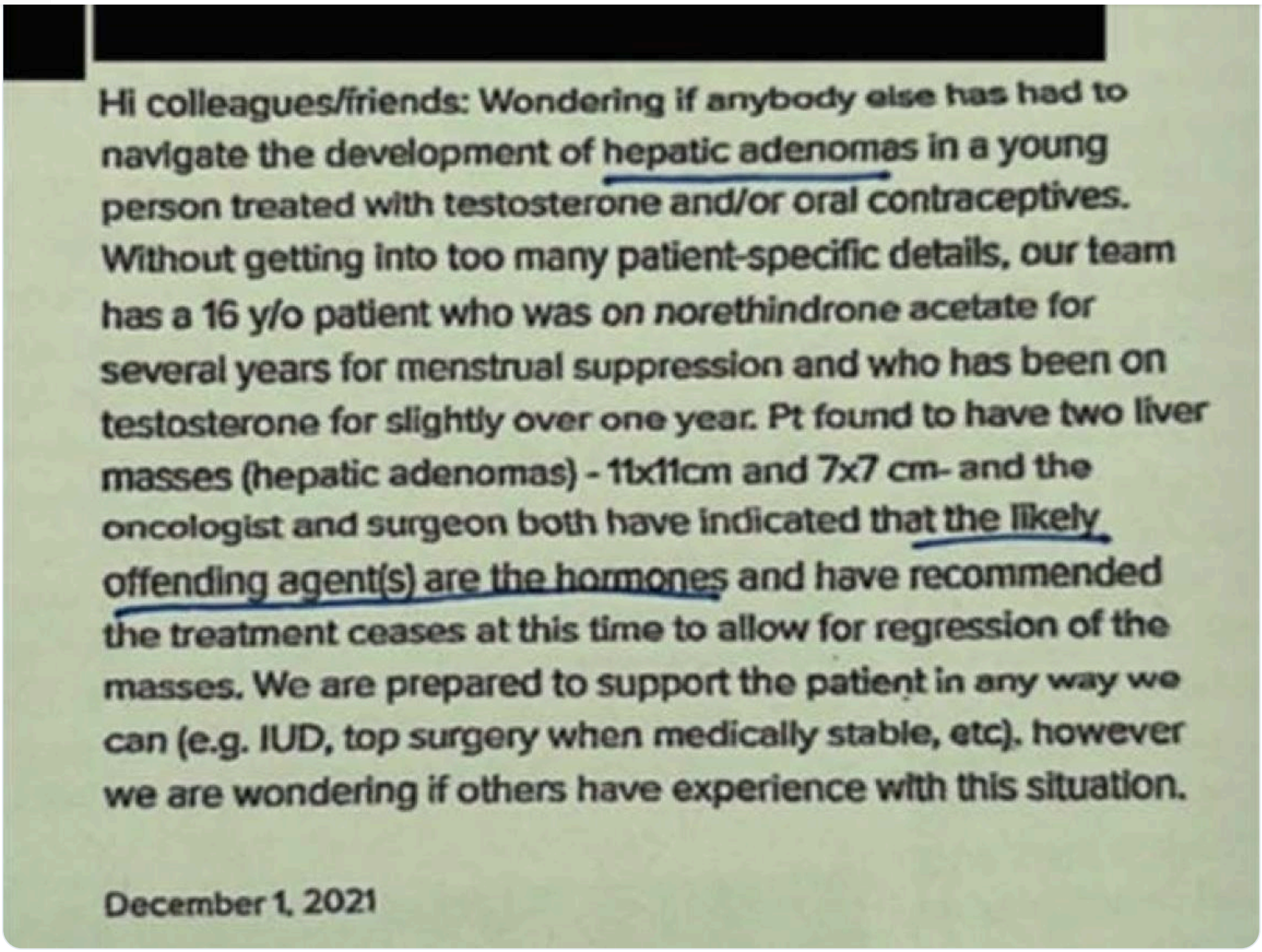


"It is very difficult to ask that they wait until age 16..."



A “16 y/o patient…found to have two liver masses… the likely offending agents were the hormones…”

The problem is that drugs can cause tumors, even, apparently, in people as young as 16 years old.



“To what degree… providers discuss actual rates of surgical complications… (e.g., pain…additional surgeries, necrotic tissue, infection, hematomas…”

Many young patients experiencing gender distress do not appear to understand that they may suffer serious consequences from long-term hormone use and genital surgery.

[redacted]

Transgender Mental Health (2151 members)

1,895 Discussion Views

Hi all,

I have been thinking more about what it looks like to obtain fully "informed consent." I was curious to what degree, if any, other mental health providers discuss actual rates of surgical complications with clients when providing assessments for surgical care (e.g., pain or loss of sensation, need for additional surgeries, necrotic tissue, infection, hematomas, strictures, implant-related complications, etc.).

I am also curious if others think it is safe to assume that surgeons disclose actual complication rates (vs. informing clients that these complications may happen).

I realize research on some of these complications may be limited for various reasons.

Thanks in advance for your thoughts!

Best,

[redacted]

“I feel the best time for surgery in the U.S. is the summer before their last year of high school.”

Despite the widespread and growing expression of concern within the WPATH Files over the negative side effects of gender medicine, WPATH members urge that irreversible surgeries take place when adolescents are just 16 or 17 years old.

under 18 over the past 17 years. I currently am batting my hospital for the ability to continue to do so in certain cases where I feel it is sound medical practice based on the situation and the patient. I have never been sued. None of those patients have regretted their decision that I am aware of. Not all of these vaginoplasties had perfect outcomes. The majority of them did fantastic. The ones who had trouble usually had trouble following the dilation schedule and had vaginal stricture. Patients over 18 can have the same dilation difficulties. Even when patients had difficulties they did not regret surgery.

That said, I feel we need to be together on this topic as a professional society. So my advice is tread lightly here. I know that hospitals are more commonly banning under 18 surgeries as I hear desperate stories in my patients and from many of my peers I have queried. The ability to get surgery in the US before 18 is very limited because hospitals are preventing it and the aggressive attacks from the right have had a chilling effect on surgeons willingness.

shave is not the same as Vaginoplasty.

I think we need to reject the argument that consent is impossible in a minor. My hospital performs all kinds of surgeries on minors without issue; they are singling these out because it is politically convenient.

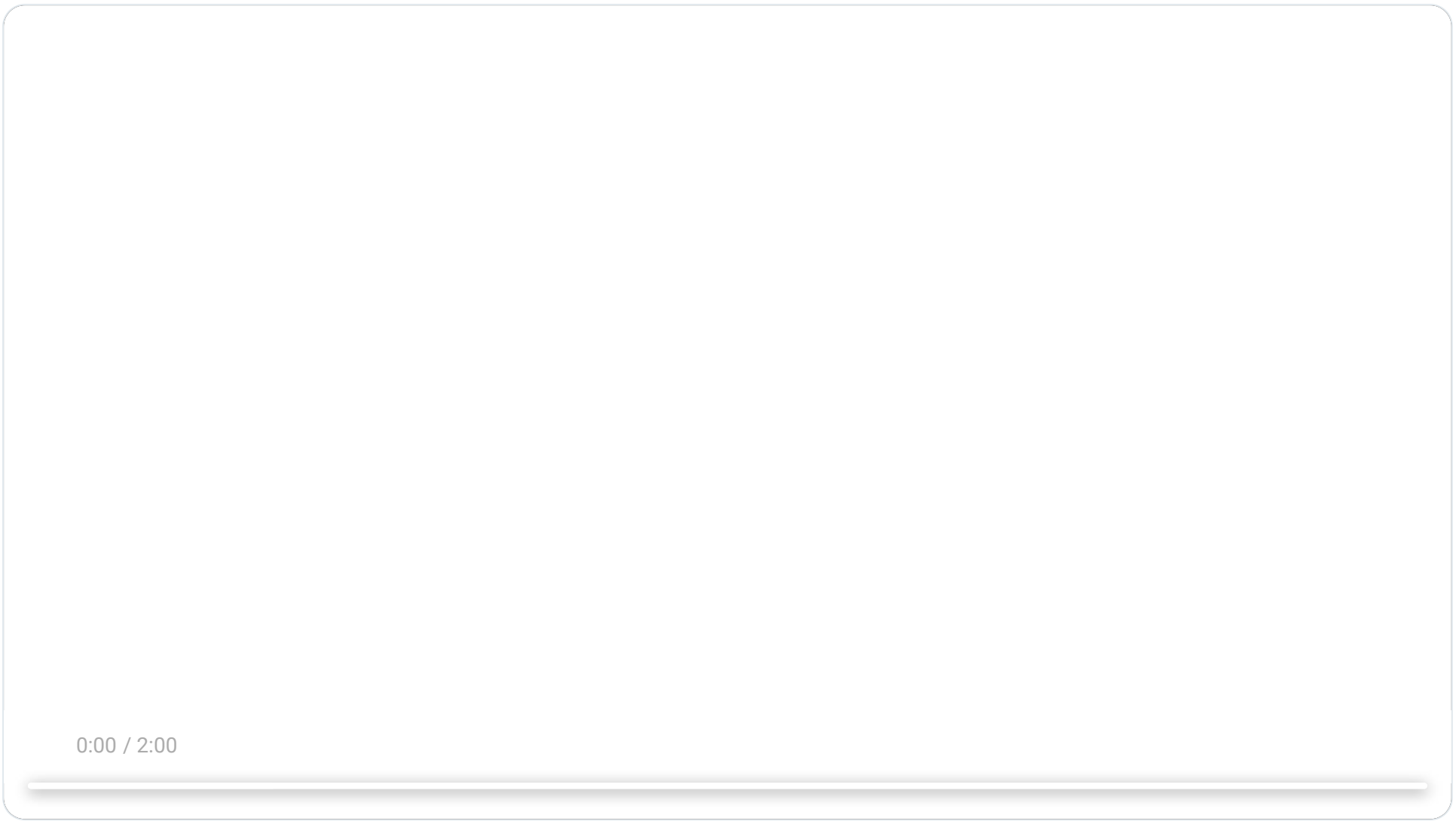
I think we should strive for consensus regarding what a consent should look like for each of these surgeries.

Specific to Vaginoplasty, I have better success with dilation when the patient is at late 16 or 17. I would discourage Vaginoplasty surgery prior to that. In dealing with my hospital, I have offered to limit the under 18 surgery to 17. There is practical reason for this. Many of the bad outcomes are a direct result of rushing to get surgery before heading off to college/university. There are too many stressors in college that limit patients ability to dilate. For well prepared patients, I feel the ideal time in the US is surgery the summer before their last year of high school. I have heard many other surgeons echo this.

I also welcome appointments for the sole purpose of fact finding. I think it would be great for your 14 year old to hear about the surgery and what recovery is like and about hair removal if you require that. Conversations about surgery can be helpful at younger ages so that the parents and children can get their questions answered and navigate surgery and hormones as they relate to surgery. Penoscrotal hypo plasma is also an important topic to discuss early.

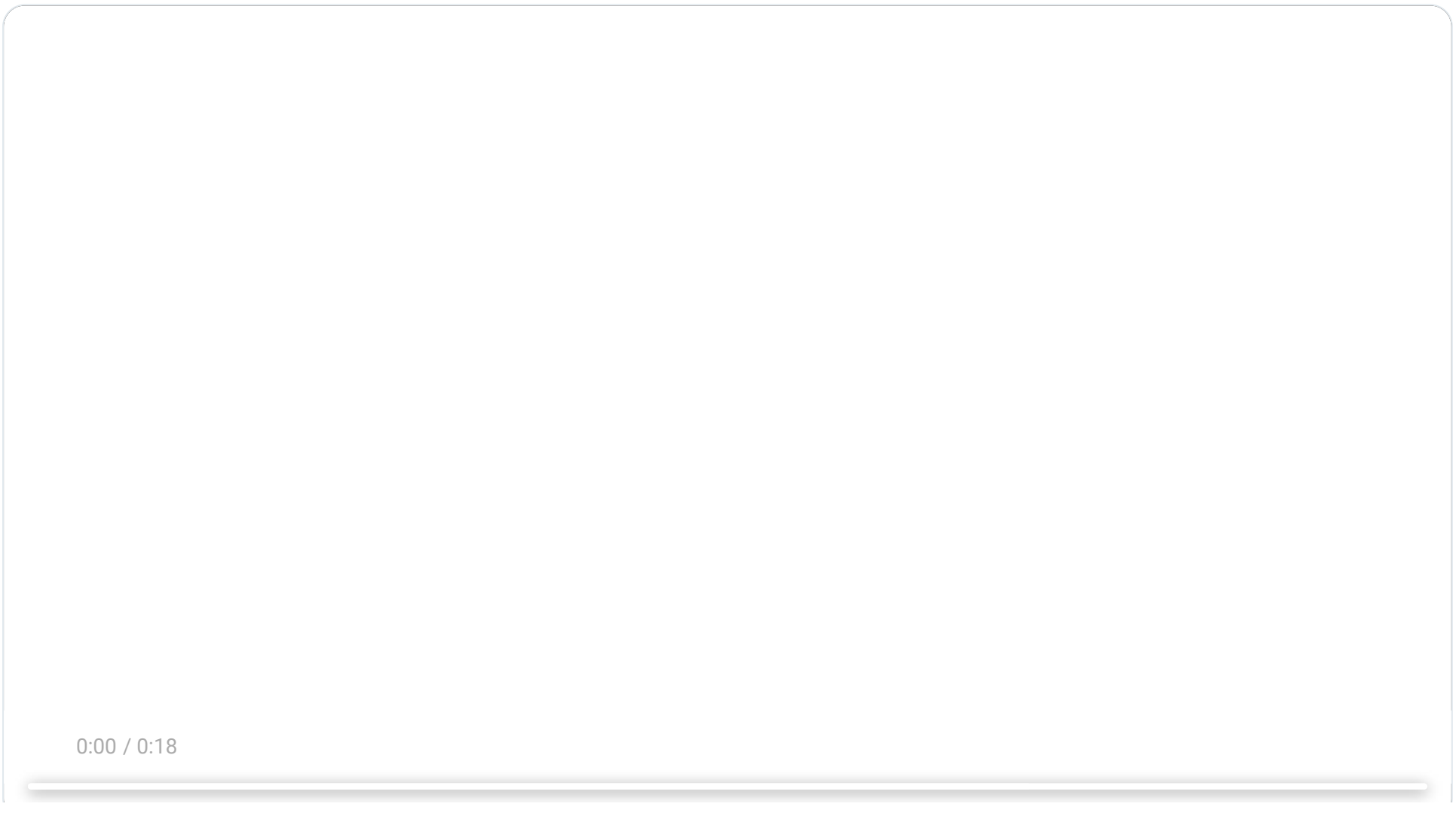
Good luck with this challenging case and good for you to seek information from others!!

“We try to talk about it, but most of the kids are nowhere in any kind of a brain space to really, really, really talk about it seriously.”

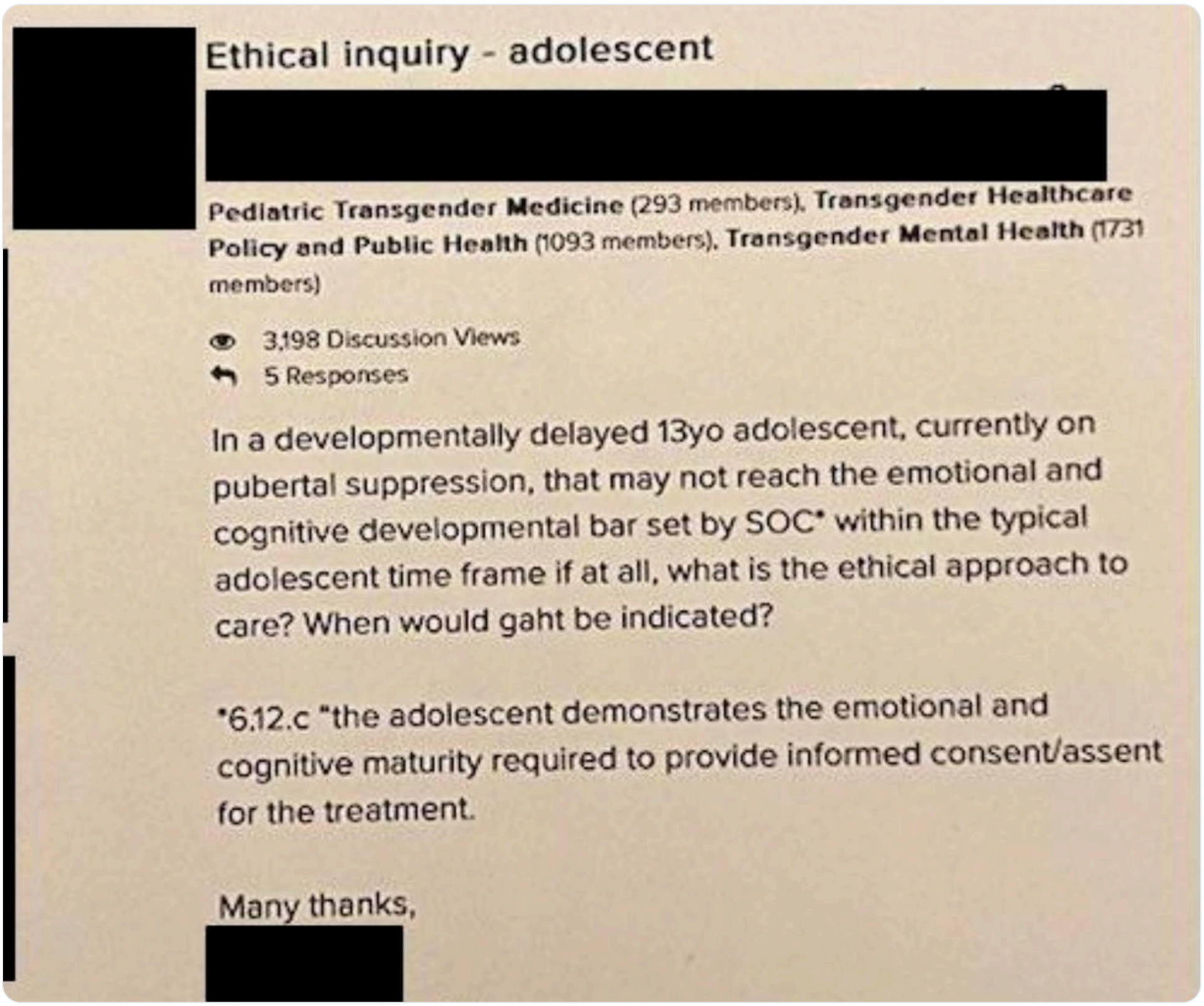


Many Parents Don’t Understand What Will Happen To Their Children

“I try to kind of do whatever I can to help them understand best they, best I can,” says a therapist. “But what really disturbs me is when the parents can't tell me what they need to know about a medical intervention that apparently they signed off for."



very low standards of care.



“Oh, the dog isn’t doing it for you?”

Many gender medicine victims are filled with regret that they were sterilized. Nobody knows this more than the doctors who mistreated them. At times, their response to such regret appears callous.

“I follow a lot of kids into their mid twenties, I'm always like, ‘Oh, the dog isn't doing it for you, right?’ They're like, ‘No, I

0:00 / 0:14

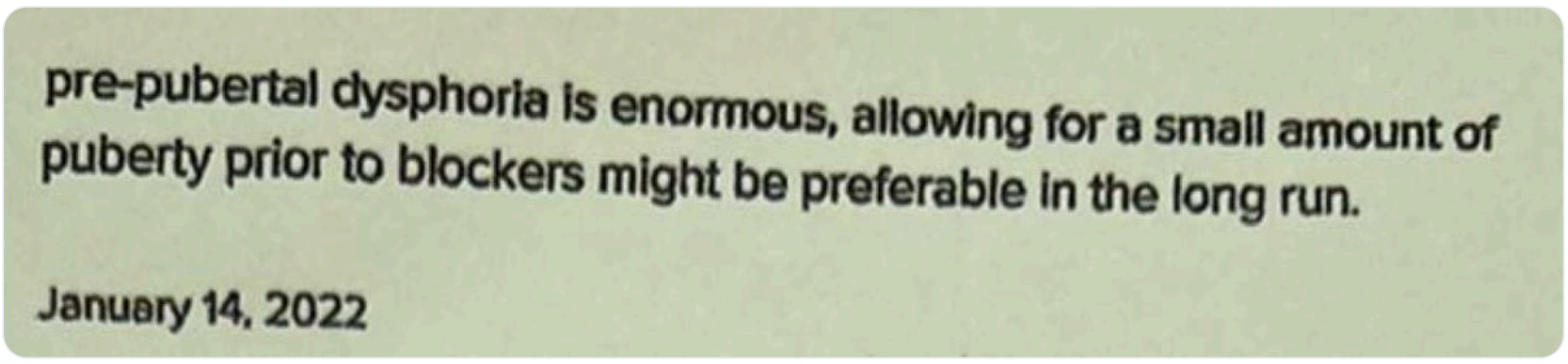
“I’m unaware of an individual claiming ability to orgasm when they were blocked at Tanner 2.”

Many gender medicine patients lose sexual function, including experiencing orgasm. As such, they are not only deprived of sexual pleasure, they are significantly undermining their ability to form long-lasting romantic relationships.

It’s clear from the Files that even many people within gender medicine do not understand this.

On January 14, 2022, the surgeon and President of WPATH, Marci Bowers, explained this reality in a low-key way.

Seven days later, a WPATH member asked Bowers to clarify.



reversible and can offer significant likelihood of avoiding later surgeries such as top surgery.
For AMAB persons, the issue is more complex. Same reversibility for gender exploration and same hope to avoid procedures such as Adams apple shaving, Voice drip.

January 14, 2022

Comment

Marci L. Bowers [redacted]
Etc. The issue is later genital surgery for AMAB persons with early blockade. We do not fully understand the onset of orgasmic response and blockers make this a major question. Fertility and more problematic surgical outcomes at adulthood are also concerns. Unless

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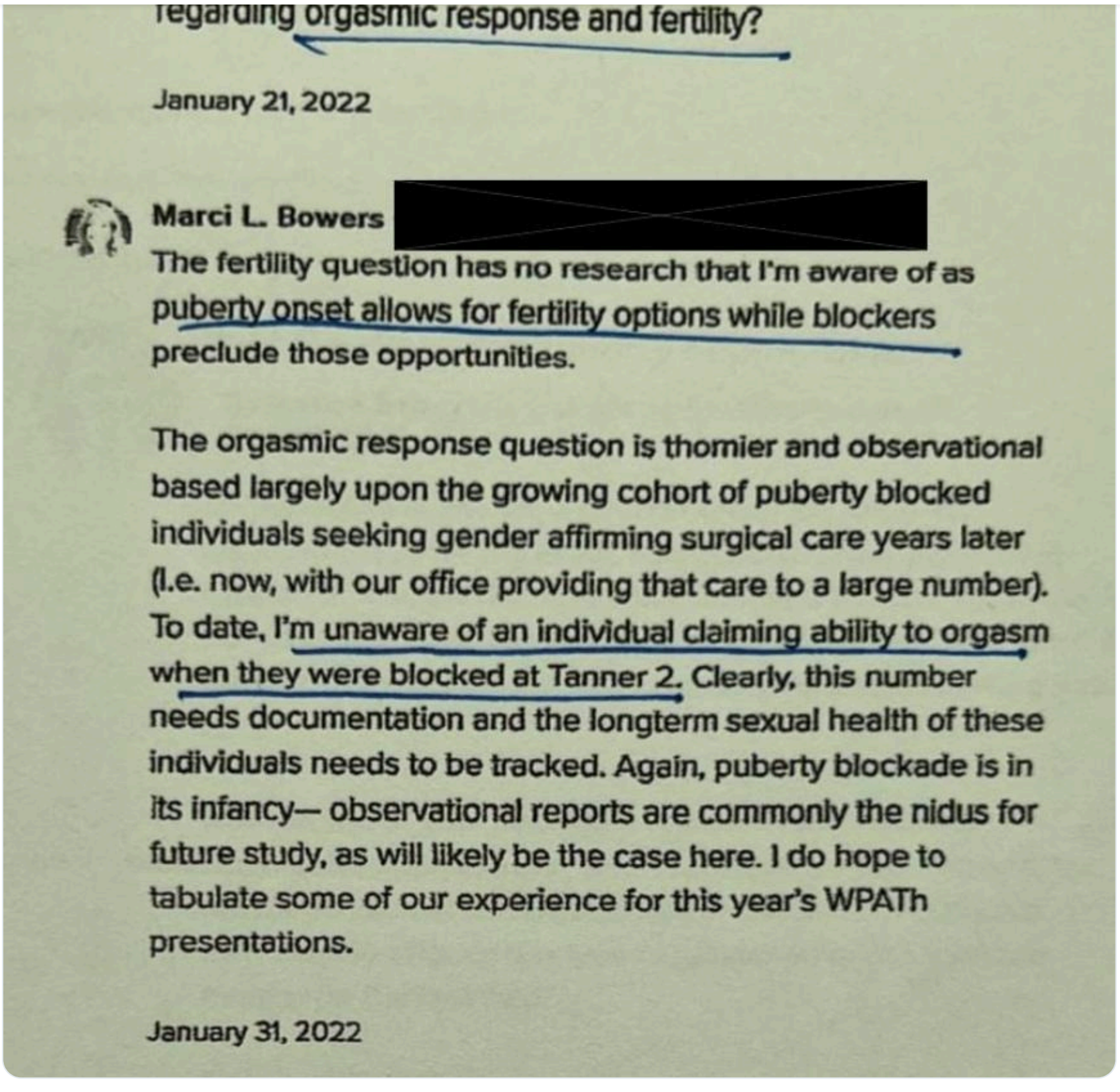
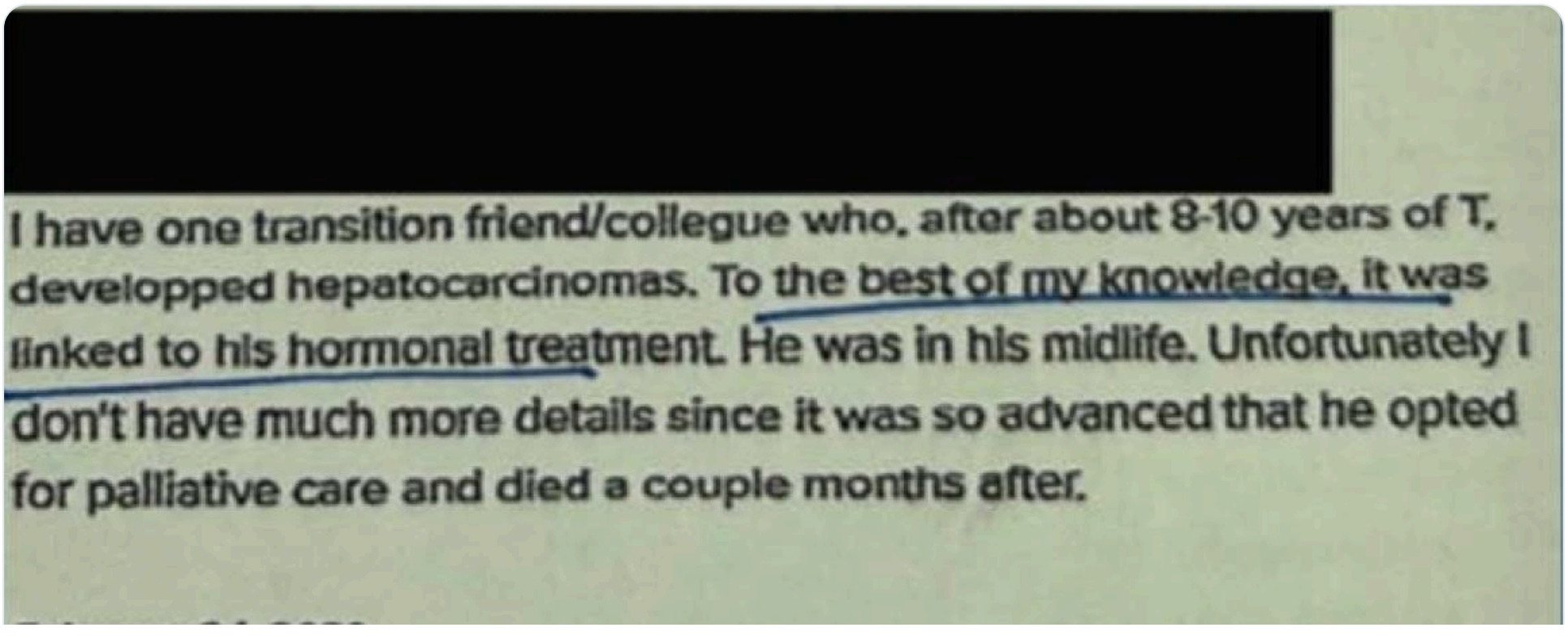


"After 8-10 years of [testosterone, they] developed hepatocarcinomas… died a couple of months after."

For some gender medicine patients, there are fates worse than both sterility and loss of sexual function.



On an unknown date, a San Francisco-based surgeon named Thomas Satterwhite posted an urgent new message to WPATH's internal message board.

"I had a patient who became dangerous/threatening to our care team post-op," he wrote, "which ultimately ended in a restraining order."

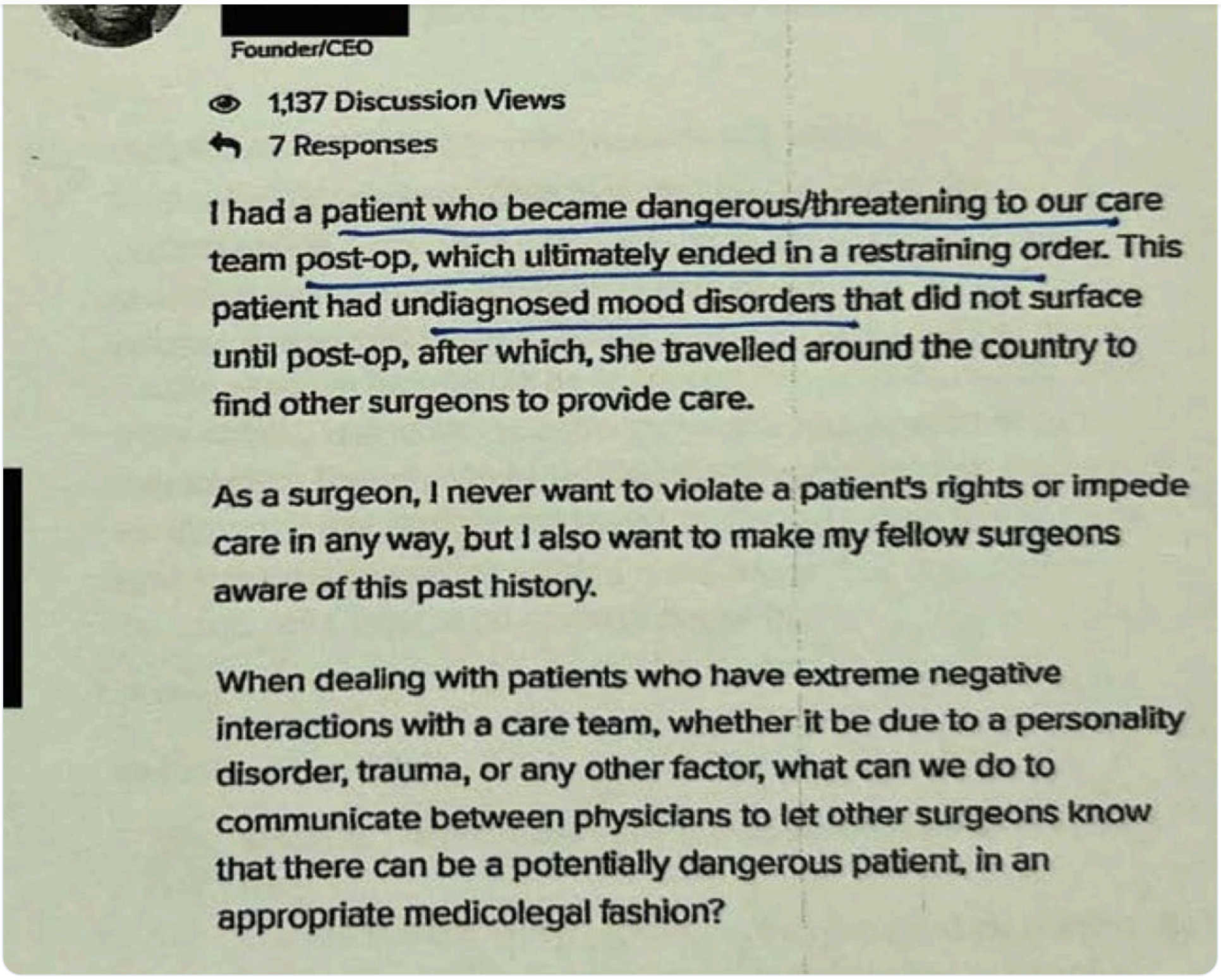
Satterwhite explained that "This patient had undiagnosed mood disorders that did not surface until post-op, after which, she travelled around the country to find other surgeons to provide care."

It's a chilling story, and one that raises many questions about the ethics and legality of gender-affirming medicine.

At the top of that list is how did Satterwhite and his colleagues miss the fact that the person they operated upon had a serious psychiatric condition?

But Satterwhite was focused on a more prosaic question: What was the best "medicolegal" way that he could warn other doctors and health care providers that his former patient was "potentially dangerous"?

There is no evidence in the WPATH Files, nor elsewhere, that the experience shook Satterwhite enough to question whether gender-affirming care is, in reality, committed to the maxim, "First, do no harm."



Our Awful History Of Mistreating Mental Illness

Nations have struggled to care properly for people with mental illness and psychiatric disorders for centuries.

After every past scandal, we pledge to do better next time, relying more on science than ideology.

Readers of the WPATH Files may walk away with the sense that we have learned nothing.

Repeatedly throughout the WPATH Files, we see gender medicine practitioners waive away evidence that mental illnesses

The WPATH Files — Environmental Progress

Leaked files from WPATH reveal widespread medical malpractice on children and vulnerable adults at global transgender healthcare authority World Professional Association of Transgender Health (WPA…

https://environmentalprogress.org/big-news/wpath-files

“Disordered eating,” “purposeful malnutrition,” and a “high prevalence of eating disorders”

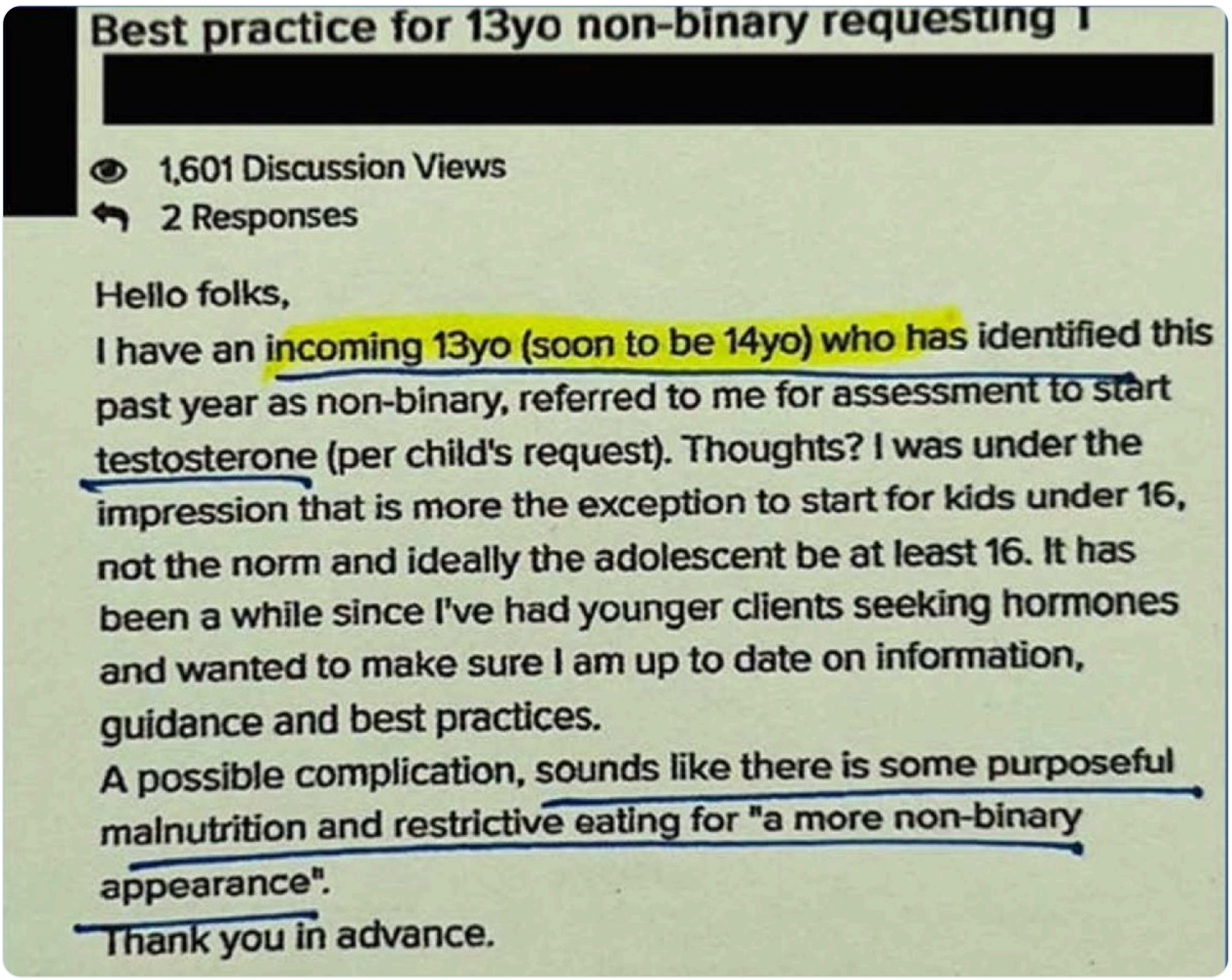
A therapist raises concerns in a message about the age of a patient.

“I have an incoming 13yo (soon to be 14 yo)… I was under the impression that is more the exception to start for kids under 16, not the norm…”

But the person has another piece of troubling information.

“A possible complication,” the therapist warns, is that it “sounds like there is some purposeful malnutrition and restrictive eating for ‘a more non-binary appearance.’”

The chief medical officer of a health center in Texas chimed in that the therapist had best hurry the 13-year-old teenager along the gender-affirming path because “waiting appears to increase the rate of suicide,” which is one of several pseudoscientific myths repeated within the WPATH Files.


Best practice for 13yo non-binary requesting T

[redacted]

1,601 Discussion Views

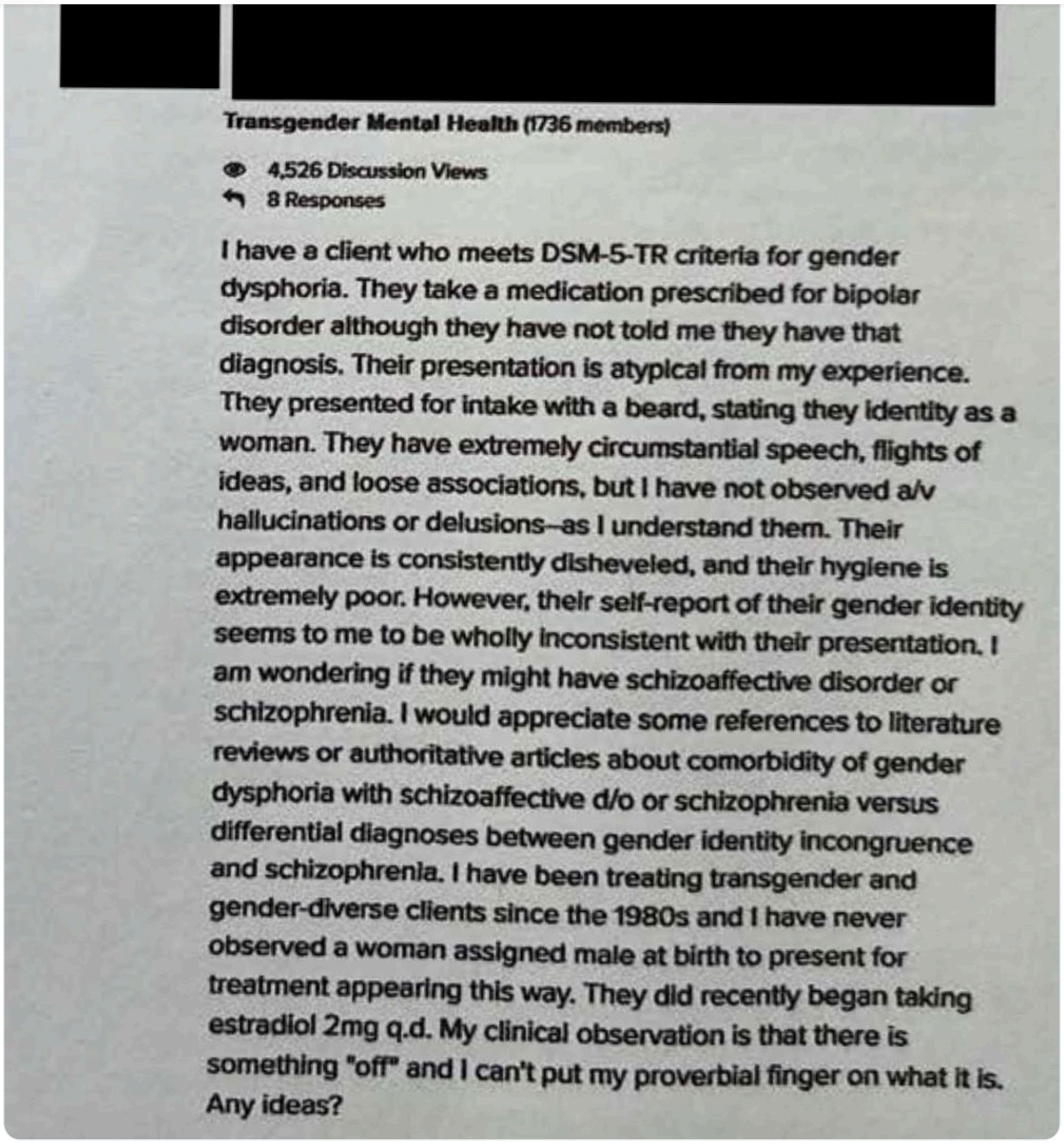
2 Responses

Hello folks,

I have an incoming 13yo (soon to be 14yo) who has identified this past year as non-binary, referred to me for assessment to start testosterone (per child's request). Thoughts? I was under the impression that is more the exception to start for kids under 16, not the norm and ideally the adolescent be at least 16. It has been a while since I've had younger clients seeking hormones and wanted to make sure I am up to date on information, guidance and best practices.

A possible complication, sounds like there is some purposeful malnutrition and restrictive eating for "a more non-binary appearance".

Thank you in advance.



“...I was surprised to find that several of my clients met criteria for dissociative disorders...”

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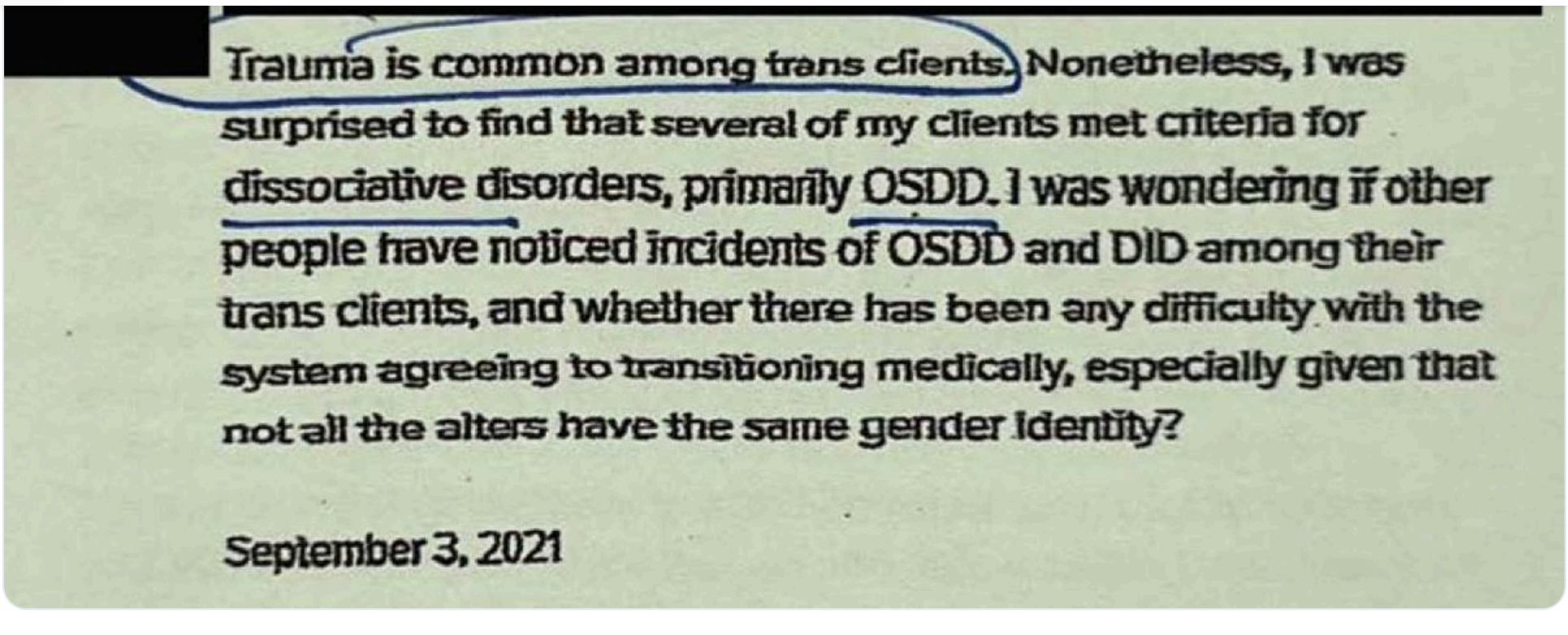
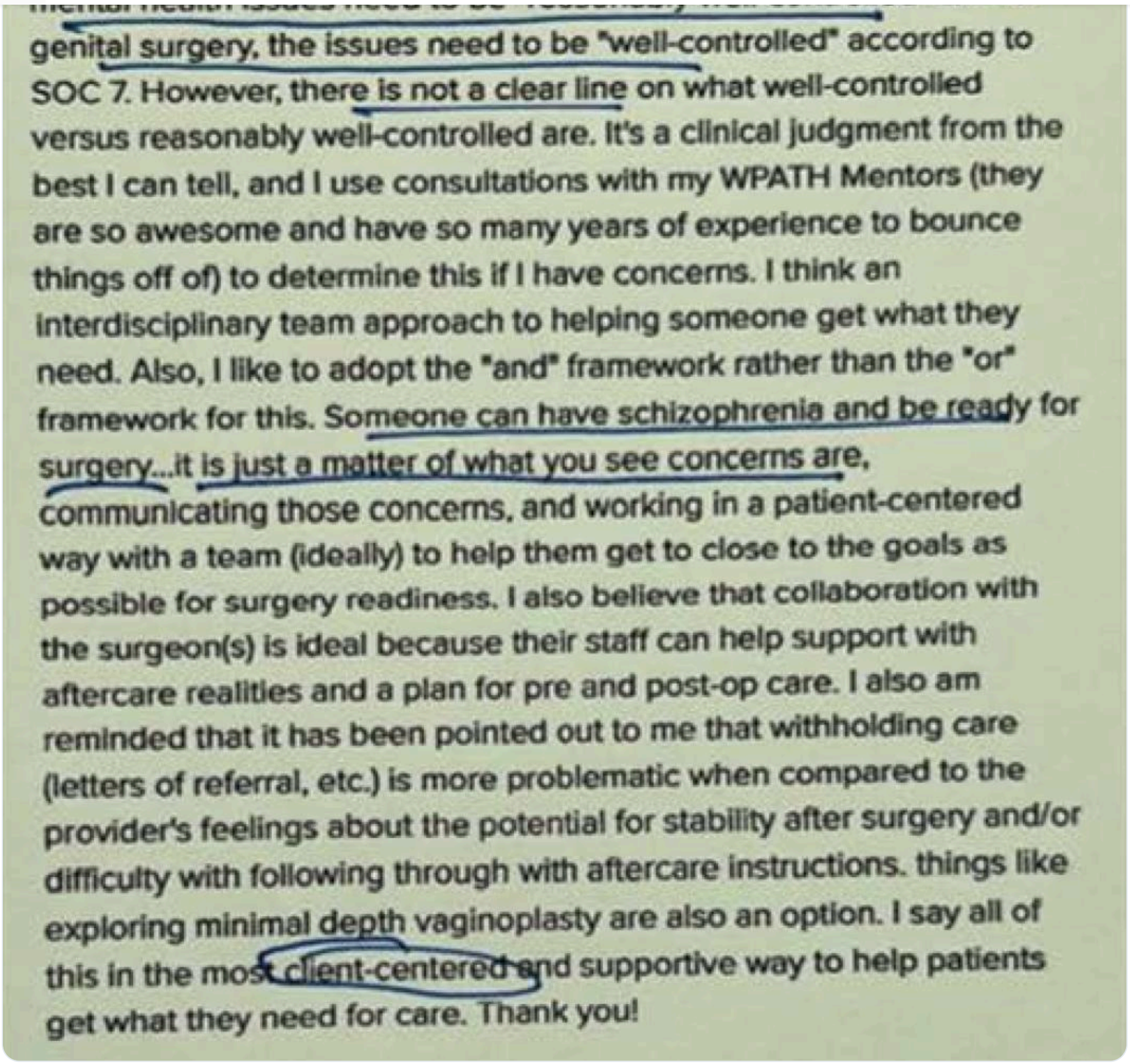

Trauma is common among trans clients. Nonetheless, I was surprised to find that several of my clients met criteria for dissociative disorders, primarily OSDD. I was wondering if other people have noticed incidents of OSDD and DID among their trans clients, and whether there has been any difficulty with the system agreeing to transitioning medically, especially given that not all the alters have the same gender identity?

September 3, 2021

“Someone can have schizophrenia and be ready for surgery…”


genital surgery, the issues need to be "well-controlled" according to SOC 7. However, there is not a clear line on what well-controlled versus reasonably well-controlled are. It's a clinical judgment from the best I can tell, and I use consultations with my WPATH Mentors (they are so awesome and have so many years of experience to bounce things off of) to determine this if I have concerns. I think an interdisciplinary team approach to helping someone get what they need. Also, I like to adopt the "and" framework rather than the "or" framework for this. Someone can have schizophrenia and be ready for surgery...it is just a matter of what you see concerns are, communicating those concerns, and working in a patient-centered way with a team (ideally) to help them get to close to the goals as possible for surgery readiness. I also believe that collaboration with the surgeon(s) is ideal because their staff can help support with aftercare realities and a plan for pre and post-op care. I also am reminded that it has been pointed out to me that withholding care (letters of referral, etc.) is more problematic when compared to the provider's feelings about the potential for stability after surgery and/or difficulty with following through with aftercare instructions. things like exploring minimal depth vaginoplasty are also an option. I say all of this in the most client-centered and supportive way to help patients get what they need for care. Thank you!

"...I have noted a high incidence of dissociative disorders..."

dissociative disorders- but professionally (and personally) I have noted a high incidence of dissociative disorders amongst the community throughout both my interactions as both a social services worker and my personal connections within the community. (Yet, I will be the first to admit & challenge that my own experiences might be different, as an open transmasculine social work professional, I can be afforded a lot of trust from my predominantly LGBTQIAS2+ Clientele on that fact alone- thereby impacting the information I receive- as I have had numerous clientele presenting with OSDD/DID symptoms who admit that they didn't speak on the issue often with other social services members, fearing that this in conjunction with their perceived 'gender deviance' would make them appear 'too crazy'). I have found that with a diagnosis of OSDD/DID, clientele worry that they will be denied gender affirming medical procedures/interventions- a fear that has led to several of my trans clientele over the years, turning to black market gender affirming procedures/medication rather than attempting to go through the medical system.

"I have operated on three DID [Dissociative Identity Disorder] patients... All three did okay out to the six month mark...."

serious/obvious. 2 were vuvlovaginoplasty and one was mastectomy (more serious case).

All three did ok out to the six month mark. I required an extra letter from a did specialist in all cases. I did a lot of extra hand holding on all three cases.

January 1, 2022

Christine N. McGinn [redacted]

Hi.

I have operated on three DID patients in the past. 2 of the three were self diagnosed with a stamp of a therapist and one was more

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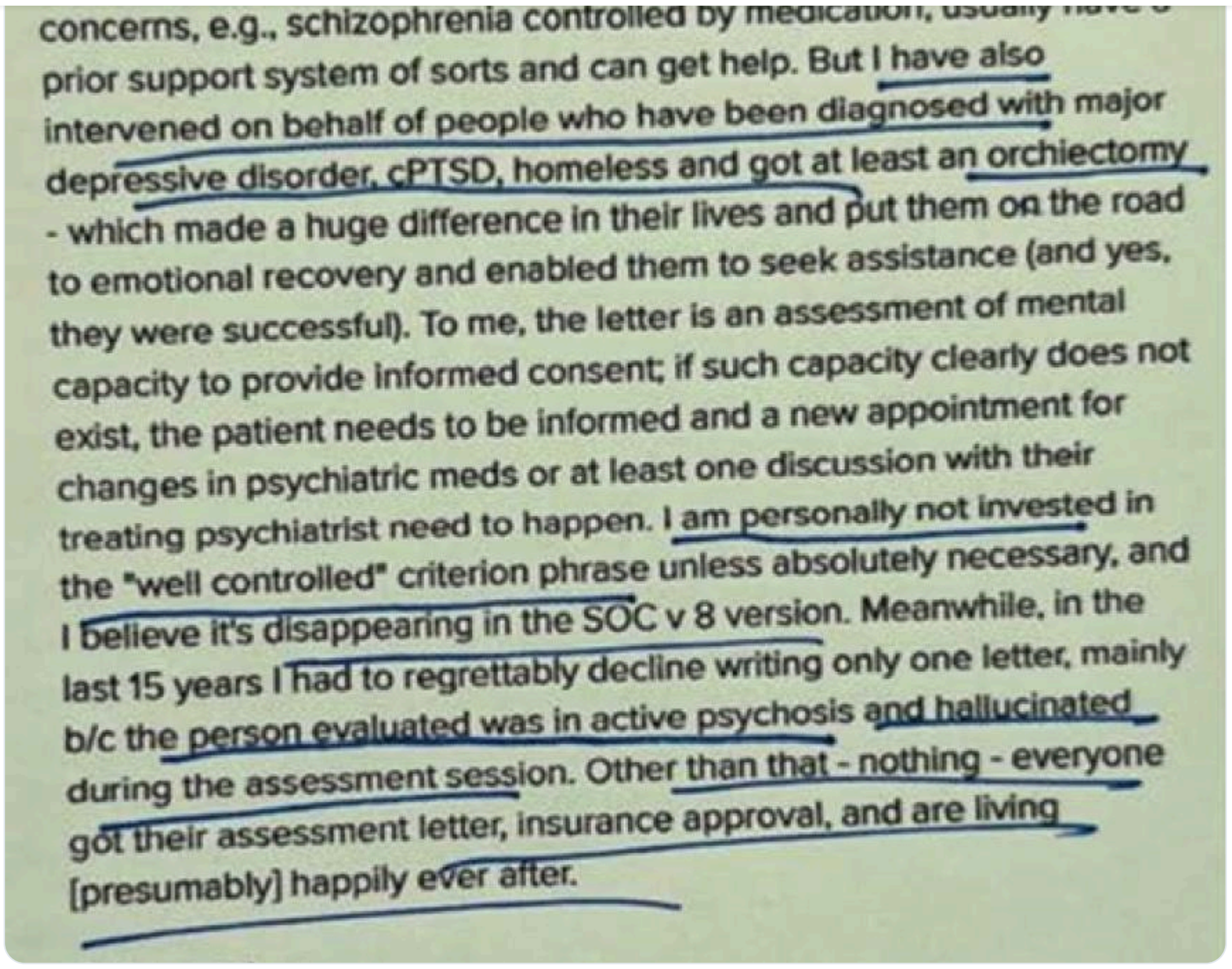
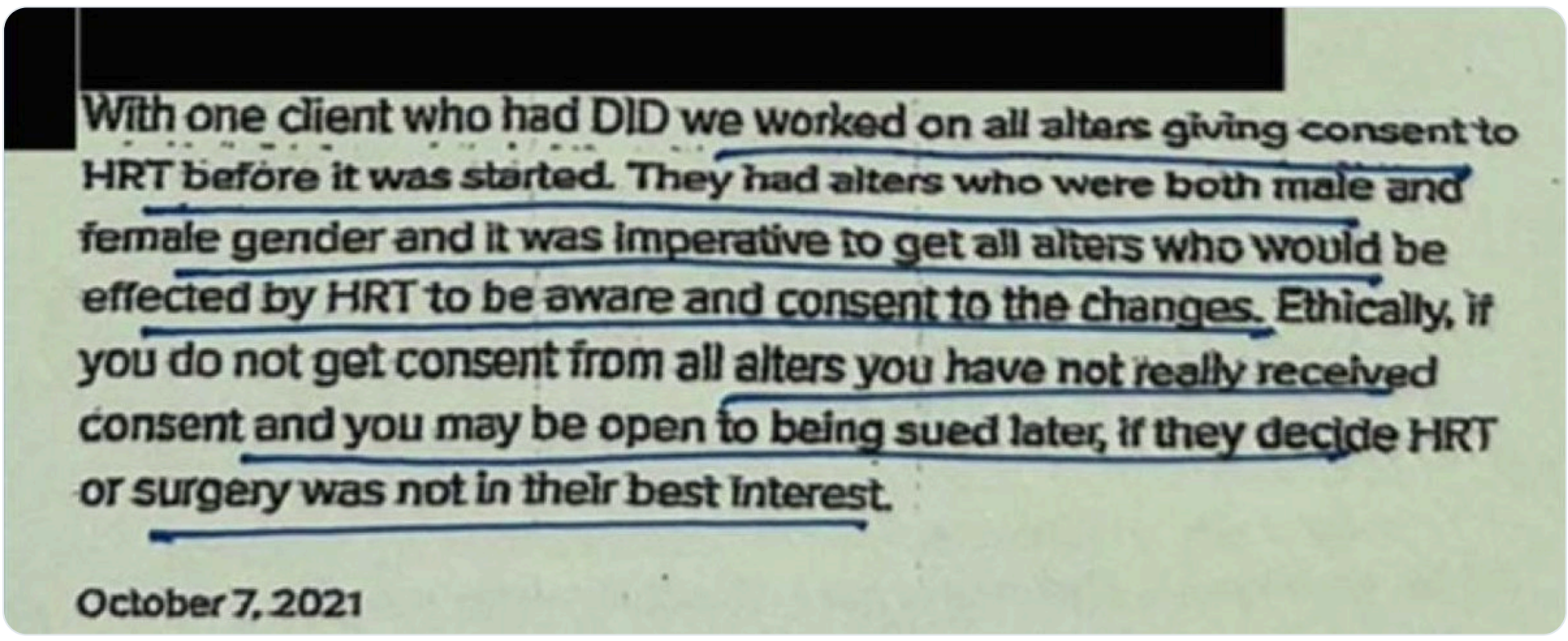

concerns, e.g., schizophrenia controlled by medication, usually
prior support system of sorts and can get help. But I have also intervened on behalf of people who have been diagnosed with major depressive disorder, cPTSD, homeless and got at least an orchiectomy - which made a huge difference in their 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.

“They had alters who were both male and female gender and it was imperative to get all alters who would be effected by [Hormone Replacement Therapy] to be aware and consent to the changes."

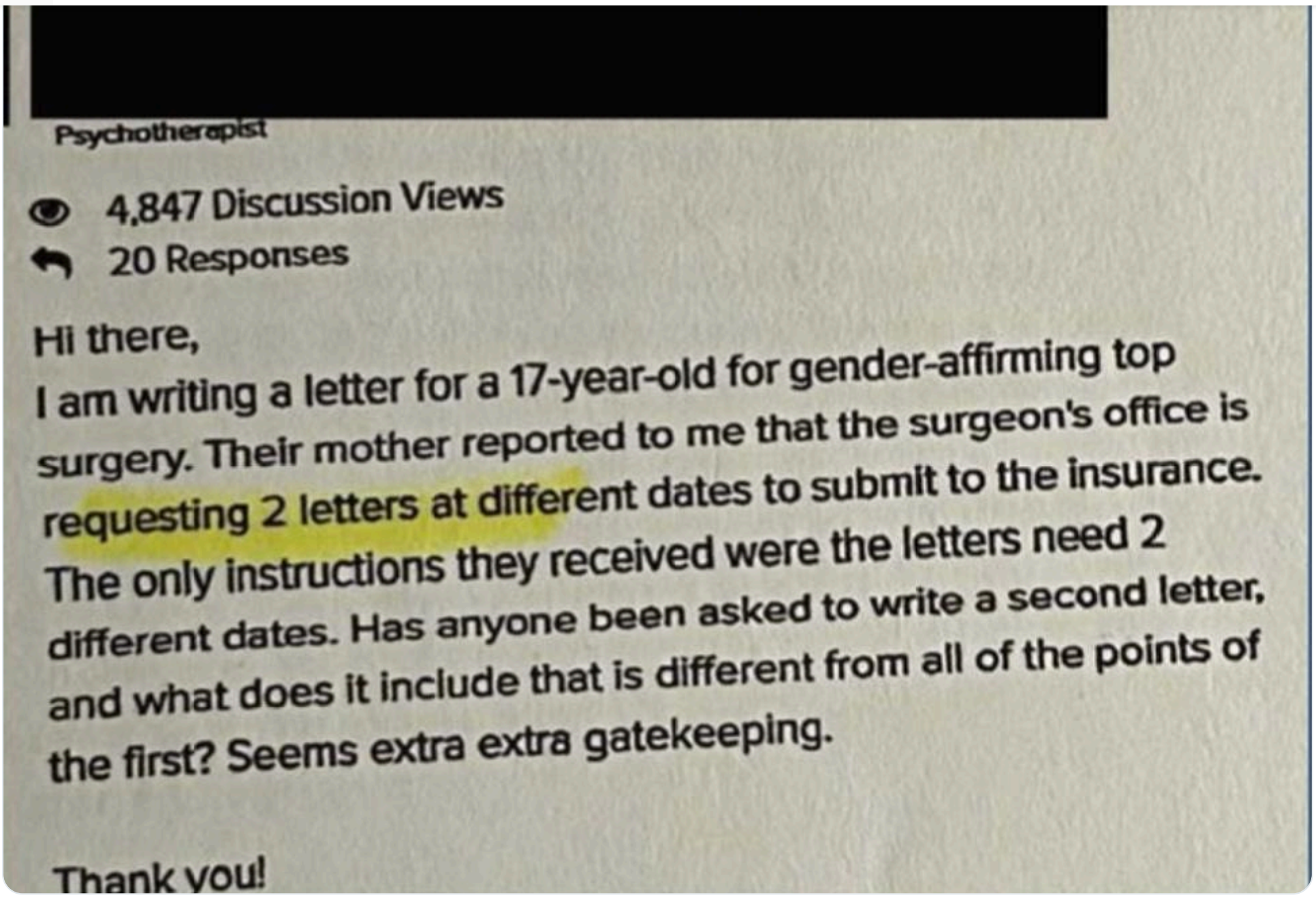

[redacted]
With one client who had DID we worked on all alters giving consent to HRT before it was started. They had alters who were both male and female gender and it was imperative to get all alters who would be effected by HRT to be aware and consent to the changes. Ethically, if you do not get consent from all alters you have not really received consent and you may be open to being sued later, if they decide HRT or surgery was not in their best interest.

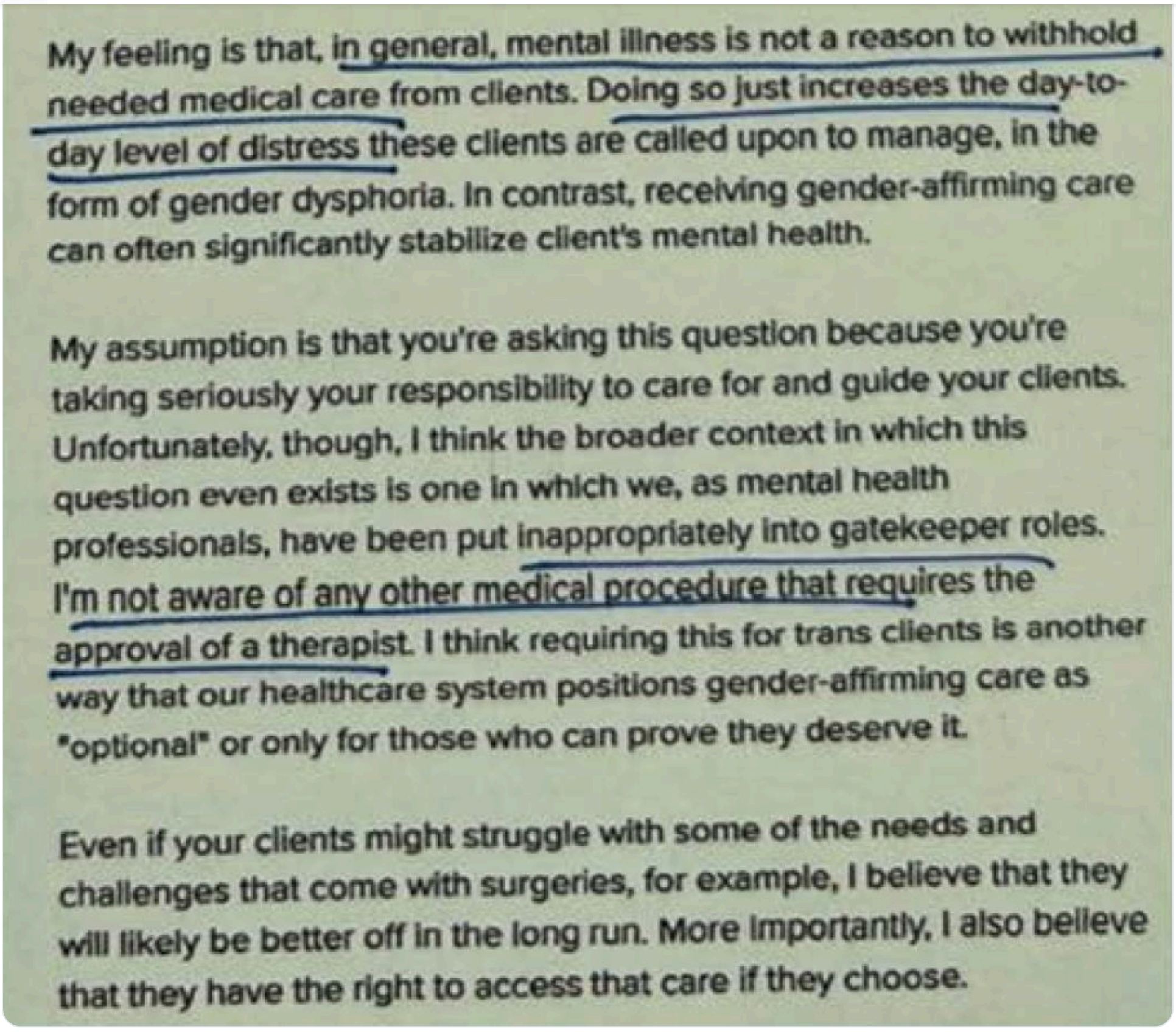
October 7, 2021

Part III: Ethics

“I’m not aware of any other medical procedure that requires the approval of a therapist.”

Frequently, WPATH members push back against “gatekeeping,” including the requirement for sound mental health before undergoing a lifelong regime of drugs and surgery.


[redacted]
Psychotherapist
4,847 Discussion Views
20 Responses
Hi there,
I am writing a letter for a 17-year-old for gender-affirming top surgery. Their mother reported to me that the surgeon's office is requesting 2 letters at different dates to submit to the insurance. The only instructions they received were the letters need 2 different dates. Has anyone been asked to write a second letter, and what does it include that is different from all of the points of the first? Seems extra extra gatekeeping.
Thank you!



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.

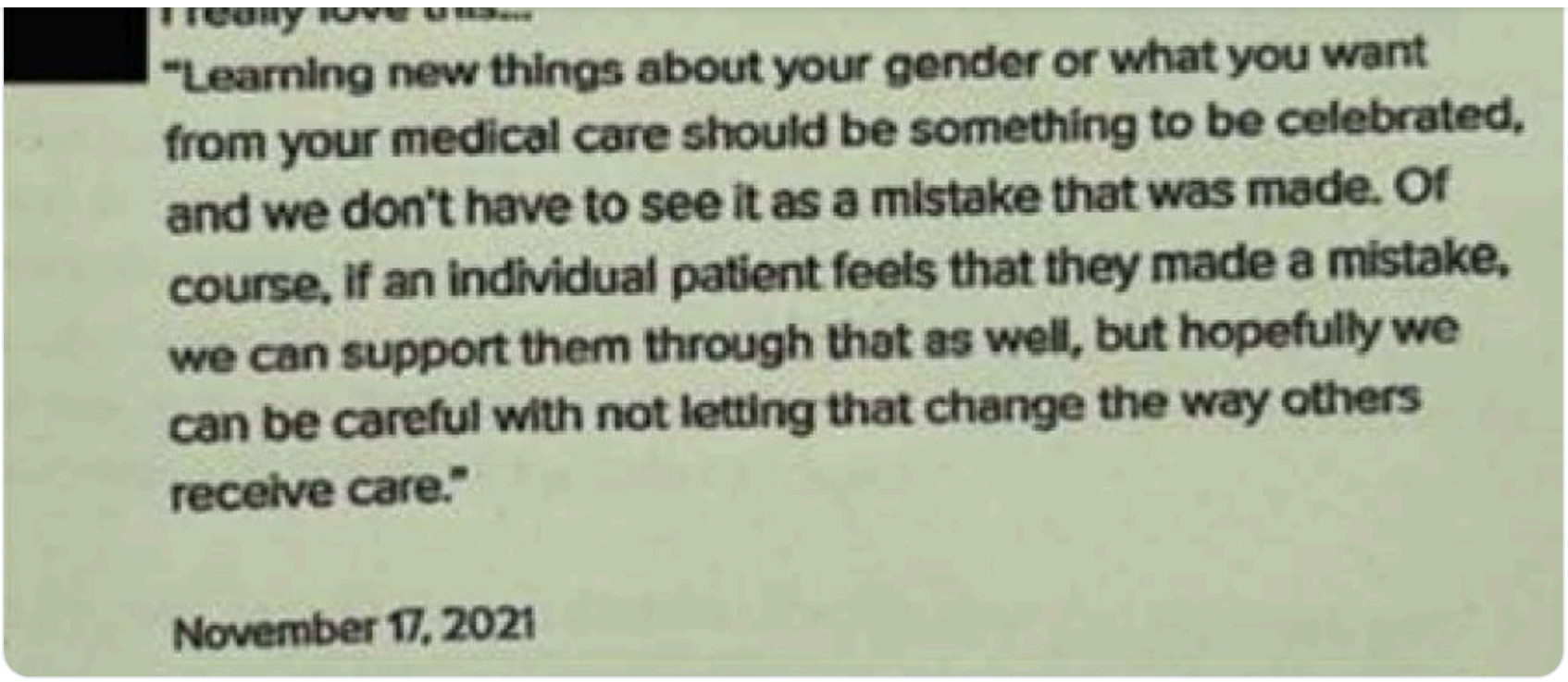
My assumption is that you're asking this question because you're taking seriously your responsibility to care for and guide your clients. Unfortunately, though, I think the broader context in which this question even exists is one in which we, as mental health professionals, have been put inappropriately 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.

“If an individual patient feels that they made a mistake… be careful with that not letting that change the way others receive care.”

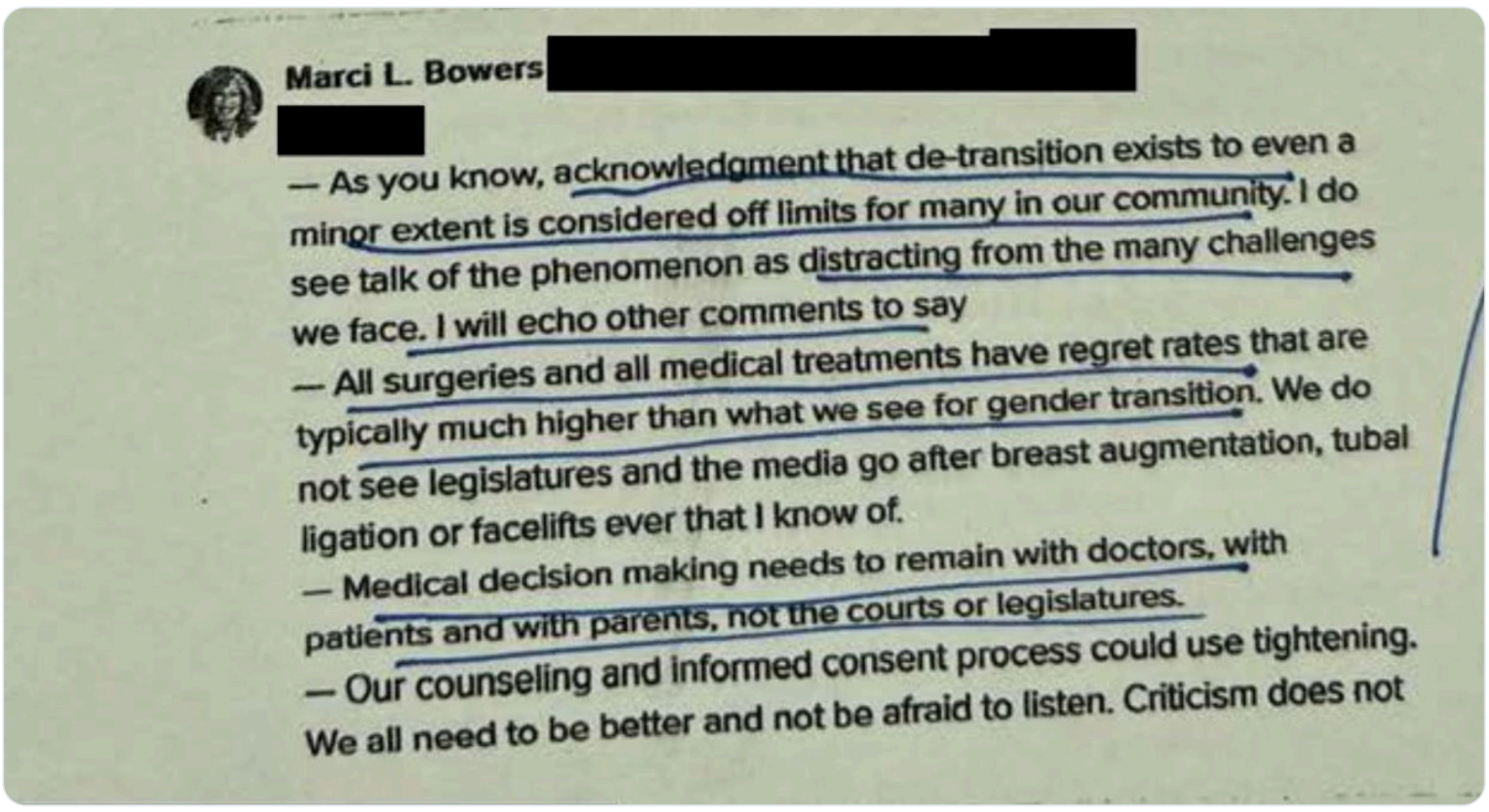
At times, WPATH members speak of the growing number of “detransitioners” who regret gender medicine.

Some gender medicine practitioners express less concern for the detransitioners than for the threat they may pose to gender medicine.



"Patients need to own and take active responsibility for medical decisions, especially those that have potentially permanent effects."

There is evidence within the WPATH Files of WPATH members, as well as its president, Marci Bowers, blaming their victims.



Faced with rising amounts of regret and detransition, WPATH members describe what's happening as a "gender journey" not a single "transition."

And faced with their own failure to achieve informed consent, WPATH members re-frame it as a "process," and an "on-going conversation."

"...informed consent [is a]... process... not one conversation at one point in time ... those conversations don't have to stop once the Medicaid and intervention has been started. Those conversations can be ongoing even after the intervention has occurred."

"What has been currently happening is, frankly, not what we need to be doing, ethically."

As we saw above, many WPATH members waive away the evidence of medical mistreatment.

But others appear genuinely concerned by the lack of informed consent.

A therapist describes talking to parents after they meet with a medical doctor.

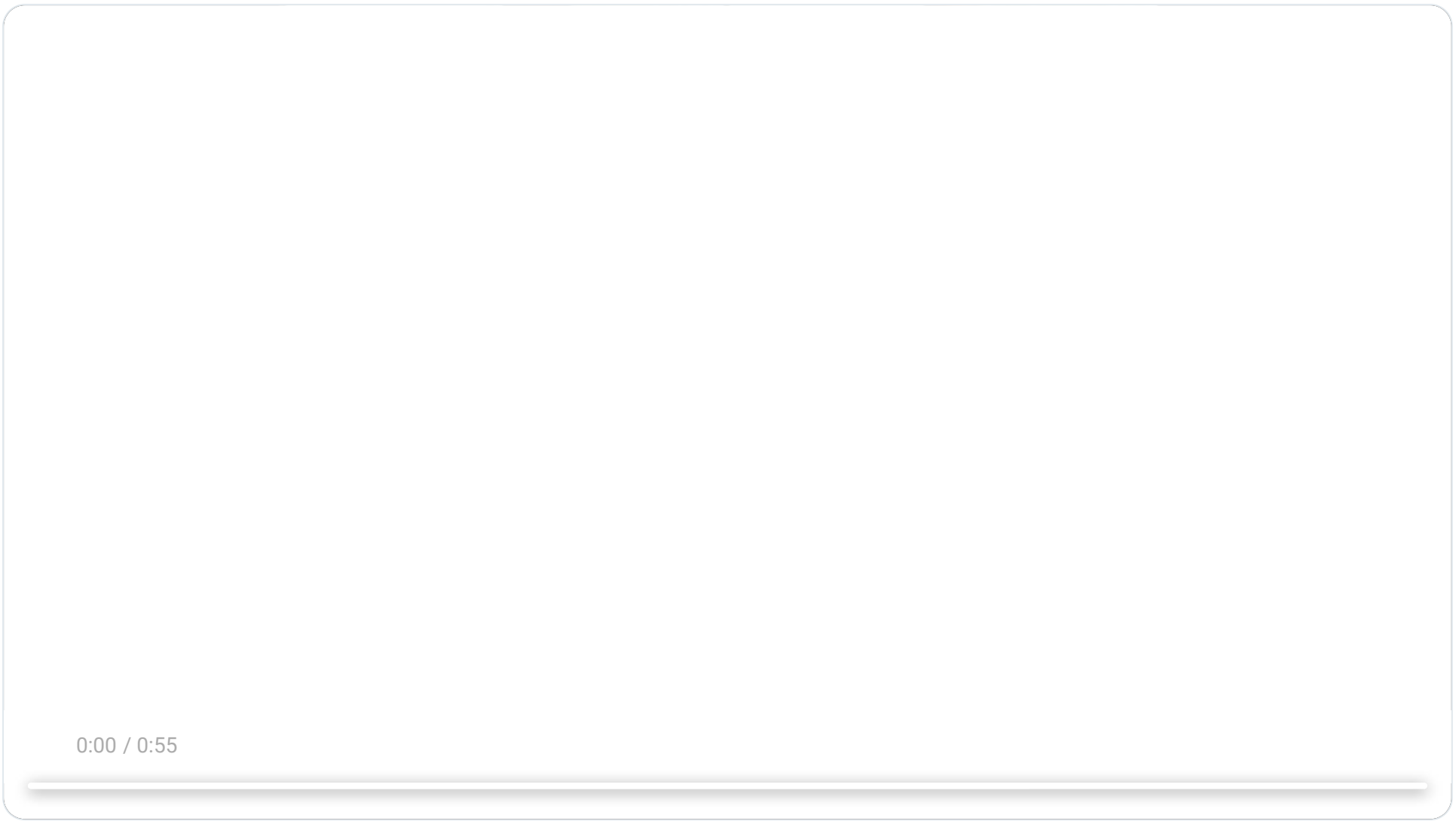
"I would go in, and say, 'Okay, so tell me what you learned.' They would be like, 'We have no idea what they were talking about.'

"Part of it is that they feel less deferential to the kind of doctor I am than the kind of doctor the medical doctor is.

"And because they really are seeking the care, they're just going to say they know when they really aren't picking up on what's happening.

"And so I think the more we can normalize that it is okay to not get this right away, that it is okay to have questions, is,

/ END



But the whole project wouldn't have been possible without the steadfast and unwavering support of Michael @Shellenberger, who saw something in me that I didn't… Show more

> **Michael Shellenberger** @shellenberger
>
> THE WPATH FILES
>
> Advocates of gender-affirming care say it's evidence-based.
>
> But now, newly released internal files from the World Professional Association for Transgender Health (WPATH) prove that the practice of transgender medicine is neither scientific nor medical.
>
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More from @shellenberger

Michael Shellenberger
@shellenberger

3h

The head of the @BBC says it will “Pursue the truth with no agenda by reporting fearlessly & fairly.” But, according to current & former BBC journalists, the BBC is suppressing the truth about "gender-affirming care," mislabeling men as women, and failing to safeguard children.

Read 4 tweets

Michael Shellenberger
@shellenberger

10h

A representative for the EU says, in response to our reporting, “We are not censoring anyone’s opinion.” In truth, she and the EU are putting in place a sweeping totalitarian system of censorship and lying about it.

Four days ago, Czech investigative journalist @CecilieJilkova exposed the censorship efforts of @VeraJourova. Jourova ignored repeated requests for an interview. Now, supposedly coincidentally @VeraJourova is claiming to have uncovered a vast “Russian disinformation” effort

@CecilieJilkova @VeraJourova Suddenly, out of the blue, “Czech and Belgian intelligence” are alleging a vast Russian disinformation and bribery campaign. They are claiming to have proof that conservative politicians — ie, Jourkva’s political rivals — are Russian puppets.

Read 10 tweets

Michael Shellenberger
@shellenberger

Mar 26

You are not crazy, you are right: elites across the West are imposing a crackdown on speech. They have weaponized intelligence and security agencies. The news media are helping them. But they will lose in Ireland and could lose elsewhere. We will support your fight for freedom.

They are cracking down in Germany…

The same characters are attacking free speech in Brazil: public.substack.com/p/fbi-soros-an…

Read 8 tweets

Michael Shellenberger
@shellenberger

Mar 24

We should trust @BBC to fight misinformation, it says. But we shouldn't. Last year it spread false information about hate speech, Nigel Farage, and Israel-Gaza. Now, a former BBC reporter says it killed a major story about the coverup of medical mistreatment of gender confusion.

The former BBC reporter @hannahsbee went on to write a book, "A Time To Think," about the scandal of giving drugs and surgeries to gender-confused kids. Last year, her book was short-listed for the prestigious "Orwell Prize." amazon.com/Time-Think-Col…

Here's what happened, as reported in The Times Of London, today: Barnes "was editing [BBC flagship program] Newsnight on the night she revealed that the [gender clinic hospital] Tavistock trust’s medical director, Dr Dinesh Sinha, had failed to mention a

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function, and regret, that's been changing. Now, a French Senate report calls it "one of the greatest ethical scandals in the history of medicine."

"Maud Vasselle, a mother whose daughter underwent gender transition treatment, told Le Figaro: 'A child is not old enough to ask to have her body altered. "'My daughter just needed the certificate of a psychiatrist, which she obtained after a one-hour consultation. But doctors don't explain the consequences of puberty blockers,' she added. "'My daughter didn't realise that life wasn't going to be so easy with all these treatments... She was a brilliant little girl but now she's failing at school. And she is far from having found the solution to her problems.'" telegraph.co.uk/world-news/202...

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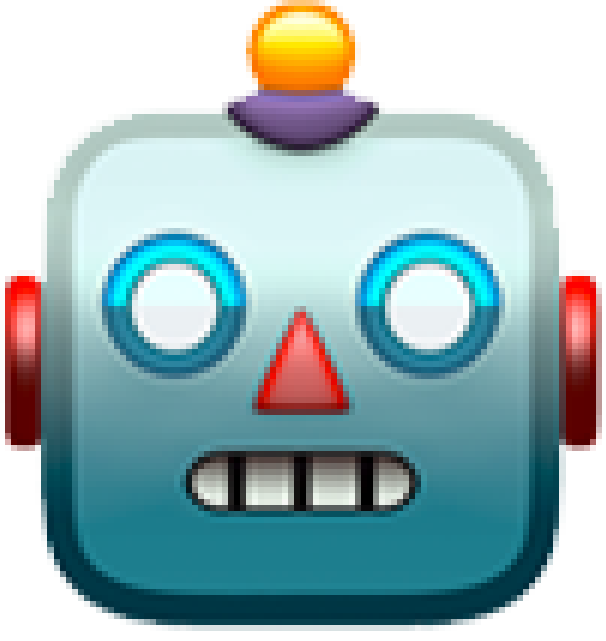
Michael Shellenberger
@shellenberger

Mar 19

Victory! Quack trans group @WPATH has deleted its pseudoscientific "Standards of Care v8" from its website! This comes two weeks after the release of the WPATH Files, which revealed widespread medical mistreatment and fraud WPATH yesterday: WPATH today: h/t @Janedoeordont

WPATH may also have removed its president, Marci Bowers. Here's WPATH's website yesterday: Here's WPATH's web site today:

Read 13 tweets



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