

July 15, 2024

Submitted via website (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-24-122.html>)

Office of the Director
National Institute of Health
9000 Rockville Pike
Bethesda, Maryland 20892

Re: EPPC Scholar's Comment on RFI on NIH-Wide Strategic Plan for SGM Health Research FY 2026-2030

RESPONSE TO RFI

- 1. Please provide your perspective on the following topic: The highest priority needs, and emerging areas of opportunity related to SGM health research at NIH.**

In the Mid-Course Review of the NIH Strategic Plan to Advance Research on the Health and Well-being of Sexual & Gender Minorities, one of the priorities described is to “advance rigorous research on the health of SGM populations.”¹ The *LGBT Health Journal* is listed as an example of progress in this area. This journal is far from rigorous research.² It promotes “successful gender affirmative care,” a “data collection” on the Trump Administration’s actions on sexual orientation and gender identity (SOGI), and multiple articles on affirming and supporting self-identified LGBT adolescents in their social and medical transitions.³ It rubberstamps an ideological agenda that markedly ignores the latest research, especially the “Cass Review,” a comprehensive and reputable report discrediting the weak evidence “on the long-term outcomes of interventions to manage gender-related distress.”⁴

¹ Mid-Course Review of the NIH Strategic Plan to Advance Research on the Health and Well-being of Sexual & Gender Minorities, Sexual & Gender Minority Research Working Group of the NIH Council of Councils (September 7, 2022), [Mid-Course Review of the NIH Strategic Plan to Advance Research on the Health and Well-being of Sexual & Gender Minorities](#).

² Byne, William, *LGBT Health*, <https://www.liebertpub.com/toc/lgbt/10/S1>.

³ *Ibid.*

⁴ Hilary Cass, *The Cass Review: Independent review of gender identity services for children and young people* (April 2024), <https://cass.independent-review.uk/home/publications/final-report/>.

Additionally, the Mid-Course Review identified a number of goals, including “expand[ing] research on gender-affirming care for transgender and gender-diverse populations.”⁵ Indeed, NIH SGMO has prioritized this research for the past two years, listing publications primarily related to and in support of “gender-affirming care” for adolescents, including a study with the objective of showing that parental support and acceptance of transgender-identifying adolescents leads to “positive psychosocial outcomes.”⁶ These publications and research ignore conflicting research from the UK, Sweden, Finland, and Florida that determined there is no evidence that the benefits of hormones for treating gender-related distress in youth outweigh the risks.⁷ While the research opposing “gender-affirming care” for minors is based on systematic and evidence-based reviews, the research cited in the publications on the NIH SGMO website is ideologically driven and is not supported by the best medical evidence, as the Cass Review makes clear.

Instead of relying on inadequate research from ideologically driven organizations to push an agenda that clearly attempts to promote “gender-affirming care” on minors and enforce “gender pronouns” in the workplace, NIH SGMO should consider amending its research goals and initiatives by taking into account the advances, studies, and policy decision made in other countries and individual states, especially when considering adolescent gender dysphoria. For example, NIH SGMO should review its current research and publications in light of the Cass Review, the WPATH Files, 64BS-9.019 Standards of Practice for the Treatment of Gender Dysphoria in Minors, the NHS England interim service specification for specialist gender dysphoria services for children and young people, and Society for Evidence-Based Gender Medicine, “Gender-Affirming Treatment of Gender Dysphoria in Youth: Are the Results Compromised by the Placebo Effect?” (2022).⁸

The NIH SGMO should prioritize studies and research with rigorous analysis and data that seek to identify the long-term outcomes of gender transition treatments on minors who have already undergone social and medical transitions, including how they affect future health and

⁵ Mid-Course Review of the NIH Strategic Plan to Advance Research on the Health and Well-being of Sexual & Gender Minorities, Sexual & Gender Minority Research Working Group of the NIH Council of Councils (September 7, 2022), [Mid-Course Review of the NIH Strategic Plan to Advance Research on the Health and Well-being of Sexual & Gender Minorities](#).

⁶ Sexual & Gender Minority Measurement and Data. Publications, <https://dpcpsi.nih.gov/sgmro/measurement-and-data/publications>; Reguitti, V., Poquiz, J. L., Jackson, K., Coyne, C. A., Hidalgo, M. A., Forbes, C., & Chen, D. (2022). Preliminary factor structure of the Parental Attitudes of Gender Expansiveness Scale for Parents (PAGES-P). *Clinical Practice in Pediatric Psychology*, 10(1), 1–8. <https://doi.org/10.1037/cpp0000384>.

⁷ Sapir, Leor, ‘Trust the Expert’ is not Enough: U.S. Medical Groups get the Science Wrong on Pediatric ‘Gender Affirming’ Care, (2022), ‘Trust the Experts’ Is Not Enough: U.S. Medical Groups Get the Science Wrong on Pediatric ‘Gender Affirming’ Care - Person and Identity Project.

⁸ Mia Hughes, *The WPATH Files*, *Environmental Progress*, (March 4, 2024), <https://environmentalprogress.org/big-news/wpath-files>; 64BS-9.019 Standards of Practice for the Treatment of Gender Dysphoria in Minors, Florida , Boards of Medicine and Osteopathic Medicine Joint Board Meeting, (November 4, 2022), [Florida Board of Medicine PUBLIC RECORD RULES CHANGE SOC 11.4.22 \(personandid.wpenginepowered.com\)](#); *Interim service specification for specialist gender dysphoria services for children and young people*, NHS England, (2022), [Interim service specification for specialist gender dysphoria services for children and young people – public consultation - NHS England - Citizen Space](#); *Gender-Affirming Treatment of Gender Dysphoria in Youth: Are the Results Compromised by the Placebo Effect?* Society for Evidence-Based Gender Medicine, (December 7, 2022), [Gender-Affirming Treatment of Gender Dysphoria in Youth: Are the Results Compromised by the Placebo Effect? | SEGM](#).

fertility. NIH SGMO should also conduct research on detransitioners, including the mental and physical distress resulting from their transitions.

2. Please provide your perspective on the following topic: Actions that NIH should prioritize to advance SGM health-related research.

The NIH, rather than promoting an agenda encouraging controversial social and medical transitions, should consider the lack of medical consensus on the standard of care for gender dysphoria. NIH should consider the “Cass Review,” which NHS England recognized and consulted when ending “the routine use of puberty suppressing hormones.”⁹

After reviewing the research and workshop products published on the SGMO’s website, most rely on advocacy groups for “evidence” and data.

For example, at the “Scientific Workshop on Expanding the Evidence Base in Gender-Affirming Care for Transgender and Gender-Diverse Populations” hosted by the NIH, the keynote presentation focused on the World Professional Association for Transgender Health (WPATH) Standards of Care.¹⁰ However, as other countries and many US court decisions have recognized, the WPATH guidelines are based on shoddy science and are politically biased. In fact, the British Medical Journal (BMJ) has described the publication as “incoheren[t],” and that it “cannot be considered ‘gold standard.’”¹¹ Additionally, on March 4, 2024, leaked files from WPATH revealed research mismanagement and political advocacy generated many of the recommendations in the Standards of Care.¹²

These files reveal that WPATH recommendations are “consumer-driven and pseudoscientific.”¹³ The leaked files show emails and messages revealing that “members appear to be engaged in political activism, not science.”¹⁴

Another presentation at the “Scientific Workshop” featured the U.S. Trans Survey, a survey conducted by activist organizations, including the TransLatin@ Coalition, National Black Trans Advocacy Coalition, and the National Center for Transgender Equality, which “advocates changing policies and society to increase understanding and acceptance of transgender people.”¹⁵

⁹ Hilary Cass, *The Cass Review: Independent review of gender identity services for children and young people* (April 2024), <https://cass.independent-review.uk/home/publications/final-report/>.

¹⁰ Scientific Workshop on Expanding the Evidence Base in Gender-Affirming Care for Transgender and Gender-Diverse Populations, Sexual & Gender Minority Research Office, National Institutes of Health, <https://dpcpsi.nih.gov/sites/default/files/2023-10/SGMRO%20GAC%20Workshop%20Summary.pdf>.

¹¹ Dahlen S, Connolly D, Arif I, et al. *International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment*, *BMJ Open* 2021;11:e048943. doi: 10.1136/bmjopen-2021-048943, [International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment | BMJ Open](https://doi.org/10.1136/bmjopen-2021-048943).

¹² Mia Hughes, *The WPATH Files Environmental Progress*, (March 4, 2024), <https://environmentalprogress.org/big-news/wpath-files>.

¹³ *Id.* at 3.

¹⁴ *Id.*

¹⁵ Scientific Workshop on Expanding the Evidence Base in Gender-Affirming Care for Transgender and Gender-Diverse Populations, Sexual & Gender Minority Research Office, National Institutes of Health, <https://dpcpsi.nih.gov/sites/default/files/2023-10/SGMRO%20GAC%20Workshop%20Summary.pdf>; Team & Partners, 2022 USTS, <https://ustranssurvey.org/team-partners/>.

The workshop did not have anyone present on the Cass Review or SEGM’s research, even though their research is widely recognized and backed by adequate data and evidence.

In the future, research and workshops should prioritize gathering researchers and medical professionals whose résumés represent an impartial and evidence-based approach to gender identity and gender transitioning treatments, especially for minors. Rather than taking a one-sided approach to sexuality, NIH SGMO should prioritize research that aligns with the Cass Review and other highly developed countries, such as Sweden, England, and Finland.

For example, Sweden's National Board of Health & Welfare stated, “for adolescents...the NBHW deems that the risks of puberty suppressing treatment...and gender-affirming hormonal treatment currently outweigh the possible benefits...based on...continued lack of reliable scientific evidence concerning the efficacy and the safety of both treatments.”¹⁶ Or the Finland Board for Selection of Choices for Health Care determined that “Surgical treatments are not part of the treatment methods for dysphoria caused by gender-related conflicts in minors.”¹⁷

If NIH SGMO plans to continue research on gender-transitioning treatments for minors, it should proceed with unbiased, scientifically reliable, and systematic studies. The current research provided on the NIH SGMO website is methodologically flawed and includes a lack of control groups, small sample sizes, recruitment bias, nongeneralizable study populations, short follow-up times, and high numbers lost to follow-up. The NIH SGMO should consider already performed studies and research that encourage “watchful waiting” throughout puberty, at the very least.¹⁸

Please provide your perspective on the following topic: Partnerships NIH should pursue, both inside and outside of government, to advance SGM health-related research.

The NIH should consider partnering with the Society for Evidence-Based Gender Medicine, Dr. Quentin Van Meter, The American College of Pediatricians, Dr. Paul W. Hruz, MD, PhD, Dr. James M. Cantor, and Dr. Stephen B. Levine.¹⁹

Please provide your perspective on the following topic: Any other relevant topics that NIH should consider when developing the next NIH-Wide strategic plan for SGM health research (limited to 50 characters)

- The harms of gender transitioning treatments on minors.
- Detransitioners.
- Informed consent.

¹⁶ *Transgender Research: Five Things Every Parent and Policy-Maker Should Know*, The Institute for Research and Evaluation, (August 30, 2023), https://institute-research.com/pdf/Transgender_Research--5_Questions_for_Parents_%26_Policymakers_%28IRE%209-26-22%29.pdf.

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ Society for Evidence-Based Gender Medicine, <https://segm.org/>; The American College of Pediatricians, <https://acped.org/>.