

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

5th January 2024

Dear Dr Tedros and Sir Jeremy

Sex Matters is a human-rights organisation concerned with clarifying the law and policy in relation to the two sexes in order to protect everyone's rights.¹

We are concerned that the mandate and make-up of the Guideline Development Group on the health of trans and gender-diverse people does not reflect WHO's principles of human rights, universality and equity, nor its commitment to be guided by the best available science and evidence.

We echo concerns raised by the Society for Evidence Based Medicine (SEGM).² In particular we note that:

- The twin goals of increasing access to and utilisation of healthcare (i.e. medical body modification of secondary sex characteristics) and legal recognition of gender identity discount other people's rights.
- There is no-one on the panel with any background which suggests they will consider other people's rights, and many with a track record of disregarding these.

The implicit rationale for physical treatment of people who are unhappy about their sex is that it is possible to be integrated into society as the opposite sex, and that this can be undertaken more successfully if steps are taken to achieve a cosmetic appearance that is somewhat more congruent with the sex they wish they were.

¹ Sex Matters (2022) [Our Human Rights Framework](#)

² SEGM (2023) [The World Health Organization Announces Transgender Guideline Plans](#)

Sex Matters is a human-rights organisation campaigning for clarity about sex in law, policy and language | sex-matters.org | info@sex-matters.org

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This assumption is increasingly questioned, both by clinicians such as those involved with SEGM, but also those concerned with women's rights and human rights more broadly.

It is not possible for a person to actually change sex, and the desire to do so brings them into conflict with other people's human rights, including:

- Freedom of thought, conscience, and religion
- Freedom of expression
- The right to respect for private and family life
- The right not to be subject to degrading treatment.

A person who is undergoing "gender affirming" medical treatment will feel emboldened, and may well have been expressly encouraged by clinicians, to try to use opposite-sex facilities and demand that other people refer to them and treat them as if they were the opposite sex. They may believe it is "transphobia" not to treat them as being the opposite sex. Some react with anger and even violence when these wishes are not met.

This leads to conflict with other people's rights. For example, a man who tries to use women's toilets, showers or changing-rooms, or to access refuges and hospital accommodation where vulnerable women are housed, or to examine a woman intimately without her consent as a doctor or police officer, is undermining women's rights to privacy, dignity and autonomy. The fact that he may strongly feel he has a gender identity that is female does not mitigate the abuse.

Legal recognition of "gender" undermines the ability to protect women-only spaces and sports, and to implement laws and rules that protect women against sex discrimination.

This conflict of rights has been recognised by courts in the UK³, and by the UK Government, in its intervention to prevent the enactment of gender self-ID in Scotland.⁴ The reasonableness of this was upheld by the Court of Session in Scotland.⁵ These concerns have also been raised by the UK's Equality and Human Rights Commission⁶ and the UN Special Rapporteur on violence against women and girls.⁷ They have also been raised (in the face of violence and intimidation) by women human-rights defenders. A group of NGOs in the UK (including Sex Matters) recently raised these concerns to the Council of Europe as part of the process for assessment of the UK's implementation of the Istanbul Convention.⁸ Eight hundred women's groups internationally have also raised these human-rights concerns.⁹

Any WHO process which considers the efficacy and ethics of medical intervention to support the desire of people to live as the opposite sex (or as both or neither) must consider the impacts on other people's human rights. The treatments have clear downsides, including sterilisation, loss of sexual function and other complications. More fundamentally, if other people's rights are taken seriously then what the patient wants cannot be delivered. Doctors who do not explain this reality (or who argue that "trans women are women" thus erasing any question about rights) raise major questions of professional and medical ethics.

These concerns are of course disputed, but human rights often are. Women's rights in particular

³ [Forstater v CGD](#) [2021]

⁴ UK Government (2023) [Section 35 Reasons](#)

⁵ Judgment on the S35 [Judicial Review](#)

⁶ EHRC (2023) [Letter to the Minister for Women and Equalities](#)

⁷ Alsalem, R (2022) [Letter to the Scottish Government](#)

⁸ Gender Critical Civil Society (2023) [Shadow Report on the UK's Implementation of the Istanbul Convention](#)

⁹ European Network of Migrant Women (2023) [Open Letter](#)

are too often discounted.

That the members of the panel themselves do not identify this lack of balance among their number suggests that they will view any concerns about other people's human rights as illegitimate.

There is one human-rights lawyer on the panel, Eszter Kismödi. She was a board member of GATE, Global Action for Trans Equality, which has published extensively about those raising human rights issues, calling them "anti-gender movements"¹⁰.

GATE's most recent study, for example, considered the gender-critical movement in the UK as a hate movement and reported that referring to "trans women" as "men" required a content warning for transphobia. Any reference to biological males using women's spaces or concern that this group could include rapists and sexual predators (rapists and sexual predators have indeed been transferred into women's prisons in the UK) is referred to as transphobic. Discussion of "sex-based rights" was also dismissed as transphobic.¹¹

Our experience is that institutions that seek to appease the ideological extremism of trans-rights activism end up undermining their own governance, purpose and culture.

A panel which approached the practice of gender-affirming medicine with normal scientific and human-rights discipline would conclude that it looks nothing at all like science, medicine, or human rights – WHO's core values.

But anyone who challenges this panel is likely to face being smeared as an ultra-conservative, bigoted transphobe, as we have all been, as have the Chair of the Equality and Human Rights Commission, Baroness Kishwer Falkner; the eminent paediatrician Dr Hilary Cass; the UN Special Rapporteur on violence against women and girls, Reem Alsalem; and the beloved children's author JK Rowling.

The question for those within WHO who believe in its integrity and mission is whether they will go along with this.

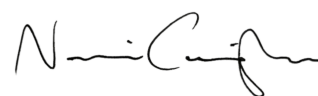
Yours sincerely



Maya Forstater
Executive Director



Helen Joyce
Director of Advocacy



Naomi Cunningham
Chair

¹⁰ <https://gate.ngo/our-work/programs/anti-gender-movements/>

¹¹ GATE (2023) [Global Report on Anti-Gender Movements](#).