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First Minister

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Dear First Minister,

You will be aware that the Final Report of the Review of Gender Identity Services by Dr Hilary Cass was published last week. This report, based on four years' work and a wider evidence base than any previously used in the UK, has direct and important implications for Wales.

Despite the fact that hundreds of young Welsh people have been referred to the Tavistock Clinic in London over the past decade, the report appears to have gone unnoticed by the Welsh Government. Your silence is astonishing. It seems that you do not even know how many children were involved, and NHS Wales does not know the outcomes of their experimental treatment.

We hope that the publication of this major report sees the end of this major scandal which has been promoted so enthusiastically by the Welsh Government. Your first Cabinet meeting is an opportunity to make this change.

We have six questions below, followed by comments on context and Welsh services. We will be publishing this letter, sent to you as although the Cass Report is primarily about health, the issues touch several Cabinet portfolios. We will also publish any responses or your failure to answer.

Questions

1. Will your Government accept the recommendations of the Cass Review in full and ensure Wales NHS and Welsh Gender Services participate as equal partners with NHS England in the follow-up review of adult services?

2. Will you now ensure proper regulation of private providers of puberty blockers, as is promised in England?

3. Will you ensure relevant Ministers, especially Health, Education, Social Partnerships and the Counsel-General now meet with concerned groups, notably ourselves and Merched Cymru, along with Labour Women's Declaration and Lesbian Labour, to look at these issues?

4. Will you recognise that any increase in provision should be as part of a broader increase in services for young people's health, especially their mental health, through proper funding of CAMHS across Wales – rather than simply increasing gender-related services which is likely to increase the funnelling of troubled youngsters into this model of care?

5. Will you accept the LGBTQ+ Action Plan is fundamentally flawed? It is predicated on the now badly compromised model of 'affirmation' and science-denial, so that relying on it to guide Welsh service provision is a bad mistake? Can relevant groups, especially LGB Alliance Cymru now be invited on to the Advisory Group, having been excluded and ghosted throughout the process to date?

6. Do you realise the potential for lawsuits and damage to the reputation of Welsh Government and the devolution settlement (see Scotland) from pursuing this agenda, including the selfID smuggled into the Senedd Reform Bill?

Context

Most 'sources' used in this debate rely on the 'lived experience' of a few individuals or on poorly structured, self-selecting surveys, By contrast, Dr Cass used detailed evidence, listening to service users, professional input and international sources to reach her conclusions, including a robust research survey from the University of York. This is by far the most comprehensive review of the evidence in the UK to date. It cannot, despite the hand-waving of the previous First Minister, be dismissed as just another contribution or not relevant to Wales.

We have been pleased to see the Shadow Secretary for Health, Wes Streeting's comments that he no longer believes the edict that 'trans women are women'.[1] We hope that in a proper review of these health services and of the LGBTQ+ Action Plan, you also come to accept the problems inherent in that mantra and take the opportunity to rethink your definitions.

We, along with other grassroots campaigns concerned about these issues, have written to you and your predecessors several times over the last four years. We have asked repeatedly and politely for meetings, opportunities for briefings and to participate in consultation. We have been ignored and derided. The Cass Review shows us to have been correct. As LGB Alliance Cymru, we wish to focus on the implications for lesbians, gay men and bisexuals -for people who are same-sex attracted, but we also support other groups in their concerns.

[1] On 10 April 2024, speaking to The Sun

We emphasise that Dr Cass recognises social transition as not neutral and indeed as risking psychological harm to young people, yet we know that this is currently going on in Welsh schools. Merched Cymru recently issued an excellent, evidence-based report on child safeguarding and welfare in schools, available at https://merchedcymru.wales/2024/03/18/welsh-schools-and-trans-guidance-hung-out-to-dry/, which we urge you to read. This is crucial to our young lesbians, gay men and bisexuals given the statistics about same-sex attraction compiled by Dr Cass.

The LGB Alliance UK is a separate organization from us, although we share values and information. They have undertaken an excellent analysis of the Cass report as it affects our members. We encourage you to review their comments and have attached it for reference. It is available at https://lgballiance.org.uk/lgb-alliance-response-to-the-final-report-from-the-cass-review/.

We emphatically reject the view that a girl who says she is a boy (or vice versa) must be affirmed in that belief. We ask you to recognise that this issue matters enormously to us: Dr Cass and her independent researchers found that:

- most of those seeking "gender care" are LGB teenagers, and in particular lesbians. The public perception is doubtless influenced by the fact that LGBTQ+ campaign groups, often endorsing "gender affirming care" (Appendix 9, p. 7), appear to have a disproportionate influence with your government.
- Most children who are unhappy with their sexed bodies later desist[2] and A survey of detransitioners found that 23% gave homophobia or difficulty accepting themselves as lesbian, gay or bisexual as a reason for transition and subsequent detransition (p. 188)
- only two out of the ten clinics surveyed broached the subject of sexuality/sexual orientation with its patients presenting with gender distress (p. 135);
- guidelines issued by the World Professional Association of Transgender Health (WPATH), a pro-affirmation lobby group that has had immense influence on practice in this field in the UK and elsewhere, does not include sexual orientation as a "domain" that should be assessed (p. 135, Table 7);
- The often-cited clinical consensus on the benefits of the "gender-affirming" approach is on a circular process in which WPATH quotes the guidelines of other organisations – which were either prepared with WPATH's help or based on WPATH's own guidelines.

Wales services

You will know that all people under 18 reporting gender dysphoria have been referred into the NHS England service previously at the Tavistock and now operating in the regional centres (so far London and Liverpool). It is not clear how many children have been referred from Wales – itself a shameful failure of monitoring and reporting.

[2] As a large peer-reviewed study by Rawee et al found, published earlier this year.

We know that once into the GIDS process a high proportion of youngsters are placed on hormones and that a very high percentage then proceed to cross-sex hormones and surgery.[3] Many groups have tried to raise the alarm, agreeing with Cass and the BMJ[4] that:

- these treatments, especially puberty blockers, are poorly evidenced and experimental when given to children within the normal age range for puberty[5];
- in too many cases professionals have departed from normal standards of evidence and safeguarding;
- while many professionals (clinicians as well as educationalists) report being too scared of the bullying to suggest watchful waiting or other non-medicalised interventions;
- 'social transition' is not neutral. Cass moved to an even stronger position in her final report, identifying such transition as potentially 'psychologically harmful'.

While we do not know the figures for referrals to the Tavistock clinic, a 2022 FOI revealed 3959 referrals to the adult (17.5+) Welsh Gender Service from 2017 to 2022 of whom at least 281 had 'top' surgery (although this data was not routinely recorded before 2021). For those two years that's a surgery rate of 27% at least (assuming only 50% of referrals to be female). 'Top' surgery is the euphemism enshrouding double mastectomies – the removal of healthy body parts. How is this to be considered 'progressive'?

Given the evidence exposed by Cass, some 89% of these young gender non-conforming girls would have grown up to lesbian or bisexual. These statistics reveal the needless mutilation of hundreds of young lesbian or bisexual women. How does that fit in with an LGBTQ+ Action Plan supposed to make Wales a "safe" place to be a lesbian or bisexual?

We would like to see an immediate and comprehensive review of support to young people (up to the age of 25) when they present with this currently-fashionable dysphoria, including the full consideration of co-morbidities and other issues. This requires a proper model and resources for CAMHS. At the same time, the new RSE curriculum should be reviewed; teaching children that an ineffable 'gendered soul' can take priority over their physical sex is a programme rooted in profound and oppressive stereotypes.

[3] Evidence from the Keira Bell case, amplified at p168 of the Final Report

[4] See BMJ editorial of 11 April 2024, available at https://www.bmj.com/content/385/bmj.q837

[5] Historically there has been use of these hormones for very young children entering puberty early (eg at 8 or less). They have been used for short periods. The Final Report (p32) Shows 'puberty blockers …[supress] puberty, and … bone density is compromised … no changes in gender dysphoria or body satisfaction were demonstrated. There was insufficient/inconsistent evidence about the effects of puberty suppression on psychological or psychosocial wellbeing, cognitive development, cardio-metabolic risk or fertility. … the vast majority of young people started on puberty blockers proceed from puberty blockers to masculinising/ feminising hormones [so] there is no evidence that puberty blockers buy time to think.'

The Welsh Government has consistently ignored and barred many groups raising concerns, allowing Stonewall to tar us as transphobes and worse. We have been silenced and insulted while young members of our communities have found no safe place to assert their dignity and boundaries. This has failed our communities and undermines Welsh Government's claims to seek a rich, pluralist and welcoming civic society. A new First Minister and Cabinet offers you an opportunity to make a really positive change in Wales for the better by accepting Dr Cass's recommendations, reviewing your current policies and opening up a genuine discussion with ourselves and other groups.

We look forward to receiving answers to the questions raised above.

Yours sincerely,

Lesbian, Gay & Bisexual Alliance Cymru