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OPINION

Secret files show how international group pushes shocking experimental gender surgery for minors

By [Gerald Posner](#)

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According to leaked documents, the World Professional Association for Transgender Health is pushing hormonal and surgical transitions for minors.

Getty Images

Newly leaked files from the [world's leading transgender health-care organization](#) reveal it is pushing hormonal and surgical transitions for minors, including stomach-wrenching experimental procedures designed to create sexless bodies that resemble department-store mannequins.

The World Professional Association for Transgender Health documents demonstrate it's controlled by gender ideologues who push aside concerns about whether children and adolescents can consent to medical treatments that WPATH members privately acknowledge often have devastating and permanent side effects.

Yet the US government, American doctors and prominent organizations nonetheless rely on WPATH guidelines for advice on treating our youth.

The files — jaw-dropping conversations from a WPATH internal messaging board and a video of an Identity Evolution Workshop panel — were provided to journalist Michael Shellenberger, who shared the documents with me.

Shellenberger's nonprofit Environmental Progress will release a scathing summary report, comparing the WPATH promotion of "the pseudoscientific surgical destruction of healthy genitals in vulnerable people" to the mid-20th-century use of lobotomies, "the pseudoscientific surgical destruction of healthy brains."

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The comparison to one of history's greatest medical scandals is not hyperbole.

It is particularly true, as the files show repeatedly, when it involves WPATH's radical approach to minors.

When the **organization adopted in 2022 its current Standards of Care** — relied on by the National Institutes of Health, the World Health Organization and every major American medical and psychiatric association — it scrapped a draft chapter about ethics and removed minimum-age requirements for children starting puberty blockers or undergoing sexual-modification surgeries.

It had previously recommended 16 to start hormones and 17 for surgery.

Not surprisingly, age comes up frequently in the WPATH files, from concerns about whether a developmentally delayed 13-year-old can start on puberty blockers to whether the growth of a 10-year-old girl will be stunted by hormones.

During one conversation, a member asked for advice about a 14-year-old patient, a boy who identified as a girl and had begun transitioning at 4.

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The child insisted on a vaginoplasty, a surgery that removes the penis, testicles and scrotum and repositions tissue to create a nonfunctioning

pseudo-vagina. It requires a lifetime of dilation. Was he too young at 14?

Marci Bowers, WPATH’s president and a California-based pelvic and gynecologic surgeon who is herself transgender, said she considered any age limit “arbitrary.”



**Kid gender guidelines
not driven by science**

But she would not do it. Why?

“The tissue is too immature, dilation routine too critical.”

In lay terms, that means boys who are too young do not have enough penile tissue for the surgery and the surgeon must harvest intestinal lining to build the faux vagina. Even Bowers admits that can lead to “problematic surgical outcomes.”

She would know since she has performed more than 2,000 vaginoplasties. Her highest-profile patient is **17-year-old Jazz Jennings**, the transgender star of reality TV show “I Am Jazz.”

Three corrective surgeries were required to fix problems from the original vaginoplasty.

“She had a very difficult surgical course,” Bowers admitted in a 2022 appearance on the show. “We knew it would be tough — it turned out tougher than any of us imagined.”



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Still, Bowers told her colleagues in the internal discussion forum of the best age for an adolescent to undergo surgery: “sometime before the end of high school does make some sense in that they are under the watch of parents in the home they grew up in.”

Christine McGinn, a Pennsylvania plastic surgeon and herself transgender, agreed. McGinn has performed “about 20 vaginoplasties in patients under 18” and thinks the “ideal time in the U.S. is surgery the summer before the last year of high school. I have heard many other surgeons echo this.”

Waiting until teens are older than 18 and in college is problematic, she said: “there are too many stressors in college that limit patients’ ability to dilate.”

Dangers downplayed

WPATH assures patients that surgical and hormonal interventions are tested and safe. It is a different matter in private.

President Bowers, for instance, said publicly in 2022 that puberty blockers are “completely reversible,” although in the internal forum she conceded it is “in its infancy.”

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Transgender kids OK for hormones at 14, surgery at 15, health group says

What about children who are infertile for life since they started hormone blockers before they reached puberty?

Bowers told her colleagues the “fertility question has no research.”

At other stages, members talk frankly about the complications for the transition surgery for girls, a phalloplasty in which a nonfunctioning pseudo-penis is fashioned from either forearm or thigh tissue.

It requires a full hysterectomy and surgical removal of the vagina. They also discuss other serious consequences, including pelvic inflammatory disease, vaginal atrophy, abnormal pap tests and incontinence.

A 16-year-old girl who had been on puberty blockers for several years before she was put on testosterone for a year had developed two liver tumors that an oncologist concluded the hormones had caused. Another member described “a young patient on testosterone for 3 years” who had developed “vaginal/pelvic pain/spotting . . . [and] atrophy with the persistent yellow discharge.”

Several colleagues described patients with similar conditions, some with debilitating bowel problems or bleeding and excruciating pain during sex (“feeling like broken glass”).

Vaginal estrogen creams and moisturizers as well as hyaluronic acid suppositories “can be helpful.”

One WPATH member seemed surprised: “The transgender people under my surveillance do not complain about this matter. However, I confess that I have never asked them about it.”

Rise of ‘de-gender’ surgery

The litany of transition surgery’s side effects did not stop WPATH from endorsing far more radical “nullification” surgeries for patients who do not feel either male or female and identify only as nonbinary.

Several dozen so-called “de-gendering” surgeries are designed to create a sexless, smooth cosmetic appearance that is unknown in nature. There is even an experimental “bi-genital” surgery that attempts to construct a second set of genitals.

In 2017, when tabloids reported a 22-year-old man had spent \$50,000 to surgically remove his sex organs so he could “transform into a genderless extra-terrestrial,” it seemed a one-off oddity.

But WPATH has enshrined that concept in its Standard of Care — the same document in which the group endorsed for the time first time chemical or surgical castration for patients who identify as eunuchs. (WPATH

even linked to the Eunuch Archives, where men anonymously share castration fetishes.)

These science-fiction-like surgeries are not only reserved for adults.

“How do we come up with appropriate standards for non-binary patients?” asked Thomas Satterwhite, a San Francisco-based plastic surgeon who has operated on dozens of patients younger than 18 since 2014. “I’ve found more and more patients recently requesting ‘non-standard’ procedures.”

What are nonstandard procedures? They include “non-binary top surgery,” a mastectomy without nipples. There are brutal procedures for girls that eliminate all or part of the vagina and for boys that amputate the penis, scrotum and testicles.

The goal, as one San Francisco surgical clinic proclaims on its website, “is a smooth, neutral body that is cosmetically free of sexual identification.” On TikTok the trend is called a “flat front.”

‘Too young to understand’

A particularly intense subject of discussion was whether minors could understand the lifelong consequences of their gender treatments. Minors are presumed by law to be incapable of making an informed decision about having a vasectomy or tubal ligation.

Gender surgeries are an exception, however.

WPATH’s Standard of Care allows all procedures so long as the minor “demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment.”

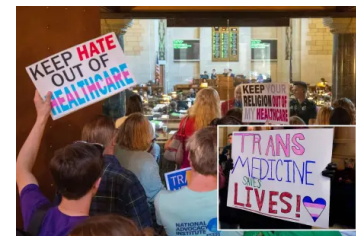
In a May 2022 internal workshop, “Identity Evolution,” WPATH members conceded that was all but impossible.

Daniel Metzger, the British Columbia endocrinologist who cowrote the Canadian Pediatric Society’s position paper on health care for trans minors, said, “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.”

Metzger noted adolescents are incapable of appreciating the lifelong consequence of infertility. “It’s always a good theory that you talk about fertility preservation with a 14-year-old,” he said, “but I know I’m talking to a blank wall. They’d be like, ‘ew, kids, babies, gross.’ Or, the usual answer is, ‘I’m just going to adopt.’ And then you ask them, ‘Well, what does that involve? Like, how much does it cost?’ ‘Oh, I thought you just like went to the orphanage, and they gave you a baby.’ . . . I think now that I follow a lot of kids into their mid-twenties, I’m always like, ‘Oh, the dog isn’t doing it for you, right?’”

There is extensive research showing adolescent brains are wired to have little control over rash behavior and are not capable of grasping the magnitude of decisions with lifelong consequences. It is why society doesn’t

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allow teens to get tattoos or buy guns. Car-rental agencies set 25 as the minimum age for renting a car, and Sweden sets the same limit for deciding on sterilization.

Detransitioners ignored, shunned

Although many WPATH members privately doubt that adolescents can give truly informed consent to life-altering procedures, they must affirm whatever children say about their gender.

Unless, the WPATH files disclose, the patient wants to reverse course and **become a so-called detransitioner**.

WPATH members mostly dismiss those cases as insignificant or overblown by the media and question whether minors who want to revert to their birth sex really understand what they are doing.

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Detransitioner tells Congress her 'childhood was ruined' by gender reassignment

It's a question that would never be asked for minors who declared themselves to be gender dysphoric.

One case involved a 17-year-old boy, just graduated from high school, who had been on testosterone for two years. He was reported to be "very distraught and angry. He reports he feels he was brainwashed and is upset by the permanent changes to his body."

A self-described "queer therapist" did not believe any young person could be brainwashed. "In my experience, those stories come from people who have an active agenda against the rights of trans people."

WPATH President Bowers said that "I do see talk of the phenomenon [detransitioners] as distracting from the many challenges we face."

'Frankenstein files'

The leaked files put a spotlight on the danger of mixing ideological activism with medicine and science. They should serve as an urgent wakeup call for the medical associations and government agencies that rely on WPATH guidance for transgender health.

The files might even prompt investigations into how those with distorted personal agendas seized control of the organization at the expense of science and patients.

Investigating what has gone wrong at WPATH might prove uncomfortable for some gender progressives in the Biden administration, none more so than Adm.

Rachel Levine, the assistant secretary for health. Levine, **the first transgender four-star military officer**, is a WPATH member and has lavished praise on the organization.

She says it "assesses the full state of the science and provides substantive, rigorously analyzed, peer-reviewed recommendations to the medical community on how best to care for patients who are transgender or gender

non-binary. It is free of any agenda other than to ensure that medical decisions are informed by science.”

Either Levine is unaware of the hormonal and surgical experimentation the group promotes or refuses to acknowledge it.

“The Frankenstein files.”

That is how a pediatrician described the leaked documents after I shared them with her.

Unfortunately, this is no horror novel.

It is a medical travesty playing out in real time, and the casualties are our children.

Gerald Posner is the author of 13 books; his latest is “Pharma: Greed, Lies and the Poisoning of America.”

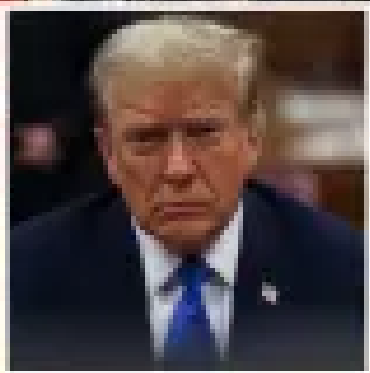
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