



From:

Women's Declaration International Aotearoa | New Zealand

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To Ministry of Health puberty blockers consultation

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Consultation on safety measures for the use of puberty blockers in young people with gender-related health needs.

Kia ora,

Thank you for the opportunity to make a submission.

This is a submission from the Women's Declaration International- Aotearoa | New Zealand

The Women's Declaration is an international declaration which reaffirms women's and girls' sex based rights guaranteed in the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW.)¹

The Women's Declaration challenges the discrimination we experience from the replacement of the category of sex with that of "gender identity".²

¹ <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

² <https://www.womensdeclaration.com/en/>

Article 9 of the Women's Declaration also protects the Rights of the Child.³

This Declaration has been signed by 31, 091 people worldwide and by several hundred people in New Zealand.

It is vitally important that the prescription of puberty blockers to children and young people in New Zealand, for "gender identity" reasons, is stopped; because there is no evidence of their effectiveness or safety. This was confirmed in 2024 by the findings of the UK's Cass Report, which the Ministry of Health is aware of, and acknowledges. ⁴

Considering the wealth of information that the Ministry of Health already has, including the Cass Report, it should not really be necessary to provide more information to persuade the Ministry that it needs to stop the use of puberty blockers for youth experiencing gender distress.

We will include in this submission some highlights that we would like to draw attention to.

Our earlier letter to the Minister of Health and the Foreign Minister

On 8 January 2024 we wrote to the Minister of Health, Hon Dr Shane Reti, and the Foreign Minister, Hon Winston Peters asking them to write to the World Health Organisation (WHO) to request that they delay and reconsider the adoption of Guidelines about transgender medical treatment, which would perpetuate the harms already being done by these treatments, including the prescription of puberty blockers. ⁵

The WHO Committee did indeed withdraw its proposals regarding youth, after receiving feedback, including a petition. ⁶

I have attached our letter to this submission and I include some of the links we provided then, in our links at the end of this submission. In our letter to the Ministers, we cited the ample evidence that was available a year ago, of the harms and ineffectiveness of medicalised gender treatments.

³ <https://www.womensdeclaration.com/en/declaration-womens-sex-based-rights-full-text/>

⁴ <https://cass.independent-review.uk/home/publications/final-report/>

⁵

See attached WDI- NZ letter to WHO (January 2024)

⁶ <https://segm.org/world-health-organization-transgender-guidelines?fbclid=IwY2xjawH6cDJleHRuA2FlbQlxMQABHfci2WQCiUbHvhmepw04kxc7SwzoHLFppwTITfNw-SuM-z>

We cited numerous governments and health authorities, including in Norway, Finland, Sweden, Germany, and the United Kingdom, that had stopped their previous support of the use of puberty blockers and now strongly limited them.

We list the links to the information in our previous letter at the end of this report.

From March 2024 the UK government banned the use of puberty blockers except for clinical trials, in response to the interim Cass Report of February 2022.

This evidence has been reinforced by major publications during the past 12 months including the final Cass Report in April 2024 ⁷and the leaking of the WPATH files.⁸

The Cass Report, WPATH Files: Lack of effectiveness or safety of treatment.

The final Cass Report established that there is no reliable evidence of the safety or effectiveness of the use of puberty blockers for the treatment of children with "gender distress"

The leaking of the files of the World Professional Association of Transgender Health (WPATH) reveal that members of this organisation are unprofessional and have put their patients knowingly at risk. ⁹

WPATH's derivative in New Zealand, the Professional Association of Transgender Health Aotearoa (PATHA) has been assessed to provide low quality advice by the Cass Report.

The Ministry of Health (MOH) has PATHA as one of its advisors. This needs to be re-evaluated in the light of the serious concerns about the quality of its advice.

The Cass Report and many other reports also cite the clear evidence of the loss of bone density caused by puberty blockers which may lead to many having disintegrating bones in early to mid to adult life.

⁷ <https://cass.independent-review.uk/home/publications/final-report/>

⁸ <https://environmentalprogress.org/big-news/wpath-files>

⁹ However, the WPATH Files reveal that the organization does not meet the standards of evidence-based medicine, and members frequently discuss improvising treatments as they go along. Members are fully aware that children and adolescents cannot comprehend the lifelong consequences of "gender-affirming care," and in some cases, due to poor health literacy, neither can their parents.

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

This seems to be one of the few problems the MOH admits to, though it seems to play scant attention to it.

Other problems such as impairments in fertility, or even sterility, as a consequence of treatments following on from puberty blockers; seem to be dismissed by the MOH as not being a consequence of taking puberty blockers. Could this be because the MOH is not giving due attention to studies which show that nearly 100% of children who take puberty blockers go on to take wrong sex hormones? ¹⁰

One example is the effect of testosterone on females. Not only can it cause pain upon orgasm, but can lead to the necessity of a hysterectomy and therefore sterility. ¹¹

Another example is the surgical removal of testes. This causes both sterility and the loss of sexual pleasure in biological males.

It would be disingenuous for the MOH to deny that health risks of further medicalised 'gender' practices, such as taking testosterone or surgery, have any relationship to the use of puberty blockers. Studies have shown that one inevitably leads to the other. The Cass report has suggested puberty blockers may prevent normal cognitive development, making it more likely that these later practices are undergone.

Terminology

We note that the Ministry of Health defines "gender identity" only in terms of gender (a circular definition), but does not define gender itself. This lack of clarity leads to potentially harmful medical practice, where the reality of biological sex is not recognised. The failure to

¹⁰ " *Butler provides evidence that intervention with a gonadotrophin-releasing hormone analogue (GnRHa) promotes a continued desire to identify with the non-birth sex — over 90% of young people attending endocrinology clinics for puberty-blocking intervention proceed to cross sex hormone therapy.*

In contrast, 73%–88% of prepubertal GD clinic attenders, who receive no intervention, eventually lose their desire to identify with the non-birth sex. Our concern is that the use of puberty blockers may prevent some young people with GD from finally becoming comfortable with the birth sex'."

<https://www.transgendertrend.com/current-evidence/>

¹¹ https://www.transgendertrend.com/severe-pain-orgasm-effect-testosterone-female-body/?fbclid=IwAR2MTgQOo8y7Gg0CyZ97a8LzRfSXE-gWKMgswdjKsEgDPi_6KvMPKHnxTFA

define gender, and to distinguish it from biological sex, may contribute to an incorrect belief that it is possible to change someone's sex by medical interventions such as puberty blockers, wrong sex hormones and surgeries.

This is impossible. All medical practitioners know this. To convey the impression, that changing sex is possible, is misinformation. The Ministry of Health should not be supporting such harmful misinformation.

The Convention for the Elimination of all forms of Discrimination Against Women (CEDAW) makes it clear, for example in Articles 1 and 11(b) that the rights of women are sex- based, and that sex means biological sex. Article 5 makes it clear that it is the stereotyped roles of men and women that contribute to discrimination against women.

These socially constructed roles have also been described by the UN as "gender". For example, A World Health Organisation (WHO) definition of gender is :

Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.¹²

The Writings of Dr Charlotte Paul about New Zealand.

Dr Charlotte Paul, epidemiologist and Emeritus professor, has been raising concerns about the use of puberty blockers in New Zealand for some years, in an environment where the mainstream media conducted an almost total black-out on any material critical of their use.¹³

This began with an early article in the NZ Listener in September 2022. Her latest article Where do we go now with puberty blockers?: Charlotte Paul was published on 7 January 2025. ¹⁴ The Ministry of Health should pay strong attention to her information and concerns.

One of the things she points out are the extremely high rate of the prescription of puberty blockers to New Zealand children.

¹² https://www.who.int/health-topics/gender#tab=tab_1

¹³ <https://www.magzter.com/stories/news/New-Zealand-Listener/AGE-OF-UNCERTAINTY>

¹⁴ <https://archive.ph/2pVKA#selection-4121.18-4121.87>

This concern was also reported by journalist Ruth Hill, for Radio New Zealand on 22 September 2022.¹⁵

Puberty blockers prevent children from resolving their gender distress, and from achieving their sexual and reproductive potential

Far from acting as a "pause button" as it claimed, puberty blockers have been shown to escalate the trend towards the taking of wrong sex hormones and surgery which lock children in to life-long irreversible changes with life-long dependency on further medical treatments.

Whereas, if children are allowed to experience puberty, which is their birth right, most resolve their gender distress naturally.

" Most children with gender dysphoria will not remain gender dysphoric after puberty. Children with persistent GID are characterized by more extreme gender dysphoria in childhood than children with desisting gender dysphoria. With regard to sexual orientation, the most likely outcome of childhood GID is homosexuality or bisexuality. *J. Am. Acad. Child and Adolesc. Psychiatry*, 2008;47(12):1413–1423."¹⁶

Many gender distressed children are likely to grow up to be lesbian, gay or bisexual if they do not take puberty blockers:

Prescribing puberty blockers deprives these children of their rights to experience and express their sexual potential and sexual orientation as they grow up.

It operates as a de-facto conversion practice, changing children into the appearance of being the opposite sex, and into the appearance of being heterosexual as they get older.¹⁷

David Bell, from the Tavistock Clinic notes:

¹⁵ <https://www.mnz.co.nz/news/national/475757/puberty-blocker-use-jumps-as-expert-backs-results>

¹⁶ [https://www.jaacap.org/article/S0890-8567\(08\)60142-2/abstract#:~:text=Early%20prospective%20follow%20Dup%20studies,longer%20experienced%20gender%2Ddysphoric%20feelings.](https://www.jaacap.org/article/S0890-8567(08)60142-2/abstract#:~:text=Early%20prospective%20follow%20Dup%20studies,longer%20experienced%20gender%2Ddysphoric%20feelings.)

¹⁷ <https://4thwavenow.com/2015/04/11/research-evidence-most-gender-dysphoric-children-grow-up-to-be-gay-or-lesbian/>

" Many clinicians are clear that a significant number of these children, if helped in a proper manner, would end up being gay or lesbian without having undergone transition. This also illustrates the way that gender as a category has come to obscure discussion of sexuality."¹⁸

Transgender Trend in its article, Current Evidence, says that :

"They revealed that GIDS did not sufficiently explore whether children with gender dysphoria might grow up to be gay. Worryingly, a number of children adopted a transgender identity after homophobic bullying."¹⁹

The Suicide claim is a myth

The claim that gender distressed children will commit suicide if not given puberty blockers has repeatedly been shown to be a myth.

Most recently this was established in the US Supreme Court case where the ACLU (American Council of Civil Liberties) Attorney admitted this was the case.²⁰

One of the earlier studies which established this was a Finnish study which showed that there is a no higher risk of suicide for trans youth and no alleviation of suicide risk from "gender affirming care."²¹

Lack of informed consent

it is impossible for anyone to give informed consent to puberty blockers when there is no evidence of their effectiveness or safety.

It is not credible for the Ministry to claim that such consent can be given so long as the patient is informed about this lack of evidence ! Knowing that there is no information, does not constitute information and cannot provide a basis for informed consent.

¹⁸ <https://www.maudsleyphilosophygroup.org/wp-content/uploads/2022/11/First-do-no-harm-IJPA.pdf>

¹⁹ <https://www.transgendertrend.com/current-evidence/>

²⁰ <https://www.city-journal.org/article/aclu-attorney-confesses-transgender-suicide-claim-is-a-myth>

²¹

https://www.mercatornet.com/trans_guilt_trip_debunked

Furthermore, children cannot consent because they are CHILDREN. There is no way a child could comprehend the possible consequences to their adult life, including lack of sexual capacity and infertility.

Conclusion and Recommendations

New Zealand is behind the rest of the world in taking effective steps to stop the irresponsible and harmful use of puberty blockers and other medicalised treatments for "gender identity" issues.

Overwhelming evidence shows that puberty blockers are not proven to be safe or effective treatments for children and many governments have now banned them or restricted their use to clinical trials only.

Since the Ministry of Health acknowledges the findings of the Cass Report, which show that there is no evidence for the safety or effectiveness of puberty blockers, the Ministry cannot ethically continue to approve their use.

Responsible governments and health ministries around the world have stopped or severely restricted the use of puberty blockers for "gender identity" issues.

The Ministry of Health needs to urgently follow suite, and ban the use of puberty blockers as a treatment for children and youth with "gender identity" issues.

The Ministry of Health should stop receiving advice from sources like PATHA who do not act in the best interests of children.

Kind regards

Janet

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Some further links in addition to the footnotes.

- Please see the attached January 2024 WDI- NZ letter to the Minister of Health and the Foreign Minister about the WHO Guidelines.
- Links from that earlier letter are reproduced here.

The WHO Proposal and Process.

Announcement of the WHO process

<https://www.who.int/news/item/18-12-2023-who-announces-the-development-of-a-guideline-on-the-health-of-trans-and-gender-diverse-people>

Concerns about the flawed WHO process

<https://segm.org/world-health-organization-transgender-guidelines>

<https://lgbtcouragecoalition.substack.com/p/dear-concerned-global-citizens>

Europe, UK, NZ, USA restrict, question, puberty blocker use

Europe

Europe is restricting gender- affirming care

<https://www.city-journal.org/article/yes-europe-is-restricting-gender-affirming-care>

Norway Finland Sweden, UK

<https://www.sott.net/article/480555-Norway-bans-child-sex-changes-joins-Finland-Sweden-and-UK-in-rejecting-gender-ideology?fbclid=IwAR1bjoPKHS-vWg72b0GmleRw-OCrD>

Finland

<https://www.tabletmag.com/sections/science/articles/finland-youth-gender-medicine?fbclid=IwAR2mVQmGI-X50fjlrhMEIOP1rH7KYZXheZs10Xvpf2kpkpOqaVw0etLnyHk>

Sweden-systemic review

<https://news.ki.se/systematic-review-on-outcomes-of-hormonal-treatment-in-youths-with-gender-dysphoria>

Germany

https://www.genderclinicnews.com/p/shot-in-the-dark?r=2nx5v&utm_medium=ios&utm_campaign=post&fbclid=IwAR2Mq1HfCKmNmWta7bK6pQDLiUXzGzbdUTy4qbgXPKL9cQe_

United Kingdom:

The Cass Review

<https://cass.independent-review.uk/about-the-review/>

Cass Review publications

<https://cass.independent-review.uk/publications/>

Cass Review Interim report

<https://cass.independent-review.uk/publications/interim-report/>

Copy of the interim report

https://cass.independent-review.uk/wp-content/uploads/2022/07/Cass-Review-Letter-to-NHSE_19-July-2022.pdf?fbclid=IwAR3-SdguG_TNxAS5IfEtdh8c14pxeAs-wU_tYeXY7SHvpQkhIlvFKeYPN

Tavistock shut down- response by Genspect, Dr Stella O'Malley

<https://www.youtube.com/watch?v=Mseopbrwz0s>

Anatomy of a medical scandal

<https://thecritic.co.uk/issues/may-2023/anatomy-of-a-medical-scandal/?fbclid=IwAR2KfyQN1rgRat9KtYHYFcYEg94wpds-vmnX2SWISMSKkEdlo3U1IKzIRi4>

Changes in UK School policy

https://www.theguardian.com/society/2023/dec/19/no-general-duty-let-children-change-gender-schools-england?CMP=share_btn_fb&fbclid=IwAR0dwzW5ZQITMt8nvXEgyTd

Call for a Judicial Review of NHS gender policies about adults with gender dysphoria.

https://democracythree.org/nhsgendersafeguards?hs_preview=VlrHBsWZ-70502787289

New Zealand- Puberty blockers questioned.

Ministry of Health - puberty blocker drugs under review.

<https://www.newshub.co.nz/home/new-zealand/2023/06/puberty-blocker-drugs-under-review-by-ministry-of-health.html?fbclid=IwAR18bwnKOz-uCmDMba8fTu55ZeDge9bOns4x8WrUM0LVv0f-PDVu2bxvhk8>

Questions mount, New Zealand Herald, by Jan Rivers

<https://www.nzherald.co.nz/nz/jan-rivers-questions-mount-around-the-use-of-puberty-blockers-for-children/JVKMNIUYUVBXDPCFPYSNZ34RWE/>

Full article here:

https://www.speakupforwomen.nz/post/jan-rivers-puberty-blockers-for-children?fbclid=IwAR0UkGx3fMDmuTt4UaFRCOzMZGppqE7sOOPI_xhiEzsr2z8GHvblN-rPaFJU

Dr Charlotte Paul, New Zealand Listener, September 2022
(Photos of article's words attached separately)

<https://www.magzter.com/stories/news/New-Zealand-Listener/AGE-OF-UNCERTAINTY>

<https://www.facebook.com/nzlistener/photos/a.3762798697086370/5722721761094044/?type=3>

Dr Charlotte Paul, North and South, December 2023

<https://northandsouth.co.nz/2023/11/13/december-2023/>

RNZ: Concern about rising rates of puberty blocker use in New Zealand

<https://www.rnz.co.nz/news/national/475757/puberty-blocker-use-jumps-as-expert-backs-results>²²

Womens's Rights Party expresses concern

<https://www.scoop.co.nz/stories/PO2311/S00103/womens-rights-party-would-ban-medicalisation-of-children-with-gender-dysphoria.htm>

United States

Government investigation.

Dr Miriam Grossman at a US House Committee hearing.

<https://www.youtube.com/watch?v=abTMFKoytMo>