

## **RE: Urgent Action Needed to Protect Irish Children in light of the UK Cass Report into transgender care in the NHS**

Dear TD, Minister, Senator, Ombudsmen for Children and NCCA,

Cc: Principal

I write to you with our urgent concerns around the safety and protection of vulnerable Irish children in light of the Cass Report (“the Report”), on the treatment of gender dysphoric children[1].

As you are no doubt aware, the final Cass Report was published on 10-April, 2024. The Review was commissioned by the UK NHS in 2020 and was undertaken by Dr. Hilary Cass, a senior paediatrician, on the treatment of approximately 9,000 children suffering from gender dysphoria (GD) in the UK Tavistock Clinic. 234 Irish children have been sent to the Tavistock Clinic for treatment of GD. The Report reveals that children suffering from GD have been seriously let down by a lack of research and evidence on the use of puberty blockers and hormones. Cass said “for the majority of young people, a medical pathway may not be the best way” to address their needs.

The commissioning of the report came about due to increasing global alarm over the treatment of an exploding number of children presenting with GD. There was much focus at that time on the controversial Tavistock Clinic, which is now closed to new patients. In an article for the Journal.ie, Dr Paul Moran who was part of Hilary Cass’s team and an experienced Irish psychiatrist with years of treatment of gender distress, describes the Cass report as “*the most comprehensive review of available evidence, experience and expertise ever conducted*”. [2] As such it cannot be ignored and urgent actions are required in Ireland following its publication.

### **Required Actions In Light of Cass Report**

**1. Puberty Blockers.** We are calling for the immediate ban on the prescribing of puberty blockers to children in Ireland for GD. There is no clinical evidence that children benefit from them and much evidence is accumulating that they are potentially harmful and that their effects are permanent. According to the Cass Report, the rationale for early puberty suppression remains unclear, with weak evidence regarding the impact on gender dysphoria, mental or psychosocial health. The Cass Review issued a letter to the NHS in July 2023 advising that puberty blockers only have clearly defined benefits in “*quite narrow circumstances*” and due to the risk to “*neurocognitive development, psychosexual development and longer-term bone health, they should only be offered under a research protocol*”. Meaning, of course, that puberty blockers for most children is experimental in nature without any clear benefits and with known dangers.

### **2. Out of State and Private Gender Clinics**

The Report highlights the dangers of private gender healthcare which is poorly regulated and provides a lower level of assessment and quality of care. Dr Moran points out that “*there is an inherent conflict of interest involved in providing gender healthcare privately*”. Patients who go down the medical path of cross sex hormones and/or surgery will after

all become lucrative lifelong patients. Private gender clinics must therefore be subject to strict regulations and scrutiny.

The HSE must immediately cease to send Irish children to foreign gender clinics which prescribe puberty blockers and hormones and in the words of Dr Moran *“Irish pharmacists too, should stop dispensing foreign gender healthcare hormone prescriptions”*.

### **3. Gender Ideology in our Schools.**

In the light of the Cass report, it is clear that it is entirely inappropriate for gender ideology to be taught to children in schools as fact. In his article, Dr Moran states that *“the Department of Health should reconsider some of the overly affirmative educational and training materials it is sending to schools and the prominent role it has given to activist organisations in policy development and teacher training”*.

The Department of Education, the NCCA, and all schools must immediately be required to cease all promotion and teaching of gender ideology in our schools. The new junior cycle SPHE curriculum (commenced 2023) and the proposed Senior Cycle SPHE curriculum (proposed commencement 2024) are both riddled with gender ideology presented as fact which is potentially harmful to our children, and seeks to normalise GD. Even our primary school children in 5th and 6th class children are taught that their gender identity (identifying as a boy or a girl) is distinct from their biological sex.[3] (*“You could be a boy or a girl neither or both”*).

In the light of the Cass Report, the NCCA must halt the Senior Cycle SPHE review and the Primary School Wellbeing (SPHE) review (proposed commencement 2025). The teaching of the new Junior Cycle SPHE curriculum must immediately be halted and the textbooks withdrawn. It is worth noting that despite the Education Act 1998 mandating that parents must be consulted with regards to the curriculum, the NCCA has failed to take seriously the views of parents on the SPHE curriculum, including the teaching of radical gender ideology, and has refused to publish comments and letters they received from parents as part of their ‘consultation’. The NCCA does work closely, however, with extreme radical activist groups when developing SPHE content. This must now stop.

On the issue of transgenderism, schools must remain neutral and insist that proper professional clinical advice is sought for each individual child suffering from GD. Paul Moran is very clear that *“Irish schools should not be taking the lead in the social transitioning of children”* stating that *“The Report recommends that when families/carers are making decisions about social transition of pre-pubertal children, they should be seen by a clinical professional with relevant experience. Dr Cass has identified that social transitioning is not a neutral action and is often the beginning of a clinical process.”*

Draft statutory guidance from England on relationship, sex and health education emerged just recently after the publication of Cass, and helpfully points to the way forward for schools.[4] The guidance bans the teaching of gender ideology in English schools and requires all sex education to be based upon scientific fact, not activist based ideology.

Children are to be taught that under English law gender reassignment is only available to adults and therefore a child's legal sex always remains the same as their biological sex and that *“schools should not teach about the broader concept of gender identity”*, noting that it is a *“highly contested and complex subject.”*

#### **4. Transgender Activist Group's access to Schools and Government Funding.**

Activist groups such as BelongTo and TENI, which are actively promoting radical transgender ideology, have a strong foothold in the curriculum in Irish schools, with considerable influence over the department of education, the NCCA and teaching unions and open access to schools and vulnerable teenagers. These groups currently receive copious government funding. This must cease immediately.

The advice that they are giving to children with GD, their families and educational institutions does not align with the recommendations of the Cass Report and is therefore potentially very harmful. Failure to respect GD as a recognised condition and affirming children's gender confusion no matter what, as these groups would advocate, is dangerous. Belongto advise teachers to lie about children's GD if asked by the parents.[5]

Schools must immediately stop running the BelongTo's *Stand Up week* and *Quality Mark programme* which actively promote and celebrate transgender ideology in the name of inclusion. While ALL children should be accepted and treated equally, celebrating and elevating the status of children who identify as transgender is very likely to be at least partly responsible for the increase in the number of children presenting as transgender.

Accounts have emerged from young people that BelongTo youth groups and online platforms target vulnerable and confused gay teenagers, who subsequently are convinced that they are transgender, rather than same sex attracted.[6] They are feted and celebrated for this new identity. It is reported by these young people that children with gender dysphoria are not referred to appropriate clinical support services, as recommended by Cass and their co-morbidities are not taken into account. There needs to be an investigation into BelongTo and the advice they are giving to young teenagers following these shocking revelations.

#### **5. Parents must be consulted about their children in schools**

Under the Irish Constitution Parents are the primary educators of their children, and parents must be consulted at all times about any transgender or SPHE education or instruction of their children in schools. Also they must be consulted in good time about any outside groups teaching about SPHE and promoting transgender ideology in schools, notably BelongTo (whose training manual instructs teachers to lie to parents about gender transitioning of their children) and TENI, with arrangements made to withdraw their children from instruction by groups from outside the school.

#### **6. World Professional Association of Transgender Healthcare (WPATH)**

The World Professional Association of Transgender Healthcare (WPATH) guidelines must be immediately removed from the current Programme for Government, and the HSE must publicly disassociate from it. Dr Moran points out that the WPATH SOC8 was found by the Cass report "*to lack developmental rigour*" and that "*the National Gender Service had advised the government as early as 2018 that these guidelines were unsafe and unsuitable*". Despite this they are being touted by trans activists as the "gold standard" of trans care. A scandal erupted in March of this year involving the release of leaked WPATH emails and voice recordings.[7] The leak revealed that the very doctors who were putting children on paths that will likely render them infertile are recorded acknowledging that the

children are too young to understand the implications of fertility at 14. The president of WPATH admitted that putting young children on puberty blockers is likely if not certain to render them unable to orgasm later in life. The leak exposed doctors discussing the possibility that a 16-year-old developing liver cancer was due to prescribed hormones. This information was hidden by WPATH from the public and patients alike. WPATH kept the horrific side effects of transgender medicine for children quiet and their “best practice” guidelines cannot therefore be trusted.

## **7. A Public Inquiry into Gender Identity Ideology in Ireland**

A letter issued to the Prime Minister of the UK dated 19th April 2024, signed by over 130 politicians, lawyers clinicians, social workers and de-transitioners, urging the creation of a Public inquiry into the failure of the State and non-state actor’s duty of care towards children with GD “... *by supporting, encouraging or facilitating a model of ‘gender-affirming transition’*”.<sup>[8]</sup> We echo the sentiments set out therein and the list of matters for such an inquiry to consider. We urge the same process take place in Ireland as a matter of urgency.

The Cass Report makes clear that the treatment of gender dysphoric children was largely activist lead, and that the children presenting with GD often had multiple co-morbidities, including autism and other neurodiversity and/or mental health issues, with a higher prevalence than in the general population. These conditions could in part or in whole account for the child’s distress and unhappiness. A high proportion were also same sex attracted. Further, affirmation was the only model allowed; staff were fearful of taking a more cautious and investigative approach, and therefore all children were unquestioningly supported in their belief that they were in the wrong body. The cruel irony is that going through puberty is in the vast majority of cases resolves GD; blocking puberty with drugs led to the vast majority of those children then later take cross sex hormones. If nature is allowed to run its course, while a child receives appropriate support and treatment for his or her other conditions, the vast majority of children will desist. One study found that only 12% of boys who received “watchful waiting” treatment rather than affirmative treatment continued to identify as transfem.<sup>[9]</sup>

The Tavistock Clinic was opened in 1989 at a time when there were less than 10 children per year presenting with GD; and those children were predominantly prepubescent boys, according to the Report. By 2016 there were 1071 adolescent females presenting for services versus 426 boys according to Cass. In 2022, over 5,000 children presented for treatment, with almost 75% being female.<sup>[10]</sup> Clearly an investigation is needed into why these numbers have exploded. Why did GD, which had always been predominantly suffered by young boys, suddenly become predominantly an issue for teenage girls? Trans activists have showed little curiosity in exploring this and instead insist upon a “no debate” policy and that puberty blockers, cross sex hormones and mutilating and sterilising surgery be provided as a “*transgender human right*” to vulnerable and confused children who present with multiple co-morbidities. This was medical experimentation without informed consent, being conducted in the open and on a large scale.

60% of males and 70% of females attending the world’s largest gender clinic identified as same sex attracted.<sup>[11]</sup> The Tavistock staff used to joke that there would be no gay people left; that they were “*transing the gay out of the children*”.<sup>[12]</sup> This could be viewed

as a form of gay conversion therapy and cannot be allowed. The question must be asked, why are same sex attracted teenagers treated so poorly?

The current status of children in Ireland with GD and the Irish doctors who are battling to protect them from the activist affirmative care model is well set out in a Prime Time expose broadcast late last year. It is 36 minutes long and does an admirable job of explaining the current situation. [13]

## Conclusion

A minority of influential and politically astute trans activists have consistently drowned out and threatened, sensible, knowledgeable and protective voices, in an attempt to normalise and popularise an ideology which is followed by a tiny minority. The Cass Report has now laid out a rational and sensible path that will protect and nurture GD children, rather than subjecting them to potentially permanent psychological and physical harm. It would be monstrous not to immediately act upon the damning findings of the Cass Report and we call upon you to do so today. We list again the required immediate seven actions that must be taken in light of the Report:

- 1. Puberty Blockers** There must be an immediate ban on the prescribing of puberty blockers to children in Ireland, whether the prescription is issued from the State or out of State.
- 2. Out of State and Private Gender Clinics** The HSE must immediately cease to send Irish children to foreign gender clinics which prescribe puberty blockers and private gender clinics must be strictly regulated in line with the recommendation of the Cass report.
- 3. Gender Ideology in our Schools.** The Department of Education and NCCA, and all schools in Ireland receiving any public funding must immediately cease all gender ideology education, classes, material in our schools. The revised SPHE programmes to be halted and subject to review and parental involvement.
- 4. Trans Activist NGOs Access to Schools and Government Funding.** Belongto, TENI and other activist NGOs must no longer have any access to children in schools and Government funding of these organisations must cease. They must cease to have any input into the schools curriculum of our children and the drafting of children's school textbooks.
- 5. Parents must be consulted about their children in schools** Parents must be consulted at all times about any transgender education of their children in schools, and must be consulted in good time about any outside groups promoting transgender ideology in schools, with the right to withdraw their children from transgender classes or instruction.
- 6. WPATH** The Government must immediately remove from its Programme for Government the WPATH guidelines and the HSE must publicly disassociate from it.
- 7. A Public Inquiry into Gender Identity Ideology.** The treatment of children with GD is a major scandal and trust will only be restored when light is shed on how we got to the

stage where we teach children they can be born in the wrong body and we can turn them into the opposite sex and solve all their problems with social transitioning, drugs and surgeries.

Endnotes:

[1] <https://cass.independent-review.uk/home/publications/final-report/>

[2] <https://www.thejournal.ie/readme/tavistock-cass-report-ireland-6356357-Apr2024/>

[3] <https://www.sexualwellbeing.ie/for-parents/busy-bodies-english-language.pdf>

[4] [https://consult.education.gov.uk/rshe-team/review-of-the-rshe-statutory-guidance/supporting\\_documents/Draft%20RSE%20and%20Health%20Education%20statutory%20guidance.pdf](https://consult.education.gov.uk/rshe-team/review-of-the-rshe-statutory-guidance/supporting_documents/Draft%20RSE%20and%20Health%20Education%20statutory%20guidance.pdf)

[5] <https://gript.ie/a-state-funded-ngo-has-been-training-teachers-to-lie-to-parents-about-their-children/>

[6] [https://x.com/gcraughwell/status/1702746240578916433?s=48&t=YCL0YmFgN0UelYO9zaE0\\_w+3+https%3A%2F%2Fm.independent.ie%2Firish-news%2Flesbian-activist-raises-concerns-about-belong-to-youth-meetings%2Fa319171930.html](https://x.com/gcraughwell/status/1702746240578916433?s=48&t=YCL0YmFgN0UelYO9zaE0_w+3+https%3A%2F%2Fm.independent.ie%2Firish-news%2Flesbian-activist-raises-concerns-about-belong-to-youth-meetings%2Fa319171930.html)

[7] <https://www.telegraph.co.uk/news/2024/03/05/wpath-tansgender-hormone-therapy-cancer-links-leaked-emails/>

<https://www.theguardian.com/commentisfree/2024/mar/09/disturbing-leaks-from-us-gender-group-wpath-ring-alarm-bells-in-nhs>

[8] <https://twitter.com/JamesEsses/status/1781760300825342416/photo/1>

[9] <https://pubmed.ncbi.nlm.nih.gov/33854450/>

[10] <https://www.theguardian.com/society/2022/nov/24/an-explosion-what-is-behind-the-rise-in-girls-questioning-their-gender-identity>

[11] <https://statsforgender.org/sexuality/>

[12] <https://acrobat.adobe.com/id/urn:aaid:sc:EU:560d4093-0b32-4153-8ae8-010beee41a0a>

[13] <https://youtu.be/Q5GmUhuJ0UQ?si=n2-xR6Or0oQNGvan>