

Submission to UN Independent Expert on SOGI for a thematic report on Gender, Sexual Orientation and Gender Identity.

By Walt Heyer, former trans woman

March 2, 2021

I believe that the leading questions and rhetoric used in your call for submissions demonstrate a clear bias in favor of radical sexual and gender theories and policies, which have been rejected by a large grouping of UN Member States on multiple occasions.

The SOGI Independent Expert is attempting to establish as a protected class by force of law the controversial concept of “gender identity” (i.e., transgender identity).

I reject your interpretations of the terms “violence” and “discrimination” as encompassing any criticism of radical gender theory or policies that protect women’s private spaces.

I oppose the SOGI Independent Expert’s distorted definition for gender and gender-based terms at the UN to encompass radical and unscientific gender ideology and queer theory.

My opposition is based on my own experience and that of others harmed by this ideology who contact me almost daily.

I have been all the way down that path. And I’ve come back to warn others.

I am a male who underwent gender reassignment surgery and lived for eight years as Laura Jensen, a female. (See SexChangeRegret.com.) I then regretted my surgery and have transitioned back to Walt. My body is permanently disfigured, making it difficult to live normally. I wish the surgeons had told me that the severe psychological problems of their other patients were not solved after surgery and that a high number of such patients commit suicide.

My grandmother dressed me as a girl when I was 4, 5, and 6 years old. I was far too young to comprehend the long-term consequences of being encouraged to cross-dress at such a young age, much less fight back. In my child’s mind, it felt good to be the center of her attention. Now I call what grandma did to me “child abuse” because her grooming of me as a female negatively affected my entire life.

In adulthood, I was diagnosed with gender dysphoria and underwent unnecessary cross-gender hormone therapy and surgical gender change. I lived eight years as a woman and tried my best to make it work, but after surgery I still had gender dysphoria. Even worse, I was suicidal. Before giving me hormones and surgery, my medical providers should have helped me explore the possible psychological roots of my desire to escape into a female persona, but none did. I finally received proper psychotherapy years after surgery which resolved my gender dysphoria, but I am left with a body permanently mutilated.

I’m not the only one whose life was hurt by the rush to change gender. I have heard from so many trans adults who ask me for advice in going back to their birth sex that I compiled emails from 30 of them, along with the latest research, into a book, “Trans Life Survivors.” Several people in the book transitioned in their teens, but when they hit their twenties, their feelings of gender dysphoria changed. They grew out of it, but only after having made irreversible changes to their bodies, which destroyed their ability to have children, and losing years of their life to an alternate identity.

The so-called “treatment” of gender dysphoria is far from settled science. In fact, United Kingdom’s High Court ruled December 12, 2020 in Bell vs. Tavistock that puberty blockers (PB) and cross-sex hormone (CSH) use in gender dysphoric minors was experimental.¹

I am disturbed that failure to provide harmful puberty blockers, cross-sex hormones, and transgender surgeries for transgender-identifying persons is now being considered “discrimination.” The Independent Expert on SOGI also has equated hurt feelings and the inability for transgender-identifying persons to access elective cross-sex cosmetic treatments to the profound oppression and hardships girls and woman face such as inability to access educational opportunities, housing, health care and protection from physical and sexual abuse. These are **not** equivalent.

Gender identity protection policies operate under the false assumption that people with gender confusion are better off being encouraged to identify as something other than their biological sex. My website SexChangeRegret.com has multiple testimonies from people who have strongly regretted their cross-sex surgeries and who are desperately trying to reintegrate with their biological sex, despite the altered conditions of their body. Some have even had their genitals or breasts removed and become completely infertile in their attempt to become the opposite sex. This is why Dr. Paul McHugh, University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School, who oversaw many cross-sex surgeries, after seeing the end results warned: “...policymakers and the media are doing no favors either to the public or the transgendered by treating their confusions as a right in need of defending rather than as a mental disorder that deserves understanding, treatment and prevention.”

Children especially need protection

What children really need is help in overcoming their disorder, not policies to protect their confused “gender identity” or “identities” or that push them further and further into an opposite-sex identity, putting them at risk for a large array of mental, social, and physical problems throughout their lives.

- This radical gender framework would encourage the medical transitioning of vulnerable children with medical and surgical interventions that have been shown to increase mental distress and cause lifelong physical harms including infertility.
- Most children lose their feelings of gender confusion as they grow older. According to Dr. Paul McHugh, “*When children who reported transgender feelings were tracked without medical or surgical treatment at both Vanderbilt University and London’s Portman Clinic, 70%-80% of them spontaneously lost those feelings.*”² However, when children are affirmed in their gender confusion by parents, schools, the community and others, the chance that they will normally outgrow this gender confusion is greatly diminished. Our position is that “gender identity” affirming policies, while well-intentioned, are misguided, because they harm the very children that need our help.
- The head of the Child and Adolescent Gender Identity Clinic in Toronto, Canada, Dr. Kenneth Zucker, one of the leading authorities in the world on gender disorders, has treated over 500 children with gender confusion. Dr. Zucker found that in the vast majority of cases, therapy focused on reducing the psychopathology within the family has resulted in the child’s acceptance of their birth sex.³

¹ Van Mol, MD, André, (2020). UK High Court Rules Puberty Blockers Experimental, Minors Cannot Consent, CDMA’s *The Point*. Retrieved from <https://cmda.org/uk-high-court-rules-puberty-blockers-experimental-minors-cannot-consent/>

² McHugh, P. (2014, June 12). Transgender Surgery Isn’t the Solution. *Wall Street Journal*. Retrieved from <https://genderidentitywatch.files.wordpress.com/2014/06/paul-mchugh-transgender-surgery-isnt-the-solution-wsj.pdf>

³ Zucker, K. & Bradley, S. (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*. New York, NY: The Guilford Press.

Should the medical field be free to push kids down a path that leads to physical destruction and emotional agony?
Of course not. **Children do not have the capacity or mental maturity to consent to decisions with life-long consequences.** And yet they are so easy to manipulate that they have become soft targets in today's raging political and cultural fight over what it means to be human.