




15 November 2023

133 Molesworth Street  
PO Box 5013  
Wellington 6140  
New Zealand  
T+64 4 496 2000



By email:   
Ref: H2023032108

Tēnā koe 

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 2 October 2023 for:

*“All communications, and meetings (dates and minutes), between the Ministry of Health and Te Whatu Ora and Dr Julia de Bres and/or Dr Rachel Johnson from the 1st August 2022, to the most recent available date.”*

On 19 October 2023, your request was partially transferred to Te Whatu Ora – Health New Zealand in accordance with section 14(b)(i) of the Act. You can expect a response from Te Whatu Ora in due course.

Manatū Hauora has conducted a search and identified five documents within scope of your request for communications between the Ministry and Dr Julia de Bres. These documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld, this is outlined in the Appendix and noted in the document itself. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

In relation to your request for communications and meetings between Manatū Hauora and Dr Rachel Johnson, no information has been identified within scope of your request. Therefore, this part of your request is refused under section 18(g)(i) of the Act, as the information is not held by the Ministry.

If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: [oiagr@health.govt.nz](mailto:oiagr@health.govt.nz).

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Nāku noa, nā



Dr Joe Bourne  
**Chief Medical Officer**  
**Office of the Chief Clinical Officer**

## Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	30 June 2023	Email Correspondence from Julia de Bres to Minister Verrall and the Director-General of Health	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons.
1A		Letter from the New Zealand Parents of Transgender and Gender Diverse Children to the Minister of Health and Director-General of Health	
2	26 July 2023	Letter from the Director-General of Health to the New Zealand Parents of Transgender and Gender Diverse Children	Released in full.
3	24 August 2023	Email Correspondence from Julia de Bres to Minister Verrall and the Director-General of Health	
4	4 September 2023	Letter from Dr Joe Bourne to Dr Julia des Bres	

**From:** Julia de Bres S9(2)(a)

**Sent:** Friday, 30 June 2023 2:56 pm

**To:** a.verrall@ministers.govt.nz; Diana Sarfati <Diana.Sarfati@health.govt.nz>

**Cc:** Sophia Faure-Ext <Sophia.Faure@parliament.govt.nz>; tess.macintyre@parliament.govt.nz; Alexandra Mason-EXT <Alexandra.Mason@parliament.govt.nz>

**Subject:** Letter and request for meeting: the importance of puberty blockers to transgender children in Aotearoa

Dear Hon Dr Verrall and Dr Diana Sarfati

Please find attached a letter from our group, New Zealand Parents and Guardians of Transgender and Gender and young people in Aotearoa.

We hope you will agree to our request for an urgent meeting with you to discuss our concerns.

Ngā mihi nui ki a kōrua

Julia de Bres

On behalf of NZPOTC

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RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982



New Zealand Parents and Guardians of  
Transgender and Gender Diverse Children  
[www.transgenderchildren.nz](http://www.transgenderchildren.nz)

Hon Dr Ayesha Verrall  
Minister of Health  
a.verrall@ministers.govt.nz

Dr Diana Sarfati  
Director-General of Health  
diana.sarfati@health.govt.nz

30 June 2023

Tēnā kōrua

**Re: The vital importance of access to puberty blockers for transgender children and young people in Aotearoa**

We are writing to you as representatives of the support group New Zealand Parents and Guardians of Transgender and Gender Diverse Children, which supports over 1,200 parents and guardians in Aotearoa who are raising transgender children.

We write to express our grave concerns about the current politicisation of access to puberty blockers for transgender children, to tell you about the vital importance of access to puberty blockers for our children, and to ask you to meet with us to discuss these issues in more detail.

Much of the 'debate' about puberty blockers is imported from elsewhere and involves disinformation. With the current wave of anti-transgender hate globally, it has now come to Aotearoa, gaining currency both among the general public and now, as we understand it, within the Ministry of Health.

We are informed that the Ministry of Health is currently "examining whether or not puberty blockers can be considered safe and fully reversible" and plans to release an evidence brief on this topic in the coming months. The status given to this evidence brief and interest in its release has been amplified by this week's episode of *Paddy Gower Has Issues* on TV3. We are very concerned that the views being collated for discussion and presentation to decision-makers may lack consultation, peer review, and input by experts in this field.

Puberty blockers are prescribed by trained clinicians following clinical guidelines, after they have carefully considered and assessed the medical and psychological needs of each young person. The medical evidence shows that blockers are safe and reversible, giving children and young people time to decide, in consultation with their families and medical professionals, what is best for them before they make more consequential decisions about gender-affirming healthcare.

While puberty blockers are reversible, going through puberty is not. For many of our children, the outcomes of not having access to puberty blockers are extremely harmful and dangerous. You will be aware of the high levels of psychological distress and suicidality transgender young people experience in this country, due to having to constantly battle for the right to be themselves.

Our kids know what they need, and we know our kids. Our children deserve access to clinically and culturally safe gender-affirming care, including puberty blockers for those who need them. This involves respecting our children's autonomy over their bodies, with the support of their families and their clinicians. If our children decide to stop puberty blockers later, they can proceed with puberty, and they still benefit from having been supported in their journey.

Much of the current disinformation about puberty blockers is coming from the UK and the USA, where discussions about transgender children are tied up in much broader political debates that have nothing to do with our kids. We have our own histories in Aotearoa of inclusion, diversity and acceptance of gender fluidity, and we do not need to go down the routes being taken overseas. Furthermore, under our Te Tiriti obligations, we should not be continuing to use gender as a tool of colonisation. Transgender experiences in te ao Māori clearly predate the signing of Te Tiriti.

Most of all, we implore you to listen to the people directly affected, our kids and the families who know and love them. We support our children to affirm their gender, including supporting them to access gender-affirming care when they need it, and when it is appropriate for them. We understand from clinicians and researchers that this gender-affirming approach is the best to promote our children's development and wellbeing.

We have included some quotes below from parents within our group about what access to puberty blockers has meant for our children, and our fears for those who might not have access to blockers in the future, if their necessity keeps being put in question.

### **What puberty blockers have done for our children**

*'Puberty blockers have meant that we can slow down, and not rush into major changes. It's given my child time to get psychological assistance and work through his dysphoria and reduce his distress. It's provided him with mental stability, and there's nothing more important than that.'*

*'Puberty blockers helped my child to recover from depression and anxiety. If she had to confront the physical changes of her body when struggling with severe gender dysphoria at the time, I don't know if she would be with us today.'*

*'Our child started blockers at S9(2)(a) when puberty was medically confirmed as having started. She cried with relief. Puberty blockers allowed her to grow into the confident young woman we now have. They were crucial to her wellbeing. They meant that she never developed male secondary sex characteristics. This will benefit her for her entire life.'*

*'Our S9(2)(a) son has just received his second dose of blockers, and the impact on his mental health has been tremendous. His teacher commented that he is happier since starting blockers, is more sure of himself in the classroom, and is claiming his identity with pride. She was also his teacher last year, and she remarked what a difference it has made for him to have blockers.'*

*'Puberty blockers saved my son's life. Leading up to his coming out he was in so much emotional and mental turmoil he was self-harming, drafting suicide notes and planning out how to kill himself. I strongly believe that without being supported to access puberty blockers we would have lost him. Puberty blockers have genuinely saved our whānau.'*

*'My child was not ready to make a decision on permanent interventions when they started blockers and pausing puberty has taken some of the pressure off and given them time. Facial hair is the biggest sources of dysphoria as they were already quite far through puberty before starting medication. But they are now able to start laser hair removal as they are on blockers so no more new hair will come through. This might sound minor to others but will be a huge benefit for their mental health.'*

*'My child initially transitioned to male when they S9(2)(a) and went onto puberty blockers S9(2)(a). It was an essential part of their gender exploration, allowing them to stop worrying about developing a female body shape and focus on figuring out their identity. A couple of years later they realised that they were actually nonbinary and came off puberty blockers, having had the time and space the blockers allowed to come to the realisation that their nonbinary identity did not have to come with a particular physical body. They have since gone through natal puberty with no ill effects.'*

#### **What we fear if our children cannot access puberty blockers**

*'During our first attempt to access blockers, we were denied. My daughter went from anxiety to suicidal. I had to have her on 24hr watch. We have had a second attempt to access them and are awaiting the outcome decision. She is back to anxious but no longer suicidal. If we are denied again, she may well succeed in her next attempt.'*

*'My daughter has lived as her affirmed gender since the S9(2)(a). She will need blockers shortly. Without blockers, I am seriously concerned about her self harming or dying by suicide. She is adamant that she will not go through male puberty.'*

*'My child has had to have 2 major surgeries that could have been avoided (along with the public health cost involved) had he had access to blockers when he was at the right age. He was suicidal for a number of years along with self harm behaviours as a coping mechanism due to puberty progressing and not being able to cope with having periods.'*

*'My child has not hit puberty yet, but is counting on blockers to stop her from forming a masculine, deep voiced, broad body of a male. She has identified as female forever, and as soon as she could speak she made it known to us that she is definitely a girl. Currently very few know her as anything but a lovely girly girl, she is beautiful. But very aware of needing blockers to continue as her true self. I absolutely hate to think how the future might be for my child if these were made unavailable... I would consider moving our family to access these for her.'*

*'I can tell you hand on heart, if I had to tell my daughter that blockers were no longer available, there's a good chance she would take her own life. I am not being dramatic, it's simply a fact. I*

*would move countries if I had to, in order to access them for her. The alternative is not worth considering.'*

*'Puberty blockers for children should be their right to have hope.'*

Please listen to us, and please listen to the experts who truly have our children's best interests at heart: The Professional Association for Transgender Health Aotearoa (PATHA), organisations working with and for rainbow young people in Aotearoa (InsideOUT Kōaro, RainbowYOUTH, Gender Minorities Aotearoa), and doctors with direct experience of working in gender-affirming healthcare with children and young people (such as S9(2)(a)).

We have the expertise and evidence right here in Aotearoa to know what is best for our children. We must not let our kids be used as weapons in an election year that is seeing transgender rights up for debate to the point of risking our children's very existence. In seeking to retain access to gender-affirming care, including puberty blockers, we are fighting for our children's lives.

As a group, we are keen to help you better understand the impact of access to gender-affirming healthcare on our children, based on our lived experience.

We request an urgent meeting with you to discuss our concerns in more detail. You can contact us via Julia de Bres, at S9(2)(a).

Noho ora mai,

S9(2)(a)

Julia de Bres (moderator)

S9(2)(a)

On behalf of New Zealand Parents and Guardians of Transgender and Gender Diverse Children  
([www.transgenderchildren.nz](http://www.transgenderchildren.nz))

cc:

Sophia Faure, Private Secretary, Health ([sophia.faure@parliament.govt.nz](mailto:sophia.faure@parliament.govt.nz))

Tess Macintyre, Private Secretary, Health ([tess.macintyre@parliament.govt.nz](mailto:tess.macintyre@parliament.govt.nz))

Alexandra Mason, Press Secretary ([alexandra.mason@parliament.govt.nz](mailto:alexandra.mason@parliament.govt.nz))



133 Molesworth Street  
PO Box 5013  
Wellington 6140  
New Zealand  
T+64 4 496 2000

26 July 2023

New Zealand Parents and Guardians of Transgender and Gender Diverse Children  
c/o S9(2)(a) [REDACTED]

Ref. H2023028296

Tēnā koutou

Thank you for writing on 30 June 2023 regarding access to puberty blockers for transgender children and young people in Aotearoa New Zealand. I appreciate you taking the time to write.

I commend the advocacy of New Zealand Parents and Guardians of Transgender and Gender Diverse Children (NZPTOC) on access to gender affirming health care for transgender and gender diverse communities. I appreciate you sharing with me NZPTOC parent's experience with puberty blockers for their children. Their story is crucial and valuable, it is through hearing directly from people like you that we can better understand the challenges and work towards improving the system and providing better care for all.

I acknowledge your concern regarding the impact of the evidence review on access to puberty blockers in New Zealand. Manatū Hauora (the Ministry of Health) is undertaking an evidence brief to ensure that any information we do publish about the safety and reversibility of puberty blockers is supported by the latest clinical evidence. The evidence review is focused on scientific assessment of up-to-date research evidence in peer-reviewed medical literature to inform clinical discussion.

Decisions on the use of puberty blockers are best made by patients and their families in consultation with appropriate clinicians. Any medical treatment carries a balance of benefit and risk that needs to be considered in context by the person in partnership with their health professional.

I recognise that seeking gender affirming care can be challenging, however, providing support for transgender and non-binary communities is an important area of focus. Manatū Hauora is improving the health and wellbeing of Rainbow communities as well as providing targeted initiatives for transgender and non-binary communities. This includes the important work to improve access to gender-affirming care for transgender and gender diverse communities, as well as to increase the skills and capability of the health workforce more broadly. Budget 2022 allocated \$2.182 million over four years to



a project aimed at improving access to primary care for transgender and non-binary people including:

- funding primary and community health providers to deliver gender-affirming services
- updating national guidelines for gender-affirming health care and lead referral pathways for gender-affirming health services and support
- training and workforce development resources and programmes to improve workforce responsiveness to transgender patients.

In addition, there are a number of other initiatives being supported by health agencies to improve the health and wellbeing of Rainbow communities including:

- gender affirming genital surgery: Budget 2019 provided an additional \$2.992 million over the next four years for gender-affirming genital surgery. Additionally, the service is supported by new transgender peer roles
- Rainbow mental wellbeing initiatives for young people: In 2021, the Government announced \$4 million of funding, with \$3.2 million over four years split between InsideOUT Kōaro to expand its existing school-based services for rainbow young people and RainbowYOUTH to expand its peer-support services. As well as \$800,000 to top-up the Rainbow Wellbeing Legacy Fund, administered by the Rule Foundation
- Rainbow competency workforce training: In 2021, \$600,000 of funding over four years has been provided to support the mental health and addiction workforce to be responsive to the needs of Rainbow communities, particularly Rainbow young people
- taking a rights-based approach to health care for intersex children and young people: Budget 2022 provided \$2.516m of funding over four years to develop a rights-based approach to the health care of intersex children and young people

I acknowledge your invitation for a meeting. Unfortunately, I am unable to meet at this time. Thank you again for taking the time to write. I hope this information is useful, and I wish you all well.

Nāku noa, nā



Dr Diana Sarfati  
**Director-General of Health**  
**Te Tumu Whakarae mō te Hauora**

**From:** Julia de Bres [mailto:J.deBres@massey.ac.nz]

**Sent:** Thursday, 24 August 2023 2:07 PM

**To:** A Verrall (MIN) <a.verrall@ministers.govt.nz>; Diana Sarfati <diana.sarfati@health.govt.nz>

**Cc:** Sophia Faure <Sophia.Faure@parliament.govt.nz>; Tess Macintyre <Tess.Macintyre@parliament.govt.nz>; alexandra.mason@parliament.govt.nz

**Subject:** (AVC2023-4520)New resources on puberty blockers

Dear Hon Dr Ayesha Verrall and Dr Diana Sarfati

You may recall I wrote to you both in June regarding the Ministry of Health's evidence brief on puberty blockers, on behalf of the group New Zealand Parents and Guardians of Transgender and Gender-Diverse Children.

I was delighted to see this week that the Ministry of Health has now expanded its review to include evidence on the mental health effects of puberty blockers. Thank you so much.

I am now writing to advise you of some new resources that I have just launched in collaboration with a clinician working in gender-affirming care, on the current scientific evidence about puberty blockers, as well as clinician experiences of using them in Aotearoa:

<https://www.projectvillageaotearoa.com/pubertyblockers>

I include more information about the information sheets below.

I would be very grateful if you would take the time to communicate these new resources to the people working on the evidence brief, and to anyone else who might find them useful.

Best wishes  
Julia de Bres

*Are you looking for up-to-date and reliable information about puberty blockers?*

There is a lot of public discussion about puberty blockers at the moment, and it can be hard for families and whānau to find the information they need in an accessible form.

To address this gap, Dr Rachel Johnson (an experienced clinician providing gender-affirming healthcare to transgender young people) and Dr Julia de Bres (a researcher in transgender health) have put together three information sheets to help families and whānau better understand how puberty blockers are used in the care of transgender young people in Aotearoa. These have been developed with input from community experts in transgender health and wellbeing.

The three information sheets can be downloaded at [www.projectvillageaotearoa.com/pubertyblockers](http://www.projectvillageaotearoa.com/pubertyblockers)

They include the following:

**CURRENT EVIDENCE ON PUBERTY BLOCKERS:** This information sheet summarises current scientific knowledge on the effects of puberty blockers for transgender youth. It is based on a literature review by clinicians and researchers in transgender health in August 2023. Its purpose is to assist whānau, families and health professionals supporting transgender young people by providing up-to-date and reliable information about puberty blockers.

**FAMILY EXPERIENCES WITH PUBERTY BLOCKERS IN AOTEAROA:** In this information sheet, parents and caregivers of transgender young people in Aotearoa share what access to puberty blockers has meant for their children. This is intended to help family and whānau better understand the effects of puberty blockers for transgender youth, based on lived experiences. Parents and caregivers say puberty blockers have given their children time and space to make decisions, stopped unwanted physical changes, improved their wellbeing, reduced distress, and in some cases saved their lives.

**CLINICAL EXPERIENCES WITH PUBERTY BLOCKERS IN AOTEAROA:** This information sheet discusses how puberty blockers are used in caring for transgender young people in Aotearoa, based on an interview in 2023 with an clinician who is experienced in this area. The information sheet discusses how use of blockers varies according to a young person's age and gender embodiment goals and addresses common questions about their use. It is intended for family and whānau of transgender young people in New Zealand who are looking for extra detail on the use of puberty blockers. Some of the information may also be useful for clinicians working with transgender young people and their families and whānau.

**Julia de Bres (she/her)**

Senior Lecturer

School of Humanities, Media and Creative Communication

Massey University/Te Kunenga ki Pūrehuroa

Wellington, Aotearoa

*Latest publications:*

Julia de Bres & Ia Morrison-Young (2023): Storm Clouds and Rainbows: Visual Metaphors of Parents of Transgender Children in Aotearoa (New Zealand), LGBTQ+Family: An Interdisciplinary Journal, <https://doi.org/10.1080/27703371.2023.2231371>



133 Molesworth Street  
PO Box 5013  
Wellington 6140  
New Zealand  
T+64 4 496 2000

Julia des Bres  
J.debres@massey.ac.nz

Ref. H2023031290

Tēnā koe Julia

Thank you for your email of 24 August 2023 to the Minister of Health, Hon Dr Ayesha Verrall and the Director-General of Health Dr Diana Sarfati about puberty blockers. The Minister and the Director-General have asked that I respond to you directly. I appreciate you taking the time to write.

Thank you for sharing the resources on the current scientific evidence about puberty blockers and the use of these resources by clinicians in Aotearoa New Zealand. I have forwarded these resources to the appropriate teams working on the evidence brief.

It is important that health services meet the needs of all New Zealanders, with inclusiveness and dignity for all. We are committed to providing better access, support and safe treatment for rainbow communities through our health system and ensuring the system is responsive to the needs of transgender, intersex, and gender-diverse people.

Thank you again for taking the time to write and sharing resources with us.

Nāku noa, nā



Joe Bourne  
**Chief Medical Officer**  
**Office of the Chief Clinical Officer**