



5th May 2022

Dear First Minister,

Re: Public statements regarding a proposed “Conversion Therapy” ban

Introduction

- (1) Gay Men's Network is a not-for-profit organisation established to fight modern homophobia in all its various forms and advocate for the rights of homosexual males. We are corresponding in respect of the above matter to raise serious concerns about the unintended homophobic consequences of adopting the policy on conversion therapy your government appears to have done.
- (2) For the avoidance of any doubt, we consider that the Ministerial statements on this matter; (i) appear to disregard independent clinical evidence, particularly the Cass review on the treatment of youths presenting with gender dysphoria, (ii) insufficiently recognise the degree to which homophobia has been identified by safeguarding leads and courts as relevant to this issue and (iii) do not identify an adequate legal basis for the competence of the Welsh Senedd in pursuing this matter in the way suggested. We note that legal advice is being sought and we trust that such advice will be published in the interests of transparency.
- (3) Ministerial statements suggest that the Welsh Government will press ahead with an approach to the conversion therapy ban distinct to that of the UK Government. As the ban involves a consideration of best clinical practice for vulnerable youths presenting with gender dysphoria, we are naturally surprised that this matter might result in different legislative outcomes across the country. For the detailed reasons we explain below, we take the view that this is wholly undesirable and at odds with the common-sense proposition that the best clinical paediatric practices should be a universal standard above party and national politics.

National Position

- (4) On the 30th April 2022 the UK Government announced legislative plans to proceed with banning gay conversion therapy but to pause plans for a 'trans' conversion therapy ban in essence because of concerns as to the treatment of those (mainly youths) presenting with gender dysphoria following the interim findings of the independent Cass review¹ and the results/feedback of the public consultation on the matter². You will no doubt be aware that when consulting on this important and difficult area, the Secretary of State for Foreign, Commonwealth and Development Affairs and the Minister for Women and Equalities wrote in chapter 2 of the Government consultation document:

"It is important that a person experiencing gender dysphoria is able to openly explore what works for them without feeling pressured into any particular outcome. The government is determined to ensure that no person is put on a clinical pathway that is not right for them, and that young people are supported in exploring their identity without being encouraged towards one particular path. Forcing or coercing a person into this position would be considered conversion therapy."

- (5) In our consultation response we said the following at paragraphs 4-6 (we enclose a copy of our consultation response for your assistance):

- a) *Gay people in the United Kingdom face a political climate that is more homophobic than many of us can remember. Most alarmingly, our opponents today often come from the least expected direction. Earlier this year, for example, the CEO of Stonewall compared the same-sex attraction of lesbians to racism³. She has similarly compared dissent from gender identity ideology to antisemitism⁴. We are not lone voices in lamenting the embrace of gender identity by the mainstream gay rights movement, or the fact that former charities have turned, in just a few years, from good causes to extremist organisations, a phenomenon evidenced by increasing numbers of bodies leaving schemes associated with these organisations. Our view is shared by several of Stonewall's founders such as Matthew Parris, who said that the organisation has become "tangled up in the trans issue" and "cornered into an extremist stance⁵". This context is essential for the Government to fully understand why so many gay people in the United Kingdom now fear the*

¹ <https://cass.independent-review.uk/publications/interim-report/>

² A range of responses highlighting the homophobic dangers we identify is available at <https://sex-matters.org/conversion-therapy-responses/>

³ <https://www.dailymail.co.uk/news/article-10225111/Stonewall-brands-lesbians-sexual-racists-raising-concerns-sex-transgender-women.html>

⁴ <https://www.thejc.com/news/uk/anger-grows-over-stonewall-boss-antisemitism-comment-1.517532>

⁵ <https://www.thetimes.co.uk/article/stonewall-should-stay-out-of-trans-rights-war-xcz25nhdt>

extraordinarily wide influence of the organisations which once represented us, and which many people assume still speak for us.

- b) *We are concerned that mainstream gay rights organisations simply ignore the homophobia inherent to Gender identity ideology. In Appleby v Tavistock⁶ (Case No. 2204772/2019) the court found clear evidence that the chief safeguarding officer at the Gender Identity Service, Ms. Sonia Appleby raised concerns that homophobic parents were, in effect, seeking gender-based conversion therapy for their same-sex attracted children. Prominent detransitioners (many of them same-sex attracted) speak to the reality of a new homophobia. We, as a group, are deeply concerned that mainstream gay organisations are fundamentally failing their constituency by refusing to speak about this issue because it exposes the logical contradictions of gender identity theory and the homophobia embedded within – however well-intentioned the doctrines may originally have been.*
- c) *Conversion therapy as traditionally understood – compelling people to change their sexuality through threats, bullying, prayer, ‘counselling’, aversion ‘therapy’ etc. – is thankfully rare in this country. In the last few years, however, we have seen the rise of a new and even more insidious form of conversion therapy in the form of homophobically motivated gender identity “treatment” for gender non-conforming youth, both in the United Kingdom and in other countries that have embraced gender identity theory. As noted by the court in the Appleby case, this is the conversion of young same-sex attracted people by ideologically driven adults and organisations, who tell them they are born in the wrong body. This concern was repeated by Dr David Bell, a former employee and governor of the Gender Identity Development Service (GIDS) at the Tavistock & Portman NHS Foundation Trust (“the Tavistock”) both in an internally commissioned report⁷ and subsequently in the media. Dr Bell told the BBC investigative series “Nolan Investigates⁸” that many gender non-conforming children referred to the Tavistock were simply gay and would, as they grew and developed naturally, accept this was the case. These concerns are wholly ignored by mainstream gay rights organisations; the result is that gay boys and lesbian girls are being put on a path that leads to lifelong medicalisation, sterilisation, and loss of sexual function. We believe this is self-evidently wrong and homophobic, in effect, gay youth are treated as second class patients to be “fixed” according to the principles of gender ideology which effectively punishes gender non-conformity with medicalisation while at the same time, denying any underpinning pathology.*

(6) In her independent interim report of February 2022, Dr. Hillary Cass OBE made the following observations⁹:

- The presentation of gender-distressed children has changed, for reasons that have not been adequately explored.

⁶https://assets.publishing.service.gov.uk/media/6149eb48d3bf7f05ac396f79/Ms_S_Appleby_vs_Tavistock_and_Portman_NHS_Foundation_Trust.pdf

⁷ <https://www.theguardian.com/society/2019/feb/23/child-transgender-service-governor-quits-chaos>

⁸ <https://www.bbc.co.uk/sounds/play/p09yk7dh>

⁹ Summary available at <https://sex-matters.org/posts/updates/the-cass-reviews-interim-report-is-out/>

- Gender dysphoria is not a unique presentation that should automatically and unquestioningly lead to clinical intervention; rather, it is a medical condition that needs clinical diagnosis.
- "Where a clinical intervention is given, the same ethical, professional and scientific standards have to be applied as to any other clinical condition."
- The treatment pathway for gender dysphoria has not developed in line with other conditions and treatment pathways.
- The evidence base for an affirmation-only model is severely lacking.
- Puberty blockers, rather than acting as a "pause button" allowing children time to explore their identity, seem to lock them into a medicalised treatment pathway.
- "Data from both the Netherlands and the study conducted by GIDS demonstrated that almost all children and young people who are put on puberty blockers go on to sex hormone treatment (96.5% and 98% respectively)."
- There is too little evidence to make any recommendations on hormone treatment.
- "Decisions need to be informed by long-term data [but] the NICE evidence review demonstrates the poor quality of these data, both nationally and internationally."
- The best way to support young people experiencing gender distress has not been determined.
- "From the point of entry to GIDS there appears to be predominantly an affirmative, non-exploratory approach, often driven by child and parent expectations and the extent of social transition that has developed due to the delay in service provision."

Service provision

- The report highlights deficiencies in current provision. The service is overwhelmed, which leads to delays, and is failing to gather evidence about comorbidities or long-term outcomes. This situation is exacerbated by an affirmation-only approach, as medics refer young patients to GIDS rather than keeping an open mind as they carry out a differential diagnosis and consider the right course of treatment. This leads to "diagnostic overshadowing": comorbidities are overshadowed once a young person declares gender distress.
- The Cass report found that: "Primary and secondary care staff have told us that they feel under pressure to adopt an unquestioning affirmative approach and

that this is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake in all other clinical encounters.”

Social engagement

- The Report further notes that external pressures are harming clinical practice. Clinicians and others are afraid to speak up: the toxic nature of social engagement on this issue is stifling discussion.
 - Expectations are shaped by the wider culture:
 - “Social media [...] can be seen to perpetuate unrealistic images of gender and set unhealthy expectations.”
 - Online sources influence behaviour: children are coached in what to say; GPs are pressured to prescribe.
 - “We have heard that some young people [...] are advised not to admit to previous abuse or trauma, or uncertainty about their sexual orientation.”
 - “GPs have expressed concern about being pressurised to prescribe puberty blockers or feminising/masculinising hormones after these have been initiated by private providers.”
 - “We have heard from young lesbians who felt pressured to identify as transgender male.”
- (7) The UK Government now awaits Dr. Cass’s final conclusions before embarking on conversion therapy ban legislation, recognising that **clinical outcomes must be based on expert independent evidence rather than ideology**. No responsible Government would do otherwise. We support this evidence-based approach to paediatric medicine and are grateful that Dr. Cass has recognised the interplay between homophobia (both internalised and external) and drivers for use of gender services. Our position is that the present approach fails trans and gay people. Services are presently overwhelmed as a consequence of the affirmation-only approach and young gay people (as evidenced in *Appleby v Tavistock*¹⁰) run the appalling risk of homophobia as a safeguarding risk.

¹⁰https://assets.publishing.service.gov.uk/media/6149eb48d3bf7f05ac396f79/Ms_S_Appleby_vs_Tavistock_and_Portman_NHS_Foundation_Trust.pdf

The Welsh position

Written Ministerial Statement of 1st April 2022

- (8) Following the UK Government's decision to await the Dr. Cass's final report, The Deputy Minister for Social Partnership, Hannah Blythyn AM released a written statement which, *inter alia*, contained the following text¹¹ (emphasis added):

*"Yesterday I became aware of UK Government documents and a statement from Downing Street that Prime Minister Boris Johnson intended on abandoning the very clear commitments made to end the draconian practice of conversion 'therapy.' It appears today that the rightful public backlash has resulted in a partial reversal of this minus the **critical protections** that were promised to the Transgender community.*

.....

I have written to the UK Government expressing my strongest condemnation of this move and pressed for urgent clarity on their intentions.

*Today, I can announce that the Welsh Government will be **commissioning urgent legal advice** on the **unilateral action** we are able to take to ban conversion 'therapy.' We will do all we can within our devolved powers to protect our LGBTQ+ community. We can no longer have faith that the UK Government will do the same. We will also seek the devolution of any necessary additional powers required to see this through.*

*Reneging on this commitment represents a **grievous and shameful breach of trust** given the good faith shown by the LGBTQ+ community and Human Rights campaign organisations. It also signals in no uncertain terms that the UK Government is indifferent to the very real and grave threats that exist to the LGBTQ+ community and those who have suffered.*

.....

*It is **alarming and shameful** to read how the concerns of LGBTQ+ individuals are dismissed by the UK Government as 'noise' to be managed. This is wholly unacceptable. The entirely justified backlash expressed by the LGBTQ+ community, friends, families, allies and Welsh Government will be far more than noise to be managed."*

- (9) We respectfully make the following observations regarding this written statement:

¹¹ <https://gov.wales/written-statement-conversion-therapy>

- a) At no point does the Minister refer to or appear to acknowledge the existence or interim findings of the Cass review or indeed the safeguarding concerns we have referenced at paragraph 7. Given the gravity of the interim findings (and we of course emphasise the role of internalised and external homophobia in referrals) we find that omission extremely surprising and worrying.
- b) The Minister does not refer to or appear to acknowledge the wide range of organisations who provided public responses highlighting the danger of an affirmation-only approach and the safeguarding risk of homophobia such an approach presents. Again, we find that omission extremely surprising particularly given such responses were made public.
- c) With the greatest of respect, we do not consider that the Minister's resort to derogatory language such as "*alarming and shameful*", "*grievous and shameful*" or "*rightful public backlash*" is appropriate in a debate about the provision of paediatric care to youths presenting with gender dysphoria. Clinical best practice is obviously a matter above party politics, and we take the view that it would be a disservice to both the separate gay and trans communities were this matter to become a political football.
- d) We also wish to register a concern as to the apparently strident tone adopted in this statement with an undertaking to affect "unilateral action". The UK Government are presently proceeding with an appropriate level of caution (as any responsible Government ought to do) by consulting with the public, a wide range of advocacy groups and critically on the basis of independent medical evidence and advice. We respectfully suggest that such an approach is more appropriate when legislating on matters which could impact on paediatric care issues.
- e) The minister indicates that the Welsh Government will be seeking "urgent legal advice" on whether or not the Senedd in fact has legislative competence to take unilateral action. We remark that a statement of this nature, absent a clear legal basis is unusual. We further note that Welsh Parliament Research Service provided legal advice on this matter as recently as 15th December 2020¹² and came to the following conclusion (emphasis added)

¹² <https://business.senedd.wales/documents/s500005945/Research%20brief.pdf>

*"Senedd Legal Services concluded that the banning of conversion therapy **does not** constitute "something that the Senedd **clearly does not have the power to do**"*

We observe that while the creation of either way offences is open to the Senedd, national clinical standards appear to us so to be reserved powers. It would plainly be undesirable for something to be at once best clinical practice in England but a criminal offence in Wales and would raise serious complexities in cross-border arrangements. There is a plethora of other legal issues to consider for example, the impact on Human and Convention Rights which are not devolved and remain a reserved matter for the UK Parliament. We note that the EHRC set out matters which require careful consideration in their response to the Government Consultation. We note, in particular, paragraphs 9 to 23.¹³

Ministerial Statement to the Senedd of 26th April 2022

- (10) Further to the written statement above, The Deputy Minister for Social Partnership, Hannah Blythyn AM made an oral statement to the Senedd, saying, inter alia (emphasis added),

Diolch. Dirprwy Lywydd, I wanted to take the earliest opportunity to update Members following my written statement at the start of Easter recess in response the UK Government's shifting position on an LGBT conversion therapy ban.

.....

*When a document outlining the UK Government's proposed approach to abandon a legal ban on conversion therapy made it into the public domain, it described the likely outrage that would come from our LGBTQ+ community as 'noise', and decided our voices, as for generations before, were something to be dismissed, disregarded and diminished. But that noise turned out to be not so manageable as the Prime Minister undertook a rapid U-turn on plans to shelve altogether legislation to outlaw conversion therapy. **Shamefully**, on Transgender Day of Visibility, Prime Minister Boris Johnson chose instead to abandon every single transgender person in England and Wales.*

*Excluding trans people from the UK Government's much-delayed proposals on ending this ineffective and harmful practice is causing very real and widespread distress. **There's no clear rationale for this exclusion of trans people** from the protections provided by the proposed ban; in fact, the opposite is the case, as the **UK Government's own LGBT survey** found that*

¹³ <https://equalityhumanrights.com/en/legal-responses/consultation-responses>

trans people are nearly twice as likely as lesbian, gay and bisexual people to be subject to conversion therapy. It goes against the advice of independent experts, the medical profession and the Anglican Church.

.....

*In recent weeks, I have **met many members of our LGBTQ+ communities**, especially those from trans communities, to better understand their concerns and fears, as well as their justified sense of anger at this betrayal by the UK Government. Today, I want to further reaffirm and offer reassurance that the Welsh Government is committed to banning conversion practices for everyone in our LGBTQ+ communities. We will do everything possible within our devolved powers and seek the devolution of any necessary additional powers to achieve this. The Welsh Government will protect and value every LGBTQ+ person. Action speaks louder than words, and it is clear we cannot trust the UK Government to deliver the protections that every member of the LGBTQ+ community deserves.*

*Today, **I can announce the next steps this Welsh Government is taking, and will take, towards making conversion therapy a thing of the past, by the commissioning of legal advice** to determine all the levers we have in Wales to end the practice of conversion therapy unilaterally. **I want to know what we can do, not just what we can't do.** We will educate and raise awareness of the horrors and ineffectiveness of conversion therapy practices by establishing a **dedicated campaign** in Wales.*

.....

*In addition to this, I'm pleased to be able to announce that **NHS Wales has signed up to the memorandum of understanding** on banning conversion therapy.*

(11) We respectfully make the following observations regarding this statement:

- a) As per the written statement of 1st April 2022, we are surprised by the omission of any reference to the Cass review or the public consultation where we emphasised homophobia as a safeguarding risk. The former seems to us a highly relevant policy consideration for rational legislation. The latter seems to us an obligatory matter for the Welsh government to consider in line with its devolution obligation not to pass legislation contrary to the Equality Act 2010. We note that the national EHRC raised several such instances in its well-respected response to the consultation¹⁴.

¹⁴ <https://sex-matters.org/wp-content/uploads/2022/03/EHRC-consultation-response-banning-conversion-therapy-26-january-2022.pdf>

- b) We find the statement *"there's no clear rationale for this exclusion of trans people"* extremely difficult to reconcile (i) with the existence of the Cass review and (ii) the many responses to the consultation (collated here¹⁵). Further, given that this is a debate about avoiding homophobia as a safeguarding risk and proper clinical outcomes, we remark that conceptualising this as a matter of inclusion/exclusion might inflame an already tense debate. Already marginalised gay and trans communities are disproportionately affected by this debate and the language used, in our view, ought to be temperate and recognise this reality.
- c) The Minister uncritically refers to the *"UK Government's own LGBT survey"* as a source justifying the Welsh governments proposed course. We find that puzzling because this survey has been the subject of intense legitimate public criticism as to data sets, methodology, reliability and the degree to which the conclusions therein are properly evidenced. Our own observations of the survey feature at paragraphs 13-19 of the Gay Men's Network's response, we reproduce them here for your convenience:

Our specific observations and criticisms of the Coventry data

- a) *It is clear from the outset that both the Coventry University report and the evidence on which it is based suffer from some significant shortcomings. The report is based on a data set of articles obtained through a search of the academic literature on the subject published between 2000 and 2020. For a practice with as long a history as gay conversion therapy, a 20-year window is decidedly narrow. Furthermore, in terms of gender identity conversion therapy, the earliest study was from 2018.*
- b) *Of the 46 studies selected as being relevant to the report, only three were from the UK. One focused on sexual orientation conversion therapy, one on gender identity conversion therapy and one covering both. Put another way, 85% of the material used to inform the report was from North America. There were virtually no studies – particularly in relation to gay men – from the UK perspective.*
- c) *The authors do acknowledge the methodological limitations of the studies used in the report. Specifically, they point to a lack of randomised controlled studies, reliance on retrospective self-reporting, lack of longitudinal studies to assess long-term effects of conversion therapies, the reliance on self-selecting samples rendering it difficult to generalise any conclusions to the wider population and the difficulty in defining what counts as a measure of 'success' in the context of conversion therapy. It is difficult to understand how a dataset with such glaring faults – several of*

¹⁵ <https://sex-matters.org/conversion-therapy-responses/>

which, the authors admit, the report itself falls victim to – can be used as the basis for drawing any meaningful conclusions beyond the already well-established conclusion that conversion therapy fails to change sexual orientation.

- d) *With respect to gender identity conversion therapy, of the 46 studies used in the report only four addressed the conversion therapy to change gender identity and two of these were based on the same survey dataset. In addition to the studies, the report authors carried out interviews with 30 people who had experience of conversion therapy. Of these 30 people, only six were transgender (which included people identifying as 'non-binary' and 'asexual'). Three of these said they had experienced efforts to change their gender identity while three reported attempts to change both the gender identity and sexual orientation. As the Sex Matters response to the report points out:*

- e) *"This is the entirety of the evidence presented in support of the proposed ban: four articles based on three datasets, and interviews with six individuals"*

- f) *A further, glaring omission from the report's data set is the failure to include desisters or detransitioners – a rapidly growing but nevertheless still marginalised population of people who change their mind before, during or after medical transition – in any of the samples studied. The failure to address this population and their experiences is a serious oversight where a case is being made to ban talking therapies for people presenting with gender dysphoria. Many detransitioners have been physically and psychologically harmed by "affirmation-only" approaches to treating their gender dysphoria and would have benefitted from interventions that helped them explore their feelings of being at odds with their sexed body and successfully resolve their gender dysphoria without recourse to medical and/or surgical intervention.*

- g) *Our greatest concern, however, is that the conclusions regarding conversion therapy as it is applied to sexual orientation where there is a substantial body of evidence showing that it is both ineffective and harmful are being generalised to draw conclusions regarding conversion therapy for gender identity where the evidential basis is at best scant. The underlying data was not forensically analysed despite it being available to the University. Without clear, stable definitions of gender identity (which, interestingly, in other areas of the wider debate is framed as being fluid) and when what constitutes an attempt to change gender identity is so widely drawn, it is difficult to see what a ban on gender identity conversion therapy would achieve other than making it more difficult for people – young people in particular – to fully explore their sense of disconnection with their sexed body prior to taking drastic and irreversible steps to alter*

their physical body in line with their feelings regarding a gender identity. There are some (too numerous to set out here) examples of our concerns:

- *The University concluded that no representative prevalence of data existed in relation to gender identity change but went on to conclude that transgender respondents 'may' be more likely to be offered or receive conversion therapy than other sexual minorities.*
 - *This ignores the vast number of gay men and lesbians impacted. In other words, the reality of the numbers in the underlying data (for example Annex 5 of the LGBT National Survey). So, perhaps unwittingly, it underplays the impact of conversion therapy on same-sex attracted people despite having a reasonable sample of actual numbers in another survey. It does not seem that all the analysis was completed.*
 - *In relation to Policy Implications the University concluded (at section 8.2) that there was little evidence on what legislative measures to end conversion therapy were more effective. This is not surprising given the complete lack of further investigation within the report other than to merely set out what other jurisdictions had adopted.*
 - *The University identify serious evidence gaps in relation to their 'rapid' evidence assessment. Further analysis was clearly possible and not undertaken, suggesting the University approach to have been incomplete and unreliable.*
- h) Set against the backdrop of a political landscape where influential lobby groups are inserting language and concepts such as "sex assigned at birth" and being "born in the wrong body" into the national discourse, we are deeply concerned by attempts to criminalise legitimate and necessary therapeutic exploration of gender dysphoria on such a paucity of evidence.*
- d) The Minister indicates in this oral statement "I can announce the next steps this Welsh Government is taking, and will take, towards making conversion therapy a thing of the past, by the commissioning of legal". We understood from the Ministers 1st April 2022 statement that such advice was being sought at that time. We remark that the same intention appears to have to have been announced twice. We would hope very much that if it is the intention of the government of Wales to seek legal advice it simply does so. We would regret a position where this deeply serious issue became a matter where announcements were repeatedly deployed in a party-political fashion. We look forward to the Welsh Government publishing such advice so that there can be transparency.
- e) We note the Minister records having "met many members of our LGBTQ+ communities" and would make two points. First, we urge the minister to speak to gay and trans people beyond those groups sympathetic to the position of the

Welsh Government. The public consultation demonstrates that there are an ample number of such voices (including our own in the form of one of our three directors who is Welsh). Second, might we caution the minister regarding the presence of the letter "Q" in the above acronym to this extent. While some claim the word "queer" is "reclaimed" many gay people still find the word deeply offensive and associate it with violence and abuse. We would urge the minister not to use the word in recognition of the deep pain and insult it causes at least some (if not a majority) within our community.

- f) We note that the Minister indicates the Welsh Government will undertake a "Dedicated campaign" of education regarding this matter. We find this difficult to reconcile with a Welsh Government response to a freedom of information request of 16th September 2021¹⁶ which states; (i) it has no definition of conversion therapy, (ii) it does not "hold information on the numbers of institutions or groups in Wales believed to practice conversion therapy" and (iii) it "does not collect data on the numbers of individuals in Wales believed to have been subject to conversion therapy practices". Accordingly, it is difficult to identify a rationale or evidence base for such a campaign or use of taxpayers' money in such a fashion. Given that well-funded national charities are advocating for swift legislation without waiting for evidence from the Cass review we would hope very much that any campaign was not in reality an extension of such.

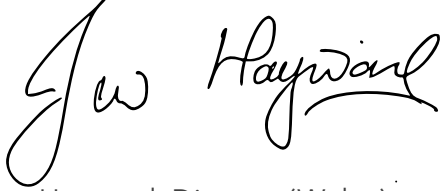
Conclusion

- (12) It follows from the above that we respectfully ask the Minister and Government to await the outcome of the independent Cass review before pressing ahead with legislation. Further, we ask that the Minister consider a broader range of opinion on this matter outside of those in agreement with the proposed course and we ask that the Welsh government pause potentially extreme legislation which could perversely exacerbate a problem it aims to solve.
- (13) We repeat that it simply cannot be right that a decision as to best clinical practices be anything other than a national standard above party politics and we can think of no other area of medicine where this is the case. We remind the Welsh Government that homophobia has been identified as a safeguarding risk at gender clinics and advocating as we do for gay men, we would wish to emphasise that point.

¹⁶ <https://gov.wales/sites/default/files/publications/2021-09/atish15448.pdf>

(14) We would welcome dialogue if you require any further clarity.

Yours Faithfully



Jonathan Hayward, Director (Wales),
For and on behalf of Gay Men's Network

By Email

Hannah Blythyn MS, Deputy Minister for Social Partnerships

Kemi Badenoch MP, Minister of State (Minister for Levelling Up Communities) and
Minister of State (Minister for Equalities)

Sir Kier Starmer MP, Leader of the Opposition

Baroness Falkner of Margravine, Equality and Human Rights Commission

Rt Hon Simon Hart MP, Secretary of State for Wales

Russell George MS, Shadow Minister for Health

Judith Paget CBE, CEO NHS Wales

Frank Atherton, Chief Medical Officer for Wales

Rocio Cifuentes, Children's Commissioner for Wales