

3 July, 2025

Dear colleagues and others,

Thank you for your [open letter](#) (reproduced below), concerning my involvement in the recent Department of Health and Human Services [Review](#) of treatments for pediatric gender dysphoria, which I discussed in a June 26 [Opinion](#) for the *Washington Post*.

The topic of pediatric gender medicine is emotionally fraught, and some people understandably feel vulnerable, angry, and frustrated. However, an open letter of this sort is not a constructive way to express one's view that a colleague has committed professional ethical lapses and errors of judgement. Formal university channels as well as more collegial options are available, including writing opinion pieces. Encouraging individuals on social media to join a public condemnation of a colleague is inimical to the mission of the university.

The letter makes two main complaints:

(A): I have breached “professional standards” in contributing to the Review because of my “lack of the requisite expertise”; this “constitutes a failure to uphold [my] responsibilities as an academic.”

(B): Given the actions and policies of the current administration, my decision to take part in writing the Review was “extremely misguided” and “unconscionable.”

Framing the letter, you write that “since 2020 [I] have published a number of academic articles, as well as one book, arguing against trans inclusivity.” Despite referring to my “rhetoric,” you give no quotations or citations in support. People interpret “trans inclusivity” differently, but on an ordinary understanding of that phrase I haven't argued against it. For example, from the preface of my book, [Trouble with Gender](#):

[N]o one's pursuit of a dignifying and fulfilling human life is impeded by anything in the pages that follow—neither transgender people, nor women, nor gay people, nor any other relevant constituency. If there is any doubt about that at the start, I hope it will vanish by the end.

You also accuse me of producing work that “further marginalizes and stigmatizes trans people.” Indeed, you have “no doubt” that this is the case. Since you provide no evidence for this claim, I will not address it here, except to say that I disagree.

Let me now turn to (A), the complaint that I “have failed to uphold [my] responsibility as an academic to provide expert testimony only on matters included in [my] domain of expertise.”

You do not dispute that the authors of the Review collectively have the needed expertise in medicine, psychiatry, endocrinology, methodology, medical ethics, and so on. The problem, as you see it, is that I have no relevant expertise, and so should not have joined the other authors. You acknowledge that I have written on the “philosophy of gender,” and am familiar with “theories of gender made from the armchair,” and suggest that that is where my expertise ends.

However, my book is not about the “philosophy of gender,” or “theories of gender made from the armchair,” whatever these may be. It draws heavily from psychology, biology, sexology, and anthropology, and hardly at all from philosophy; doing research for a book is a common way for academics to add to their areas of expertise. My work has been published in the leading sexology journal [Archives of Sexual Behavior](#)—this includes an assessment of the literature on the persistence of gender dysphoria. I have reviewed submissions for that journal and am on the editorial board. Academics—even philosophers—occasionally broaden their horizons.

The Review covers a lot of ground, with chapters on the history of pediatric and adult gender medicine, the collapse of medical safeguarding in the US, the international retreat from the “gender affirming model,” the evidence from systematic reviews, and ethical considerations. There’s also a chapter on terminology in pediatric gender medicine (including a discussion of “gender identity”). As I wrote in the *Washington Post*, “philosophers prize clear language and love unravelling muddled arguments, and the writings of pediatric gender specialists serve up plenty of obscurity and confusion.” I am surprised that anyone familiar with my [publications](#) would think that I have *no* “requisite expertise” on any of these subjects.

I am more surprised—and dismayed—at the stultifying and narrow conception of philosophy expressed in your letter. You apparently think that if I co-authored a paper on medical ethics *with a medical ethicist*, I would be impermissibly straying out of my lane, since I myself am not a medical ethicist. I once wrote a paper on color blindness with another philosopher, which gets deep into the technical weeds—yet neither of us has any “formal training” in vision science or ophthalmology. This, you seem to be saying, is “contrary to professional standards.” Philosophy at MIT—I would hope!—values breadth and interdisciplinarity, as well as engagement with matters of great public concern.

I now turn to (B), the charge that my collaboration with the federal government is “unconscionable.” Like the first complaint, this one makes no assumptions about the *accuracy* of the Review. As you imply, if the Review had concluded that gender-affirming care for minors was essential suicide prevention, it would have been equally “reprehensible” for me to have contributed to it.

I don't take this second complaint lightly. I accept that there is a reasonable discussion to be had about working with government departments in the current climate. But since this issue has nothing to do with pediatric gender medicine specifically, why single me out? MIT is full of people "collaborating" with the government. In April, the Lincoln Lab was [awarded](#) a 12 billion dollar contract from the US Air Force. In 2024, research funding from the Department of Health and Human Services was [21%](#) of MIT's total research expenditures; no matter how drastic the federal government's cuts, HHS will continue to be a major funder. If you believe it is "deeply myopic for any academic to collaborate with the Trump administration in this moment," where is the open letter to the President of MIT?

In fact, one could equally well argue in the reverse direction. If we value the contributions universities make to increasing human knowledge, the last thing we want to do is to give the administration more excuses to punish, interfere with, or ignore them. Condemning any kind of collaboration simply invites the accusation of an intellectual monoculture hostile to the "[robust exchange of views](#)" and may further sideline academics, who have much to contribute to social as well as scientific problems.

Some other claims in the letter deserve comment. First, there are a couple of minor errors in your opening paragraph. The topic of the Review is not "pediatric trans care," and it isn't true that the Review "issues [an] alarming recommendation." From the Review: "This document is not intended to serve as a clinical practice guideline and does not aim to issue treatment recommendations" (p. 261).

Second, although neither of your two main complaints relies on any claims about the content of the Review, you take "gender-affirming care" for minors to be effective and have "life-saving potential." In support, you refer to the American Academy of Pediatrics' recent [reaffirmation](#) of Rafferty et al. 2018. That paper is well-known to be riddled with [misrepresentations](#) and [miscitations](#).

What is the point of this open letter? There are no action items. You write that you are "not here calling for official or unofficial sanctions," but why not? If an MIT faculty member committed a serious violation of "professional academic ethics," I would demand an investigation. The MIT [Provost's Office](#) is the place to start.

One effect of such letters is to send a clear message to other academics who may be contemplating their own investigations into pediatric gender medicine or other controversial topics. *Unless you are confident in advance that you will agree with us, do so at your peril.* Only a brave—or foolhardy—untenured faculty member, let alone a graduate student, would take that risk.

Our “Ethos, Diversity, & Outreach” [webpage](#) says that “the Philosophy Section aims to create a vibrant and tolerant intellectual community with heterogeneity in backgrounds and opinions, and where the overriding norms are those of civilized rational argument.” I endorse these aims and commend them to you. As some of you know, I enjoy talking to people with very different perspectives from my own. My office door is always open if any of you would like to discuss the issues raised by your letter in person.

Best,

A handwritten signature in cursive script that reads "Alex Byrne". The signature is written in dark ink on a white background.

Department of Linguistics and Philosophy, MIT

[alexbyrne.org](http://alexbyrne.org)

## OPEN LETTER

Dear Professor Alex Byrne

It was alleged in May that you were among the anonymous authors of the HHS report on pediatric trans care. The report, among other things, issues the alarming recommendation that trans youth should not have access to gender-affirming care, despite the leading pediatric medical body in the country supporting the efficacy and life-saving potential of these treatments. [1]

In light of your recent confirmation [2] of these allegations, we as your colleagues at MIT, in philosophy, and in higher-education feel it necessary to speak out.

While we are not here calling for official or unofficial sanctions, we the undersigned believe that your behavior (a) perpetuates harm toward the trans community; (b) constitutes a failure to uphold your responsibilities as an academic; (c) is the result of an extremely misguided decision to collaborate with the Trump administration.

**Marginalization of Trans Communities.** While you claim to support the right of trans people to live freely, in practice your behavior does not support this right. Since 2020 you have published a number of academic articles, as well as one book, arguing against trans inclusivity. And there can be no doubt that such rhetoric, along with the new HHS report, further marginalizes and stigmatizes trans people, both within and outside of philosophy. [3]

But your contribution to the HHS report raises serious issues well beyond this particular issue about marginalization. Indeed, we submit that the allegations against you should be a cause for significant concern, *even for those who share your views about trans people*.

Let us explain.

**Academic Professional Ethics.** We are happy to grant that your participation in the authoring of the report is an exercise of your academic freedom. Per the 1940 Statement of Principles on Academic Freedom and Tenure, jointly agreed upon by the AAUP and AAC, academic freedom entitles professors to freedom in research and publication of results. [4]

But since 1966, the AAUP has also agreed on a Statement on Professional Ethics. [5] Per this 1966 Statement, professors are obligated to “exercise critical self-discipline and judgment in using, extending, and transmitting knowledge” and to “practice intellectual honesty”. We take this to mean that as academics, we also have a responsibility to the public to not misconstrue the scope of our expertise, nor comment in our capacity as academics on issues where we lack the requisite expertise. It is, of course, compatible with professional academic ethics to express one’s views publicly, even when one is not an

expert, i.e., one might lobby for a particular candidate or write an op-ed in a newspaper. But contributing to a document *as an expert* in an area in which one is not an expert is contrary to professional standards.

The HHS cites contributors to their report on pediatric trans care as including medical doctors, medical ethicists, and a methodologist. [6] While you are a highly regarded philosopher of mind and have recently written on the philosophy of gender, you are not a medical ethicist by training. Moreover, to our knowledge, you do not have medical or scientific training, nor have you published any peer-reviewed pieces in medical journals.

Given your lack of the requisite expertise, we believe it is inappropriate for you to engage in the shaping of national medical policy on gender-affirming care for trans youth. Familiarity with theories of gender made from the armchair does not equip one to make expert judgments about the quality of medical studies, nor about the lived experiences and needs of trans youth and their families.

In contributing to a medical report that will have significant negative impacts on the lives of trans youth across this country, we believe that you have failed to uphold your responsibility as an academic to provide expert testimony only on matters included in your domain of expertise.

**Collaboration with the Current Presidential Administration.** The past few months have witnessed the Trump administration engage in the kidnapping of international graduate students from the streets, the deportation of innocent people to dangerous foreign prisons without due process, the cutting of lifesaving aid to millions across the world, and the undermining of the independence of colleges and universities across the country. We find these actions appalling, unethical, and undemocratic.

For these reasons, we believe it is deeply myopic for any academic to collaborate with the Trump administration in this moment, regardless of one's particular views about gender. However misguided one may think "gender ideology" is, it is simply unconscionable to for that reason, make common cause with an administration so engaged. Indeed, were the Trump administration to suddenly decide tomorrow to support gender-affirming care for minors, we hold that it would be equally shortsighted and reprehensible if trans advocates were to then overlook everything else the administration is doing and join them as collaborators.

There is already a term of criticism for when a government appeals to pro-LGBTQ+ policies so people turn a blind eye to its other, harmful actions: that term is 'pinkwashing.' In this moment, we need a similar term of criticism for gender-critical theorists who overlook the rest of a government's appalling behavior, merely because that government shares one's

views on gender. One can think that trans politics is misguided and also refuse to collaborate with such an administration.

By contributing to the HHS report, we believe you have not only misconstrued the extent of your academic expertise, but have also badly misjudged the gravity of the current administration's actions.

[Signatories Omitted]

#### References

1. <https://publications.aap.org/aapnews/news/25340/AAP-reaffirms-gender-affirming-care-policy?autologincheck=redirected>)
2. [https://www.washingtonpost.com/opinions/2025/06/26/hhs-review-anonymous-author/?itid=hp\\_opinions\\_p001\\_f025](https://www.washingtonpost.com/opinions/2025/06/26/hhs-review-anonymous-author/?itid=hp_opinions_p001_f025)
3. <https://being.transinphilosophy.org/>
4. <https://www.aaup.org/report/1940-statement-principles-academic-freedom-and-tenure-1970-interpretive-comments>
5. <https://www.aaup.org/report/statement-professional-ethics>
6. <https://www.hhs.gov/press-room/gender-dysphoria-report-release.html>

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