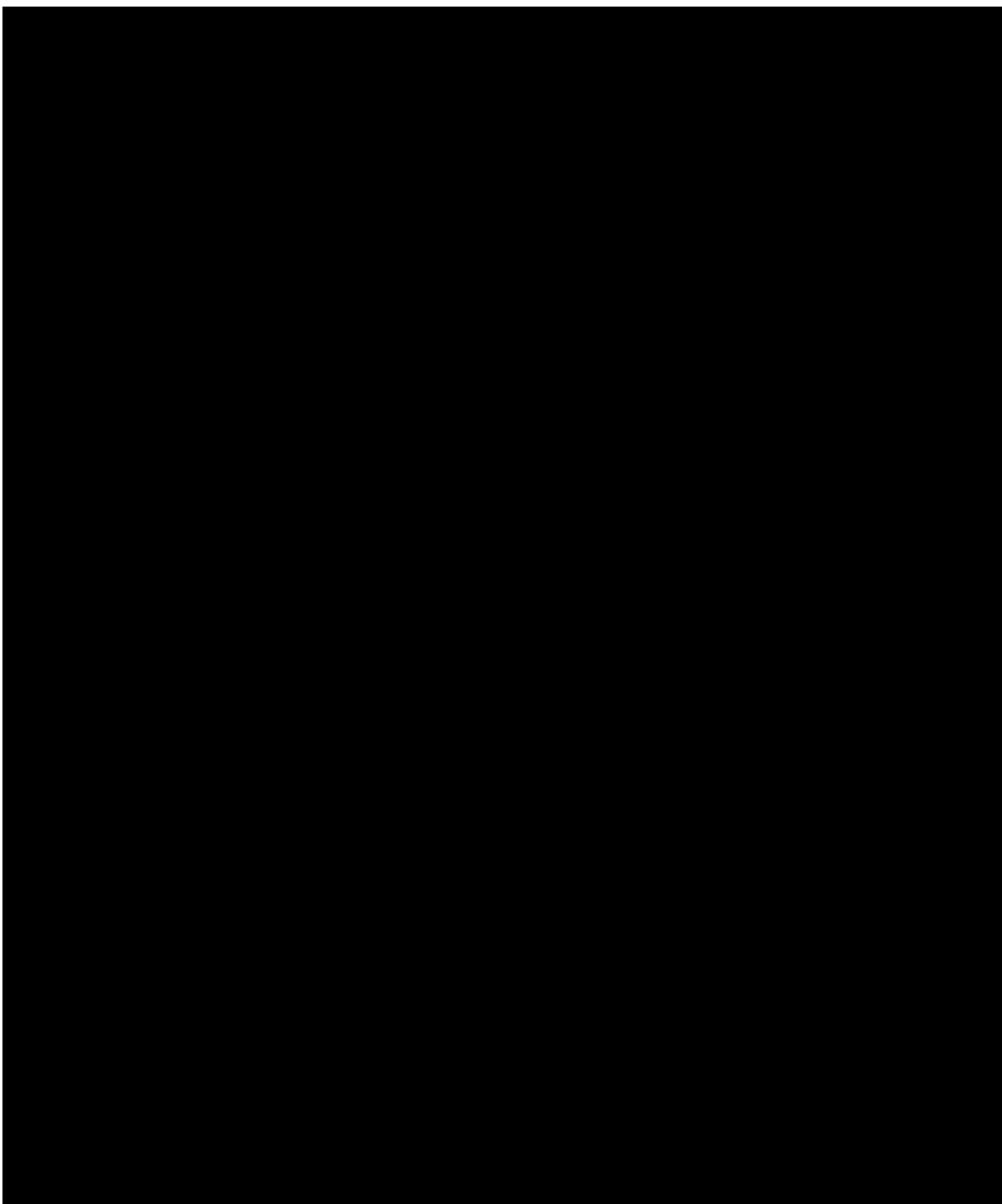
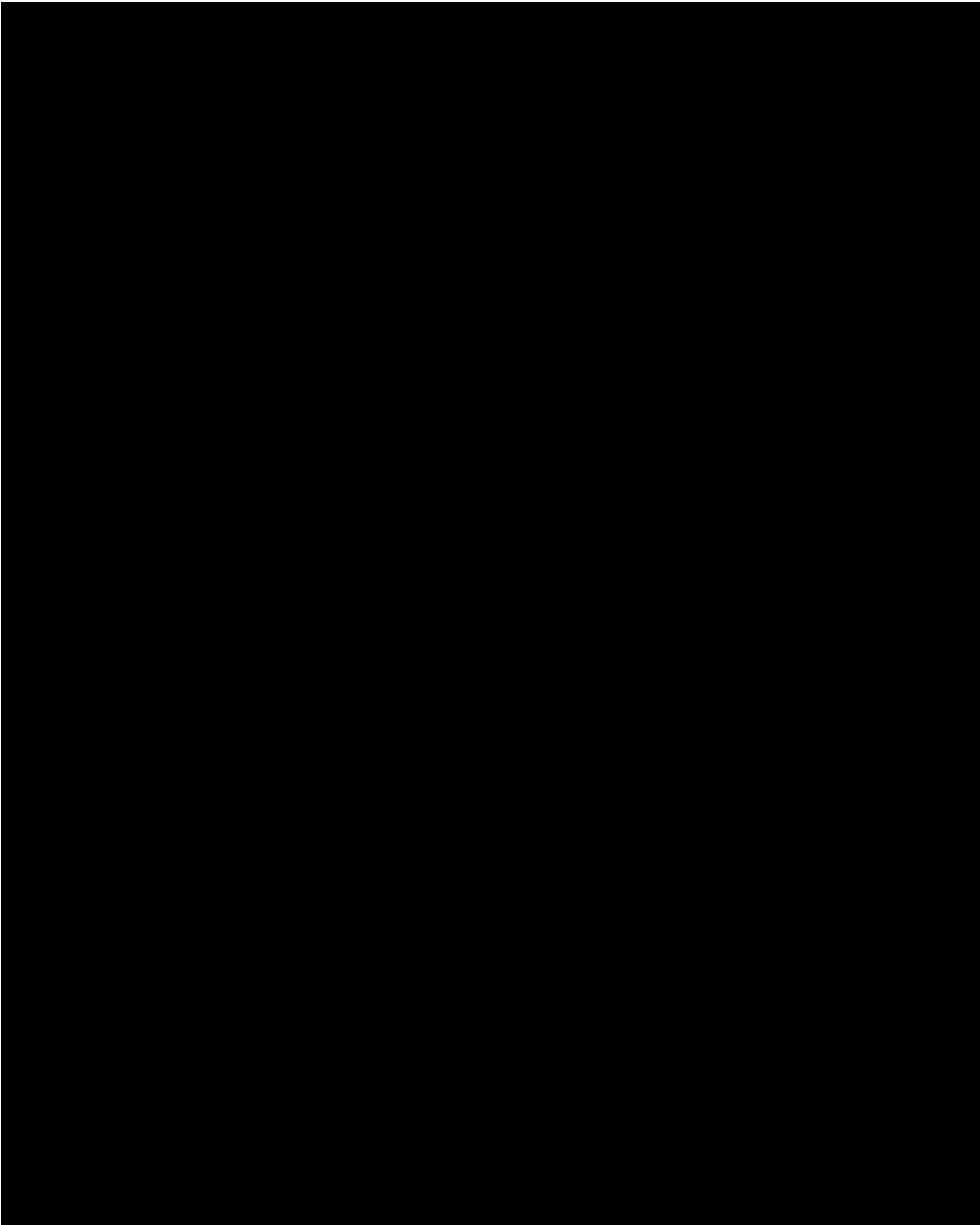


Doc. 560-26
Defendants' Summary
Judgment Exhibit 176
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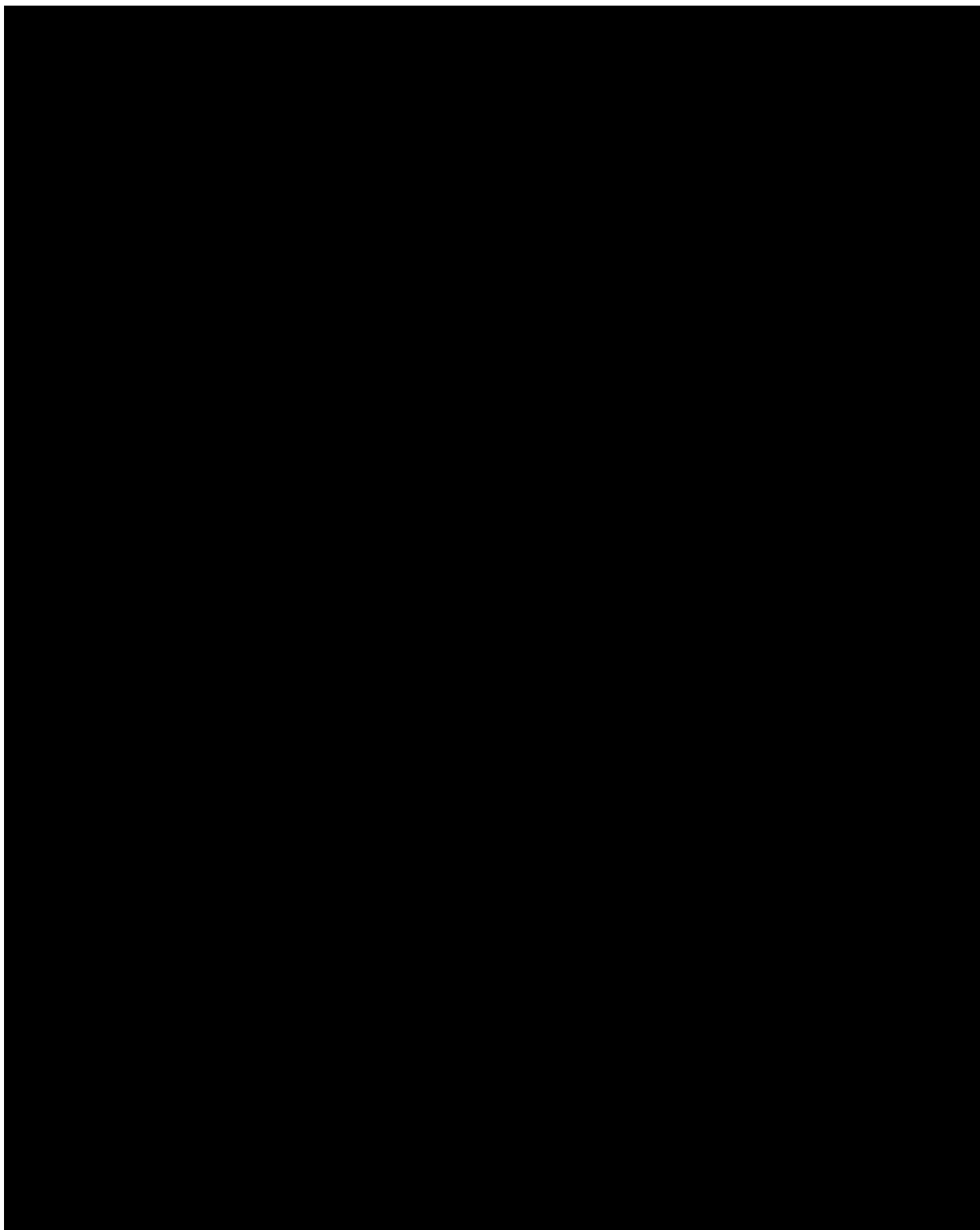
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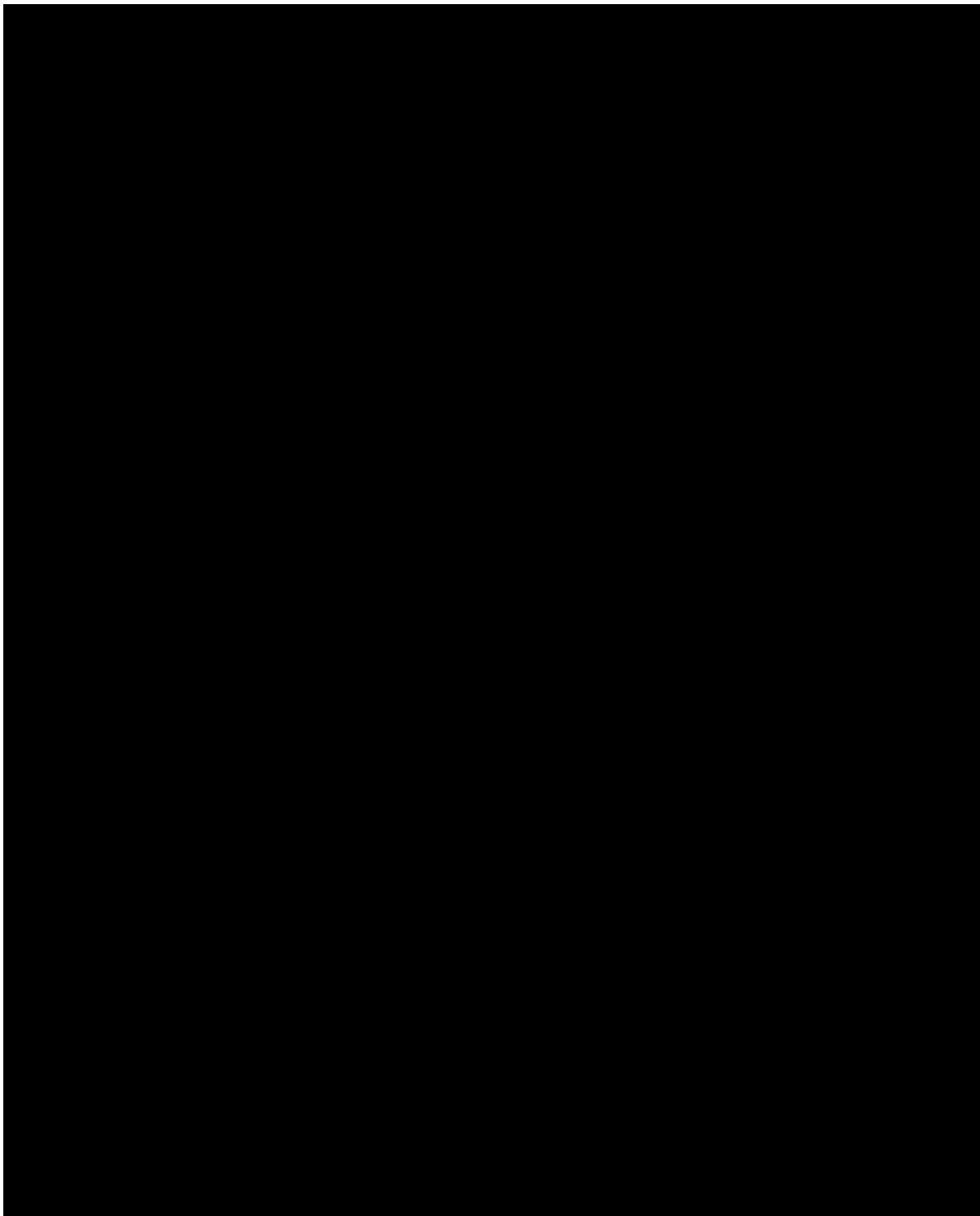
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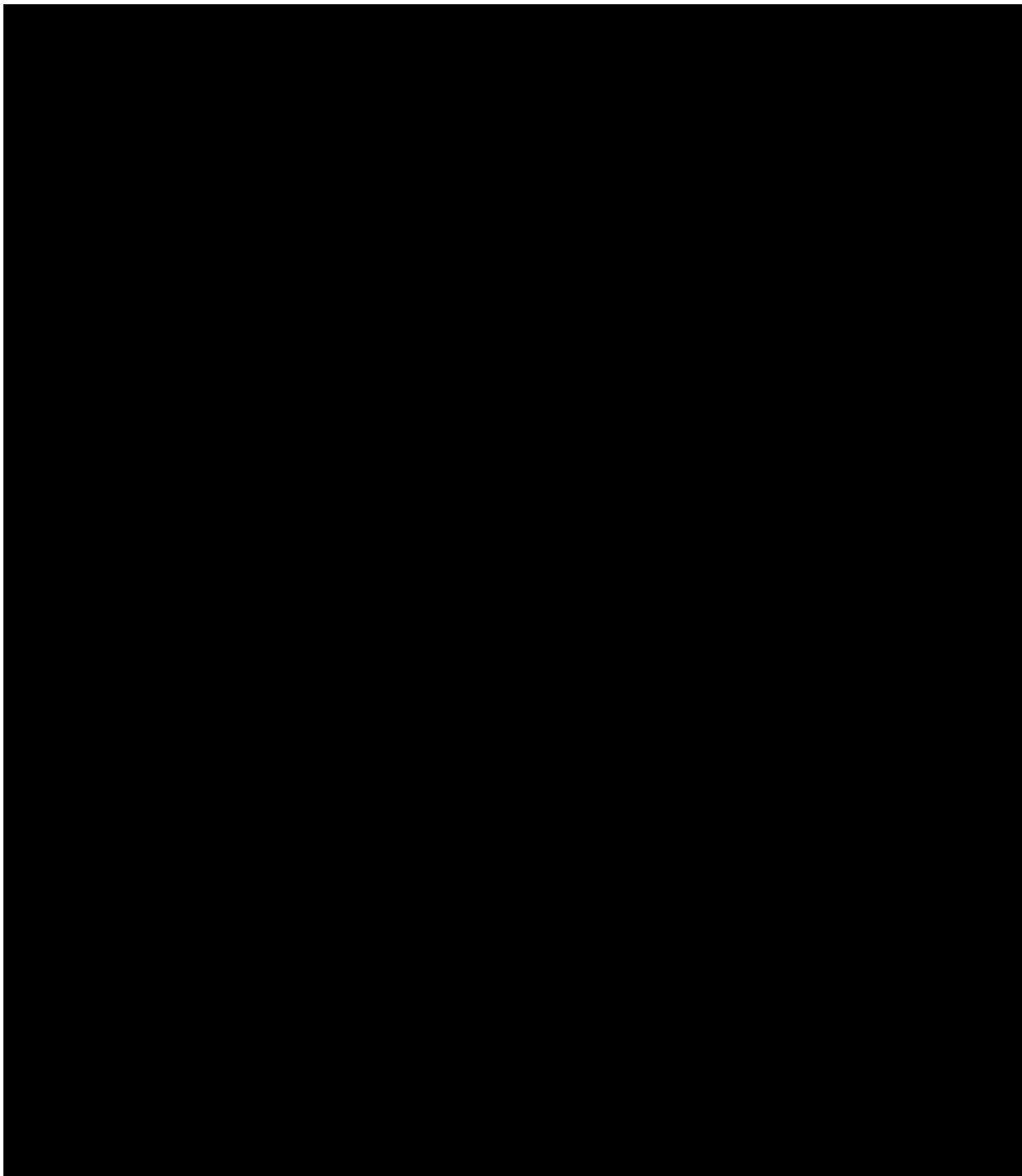


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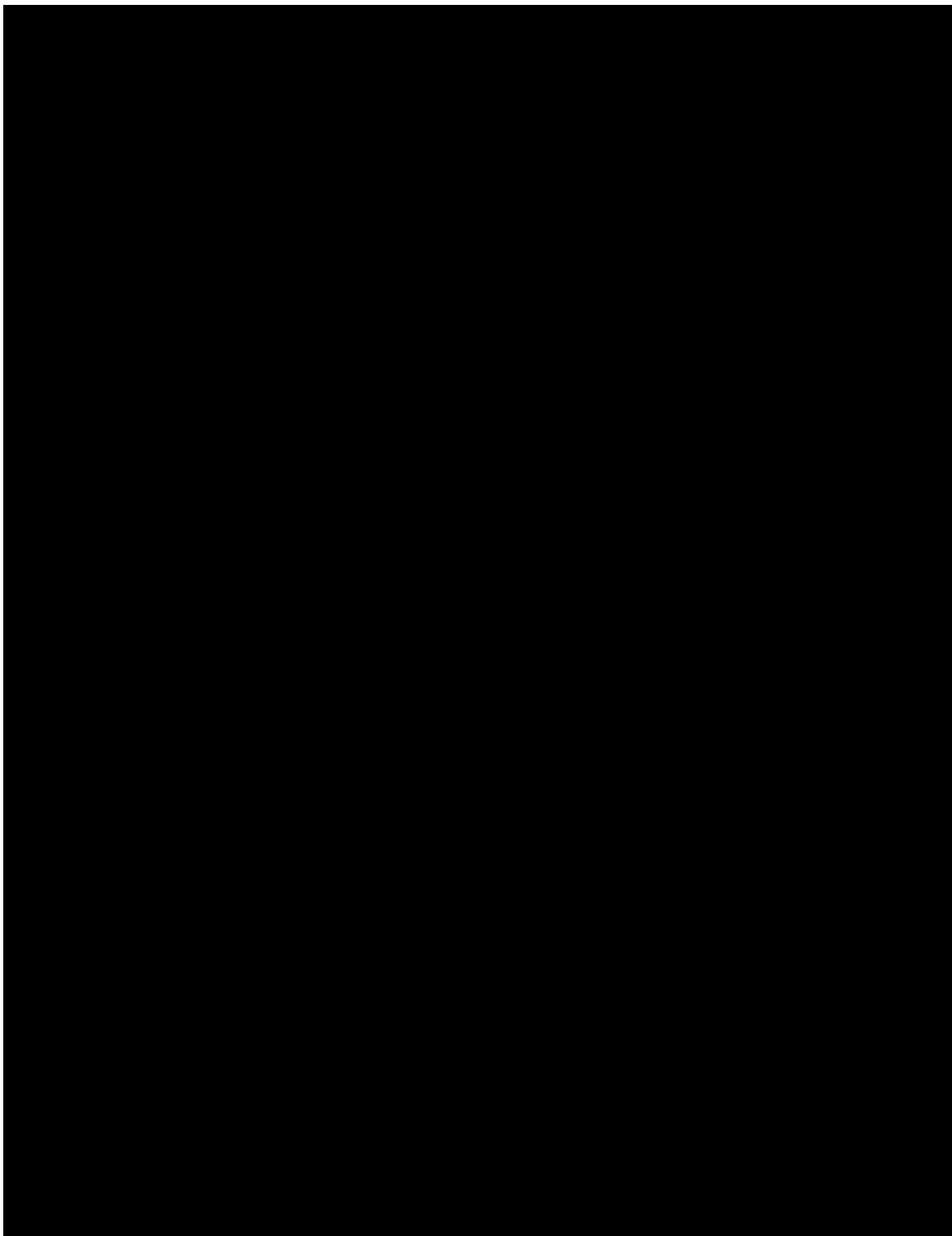


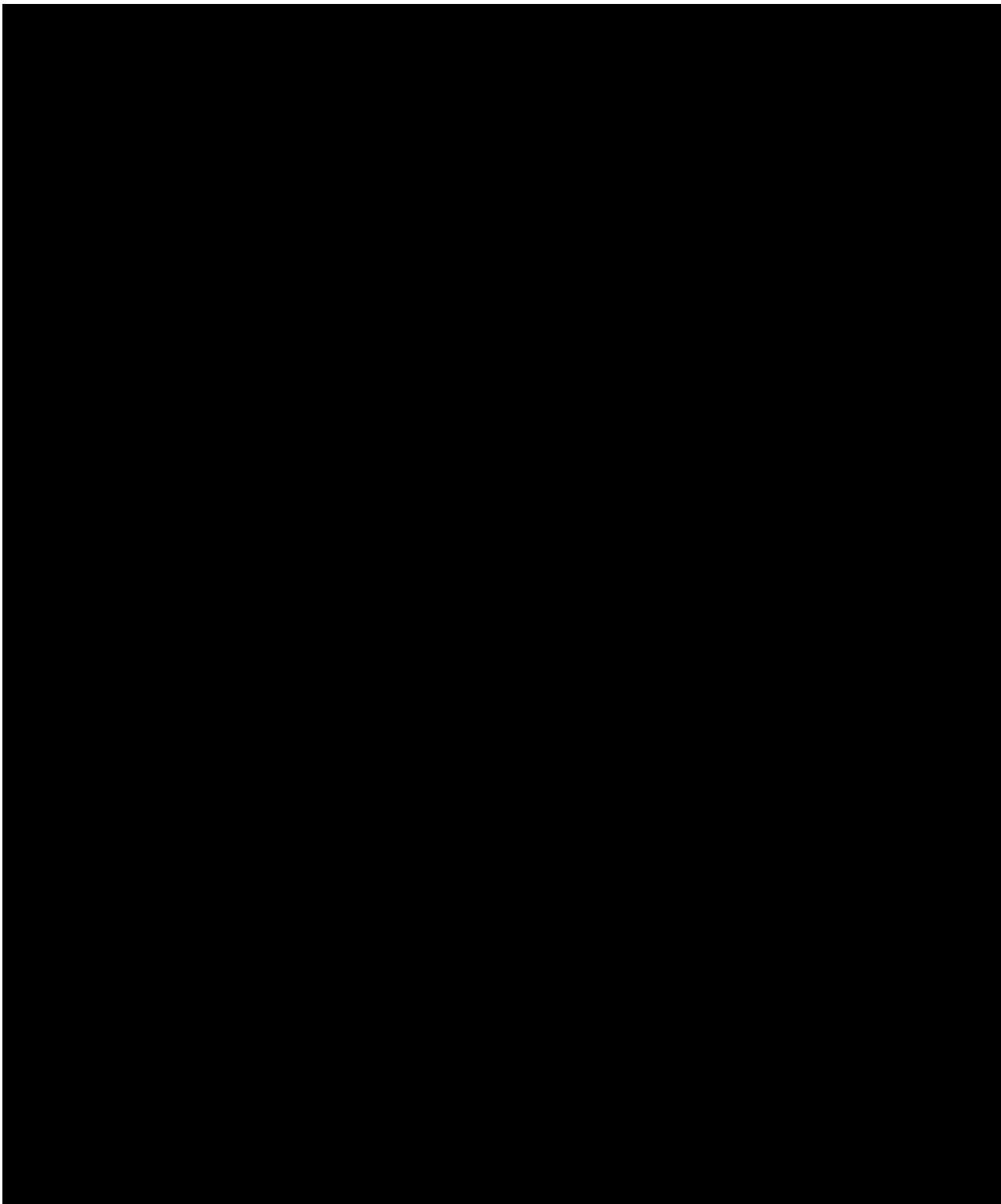




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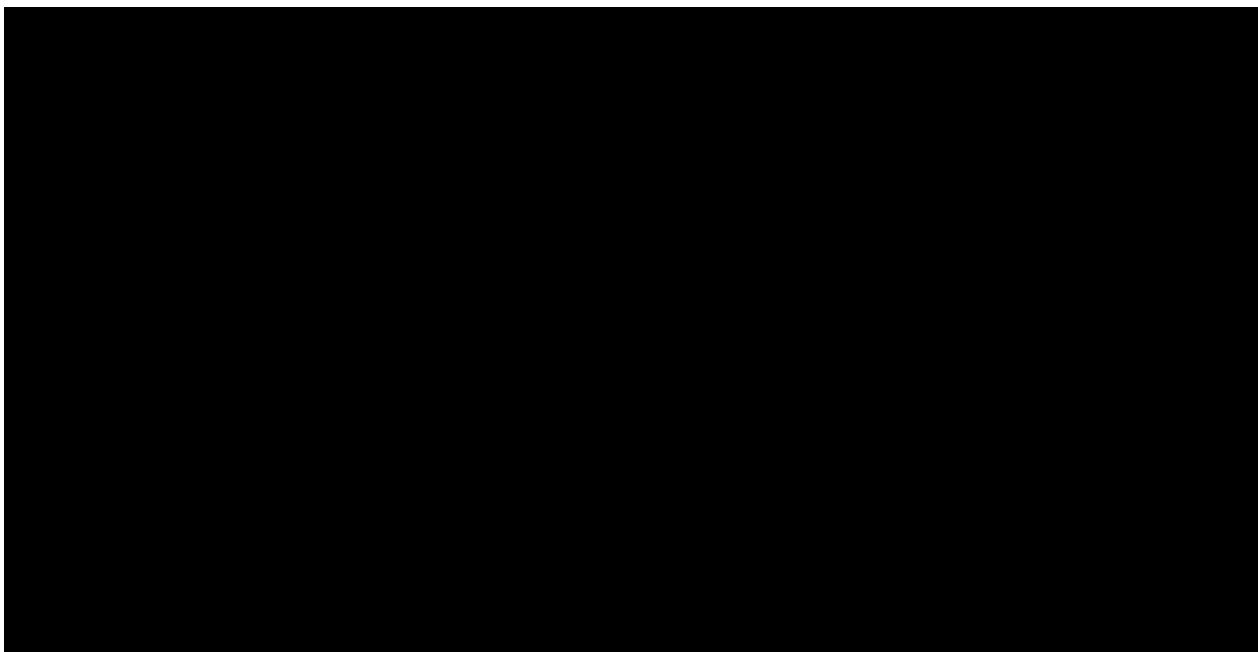
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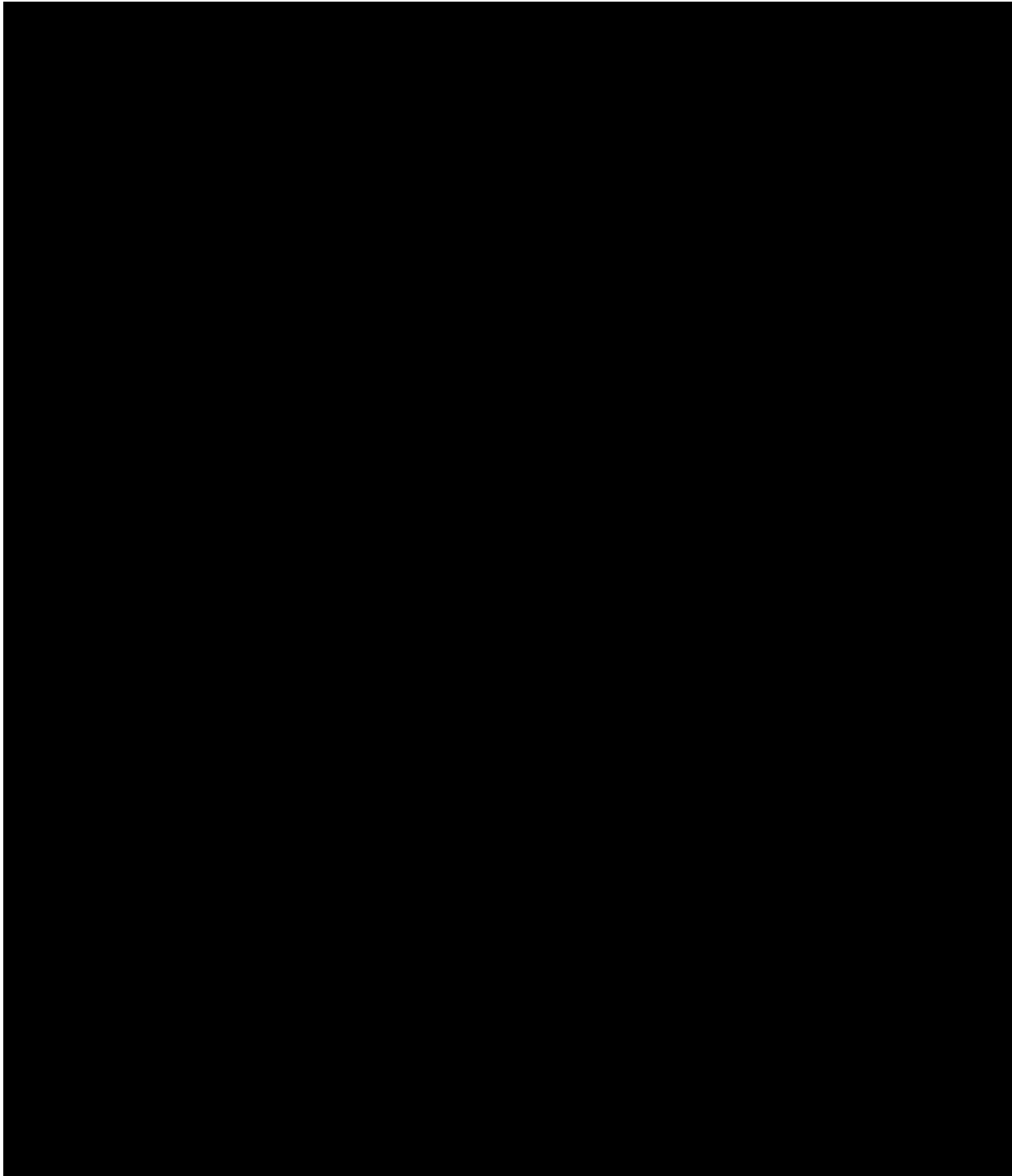
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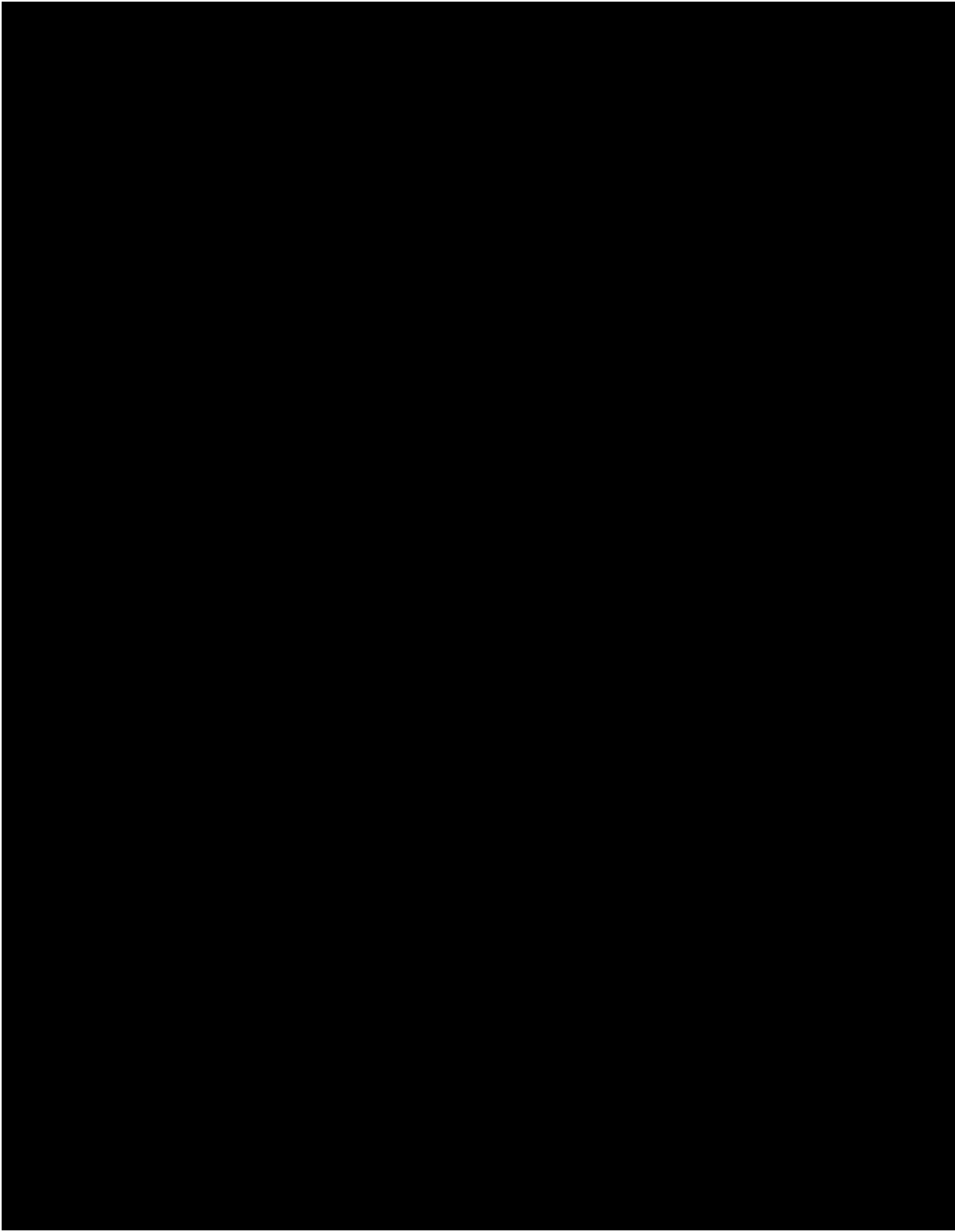
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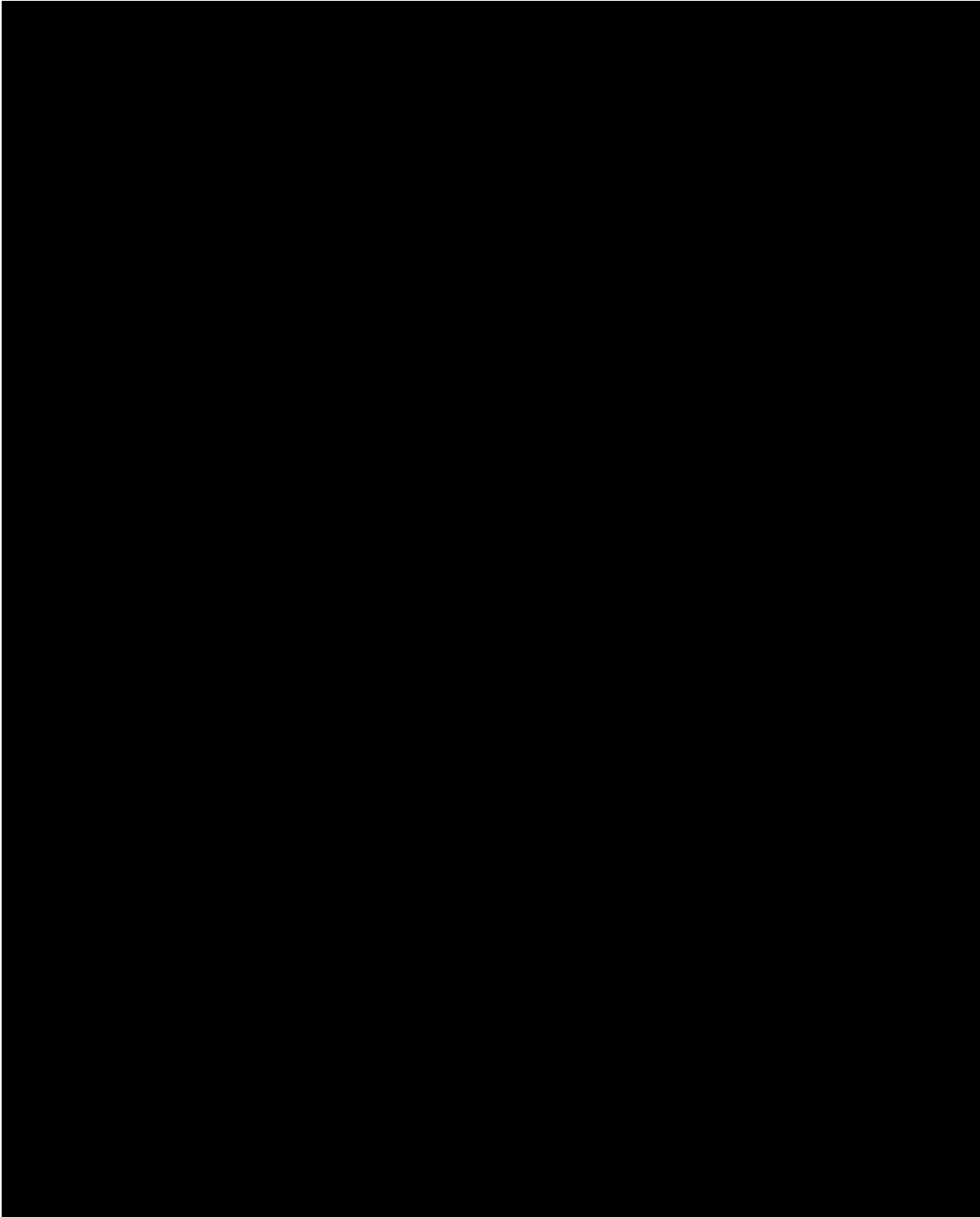
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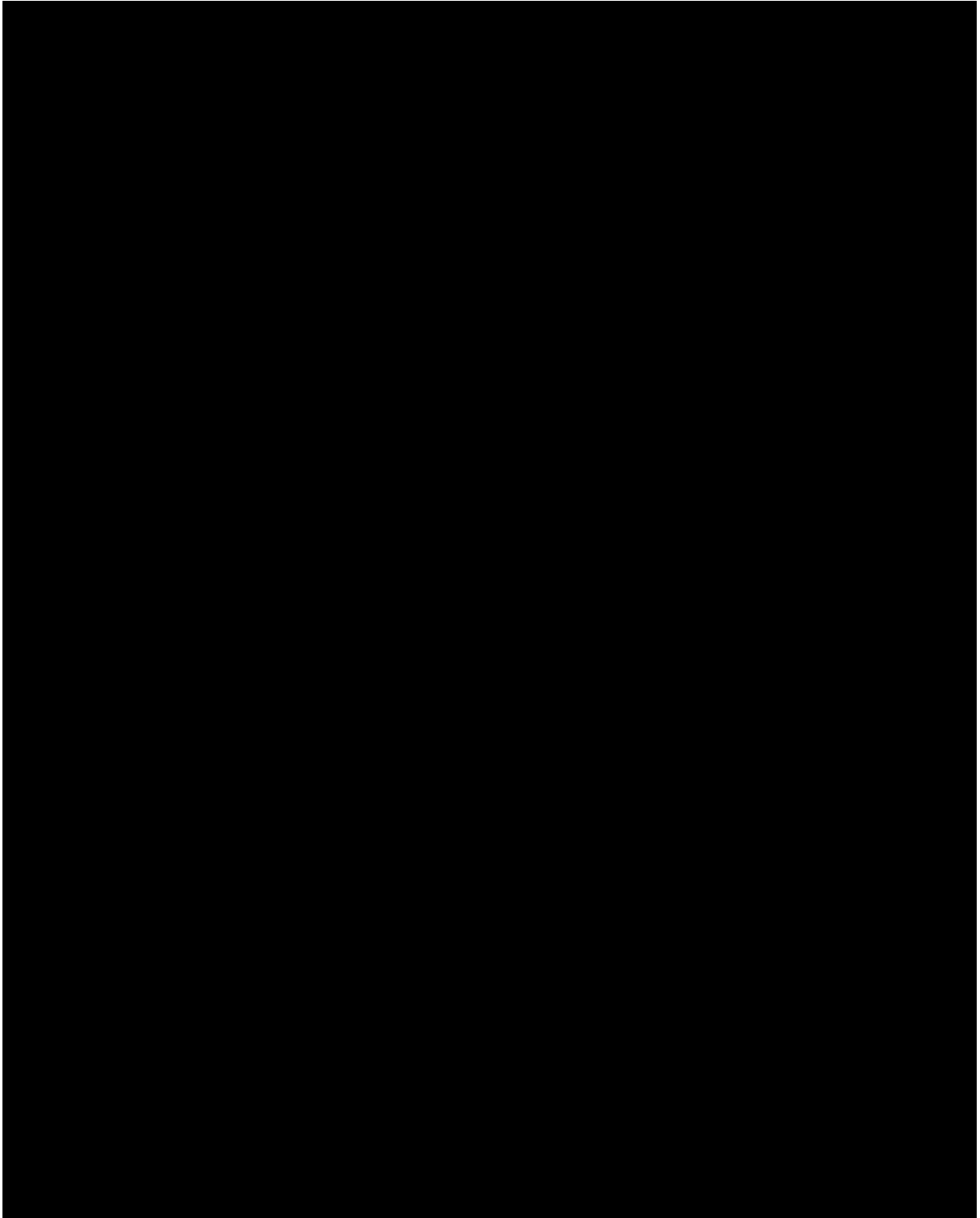
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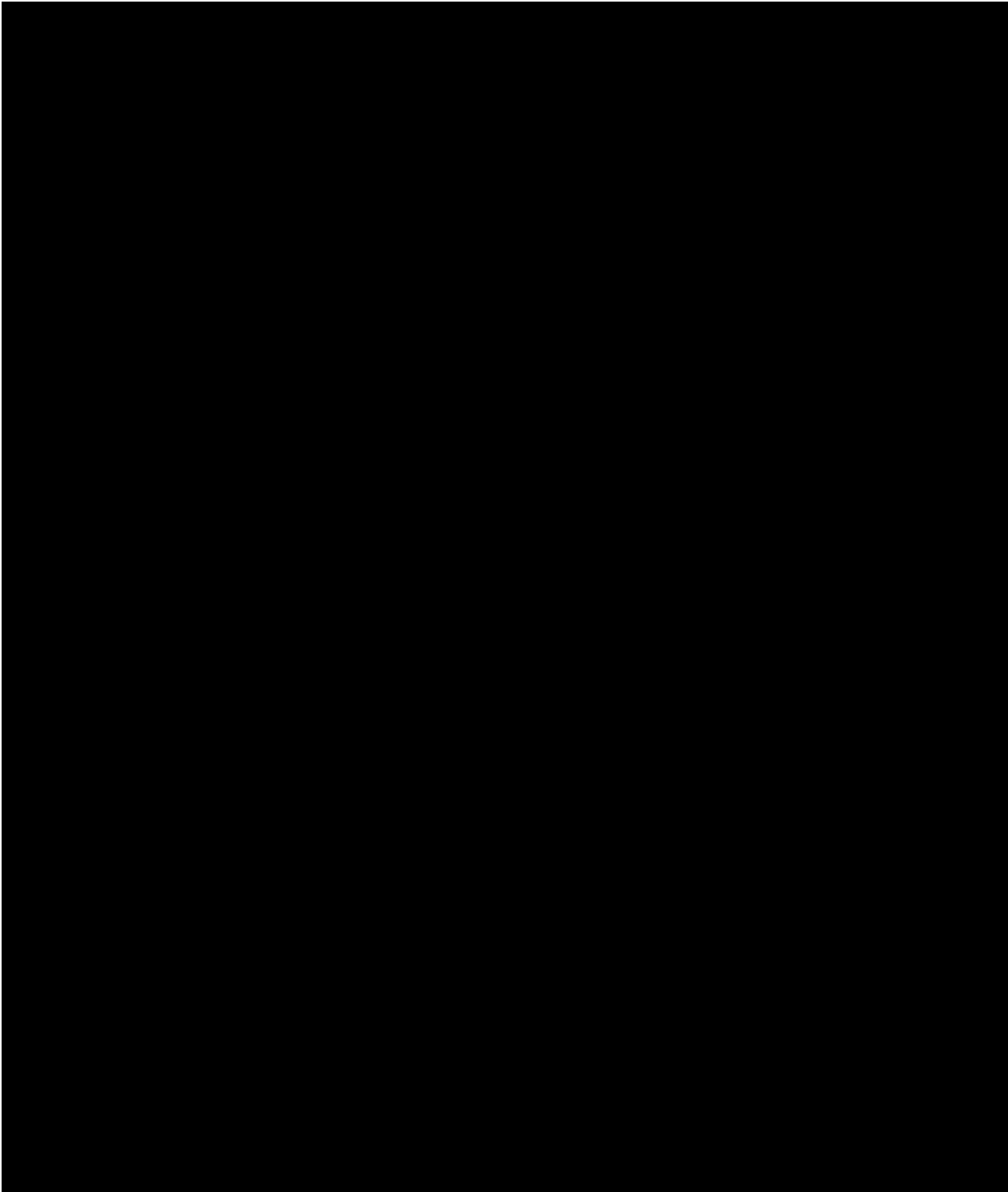
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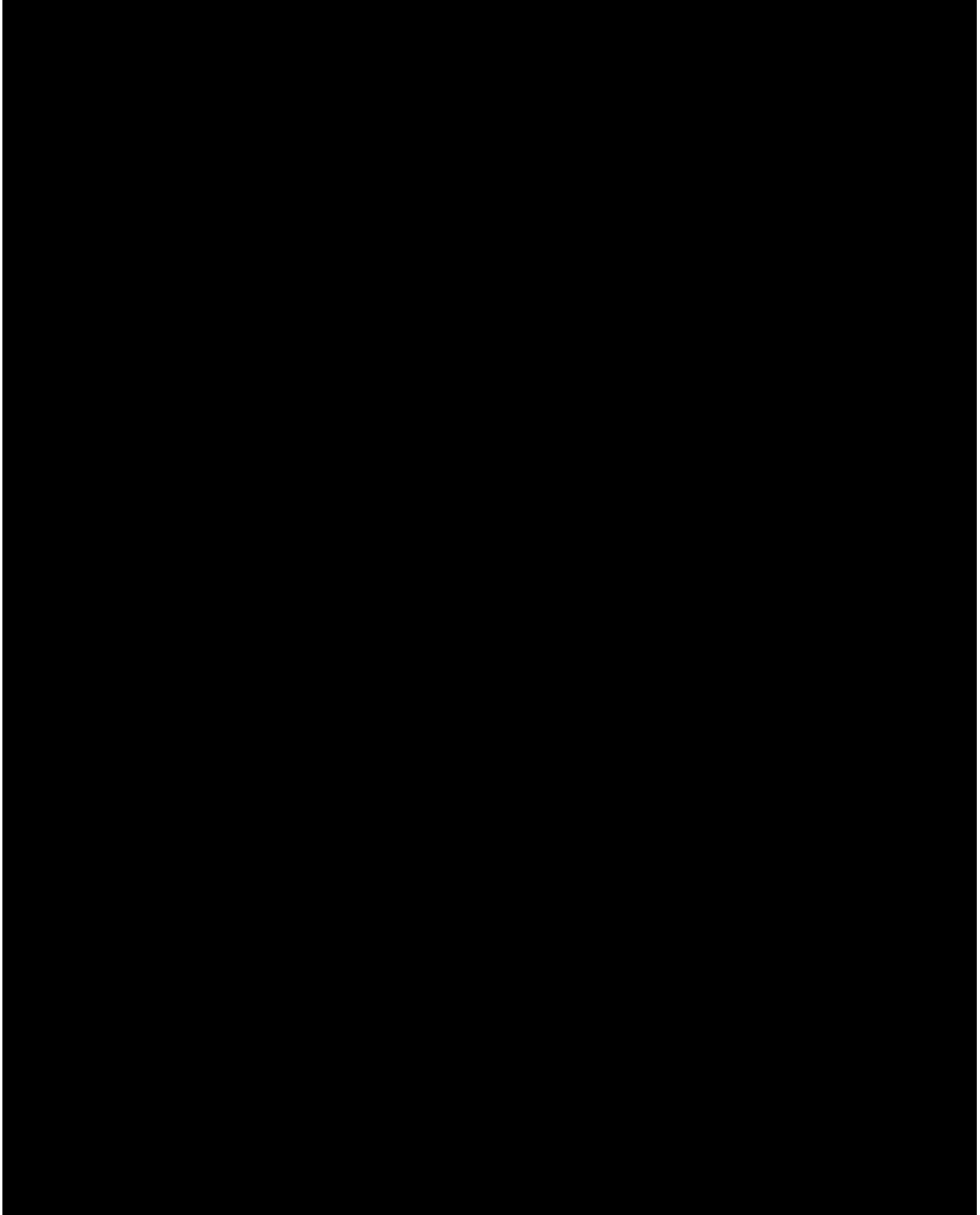
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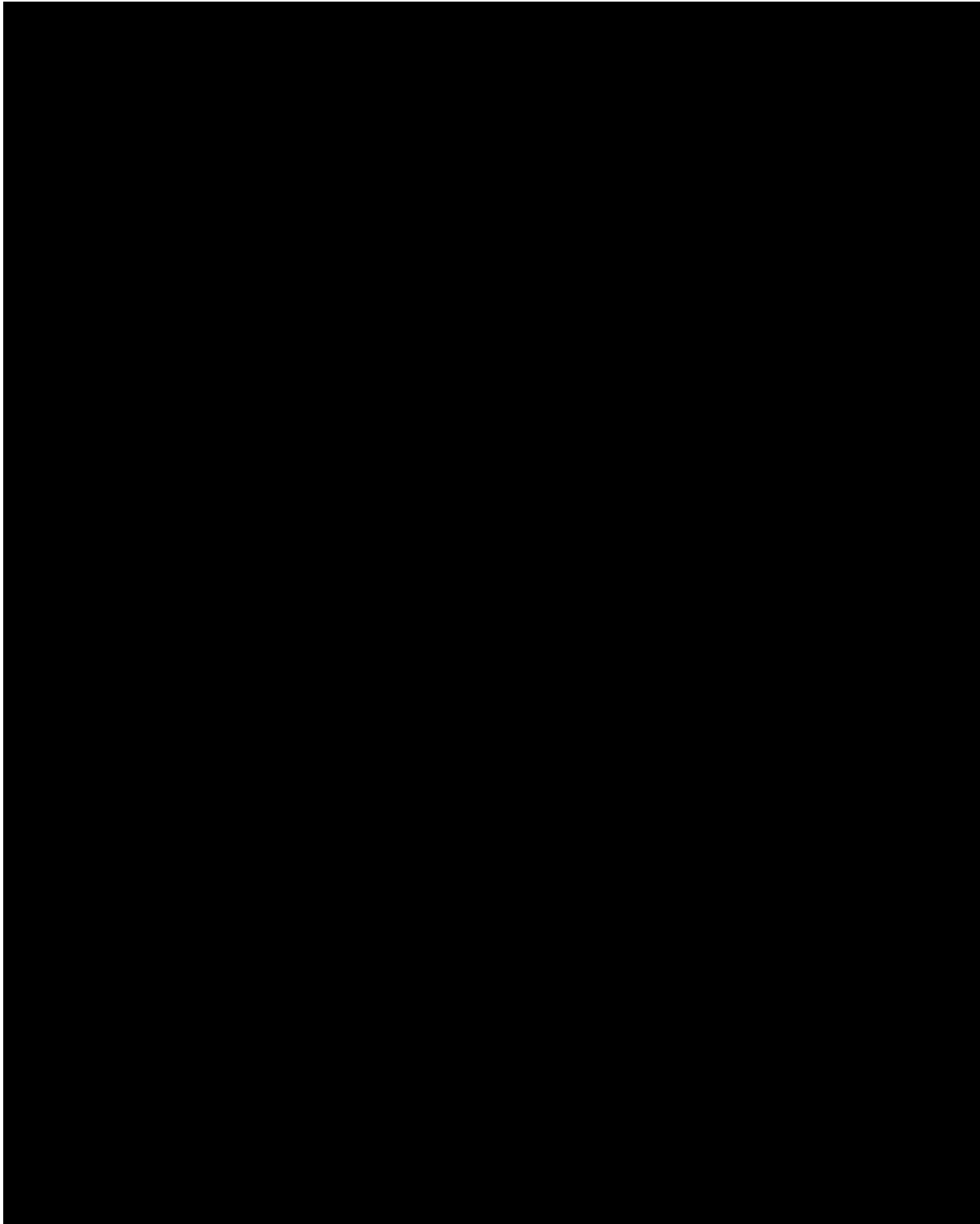
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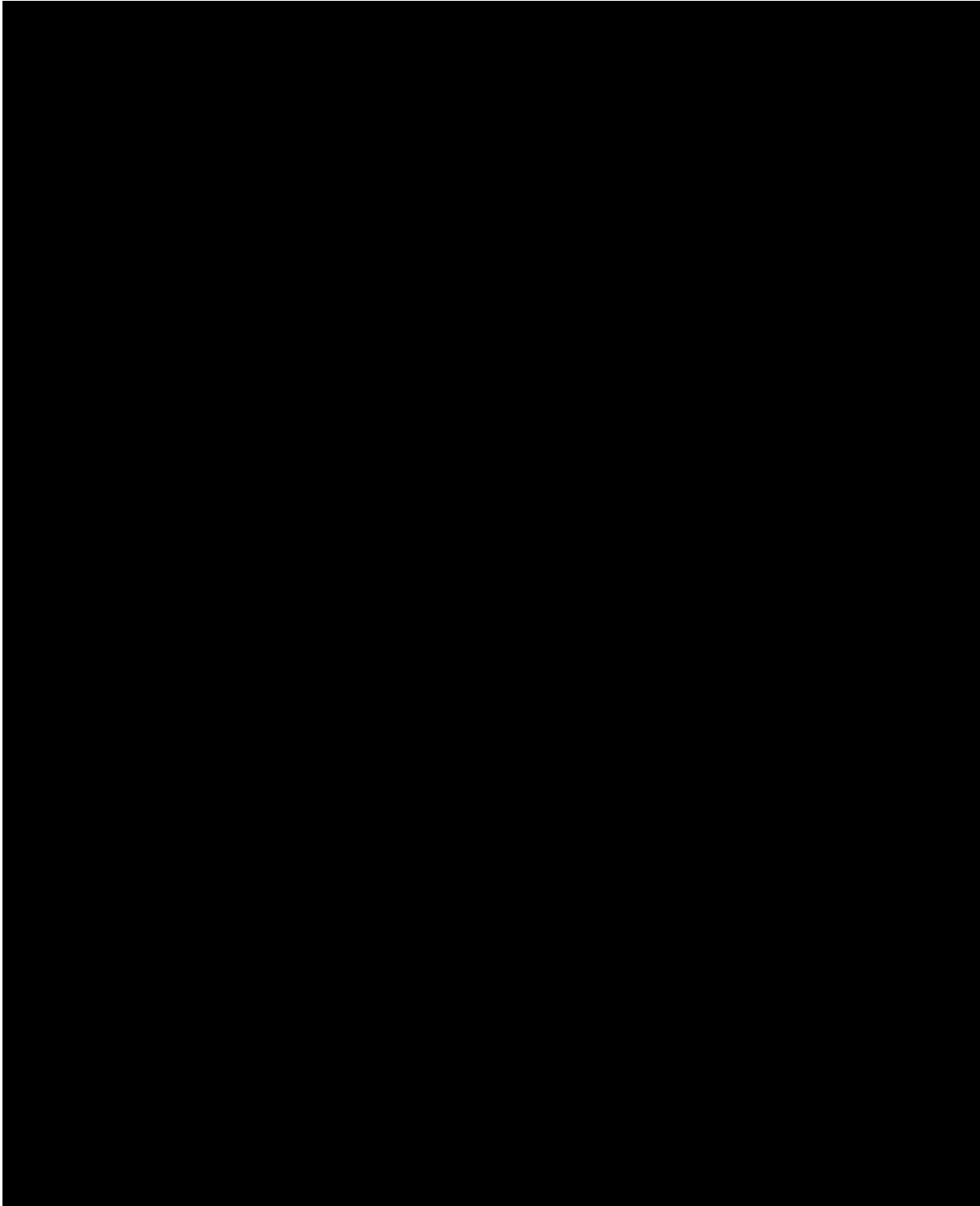
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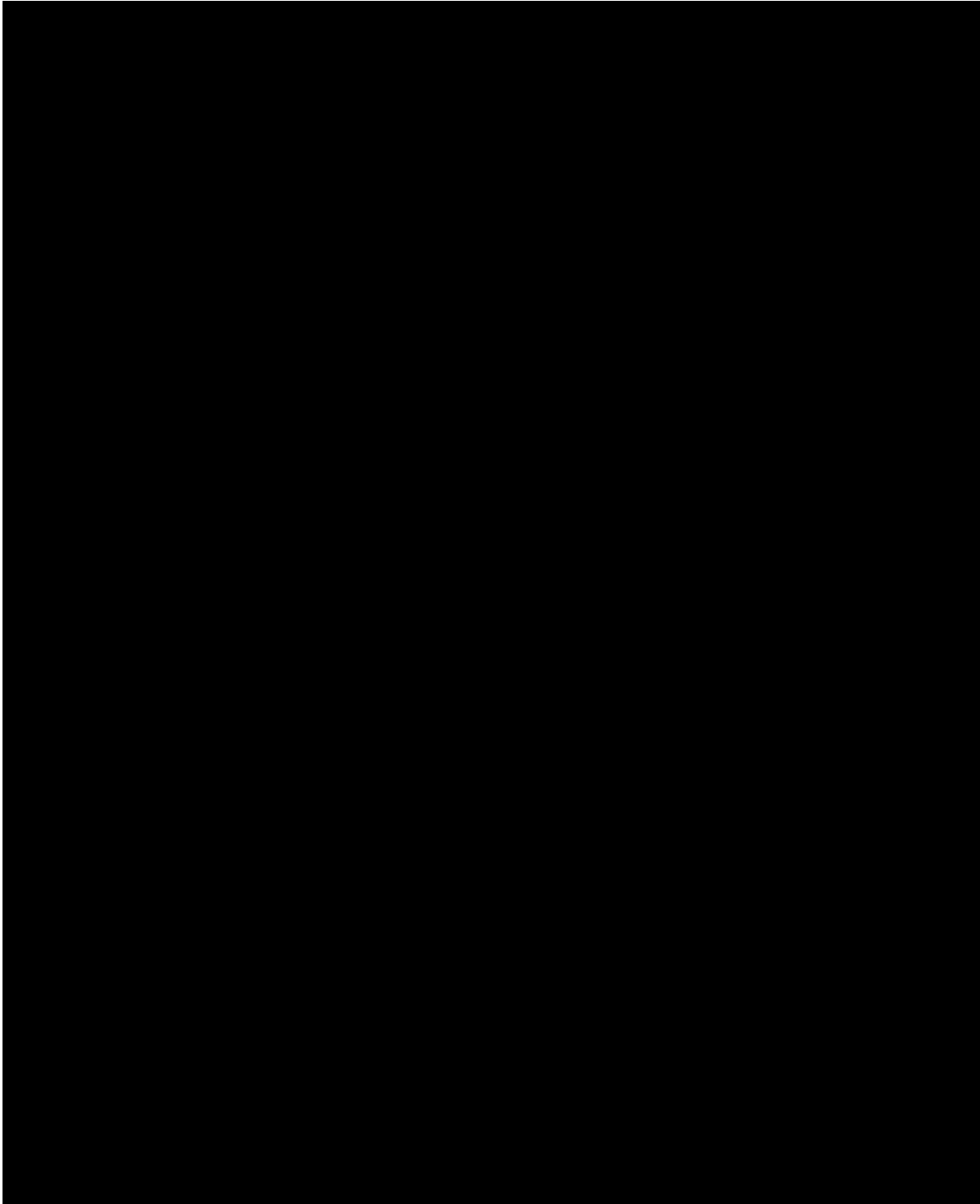
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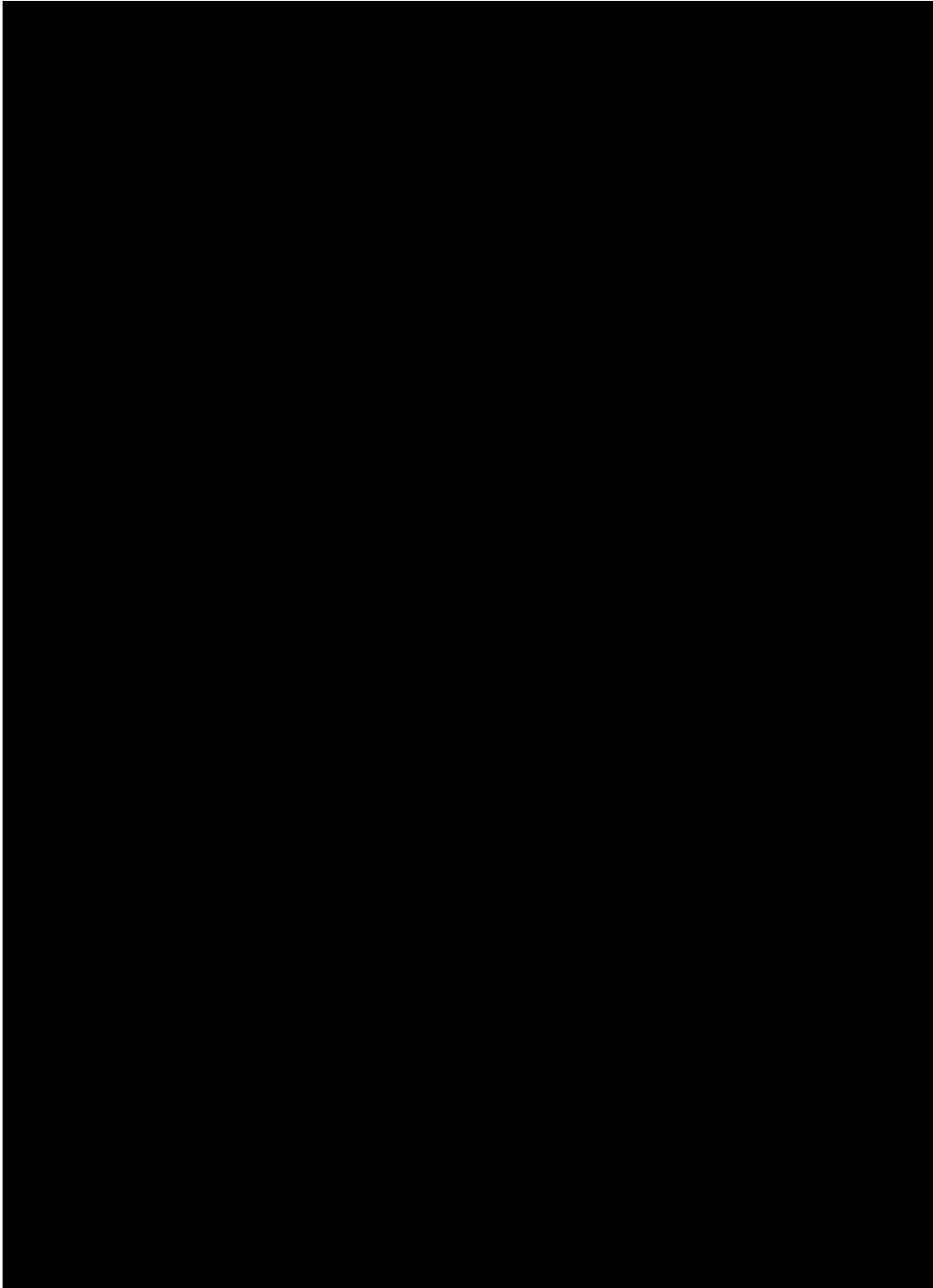
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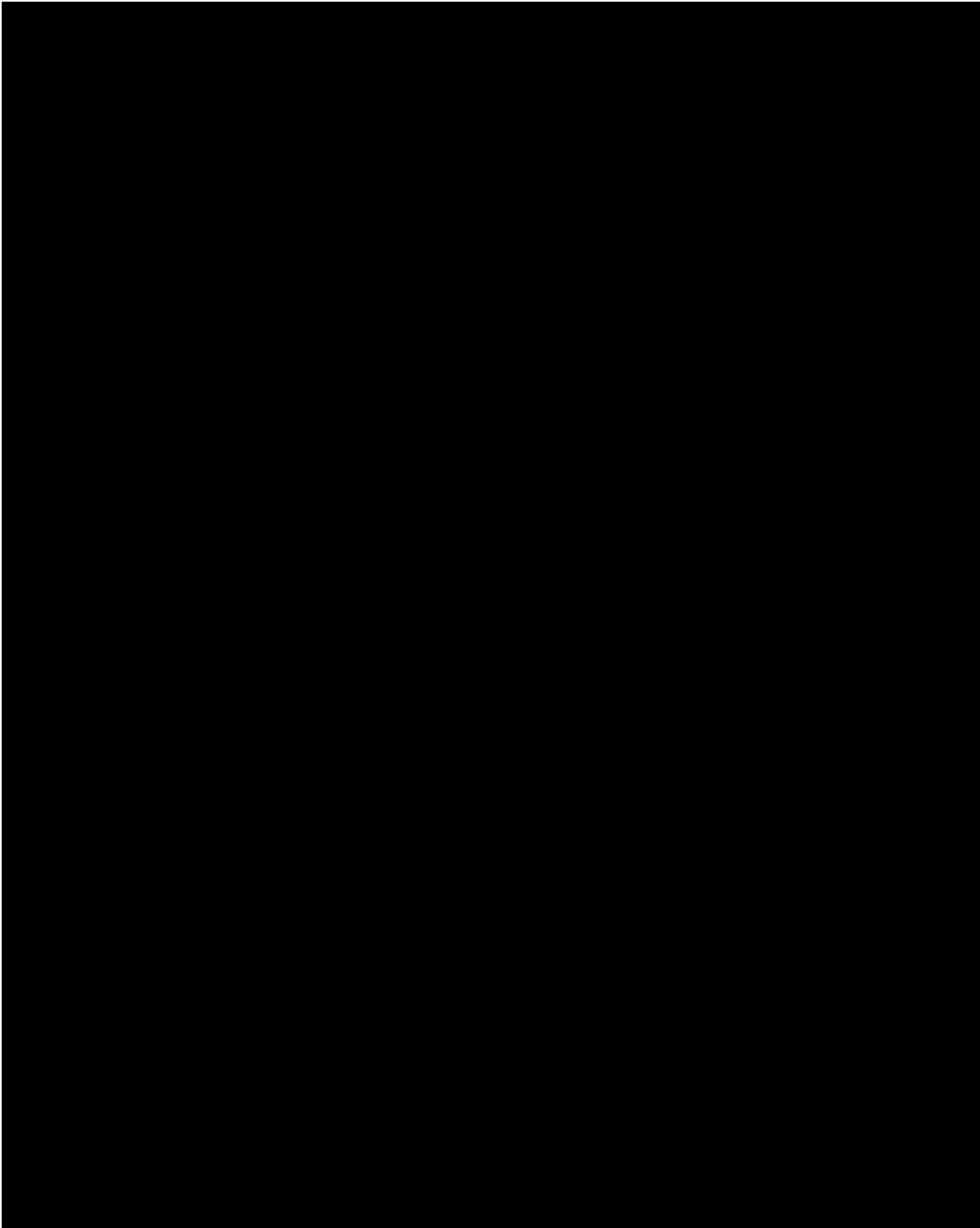
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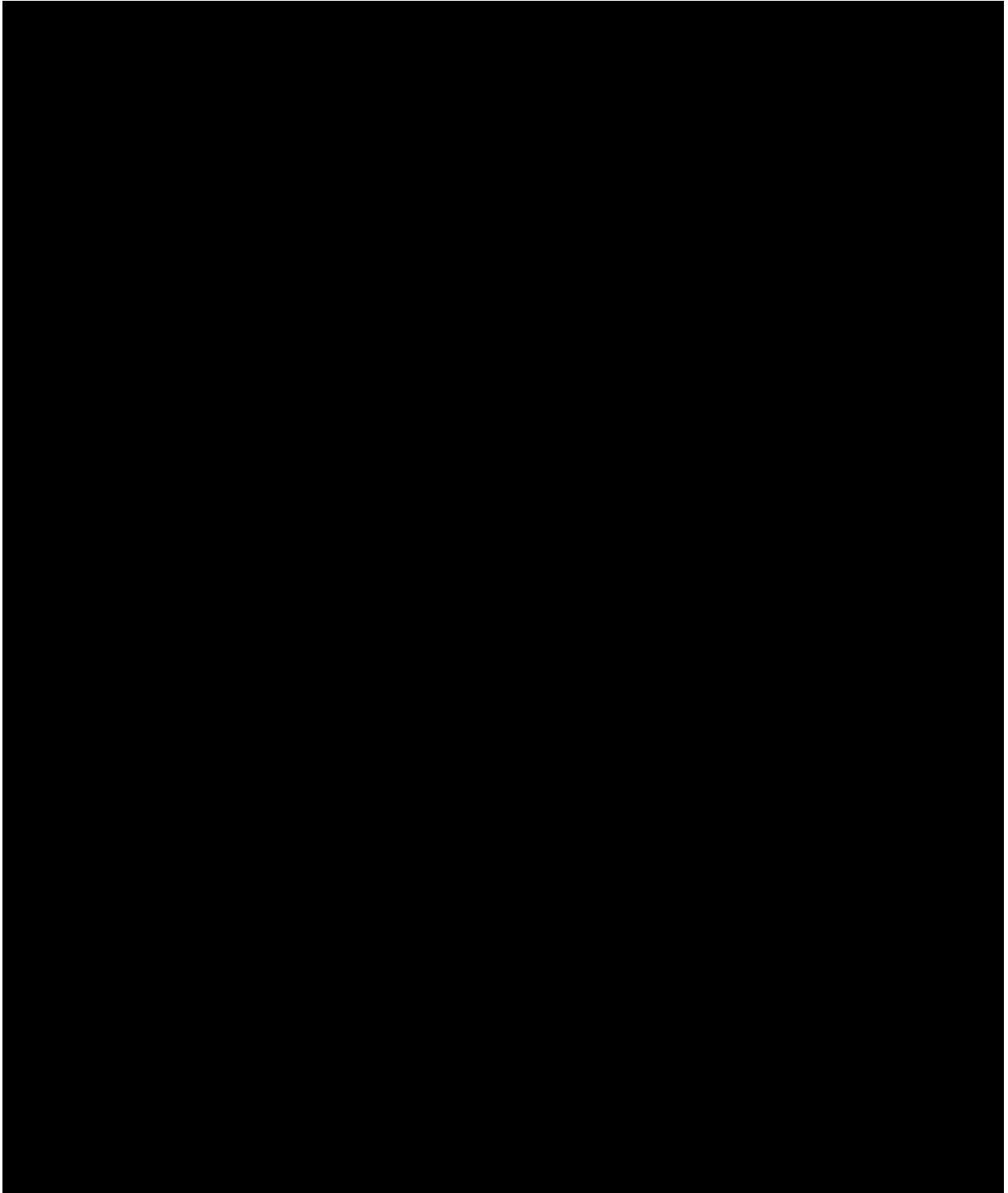
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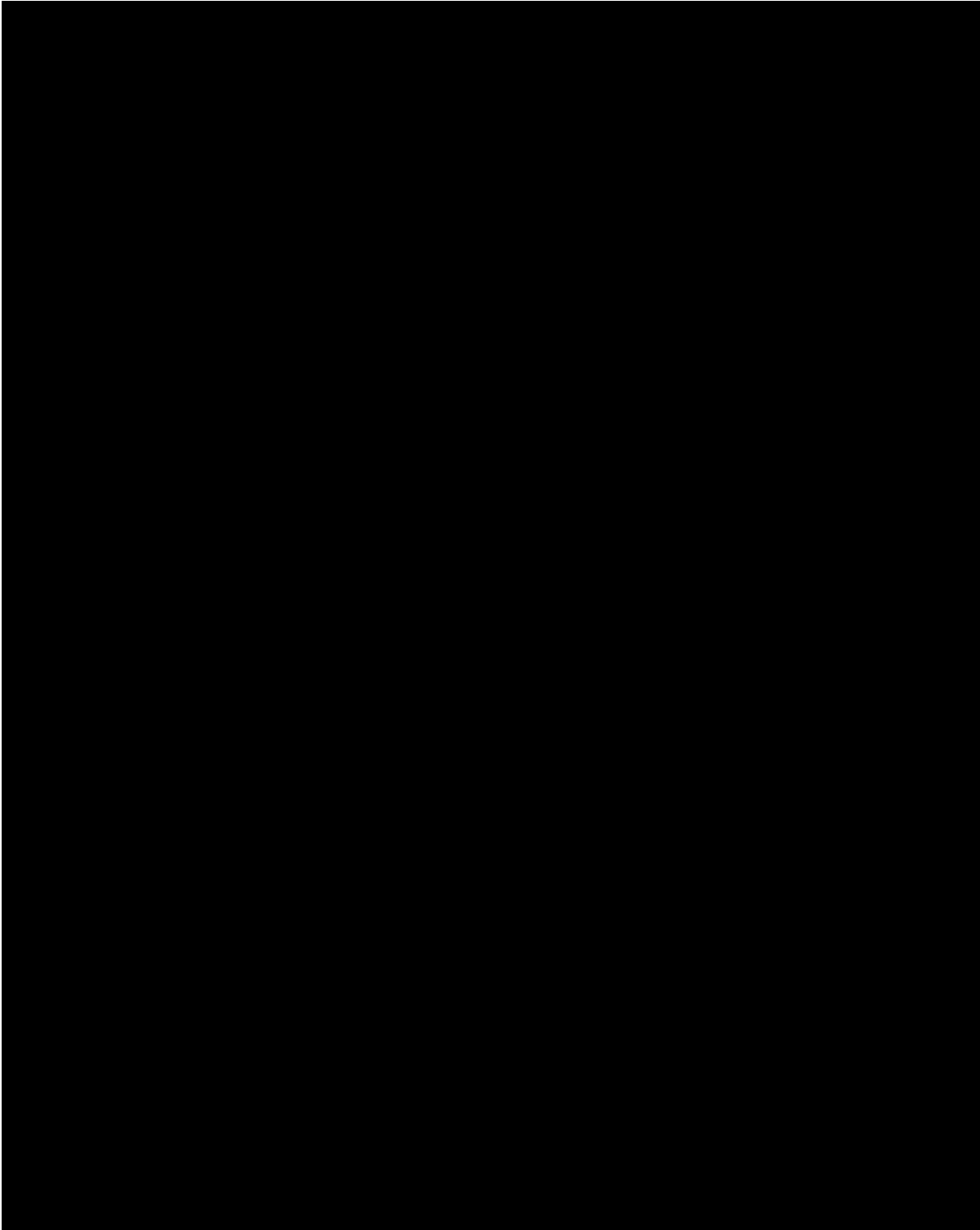
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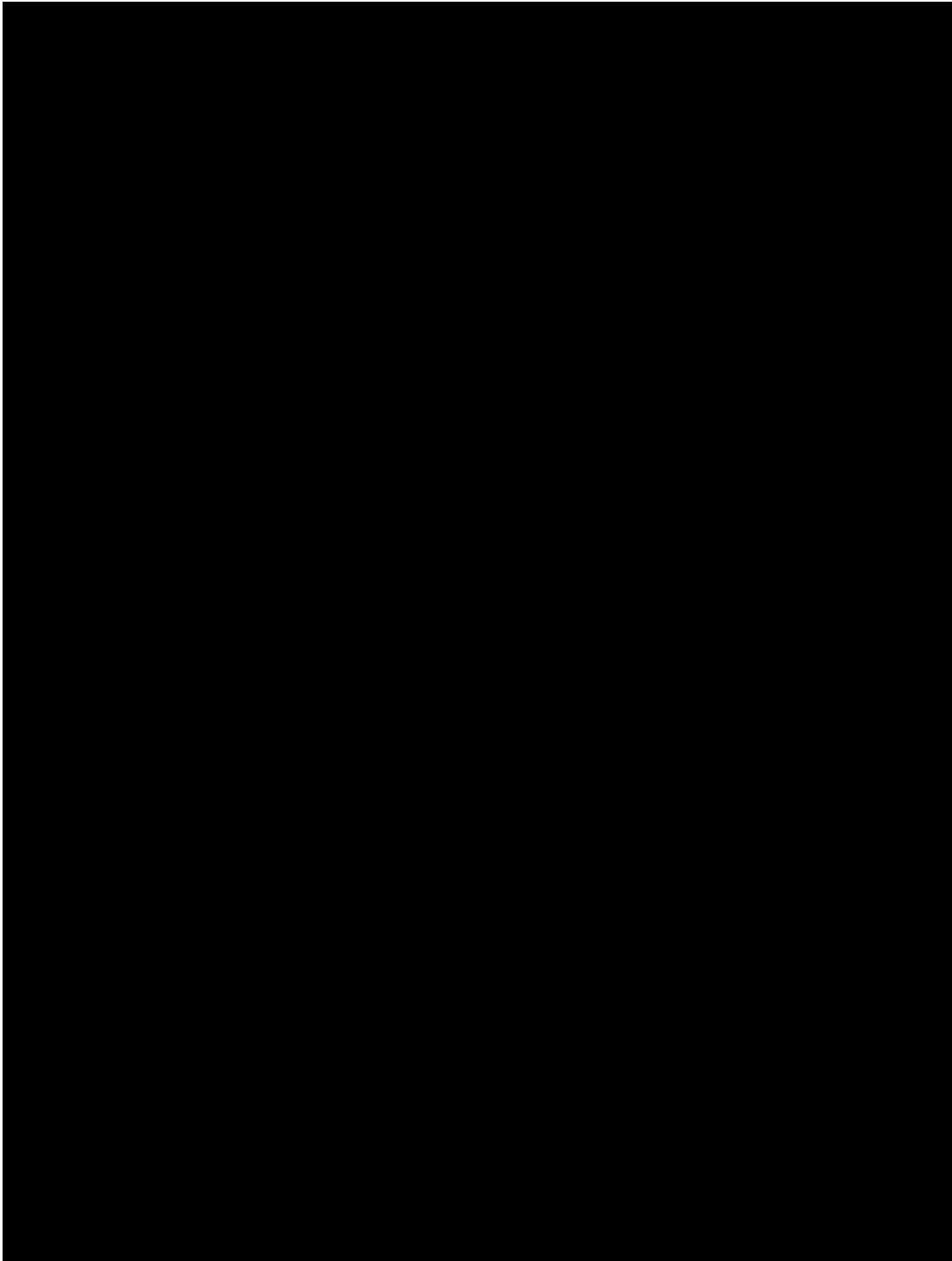
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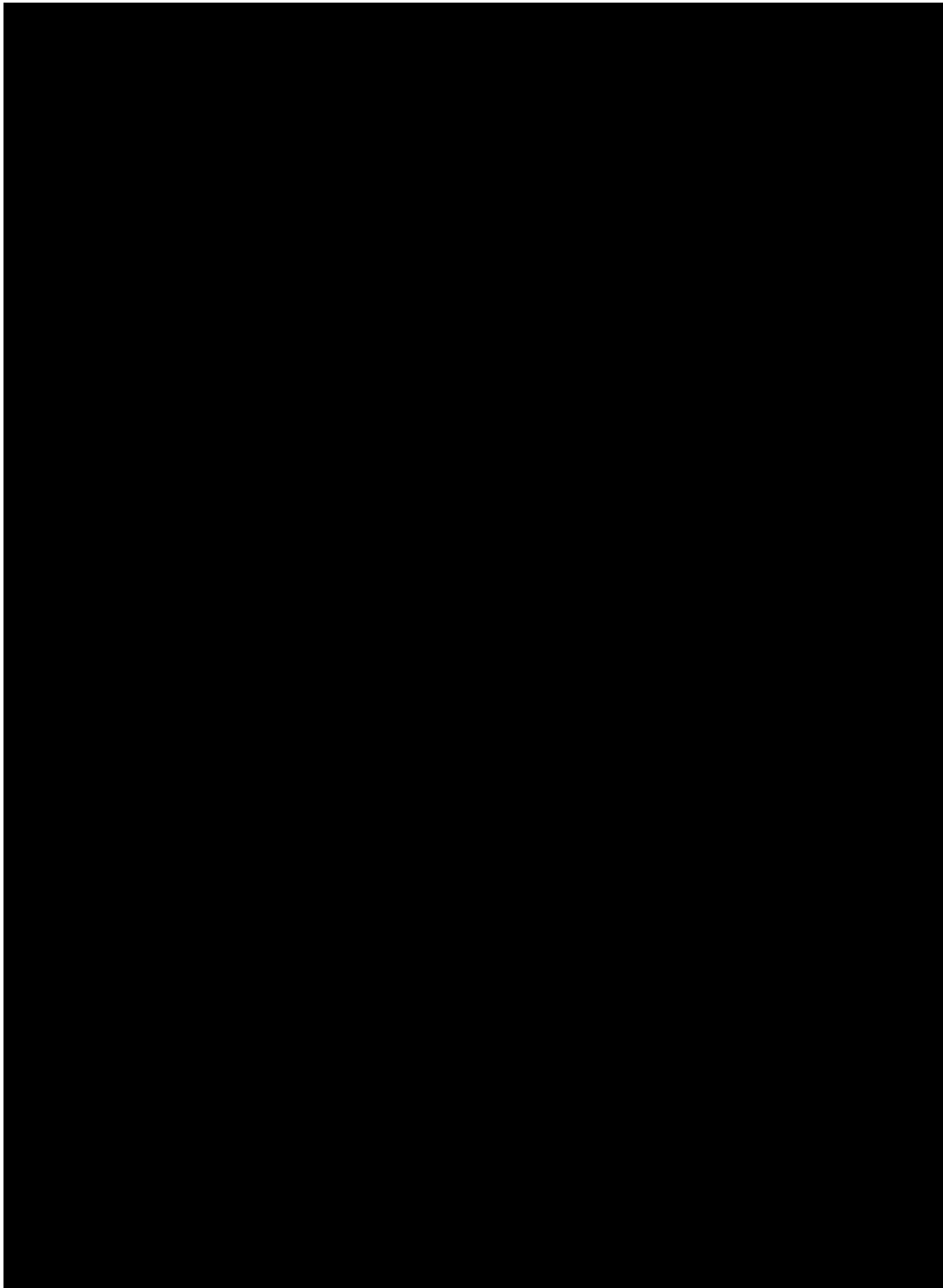
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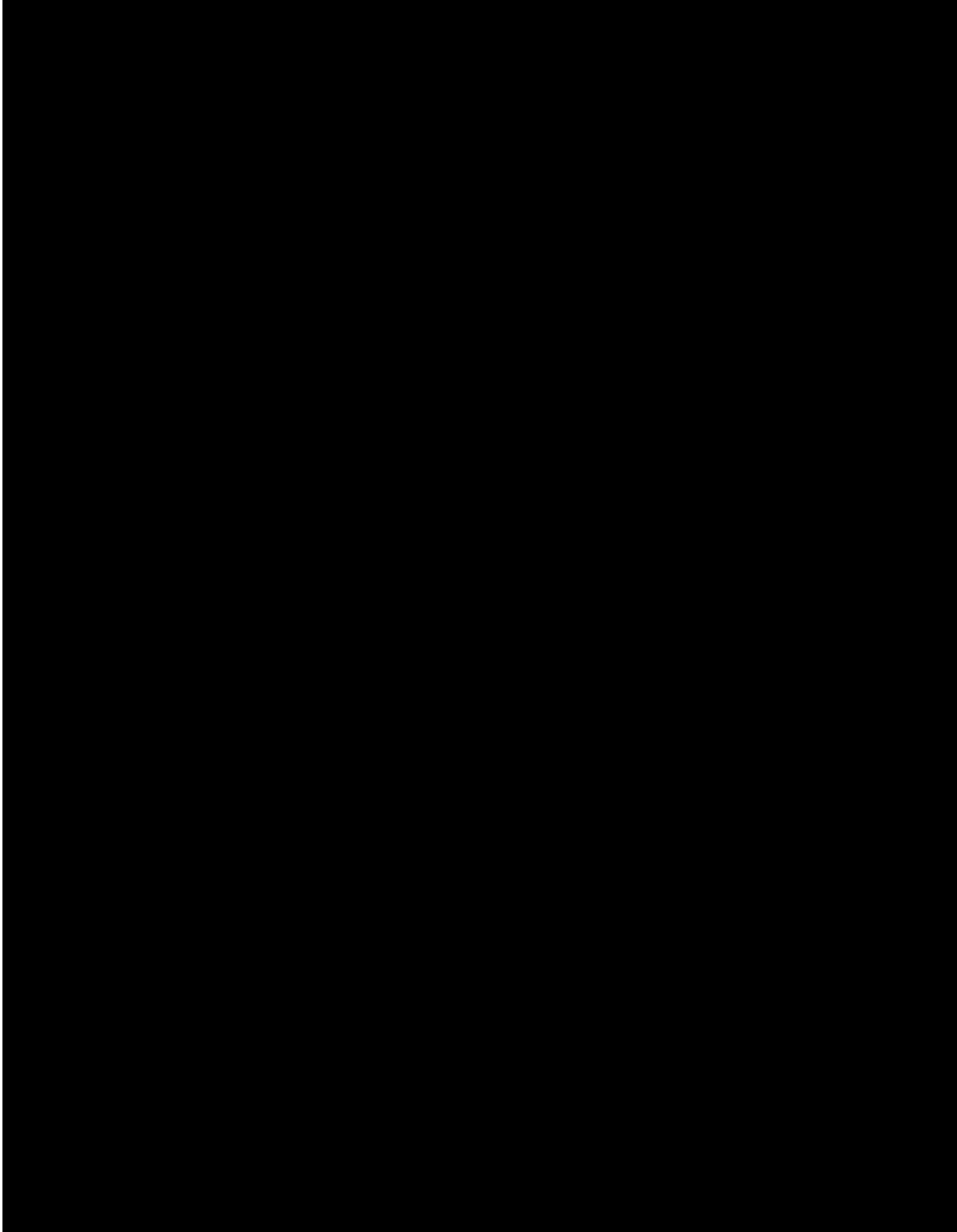
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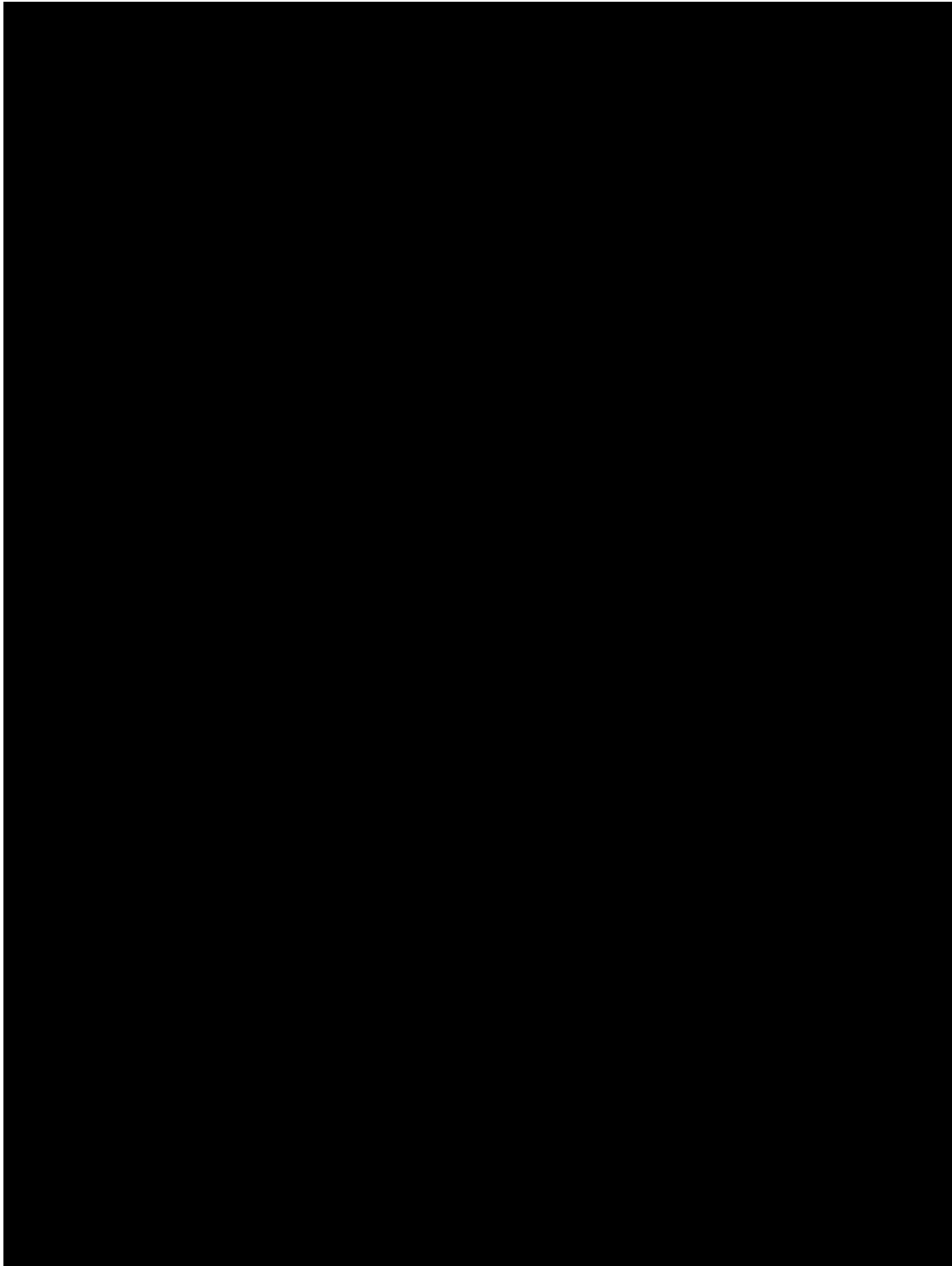
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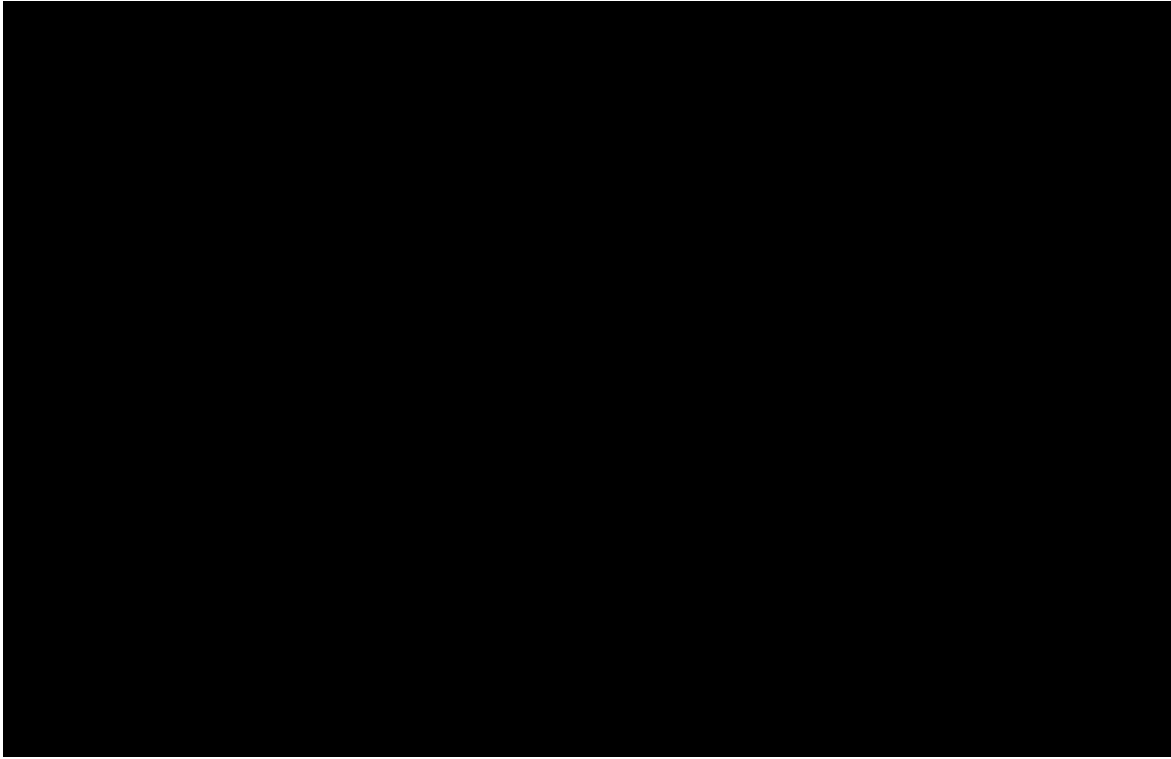




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Important Info re: Recent Washington Post Article

From: Dr. Laura Edwards-Leeper [REDACTED]
To: [REDACTED]
Date: Wed, 01 Dec 2021 01:30:03 -0500

Hi [REDACTED]

I'm reaching out because I'm not sure who at WPATH I should contact. I figured you could point me in the right direction or pass this on to the appropriate people.

As I'm sure you know, Erica Anderson and I recently had an OpEd published in the Washington Post. We worked on this for 6 months and submitted it in early September. It has been a long and careful process. We had several colleagues give us feedback along the way, as we are well aware that it is an extremely sensitive topic and wanted to approach it in the most balanced and careful way possible. The last thing either of us want to do is hurt trans people, and it is because of the harm we see happening that we wrote the piece. Given that we are both incredibly supportive of WPATH and the SOC, we were sure to make one of our main points in the article be that providers should be following the WPATH SOC. I believe we accomplished that. I think the timing of the piece is actually perfect, given that SOC 8 is coming out soon.

I wanted to let the WPATH leadership know that while we are aware that there are some colleagues who are upset with us for doing this, we have received tremendous support for taking a stand, speaking up, and highlighting the importance of providers following the SOC. It seems that many health care providers and the general public seem to understand that doing so is critical for the well-being of gender dysphoric youth.

I only recently started a Twitter account and I have received 1,478 likes on my page alone for the article, with 587 retweets and 143 comments (as of right now). The comments on the WA Post page were nearing 400 before they shut it off after just a couple of days, and I would estimate 95% were positive. I have had more emails that I can keep up with from people around the world, thanking us for doing the piece. These have come from many, MANY parents, MANY trans people, MANY LGB people, and MANY health care providers (mental and medical). Countless providers have shared that they have been afraid to speak up about their concerns, but they are now going to start doing so. There is a listserve I'm on (mostly pediatric trans medical doctors) and I've had medical and mental health providers from that group privately message, thanking me and telling me they are too afraid to share their feelings with the entire group. That group largely seems to be a dangerous echo chamber that is unable to engage in constructive and critical dialogue about the state of the field, which is incredibly worrisome. Jeffrey Flier, the previous dean of Harvard Medical School re-tweeted the article and wrote "An outstanding, balanced article that incorporates medical science, empathy, and courage." This has been the sentiment of so many others.

I fear that WPATH's recent stance to shut down this conversation was a huge mistake and is resulting in very bad PR for the organization. If there is anything that people will fight to the end for, it's their kids. It would be one thing if these were simply right-wing, religious conservatives, but these parents are highly educated, liberal, and left-leaning. The majority report that they will fully support their child if medical transition is in their best interest, but they are furious that they cannot find providers who are following the SOC, and they are in disbelief that WPATH is trying to censor the conversation.

Parents and others (many trans adults and detransitioners) have reached out to me to ask how they can relay their concerns about what is happening in the field with WPATH. I can direct them to comment on the SOC8 public comments once that is released unless you have a different suggestion.

As the chair of the Child and Adolescent Committee and a member of BOTH the child and adolescent SOC8 committees, I want to strongly urge WPATH leadership to carefully think through the next step regarding this issue. The time is now to course correct before the field completely implodes on itself.

I would be happy to discuss my thoughts and concerns further if that would be helpful.

Sincerely,
Laura Edwards-Leeper

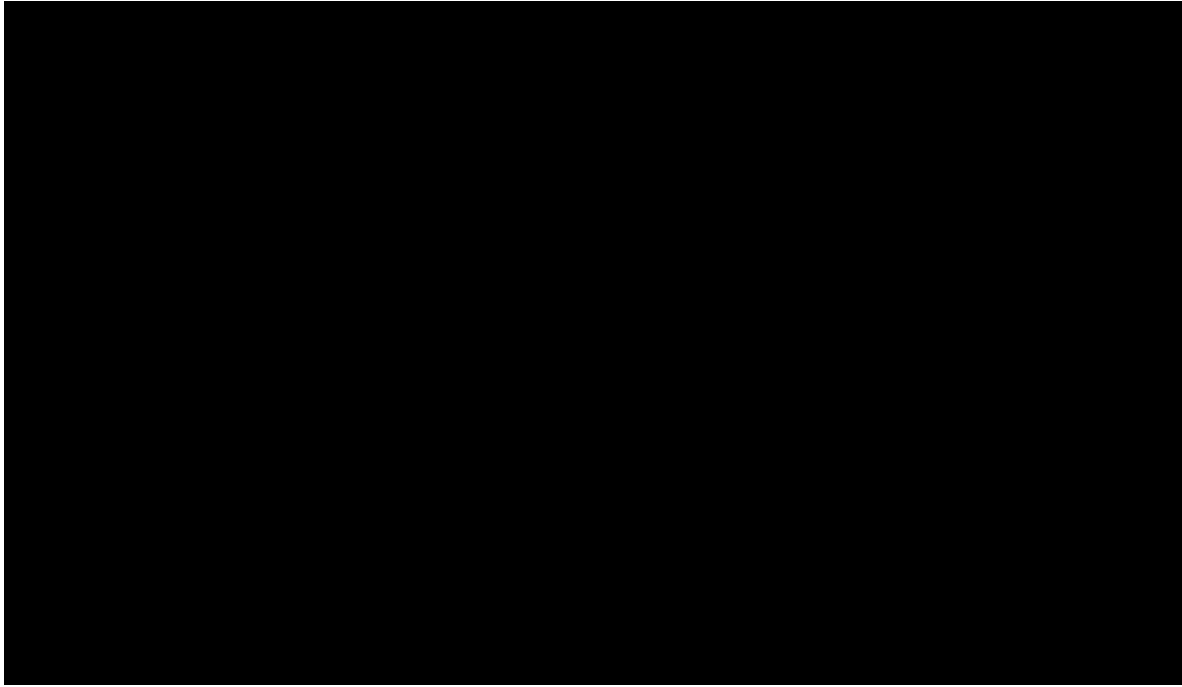
Laura Edwards-Leeper, PhD (she/her/hers)

[REDACTED]

Website: [REDACTED]

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FW: Message from [REDACTED] @ DocMatter

From: [REDACTED]
To: [REDACTED]
Date: Tue, 07 Dec 2021 13:03:09 -0500

Hi [REDACTED]

Please see the exchange below I've had with [REDACTED], I wanted to share this as I feel it is very well articulated feedback for WPATH and USPATH. This originated from an exchange over a post, but that has been totally cleared up so we need no additional input from you or leadership.

Best,

[REDACTED]

From: [REDACTED]
Date: Tuesday, December 7, 2021 at 9:54 AM
To: [REDACTED]
Subject: Re: Message from [REDACTED] @ DocMatter

I'm ok with the sharing of the feedback, but I want to point out that the frustration you likely and readily see in my tone is coming from a place of deep appreciation and value of WPATH past, present, and for its potential. Now is truly a time for a proactive, adaptive, and emergent engagement with and for Trans people, a time of great challenges as well as opportunity.

Best,

[REDACTED]

On Tue, Dec 7, 2021 at 11:20 AM [REDACTED] wrote:

Hi [REDACTED],

Thank you so much for your understanding and patience here. On a personal note, I appreciate your position on WPATH's mission and approach to serving the Trans community. Would you be open to me forwarding this feedback to WPATH/USPATH leadership? I'm guessing you and others have shared thoughts like this with them before, but this is very well articulated and think the organization would benefit from receiving this feedback.

Best,

[REDACTED]

From: [REDACTED]
Date: Wednesday, December 1, 2021 at 6:32 PM

To: [REDACTED]
Subject: Re: Message from [REDACTED] @ DocMatter

I approve of the edits
I was and am aware of the standards.

I'm also aware of how weary and despondent many Trans Americans are over what they see as a betrayal by WPATH by providing membership, platform, voice, false equalizing, and cover to anti-Trans voices in WPATH ranks.

There's already a great deal of mistrust in the trans community of medical and psychotherapeutic practitioners, and increasingly so of the very practitioners, clinicians, research, and forums intended to help them.

I find it beyond frustrating that WPATH continues to inhabit this seeming neutral ground of academic equity when anti-Trans advocates are no longer playing by the same set of rules. Trans people have no choice in the matter, no voice, but almost the entirety of the risk. There's a distinct social justice component here, but one questionably visible to this organization I still support.

As an educator I walk an increasingly narrow and fraught line between. How do I convince a clinic to adopt more affirming patient facing procedure when their therapists and clinicians hear every day from Trans patients and clients that they don't trust them or other providers who may or may not adhere to WPATH/USPATH standards of care because they see WPATH as taking the side of people with letters after their names working WITH the same politicians and organizations responsible for 2021, the worst year of anti-Trans legislation in American history.

I can't spend what precious time I have with my own clients defending the political choices...and inaction and silence ARE choices...by WPATH in this regard. I cannot dissuade teachers, instructors, professors across a range of disciplines from seeing WPATH as gatekeepers protecting a status quo working against Trans people when that's what they're hearing from students, colleagues, and advocates.

It doesn't help me with my corporate, HR, and DEI clientele when the purveyors of desistance mythology, ROGD social contamination theory, and debunked autogynephilia theory can all claim space under a WPATH purview. And right now, the press is eating it up, more in the UK than the States, but not for long. Instead, to many lay people, even the sympathetic, this back-and-forth looks like "controversy" that reduces the inclusion/exclusion battle to mutually opposing academics with paychecks at stake, which means companies are less likely to invest in trans and gender expansive infrastructure. This year I've seen so much work go up in flames, and for each new opportunity, there's one plus lost.

These are my concerns and frustrations that fed my earlier words.

I give explicit permission to edit and or replace my original text, as well as my consent to reprint, transmit, forward, post, share, and publish this edited version (your edits, with a tweak here and there in punctuation and wording):

"I recommend this 2021 study with 2242 participants recruited from community organizations serving people who identify as Trans, gender expansive, questioning, and detransitioned. It's a bit broader than the study cited here based on the cherry-picked results of 100 curated interviewees out of 237 recruited from "detransitioner communities," which are at very high risk of being enriched with anti-trans activists. As a side note, these are the same locales where the parents interviewed for the ROGD study were recruited (not a single Trans person was interviewed for the ROGD study on Trans youth).

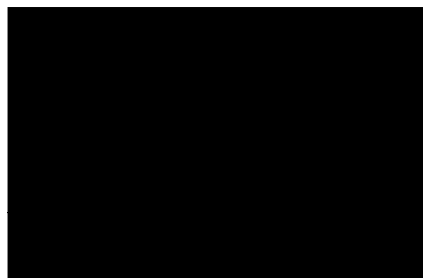
Turban, Jack L.; Loo, Stephanie S.; Almazan, Anthony N.; Keuroghlian, AlexS. (May 2021). "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis" ([PMID:33794108](#), [Full Text](#))

I also think that it is important to note that reliance on these inferior studies may be contributing to the suffering of Trans youth. Here's a recent report from the Trevor Project: [Trevor Project: Acceptance of Transgender and Nonbinary Youth from Adults and Peers Associated with Significantly Lower Rates of Attempted Suicide](#)

The Transgender Day of Remembrance is on November 20th, a scant 9 days from now, as people of all sorts come together across the world to remember the murdered dead and hope for a year when the numbers may someday go DOWN."

██████████ I appreciate your interest in my response, and I recognize the opportunity you've offered to allow my concerns to be heard by my WPATH colleagues, the very folks I'd like to see them the most. I am grateful.

Yours in service,



On Wed, Dec 1, 2021, 5:08 PM ██████████ wrote:

Dear ██████████

I want to first thank you for your participation on DocMatter. You may be interested to know that your posts and responses have over 200 views, so I know your colleagues have appreciated your input.

I am also reaching out about your recent response to the discussion titled, "Survey Results of 100 Detransitioners." Your clinical points are excellent, and your colleagues would greatly benefit from them, so I am hoping you are willing to make a small edit to the post in order to make this post consistent with the WPATH Member Forum Code of Conduct. To maintain a collegial conversation, criticism must be directed at clinical viewpoints and studies, but cannot be generalized to the clinicians who produce the opinions or research. For your convenience, I have provided an example of a change that would be consistent with the Code of Conduct. I attempted to leave in any criticism of the data or methodology mentioned in the discussion. I invite you to add additional criticism of the data themselves if there is more. Moreover, your inclusion of the alternative study is an excellent addition, and I am very much hoping we are able to leave this in as part of the discussion. You may approve these edits, or if you would like to add additional thoughts or make changes of your own, you may do so by replying to this email. Please note, we will not release an edited version of your post before confirming your approval. I am available to discuss the Code of Conduct or DocMatter more generally if you have questions or concerns.

Warm regards,



Suggested edited response consistent with Code of Conduct:

"I recommend this 2021 study with 2242 participants recruited from community organizations serving people who identify as Trans, gender expansive, questioning, and detransitioned. It's a bit broader than study cited here based on the cherry-picked results of 100 curated interviewees out of 237 recruited from "detransitioner communities," which are at very high risk of being enriched with anti-trans activists. As a side note, these are the same locales where the parents interviewed for the ROGD study were recruited (not a single Trans person was interviewed for the ROGD study on Trans youth).

Turban, Jack L.; Loo, Stephanie S.; Almazan, Anthony N.; Keuroghlian, AlexS. (May 2021). "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis" (PMID:33794108, [Full Text](#))

I also think that it is important to note that reliance on these inferior studies may be contributing to the suffering of Trans youth. Here's a recent report from the Trevor Project: [Trevor Project: Acceptance of Transgender and Nonbinary Youth from Adults and Peers Associated with Significantly Lower Rates of Attempted Suicide](#)

The Transgender Day of Remembrance is on November 20th, a scant 9 days from now, as people of all sorts come together across the world to remember the murdered dead and hope for a year when the numbers may someday go DOWN."

Your original response:

"I get weary of seeing such obvious and hateful transphobia in science drag. The PLOS One ROGD 2018 hit piece (PMID:30114286, [Full text](#)) was meant to make it difficult or impossible for trans-identified and gender-expansive youth to access affirming care and to provide a foundation for anti-trans legislation. It has succeeded wildly in the US and UK as we see how 2021 has the largest number of anti-trans bills signed into US law and of 250+ proposed anti-LGBTQ bills, two-thirds of which were trans-focused and the majority targeted trans and gender-expansive CHILDREN. Nine US states have criminalized some or all aspects of affirming care to youth, explicitly or in the implementation of anti-trans sports bans. Where's the "first do no harm" HERE, eh? This new Littman piece is cut of similar cloth, referencing "4thwavenow," a notorious anti-trans mouthpiece singing the glories of Maya Forstater, Andrew Sullivan, and Ofcom and the BBC pulling out of Stonewall Diversity Champions criteria because of their Trans inclusion. It is telling that over half of US legislators sponsoring anti-trans legislation cited Littman's ROGD "social contagion" manifesto. I'm sick of this bad science and bad faith debate. I really don't know why I remain a WPATH member some days. Watching inexperienced and uninformed cisgender folk debate the value of trans lives isn't as entertaining as it once was, no matter how the "arguments" are tarted up. The majority of detransitioners have done so because of an inability to earn a living with the discrimination and violence they face or because of family or partner rejection.

I recommend this 2021 study with 2242 participants recruited from community organizations serving people who identify as Trans, gender expansive, questioning, and detransitioned. It's a bit broader than the cherry-picked results of 100 curated interviewees out of 237 recruited from "detransitioner communities," AKA anti-trans activist social media (same transantagonistic locales where the parents interviewed for the ROGD study were recruited; not a single Trans person was interviewed for the ROGD study on Trans youth!).

Turban, Jack L.; Loo, Stephanie S.; Almazan, Anthony N.; Keuroghlian, AlexS. (May 2021). "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis" (PMID:33794108, [Full Text](#))

While the "academic" and "science" "debates" rage on, trans youth are suffering as they are being

targeted across the US for discrimination and violence by politicians, religious leaders, and fake feminists. Here's a recent report from the Trevor Project: [Trevor Project: Acceptance of Transgender and Nonbinary Youth from Adults and Peers Associated with Significantly Lower Rates of Attempted Suicide](#)

The Transgender Day of Remembrance is on November 20th, a scant 9 days from now, as people of all sorts come together across the world to remember the murdered dead and hope for a year when the numbers may someday go DOWN.

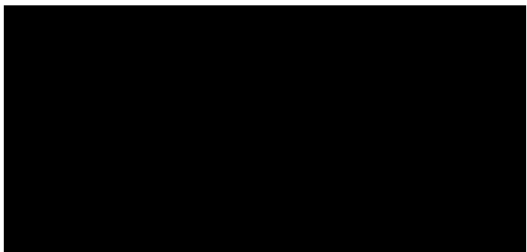
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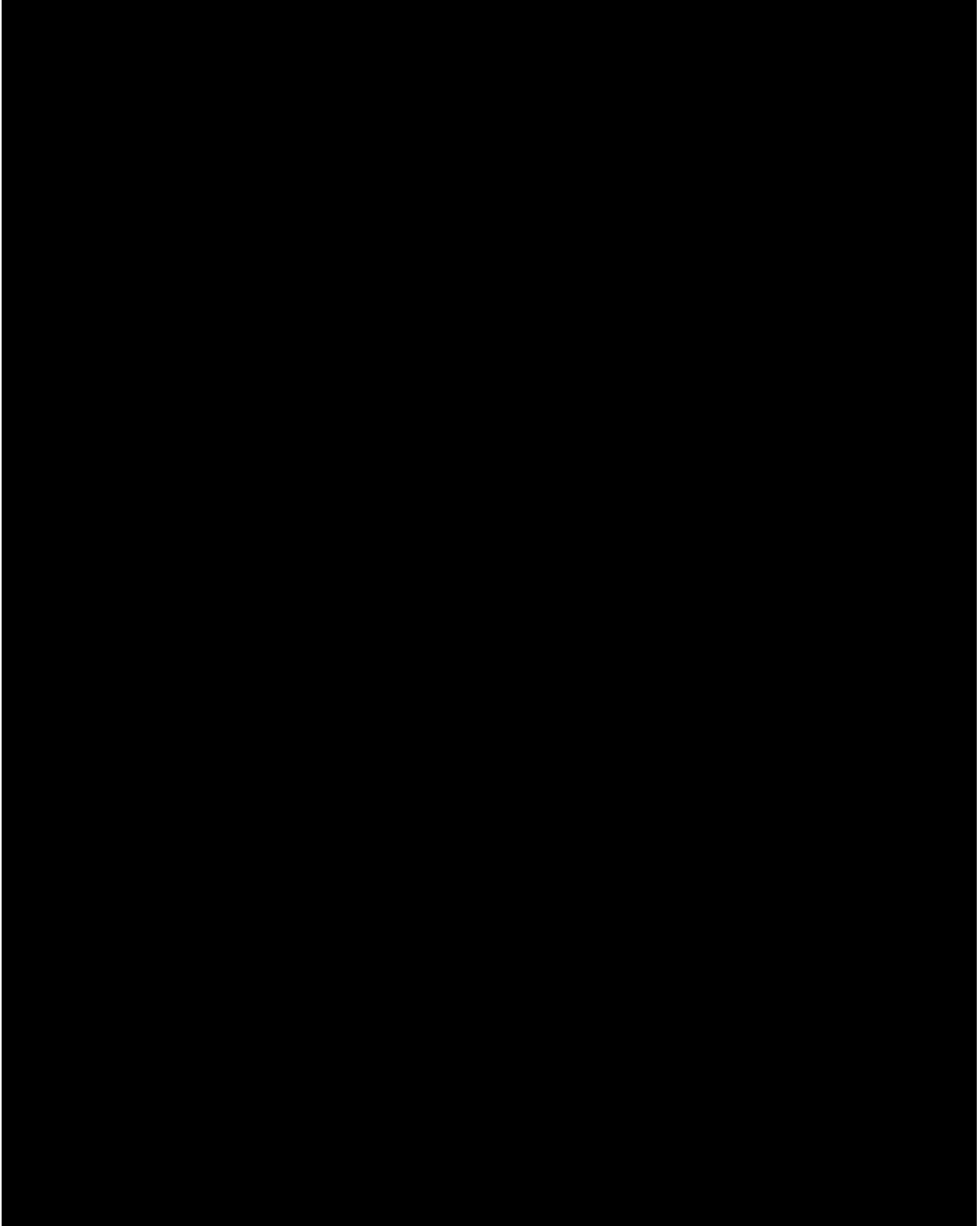
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"The arc of the moral universe is long, but it bends toward justice"

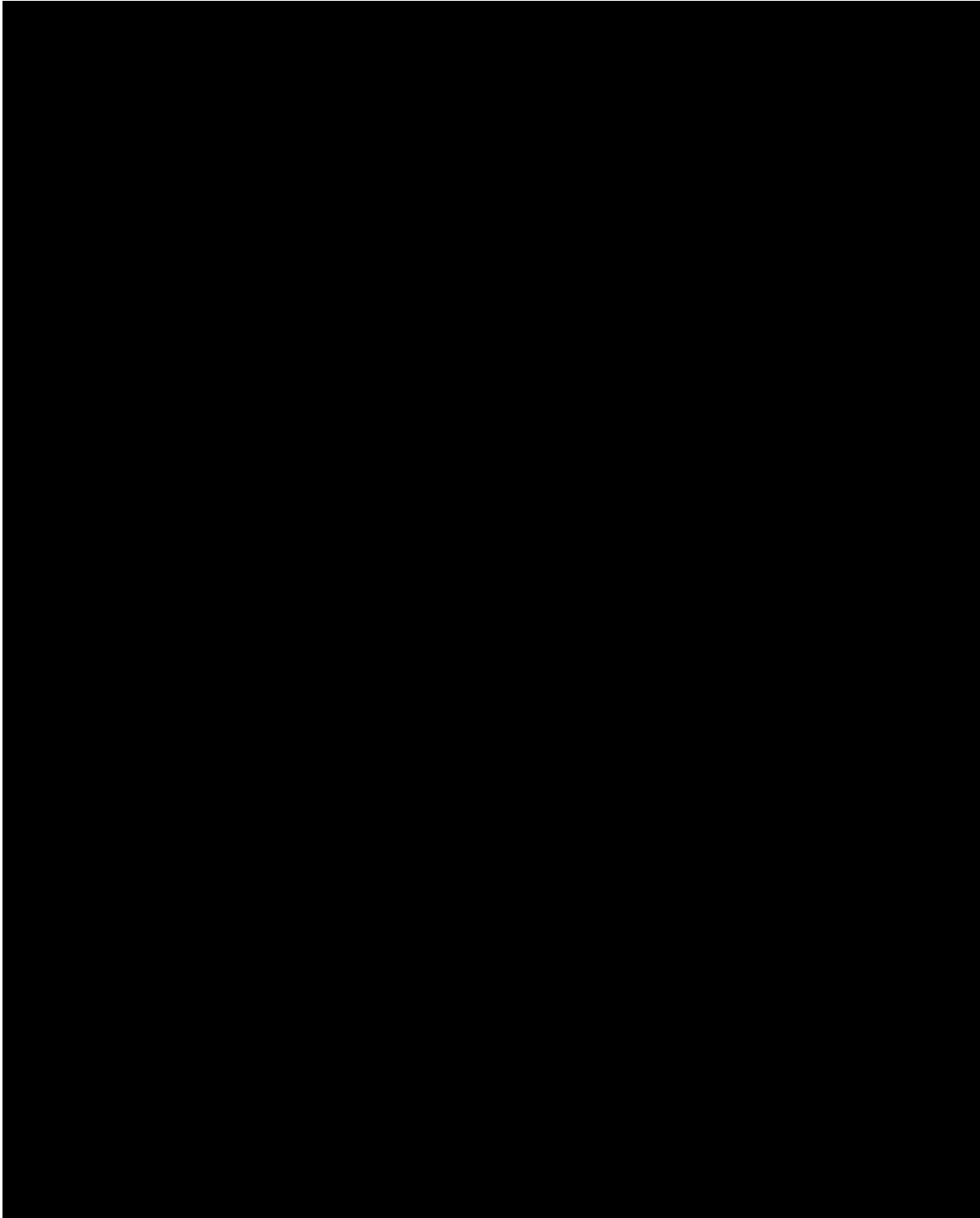
-Rev. Dr. Martin Luther King, Jr.

-Rev. Theodore Parker, UU



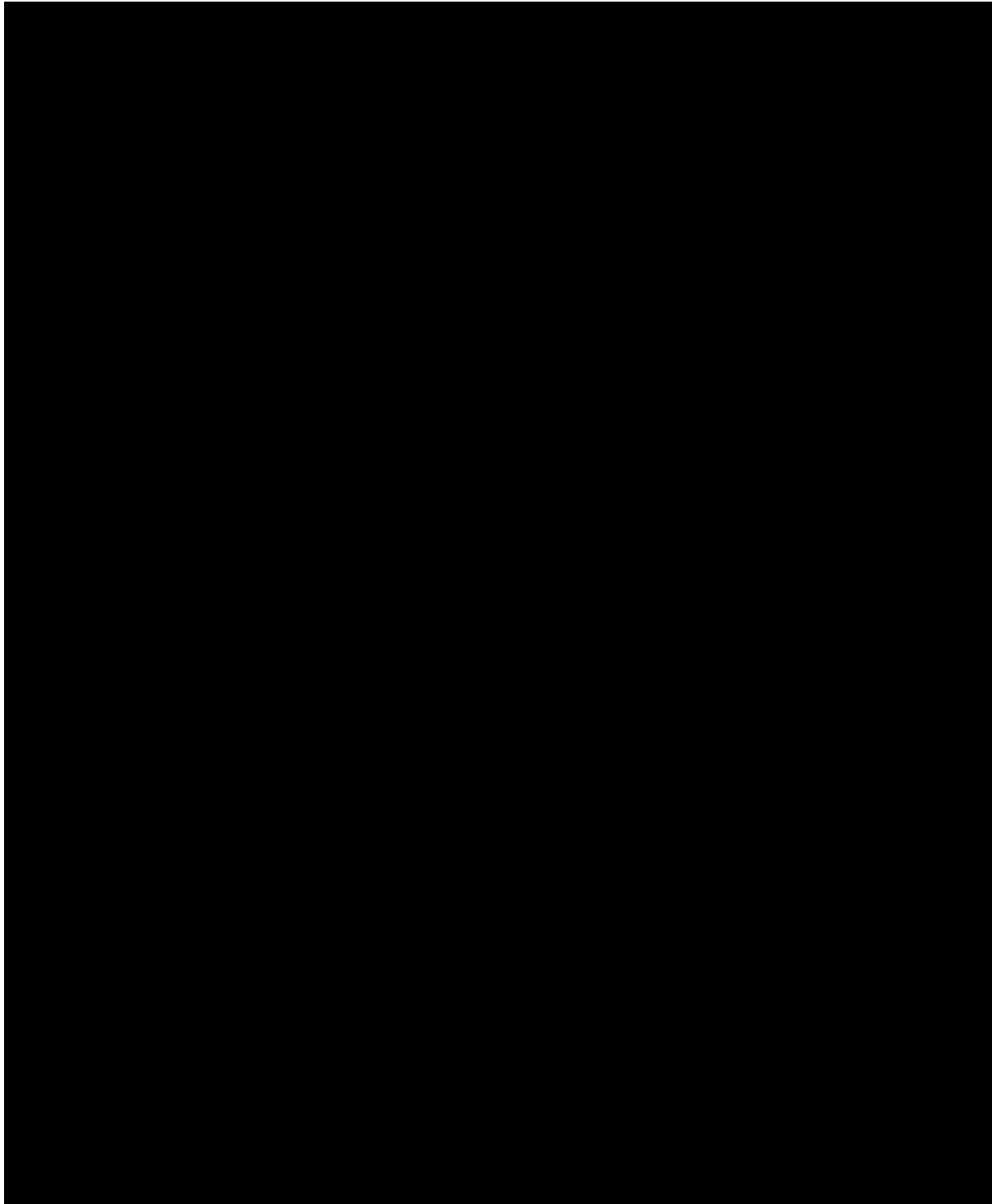
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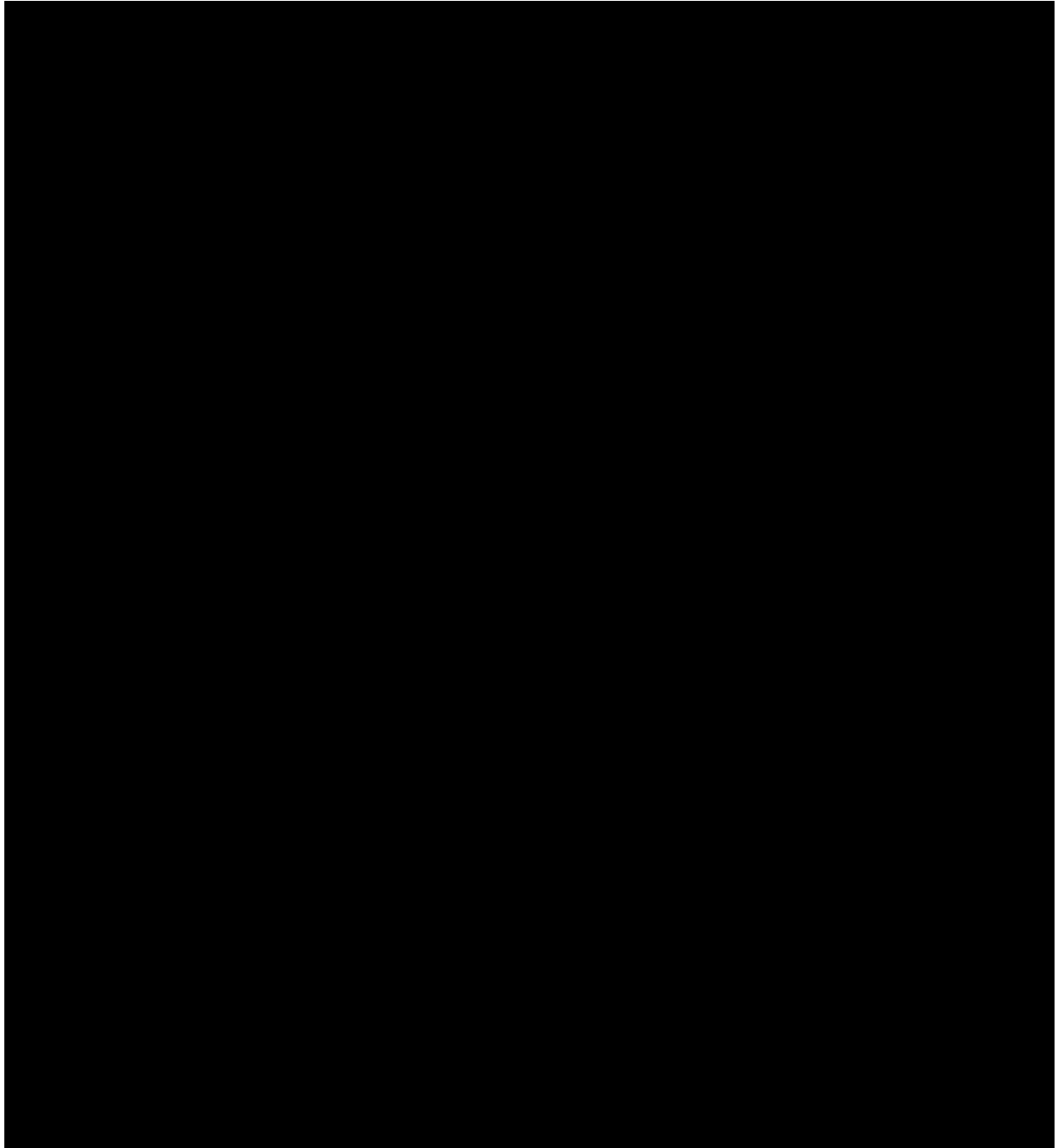
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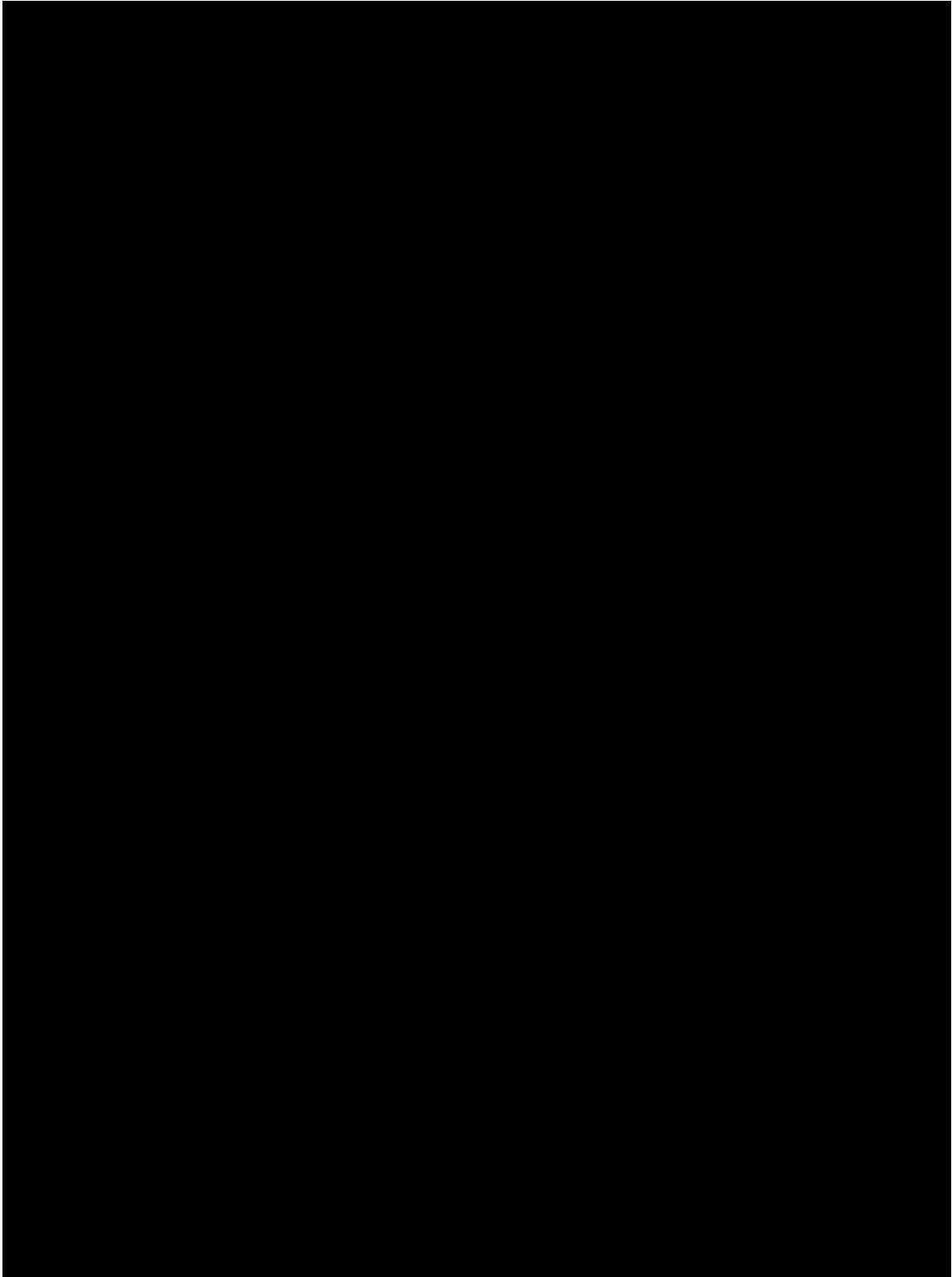
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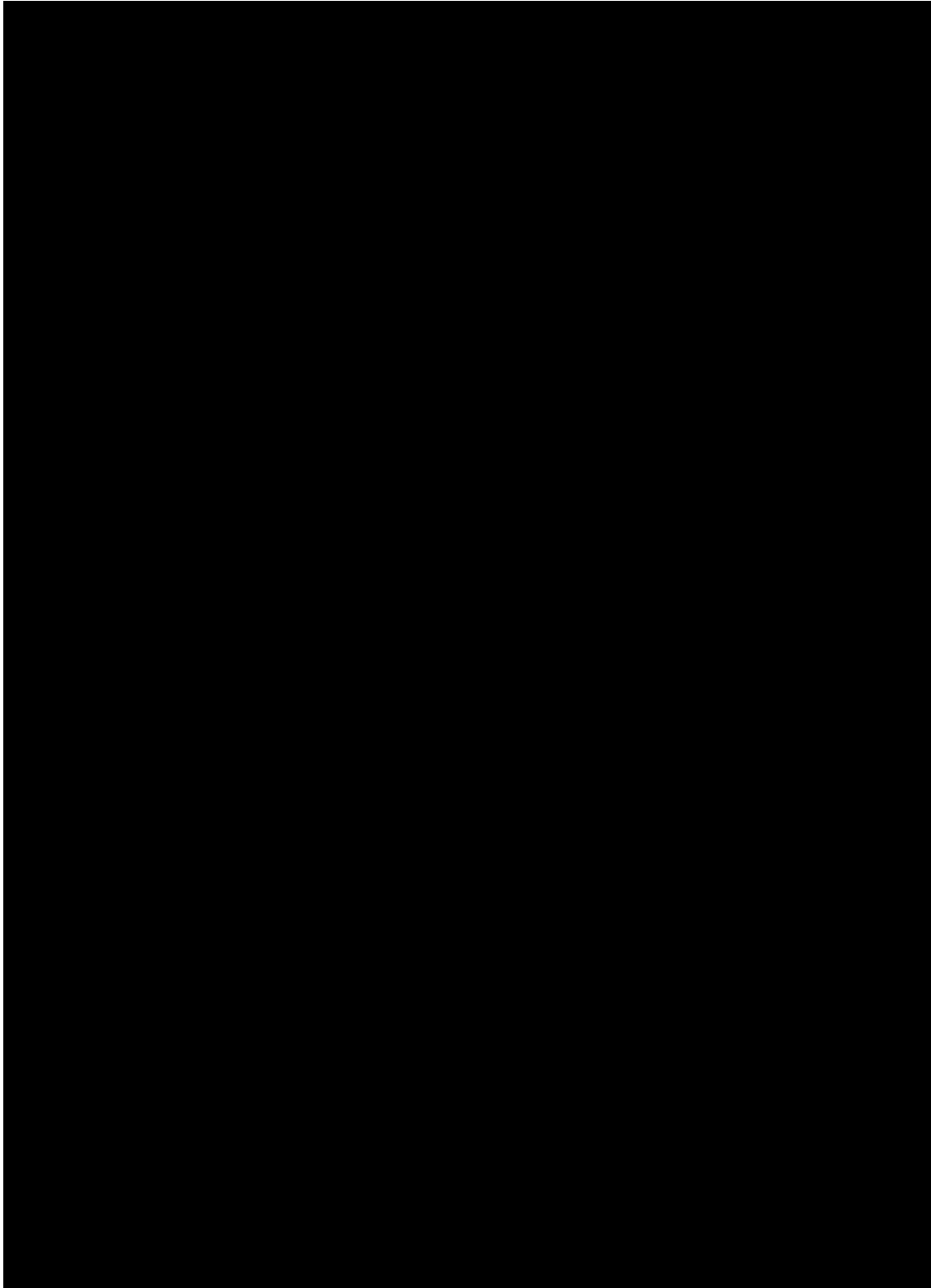
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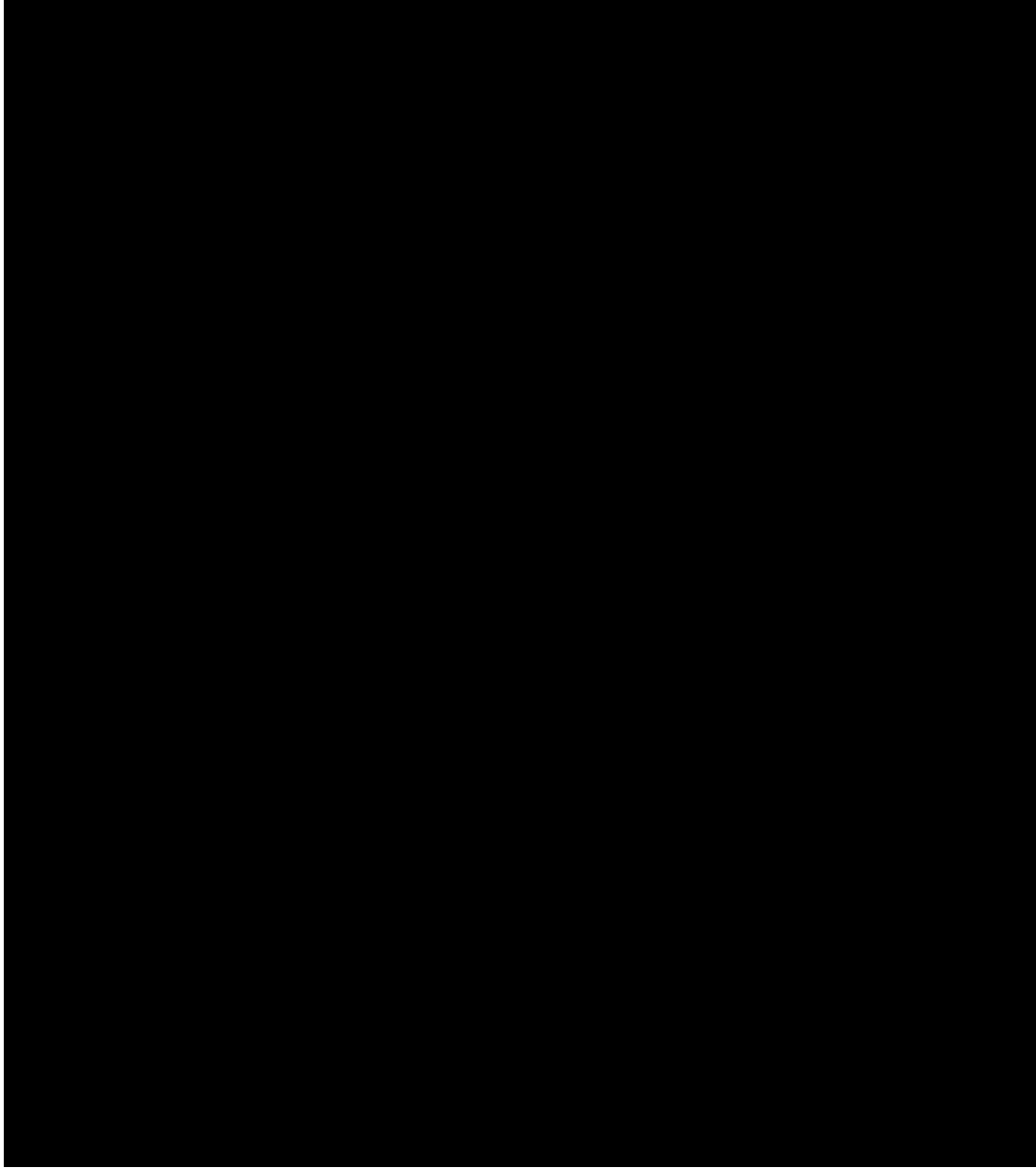
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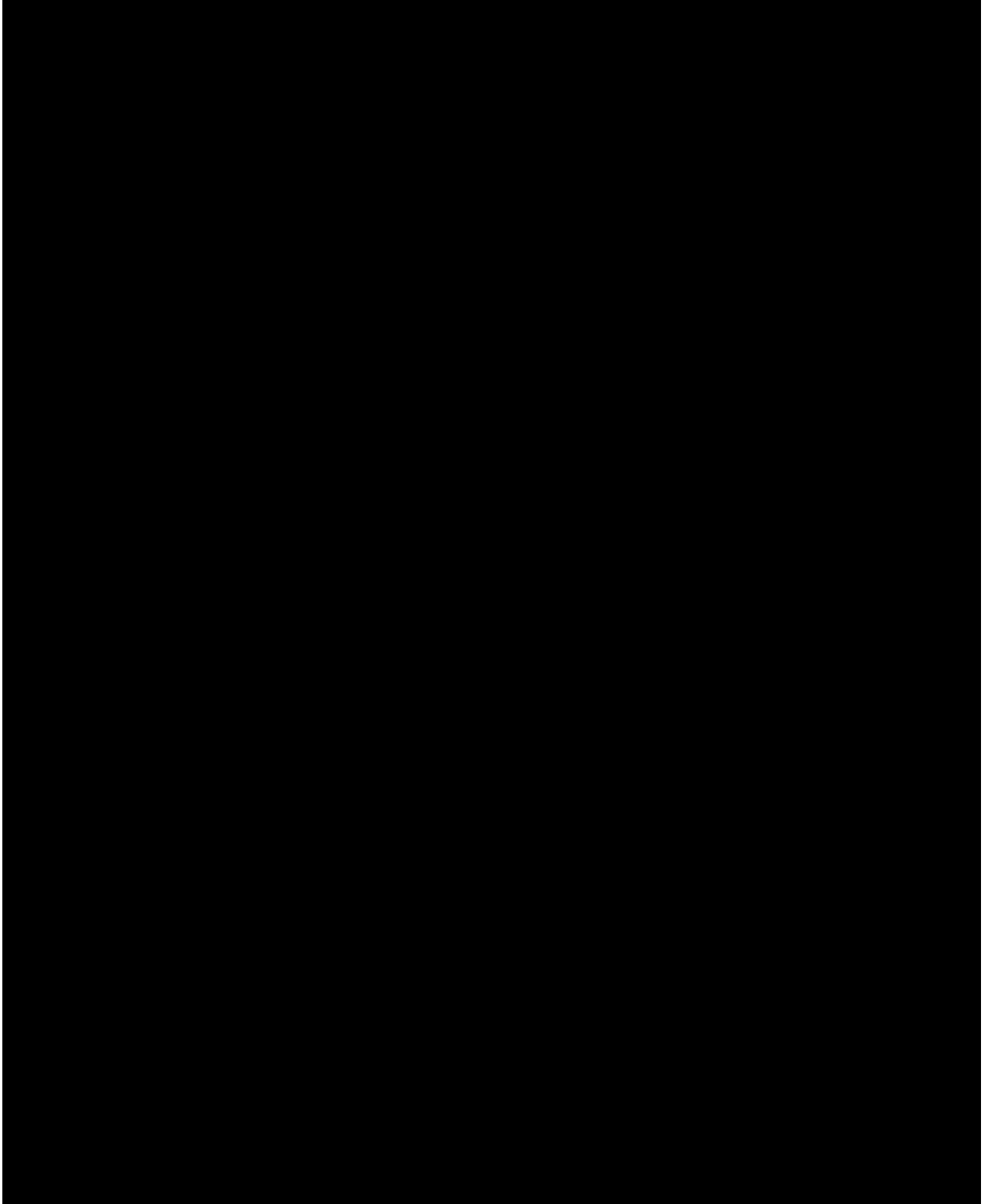
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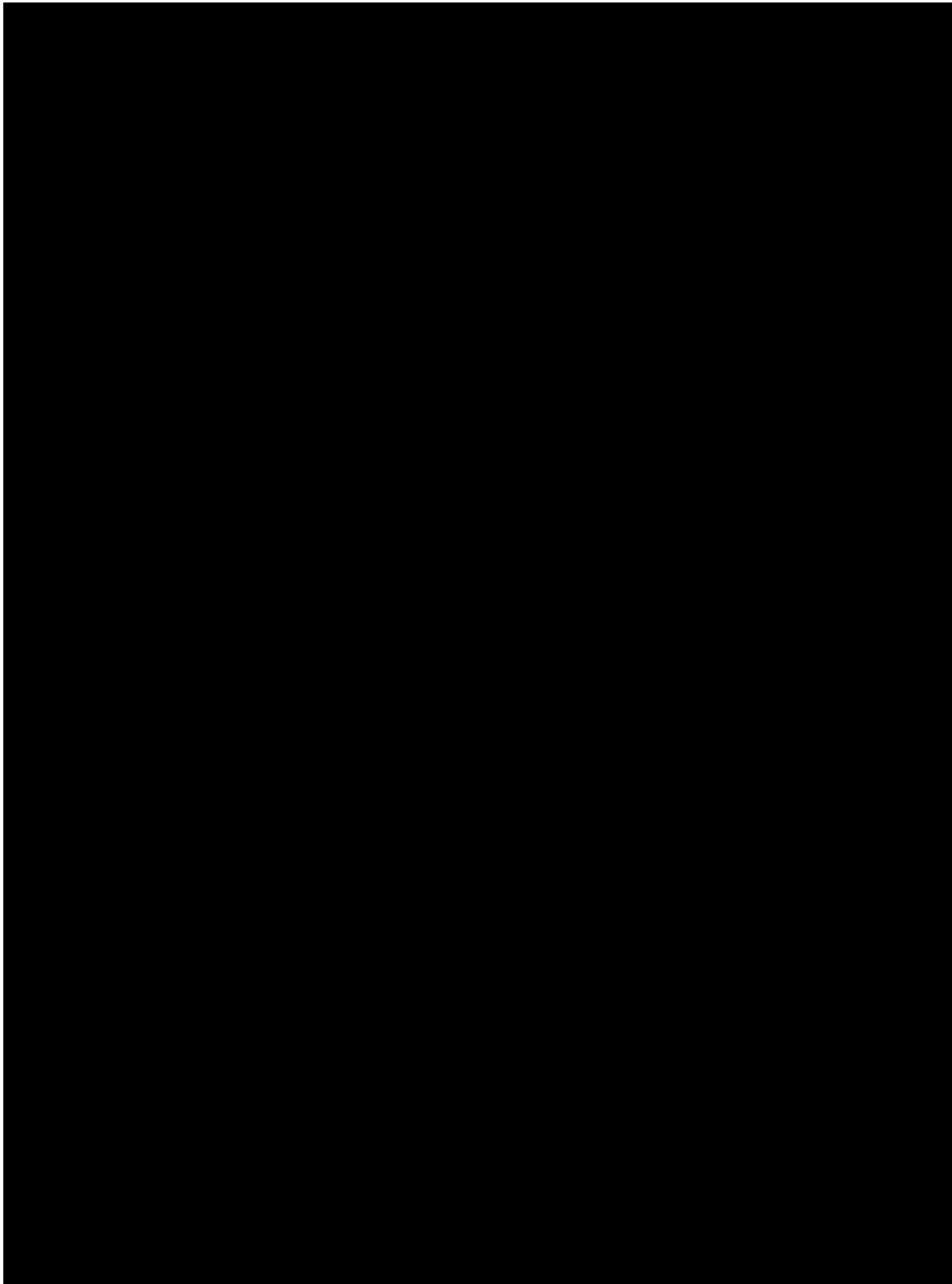
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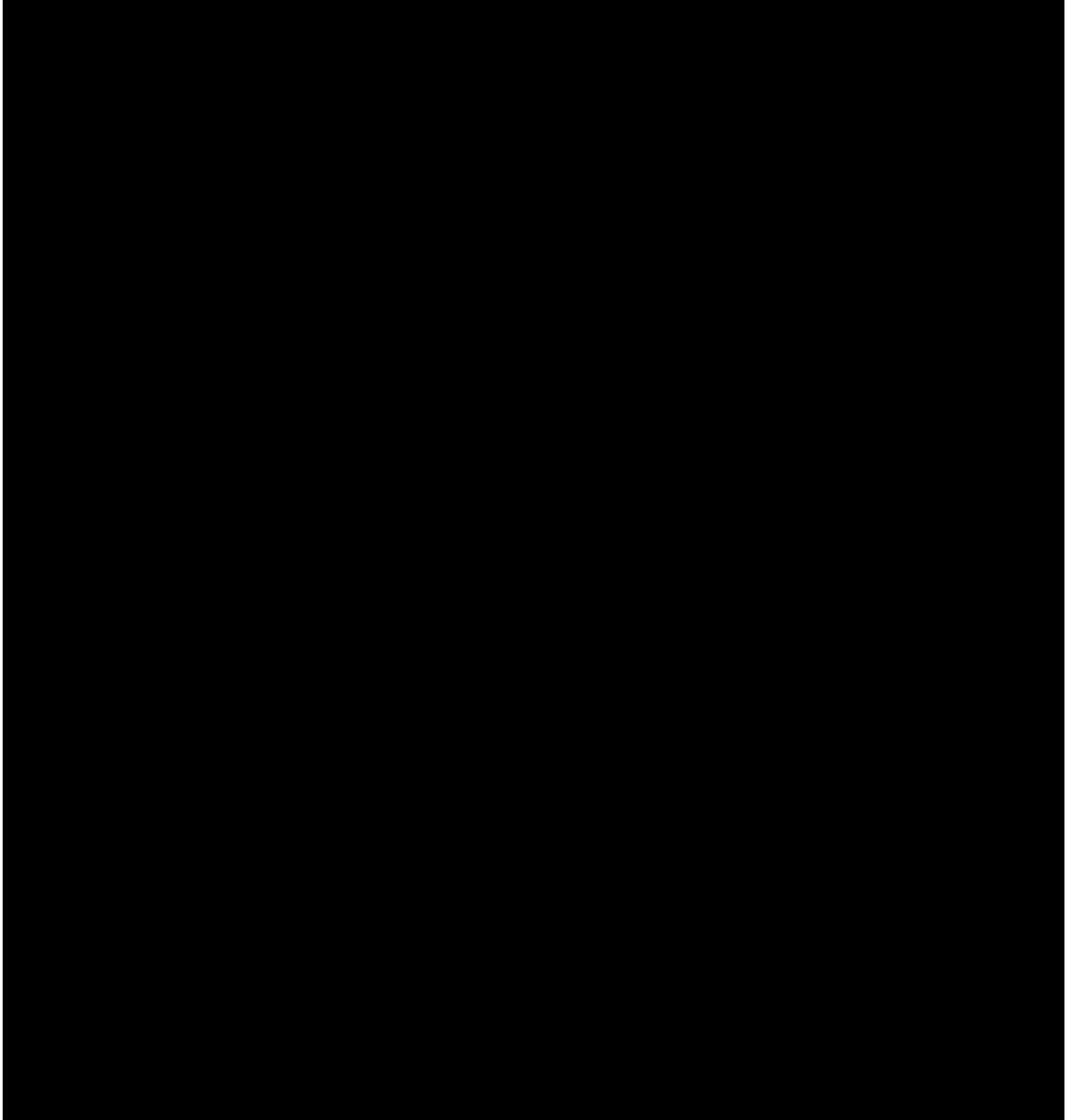
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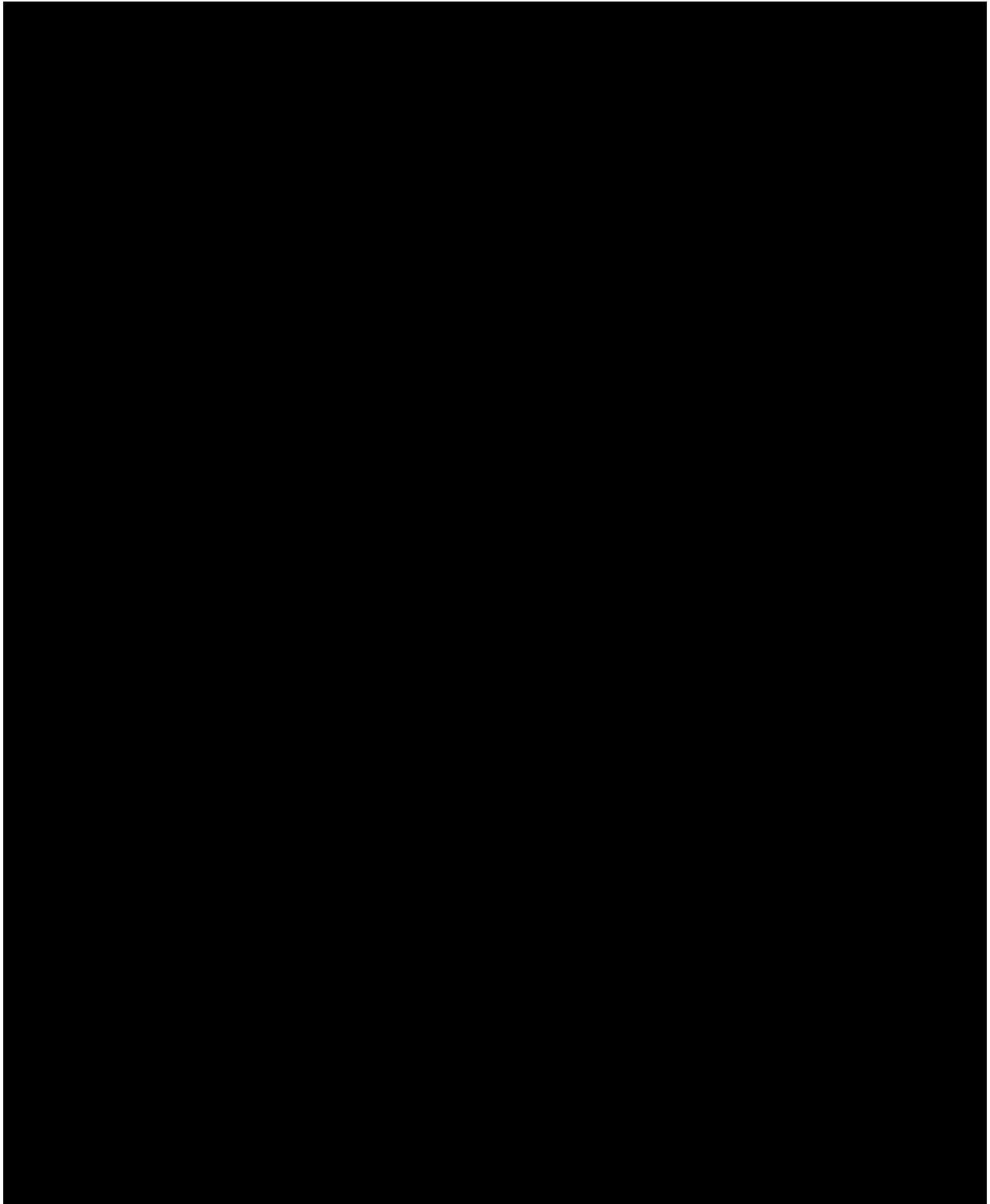
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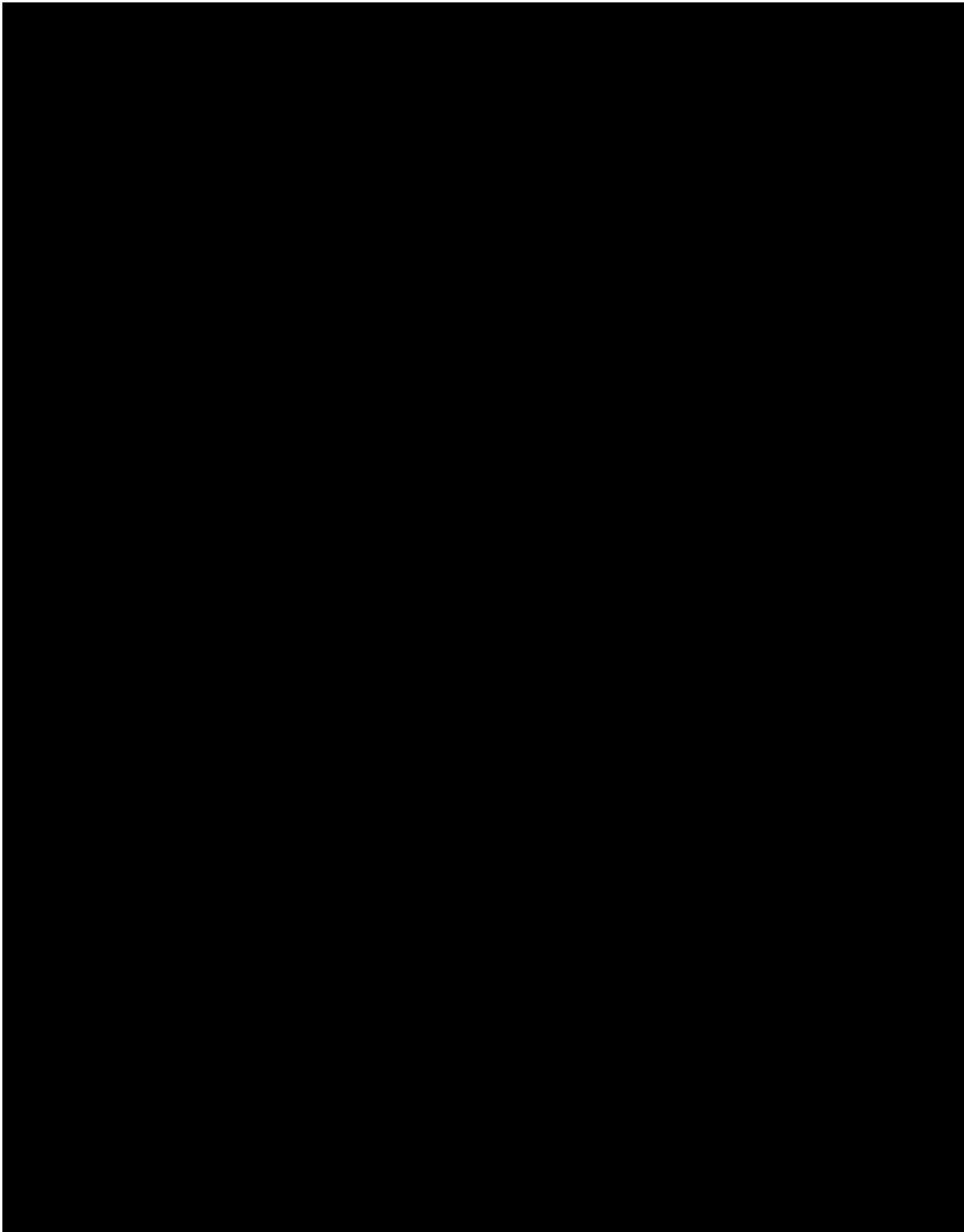
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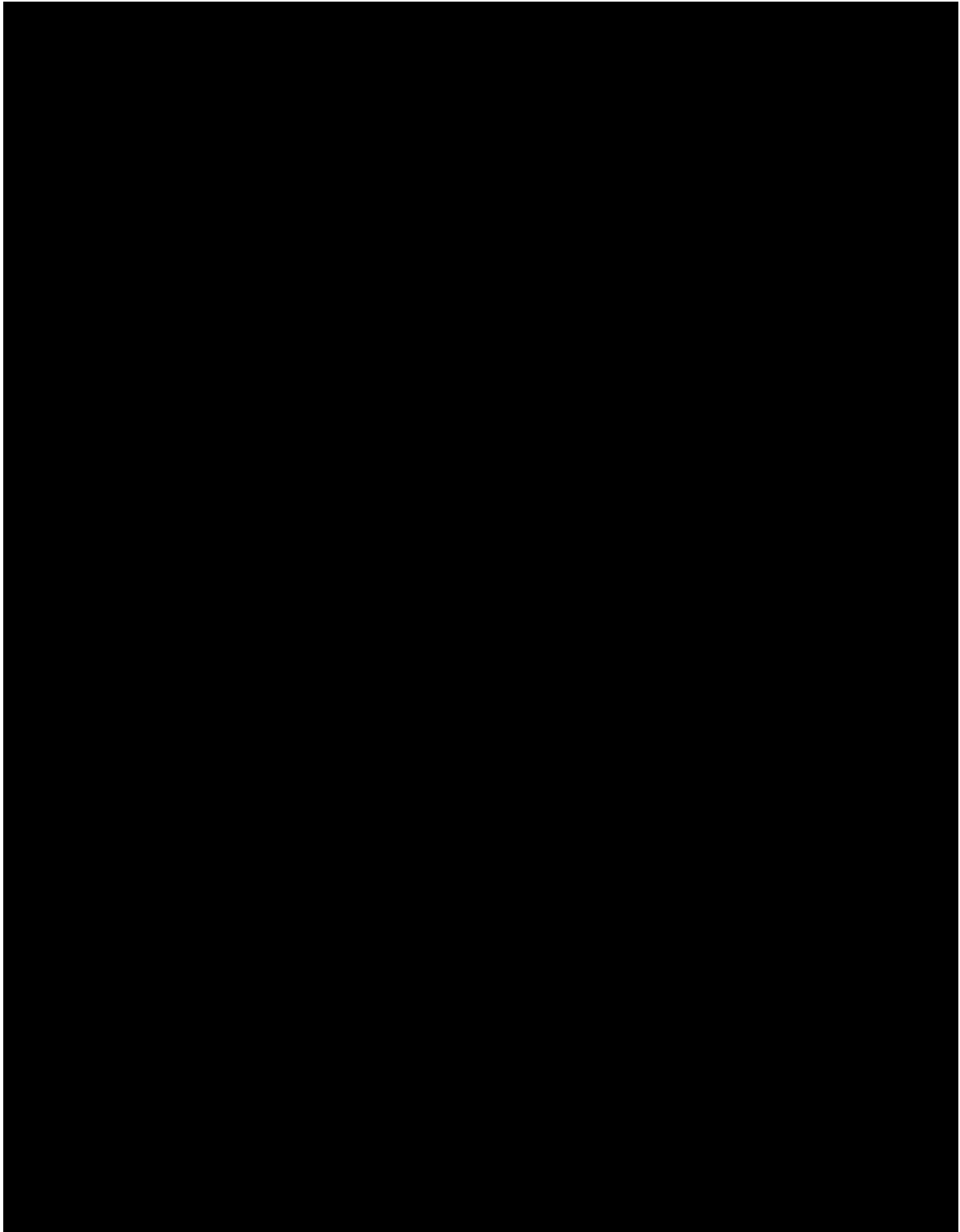
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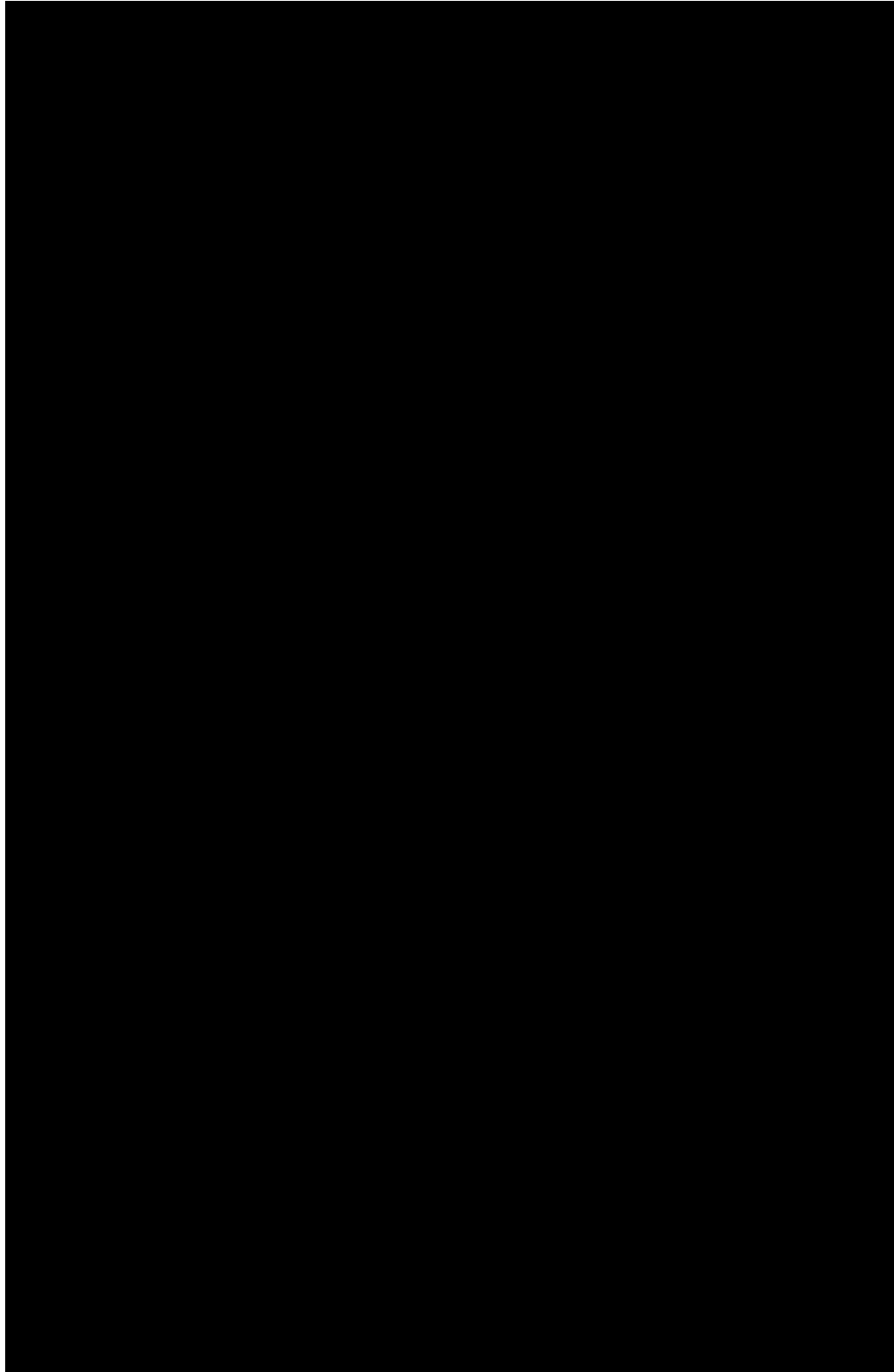
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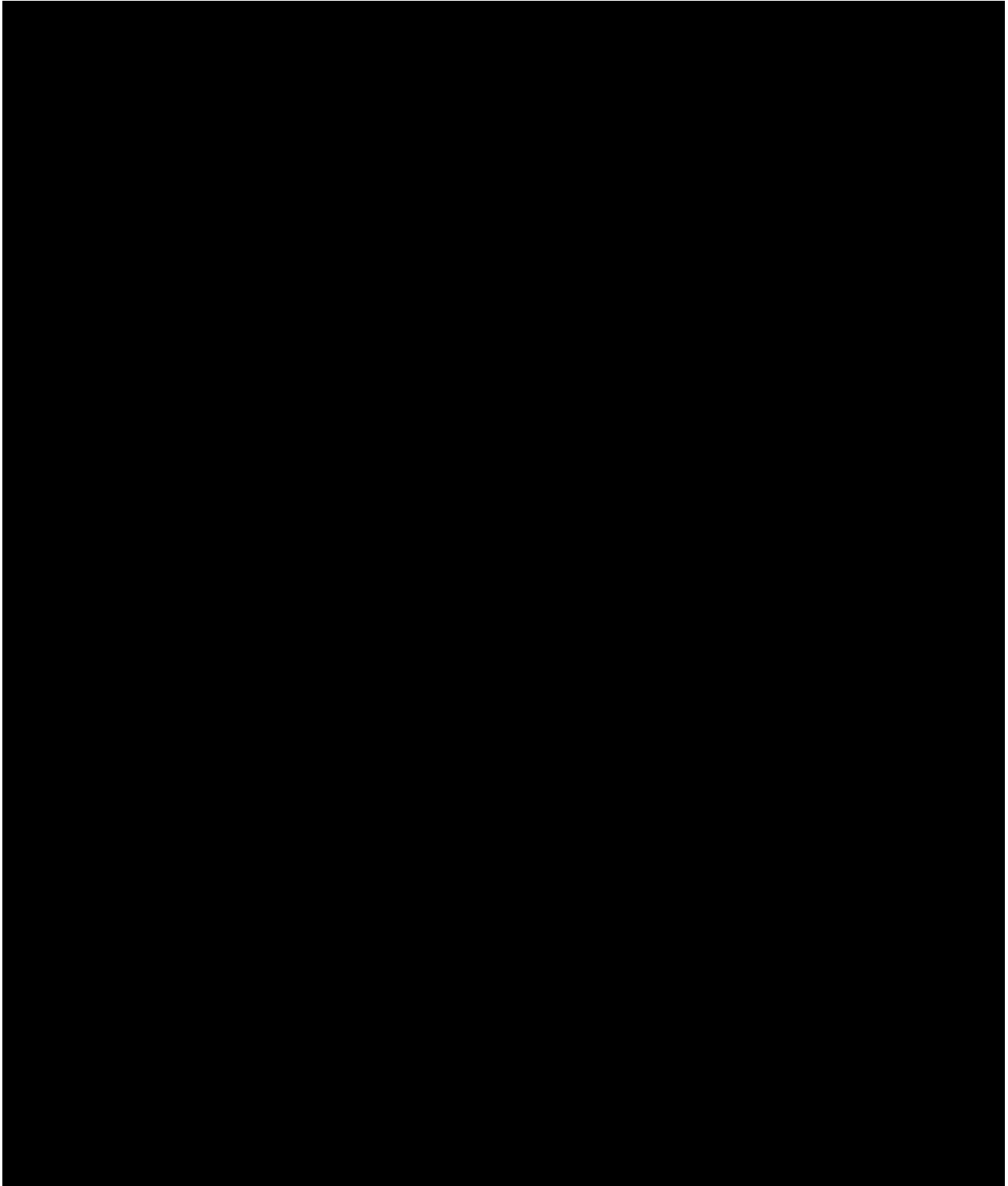
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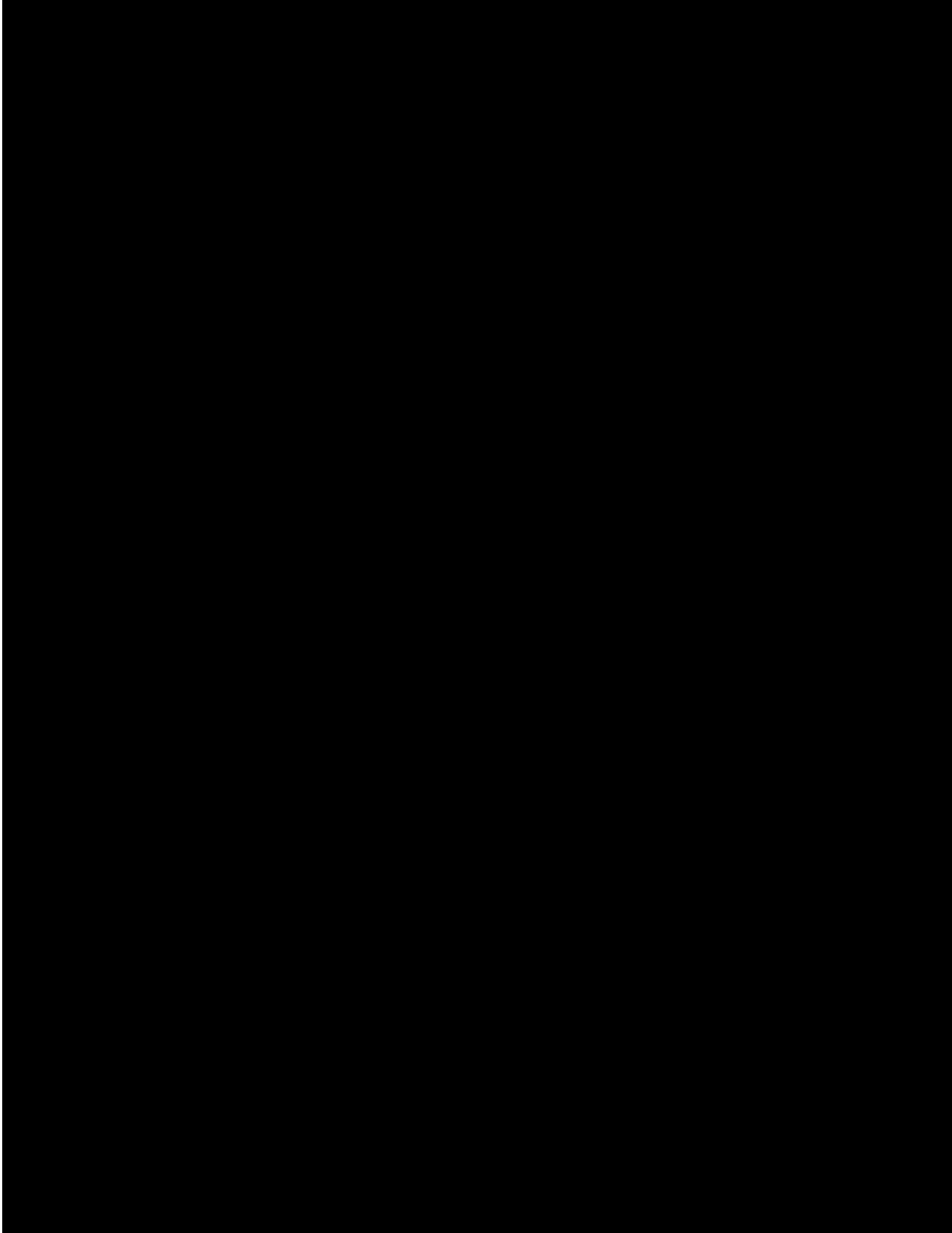
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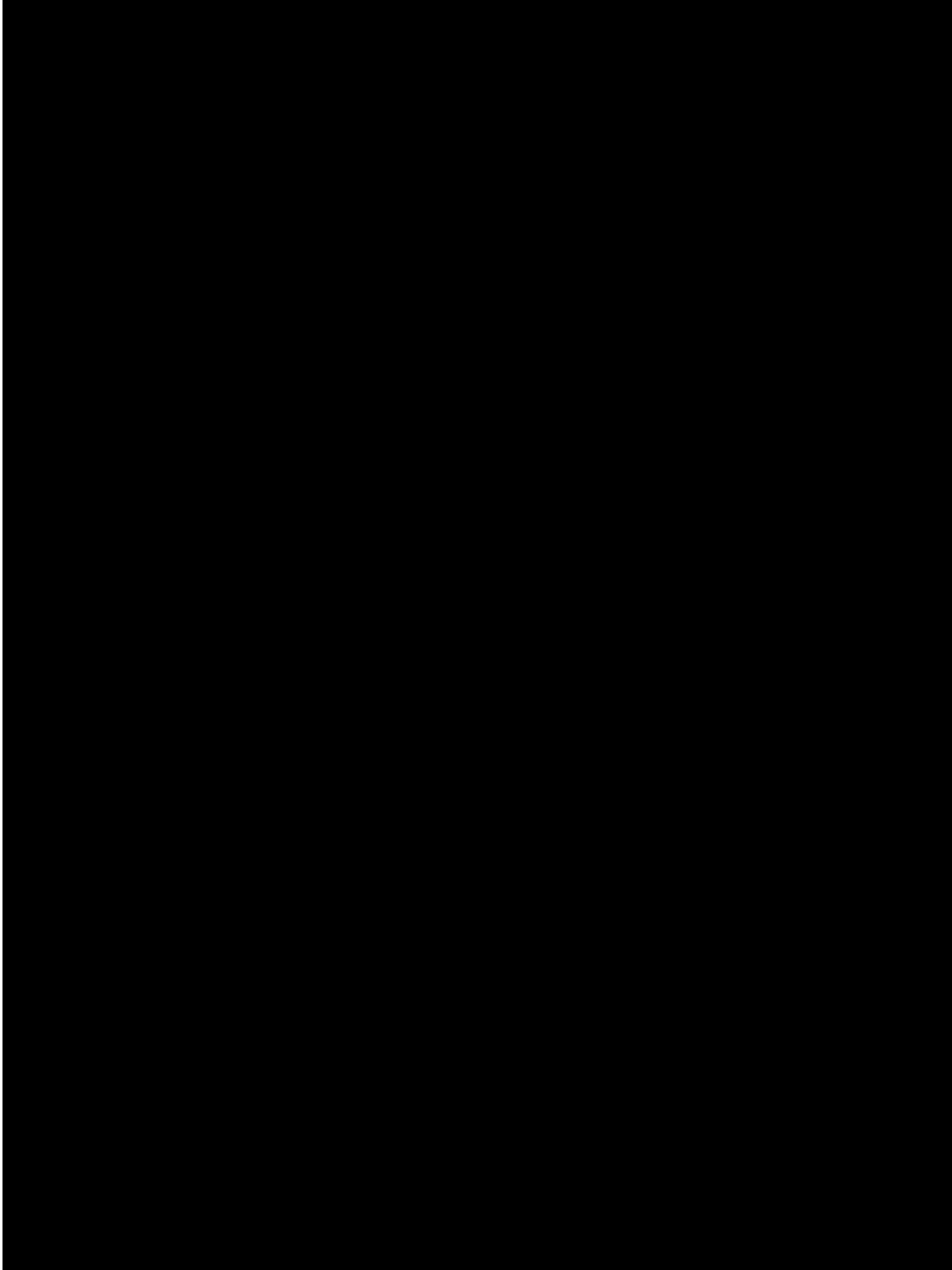
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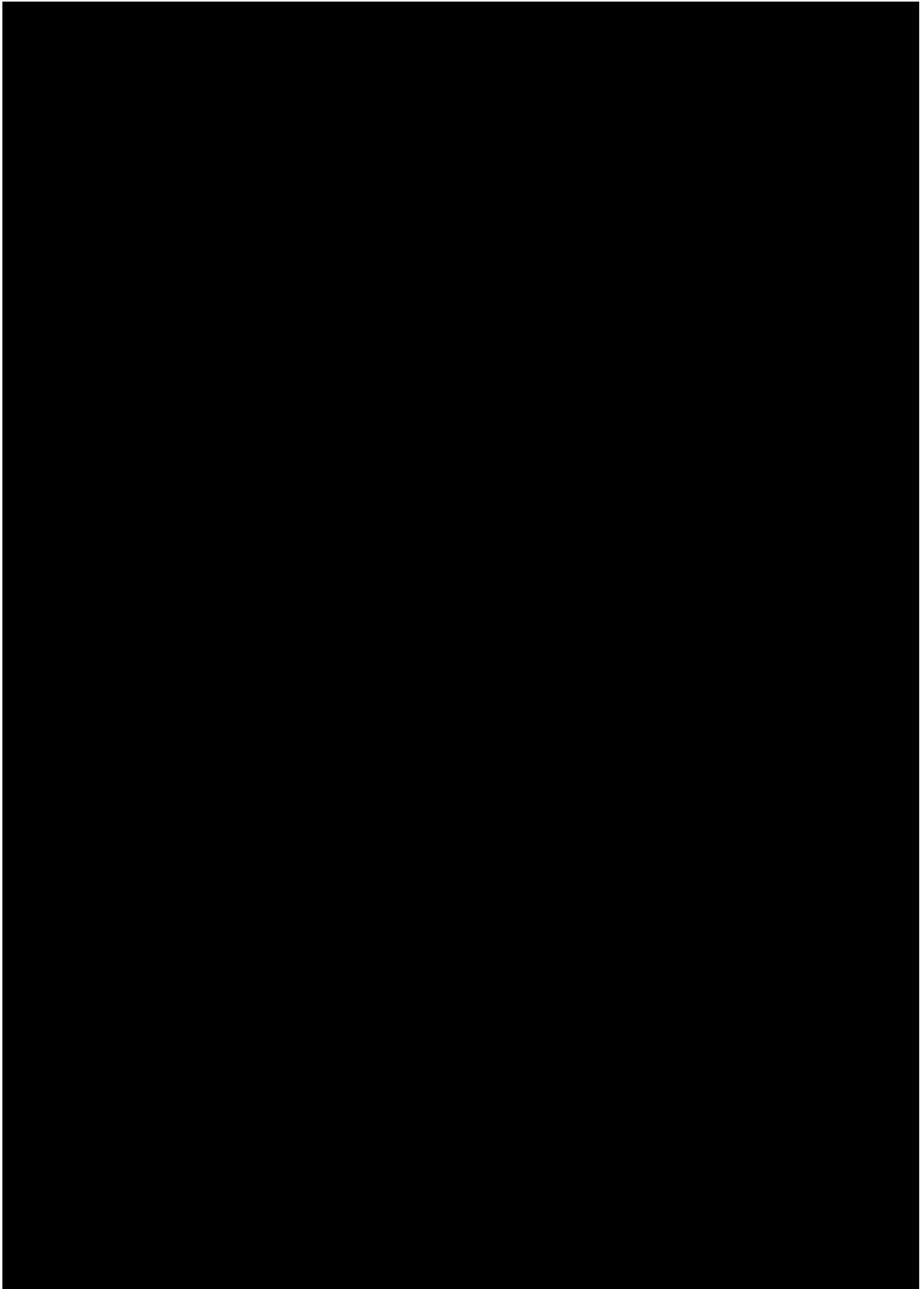
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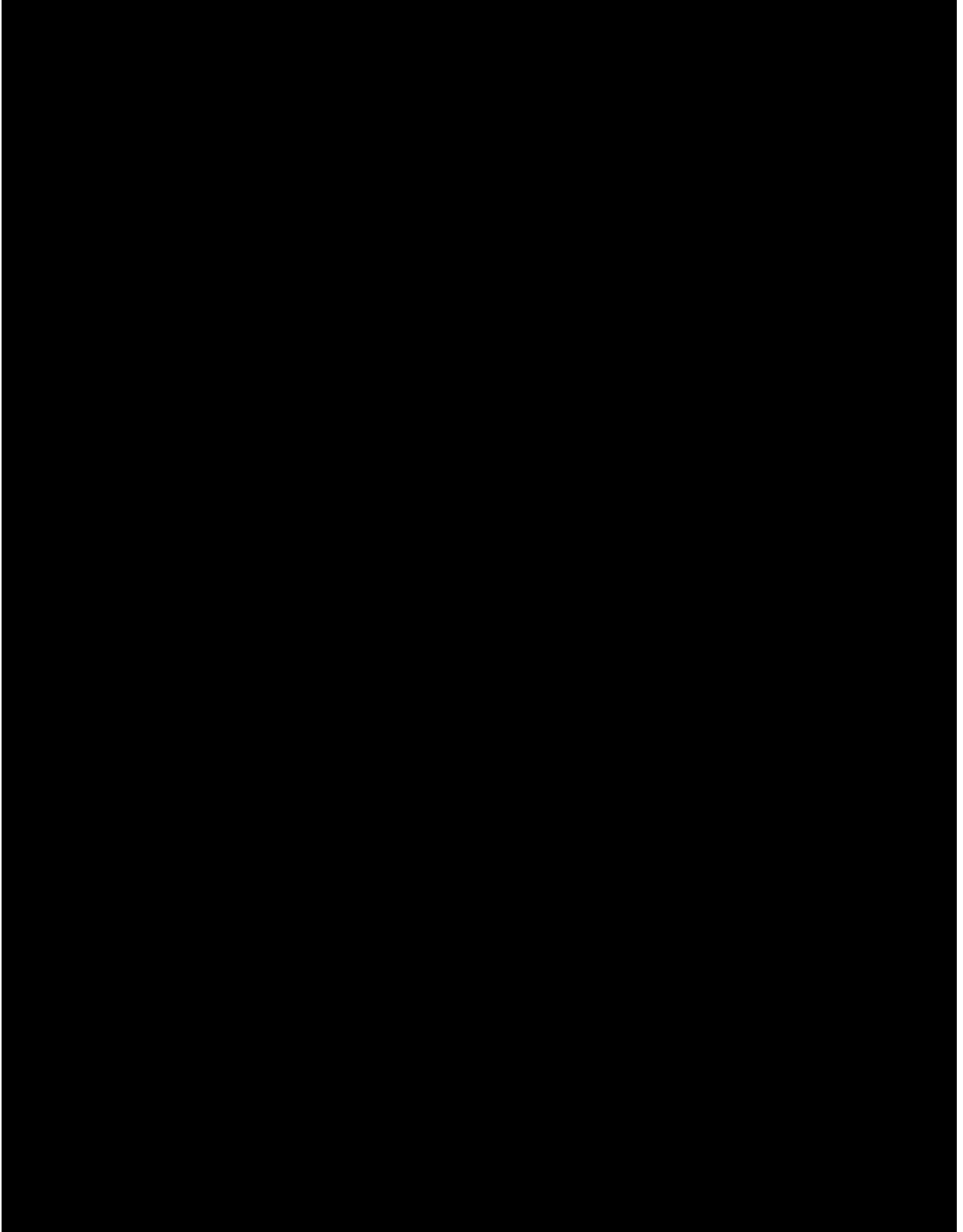


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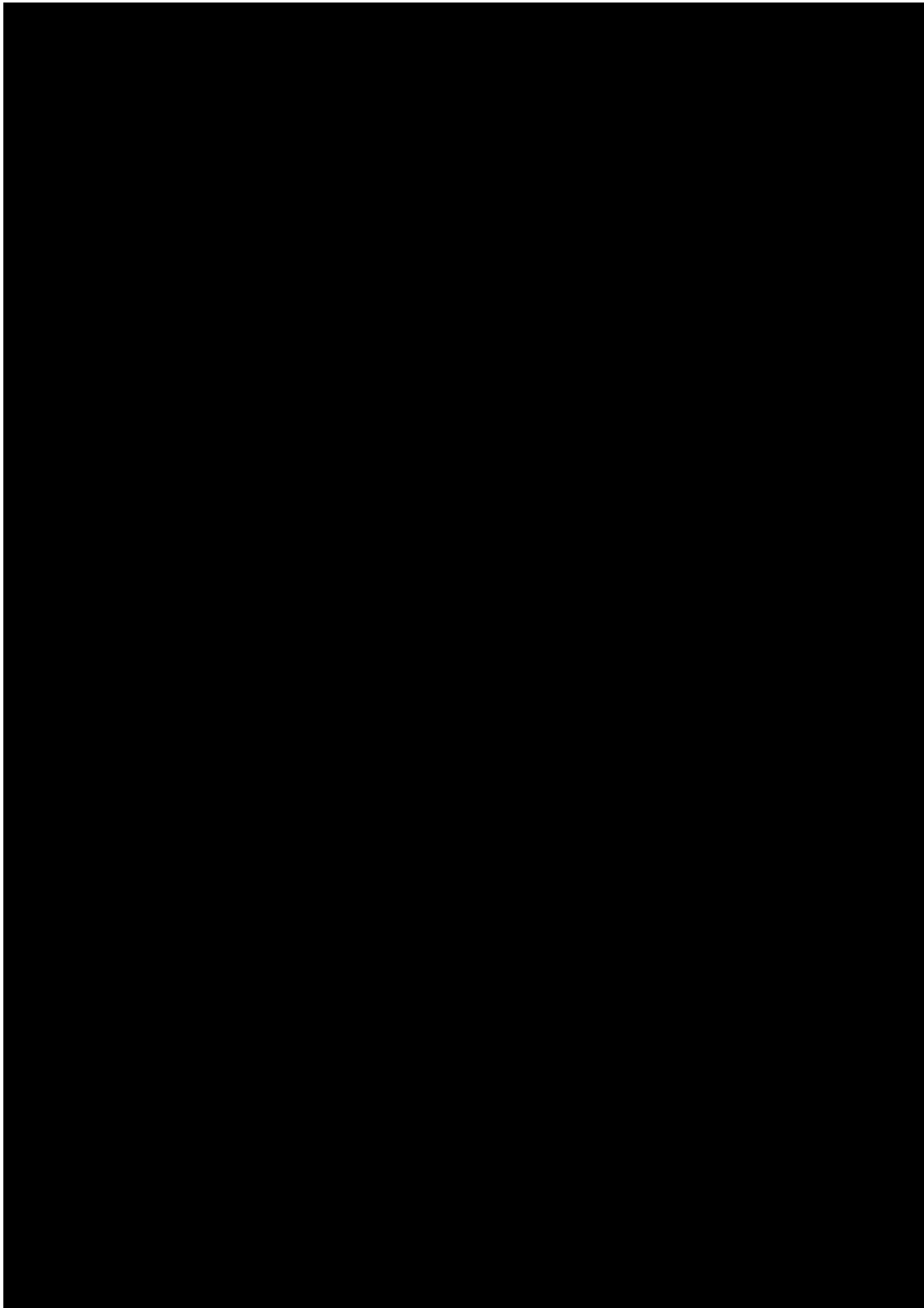


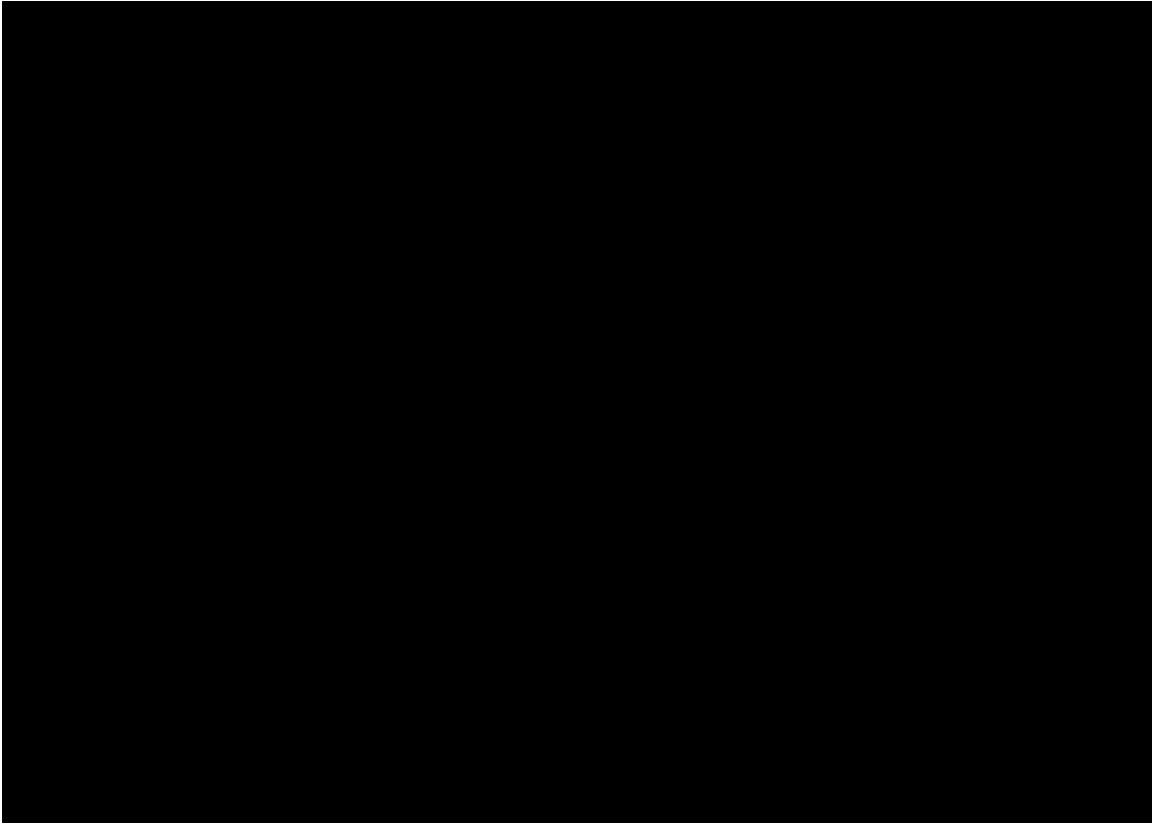




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Re: Pendulum swing around care for trans youth?

From: Walter Bouman [REDACTED]
To: Eli Coleman <dreli@...>
Cc: asa.radix@... Jon Arcelus [REDACTED]
Date: Sun, 10 Oct 2021 05:29:50 -0400

Yes, we cannot control social media and the press, other than not to get involved.....I am no great fan of press nor social media, particularly living in a country (UK) where the press is pretty transphobic, so I learned my lesson, and hope others have too!

We have organised a meeting WPATH professionals in leadership positions thinking together about what type of relationship WPATH would like to have with the media/press, in the US and beyond; the role of WPATH members in leadership positions regarding press/social media involvement; and how we develop a press policy for the benefit of WPATH. I am optimistic that we will find a way forward.

If anything, this issue has shook some people up and made them think..... which is a good thing!

With warm wishes,

Walter

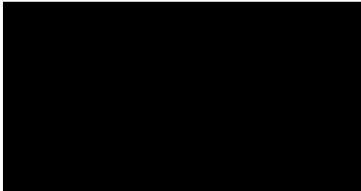
Dr Walter Pierre Bouman MD MA MSc UKCPreg PhD

Consultant in Trans Health/Honorary Professor School of Medicine, University of Nottingham, UK

President World Professional Association for Transgender Health (WPATH)

Editor-in-Chief *International Journal of Transgender Health* (Impact Factor 2020 = 5.333)

Nottingham National Centre for Transgender Health




E-mail: [REDACTED]



On 2021-10-09 23:21, Eli Coleman wrote:

what has happened to this controversy. certainly a lot of discussion on social media. seems like it has been particularly sobering for Marci - given her post on facebook?

On Tue, Oct 5, 2021 at 10:29 PM Asa Radix [REDACTED] wrote:
Do we have language about some of these concerns in the chapters?

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On Tue, Oct 5, 2021 at 9:28 PM Eli Coleman [REDACTED] wrote:
Thoughts?

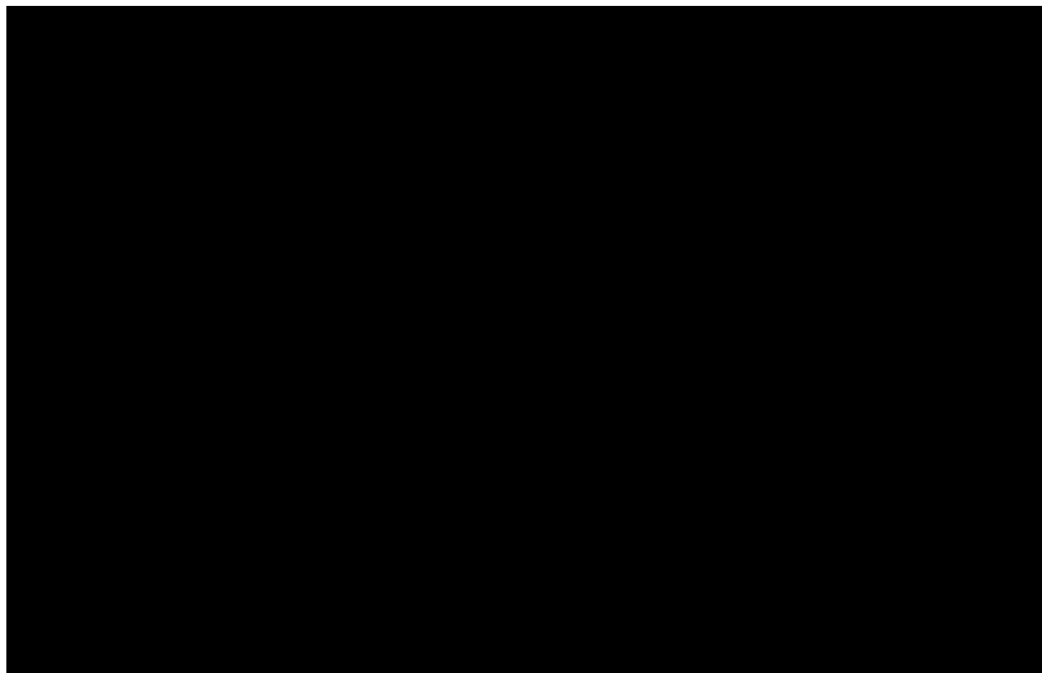
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From: [REDACTED]
Date: Tue, Oct 5, 2021 at 8:11 PM
Subject: Re: Pendulum swing around care for trans youth?
To: [REDACTED]

So Anderson should submit it to the LA Times or the Wall Street Journal or the National Post here in Canada.

The NYT has as its mission statement "All The News That's Fit to Print." I guess Anderson's piece was unfit. There is no reason that Anderson should not try and publish her piece somewhere else.

When I worked for an underground newspaper, back in the day, The Big Muddy Gazette, our mission statement was "If we ain't got news, we'll make it."



On Tue, Oct 5, 2021 at 8:25 PM [REDACTED] wrote:

Apparently The NY Times turned down a co-authored op-Ed by Erica Anderson, a clinical psychologist at the University of California San Francisco's Child and Adolescent Gender Clinic, questioning what have become standard treatment protocols for trans youth over the past decade. Needing a venue, that piece has morphed into this article appearing on Bari Weiss's substack and written by Abigail Shrier (of "Irreversible Damage" fame). Shrier also interviewed Dr. Marci Bowers, President-elect of WPATH.

Both Anderson and Bowers (trans women themselves) raise concerns about enforced orthodoxy and "sloppiness" around the treatment of youth identifying as trans. They're specifically focused on issues brought up in the Dutch protocols, but apparently ignored in their implementation here in North America related to:

- 1) problems caused by genitals that, due to puberty blockers, never develop enough size to allow for optimal gender confirmation surgery
- 2) problems caused when patients never experience orgasm due to puberty blockers and cross sex hormones. Apparently, they go into adulthood with serious limits on their sexuality and their ability to pair bond over sex.

With top experts within trans and trans healthcare activism questioning orthodoxies like this, I'm left wondering what the next few years will bring.

[REDACTED]

Sent from a mobile device and/or dictated. Please excuse any typing or transcription errors.

--



Eli Coleman, PhD.

Academic Chair in Sexual Health

Professor and Director

The Institute for Sexual and Gender Health

University of Minnesota Medical School

Family Medicine and Community Health

sexualhealth.umn.edu



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Eli Coleman, PhD.

Academic Chair in Sexual Health

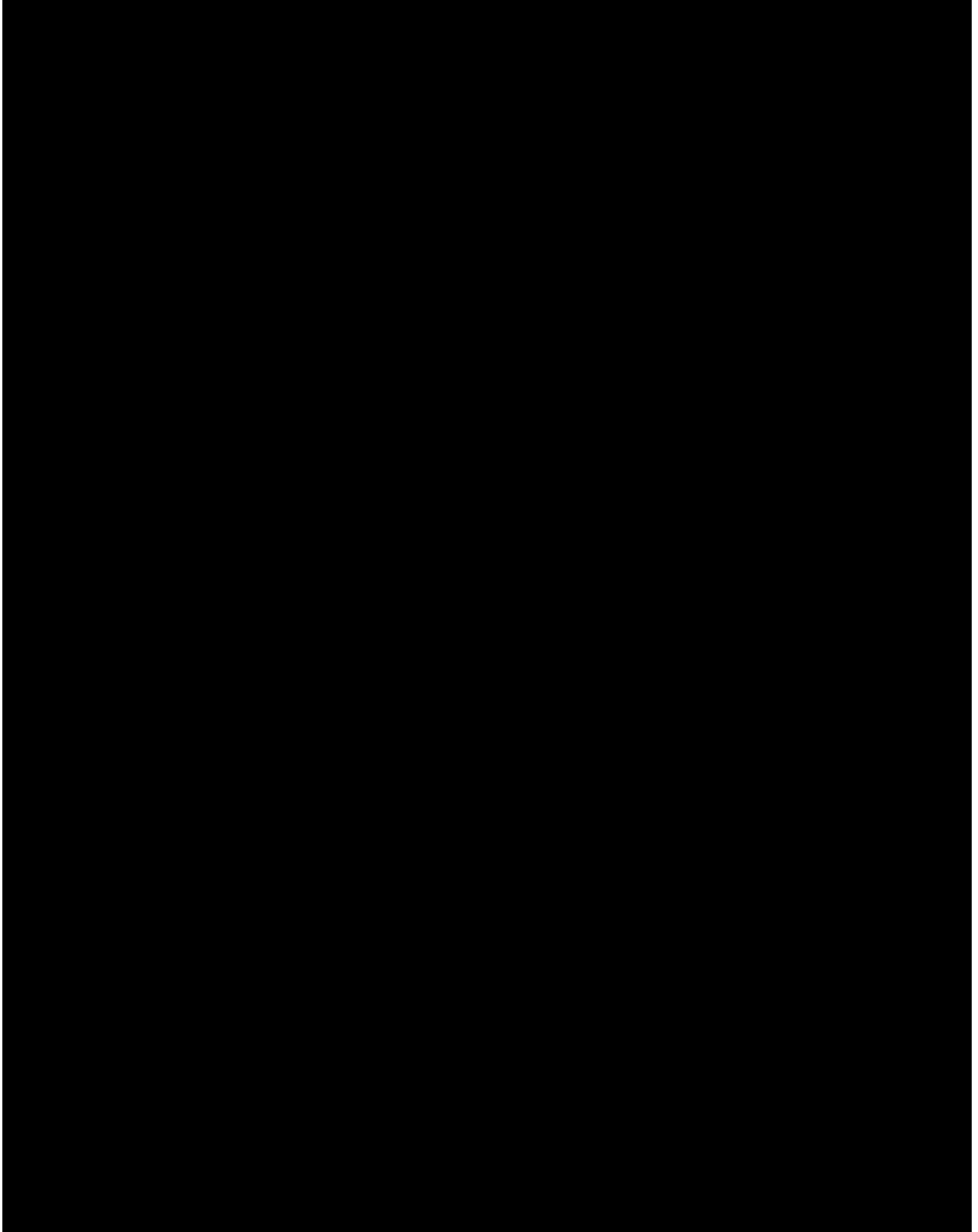
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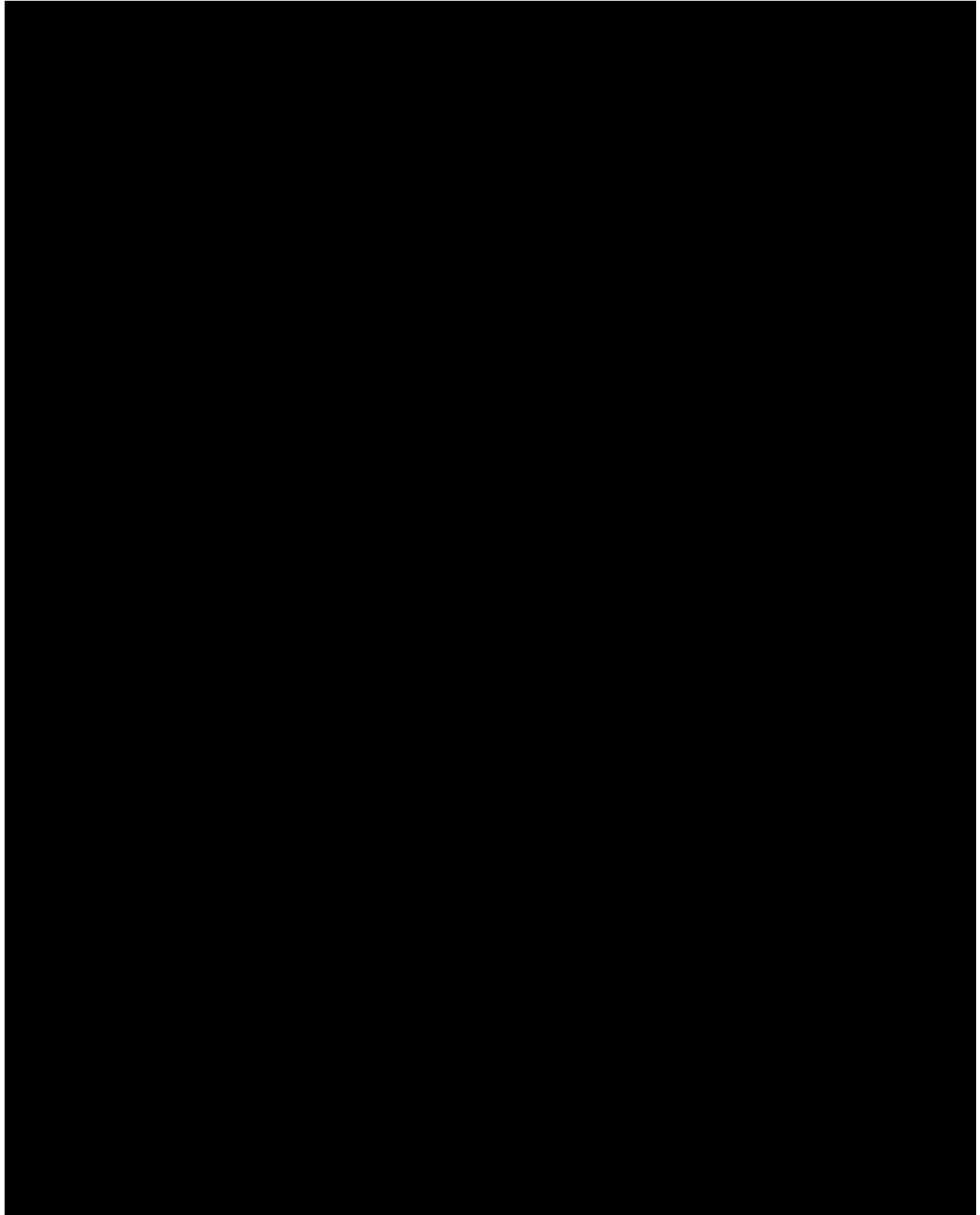
Family Medicine and Community Health

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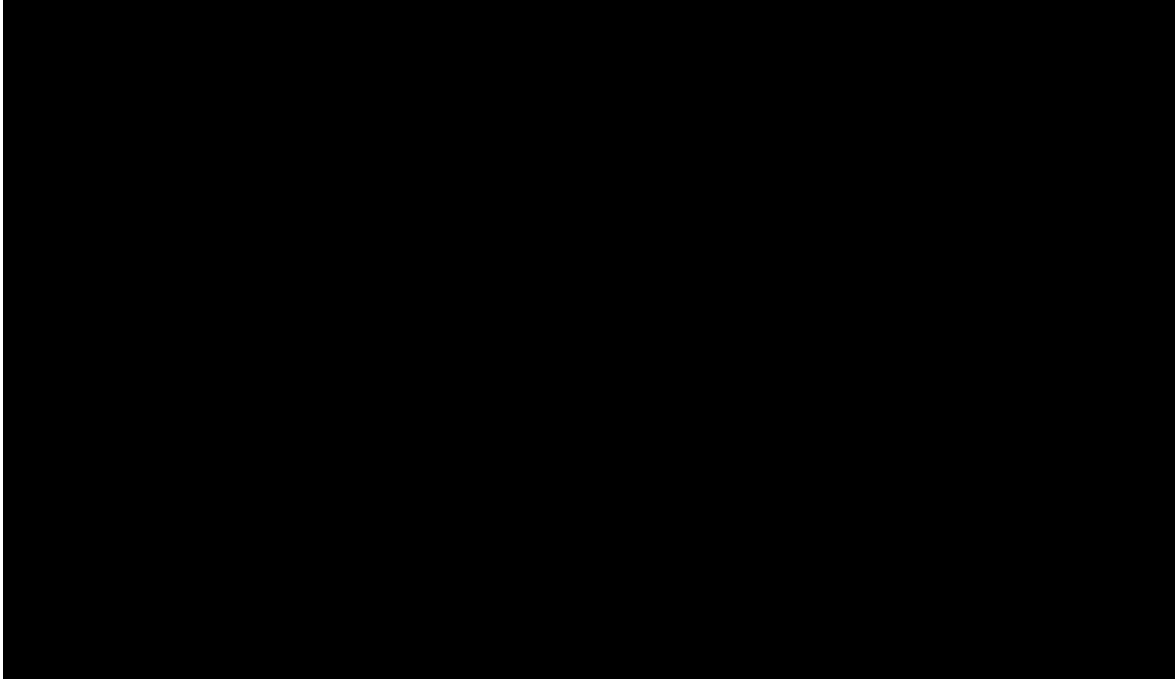
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Shrier response by Marci

From: Walter Bouman [REDACTED]
To: walterbouman [REDACTED]
Date: Mon, 11 Oct 2021 03:06:27 -0400
Attachments: Shrier response.docx.pdf (187.13 kB)

This is the response from Marci. It is not bad. Perhaps too personal; also, i would take out any reference regarding [REDACTED] to make the response more clean.
Personally, i prefer Maddie's response, which is more generalised and to the point.
What do you think?

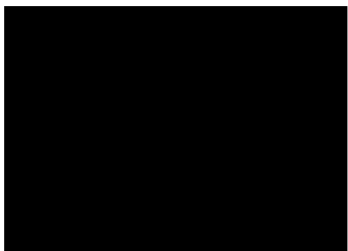
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Response to the article
October 2021

11

For all who have been adversely affected by the [recent] article by Abigail Shrier, I am sorry. Let me explain. As someone who has lived experience having spent more than half of my adult life as a woman but assigned male and raised throughout childhood and young adulthood as a male, who has delivered thousands of babies and created thousands of vulvas/vaginas for transgender women, who has been a mother and a lover, who has helped hundreds of women survivors of Female Genital Cutting regain their clitorises, I have perspective. Further, I have personally found the acquisition of my desired gender through the process of medical/surgical transition as the single most healthful, hopeful and insightful process of my life. I have also performed gender affirming surgery on dozens and dozens of adolescents/young adults who received puberty blockers.

Just as I think I have throughout my career, I strive to bring sensitivity and objectivity to the practice of medicine. I am not afraid to criticize and receive criticism of my own work. I am far from a perfect doctor in a profession that has many shades of grey, nuance and subtlety. Transgender Medicine and Surgery is a new field. This subspecialty is even more complex and nuanced attributable to its involvement of multiple organ systems, implications for reproduction and sexuality, social acceptance, prejudice, personal autonomy and its application to people of all ages including children. The individuals I have met in this field work tirelessly and passionately, not for personal gain but for the genuine betterment of patients' lives.

When puberty blockers known as GnRH analogues were introduced in the late 2000's as a potential therapy for children like Jazz Jennings*--- a child who literally declared herself in early childhood to be a girl in spite of her male birth assignment, I was elated. This potential, to allow for early social transition and to then avoid any sort of male puberty by reversibly blocking puberty until a confirmed diagnosis was certain and persistence of gender dysphoria was known, this made sense to me. We knew that gender exploration and role play amongst children is common and probably healthy. We also know that many of the kids who express gender discordance in childhood later grow past these feelings and come to live comfortably in

their birth assigned gender. If screened properly, most kids diagnosed with Gender Dysphoria in childhood, however, do not grow out of these cross-gender feelings. We have also learned that efforts to reinforce birth assigned gender (so-called conversion therapy) result in significant added stress and have adverse mental health effects, rendering such efforts both harmful and futile. The key was to identify kids who persisted in their cross-gender identification over years, a process that has proven to be the best way of knowing with near certainty that a child is truly transgender and an appropriate candidate to undergo puberty blockade. Puberty blockers have been a safe and reversible way of buying that extra time of living and ongoing evaluation.

However, as years passed and this new cohort of puberty-blocked children went on to hormones and eventual surgery at adulthood, we realized that the short-term psychological benefit of blockers was positive but there were no long-term studies. The timing of surgery was also considered. Was it fair to delay genital surgery until adulthood? Full social transition is impossible without surgery. Acclimatization in one's own body seemed important. I began to advocate for 17 as the new norm and I continue to maintain that 17 may indeed be the ideal age for surgery. This would allow parents---who are incredible involved with their children---to be actively involved in a surgery that requires sustained aftercare and maintenance. I have not found parents who push their children towards transition. If there is anything that is universal, it is initial resistance and shock on the part of parents upon discovering their child is experiencing gender dysphoria, then fact finding, then acceptance, then advocacy for their trans kids. Kids know who they are and are not nearly as malleable or suggestible as critics contend, not even close. They may show uncertainty as to their choice of clothing, career path or what to eat or wear but not their gender identity. Gender identity is a core value and is largely hard-wired. Regret or de-transition---like it is for adults--remain as a fear but not a reality for the overwhelming majority of trans kids.

As I began to evaluate puberty blocked children now on cross sex hormones for surgery, I began to see a pattern and a major ensuing problem in some, but certainly not all children who were blocked early in puberty. Although Tanner stage 2 is the stage at which hormones are ideally introduced in order to fully block potentially irreversible pubertal changes in boys and girls, the trans girls I began to see were, in some cases, extremely

deficient in potential genitalia material traditionally used in the so-called penile inversion vaginoplasties. It was apparent to me that new sources of vaginal lining and approaches to the external genitalia creation were going to be needed. Fortunately, reintroduction of old approaches such as peritoneal grafting/pullthrough arose as options--as were better allograft (donor skin graft) materials. Traditional skin grafting and methods used to lessen tissue tension were also re-introduced. This approach culminated in good results for most kids (including ██████ despite 2 additional re-operations beyond the usual one or 2-step procedures).

However, due to the limitations in skin and added tension on incisions, not only were complications greater and aftercare more difficult despite amazing families and courageous kids but other concerns were raised in the course of treatment. A residual concern of mine was that of fertility. I have treated many kids who transitioned in early adulthood *after the onset of puberty*. They were uniformly orgasmic, fertile (not all saved sperm but had the potential if collected prior to hormones) and most had enough genitalia to offer good outcomes for traditional vaginoplasty. My concern increased when orgasm was discussed. Like my FGM patients who had never experienced orgasm, the puberty blockaded kids did not know what orgasm might feel like and most experienced sensation to their genitalia no differently than if it had been a finger or a portion of their thigh. With ██████, we had her blocker removed 6 months prior to surgery, hoping some flicker of erotic sensation might return. My concern culminated during a pre-surgical evaluation on a young trans girl from a highly educated family whose daughter responded when I asked about orgasm, "what is that?" The parents countered with, "oh honey, didn't they teach you that in school?". I felt that our informed consent process might not be enough and began speaking publicly and at meetings about this phenomenon. I also raised the issue on "I am ██████".

It occurred to me that how could anyone truly know how important sexual function was to a relationship, to happiness? It isn't an easy question to answer and doesn't mean that all kids who are blocked at tanner 2 cannot go on to successful surgery and fulfilling adult relationships but currently, we do not know. I draw some clues from my FGM patients whose lack of clitoral sensation increased risks of broken relationships. Functionally, our trans patients have sensory clitorises and g-spots. There is hope but we do not know---there are no studies and we know do not know about long term success/happiness. Then I thought

about the post-puberty 13-17 year olds who transitioned without puberty blockade and then later went on to surgery. For one, they transition beautifully, for the most part. Ancillary surgeries that are feared as an outcome of puberty are not common, facial hair is limited, orgasm is present, fertility is an option, fat shifting as a result of hormones was excellent and voice deepening, while common, was often overcome by focused training. Combined with the greater likelihood of adequate genitalia used in surgery, my inclinations shifted towards my current recommendation for post-pubertal transition. My shift is subtle and measured. I realize that it is not an absolute recommendation and am disappointed that the Shrier article implied that I am wholesale against use of blockers prior to puberty and I am disappointed that she alluded to probable long term sexual dysfunction. This is simply not supported by my comments or intent.

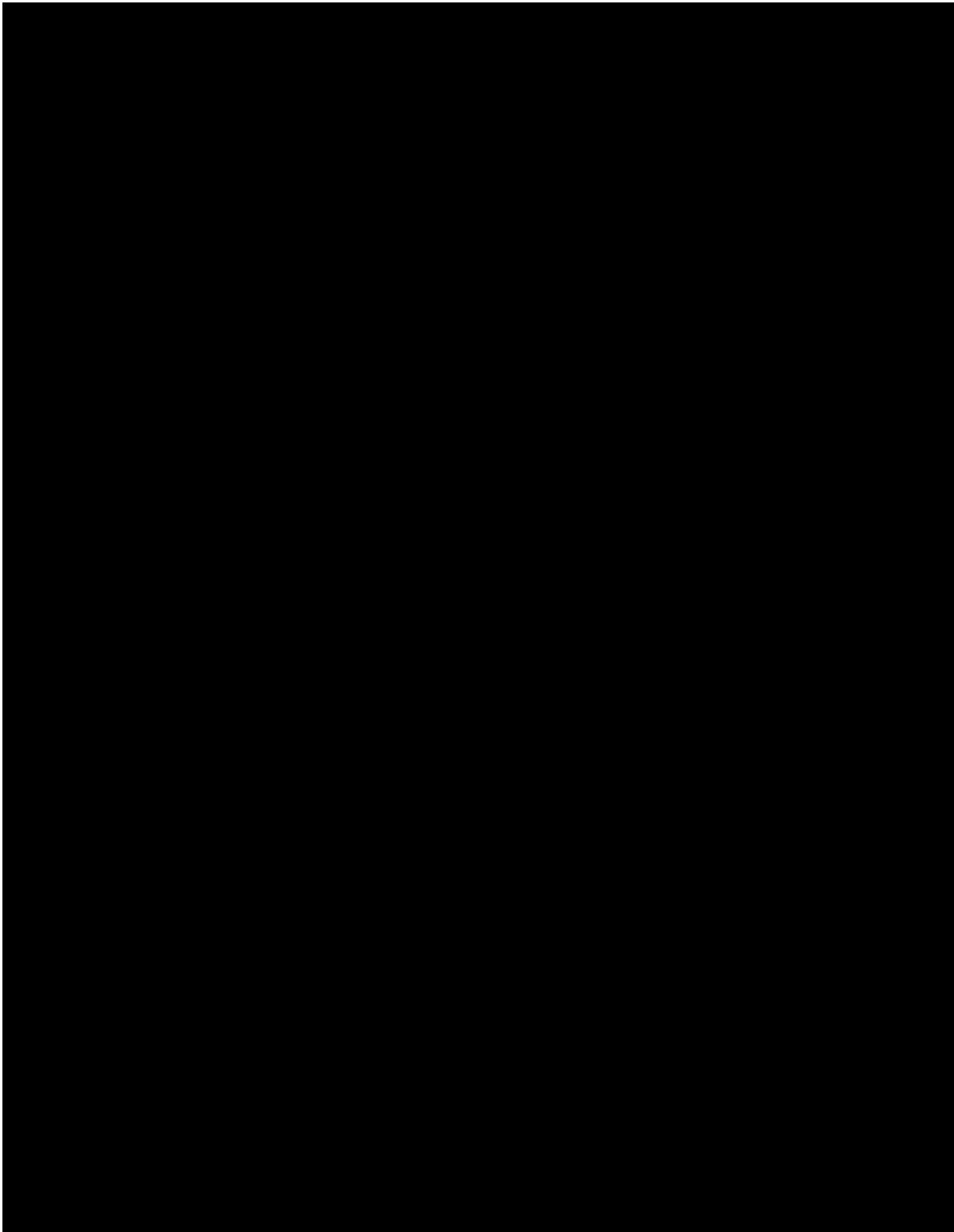
I do think we need to reassess our approach, refine our informed consent process, consider early anatomical evaluation (even if it is difficult to for parents, kids and providers to talk about or consider), and carefully track our outcomes, both in terms of functional and psychological measures but also in terms of individual happiness and well-being. I do think there is a way forward and this reappraisal will be a part of that. And for kids who can endure a bit of puberty prior to transition, not so bad.

I do *not* think it is wise to accede such judgments to courts or legislators or to the general public and certainly not to journalists. Arbitrary age limits are cruel and potentially dangerous. For years, physicians and providers who treated transgender patients did so with an abundance of compassion in spite of judgment and mistreatment by medical colleagues that ranged from marginalization to contempt and reproach. We must not go back to those darker days. Rather, we must be unafraid to face challenge and criticism but also to address those critics with science and objectivity. WPATH was established to provide evidence-based guidance for the care of transgender individuals with an emphasis on health and well-being. Without losing sight of that ideal, we must be true to that mission.

Regarding ROGD (Rapid Onset Gender Dysphoria), the superficial notion that gender transition is a result of social contagion, this is largely a theory—part of the fear flak—thrown up by critics who do not understand the hearts and minds of trans individuals and the long-term gender feelings held by those who suddenly seem to come out as trans. I am sorry that I

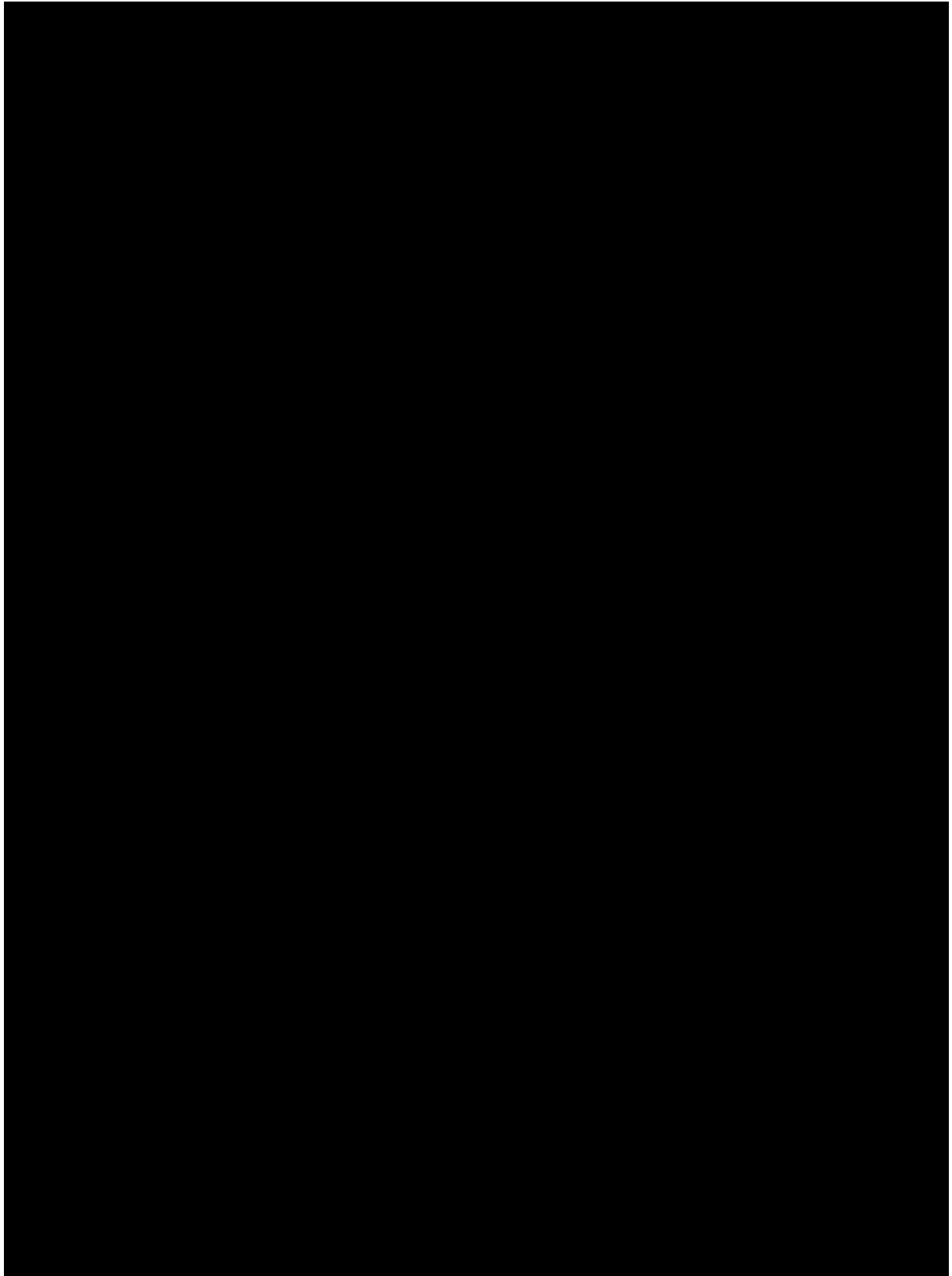
appeared to give credence to this theory by my statement to Ms. Shrier that, like anything, there can be a social component to medical decision making. Plastic surgery comes to mind, as an example. However, I do think we must be sensitive to the stories of inappropriate care, hormones almost on demand, uncounseled surgery, de-transitioners or other claims, rare as they are. We need to be insistent that standards of care are maintained, that evaluations are professional and at length and that safeguards are in place. This is a new field, but we need objectivity and introspection, not regressive legislative policy that will only serve to hurt those it intends to help. As a medical community, we also must not continue to do 'business as usual'. Good will come from this challenge if we listen. Mostly, we must remain together, steadfast and true to our aspirational goals of happiness and well-being for all.

Marci L. Bowers, MD
WPATH President-elect



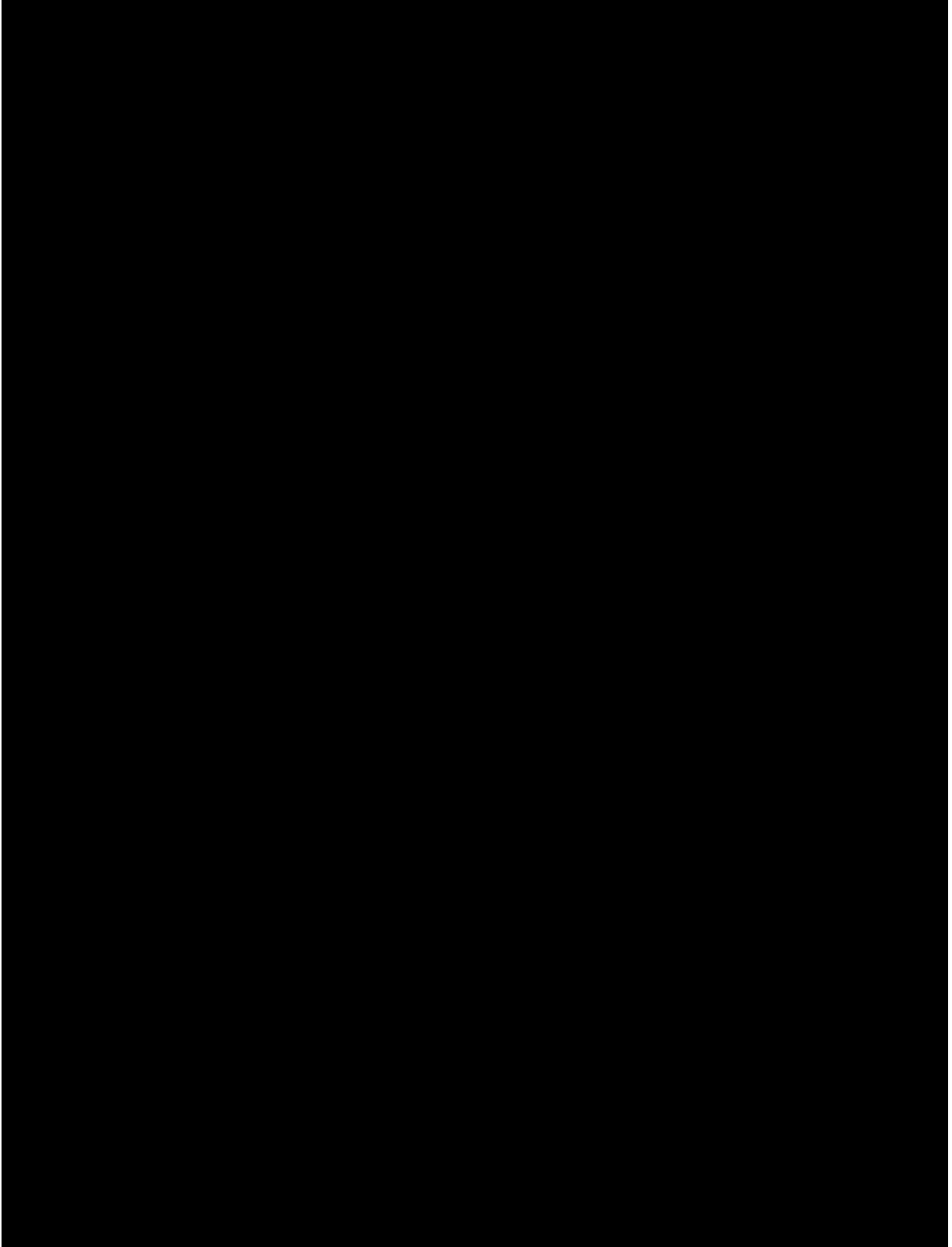
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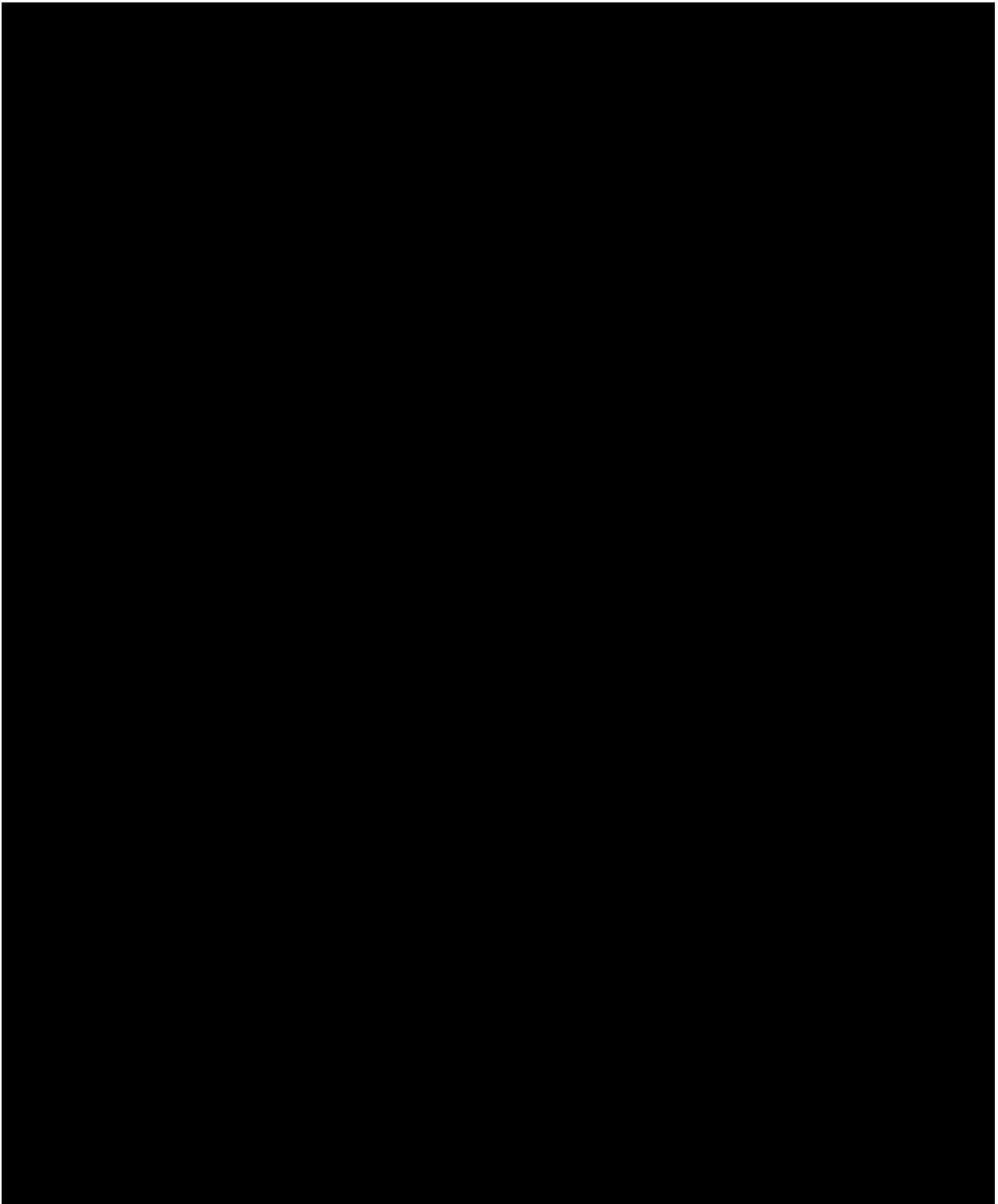
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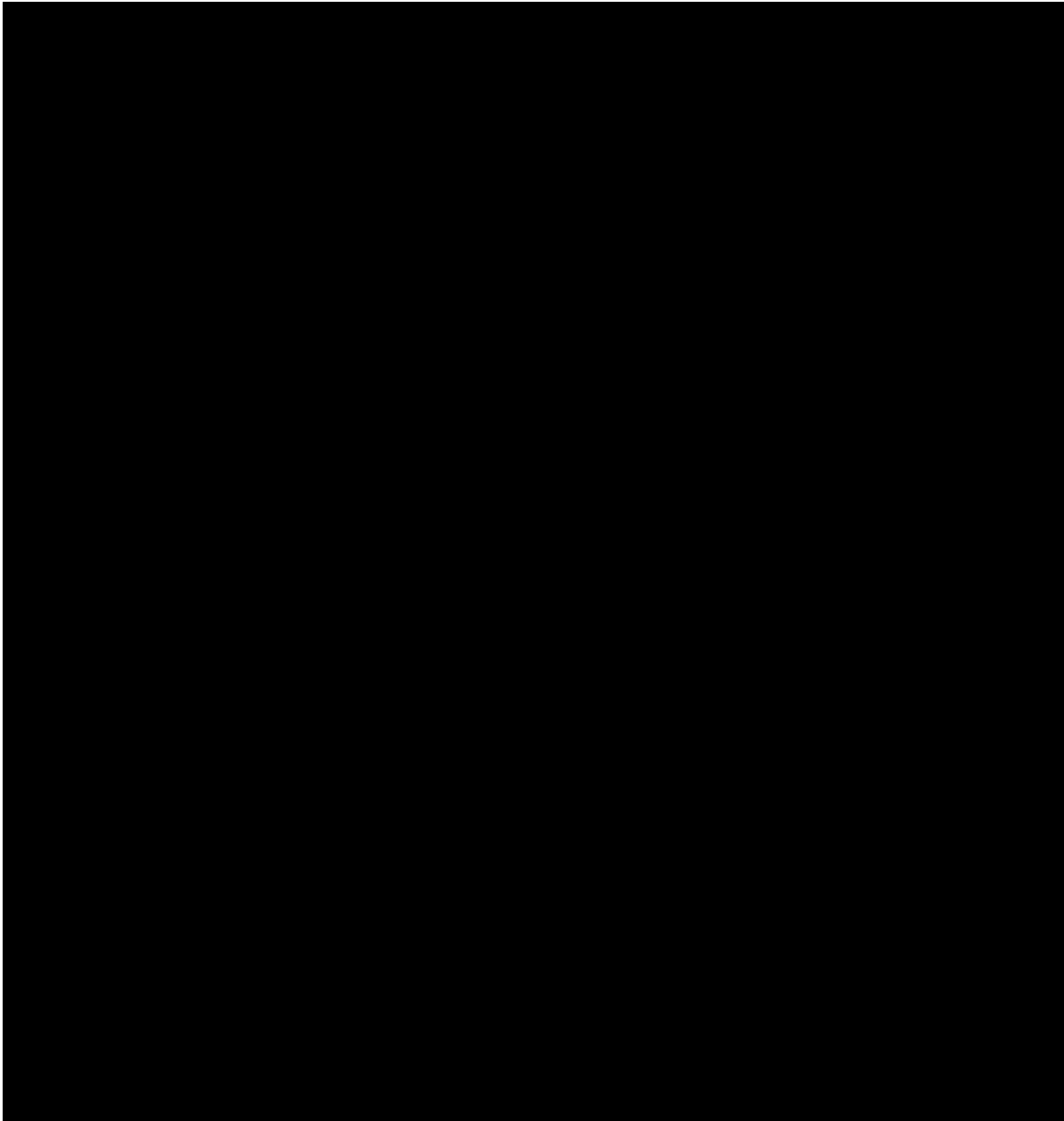
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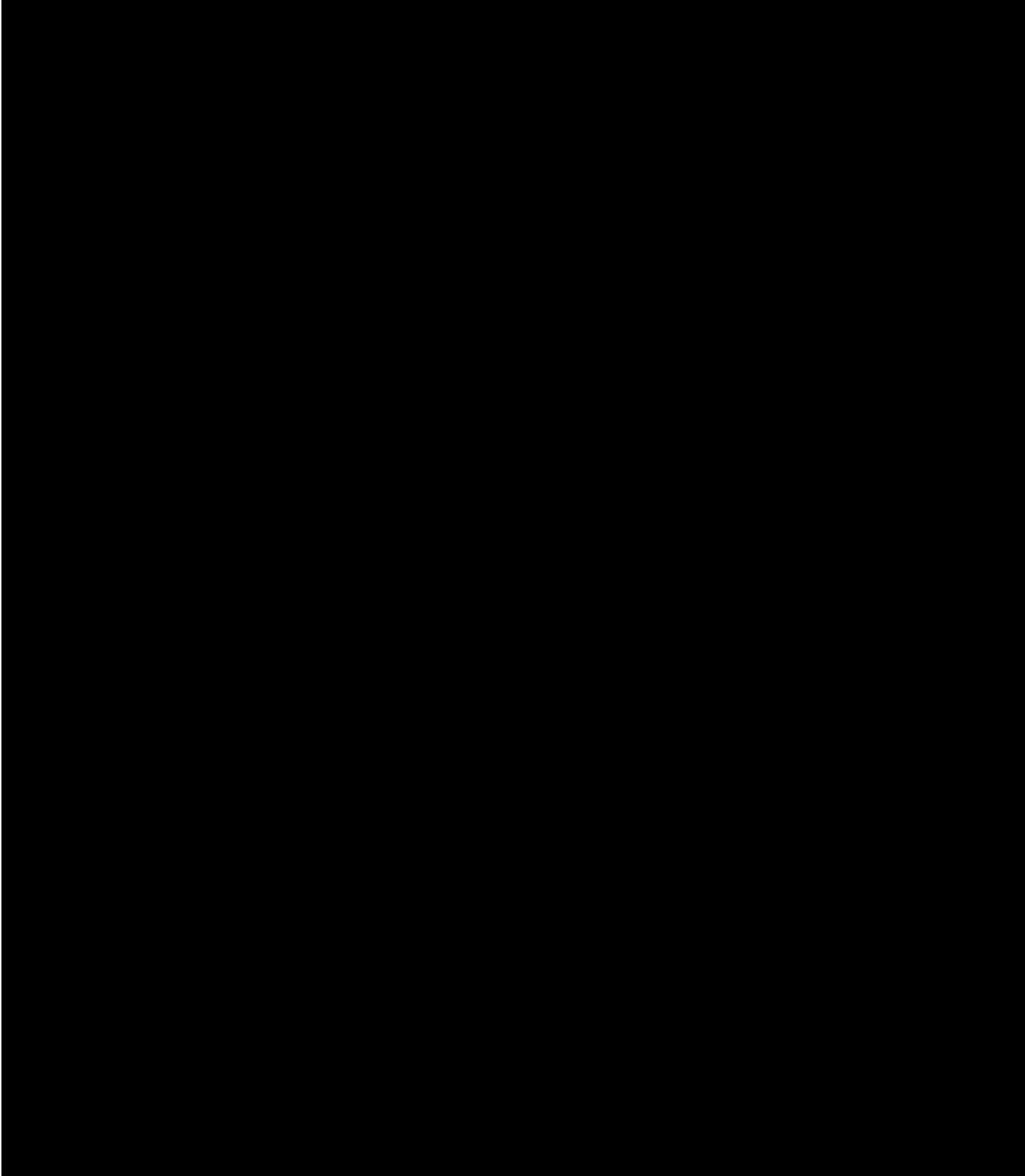
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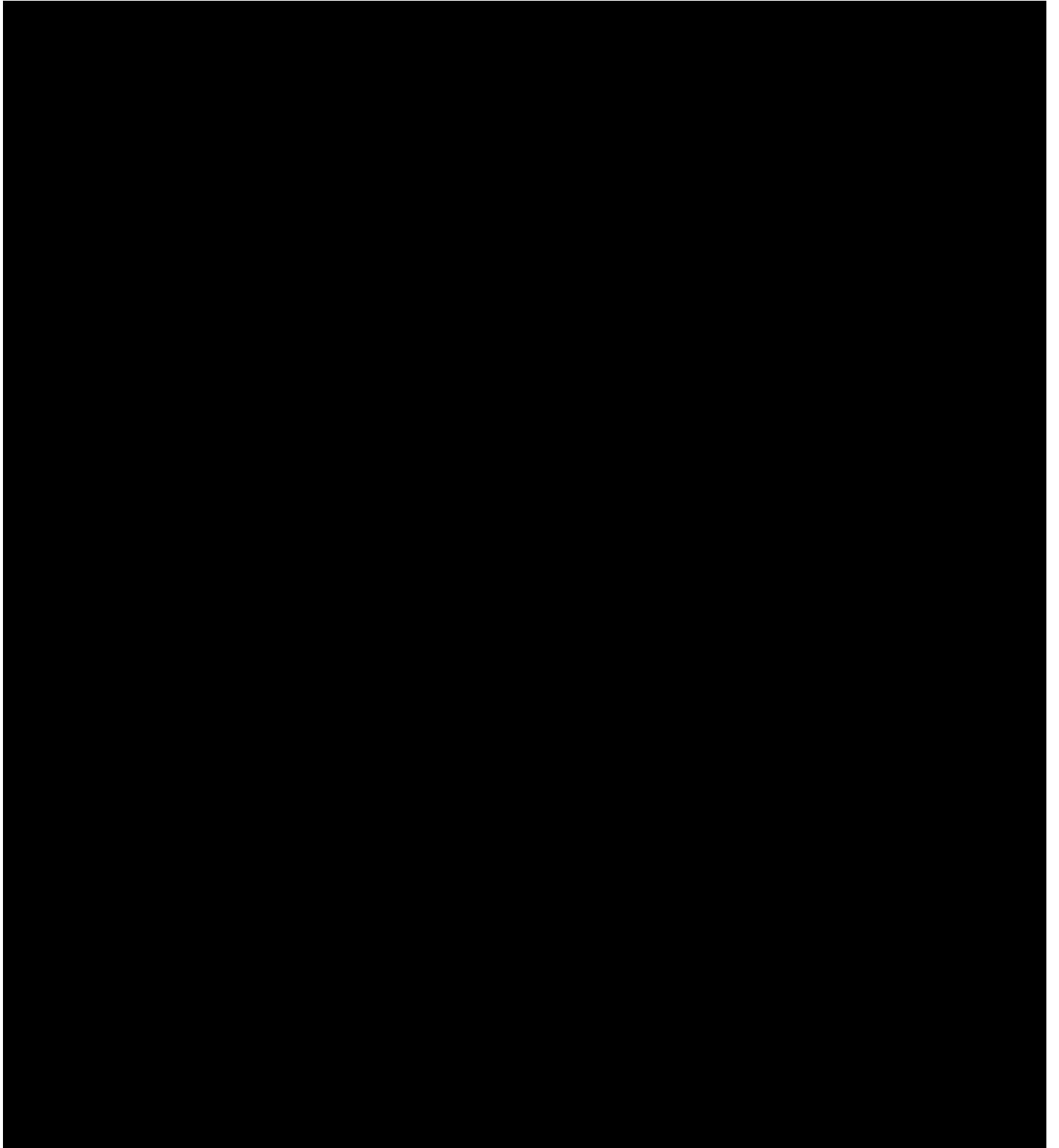
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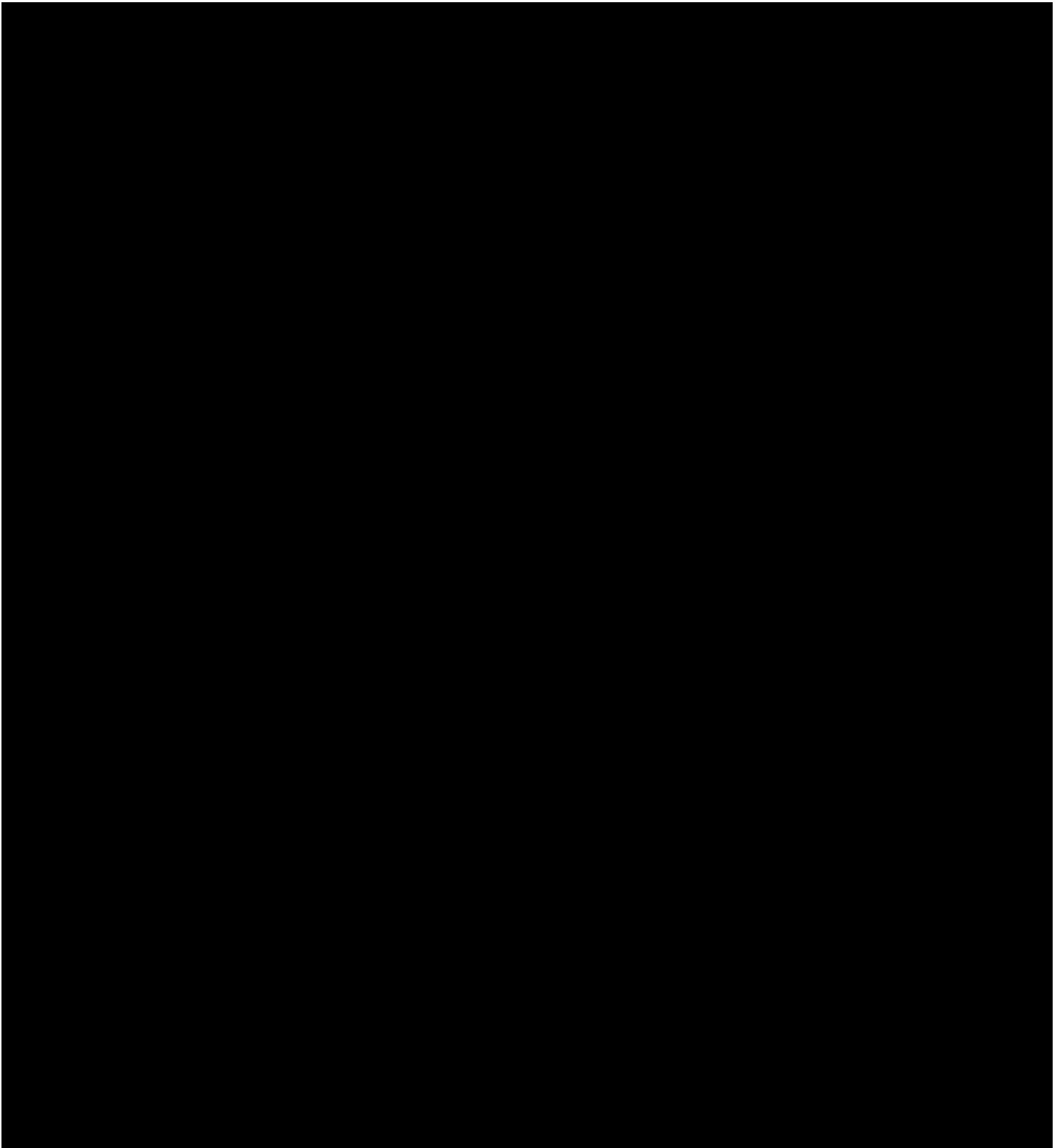
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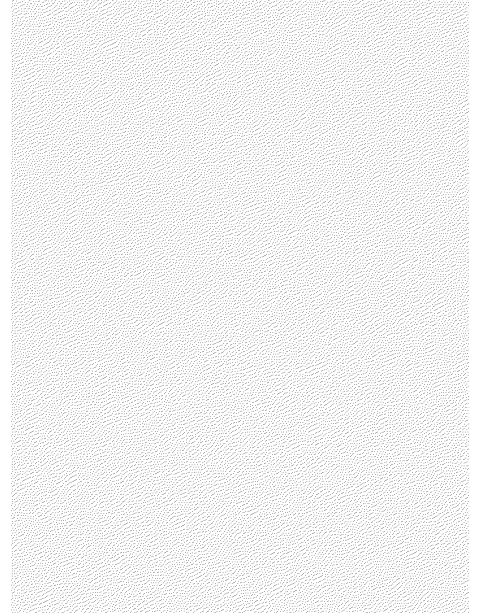
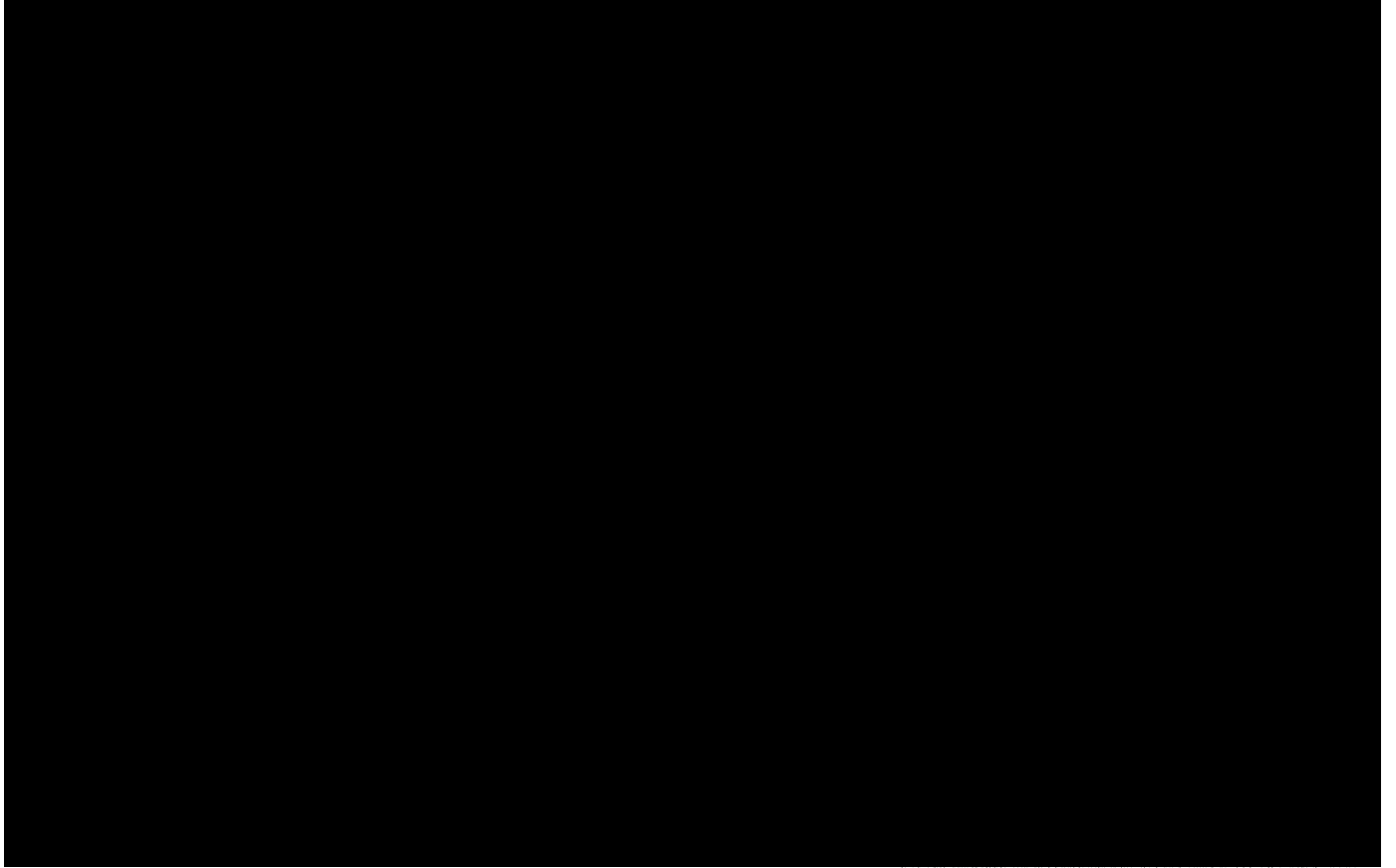
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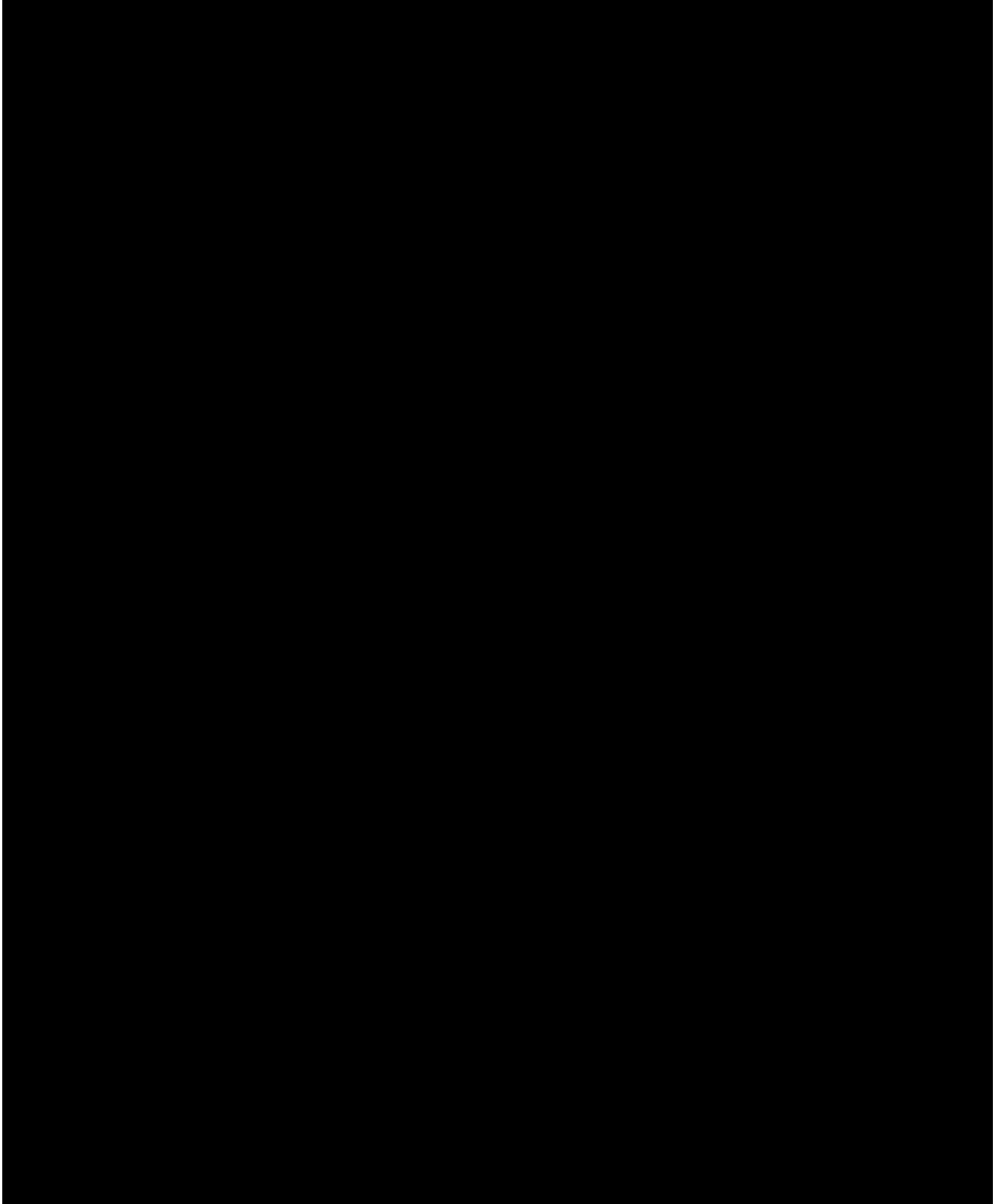




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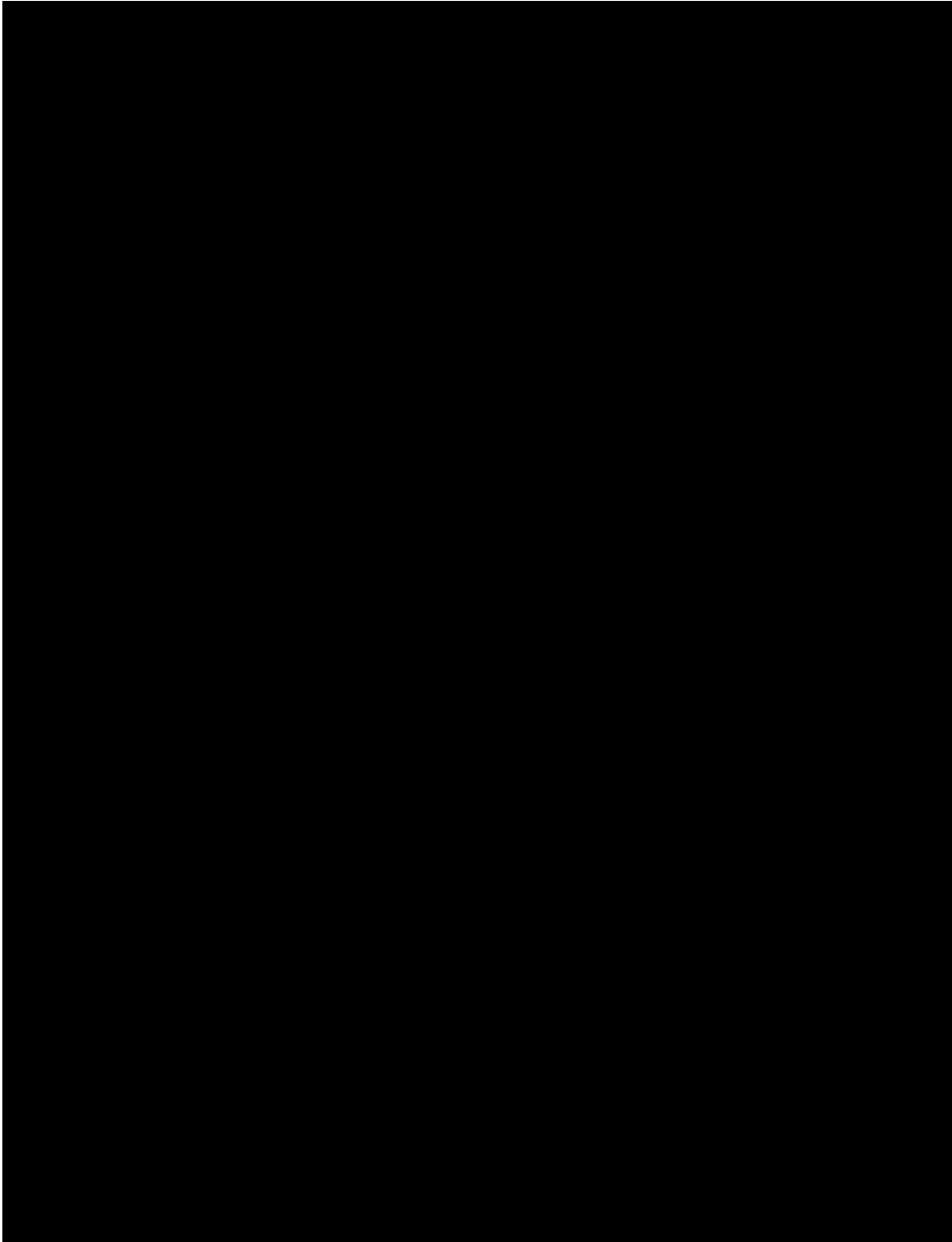
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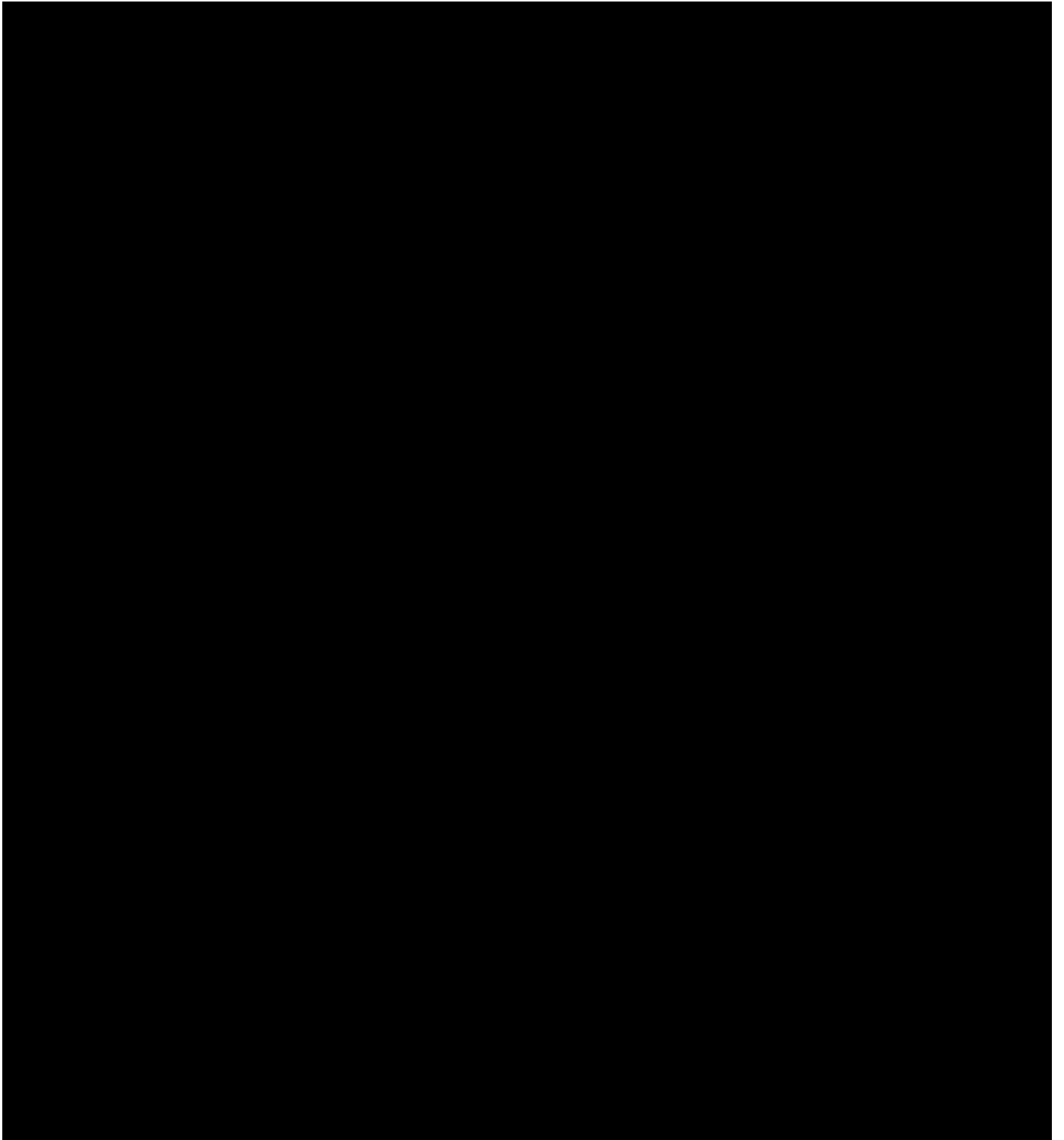
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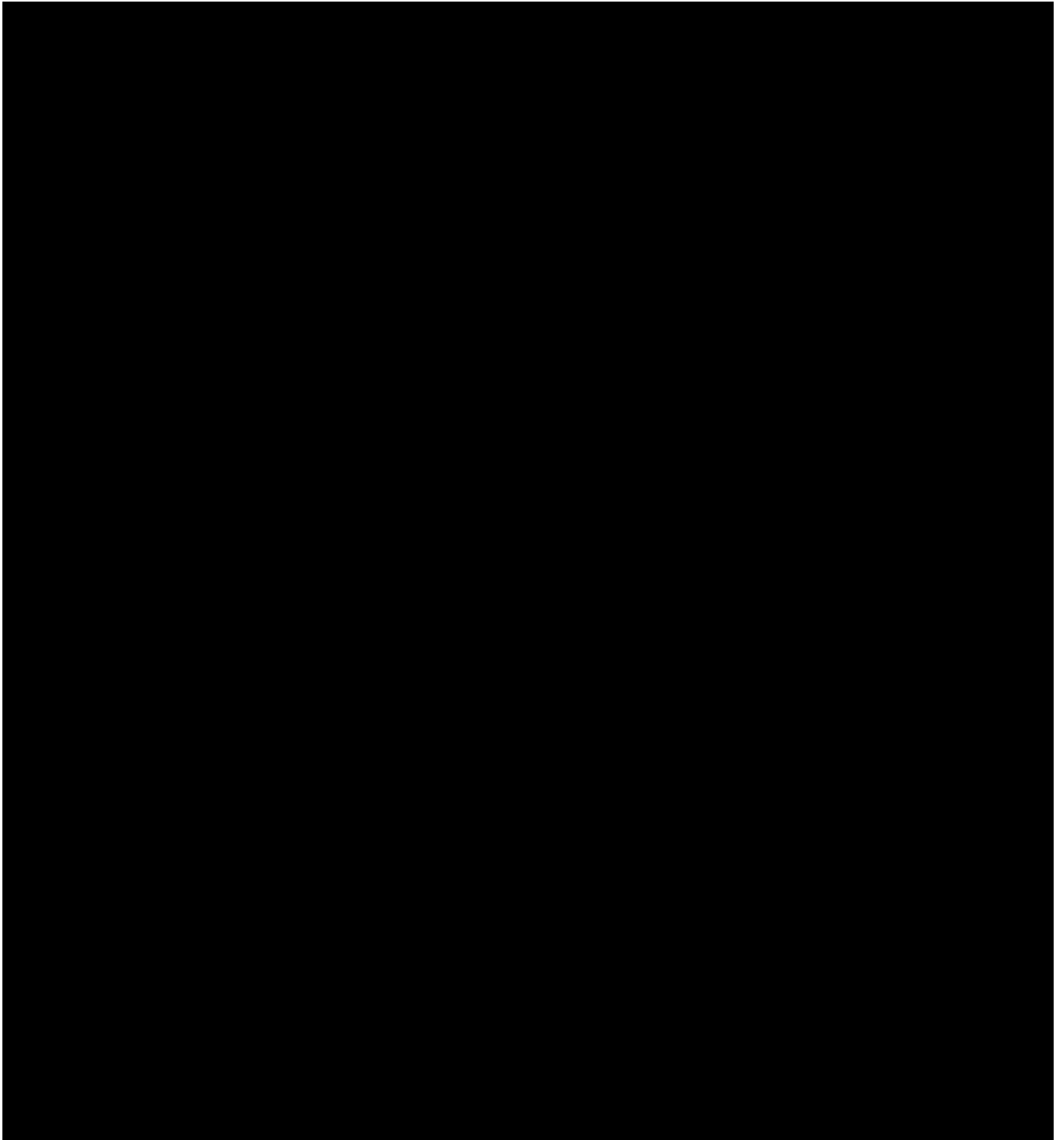


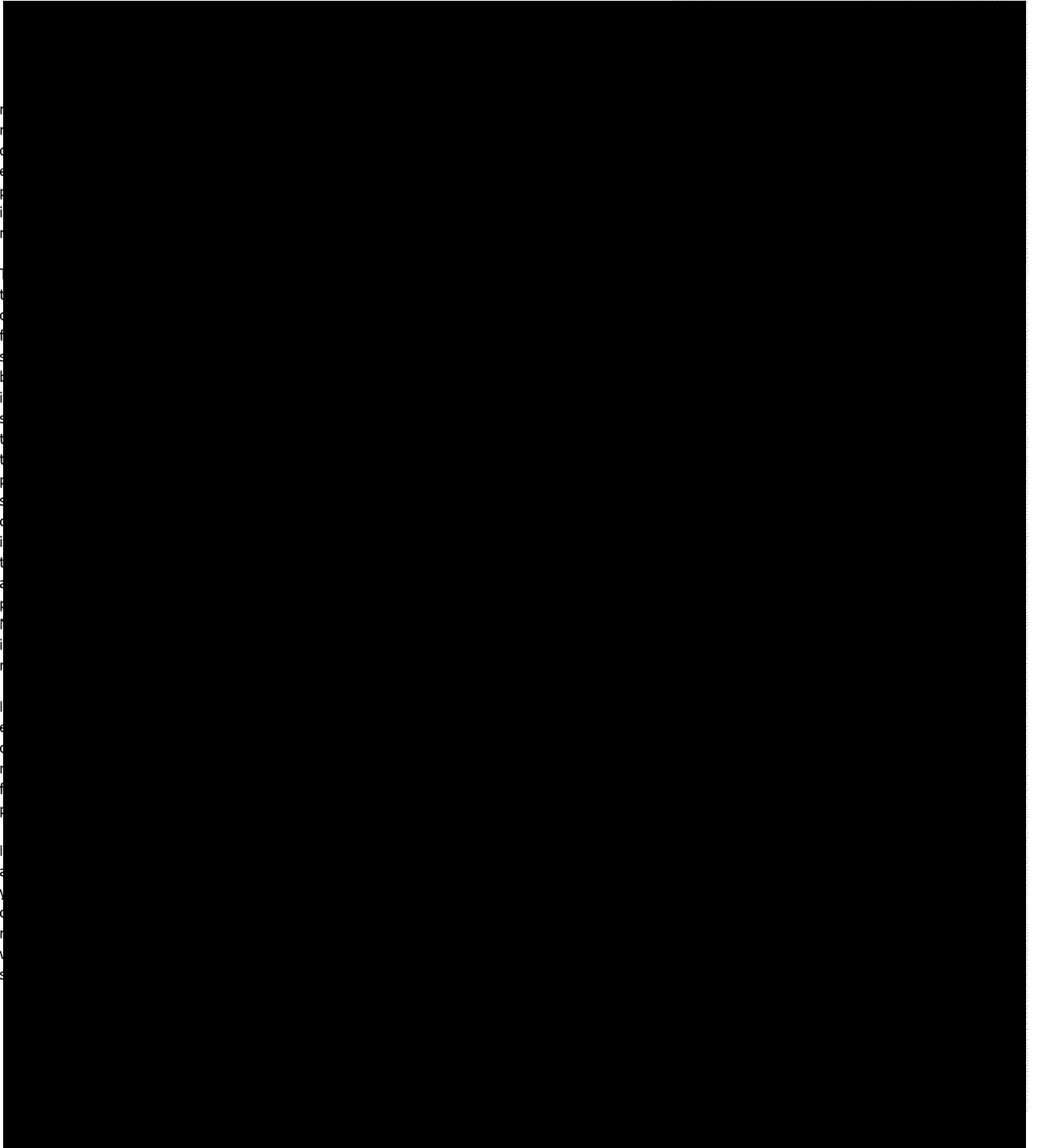
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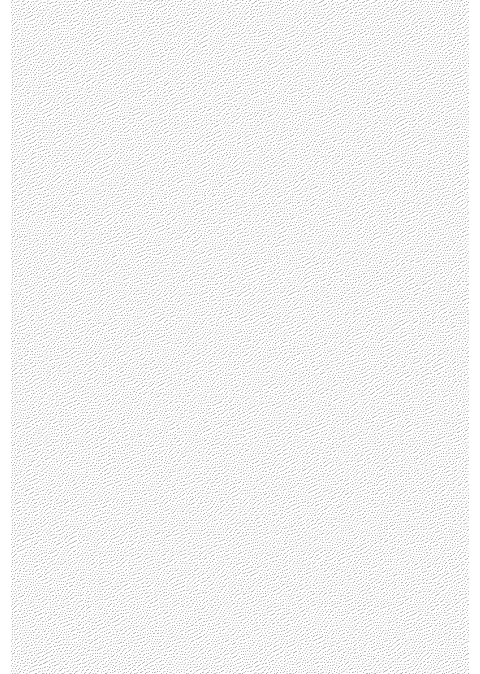
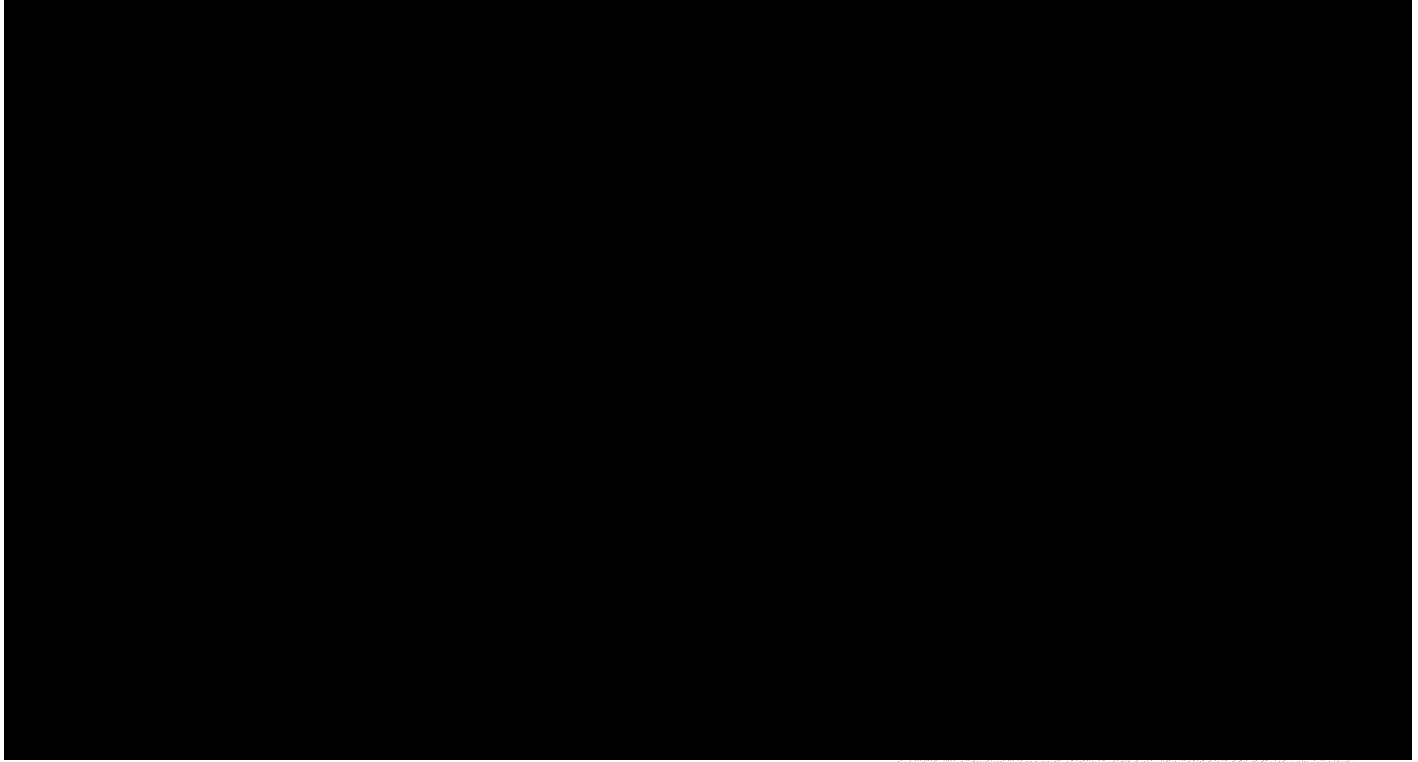


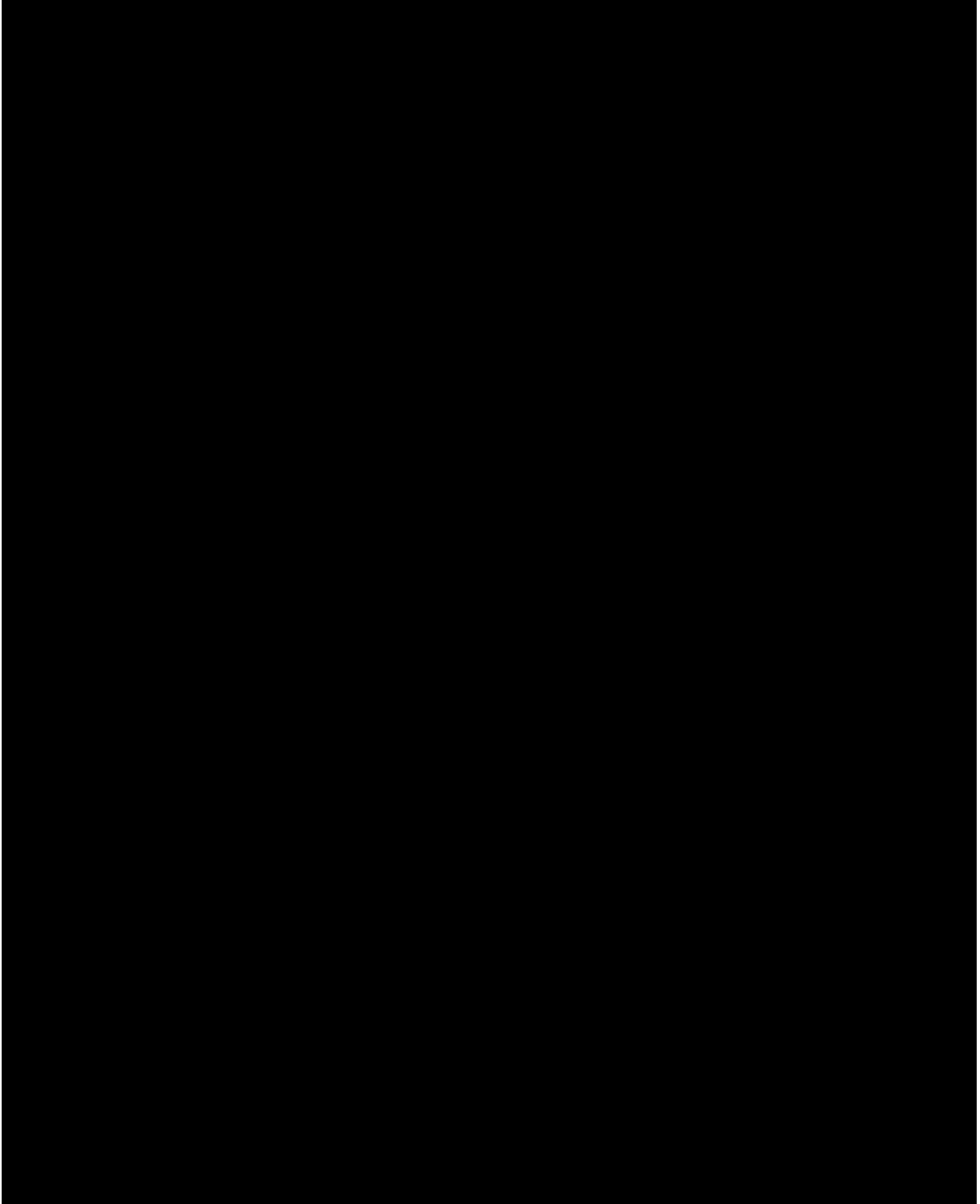


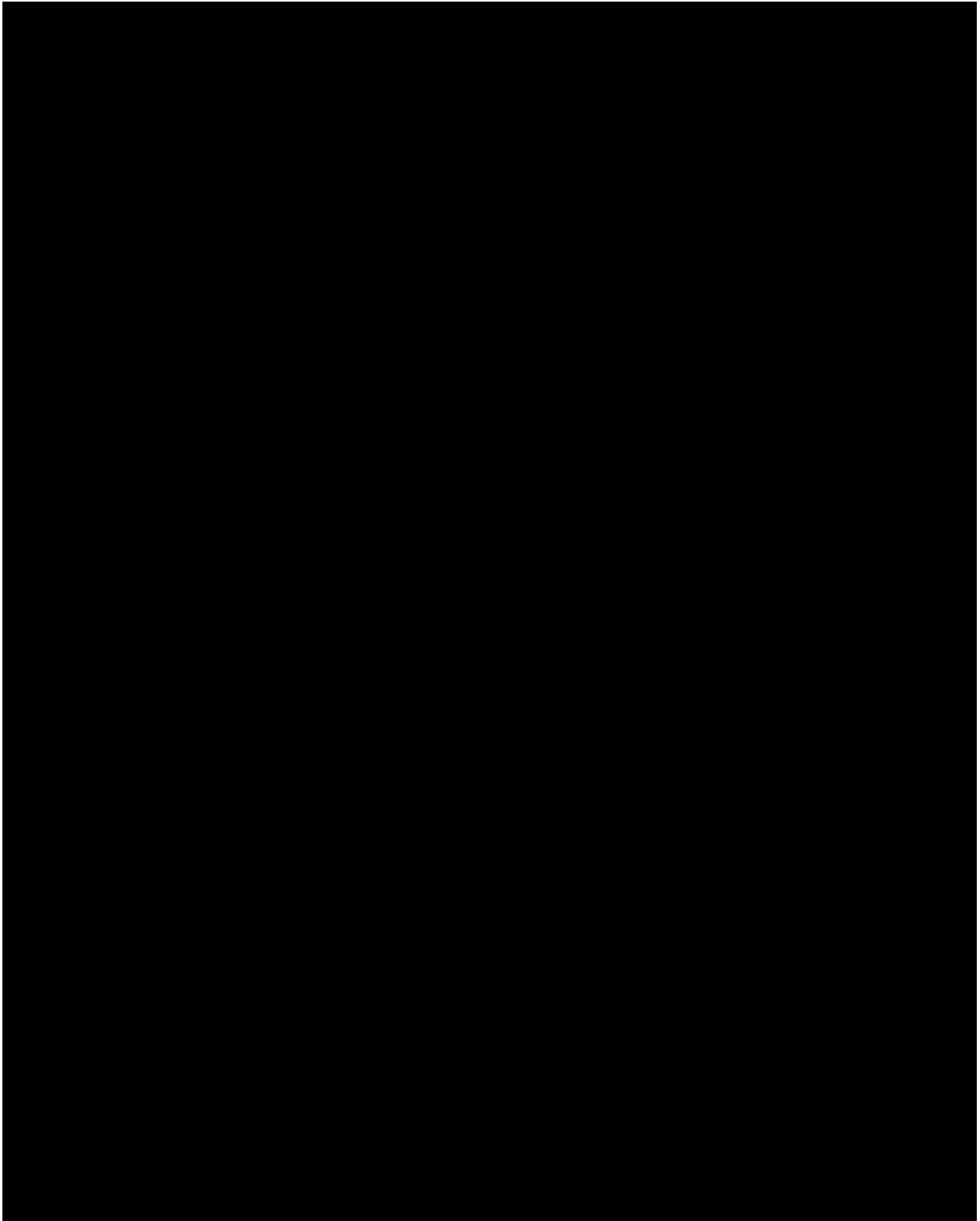


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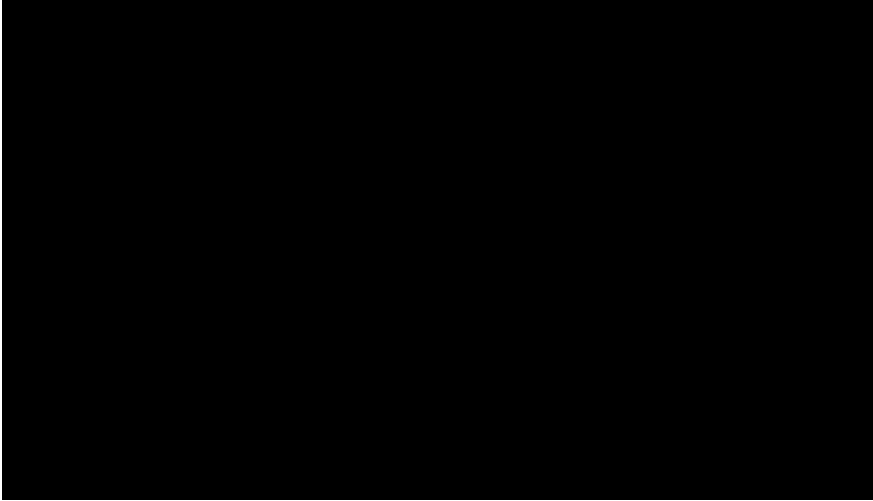






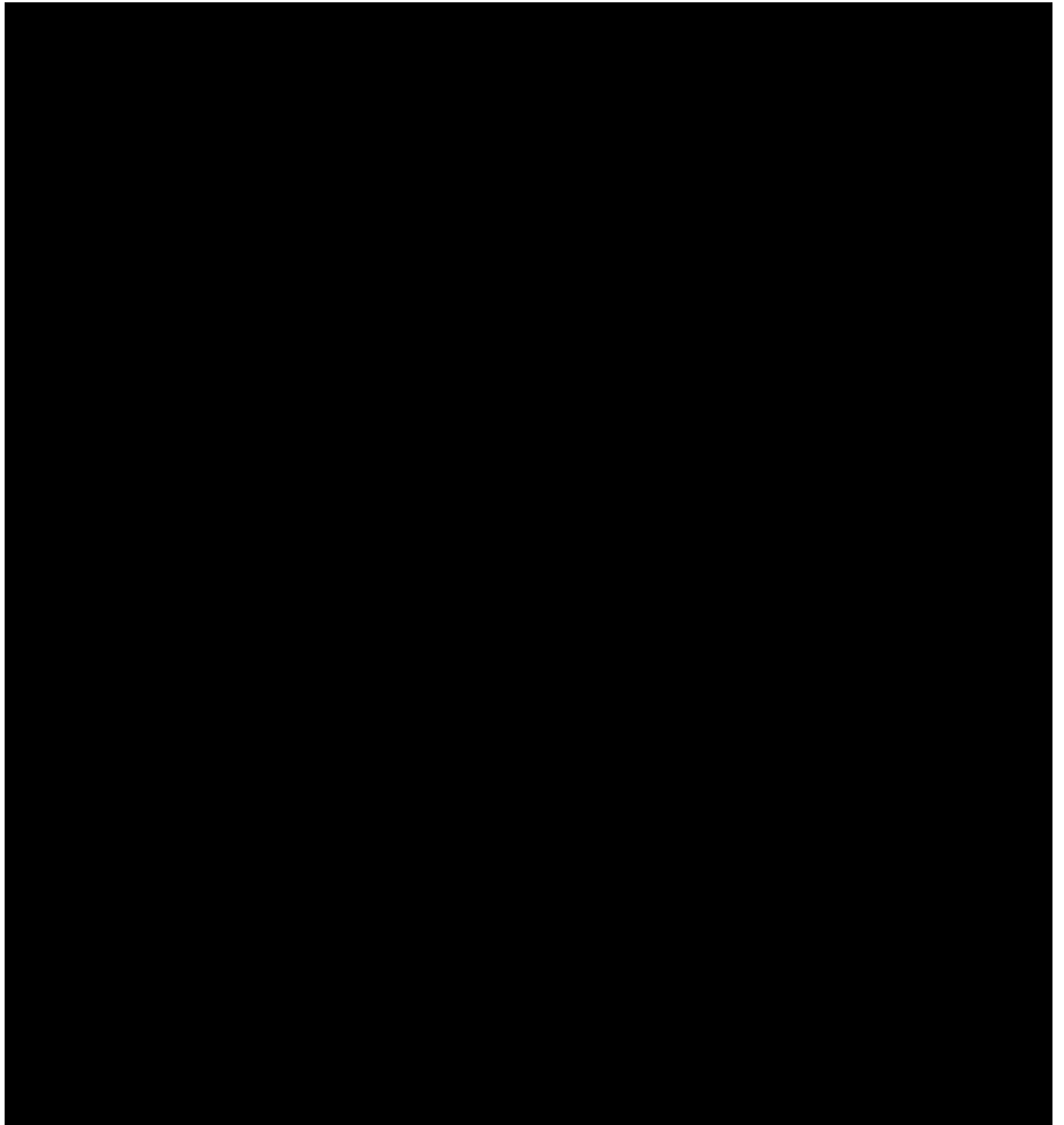
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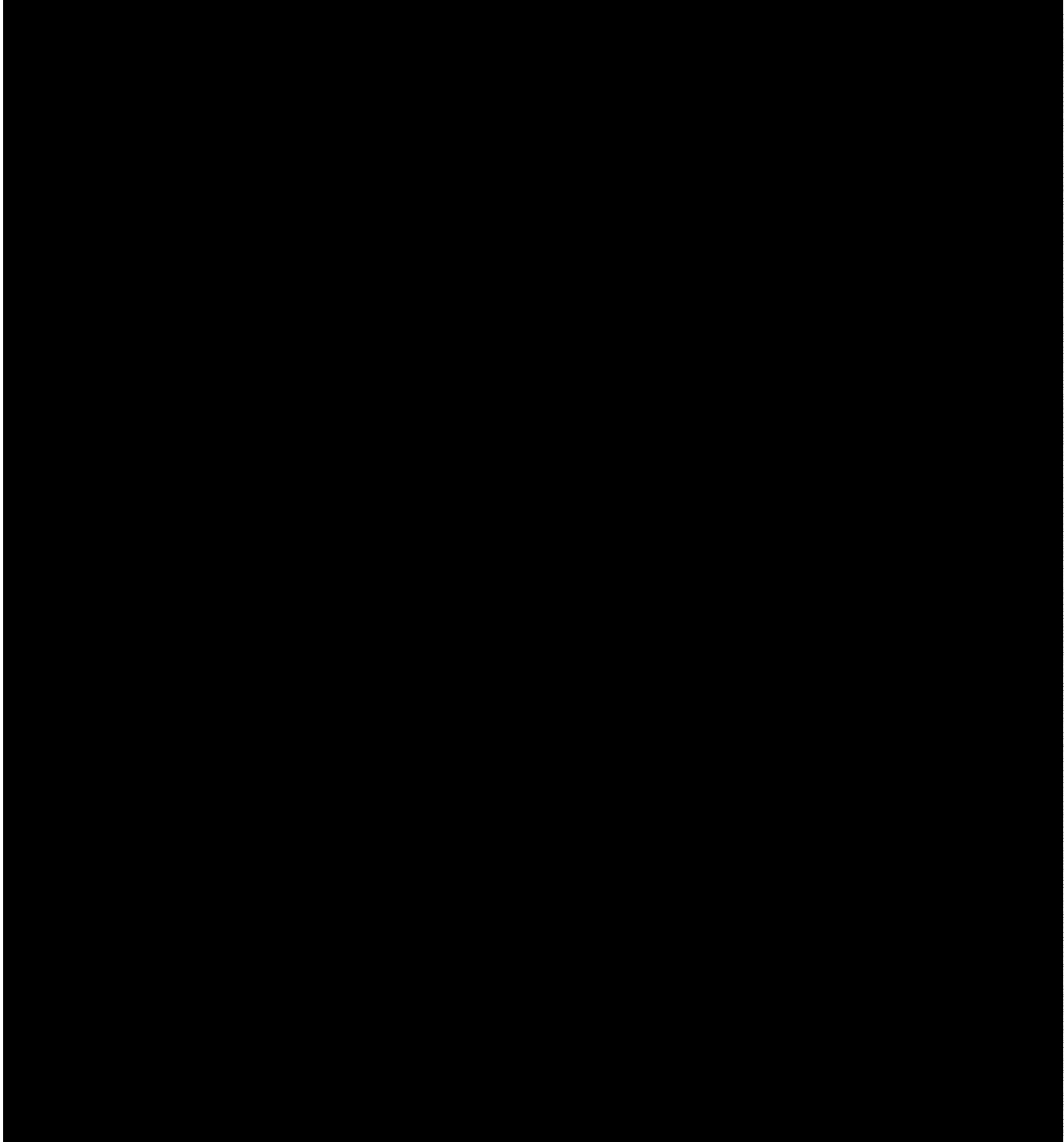
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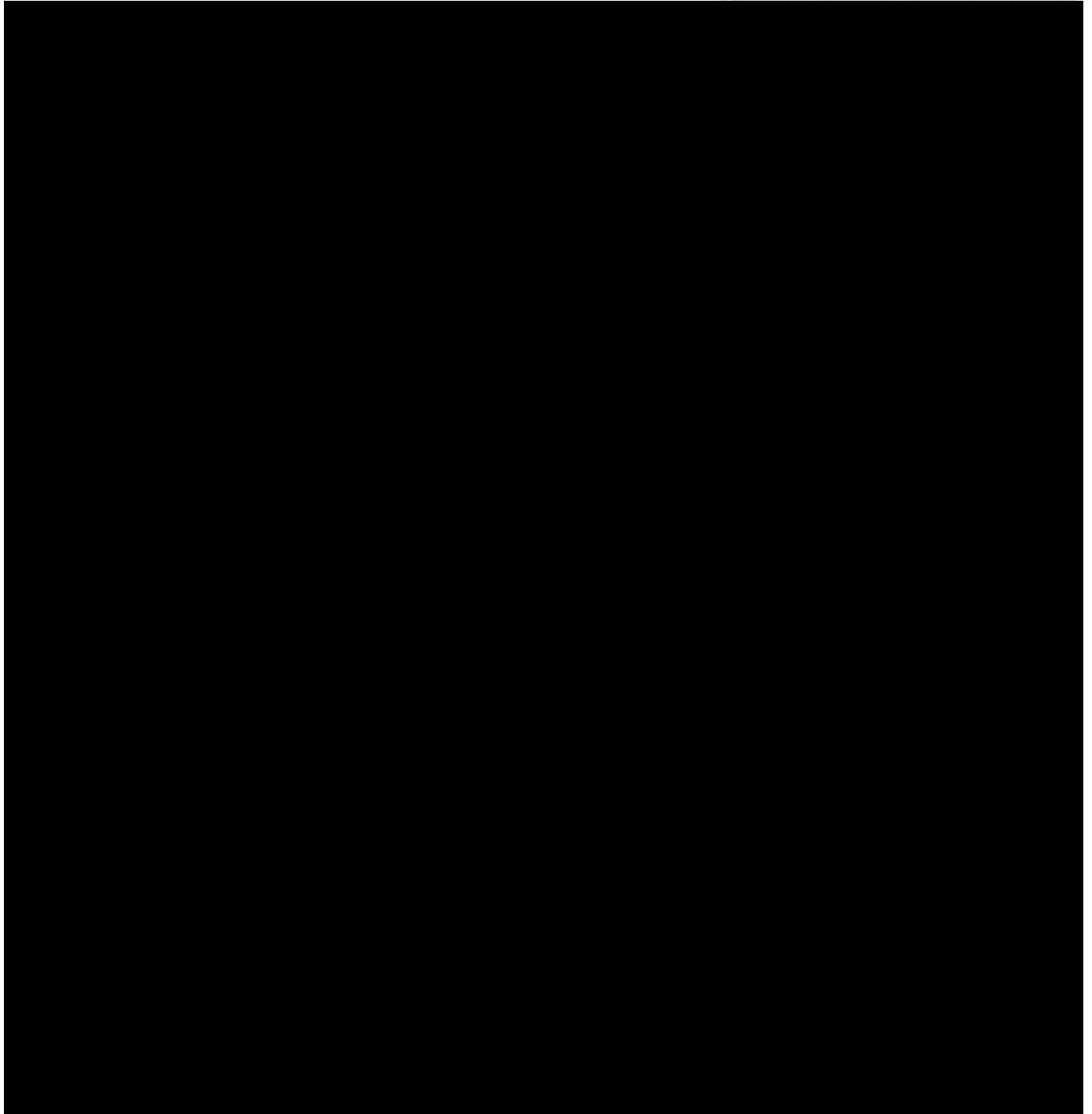


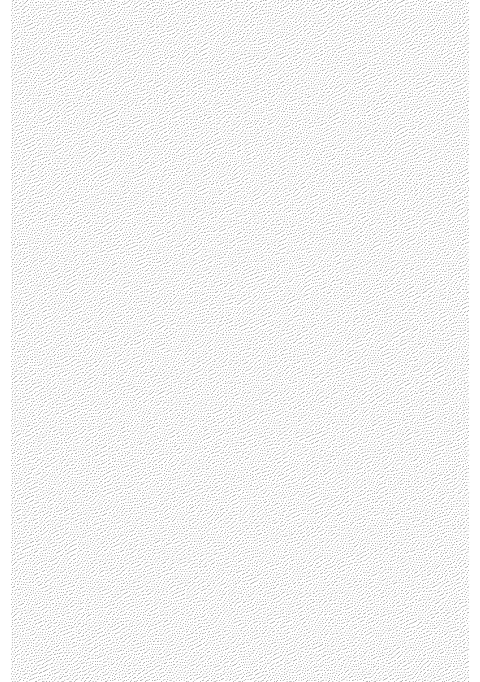
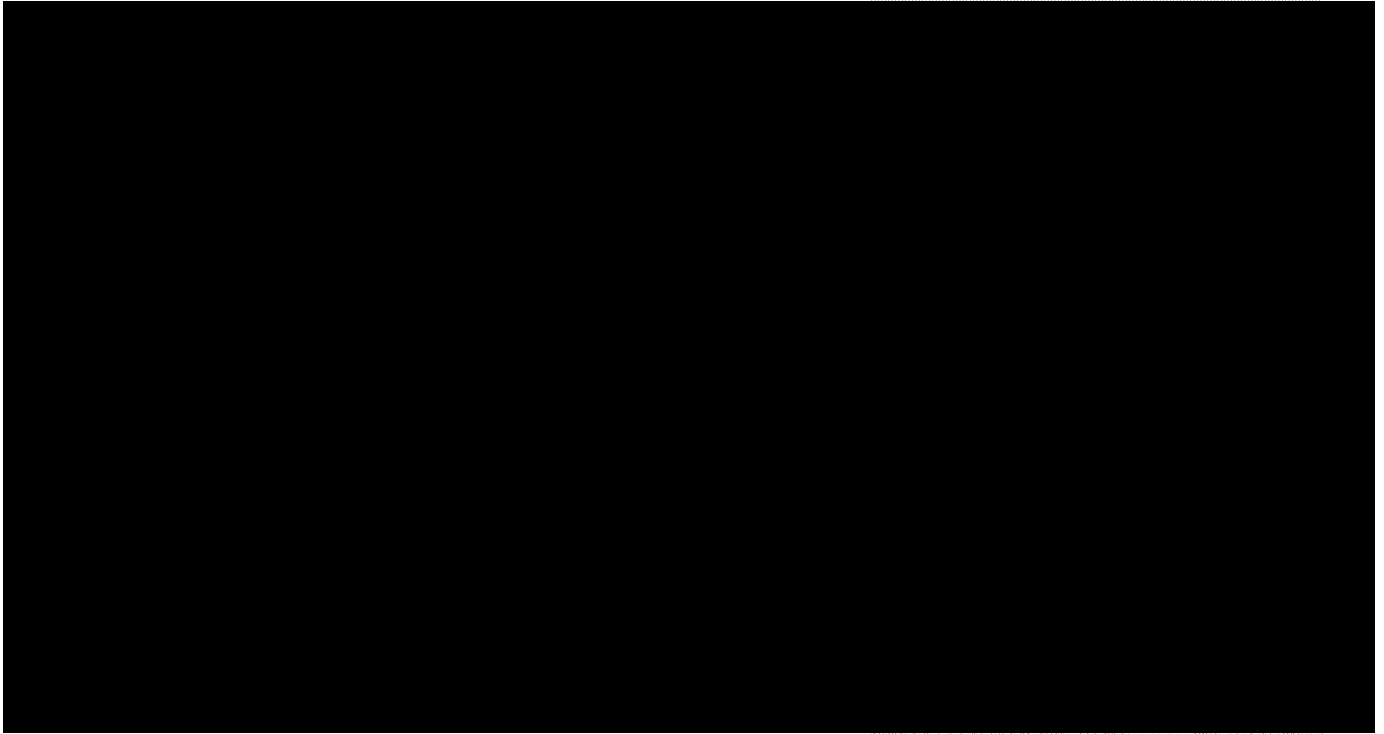
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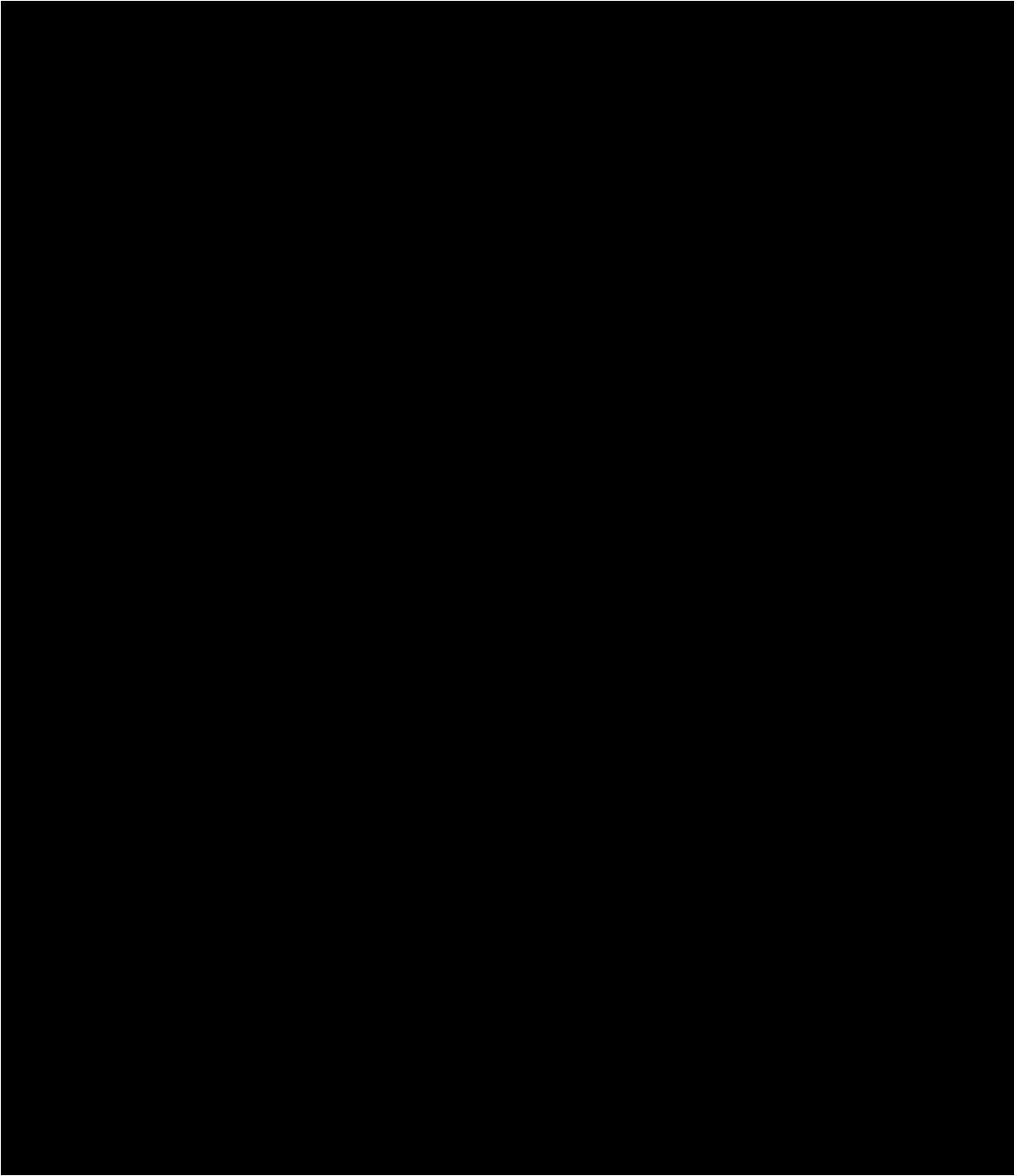
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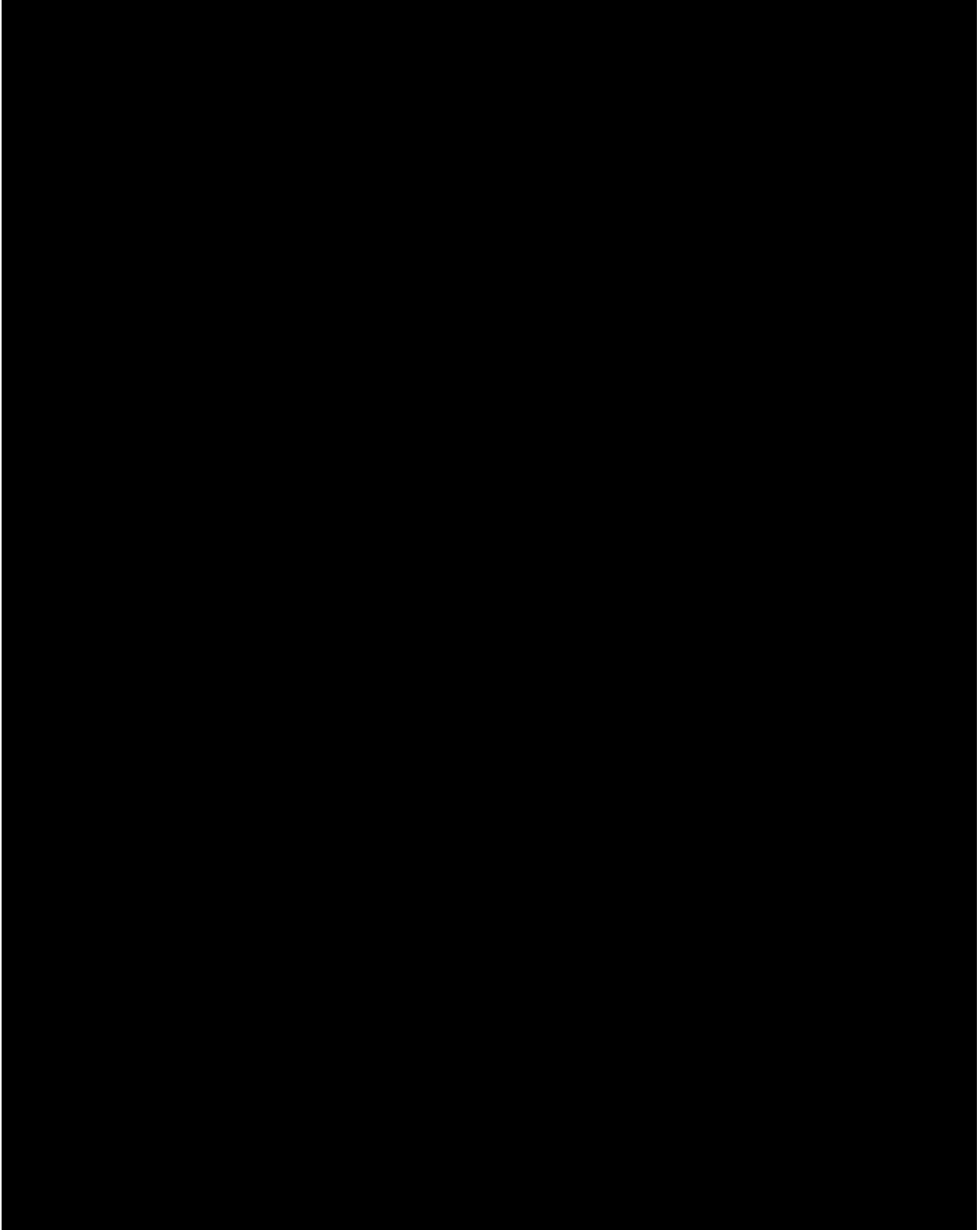






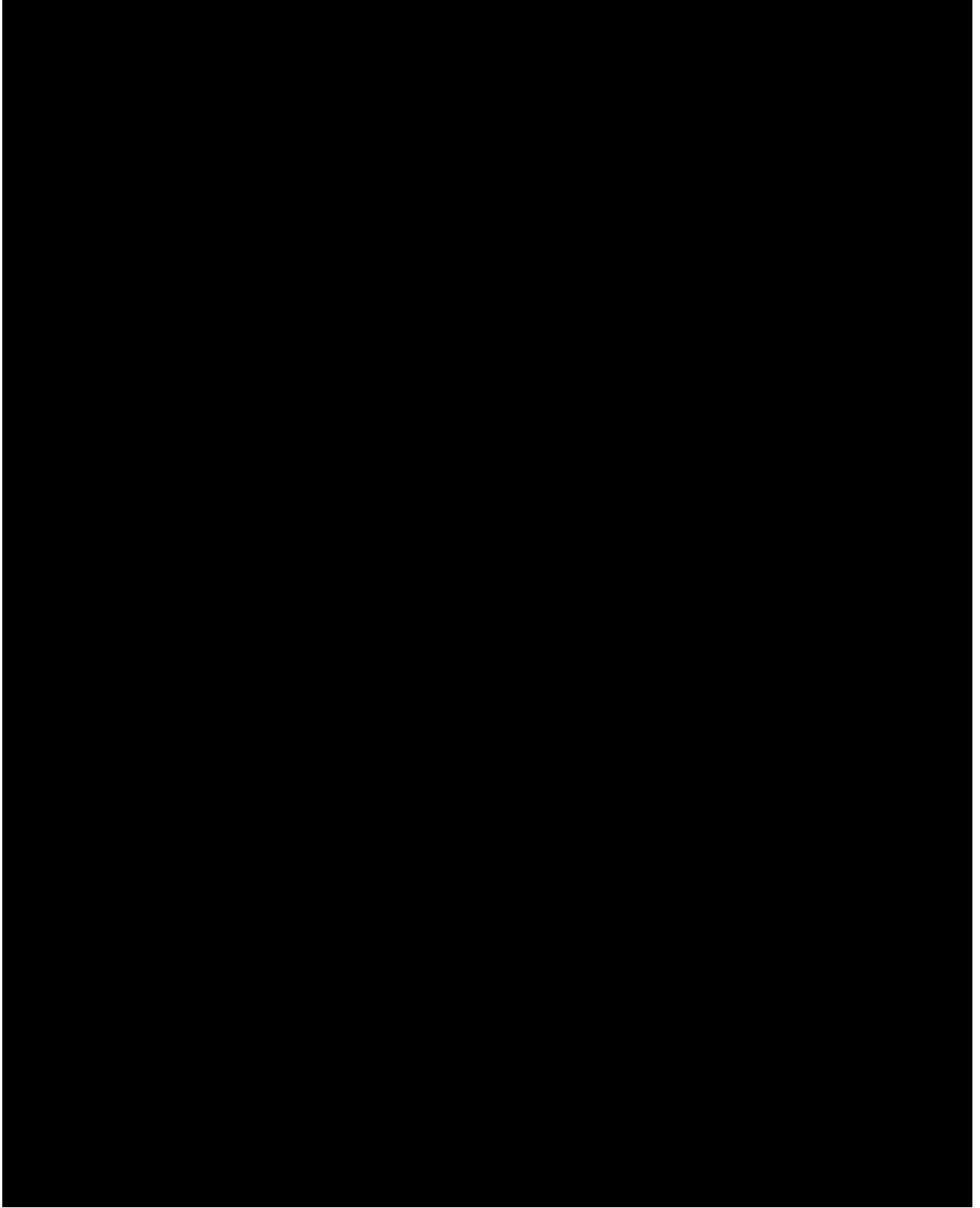
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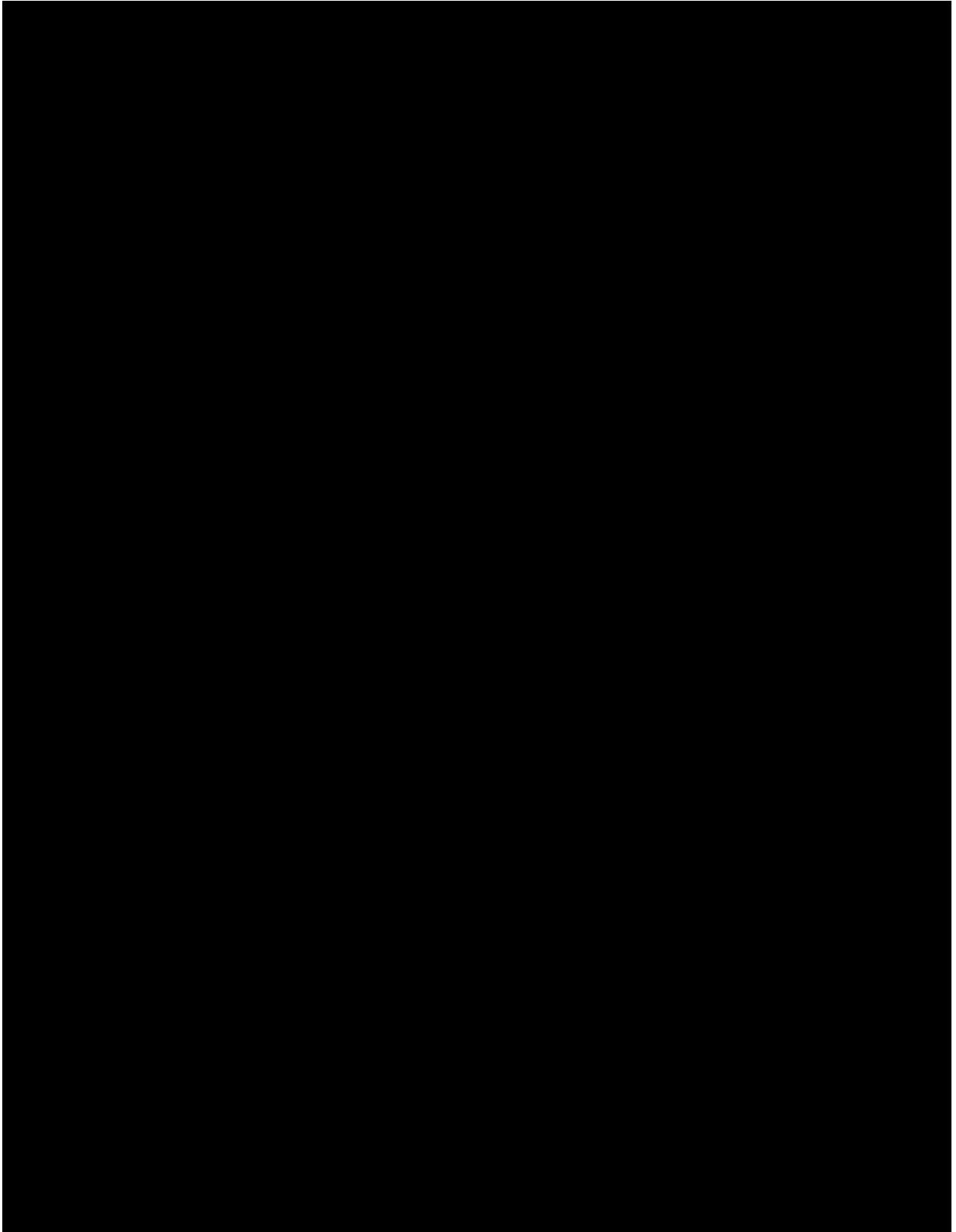
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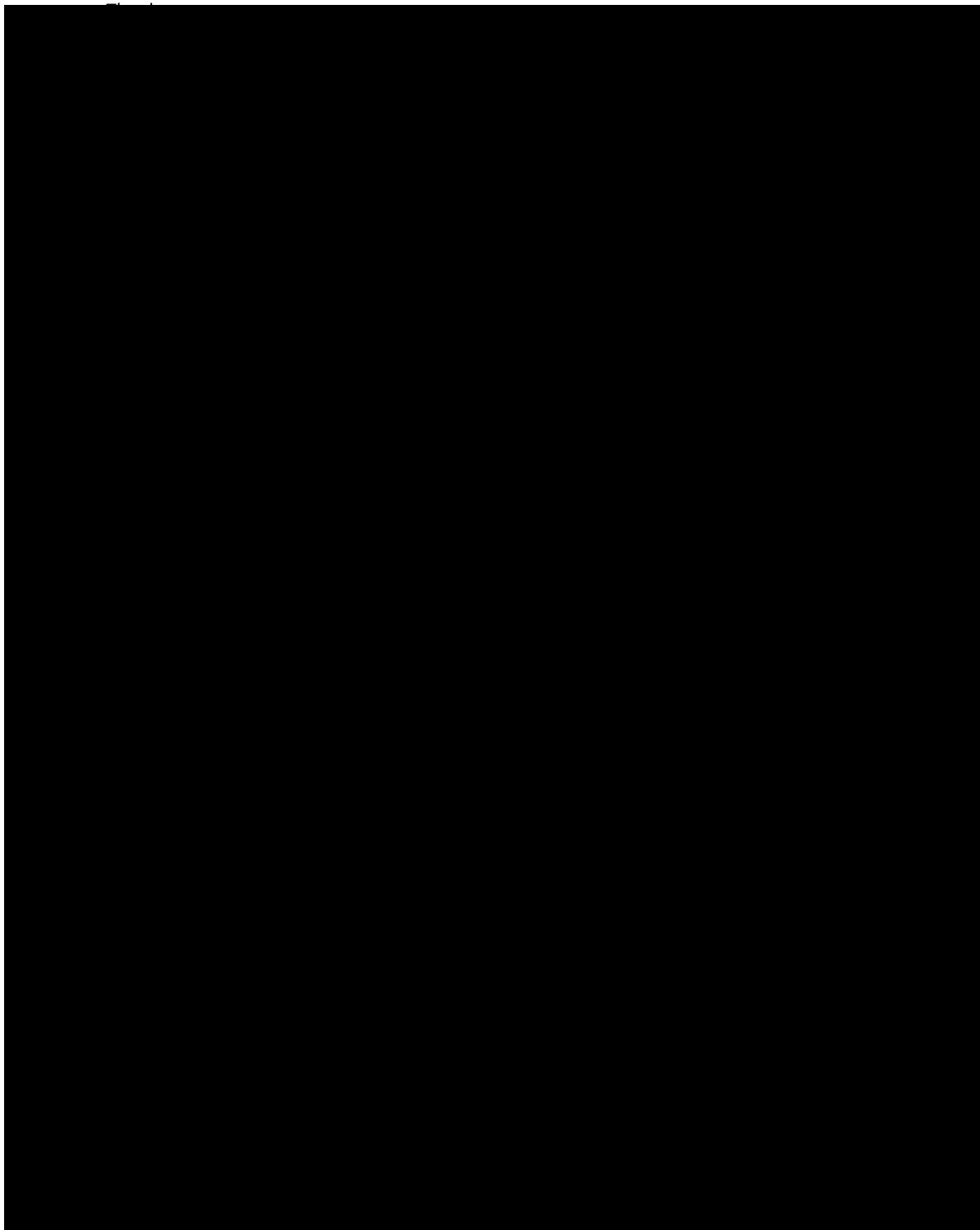
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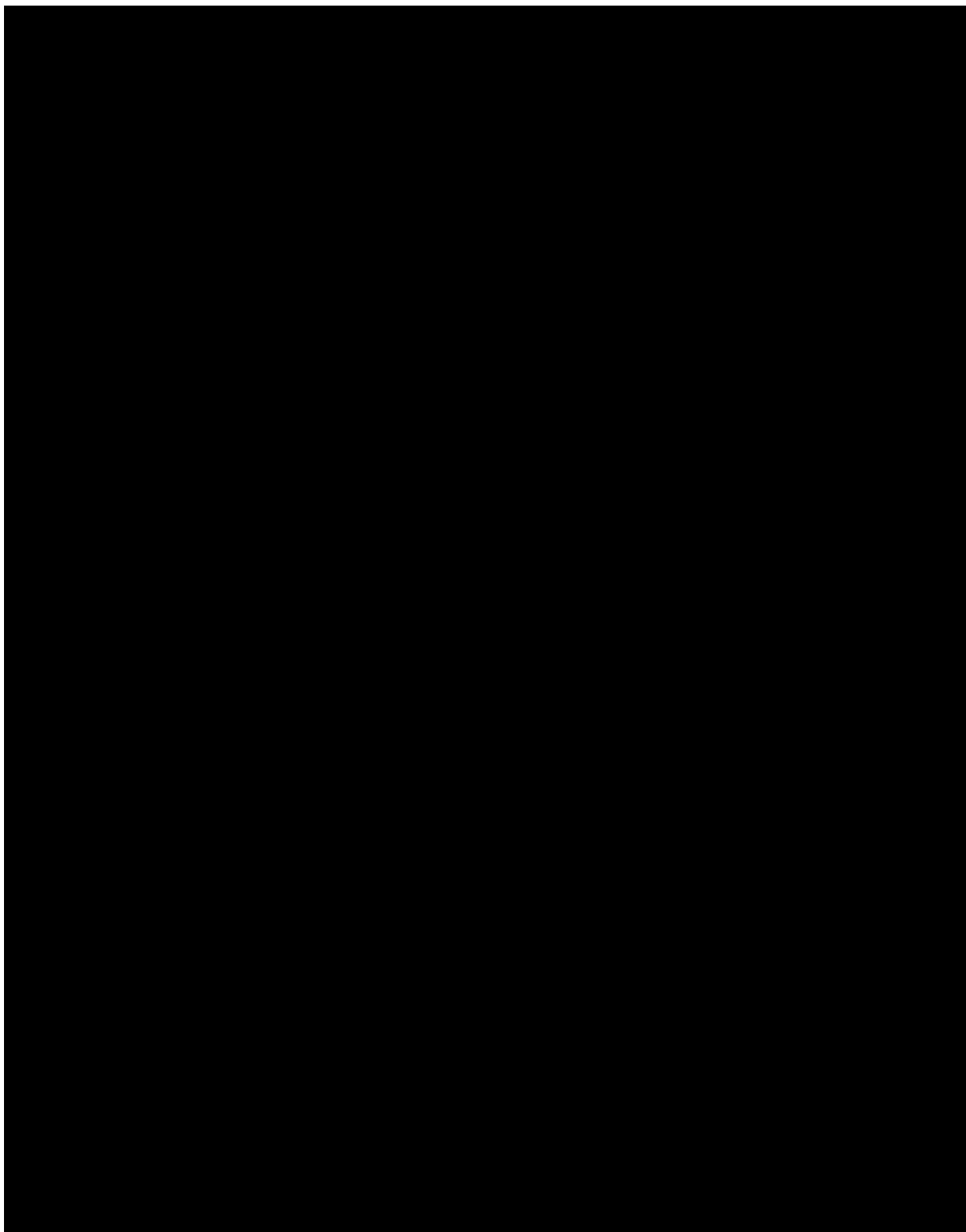
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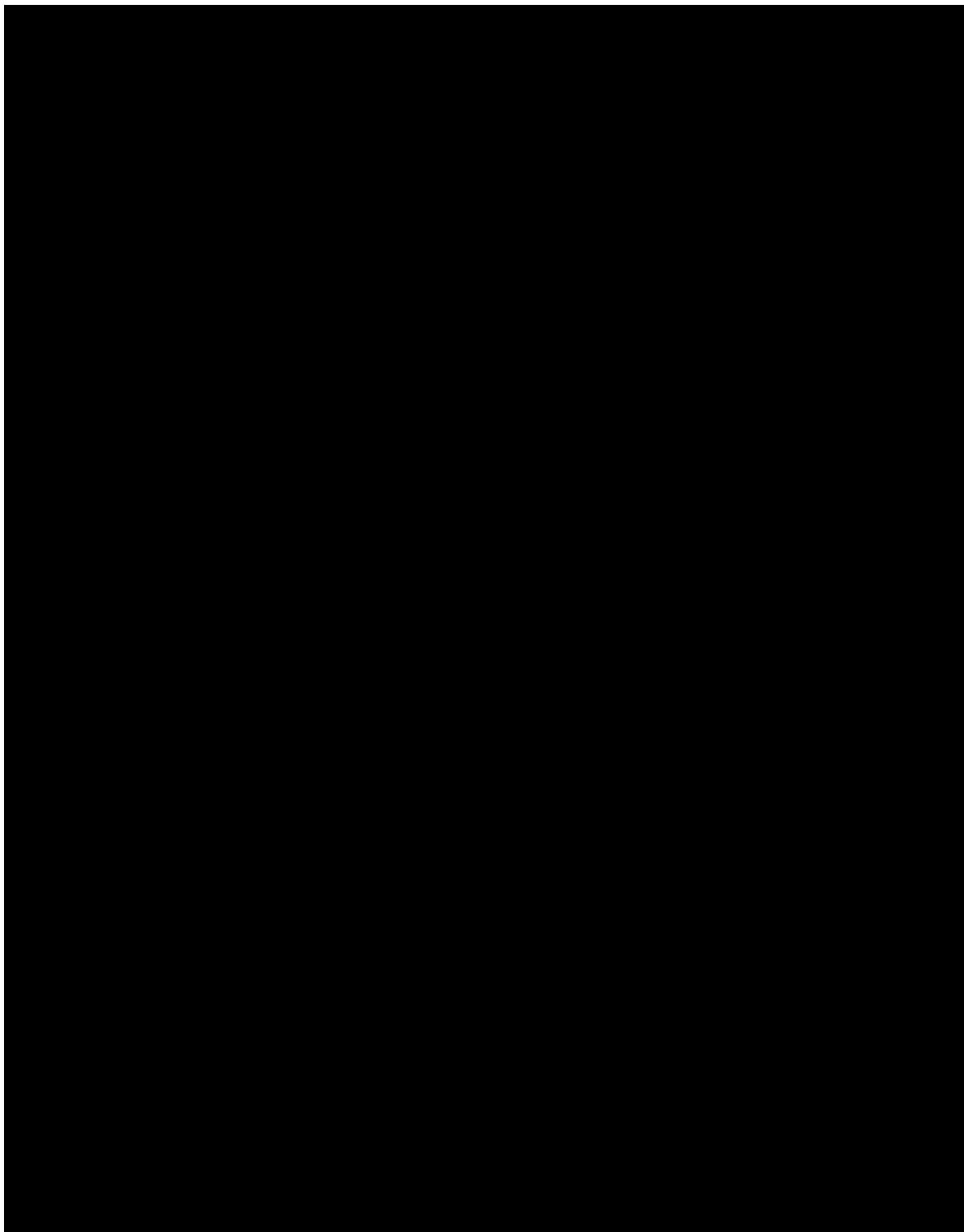


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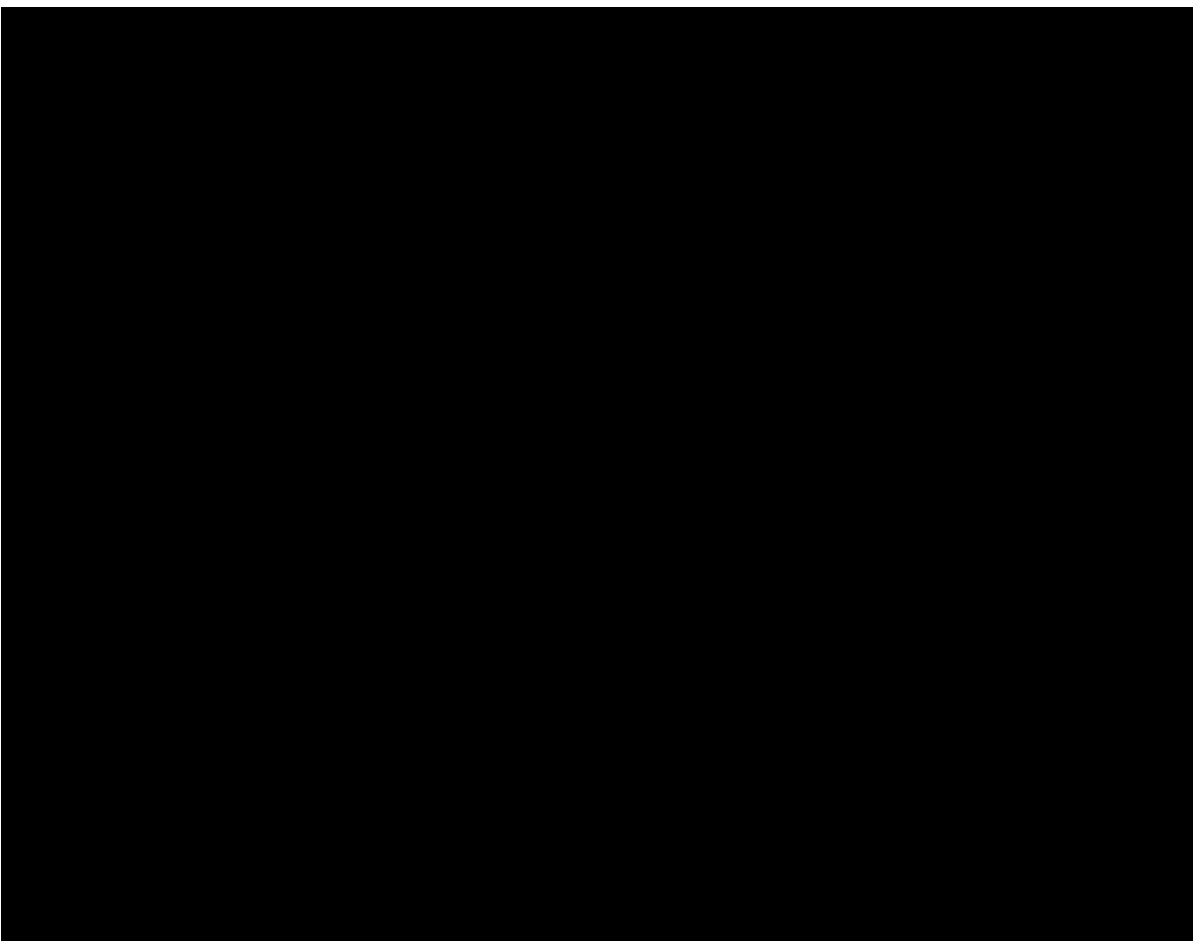






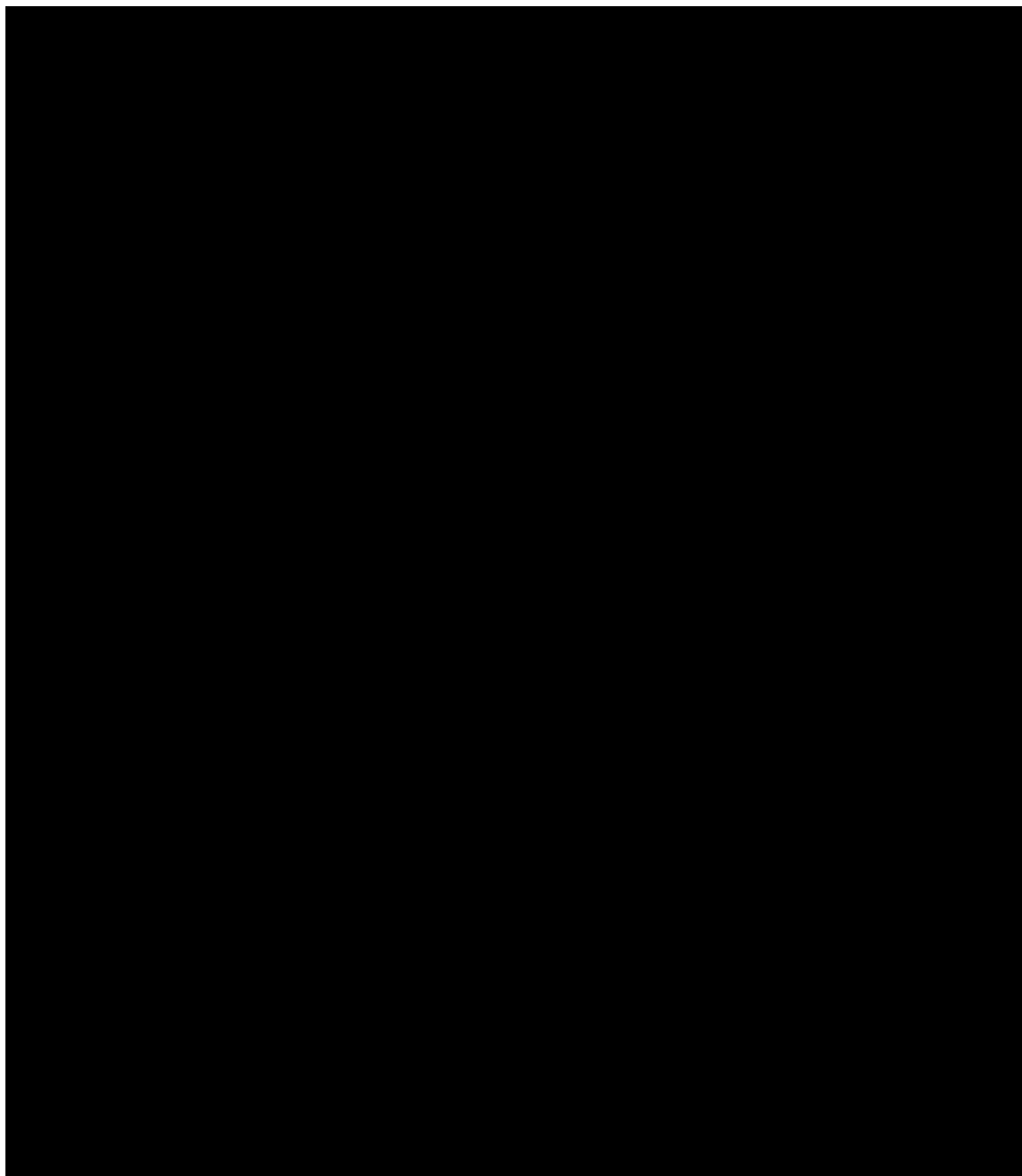
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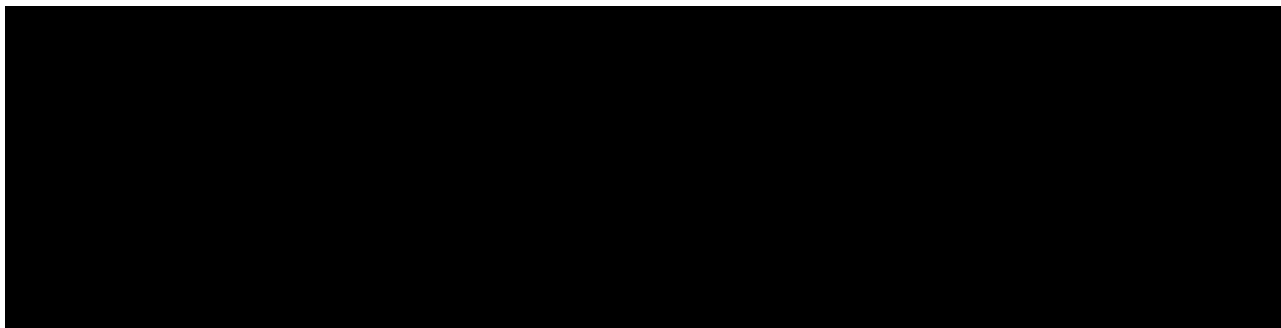
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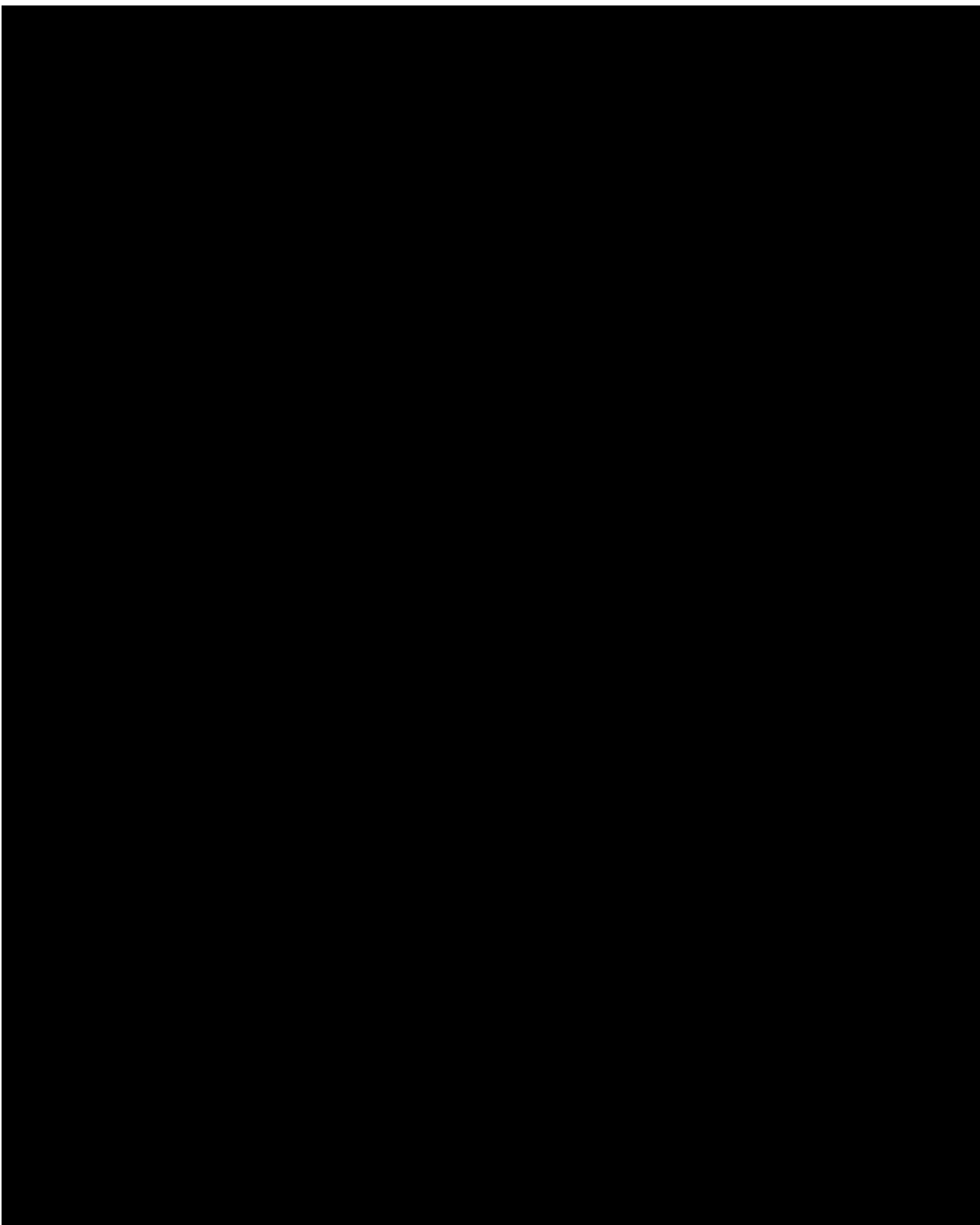


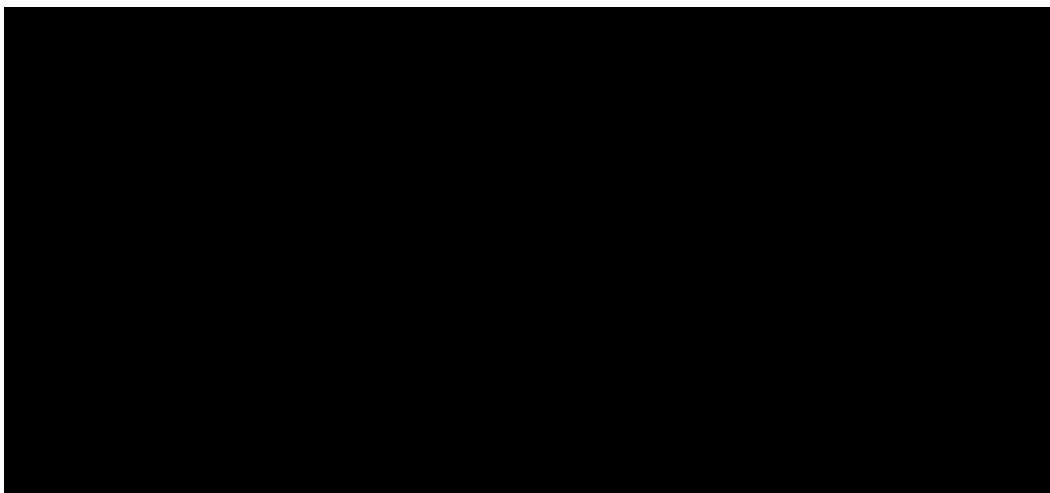
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Request for emergency Board meeting

From: "Deutsch, Madeline" <madeline.deutsch [REDACTED]>
To: [REDACTED]
Cc: "madeline.deutsch [REDACTED]" <madeline.deutsch [REDACTED]>
Date: Mon, 25 Oct 2021 15:46:16 -0400

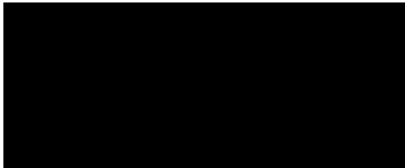
Hello [REDACTED] I'd like to request an emergency Board meeting as soon as possible to discuss matters relating to a recent article in which Dr. Erica Anderson was quoted.

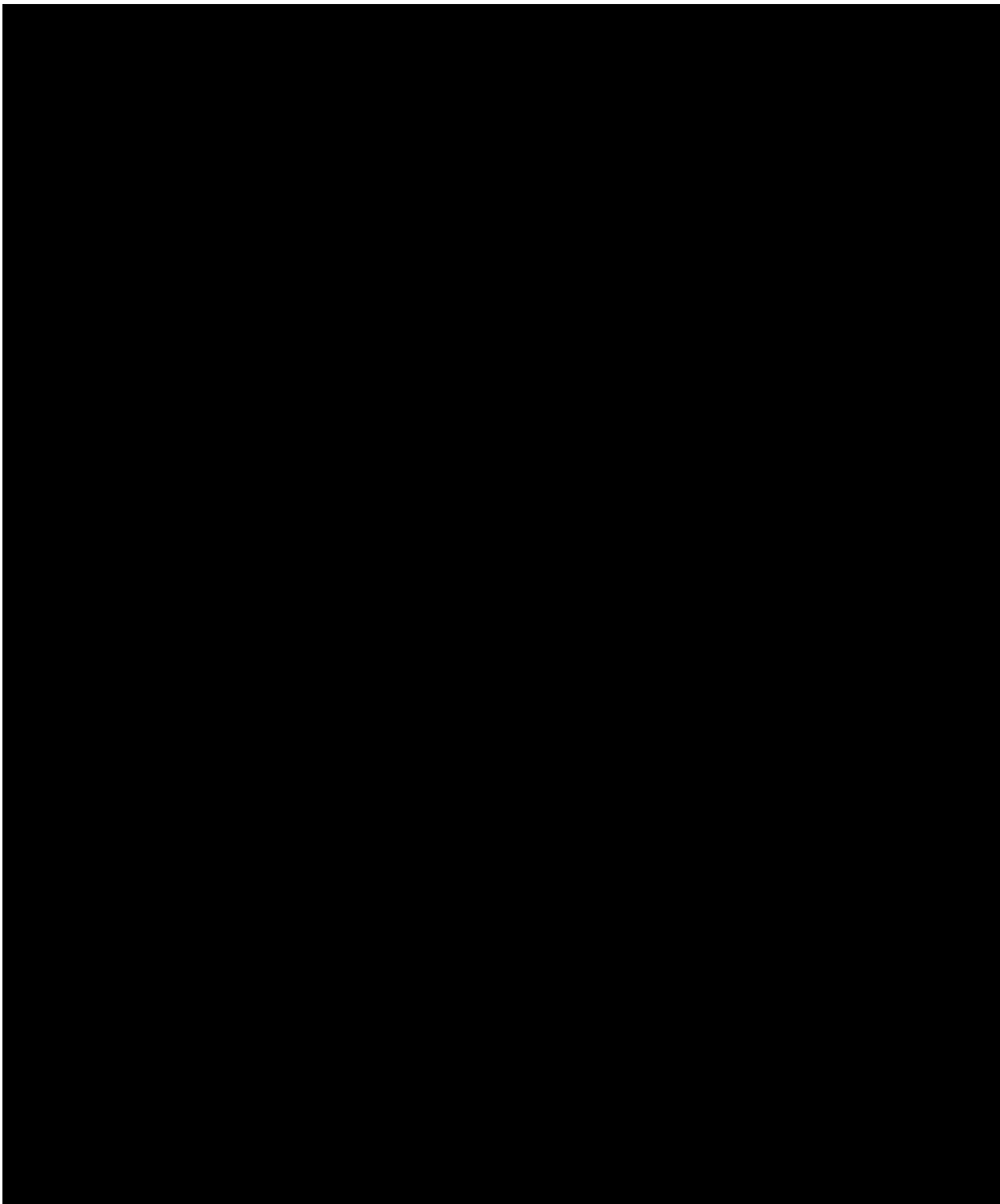
Best,

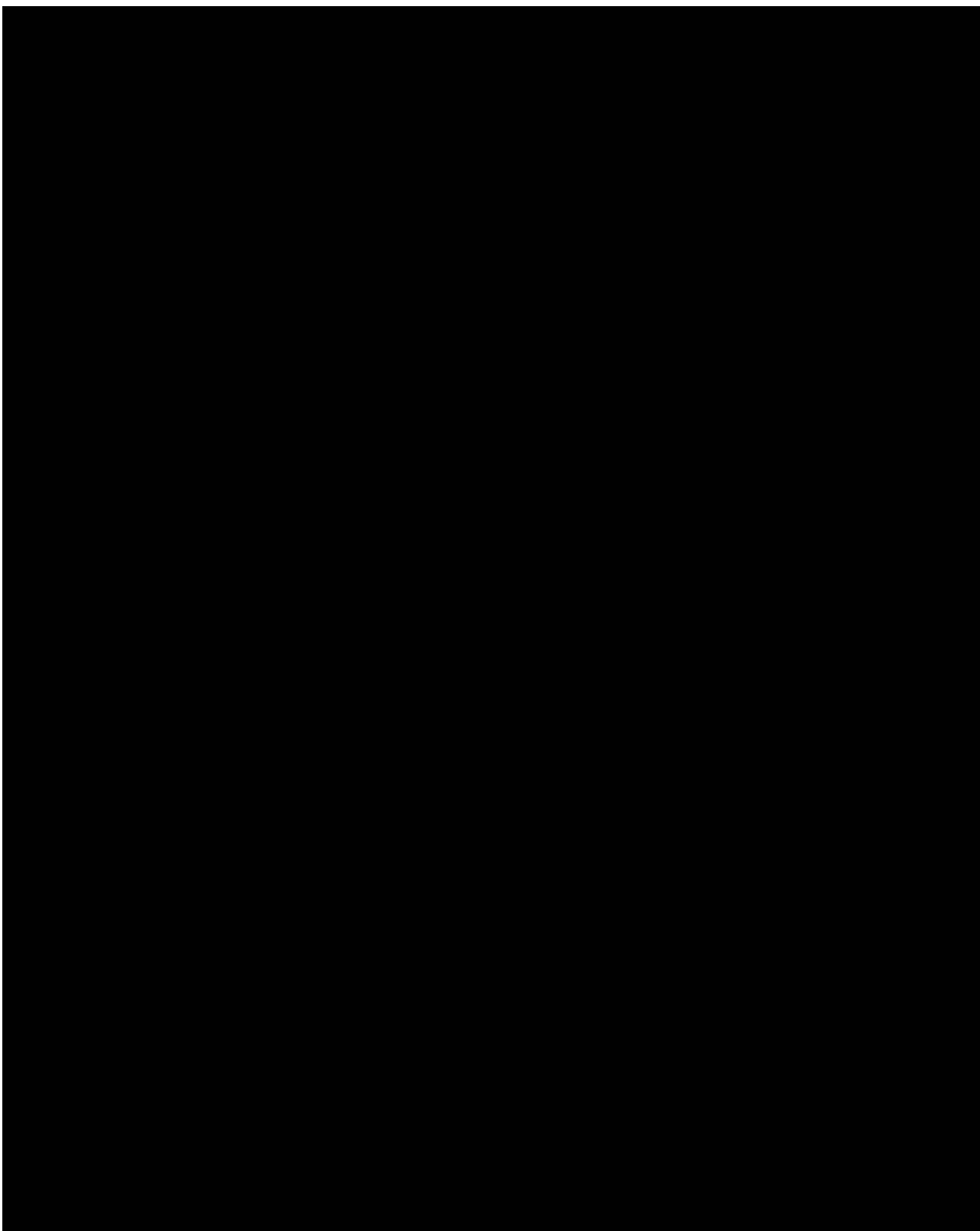
Maddie

Maddie Deutsch, MD, MPH
Medical Director, UCSF Gender Affirming Health Program
Associate Professor of Clinical Family & Community Medicine
University of California - San Francisco

President-Elect, US Professional Association for Transgender Health

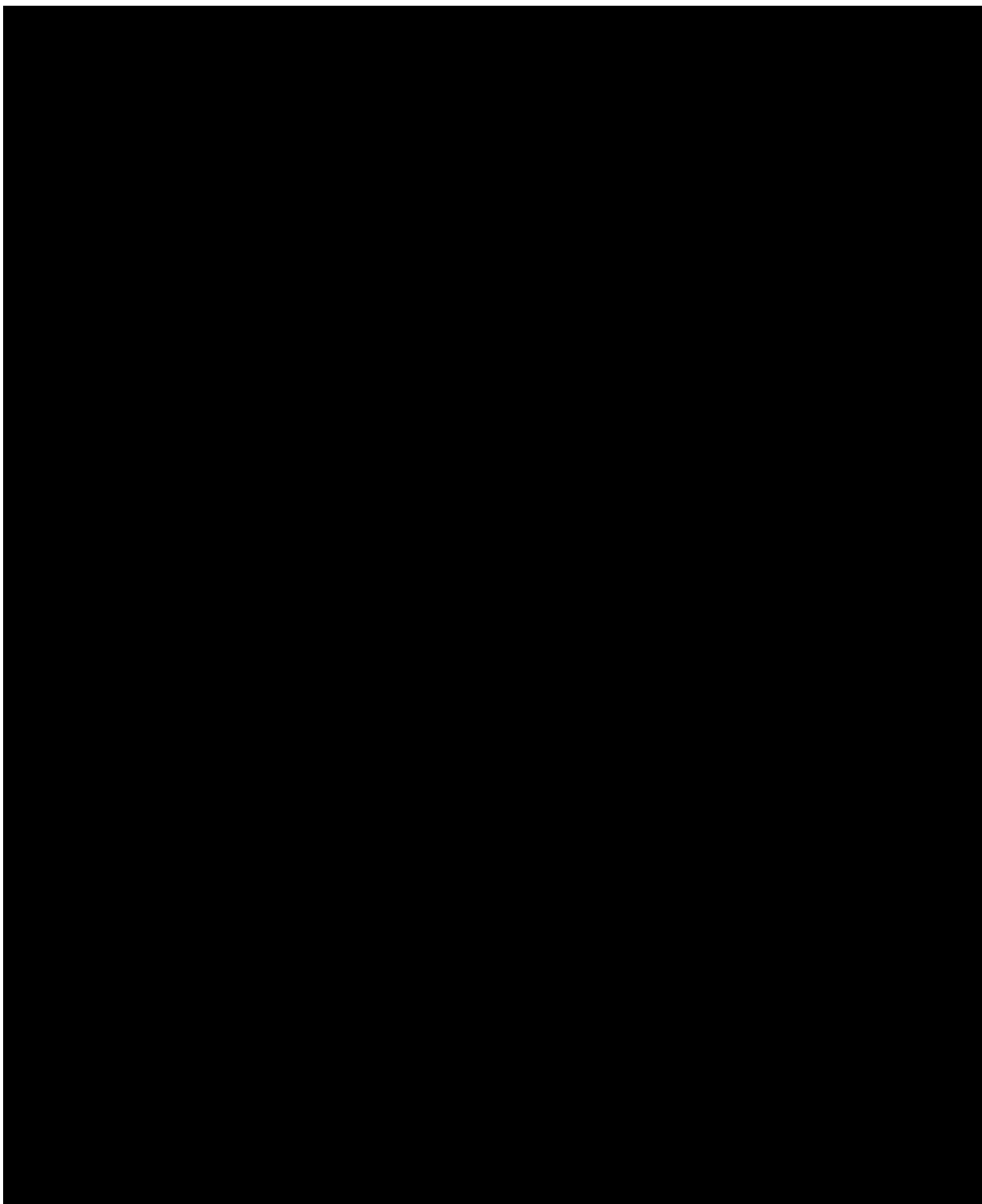






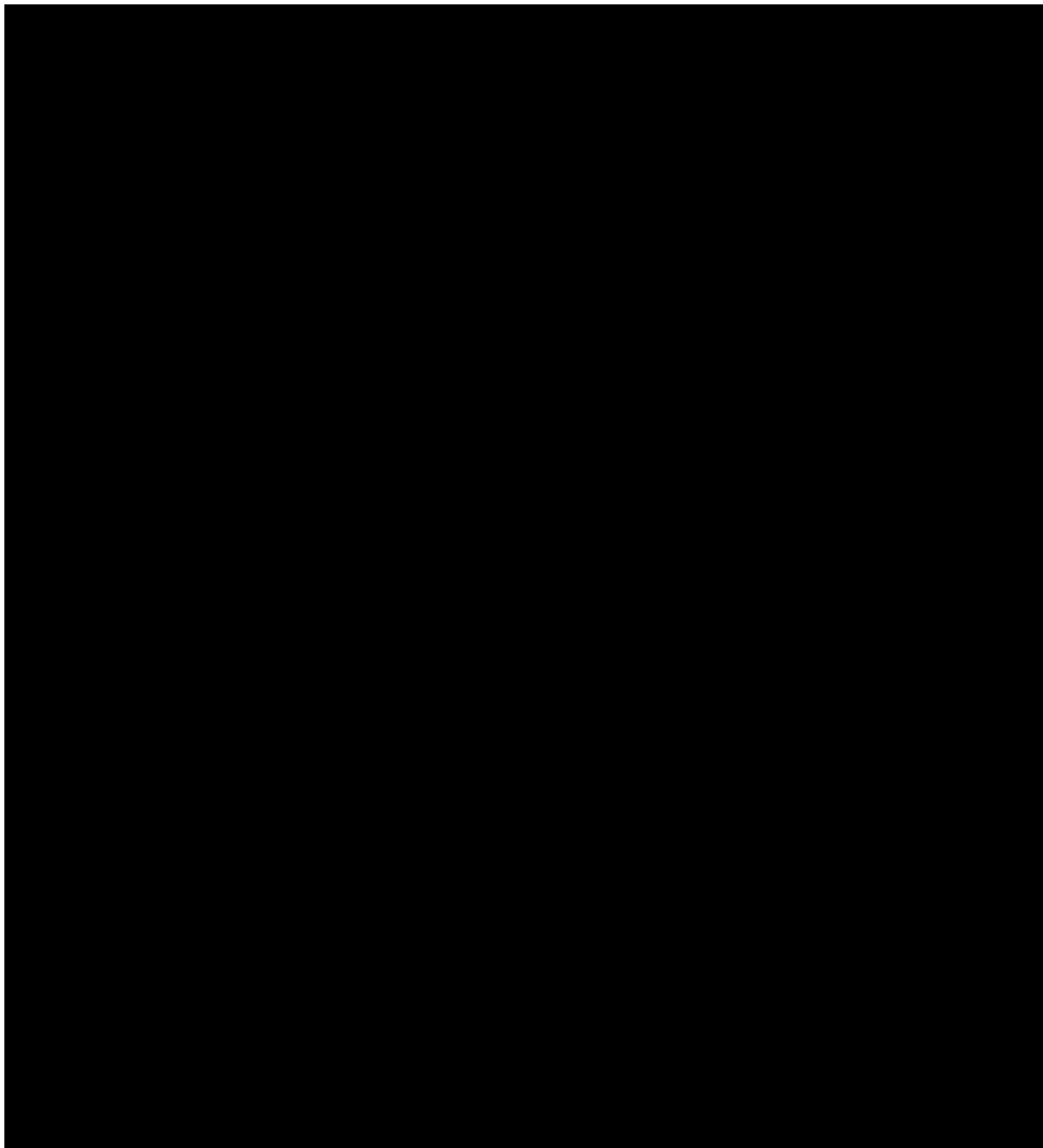
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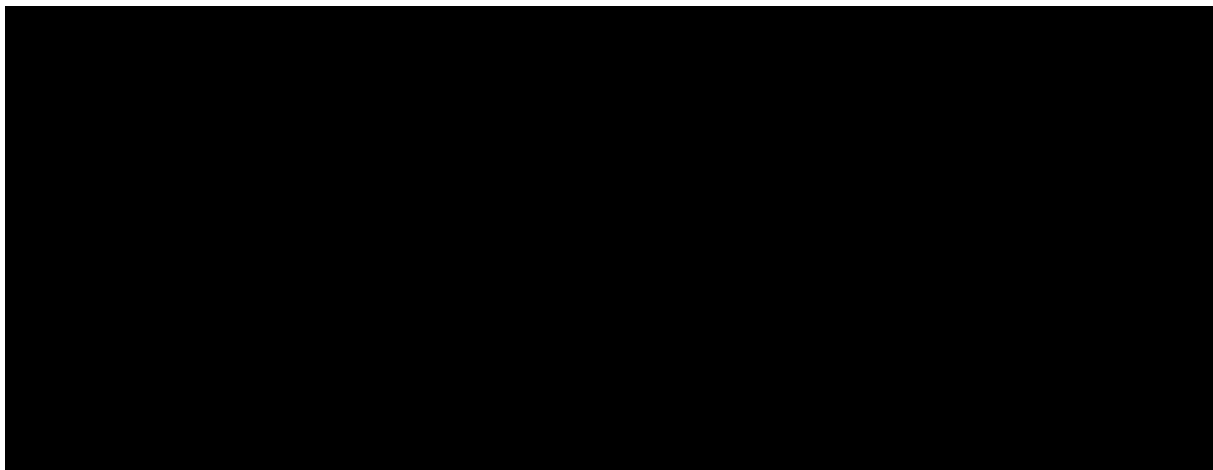
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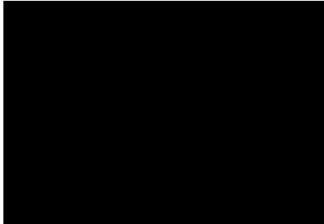
www.wpath.org/uspath
uspath@wpath.org

phone: 1+(847) 752-5328
fax: 1+(224) 633-2166

November 2, 2021

Erica Anderson, PhD
USPATH President

STAFF

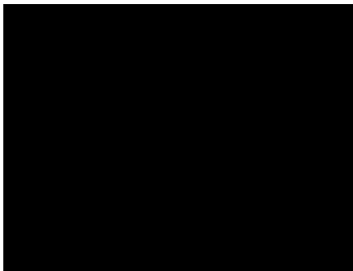


EXECUTIVE COMMITTEE

President
Erica Anderson, PhD

Immediate Past-President
Joshua Safer, MD, FACP

President-Elect
Madeline Deutsch, MD, MPH



CONFIDENTIAL

Via email

Dr. Anderson:

This letter concerns an article published on October 4, 2021, [linked here](#), in which you were interviewed and quoted. In the article you were identified as being a member of the WPATH Board of Directors, a position you held in service to the USPATH Board, as a part of your role as the President of USPATH.

In the article, you are quoted as saying:

"It is my considered opinion that due to some of the — let's see, how to say it? what word to choose? — due to some of the, I'll call it just 'sloppy,' sloppy healthcare work, that we're going to have more young adults who will regret having gone through this process. And that is going to earn me a lot of criticism from some colleagues, but given what I see — and I'm sorry, but it's my actual experience as a psychologist treating gender variant youth — I'm worried that decisions will be made that will later be regretted by those making them."

You have been a member of the USPATH Board of Directors and Executive Committee in your roles as President-Elect, and then President, since 2019. At no point during your tenure in these roles have you initiated a dialogue about your concerns, created an exploratory committee or task force, or suggested any other process to investigate this matter in a manner consistent with our organization's values of open, scientific discourse, nor have you otherwise expressed this concern to the Executive Committee or the Board. You made no proposal or



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uspath@wpath.org

phone: 1+(847) 752-5328
fax: 1+(224) 633-2166

STAFF



attempt to have a symposium or discussion on this matter at the upcoming 2021 USPATH Conference. A search was conducted and no publications or editorials in the peer-reviewed literature on your stated concerns regarding this subject with you listed as an author or co-author were found, and to our knowledge you are not now, nor have you ever been, an investigator or co-investigator on any research study concerning the care of transgender and gender diverse youth. We intended to discuss this matter with you at the October 8, 2021, Board meeting, however you asked that it be removed from the agenda, and then informed us during the meeting that you had to leave early.

EXECUTIVE COMMITTEE

President
Erica Anderson, PhD

Immediate Past-President
Joshua Safer, MD, FACP

President-Elect
Madeline Deutsch, MD, MPH



You granted an interview in the lay press with an author with known biases regarding the care of transgender and gender diverse youth, during a period of intense politicization and when litigation is in progress in multiple US jurisdictions, where legislation aims to prohibit such care by statute. You did not discuss this interview or forthcoming article with the Board in advance. Such actions sidestep and politicize the scientific process and demonstrate poor judgment in the discharge of your role as Board President.

As such the USPATH Board of Directors is serving you with this formal letter of reprimand for such actions as described above.

Regards

USPATH Board of Directors

Re: [EXTERNAL] Medscape article with new comments from Dr. Anderson

From: "Deutsch, Madeline" [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Date: Mon, 29 Nov 2021 13:21:04 -0500

Hello all. I e-mailed Erica requesting clarification on the timing of the editorial submission and received this auto-reply. Please see the below highlighted area. [REDACTED] please provide a timeline for the release of the WPATH press policy. If it is not forthcoming within the next week or two, then I would like to make setting an interim policy a priority agenda item for the next Board meeting.

will be away and out of the office from Saturday November 20th through Tuesday November 30th. If you are a prospective patient please contact me after November 30th if a current patient and you are in crisis please follow the plans we have or contact the nearest emergency room. For all others be aware that I will be responding only on a limited basis during this time. For media requests you are welcome to leave an inquiry/contact on my website: www.dreicaanderson.com Feel free to leave me a message. Please get vaccinated and stay safe.
Thanks Dr Erica

PS check out my new web site <https://www.dreicaanderson.com>

From: Deutsch, Madeline [REDACTED]
Sent: Monday, November 29, 2021 9:53 AM

[REDACTED]

Subject: Re: [EXTERNAL] Medscape article with new comments from Dr. Anderson

Thank you [REDACTED]

For our upcoming meeting, we have many topics to cover as this is my first meeting as President and we will have 2 new Board members.

I would like to keep discussion on this topic brief and focused on the process issues regarding the timing of this submission in light of the reprimand letter given. I will ask Erica to provide documentation of the timeline of this submission, as well as any efforts made on her part to withdraw the article after receipt of the reprimand letter, if that occurred.

Regarding the content and the larger issues at play, I will be proposing a process to begin immediately to explore and address these concerns, we can discuss that process.

I'd like to avoid getting into a back-and-forth about the article and its content during this meeting and instead focus on process.

Please let me know if there are concerns about this approach.

Best,

Maddie

From: [REDACTED]

Sent: Monday, November 29, 2021 9:41 AM

To: Deutsch, Madeline [REDACTED]

Subject: RE: [EXTERNAL] Medscape article with new comments from Dr. Anderson

This Message Is From an External Sender

This message came from outside your organization.

Hi All

I do not have any insight on timing or retraction timing. I do believe that this was submitted prior to the letter.

Best

From: Deutsch, Madeline [REDACTED]

Sent: Friday, November 26, 2021 10:39 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: Re: [EXTERNAL] Medscape article with new comments from Dr. Anderson

Another publication, this one an editorial in the Washington Post. Again setting aside the content discussion, [REDACTED] was this finalized with WaPo before the letter of reprimand? Seems that since this is an op Ed and not an article, it could have been retracted at any time.

<https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/>

Maddie Deutsch, MD, MPH

Sent from my mobile device

On Nov 24, 2021 12:39 PM, "Deutsch, Madeline" <[REDACTED]> wrote:

Thank you [REDACTED] for weighing in and clarifying that the interview likely took place prior to the Letter of Reprimand. I am glad that a press policy is forthcoming, which will allow us to pivot away from policing internal behavior and focus on the actual scientific aspects of these concerns.

I did want to remark that prior to sending my messages below, I reached out to Erica directly for comments about the article and she did not respond. I reached out to her again this morning and her reply was, "I think my comments to the USPATH and WPATH Boards were clear". I don't know why she did not reply as [REDACTED] did above, and simply state that the interview was given prior to the Reprimand.

[REDACTED] in response to your comments, I've always been open to scientific discussion about these matters, and that has been expressed in my e-mails to the group, as well as in the statement released to the public and the content of the Reprimand letter. I've repeatedly expressed my intention to make exploring these issues top priority once I assume the Presidency. There is nothing new to my outlook on this matter. I was one of the first people to study and publish research on approaches to assessment, see my 2012 paper on a study of informed consent in hormone prescribing published in IJT and welcome scientific discussion. My concern has been, and continues to be, the nature of these discussions and the fora in which they occur.

Best,

Maddie

From: [REDACTED]
Sent: Wednesday, November 24, 2021 10:03 AM
To: Deutsch, Madeline [REDACTED]
Cc: [REDACTED]
Subject: RE: [EXTERNAL] Medscape article with new comments from Dr. Anderson

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Dear All

Thank you for your thoughts, and asking me to weigh in.

This interview was more than likely granted prior to the letter that Erica received, based on when Medscape reached out to others for this interview, given that, I do not recommend any further action at this time.

As noted before, and following a WPATH special board meeting, we are working towards finalizing a press policy by mid-December, which will be a required document for all WPATH and USPATH board members to sign, with this in place, proper procedures must be followed.

I do also want to mention that your current bylaws do not allow for a change in position from an officer to a director position, and this is not something I have ever seen in any association's bylaws.

Most importantly, I want to wish all of you and yours a safe, relaxing, and enjoyable Thanksgiving.

All best

PS I will be taking the rest of the day off, and our offices will be closed on Thursday and Friday. If there is an urgent matter that cannot wait until next week, please note that [REDACTED] Managing Director, is available, if necessary. She has been added to this email thread and I have brought her up to speed on all.

From: Deutsch, Madeline [REDACTED]

Sent: Tuesday, November 23, 2021 3:38 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: Re: [EXTERNAL] Medscape article with new comments from Dr. Anderson

Thank you for those who have shared your thoughts. I see 3 issues here.

One is that Erica has now given another press interview on this topic, in which she re-affirmed her statements in the Shrier article, without notifying or consulting with the Board, even after her recent letter of reprimand. This requires action by the Board in my view. I will ask [REDACTED] to weigh in, but I would in the least want to consider removing her from her Past-President role and moving her to a member-at-large position. I am concerned that we have given Erica a reprimand yet she continues to speak to the press, and if we take no action then she has no disincentive to continue to do so.

A second is the issue of de/retransitioning, and a third is the issue of insuring quality and safety in trans youth care. I sent the below message with regards to those matters. I am sure that we all have much to contribute to these discussions. What I would like to do with the next Board meeting is after taking care of all a number of administrative matters that will be on the agenda, pivot to starting these processes. It will be important that we remain focused on and actionable and solutions-based approach, that is strategic, addresses the very real medical and psychosocial patient care issues at play as well as the charged political atmosphere, and that has a clear and timely plan of action. I will encourage Board members to have off-line discussions or e-mail exchanges amongst yourselves in advance of this meeting as needed so that we can focus on developing actionable steps to

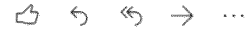
appropriately address this issue at the meeting.

Best,

Maddie



Deutsch, Madeline
Sun 11/7/2021 9:28 PM



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I think we may have succeeded in our tactics for today, the larger issue still looms, and a position statement from USPATH is expected. I would like to create a USPATH task force that will examine this issue by the numbers. We will need to engage impartial experts in the field who are qualified to do this work and have no history of conflict of interest. For example, I would not consider Lisa Littman to be impartial given her recent appearance with Megyn Kelly. Concurrently we should have a separate well qualified and impartial expert task force which will examine qualifications and training considerations, as well as quality assurance and improvement, for those who assess transgender youth for initiation of hormone therapy or blockers.

...

From: [Redacted]
Sent: Tuesday, November 23, 2021 12:09 PM
To: [Redacted]
Cc: [Redacted]; Deutsch, Madeline

Subject: RE: [EXTERNAL] Medscape article with new comments from Dr. Anderson

This Message Is From an External Sender

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This Message was Encrypted.

The thing that I struggle with is that de/retransitioners have always been a part of my community, and to a lesser degree my medical practice. There's some idea that people either essentially are or are not trans that these people are running with, which is so dangerous to people who de/retransition, and not the idea that different genders fit people better at different times and those things are fluid. I'd really like to focus our response on this on the idea that de/retransition doesn't make someone "not trans," but is a normal part of life. I'd like to do something to promote the idea that de/retransition isn't "failure" on the part of medical providers, but a normal part of having trans people around, and emphasize that we should welcome de/retransitioners into our practice,

because they do have unique health needs that are best addressed by someone familiar with trans medicine.

There's so much stigma out there for de/retransitioners – I just had a surgeon cancel a routine vaginoplasty repair and request a psych eval because they patient detransitioned.

So do we want to make some sort of statement? Or start working with WPATH to have this addressed at next year's conference?

From: [REDACTED]
Sent: Tuesday, November 23, 2021 12:24 PM
To: [REDACTED]
Cc: [REDACTED]; Maddie Deutsch
[REDACTED]
Subject: RE: [EXTERNAL] Medscape article with new comments from Dr. Anderson

I would like to go on a retreat in the woods, with campfires and marshmallows!

From: [REDACTED]
Sent: Tuesday, November 23, 2021 7:13 AM
To: [REDACTED]
Cc: [REDACTED]; Maddie Deutsch
[REDACTED]
Subject: Re: [EXTERNAL] Medscape article with new comments from Dr. Anderson (EXTERNAL EMAIL)

CAUTION: BE CAREFUL WITH THIS MESSAGE

[REDACTED]

going on "what the children say," as Erica put it, and on what we/parents/teachers observe in their behavior...there's no litmus test. And there's no assessment tool that captures all the ways internal signals can sometimes be misread as related to gender when they're not, or not completely, as can happen with borderline personality and other identity-related conditions, and which is occurring more often (in my observation) as trans/nonbinary identities are more visible, available, and (yay) accepted. We're just beginning to see responsible, trans-led investigations on some of this (see this lit review on psychosis in trans folks by Sebastian Barr et al.: https://secure-web.cisco.com/1Vy3VDNyPrSa2LmP-Lamce6lJH9UR12zTR4GnfWydMvni7EewunzZ4kHJSL5FirXA_yoC2nuj98qL9PiTZ_AeeslUsRY2N9xrH2iqciegZnlpiCA6_8MUIZNNQHT6q2TYEWrf4mhNpRtGuUw7iRbB_PFDyz7ek2F5JvjvgprpxthSgPcx_xqZT_6tws4pySLb1wsudyj2sg2Y64yWeQWJ2VI8qeEmMGaz8a7A6WHbeJn8nDprUx6HKkq2NtWI5t1IXJbw4rD4pnSJ6pXIUXRpQLfKH6gnRH25wjgM90iyeMVWfDQ26Vafza-tVZeM-CKRHuKDuUmqp8WjlkY1v3oP-

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On Nov 23, 2021, at 8:47 AM, [REDACTED] wrote:

Has anyone yet listened to the Genspect conference? It's available on YouTube and i'm about halfway through. The first half has been about the same things we've heard over and over, "3000% increase in transmasc individuals" (although they are all referred to as female), poor understanding of Cecilia DeJehne's work, complaining about lack of data to substantiate the need for timely care, etc. I don't know why some people are susceptible to the small but loud minority voice and am deeply grieved by community members who are as well. Perhaps we should discuss amongst our Board? [REDACTED]

Sent from my iPhone

On Nov 23, 2021, at 4:42 AM, [REDACTED] wrote:

CAUTION: BE CAREFUL WITH THIS MESSAGE



At Endocrine Society, we have had a lot of difficulty with the publications coming from Medscape on this topic (and have had to involve our legal group). William Malone (an

endocrinologist from Idaho) heads up one of these fringe societies and frequently is interviewed in their articles, and frequently disrupts sessions on this topic at ES meetings. Unfortunately speaking to Medscape is about the equivalent to speaking to Shrier in my opinion.

Sent from Workspace ONE Boxer

On November 22, 2021 at 22:54:57 CST, Deutsch, Madeline [REDACTED] wrote:

A new article with remarks from Dr. Anderson in which she defends her comments to Abigail Shrier. Limiting the discussion to Board members who will be continuing after the election and present at the next meeting.

https://secure-web.cisco.com/1LFK4DEu6ree3RWJho8PXxG3L9yEKRP9Y9Gjsl1pN2YmBrutHwzujDbaOJGGgt6JOtwV08tubBc8RhbfcvW9ZORaBdw-oVtHomItUoaW3WU43HsLGOXqgEqBD01cUt7BlggKR_KEXj_4JoHLnOR8wUlaFd-bKAN5A92cTRzmnKDYHcO4ImxhGz2jM5NME8MAleFM6L8rd5LqKQS9N3ph1dRKVvysA3ID5uAqe3DwiG-FTBOyMPoj-9eHO-uw36GMm1t_ITYI-8fng_MCONp-ft48zOIJ-HL1sAE_F4YERbLLWUruL1RZaMbzuilBUzR9ulUUTAW29VpJRzrLtlqrFmnyAyyvONjHiej5Q36KEpo4w9UzFKxJqxy2K73LyTFeSh6o4WqLzJxmCwiod_VXT8mJ63Q62KTO8m3WtKjku33hJ2QBYC8uJmap8KN7rwYIcyA4g0UXotjLXTw/https%3A%2F%2Fwww.medscape.com%2Fviewarticle%2F963269%3Ffbclid%3DIwAR0vncXauYOI3KS_egajmIKfcJh5aFPKvT5rciDs3Wf71kquN5atNA3asVU

Transgender Docs Warn About Gender-Affirmative Care for Youth

Some of America's leading experts on transgender medicine say their concerns about the quality of the evaluations of adolescents and young adults with gender dysphoria are being stifled by activists who are worried that open discussions will further stigmatize trans youth and add fuel to the conflagration of anti-trans legislation sweeping across the nation.

The clinicians who have raised warning flags say the health of young people is their primary concern.

Others agree that it is time to take a closer look at the widely backed "gender-affirmative care" model and the quality of care being delivered, but they believe it should be done in the halls of academia, not through the lay press or on social media.

The latest skirmish was set off by comments made by Marci Bowers, MD, president-elect of the World Professional Association for Transgender Health (WPATH), and Erica Anderson, PhD, president of the US Professional Association for Transgender Health (USPATH) and USPATH representative to the WPATH board.

The comments come from an interview with Abigail Shrier, author of the book entitled, *Irreversible Damage*, which has drawn controversy because of its assertion that some adolescents are experiencing what has been dubbed "rapid-onset" gender dysphoria (ROGD). The term was first coined in 2018 by researcher Lisa Littman, MD, MPH, president of The Institute for Comprehensive Gender Dysphoria Research (ICGDR), but is not officially accepted.

However, many researchers in the field acknowledge the phenomenon that it describes: a huge increase in the Western world of teenagers and young adults suddenly expressing a transgender identity seemingly out of the blue, when previously there had been no indication that they were uncomfortable with their biological sex. This phenomenon has also variously been termed late- or adolescent-onset gender dysphoria, and differs from prior descriptions of gender dysphoria, which was primarily observed in younger children.

"We're Going to Have More Young Adults Who Regret...This Process"

Dr Erica Anderson

In the Shrier substack article, published on October 4, Bowers and Anderson (both of whom are transgender) lament the state of assessments and care for children and adolescents experiencing gender dysphoria.

Anderson, a clinical psychologist, told Shrier, that "due to some of the I'll call it just 'sloppy' healthcare work that we're going to have more young adults who will regret having gone through this process."

Now, in an interview with Medscape Medical News, Anderson says she stands by the comments she made to Schrier. "I'm concerned that there are some...providers of mental health [care] and medical providers who are not observing WPATH standards of care and who may be less fully qualified to deliver care."

One of the "sloppy" things she says she's witnessed is providers "believing that the gender-affirmative approach is simply taking what the children say and running with it."

The "gender affirmative" approach for children with gender dysphoria means different things at different ages. In the case of kids who have not yet entered puberty associated with their birth sex, this might include prescribing so-called "puberty blockers" to delay natural puberty — gonadotrophin-releasing hormone analogs that are licensed for use in precocious puberty in children. They have not been licensed for use in children with gender dysphoria, so such use is off-label.

Following puberty blockade, or in cases where adolescents have already undergone natural puberty, the next step is to begin "cross-sex" hormones. So, for a girl (female) who wants to transition to male (FTM), that would be lifelong testosterone, and for a male who wants to be female (MTF), it involves lifelong estrogen. Again, use of such hormones in transgender individuals is off-label.

Many of these individuals also decide to access surgery, although this usually happens when they are legally adults (at age 18 and older). In the case of FTM, surgery involves a double mastectomy, euphemistically called "top surgery", to remove the breasts and give the chest the appearance of a male. Boys wishing to transition to female may get breast implants, although in many cases, estrogen causes enough breast tissue to grow. So-called "bottom surgery" is more complex. For MTF, it involves removal of the testicles and penile inversion to form a "neo-vagina". And for FTM, it may involve a hysterectomy, removal of the ovaries, and a phalloplasty, a complex and multistaged procedure to create a penis.

An evaluation for gender dysphoria requires a comprehensive picture of every young person, their journey, and a medical and psychological profile, Anderson stresses.

"To simply act as if a child is a reliable reporter about this area but not nearly every other area is preposterous," she explains.

Anderson says she's not criticizing all providers or all transgender care.

But she's concerned "that in the haste which some, in my opinion, have exercised to provide gender care to youth...some providers are either ignoring what they know about adolescents, or they're setting it aside for the time being in the service of expediting care that's gender-affirming."

"It disturbs me a great deal, which is why I'm speaking out, even though I've incurred the ire of some people who think that just by speaking out I am causing problems," says Anderson.

Bowers, a gynecologic surgeon, has felt similar pressure. She told Shrier: "There are definitely people who are trying to keep out anyone who doesn't absolutely buy the party line that everything should be affirming and that there's no room for dissent."

She also told Shrier she was "not a fan" of administering puberty blockers at Tanner Two stage of puberty.

Puberty blockers inhibit genital tissue growth, which can make affirmation surgeries more difficult for children who do eventually transition and choose to opt for gender-reassignment surgery, said Bowers.

She is also worried that puberty blockers, combined with cross-sex hormones afterward, may impact children's "sexual health later and ability to find intimacy."

Bowers did not respond to requests from Medscape Medical News for additional comment.

Discussions Should Be in Academia, Not on Social Media or in Lay Press

Dr Jason Rafferty

Some 8 days after the Shrier article was published, USPATH and WPATH issued a joint statement that it stood behind "the appropriate care of transgender and gender diverse youth, which includes, when indicated, the use of 'puberty blockers,'" and "the use of gender-affirming hormones such as estrogen or testosterone."

The two organizations also say they "oppose the use of the lay press, either impartial or of any political slant or viewpoint, as a forum for scientific debate of these issues, or the politicization of these issues in any way."

Jason Rafferty, MD, MPH, EdM, lead author of the American Academy of Pediatrics (AAP) 2018 policy statement on caring for transgender and gender-diverse children and adolescents, said he agrees that discussions about the gender-affirmative care model should be held mainly among professionals.

He also acknowledged that "parents are coming to us with a lot of fear and trepidation about what's ahead."

Shrier's article "played on some of those fears — that the future after gender-affirmative care is really scary," says Rafferty, a pediatrician and child psychiatrist at the gender and sexuality clinic and Adolescent Healthcare Center at Hasbro Children's Hospital in Providence, Rhode Island.

Nevertheless, he told Medscape Medical News that concerns voiced by Bowers and Anderson are "legitimate."

Lone Voices or a Growing Chorus?

Anderson says that she and another psychologist, Laura Edwards-Leeper, PhD, are among the few willing to speak out.

"Others have dubbed Dr Edwards-Leeper and I the 'brave ones' because we're willing to talk about these issues," she says.

Anderson was, until October, a clinical psychologist at the Child and Adolescent Gender Clinic at the University of California at San Francisco. She told Medscape Medical News that she resigned "to pursue other opportunities."

Edwards-Leeper is professor emeritus in the School of Graduate Psychology at Pacific University in Hillsboro, Oregon, and was on the American Psychological Association (APA) Task Force that developed practice guidelines for working with transgender individuals.

She is currently chair of the child and adolescent committee for WPATH.

Dr Laura Edwards-Leeper

Anderson and Edwards-Leeper have been criticized for speaking about their concerns, whether in a 60 Minutes broadcast in May that focused on detransitioners (individuals who transition to the opposite sex but then change their minds and 'detransition'), to Shrier, or in other forums.

The two psychologists recently submitted an op-ed to The New York Times but were turned down, a fact mentioned by Anderson in the Shrier article and confirmed to Medscape Medical News.

Even that was fodder for critics. "Please don't talk to anti-trans journalists because you're mad the NYT rejected your op-ed," tweeted Jack Turban, MD, a few weeks after the Shrier substack article appeared.

Turban is a child psychiatry fellow at Stanford University School of Medicine, California, who specializes in the mental health of transgender youth, and he also writes op-eds for The New York Times. He did not appear to tweet directly at anyone, but his target seemed clear.

Young Adults Are Vulnerable: Gender Not Exempt From Peer Influence

Edwards-Leeper tells Medscape Medical News: "We're not going to be helping any youth if we're not trying to look critically at the practices that are happening and try to improve upon things that maybe need to be changed."

She worries, for instance, that 18-to-25-year-olds are often treated as "small adults" — that is, they can give informed consent but are not given a complete mental health evaluation. There's a portion who "are developmentally much younger" than adults, Edwards-Leeper says.

She agrees, too, that some minors are getting "sloppy" care. Adolescents' psychological development is complex and not always fully understood, she stresses.

"There's this idea that if a person says they're trans, they're trans, and that the person knows who they are better than anyone else," says Edwards-Leeper.

"There is truth to that from my perspective, but it is a lot more complicated when we're talking about an adolescent who is trying to figure out their identity and is influenced by a lot of factors."

Anderson also sees this as an issue. Teenagers influence each other, so it should not come as a surprise that peer influence is a factor for sexual or gender identity, she says.

"It's not the one area that's exempt from peer influence," she emphasizes, although she is also conversely certain "that a persistent, true trans identity is not caused by peer influence."

It's also a positive that more young people are expressing gender-variant identities because it indicates a more open and accepting society, Anderson believes.

But the issue is: "How do we determine which of these kids are going to fit into an identity different than cis?" she explains. "Honestly I'm not sure we have the data yet to be certain."

"Nobody who has been doing this work for a long time does presume that every child who at some point says they're trans will persist as being trans," Anderson insists.

"What Is Occurring Is an Unregulated Experiment on Children"

Anderson, Bowers, and Edwards-Leeper are not alone.

Finland issued new treatment guidelines in mid-2020 emphasizing that psychotherapy should be the first line of treatment for gender dysphoria for adolescents, as detailed in a Medscape Medical News feature in April.

And in May of this year, Sweden's Karolinska University Hospital, along with other gender clinics in the country, stopped prescribing puberty blockers and cross-sex hormones to individuals under age 18. And even more recently, the Royal Australian and New Zealand College of Psychiatrists also said that mental health evaluations by competent providers are essential before any medical treatments are offered to young people.

Some individuals — it's unclear how many — have transitioned back to their natal sex and are described as "detransitioners".

Medscape Medical News recently reported on a survey of 100 detransitioners by Littman, who coined the phrase ROGD, which found that half of those who detransitioned felt they did not receive an adequate evaluation from a clinician or mental health provider before transitioning.

Dr William Malone

William Malone, MD, an advisor to the Society for Evidence-Based Gender Medicine, who has spoken out and written critically about what he views as the serious harms of puberty blockers, cross-sex hormones, and gender-affirming surgery, told Medscape Medical News: "What is occurring is an

unregulated experiment on children, and frequently clinics are not even properly collecting long-term outcomes."

"Even with COVID-19 and clear life-and-death outcomes, we are running randomized controlled trials to figure out which treatments work," stresses Malone, an endocrinologist based in Twin Falls, Idaho.

Malone says Anderson and Bowers are likely both concerned about the health of young people and equally worried about US state laws that are issuing blanket prohibitions against hormonal and surgical interventions for gender-variant youth.

"Medicine is part science, part art," he says.

"Perhaps these clinicians want to preserve the 'art,' which they may fear will be taken away if the field does not start policing itself by starting to acknowledge the lack of solid evidence foundations for much of what's happening today in the field."

Introducing Genspect: Parents Are Pushing Back

Edwards-Leeper says more and more parents are organizing and expressing concern about the speed of medical transitions. Increasingly, they are complaining that they "can't find a therapist who will actually engage in exploring the kid's gender and what might be going on related to their dysphoria to make sure it's the right thing," she says.

"They're almost all liberal, progressive, left-leaning, supportive of LGBTQ people, very smart, very resourceful parents," she notes.

One of those groups is Genspect, an international organization that advocates for "neutral space" for children to explore their gender identity and opposes medical transition for children.

It has recently launched a page where parents can leave a short, 4-minute audio testimonial that details how their lives have been impacted by their child suddenly declaring a transgender identity.

And this Saturday, November 20, Genspect is organizing the first-ever webinar about ROGD, which will feature Littman, David Bell — a psychiatrist who used to work at the foremost gender clinic for children in the UK, the Tavistock clinic — and one of Genspect's founders, psychotherapist Stella O'Malley.

In an interview published in the wake of the Shrier substack article, O'Malley told The Australian: "The big names associated with this vast experiment seem to be re-positioning themselves from being fervent advocates to now seeking caution —sadly for thousands of families this is too little, too late."

Rafferty, the AAP guideline author, told Medscape Medical News that he also hears concerns from parents that things may be moving too quickly. "That is something we need to listen to," he says.

Is Gender-Affirmative Care Reversible?

But Rafferty also believes that transitioning is not a "one-time decision," where "once they start, they're on this train that's left the station and they can't turn back, they can't change anything." He tells parents, "That's not the gender-affirmative care model."

The model dictates that with every visit the care is affirming, he says. "And if something doesn't feel affirming, to slow down, to explore it," Rafferty emphasizes.

Puberty blockers may be the right approach initially, but they can always be stopped if it's no longer the right tactic, he explains.

"At the end of the day, it's not about people being transgender, it's about people being really confident and comfortable in their body and their identity," he says.

The Endocrine Society issued a statement to Medscape Medical News in which it says that its 2017 clinical practice guideline on the hormonal treatment of gender-dysphoric/gender incongruent persons emphasizes that a thorough mental health evaluation is essential. In the case of children, a diagnosis of gender dysphoria or gender incongruence should be made by a mental health professional who has training or experience in child and adolescent gender development, as well as child and adolescent psychopathology, it notes.

"It is important that mental health care is available before, during, and sometimes also after transitioning," added the Endocrine Society, in its statement.

The Society also noted that the American Medical Association, the APA, the Pediatric Endocrine Society, the European Society of Endocrinology, the European Society for Paediatric Endocrinology, and the AAP "are in alignment with us on the importance of gender-affirming care," which includes puberty blockers.

"Being forced to experience puberty consistent with the sex recorded at birth is extremely distressing for many transgender and gender-diverse individuals," the Endocrine Society adds. That, in turn, can "result in higher psychological problem scores and can raise the person's risk of committing suicide or other acts of self-harm," noted the statement. "Further, undergoing

puberty that does not match a person's gender identity can create the need for more medical procedures as an adult," it adds.

It is, however, widely accepted that most children who take puberty blockers will progress to transition with cross-sex hormones. Figures for this vary by study but are — even at the lower limit — upwards of 87%, and in many cases, closer to 97%-99%. Therefore, far from being reversible, puberty blockers appear to be a "one-way path" to transition, say Malone and other critics.

The WPATH Standards of Care, 8th revision, is due to be published by the end of 2021. Both Anderson and Edwards-Leeper are involved in those new guidelines and cannot comment on how they might change, if at all.

Malone says he has been following the process "with interest," but "what I have seen to date is not reassuring." For instance, he says that a systematic review of evidence commissioned by WPATH on cross-sex hormones is "very weak" in that it concludes that hormones are "likely beneficial." In addition, the review does not discuss potential harms, he says.

Demand Outstrips Supply: Proper Evaluation Isn't "Conversion Therapy"

More gender-variant and transgender teens have been turning to online services and Planned Parenthood clinics (in the United States) for puberty blockers or cross-sex hormones.

In most states, Planned Parenthood, formerly a provider of just contraception and abortion services, administers cross-sex hormones to anyone over age 18 with informed consent, and in some states, to those aged 16 or 17 with parental consent. A mental health evaluation is not required.

Anderson says she's concerned about this lack of mental health evaluation.

"I'm worried that they're not getting what they should get in preparation for such a life-changing decision," she tells Medscape Medical News.

She acknowledges, however, that demand for transgender care is outstripping the supply of qualified providers. "Many of the better clinics have waiting lists and it takes months to get in for an initial appointment," she says, noting that some parents and young people understandably don't want to wait.

WPATH's Global Education Institute has trained some 5000 clinicians worldwide on transgender care.

But most US practicing mental health professionals "had no training in transgender healthcare," says Anderson. "So now they're trying to play catch-up."

"We need more and better care for trans youth," she emphasizes.

That's echoed by Edwards-Leeper.

Providers should be "properly and comprehensively assessing the individual young person and figuring out an individualized treatment plan for them, which may or may not involve medical interventions, but they should always be done before any medical intervention per the standards of care, but especially before hormones," she tells Medscape Medical News.

This is "not conversion therapy, you're not trying to change their gender, you're just trying to help them sort out where this all came from and what it is that's actually going to help them feel better," stresses Edwards-Leeper.

Rafferty agrees on the need for a thorough individualized assessment — preferably by a multidisciplinary team, as recommended in the AAP guidelines. But he also says those assessments should not be delayed.

It's a fine line for clinicians, children, and families to tread, and they all must work in concert, he says. "Kids are often focused on the here and now, the distress and the dysphoria they are feeling today, which is very legitimate, and I think what the research tells us is important to recognize."

Making them "watch and wait" is not appropriate, he says. But, "on the flip side, we do need to be thinking long term, we do need to be thinking about side effects," and that often is the purview of the parents, he adds, noting, "I welcome parents challenging me with things they are really worried about."

Anderson continues to lobby for caution.

"In my opinion, there is nothing as significant as a gender change," she says, noting that it transforms the individual "biologically, psychologically, and socially."

"If we try to make patients make good decisions about anything at all, we should redouble our efforts when it comes to gender care," she concludes.

Alicia Ault is a Lutherville, Maryland-based freelance journalist whose work has appeared in publications including JAMA, [Smithsonian.com](https://www.smithsonian.com), The New York Times, and The Washington Post. You can find her on Twitter: @aliciaault.

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Re: [EXTERNAL] Medscape article with new comments from Dr. Anderson

From: [REDACTED]

To: [REDACTED]

Cc: [REDACTED]

Date: Mon, 29 Nov 2021 15:28:18 -0500

My 2 cents worth...stop haranguing Erica. Are we going after Marci next...??? She's technically our boss since we fall under WPATH...yes?? Our very existence is under attack. This is not an issue that will be solved with science unfortunately. If science ruled, everyone would be vaccinated and we would already have a nation powered by renewables. This is a political / religious freedom issue and with the conservative six pack now ruling the Court...LGBTQ will be the next target once they reverse Roe. It's all about messaging and it's going to have to be Facebook, Instagram, TikTok...maybe even Maddie and /or Marci on Fox News, preferably Chris Wallace. If Republicans take the House in 2022 and the White House in 2024, trans will be a coastal existence only. Scoff at me if you want, but we are way behind politically and if SOC 8 loosens the reins any more...a lot to disc but STOP attacking our own. The Board has damaged Erica enough for just speaking her mind.

Sent from my iPhone

On Nov 29, 2021, at 11:19, Deutsch, Madeline [REDACTED] wrote:

Thank you [REDACTED].

For our upcoming meeting, we have many topics to cover as this is my first meeting as President and we will have 2 new Board members.

I would like to keep discussion on this topic brief and focused on the process issues regarding the timing of this submission in light of the reprimand letter given. I will ask Erica to provide documentation of the timeline of this submission, as well as any efforts made on her part to withdraw the article after receipt of the reprimand letter, if that occurred.

Regarding the content and the larger issues at play, I will be proposing a process to begin immediately to explore and address these concerns, we can discuss that process.

I'd like to avoid getting into a back-and-forth about the article and its content during this meeting and instead focus on process.

Please let me know if there are concerns about this approach.

Best,

Maddie

From: [REDACTED]

Sent: Monday, November 29, 2021 9:41 AM

To: Deutsch, Madeline [REDACTED]

Subject: RE: [EXTERNAL] Medscape article with new comments from Dr. Anderson

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Hi All

I do not have any insight on timing or retraction timing. I do believe that this was submitted prior to the letter.

Best

From: Deutsch, Madeline [REDACTED]

Sent: Friday, November 26, 2021 10:39 AM

Subject: Re: [EXTERNAL] Medscape article with new comments from Dr. Anderson

Another publication, this one an editorial in the Washington Post. Again setting aside the content discussion, [REDACTED] was this finalized with WaPo before the letter of reprimand? Seems that since this is an op Ed and not an article, it could have been retracted at any time.

<https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/>

Maddie Deutsch, MD, MPH

Sent from my mobile device

On Nov 24, 2021 12:39 PM, "Deutsch, Madeline" [REDACTED] wrote:

Thank you [REDACTED] for weighing in and clarifying that the interview likely took place prior to the Letter of Reprimand. I am glad that a press policy is forthcoming, which will allow us to pivot away from policing internal behavior and focus on the actual scientific aspects of these concerns.

I did want to remark that prior to sending my messages below, I reached out to Erica directly for comments about the article and she did not respond. I reached out to her again this morning and her reply was, "I think my comments to the USPATH and WPATH Boards were clear". I don't know why she did not reply as [REDACTED] did above, and simply state that the interview was given prior to the Reprimand.

[REDACTED] in response to your comments, I've always been open to scientific discussion about these matters, and that has been expressed in my e-mails to the group, as well as in the statement released to the public and the content of the Reprimand letter. I've repeatedly expressed my intention to make exploring these issues top priority once I assume the Presidency. There is nothing new to my outlook on this matter. I was one of the first people to study and publish research on approaches to assessment, see my 2012 paper on a study of informed consent in hormone prescribing published in IJT and welcome scientific discussion. My concern has been, and continues to be, the nature of these discussions and the fora in which they occur.

Best,

Maddie

From: [REDACTED]
Sent: Wednesday, November 24, 2021 10:03 AM
To: Deutsch, Madeline [REDACTED]
[REDACTED]
Subject: RE: [EXTERNAL] Medscape article with new comments from Dr. Anderson

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Dear All

Thank you for your thoughts, and asking me to weigh in.

This interview was more than likely granted prior to the letter that Erica received, based on when Medscape reached out to others for this interview, given that, I do not recommend any further action at this time.

As noted before, and following a WPATH special board meeting, we are working towards finalizing a press policy by mid-December, which will be a required document for all WPATH and USPATH board members to sign, with this in place, proper procedures must be followed.

I do also want to mention that your current bylaws do not allow for a change in position from an officer to a director position, and this is not something I have ever seen in any association's bylaws.

Most importantly, I want to wish all of you and yours a safe, relaxing, and enjoyable Thanksgiving.

All best

[REDACTED]

PS I will be taking the rest of the day off, and our offices will be closed on Thursday and Friday. If there is an urgent matter that cannot wait until next week, please note that [REDACTED] Managing Director, is available, if necessary. She has been added to this email thread and I have brought her up to speed on all.

From: Deutsch, Madeline [REDACTED]

Sent: Tuesday, November 23, 2021 3:38 PM

[REDACTED]

Subject: Re: [EXTERNAL] Medscape article with new comments from Dr. Anderson

Thank you for those who have shared your thoughts. I see 3 issues here.

One is that Erica has now given another press interview on this topic, in which she re-affirmed her statements in the Shrier article, without notifying or consulting with the Board, even after her recent letter of reprimand. This requires action by the Board in my view. I will ask [REDACTED] to weigh in, but I would in the least want to consider removing her from her Past-President role and moving her to a member-at-large position. I am concerned that we have given Erica a reprimand yet she continues to speak to the press, and if we take no action then she has no dis-incentive to continue to do so.

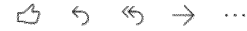
A second is the issue of de/retransitioning, and a third is the issue of insuring quality and safety in trans youth care. I sent the below message with regards to those matters. I am sure that we all have much to contribute to these discussions. What I would like to do with the next Board meeting is after taking care of all a number of administrative matters that will be on the agenda, pivot to starting these processes. It will be important that we remain focused on and actionable and solutions-based approach, that is strategic, addresses the very real medical and psychosocial patient care issues at play as well as the charged political atmosphere, and that has a clear and timely plan of action. I will encourage Board members to have off-line discussions or e-mail exchanges amongst yourselves in advance of this meeting as needed so that we can focus on developing actionable steps to appropriately address this issue at the meeting.

Best,

Maddie



Deutsch, Madeline
Sun 11/7/2021 9:28 PM



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I think we may have succeeded in our tactics for today, the larger issue still looms, and a position statement from USPATH is expected. I would like to create a USPATH task force that will examine this issue by the numbers. We will need to engage impartial experts in the field who are qualified to do this work and have no history of conflict of interest. For example, I would not consider Lisa Littman to be impartial given her recent appearance with Megyn Kelly. Concurrently we should have a separate well qualified and impartial expert task force which will examine qualifications and training considerations, as well as quality assurance and improvement, for those who assess transgender youth for initiation of hormone therapy or blockers.

.....

From: [Redacted]
Sent: Tuesday, November 23, 2021 12:09 PM
To: [Redacted]
Cc: [Redacted]; Deutsch, Madeline [Redacted]
Subject: RE: [EXTERNAL] Medscape article with new comments from Dr. Anderson

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The thing that I struggle with is that de/retransitioners have always been a part of my community, and to a lesser degree my medical practice. There's some idea that people either essentially are or are not trans that these people are running with, which is so dangerous to people who de/retransition, and not the idea that different genders fit people better at different times and those things are fluid. I'd really like to focus our response on this on the idea that de/retransition doesn't make someone "not trans," but is a normal part of life. I'd like to do something to promote the idea that de/retransition isn't "failure" on the part of medical providers, but a normal part of having trans people around, and emphasize that we should welcome de/retransitioners into our practice, because they do have unique health needs that are best addressed by someone familiar with trans medicine.

There's so much stigma out there for de/retransitioners – I just had a surgeon cancel a routine vaginoplasty repair and request a psych eval because they patient detransitioned.

So do we want to make some sort of statement? Or start working with WPATH to have this addressed at next year's conference?

From [REDACTED]
Sent: Tuesday, November 23, 2021 12:24 PM
To: [REDACTED]
Cc: [REDACTED]; Maddie Deutsch
[REDACTED]
Subject: RE: [EXTERNAL] Medscape article with new comments from Dr. Anderson

I would like to go on a retreat in the woods, with campfires and marshmallows!

From [REDACTED]
Sent: Tuesday, November 23, 2021 7:13 AM
To: [REDACTED]
Cc: [REDACTED]; Maddie Deutsch
[REDACTED]
Subject: Re: [EXTERNAL] Medscape article with new comments from Dr. Anderson (EXTERNAL EMAIL)

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going on "what the children say," as Erica put it, and on what we/parents/teachers observe in their behavior...there's no litmus test. And there's no assessment tool that captures all the ways internal signals can sometimes be misread as related to gender when they're not, or not completely, as can happen with borderline personality and other identity-related conditions, and which is occurring more often (in my observation) as trans/nonbinary identities are more visible, available, and (yay) accepted. We're just beginning to see responsible, trans-led investigations on some of this (see this lit review on psychosis in trans folks by Sebastian Barr et al.: https://secure-web.cisco.com/1Vy3VDNyPrSa2LmP-Lamce6lJH9UR12zTR4GnfWydMvni7EewunzZ4kHJSL5FirXA_yoC2nuj98qL9PiTZ_AeeslUsRY2N9xrH2jqciegZnlpjCA6_8MUIZNNQHT6q2TYEWrF4mhNpRtGuUw7iRbB_PFDyz7ek2F5JvjvgprpxthSgPcxxqZT_6tws4pySLb1wsudyj2sg2Y64yWeQWJ2VI8qeEmMGaz8a7A6WHbeJn8nDprUx6HKkg2NtWI5t11XJbw4rD4pnSJ6pXIUXRpQLfKH6gnRH25wjgM90iyeMVWfDQ26Vafza-tVZeM-CKRHuKDuUmgp8WjIkY1v3oP-WZBeZhQRnfx2zyWWW9UHBaZLysBETIXQqEY0BRNw9o51pg05sKyHGxYTarbuw7QYFLxTIUcafPPCwxSVZ_C-

[e32lgsde4uvdQ0KoCrAHCO3ET4FBBfWy1v8vc0mHNol3rpg/https%3A%2F%2Fwww.sciencedirect.com%2Fscience%2Farticle%2Fpii%2FS0165178121005679%3Fdgcid%3Dauthor](https://www.sciencedirect.com/science/article/pii/S0165178121005679)) but nothing yet to my knowledge that specifically addresses this weird moment we're in with kids/pandemic/social media. I've heard shrill voices on both sides, and in my view, this shouldn't be a "sides" kind of thing. As in politics, polarization occurs when each "side" doesn't really listen to the other. But to present a more nuanced discussion invites weaponization by the TERFy ROGD people, and their "side" is more comprehensible to scared parents (and probably most of the cis-het masses, to be honest), even when we're talking about a tiny minority of people who retransition/regret/think they made a mistake. Right now I'm really wishing we could all go on a think-tank retreat somewhere (preferably with a campfire)...this feels so big for an email discussion or even a board meeting.



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On Nov 23, 2021, at 8:47 AM, [REDACTED] wrote:

Has anyone yet listened to the Genspect conference? It's available on YouTube and i'm about halfway through. The first half has been about the same things we've heard over and over, "3000% increase in transmasculine individuals" (although they are all referred to as female), poor understanding of Cecilia Dejeune's work, complaining about lack of data to substantiate the need for timely care, etc. I don't know why some people are susceptible to the small but loud minority voice and am deeply grieved by community members who are as well. Perhaps we should discuss amongst our Board? [REDACTED]

Sent from my iPhone

On Nov 23, 2021, at 4:42 AM, [REDACTED] wrote:

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At Endocrine Society, we have had a lot of difficulty with the publications coming from Medscape on this topic (and have had to involve our legal group). William Malone (an

endocrinologist from Idaho) heads up one of these fringe societies and frequently is interviewed in their articles, and frequently disrupts sessions on this topic at ES meetings.

Unfortunately speaking to Medscape is about the equivalent to speaking to Shrier in my opinion.

Sent from Workspace ONE Boxer

On November 22, 2021 at 22:54:57 CST, Deutsch, Madeline

[REDACTED]

A new article with remarks from Dr. Anderson in which she defends her comments to Abigail Shrier. Limiting the discussion to Board members who will be continuing after the election and present at the next meeting.

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Transgender Docs Warn About Gender-Affirmative Care for Youth

Some of America's leading experts on transgender medicine say their concerns about the quality of the evaluations of adolescents and young adults with gender dysphoria are being stifled by activists who are worried that open discussions will further stigmatize trans youth and add fuel to the conflagration of anti-trans legislation sweeping across the nation.

The clinicians who have raised warning flags say the health of young people is their primary concern.

Others agree that it is time to take a closer look at the widely backed "gender-affirmative care" model and the quality of care being delivered, but they believe it should be done in the halls of academia, not through the lay press or on social media.

The latest skirmish was set off by comments made by Marci Bowers, MD, president-elect of the World Professional Association for Transgender Health (WPATH), and Erica Anderson, PhD, president of the US Professional Association for Transgender Health (USPATH) and USPATH representative to the WPATH board.

The comments come from an interview with Abigail Shrier, author of the book entitled, *Irreversible Damage*, which has drawn controversy because of its assertion that some adolescents are experiencing what has been dubbed "rapid-onset" gender dysphoria (ROGD). The term was first coined in 2018 by researcher Lisa Littman, MD, MPH, president of The Institute for Comprehensive Gender Dysphoria Research (ICGDR), but is not officially accepted.

However, many researchers in the field acknowledge the phenomenon that it describes: a huge increase in the Western world of teenagers and young adults suddenly expressing a transgender identity seemingly out of the blue, when previously there had been no indication that they were uncomfortable with their biological sex. This phenomenon has also variously been termed late- or adolescent-onset gender dysphoria, and differs from prior descriptions of gender dysphoria, which was primarily observed in younger children.

"We're Going to Have More Young Adults Who Regret...This Process"

Dr Erica Anderson

In the Shrier substack article, published on October 4, Bowers and Anderson (both of whom are transgender) lament the state of assessments and care for children and adolescents experiencing gender dysphoria.

Anderson, a clinical psychologist, told Shrier, that "due to some of the I'll call it just 'sloppy' healthcare work that we're going to have more young adults who will regret having gone through this process."

Now, in an interview with Medscape Medical News, Anderson says she stands by the comments she made to Schrier. "I'm concerned that there are some...providers of mental health [care] and medical providers who are not observing WPATH standards of care and who may be less fully qualified to deliver care."

One of the "sloppy" things she says she's witnessed is providers "believing that the gender-affirmative approach is simply taking what the children say and running with it."

The "gender affirmative" approach for children with gender dysphoria means different things at different ages. In the case of kids who have not

yet entered puberty associated with their birth sex, this might include prescribing so-called "puberty blockers" to delay natural puberty — gonadotrophin-releasing hormone analogs that are licensed for use in precocious puberty in children. They have not been licensed for use in children with gender dysphoria, so such use is off-label.

Following puberty blockade, or in cases where adolescents have already undergone natural puberty, the next step is to begin "cross-sex" hormones. So, for a girl (female) who wants to transition to male (FTM), that would be lifelong testosterone, and for a male who wants to be female (MTF), it involves lifelong estrogen. Again, use of such hormones in transgender individuals is off-label.

Many of these individuals also decide to access surgery, although this usually happens when they are legally adults (at age 18 and older). In the case of FTM, surgery involves a double mastectomy, euphemistically called "top surgery", to remove the breasts and give the chest the appearance of a male. Boys wishing to transition to female may get breast implants, although in many cases, estrogen causes enough breast tissue to grow. So-called "bottom surgery" is more complex. For MTF, it involves removal of the testicles and penile inversion to form a "neo-vagina". And for FTM, it may involve a hysterectomy, removal of the ovaries, and a phalloplasty, a complex and multistaged procedure to create a penis.

An evaluation for gender dysphoria requires a comprehensive picture of every young person, their journey, and a medical and psychological profile, Anderson stresses.

"To simply act as if a child is a reliable reporter about this area but not nearly every other area is preposterous," she explains.

Anderson says she's not criticizing all providers or all transgender care.

But she's concerned "that in the haste which some, in my opinion, have exercised to provide gender care to youth...some providers are either ignoring what they know about adolescents, or they're setting it aside for the time being in the service of expediting care that's gender-affirming."

"It disturbs me a great deal, which is why I'm speaking out, even though I've incurred the ire of some people who think that just by speaking out I am causing problems," says Anderson.

Bowers, a gynecologic surgeon, has felt similar pressure. She told Shrier: "There are definitely people who are trying to keep out anyone who doesn't absolutely buy the party line that everything should be affirming and that there's no room for dissent."

She also told Shrier she was "not a fan" of administering puberty blockers at Tanner Two stage of puberty.

Puberty blockers inhibit genital tissue growth, which can make affirmation surgeries more difficult for children who do eventually transition and choose to opt for gender-reassignment surgery, said Bowers.

She is also worried that puberty blockers, combined with cross-sex hormones afterward, may impact children's "sexual health later and ability to find intimacy."

Bowers did not respond to requests from Medscape Medical News for additional comment.

Discussions Should Be in Academia, Not on Social Media or in Lay Press

Dr Jason Rafferty

Some 8 days after the Shrier article was published, USPATH and WPATH issued a joint statement that it stood behind "the appropriate care of transgender and gender diverse youth, which includes, when indicated, the use of 'puberty blockers,'" and "the use of gender-affirming hormones such as estrogen or testosterone."

The two organizations also say they "oppose the use of the lay press, either impartial or of any political slant or viewpoint, as a forum for scientific debate of these issues, or the politicization of these issues in any way."

Jason Rafferty, MD, MPH, EdM, lead author of the American Academy of Pediatrics (AAP) 2018 policy statement on caring for transgender and gender-diverse children and adolescents, said he agrees that discussions about the gender-affirmative care model should be held mainly among professionals.

He also acknowledged that "parents are coming to us with a lot of fear and trepidation about what's ahead."

Shrier's article "played on some of those fears — that the future after gender-affirmative care is really scary," says Rafferty, a pediatrician and child psychiatrist at the gender and sexuality clinic and Adolescent Healthcare Center at Hasbro Children's Hospital in Providence, Rhode Island.

Nevertheless, he told Medscape Medical News that concerns voiced by Bowers and Anderson are "legitimate."

Lone Voices or a Growing Chorus?

Anderson says that she and another psychologist, Laura Edwards-Leeper, PhD, are among the few willing to speak out.

"Others have dubbed Dr Edwards-Leeper and I the 'brave ones' because we're willing to talk about these issues," she says.

Anderson was, until October, a clinical psychologist at the Child and Adolescent Gender Clinic at the University of California at San Francisco. She told Medscape Medical News that she resigned "to pursue other opportunities."

Edwards-Leeper is professor emeritus in the School of Graduate Psychology at Pacific University in Hillsboro, Oregon, and was on the American Psychological Association (APA) Task Force that developed practice guidelines for working with transgender individuals.

She is currently chair of the child and adolescent committee for WPATH.

Dr Laura Edwards-Leeper

Anderson and Edwards-Leeper have been criticized for speaking about their concerns, whether in a 60 Minutes broadcast in May that focused on detransitioners (individuals who transition to the opposite sex but then change their minds and 'detransition'), to Shrier, or in other forums.

The two psychologists recently submitted an op-ed to The New York Times but were turned down, a fact mentioned by Anderson in the Shrier article and confirmed to Medscape Medical News.

Even that was fodder for critics. "Please don't talk to anti-trans journalists because you're mad the NYT rejected your op-ed," tweeted Jack Turban, MD, a few weeks after the Shrier substack article appeared.

Turban is a child psychiatry fellow at Stanford University School of Medicine, California, who specializes in the mental health of transgender youth, and he also writes op-eds for The New York Times. He did not appear to tweet directly at anyone, but his target seemed clear.

Young Adults Are Vulnerable: Gender Not Exempt From Peer Influence

Edwards-Leeper tells Medscape Medical News: "We're not going to be helping any youth if we're not trying to look critically at the practices that are happening and try to improve upon things that maybe need to be changed."

She worries, for instance, that 18-to-25-year-olds are often treated as "small adults" — that is, they can give informed consent but are not given a complete mental health evaluation. There's a portion who "are developmentally much younger" than adults, Edwards-Leeper says.

She agrees, too, that some minors are getting "sloppy" care. Adolescents' psychological development is complex and not always fully understood, she stresses.

"There's this idea that if a person says they're trans, they're trans, and that the person knows who they are better than anyone else," says Edwards-Leeper.

"There is truth to that from my perspective, but it is a lot more complicated when we're talking about an adolescent who is trying to figure out their identity and is influenced by a lot of factors."

Anderson also sees this as an issue. Teenagers influence each other, so it should not come as a surprise that peer influence is a factor for sexual or gender identity, she says.

"It's not the one area that's exempt from peer influence," she emphasizes, although she is also conversely certain "that a persistent, true trans identity is not caused by peer influence."

It's also a positive that more young people are expressing gender-variant identities because it indicates a more open and accepting society, Anderson believes.

But the issue is: "How do we determine which of these kids are going to fit into an identity different than cis?" she explains. "Honestly I'm not sure we have the data yet to be certain."

"Nobody who has been doing this work for a long time does presume that every child who at some point says they're trans will persist as being trans," Anderson insists.

"What Is Occurring Is an Unregulated Experiment on Children"

Anderson, Bowers, and Edwards-Leeper are not alone.

Finland issued new treatment guidelines in mid-2020 emphasizing that psychotherapy should be the first line of treatment for gender dysphoria for adolescents, as detailed in a Medscape Medical News feature in April.

And in May of this year, Sweden's Karolinska University Hospital, along with other gender clinics in the country, stopped prescribing puberty blockers and cross-sex hormones to individuals under age 18. And even more recently, the Royal Australian and New Zealand College of Psychiatrists also said that mental health evaluations by competent providers are essential before any medical treatments are offered to young people.

Some individuals — it's unclear how many — have transitioned back to their natal sex and are described as "detransitioners".

Medscape Medical News recently reported on a survey of 100 detransitioners by Littman, who coined the phrase ROGD, which found that half of those who detransitioned felt they did not receive an adequate evaluation from a clinician or mental health provider before transitioning.

Dr William Malone

William Malone, MD, an advisor to the Society for Evidence-Based Gender Medicine, who has spoken out and written critically about what he views as the serious harms of puberty blockers, cross-sex hormones, and gender-affirming surgery, told Medscape Medical News: "What is occurring is an unregulated experiment on children, and frequently clinics are not even properly collecting long-term outcomes."

"Even with COVID-19 and clear life-and-death outcomes, we are running randomized controlled trials to figure out which treatments work," stresses Malone, an endocrinologist based in Twin Falls, Idaho.

Malone says Anderson and Bowers are likely both concerned about the health of young people and equally worried about US state laws that are issuing blanket prohibitions against hormonal and surgical interventions for gender-variant youth.

"Medicine is part science, part art," he says.

"Perhaps these clinicians want to preserve the 'art,' which they may fear will be taken away if the field does not start policing itself by starting to acknowledge the lack of solid evidence foundations for much of what's happening today in the field."

Introducing Genspect: Parents Are Pushing Back

Edwards-Leeper says more and more parents are organizing and expressing concern about the speed of medical transitions. Increasingly, they are complaining that they "can't find a therapist who will actually engage in exploring the kid's gender and what might be going on related to their dysphoria to make sure it's the right thing," she says.

"They're almost all liberal, progressive, left-leaning, supportive of LGBTQ people, very smart, very resourceful parents," she notes.

One of those groups is Genspect, an international organization that advocates for "neutral space" for children to explore their gender identity and opposes medical transition for children.

It has recently launched a page where parents can leave a short, 4-minute audio testimonial that details how their lives have been impacted by their child suddenly declaring a transgender identity.

And this Saturday, November 20, Genspect is organizing the first-ever webinar about ROGD, which will feature Littman, David Bell — a psychiatrist who used to work at the foremost gender clinic for children in the UK, the Tavistock clinic — and one of Genspect's founders, psychotherapist Stella O'Malley.

In an interview published in the wake of the Shrier substack article, O'Malley told The Australian: "The big names associated with this vast experiment seem to be re-positioning themselves from being fervent advocates to now seeking caution —sadly for thousands of families this is too little, too late."

Rafferty, the AAP guideline author, told Medscape Medical News that he also hears concerns from parents that things may be moving too quickly. "That is something we need to listen to," he says.

Is Gender-Affirmative Care Reversible?

But Rafferty also believes that transitioning is not a "one-time decision," where "once they start, they're on this train that's left the station and they can't turn back, they can't change anything." He tells parents, "That's not the gender-affirmative care model."

The model dictates that with every visit the care is affirming, he says. "And if something doesn't feel affirming, to slow down, to explore it," Rafferty emphasizes.

Puberty blockers may be the right approach initially, but they can always be stopped if it's no longer the right tactic, he explains.

"At the end of the day, it's not about people being transgender, it's about people being really confident and comfortable in their body and their identity," he says.

The Endocrine Society issued a statement to Medscape Medical News in which it says that its 2017 clinical practice guideline on the hormonal treatment of gender-dysphoric/gender incongruent persons emphasizes that a thorough mental health evaluation is essential. In the case of children, a diagnosis of gender dysphoria or gender incongruence should be made by a mental health professional who has training or experience in child and adolescent gender development, as well as child and adolescent psychopathology, it notes.

"It is important that mental health care is available before, during, and sometimes also after transitioning," added the Endocrine Society, in its statement.

The Society also noted that the American Medical Association, the APA, the Pediatric Endocrine Society, the European Society of Endocrinology, the European Society for Paediatric Endocrinology, and the AAP "are in alignment with us on the importance of gender-affirming care," which includes puberty blockers.

"Being forced to experience puberty consistent with the sex recorded at birth is extremely distressing for many transgender and gender-diverse individuals," the Endocrine Society adds. That, in turn, can "result in higher psychological problem scores and can raise the person's risk of committing suicide or other acts of self-harm," noted the statement. "Further, undergoing puberty that does not match a person's gender identity can create the need for more medical procedures as an adult," it adds.

It is, however, widely accepted that most children who take puberty blockers will progress to transition with cross-sex hormones. Figures for this vary by study but are — even at the lower limit — upwards of 87%, and in many cases, closer to 97%-99%. Therefore, far from being reversible, puberty blockers appear to be a "one-way path" to transition, say Malone and other critics.

The WPATH Standards of Care, 8th revision, is due to be published by the end of 2021. Both Anderson and Edwards-Leeper are involved in those new guidelines and cannot comment on how they might change, if at all.

Malone says he has been following the process "with interest," but "what I have seen to date is not reassuring." For instance, he says that a systematic review of evidence commissioned by WPATH on cross-sex hormones is "very weak" in that it concludes that hormones are "likely beneficial." In addition, the review does not discuss potential harms, he says.

Demand Outstrips Supply: Proper Evaluation Isn't "Conversion Therapy"

More gender-variant and transgender teens have been turning to online services and Planned Parenthood clinics (in the United States) for puberty blockers or cross-sex hormones.

In most states, Planned Parenthood, formerly a provider of just contraception and abortion services, administers cross-sex hormones to anyone over age 18 with informed consent, and in some states, to those

aged 16 or 17 with parental consent. A mental health evaluation is not required.

Anderson says she's concerned about this lack of mental health evaluation.

"I'm worried that they're not getting what they should get in preparation for such a life-changing decision," she tells Medscape Medical News.

She acknowledges, however, that demand for transgender care is outstripping the supply of qualified providers. "Many of the better clinics have waiting lists and it takes months to get in for an initial appointment," she says, noting that some parents and young people understandably don't want to wait.

WPATH's Global Education Institute has trained some 5000 clinicians worldwide on transgender care.

But most US practicing mental health professionals "had no training in transgender healthcare," says Anderson. "So now they're trying to play catch-up."

"We need more and better care for trans youth," she emphasizes.

That's echoed by Edwards-Leeper.

Providers should be "properly and comprehensively assessing the individual young person and figuring out an individualized treatment plan for them, which may or may not involve medical interventions, but they should always be done before any medical intervention per the standards of care, but especially before hormones," she tells Medscape Medical News.

This is "not conversion therapy, you're not trying to change their gender, you're just trying to help them sort out where this all came from and what it is that's actually going to help them feel better," stresses Edwards-Leeper.

Rafferty agrees on the need for a thorough individualized assessment — preferably by a multidisciplinary team, as recommended in the AAP guidelines. But he also says those assessments should not be delayed.

It's a fine line for clinicians, children, and families to tread, and they all must work in concert, he says. "Kids are often focused on the here and now, the distress and the dysphoria they are feeling today, which is very legitimate, and I think what the research tells us is important to recognize."

Making them "watch and wait" is not appropriate, he says. But, "on the flip side, we do need to be thinking long term, we do need to be thinking about side effects," and that often is the purview of the parents, he adds, noting, "I welcome parents challenging me with things they are really worried about."

Anderson continues to lobby for caution.

"In my opinion, there is nothing as significant as a gender change," she says, noting that it transforms the individual "biologically, psychologically, and socially."

"If we try to make patients make good decisions about anything at all, we should redouble our efforts when it comes to gender care," she concludes.

Alicia Ault is a Lutherville, Maryland-based freelance journalist whose work has appeared in publications including JAMA, [Smithsonian.com](https://www.smithsonian.com), The New York Times, and The Washington Post. You can find her on Twitter: @aliciaault.

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Re: Important Info re: Recent Washington Post Article

From: Dr Edwards-Leeper <[REDACTED]>
To: [REDACTED]
Cc: marcib[REDACTED]; lorenschechter[REDACTED]; stephen.rosenthal[REDACTED] Eli Coleman <[REDACTED]>
Date: Wed, 01 Dec 2021 11:29:19 -0500

Unfortunately, I'm about to start with my first client. Maybe we can connect briefly later.

Sent from my iPhone

On Dec 1, 2021, at 8:27 AM, [REDACTED] wrote:

Hi Laura

I am not clear what you are referring to in some of this email and would like to discuss with you rather than assume as per an email. I tried calling you, but went to voicemail. My cell is [REDACTED]
[REDACTED]

All best
[REDACTED]

From: Dr. Laura Edwards-Leeper <[REDACTED]>
Sent: Wednesday, December 1, 2021 11:20 AM
To: [REDACTED]
Cc: marcib[REDACTED]; lorenschechter[REDACTED]; Stephen.Rosenthal[REDACTED] Eli Coleman <[REDACTED]>
Subject: Fwd: Important Info re: Recent Washington Post Article

Hi [REDACTED]

Thanks so much for your prompt response and assistance. I hardly slept last night (again) because this is weighing on me so much. I actually received an email from one of the top doctors in WPATH after I sent you the email, thanking me for the piece and sharing how much these issues are also concerning him. Because I feel that time is of the essence, I've decided to go ahead and send what I wrote to the people included on this email, as I know them all personally. I'll leave it to you to share it with the other WPATH leaders. My fear is that if WPATH continues to muzzle clinicians and relay the message to the public that they have no right to know about the debate, WPATH will become the bad guy and not the trusted source; it will undo all public credibility.

Thanks,
Laura

Laura Edwards-Leeper, PhD (she/her/hers)
[REDACTED]
[REDACTED]

[REDACTED]

Website: <http://www.drLauraEdwardsLeeper.com/>

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----- Forwarded message -----

From: [REDACTED]
Date: Wed, Dec 1, 2021 at 5:03 AM
Subject: Re: Important Info re: Recent Washington Post Article
To: [REDACTED]

Dear Laura

Thank you for sending, I will read again more thoroughly and forward to the appropriate people, please give me some time.

Best regards

[REDACTED]

On Dec 1, 2021, at 1:30 AM, Dr. Laura Edwards-Leeper
[REDACTED] wrote:

Hi [REDACTED]

I'm reaching out because I'm not sure who at WPATH I should contact. I figured you could point me in the right direction or pass this on to the appropriate people.

As I'm sure you know, Erica Anderson and I recently had an OpEd published in the Washington Post. We worked on this for 6 months and submitted it in early September. It has been a long and careful process. We had several colleagues give us feedback along the way, as we are well aware that it is an extremely sensitive topic and wanted to approach it in the most balanced and careful way possible. The last thing either of us want to do is hurt trans people, and it is because of the harm we see happening that we wrote the piece. Given that we are both incredibly supportive of WPATH and the SOC, we were sure to make one of our main points in the article be that providers should be following the WPATH SOC. I believe we accomplished that. I think the timing of the piece is actually perfect, given that SOC 8 is coming out soon.

I wanted to let the WPATH leadership know that while we are aware that there are some colleagues who are upset with us for doing this, we have received tremendous support for taking a stand, speaking up, and highlighting the importance of providers following the SOC. It seems that many health care providers and the general public seem to understand that doing so is critical for the well-being of gender dysphoric youth.

I only recently started a Twitter account and I have received 1,478 likes on my page alone for the article, with 587 retweets and 143 comments (as of right now). The comments on the WA Post page were nearing 400 before they shut it off after just a couple of days, and I would estimate 95% were positive. I have had more emails that I can keep up with from people around the world, thanking us for doing the piece. These have come from many, MANY parents, MANY trans people, MANY LGB people, and MANY health care providers (mental and medical). Countless providers have shared that they have been afraid to speak up about their concerns, but they are now going to start doing so. There is a listserve I'm on (mostly pediatric trans medical doctors) and I've had medical and mental health providers from that group privately message, thanking me and telling me they are too afraid to share their feelings with the entire group. That group largely seems to be a dangerous echo chamber that is unable to engage in constructive and critical dialogue about the state of the field, which is incredibly worrisome. Jeffrey Flier, the previous dean of Harvard Medical School re-tweeted the article and wrote "An outstanding, balanced article that incorporates medical science, empathy, and courage." This has been the sentiment of so many others.

I fear that WPATH's recent stance to shut down this conversation was a huge mistake and is resulting in very bad PR for the organization. If there is anything that people will fight to the end for, it's their kids. It would be one thing if these were simply right-wing, religious conservatives, but these parents are highly educated, liberal, and left-leaning. The majority report that they will fully support their child if medical transition is in their best interest, but they are furious that they cannot find providers who are following the SOC, and they are in disbelief that WPATH is trying to censor the conversation.

Parents and others (many trans adults and detransitioners) have reached out to me to ask how they can relay their concerns about what is happening in the field with WPATH. I can direct them to comment on the SOC8 public comments once that is released unless you have a different suggestion.

As the chair of the Child and Adolescent Committee and a member of BOTH the child and adolescent SOC8 committees, I want to strongly urge WPATH leadership to carefully think through the next step regarding this issue. The time is now to course correct before the field completely implodes on itself.

I would be happy to discuss my thoughts and concerns further if that would be helpful.

Sincerely,
Laura Edwards-Leeper

Laura Edwards-Leeper, PhD (she/her/hers)

[REDACTED]

Website: <http://www.drlauraedwardsleeper.com/>

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Re: resignation

From: Dr. Marci Bowers [REDACTED]
To: walterbouman [REDACTED]
Cc: [REDACTED]
Date: Thu, 09 Dec 2021 23:08:29 -0500

Yes. This was avoidable but lack of respect and decency were at the heart of this. That climate remains within USPATH. Very sad.

Kindly.....

Marci Bowers MD
WPATH President-elect
Trevor Project Board of Directors

[REDACTED]

leadership is disappointing your friends at a pace they can handle

On Dec 9, 2021, at 2:25 PM, Walter Bouman [REDACTED] wrote:

Dear [REDACTED]
Thank you for the update and sorry to hear this too.
We can discuss the intricacies and "lessons to be learned " from this sad affair at our next board meeting.
Perhaps we can also discuss sending Erica a letter of thanks for all her years of service to WPATH?
With warm wishes,
Walter

Prof Walter Pierre Bouman MD MA MSc UKCPreg PhD

Consultant in Trans Health/Hon. Professor School of Medicine, University of Nottingham, United Kingdom

President World Professional Association for Transgender Health (WPATH)

Editor-in-Chief International Journal of Transgender Health(IF = 5.333)

Nottingham National Centre for Transgender Health

[REDACTED]

[REDACTED]

On 9 Dec 2021, at 21:46, [REDACTED] wrote:

Dear [REDACTED]

I wanted to forward this to the rest of you since only Loren, Walter, and Marci were included in the message, in addition to Maddie.

I was shocked that she resigned at the very end of the USPATH Board Meeting.

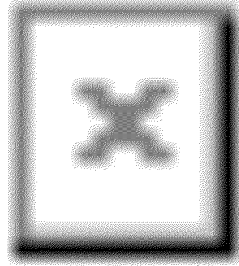
All best

[REDACTED]

From: Erica Anderson [REDACTED]
Sent: Thursday, December 9, 2021 3:31 PM
To: [REDACTED]
Cc: marcib [REDACTED]; walterbouman [REDACTED]
Subject: resignation

Please accept my formal resignation from the USPATH Board of Directors, effective immediately.
Erica Anderson

--



Psy28349 CA Psy1719 MN

she, her, hers

Zoom ID 538-316-9961

Former President USPATH

(United States affiliate of the World Professional Association for Transgender Health/WPATH)

former Board member WPATH

Past President, Northern California Group Psychotherapy Society (NCGPS)

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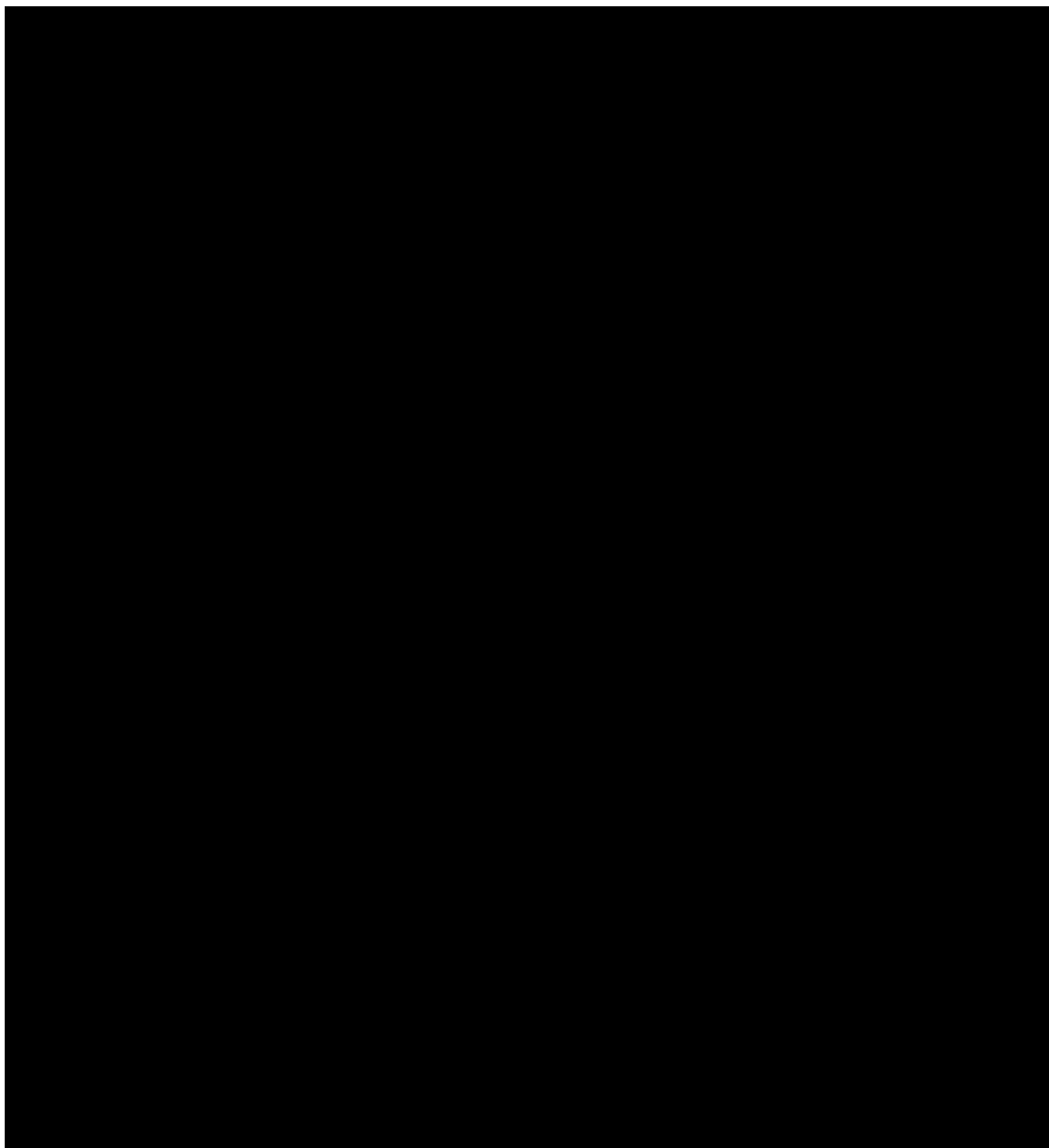
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NOTE: My practice maintains a cancellation policy of a full business day or 24 business hours prior to your appointment time. There is a missed session fee applied for cancellations under 24 hours.

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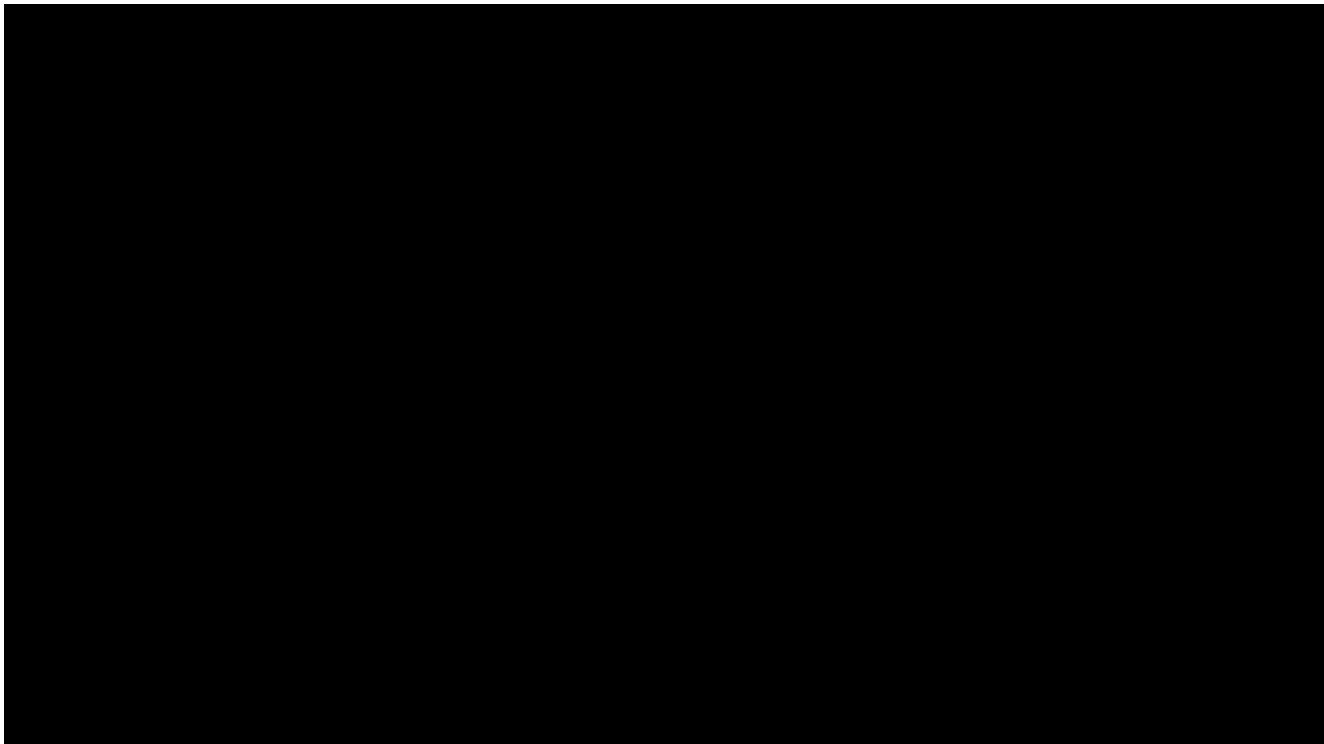
If seeking consulting or for media requests, please go to my consulting website <https://www.drericanderson.com> and submit a request through the

contact form.As of May 1, 2021 I am accepting new patients only on a limited basis.I do not accept insurance payments nor do I bill insurance.



[Redacted]

[Redacted]



Fw: NYTimes Mag fact-checking

From: [REDACTED]
To: [REDACTED]
Date: Tue, 07 Jun 2022 19:15:08 -0400

More fact checks just sent.

From: Mark de Silva [REDACTED]
Sent: Tuesday, June 7, 2022 7:10 PM
To: [REDACTED]
Subject: Re: NYTimes Mag fact-checking

Hi [REDACTED]

I will look forward to the answers to the questions that are still pending. In the meantime, I have some further questions for WPATH. If you could get answers to these, plus the outstanding ones, by Wednesday morning, that would be ideal. We have to close the story soon.

1. Correct that Scott Leibowitz was selected by WPATH in 2017 to lead a group of 7 clinicians and researchers to draft a chapter for SOC8 on adolescents?
2. WPATH Standards of Care (SOC) are meant to set the guidelines for transgender health care worldwide?
3. True that after WPATH was formed in 1979, transgender activists gained increasing influence in the organization?
4. Yet these activists did not contribute to formulating the SOC and its updates over the years?
5. Fair to say that a good number of these activists (rightly or wrongly) view SOC criteria as imposing excessively restrictive, paternalistic, and even demeaning barriers to transgender treatment?

We also have questions about a protest in February 2017 [[see video: <https://www.youtube.com/watch?v=rfgG5TaCzsk>]]. We have spoken with Jamison Green and he believes it is generally accurate, but we would also like see if WPATH sees anything inaccurate here:

6. In February 2017, the inaugural conference of USPATH--the US branch of WPATH--was held in Los Angeles?
7. At this conference, protesters interrupted and picketed a panel featuring [REDACTED]
8. That evening of the protest, at a meeting with the conference leaders, a group of activists led by transgender women of color read aloud a statement in which they said the "entire institution of WPATH" was "violently exclusionary" because it "remains grounded in 'cis-normativity and trans exclusion.'"? [[QUOTES ARE FROM VIDEO]]
9. The group asked for cancellation of [REDACTED] appearance on a second upcoming panel?
10. Jamison Green, who was on the board at the time, agreed to the demand to cancel [REDACTED] appearance on the second panel/symposium? [REDACTED] did not appear further at that 2017 USPATH conference?
11. Green told the protesters: "We are very, very sorry."

On Tue, Jun 7, 2022 at 3:36 PM [REDACTED] > wrote:
Sounds good. Thanks, Mark.
From: Mark de Silva [REDACTED]
Sent: Tuesday, June 7, 2022 3:29 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: NYTimes Mag fact-checking

OK great, thank you for your help with all of this. I will review and be in touch.
On Tue, Jun 7, 2022 at 3:03 PM [REDACTED] wrote:
Mark,

Attached you'll see the updated responses to fact checks for Emily Bazelon's article about what constitutes good care and treatment for transgender and gender-diverse youth.

There are still a few items to be completed. You'll see comments about that in the document.

Thanks so much.

[REDACTED]

--
[REDACTED]

From: [REDACTED]
Sent: Tuesday, June 7, 2022 1:34 PM
To: Lu Fong [REDACTED]
Cc: [REDACTED]; Mark de Silva [REDACTED]; Mark Van de Walle [REDACTED]
Subject: Re: NYTimes Mag fact-checking

No worries, Lu!

From: Lu Fong [REDACTED]
Sent: Tuesday, June 7, 2022 12:47 PM
To: [REDACTED]
Cc: [REDACTED]; Mark de Silva [REDACTED]; Mark Van de Walle [REDACTED]
Subject: Re: NYTimes Mag fact-checking

Many apologies to all— our directory auto populated the wrong "Mark". I'm adding Mark de Silva** here who will be handling things.

On Tue, Jun 7, 2022, 12:00 PM Lu Fong [REDACTED] wrote:

Ah! We seem to have simul-emailed. Adding Mark here so he has what you sent.

He's still getting situated so I'm happy to clarify over the phone—I'm on my cell today: 607-742-1406.

Thanks,
Lu

On Tue, Jun 7, 2022, 11:55 AM [REDACTED] wrote:

Hi Lu.

[REDACTED] and I have worked on your questions and I'm attaching responses to most of them.

However, we are still checking with other WPATH experts on the items you'll see in orange.

As soon as we have clarity on those, I'll get back with you.

I did have a question for you about # 26, so I'll give you a call about that.

Thanks.

[REDACTED]

--

[REDACTED]

From: Lu Fong [REDACTED]
Sent: Monday, June 6, 2022 7:02 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: NYTimes Mag fact-checking

Thanks very much [REDACTED] We can make changes as late as 10 am ET Wednesday morning but given that there may be some follow-up needed, would be best to hear back earlier.

Really appreciate your help!

Best
Lu

On Mon, Jun 6, 2022 at 6:19 PM [REDACTED] wrote:
Hi Lu.

A quick circle back to find out your exact deadline tomorrow.

[REDACTED] and I will be in touch.

Thank you.

[REDACTED]
From: [REDACTED]
Sent: Monday, June 6, 2022 11:48 AM
To: Lu Fong [REDACTED]
Cc: [REDACTED]
Subject: Re: NYTimes Mag fact-checking

Hello Lu.

Thanks for sending the updated questions!

Also, Maddie Deutsch will be in touch today. I texted with her earlier today to remind her and she will definitely be reaching back out to you.

Best

[REDACTED]
From: Lu Fong [REDACTED]
Sent: Monday, June 6, 2022 11:29 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: NYTimes Mag fact-checking

Hi [REDACTED] (Apologies for leaving you off my previous emails),

Emily did a little editing over the weekend and I have a few additional questions to add to the list. I've reattached it here, with additional questions in **bold** and I've also pasted the new qs below.

I'm also hoping you can help me get in touch with Maddie Deutsch? I haven't heard from her since her initial response to Emily and I'm hoping to get her on the phone today or tomorrow. I can also send my questions in writing, if that's easier — please just let me know what might work best.

Appreciate your bearing with our editorial process! Here for any questions or for clarification.

Best,
Lu

ADDITIONAL NYTimes Magazine fact-checking queries

1.

What exact date in December 2021 was the draft version of SOC8 released?

2.

The WPATH SOC8 will be divided into 20 chapters?

3.

Fair to say that the majority of the SOC8 addresses treatment for transgender adults?

4.

All authors of the SOC8 sign a confidentiality agreement?

5.

You gave Emily Bazelon exclusive access to the final SOC8 draft?

6.

The final version of the SOC8 will be released later this month? (June 2022)

7.

The SOC7 released in 2012:

a.

... cited ██████████ work around a dozen times?

b.

... described social transition in early childhood as “controversial”

8.

Fair to say that after ██████████ clinic shut down at the end of 2015, WPATH's approach to care for children and teenagers “transformed”?

9.

If so, would it be fair to assert that as part of this shift, WPATH began viewing reparative therapy as akin to conversion therapy?

On Fri, Jun 3, 2022 at 4:46 PM [REDACTED] wrote:
Thank you, Lu!

We'll get back with you before the deadline.

Glad you're speaking with Maddie Deutsch!

Best,
[REDACTED]



From: Lu Fong [REDACTED]
Sent: Friday, June 3, 2022 4:35 PM
To: [REDACTED]
Subject: Re: NYTimes Mag fact-checking

Hi [REDACTED]

I hope your week is wrapping up well! Please forgive my delay on this — the piece has been undergoing edits and I wanted to have a more stable version before sending you my queries.

I've attached a Word doc with my questions about WPATH here; I've also pasted them below. Please don't hesitate to reach out with any questions or for any clarification!

Deadline is this Tuesday evening but if necessary, we can make changes through Wednesday morning. I'll also be checking in on Maddie Deutsch momentarily.

Many thanks again for your time and help!

All Best
Lu

--

NYTimes Magazine fact-checking queries - WPATH

1.

WPATH stands for World Professional Association for Transgender Health?

2.

WPATH is an international organization?

3.

WPATH was originally named after Harry Benjamin?

4.

WPATH currently has 3000 members? (If not, can you share how many members there are?)

5.

Most
WPATH members are healthcare professionals?

6.

WPATH also includes a small number of social scientists and lawyers?

7.

WPATH was established / founded in 1979?

8.

WPATH also issued its first Standards of Care in 1979?

9.

Fair to say that the first Standards of Care was written by a "small committee"? (That is, how many people were on the first writing committee?)

10.

After its creation, the doctors who
chose
the first committee of authors voted against including a transgender man
who asked to join it?

11.

WPATH Standards of Care has been updated periodically since its
founding?

12.

Fair to say that the WPATH Standards of Care influence the positions taken by major medical groups including the American Academy of Pediatrics and the American Psychological Association?

13.

Fair to say that the WPATH Standards of Care also influence the coverage offered by health insurers and national health services around the world?

14.

The upcoming Standards of Care will be the EIGHTH edition?

15.

The last update happened in 2012?

16.

 were among the authors of the 2012 SOC version?

17.

Prior to the SOC8 proposal, all previous SOC versions required trans adults to live for a year as their preferred gender and provide two referrals from mental health professionals in order to undergo genital surgery?

18.

The SOC8 has instead adopted a model of collaborative decision-making between adult patient and surgeon?

19.

There are seven clinicians drafting the SOC8 chapter on adolescents for the upcoming WPATH guidelines?

20.

All of the following people have been president of WPATH:

a.

Jamison Green

b.

Erica Anderson

21.

Marci Bowers is the president-elect of WPATH and will become president in September of this year?

22.

WPATH issued a statement in October 2021 opposing "the use of the lay press" for scientific debate?

23.

Fair to imply that this statement was in response to the debate surrounding this post by Abigail Shrier, in which Erica Anderson and Marci Bowers were interviewed?

On Tue, May 31, 2022 at 1:43 PM [REDACTED]

wrote:

Thank you, Lu!

From: Lu Fong [REDACTED]

Sent: Tuesday, May 31, 2022 1:39 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: Re: NYTimes Mag fact-checking

Thanks [REDACTED] I'm happy to send my questions in writing, likely some time tomorrow.

Appreciate both your time and help. Will be in touch with queries soon.

Best

Lu

On Tue, May 31, 2022 at 1:30 PM [REDACTED]

wrote:

Hello Lu!

Thanks for reaching out!

I'm ccing WPATH's [REDACTED] who I'll be working with to ensure we can answer all of the fact check questions.

If would be very helpful if you send the questions in writing with the potential for a follow up call to tie up any loose ends. Would that be ok with you?

Best,

[REDACTED]

--

[REDACTED]

From: Lu Fong [REDACTED]
Sent: Tuesday, May 31, 2022 12:53 PM
To: [REDACTED]
Subject: NYTimes Mag fact-checking

Hi [REDACTED]

Thanks again for agreeing to help fact-check Emily's upcoming piece for the NYT Magazine. The story is still being edited into final shape but I will have a list of questions for you regarding WPATH ready in the next day or so ...

Do you have some time in the next few days for a phone call? I'd imagine it'd take around 30-40 minutes and I'm happy to work with your schedule. Just let me know what might work best.

(I can also send my questions in writing, if you prefer, with the understanding that the list will be fairly long.)

Deadline is coming up next week — I'm reachable by email or phone at [REDACTED]

Many thanks and appreciate your time and help!

Best
Lu

--

Lu Fong
The New York Times Magazine

[REDACTED]

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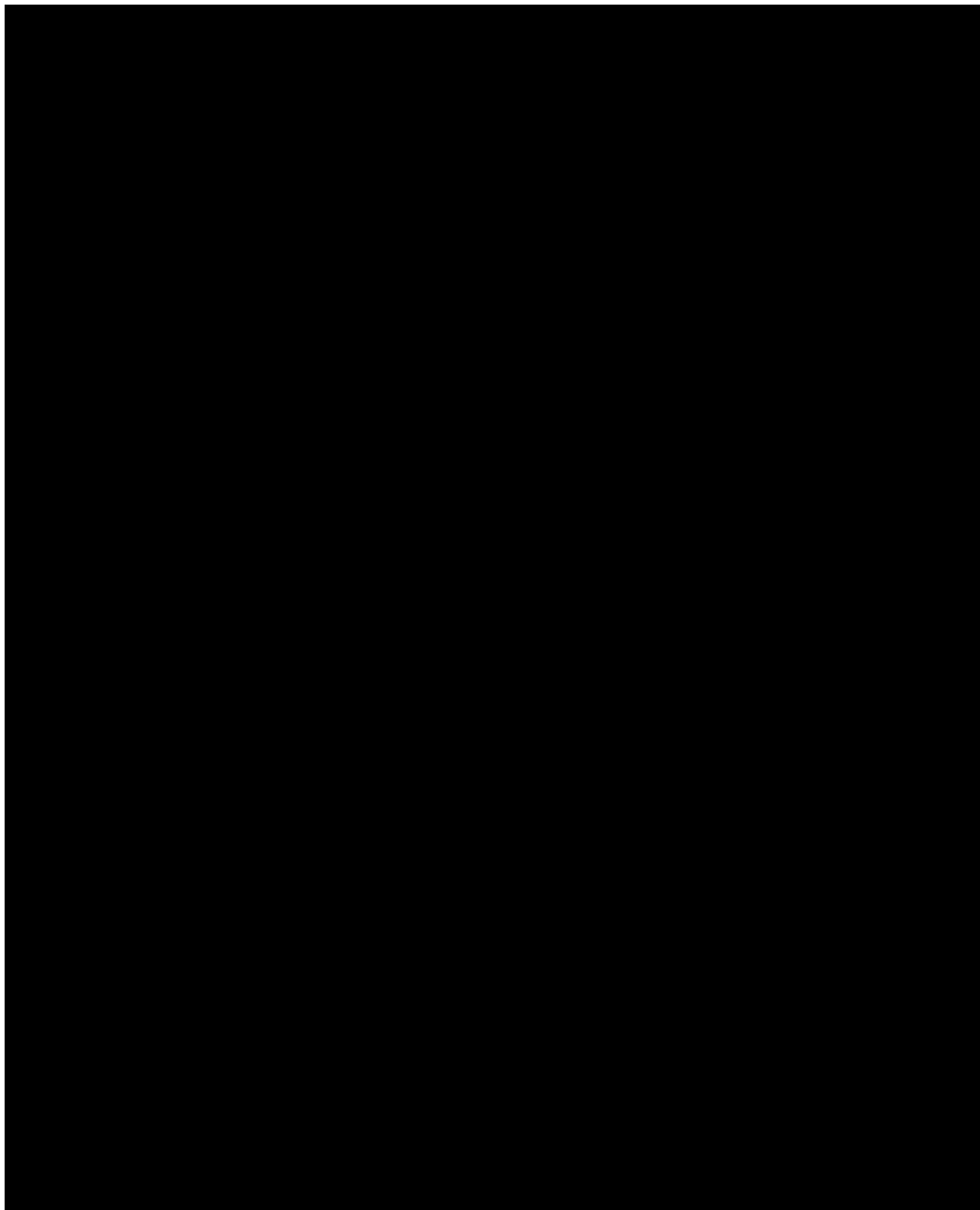
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The New York Times Magazine

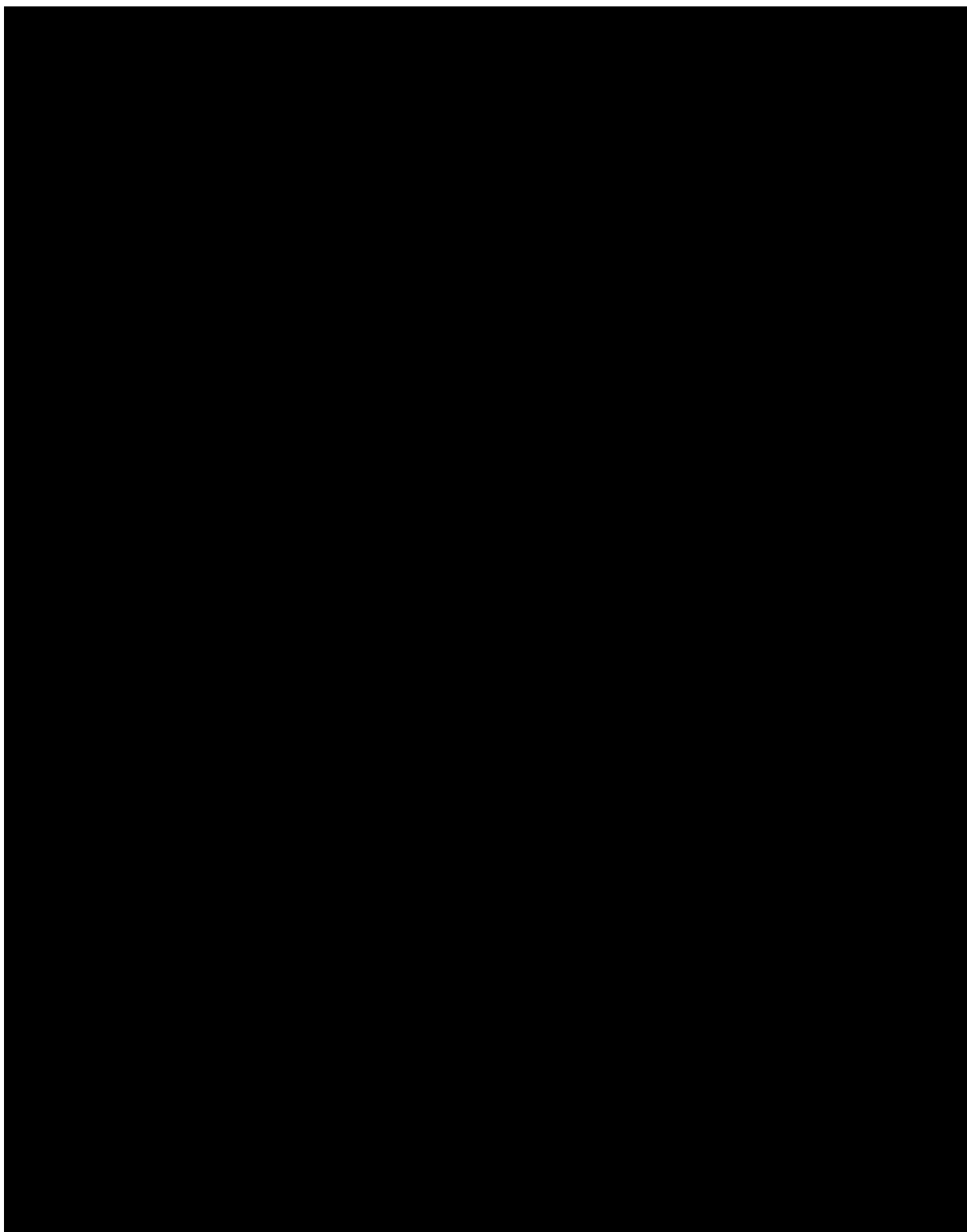
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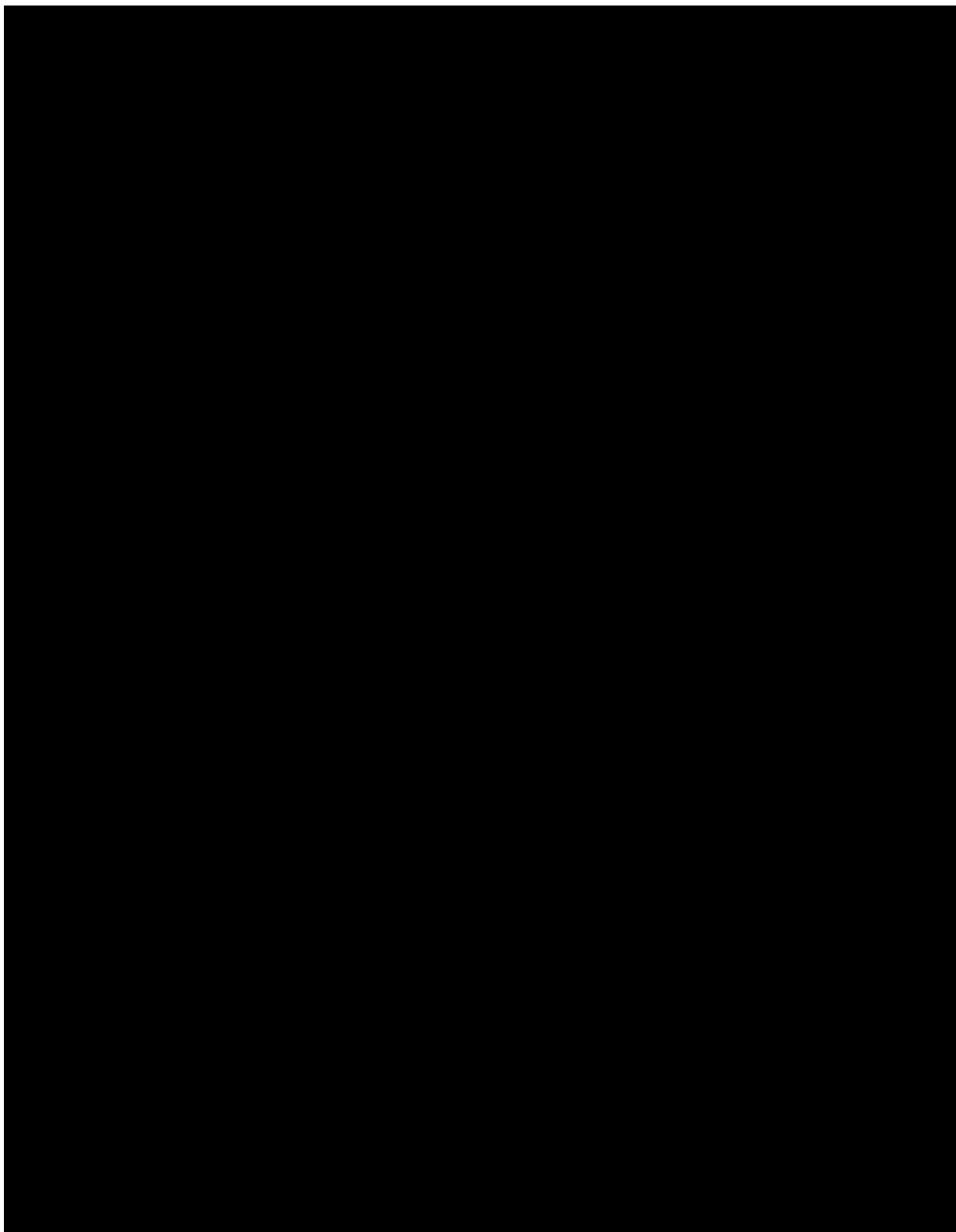
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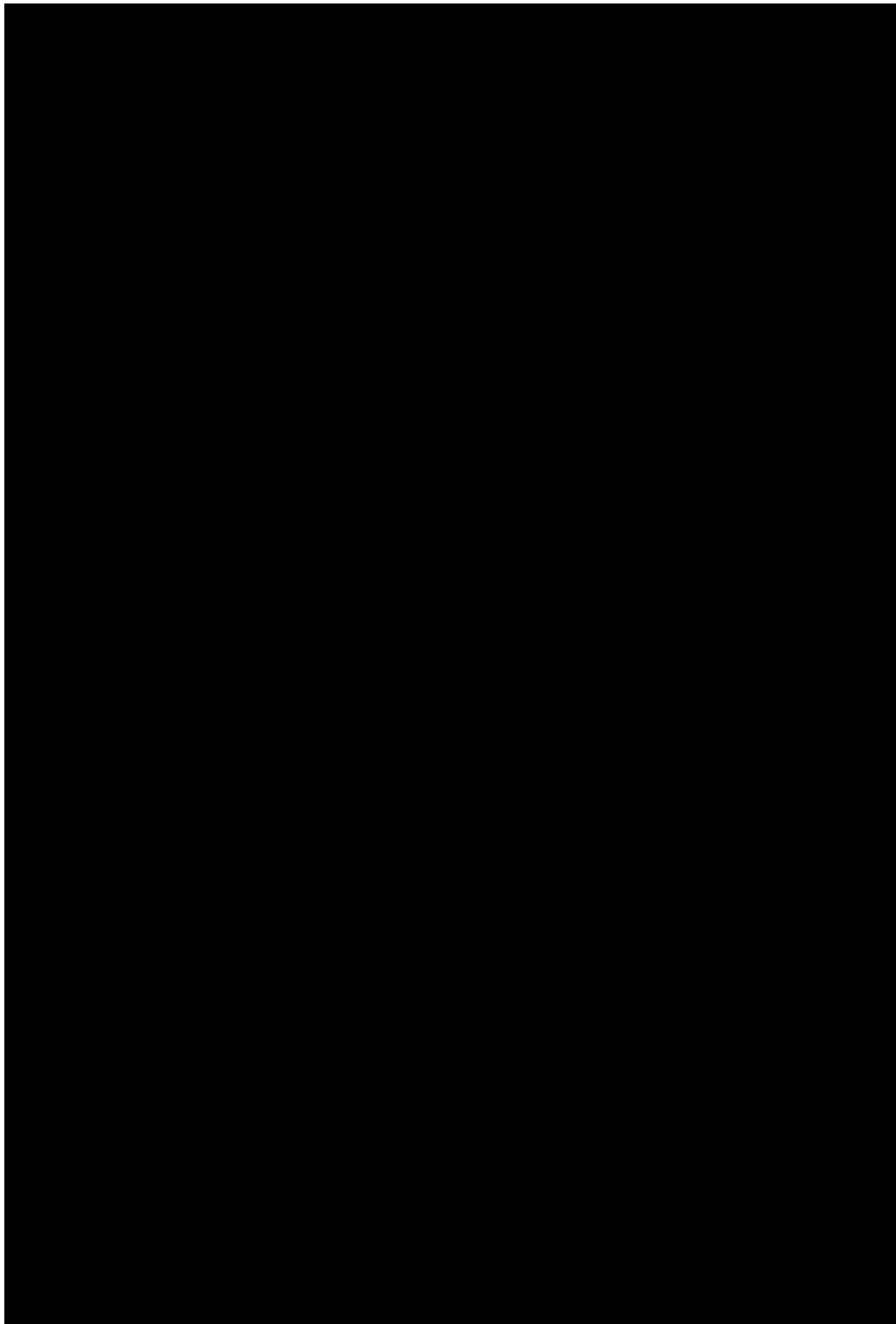






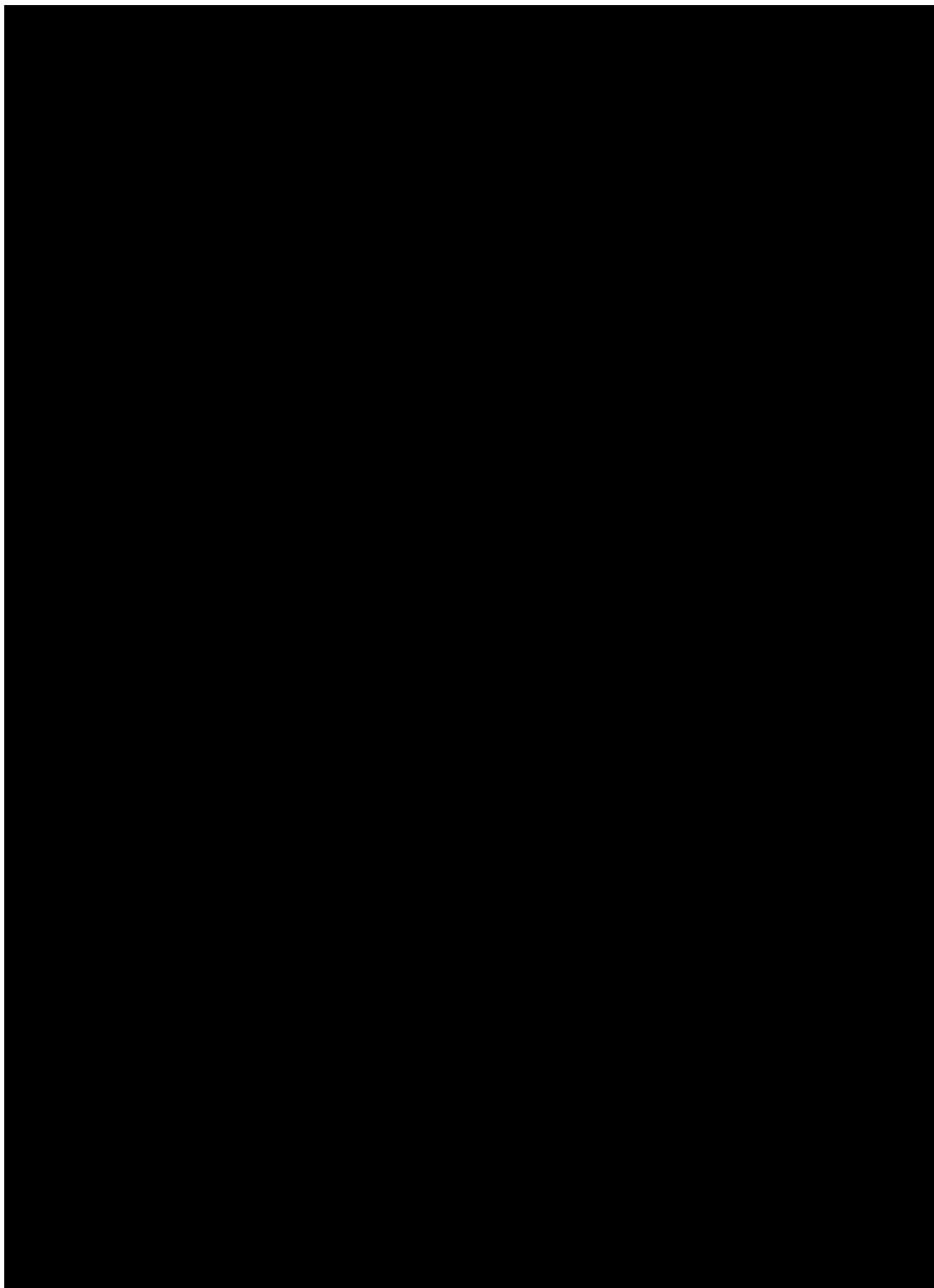
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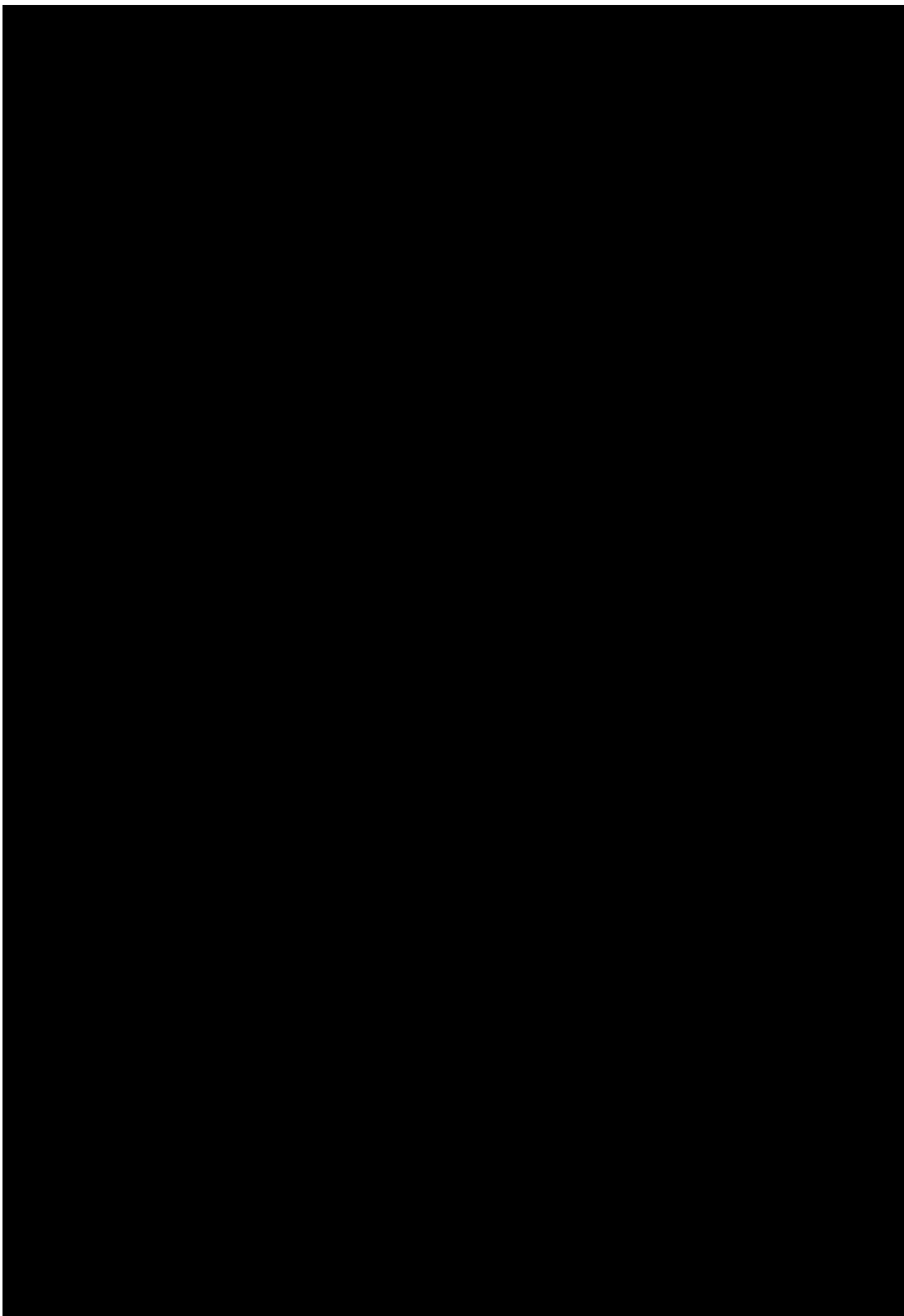
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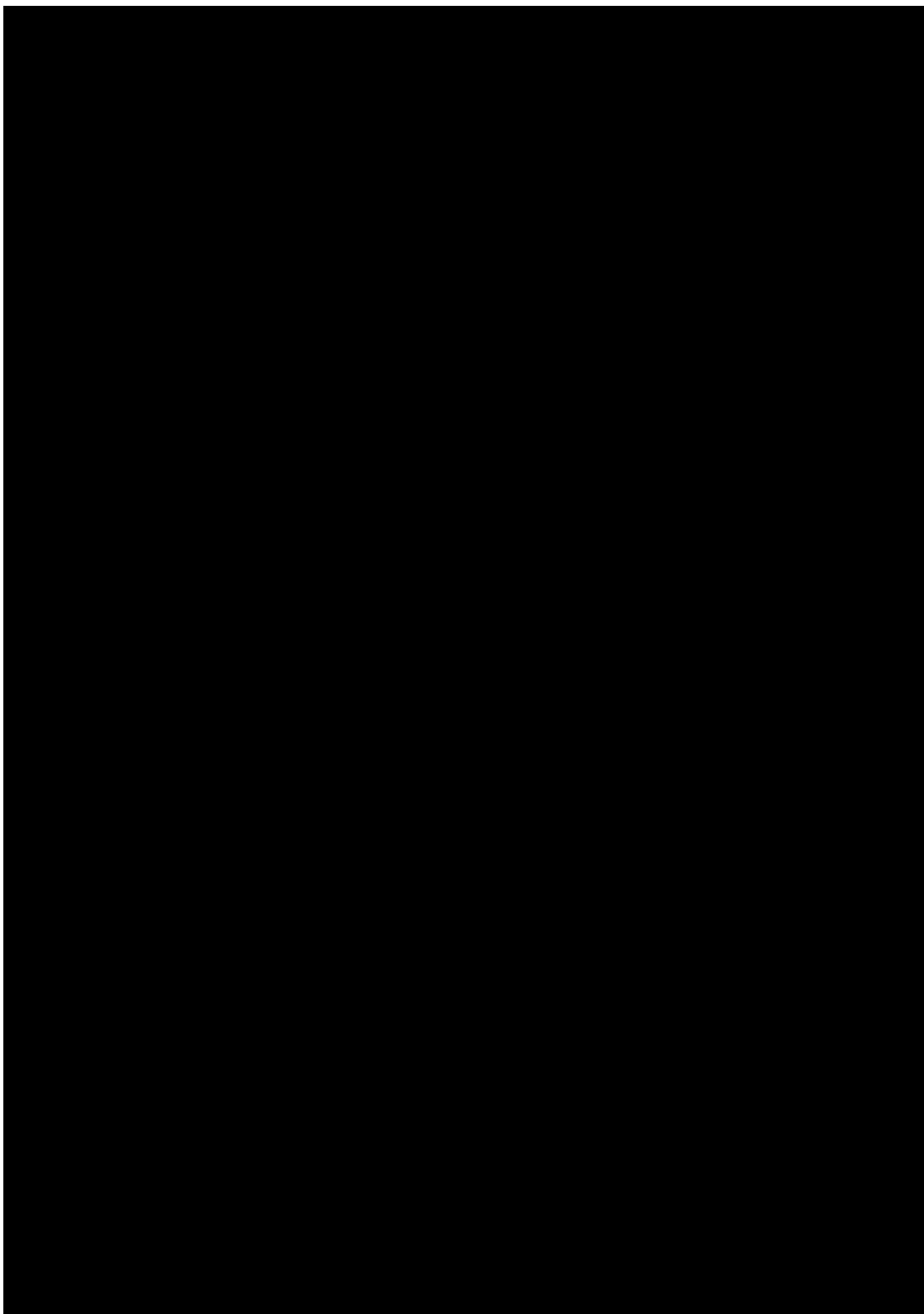
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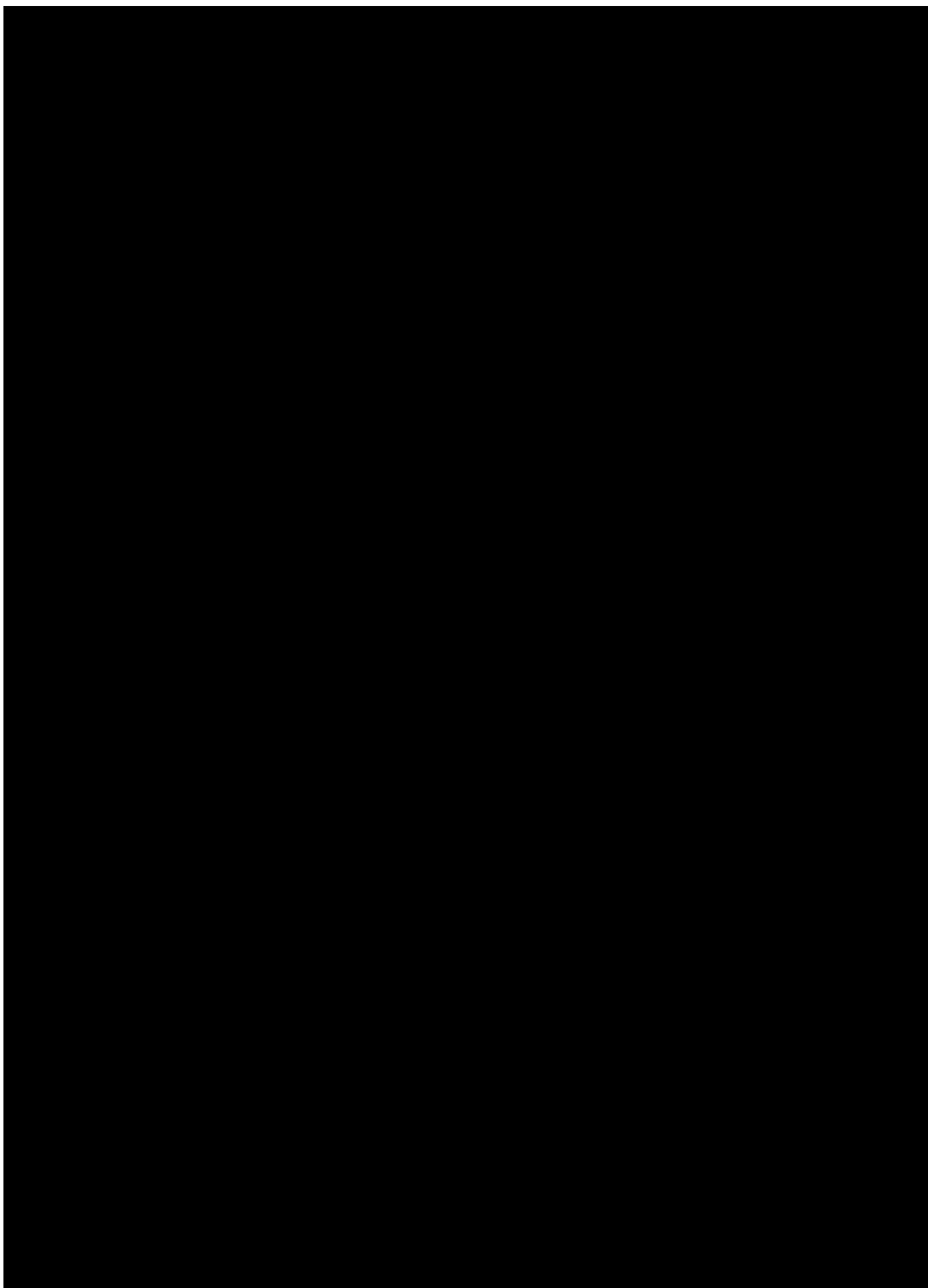


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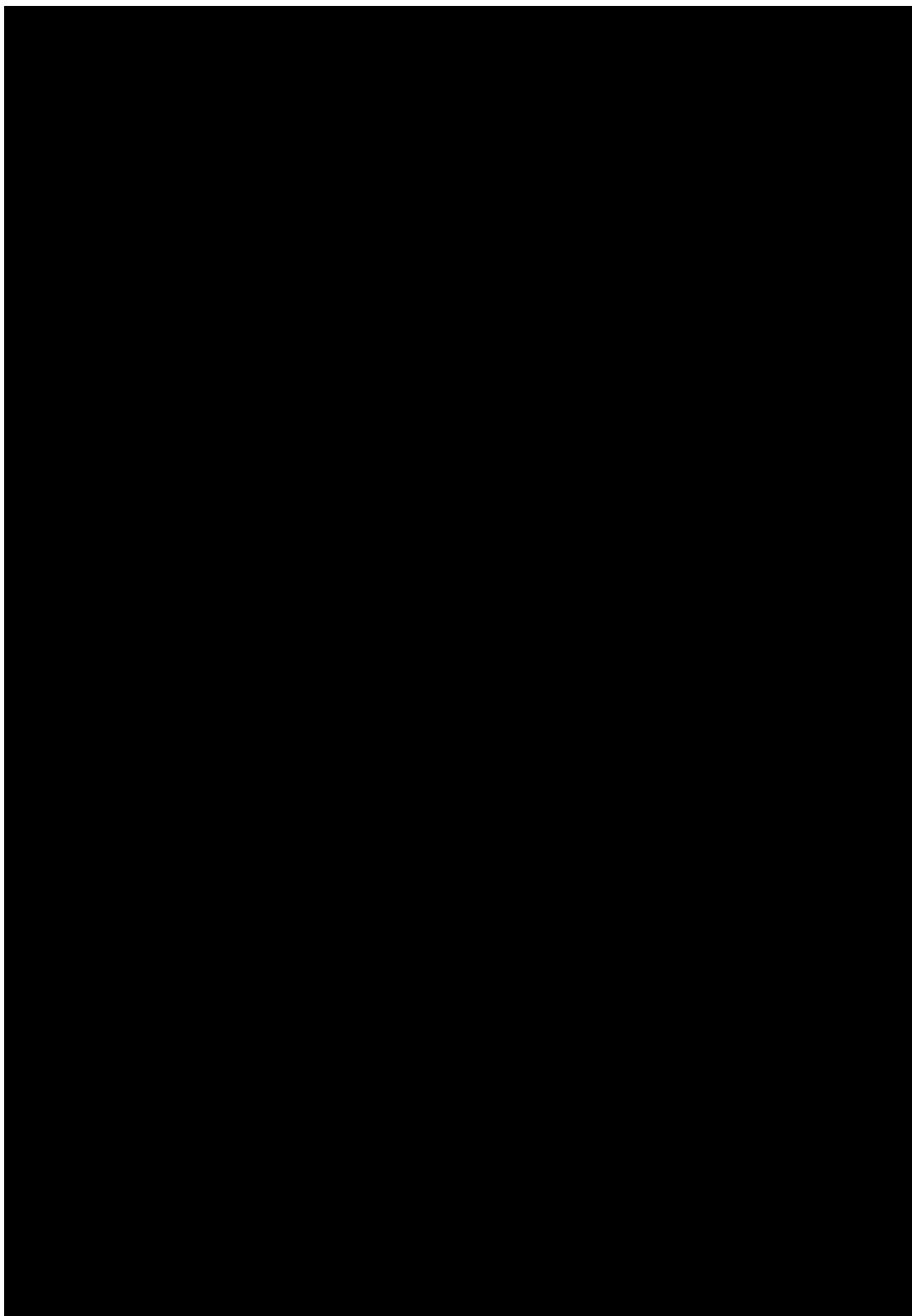


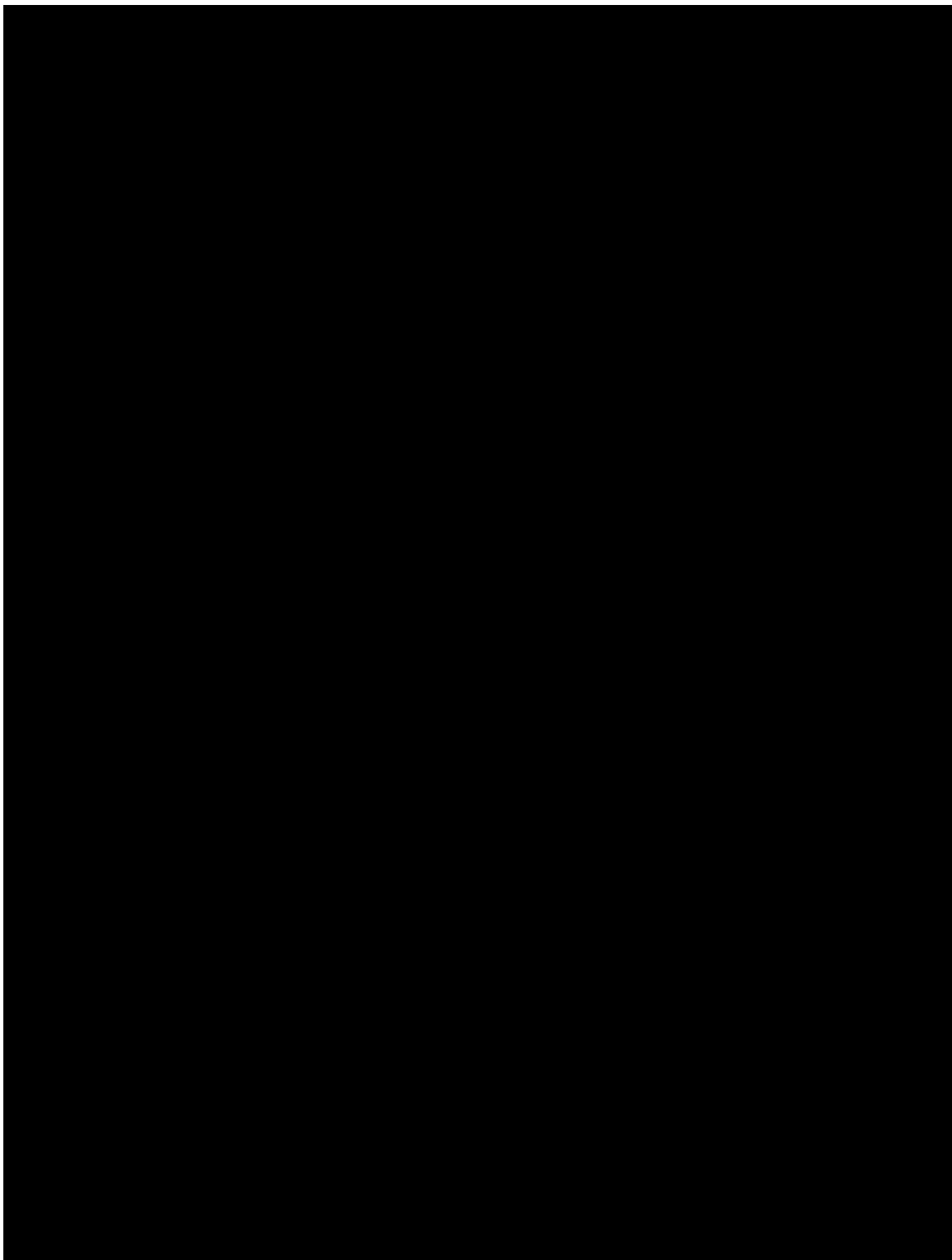




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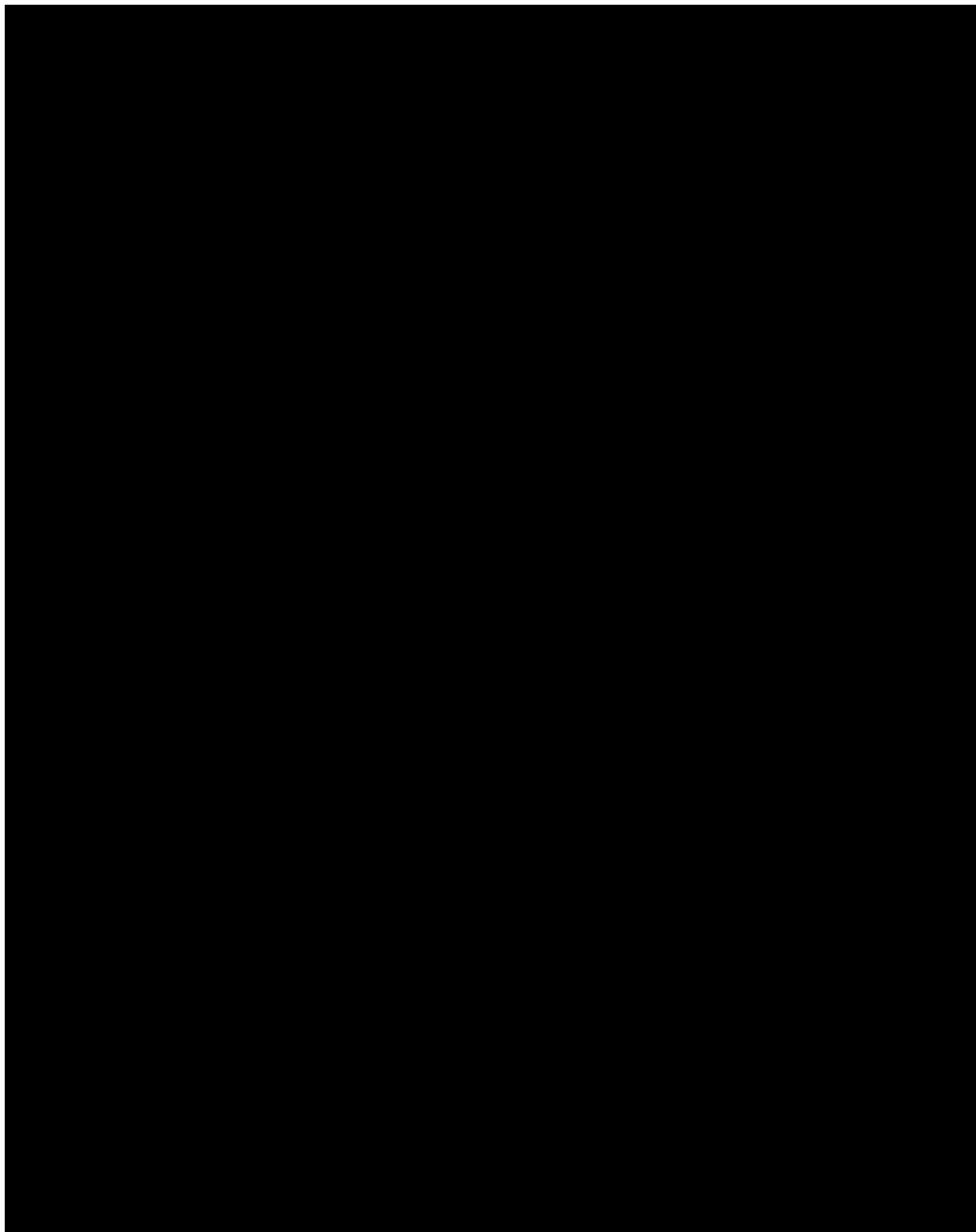
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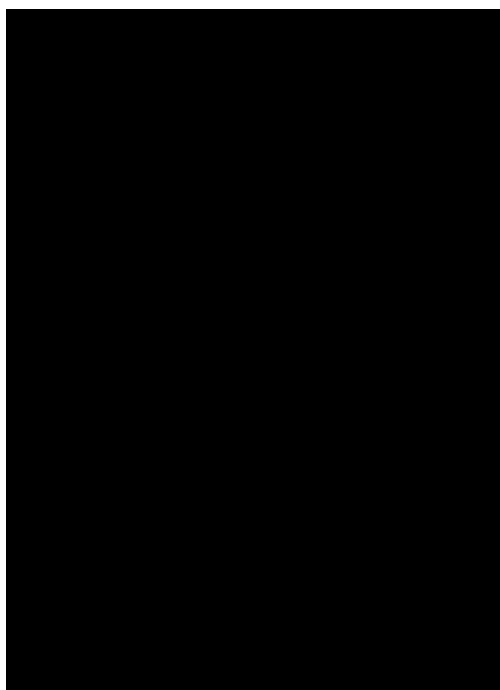




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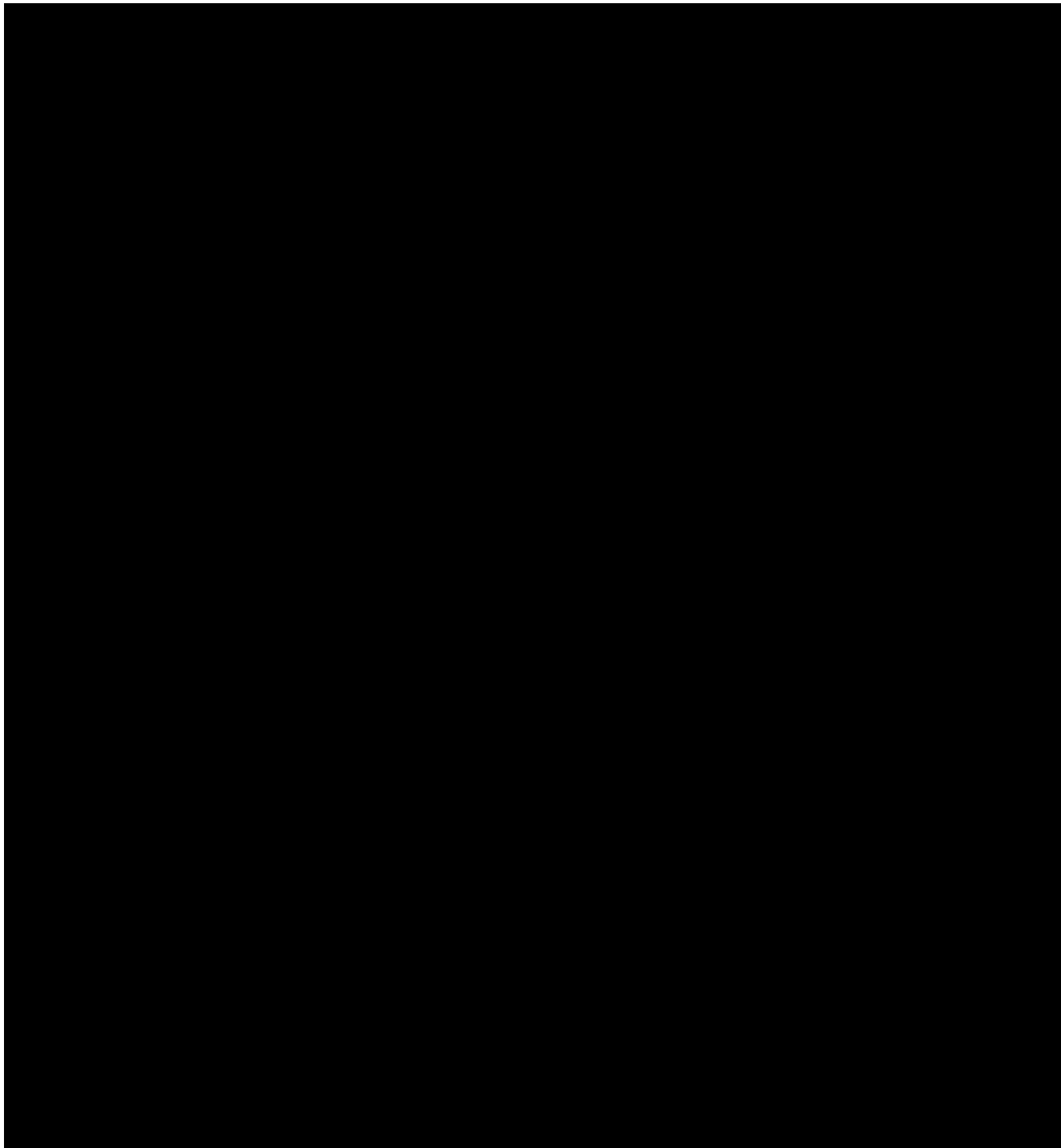
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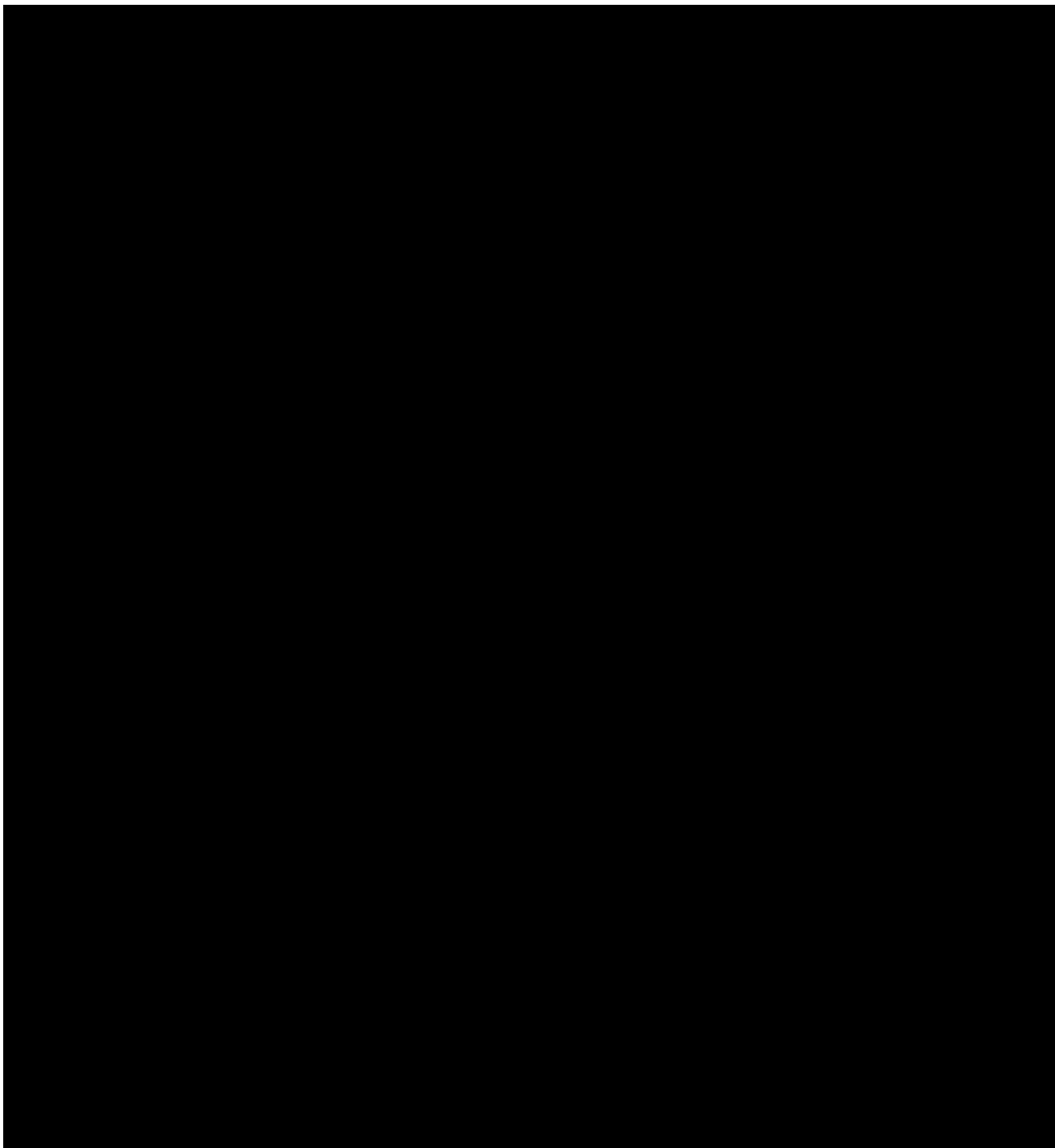
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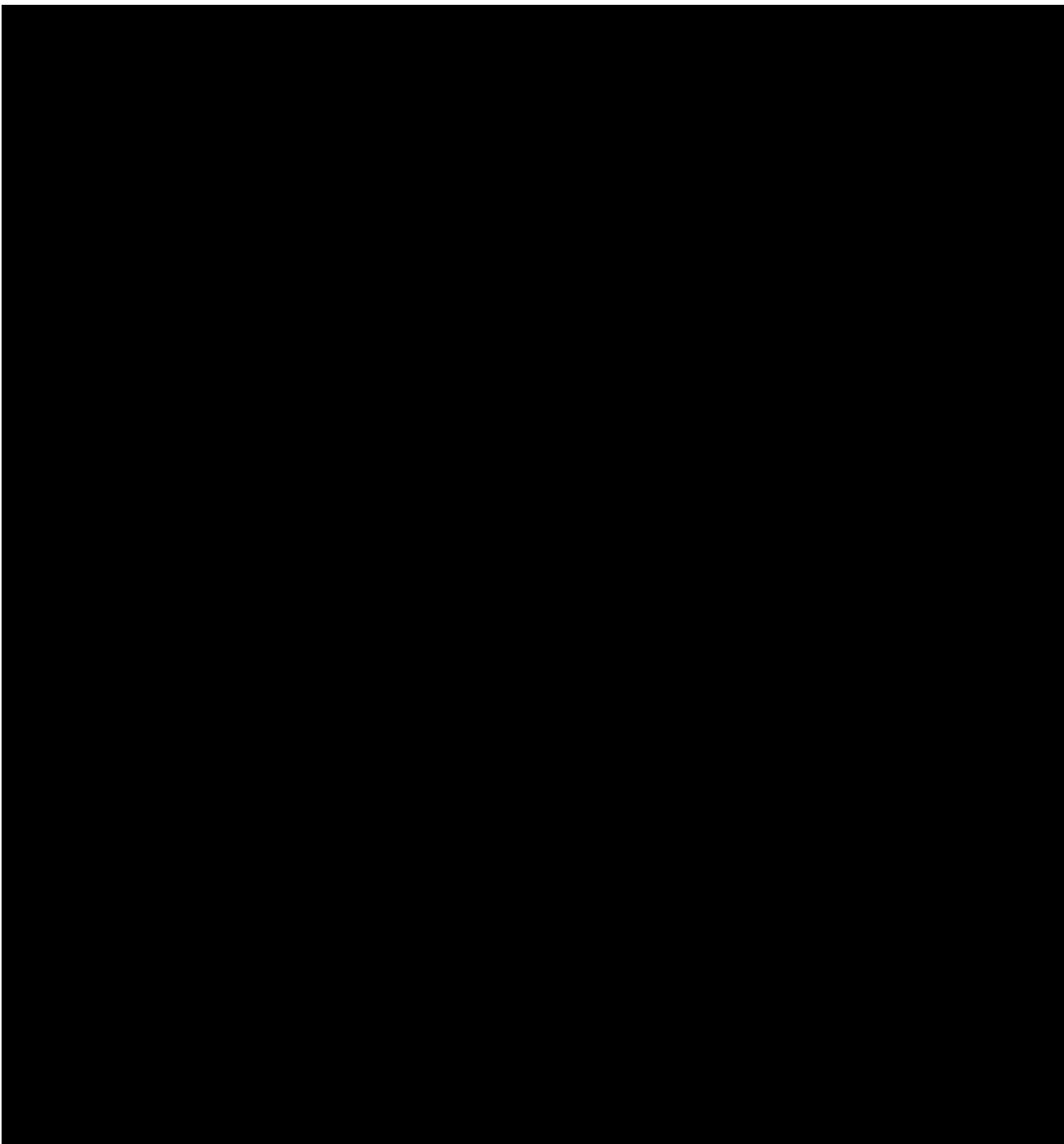
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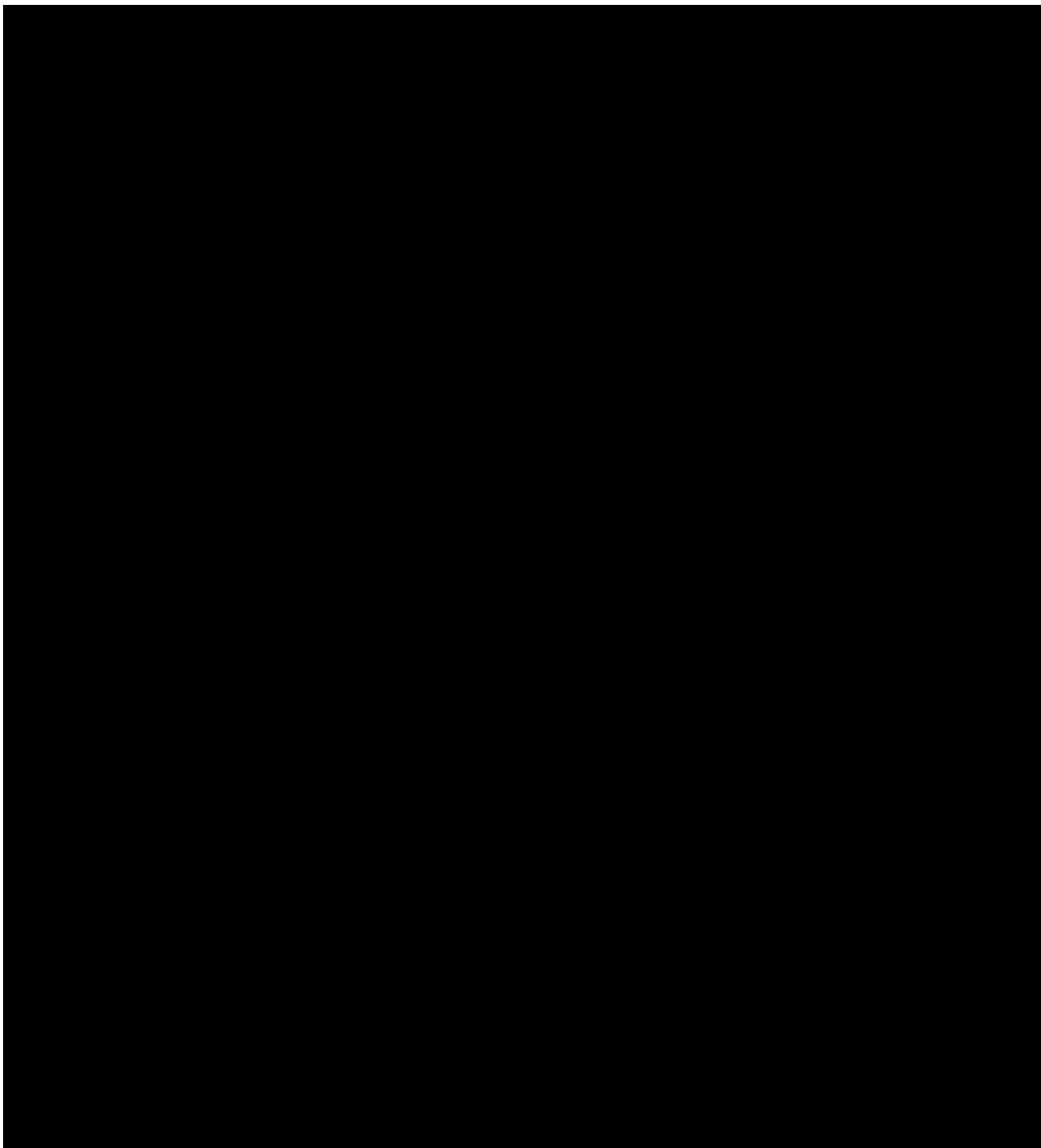
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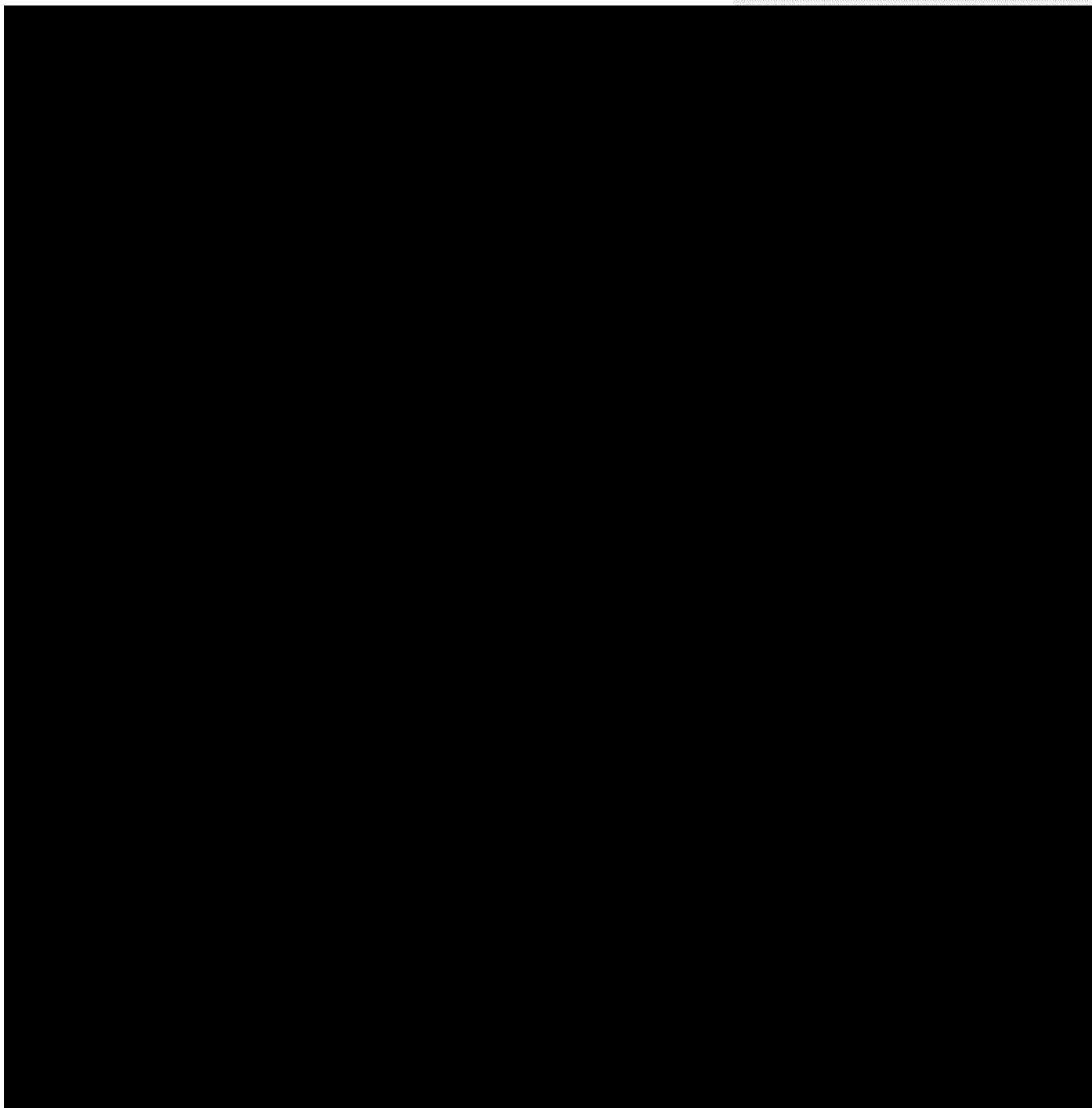
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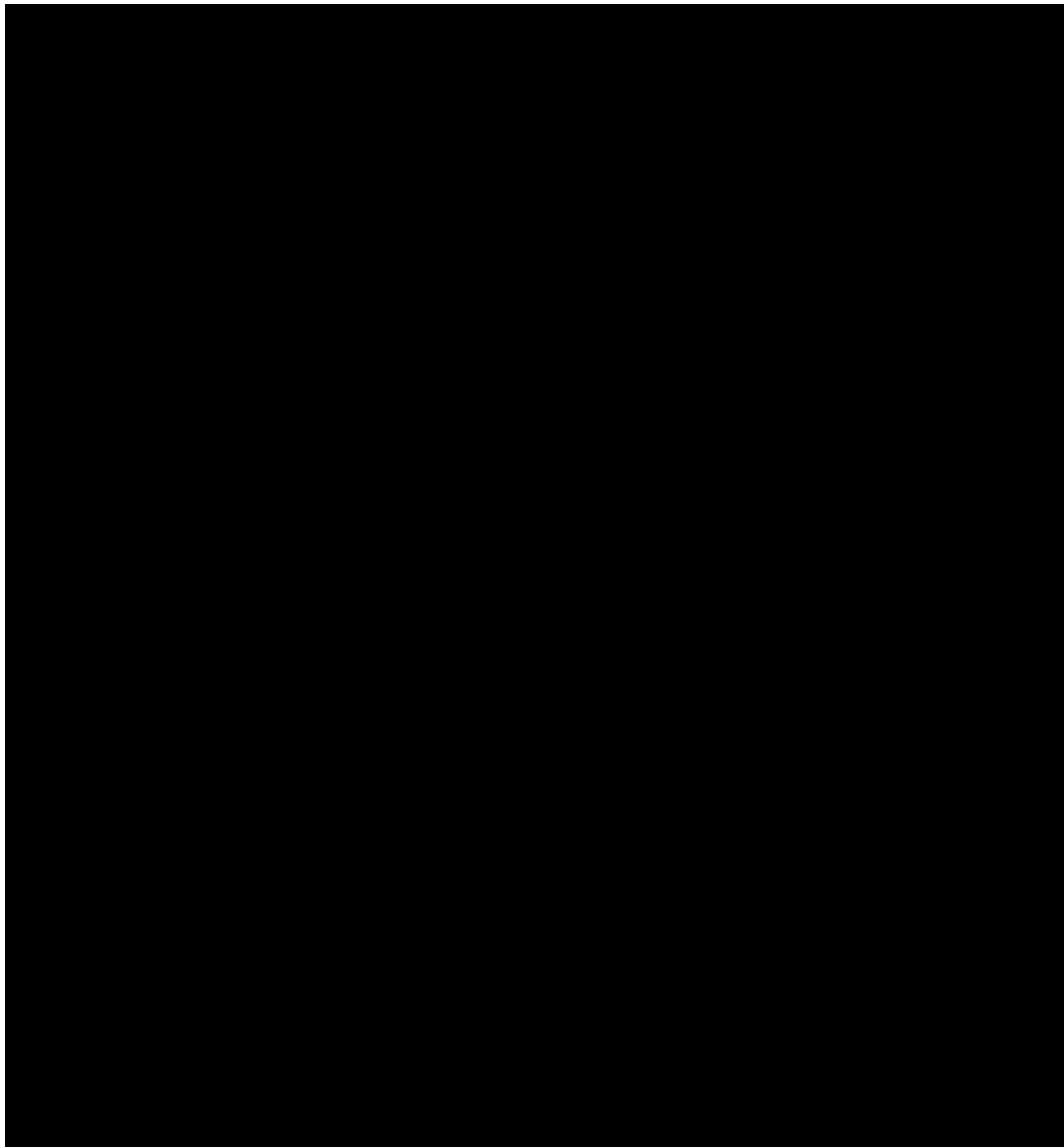
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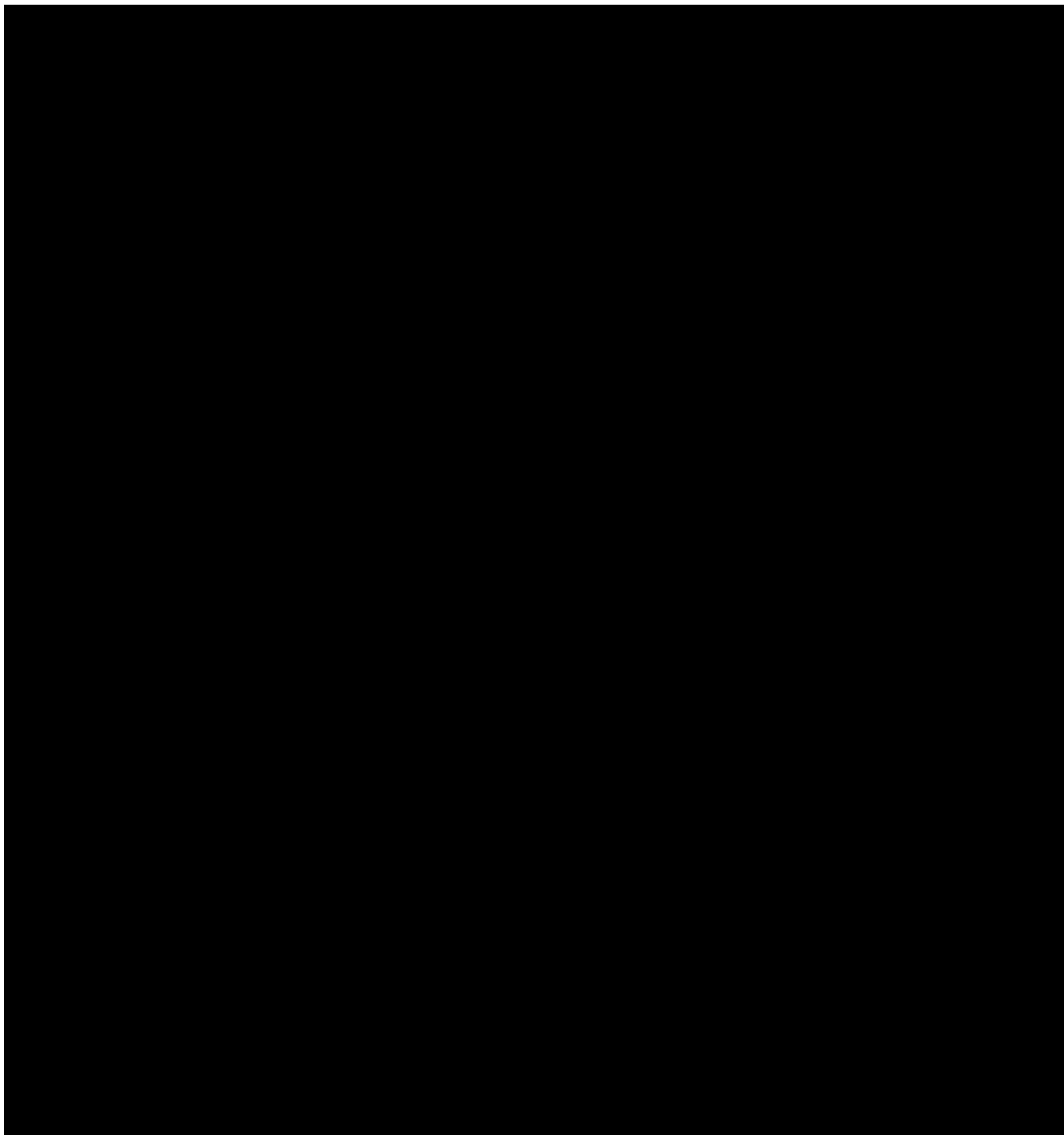
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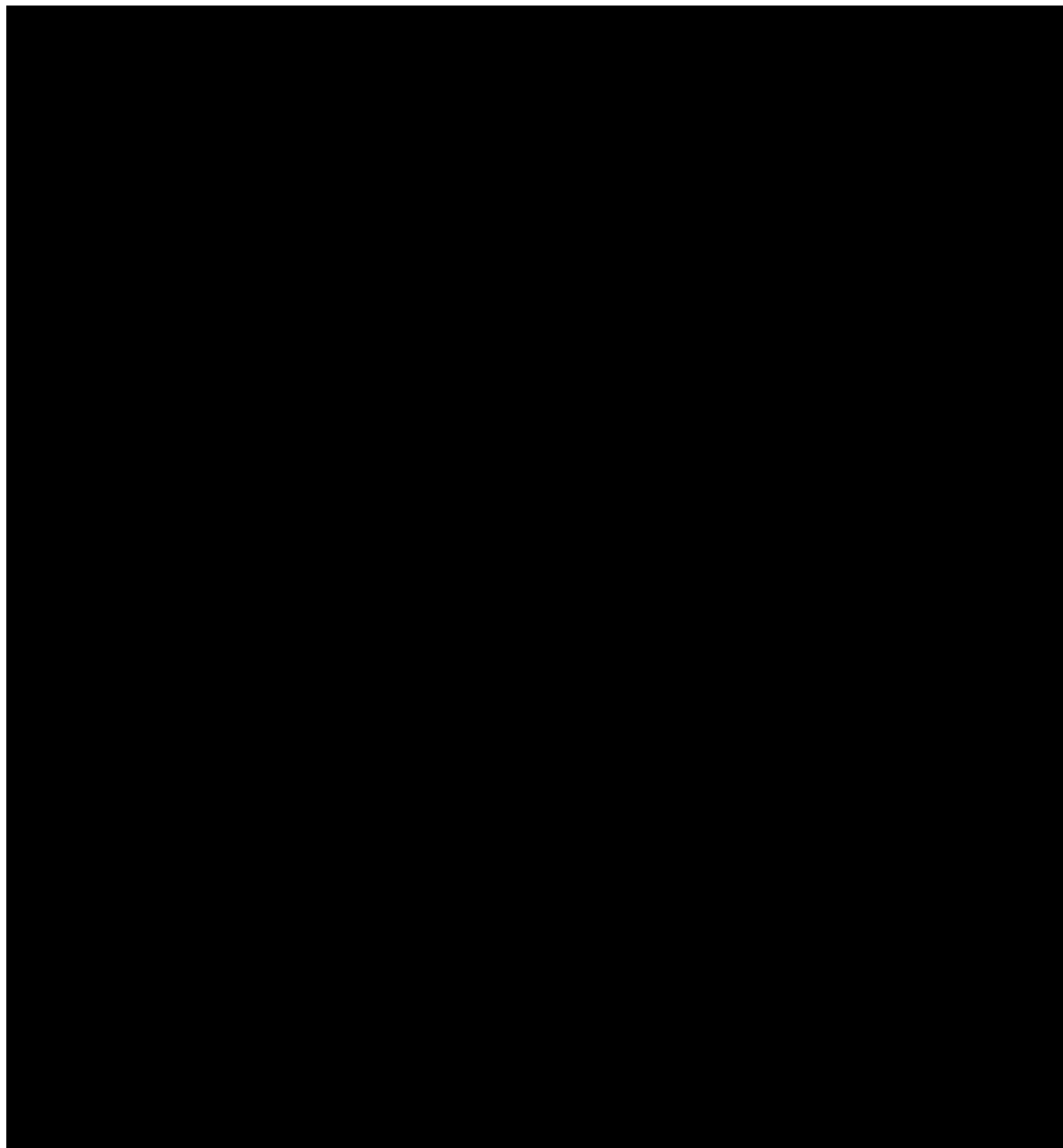
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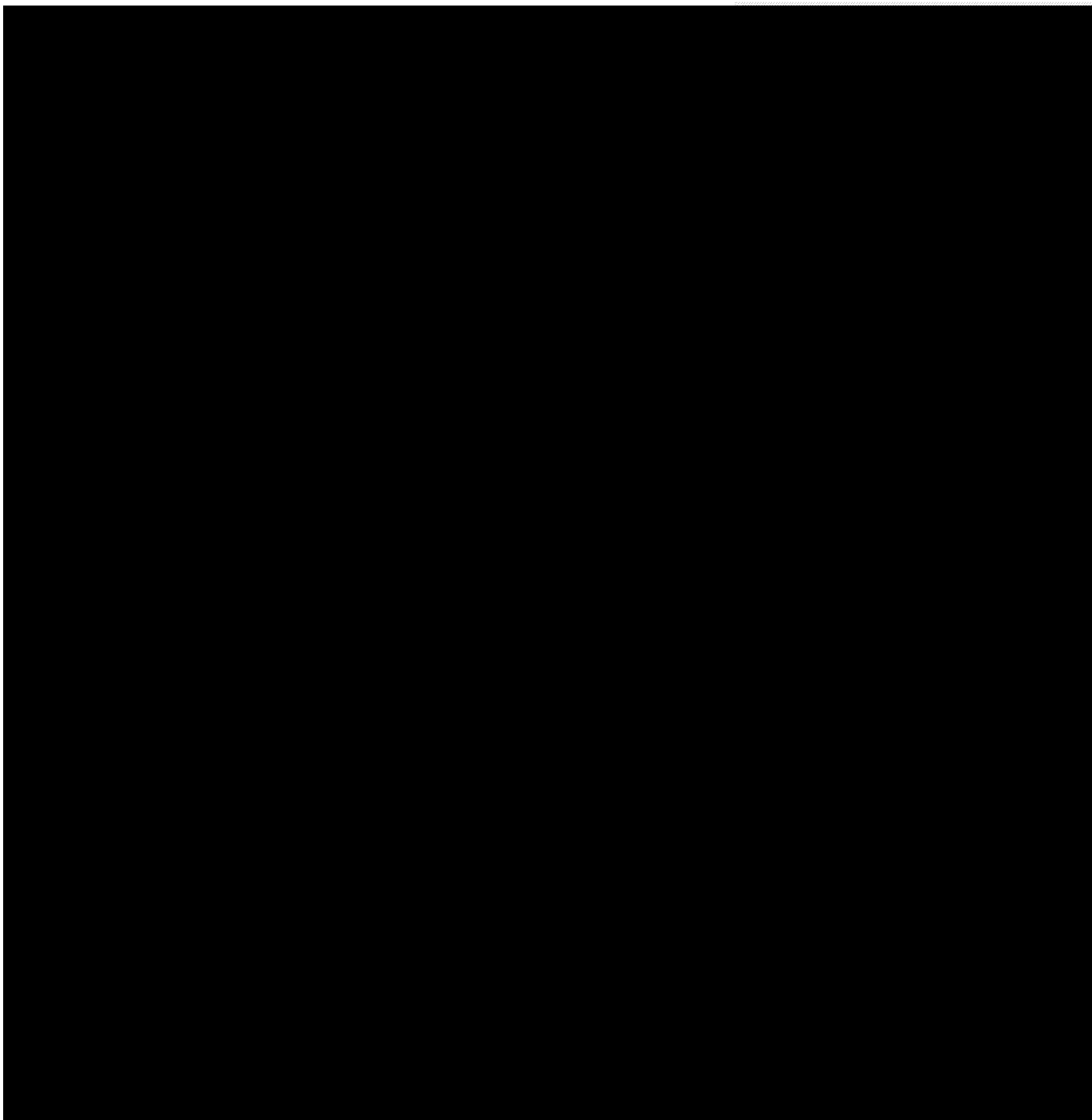


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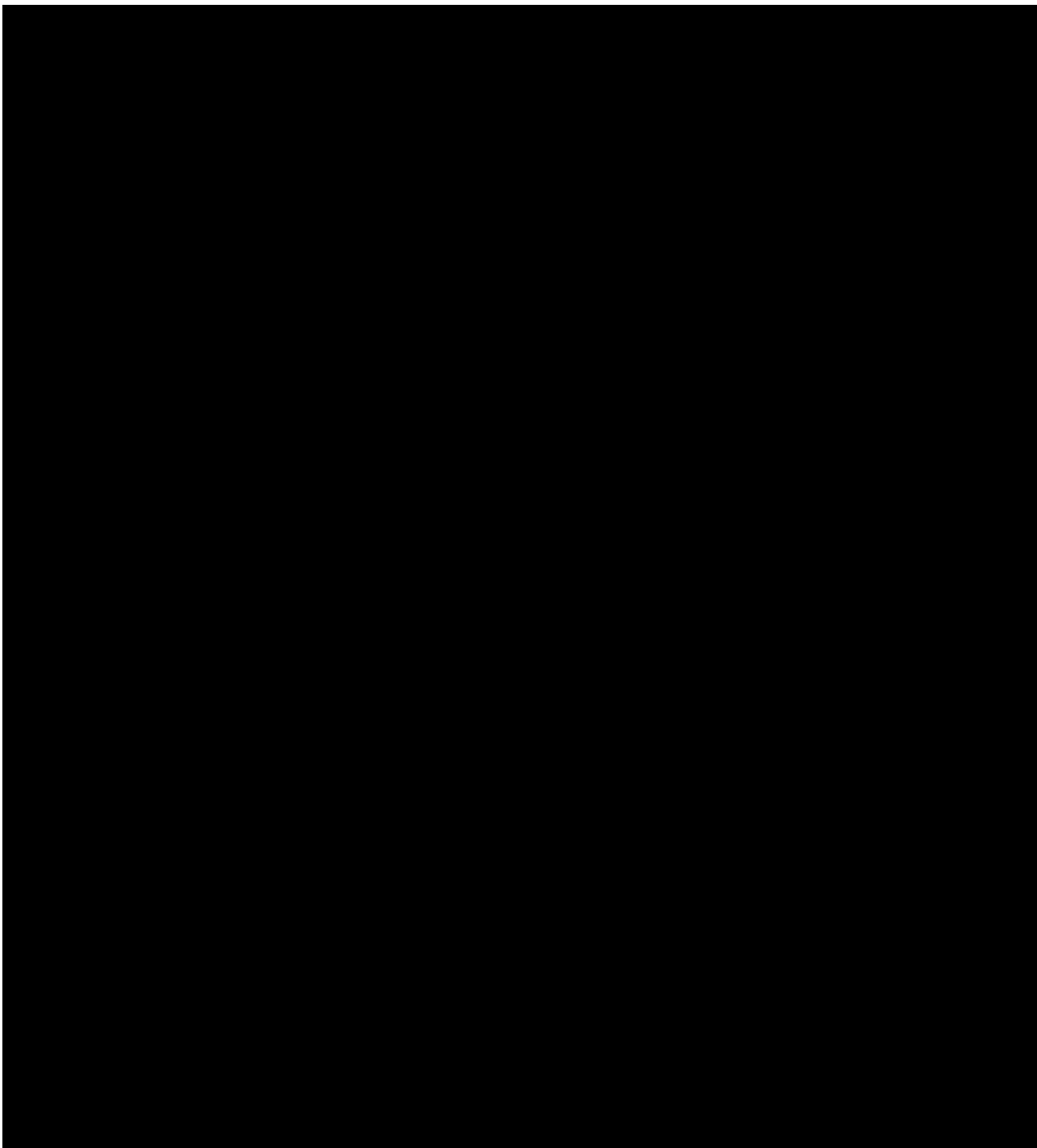






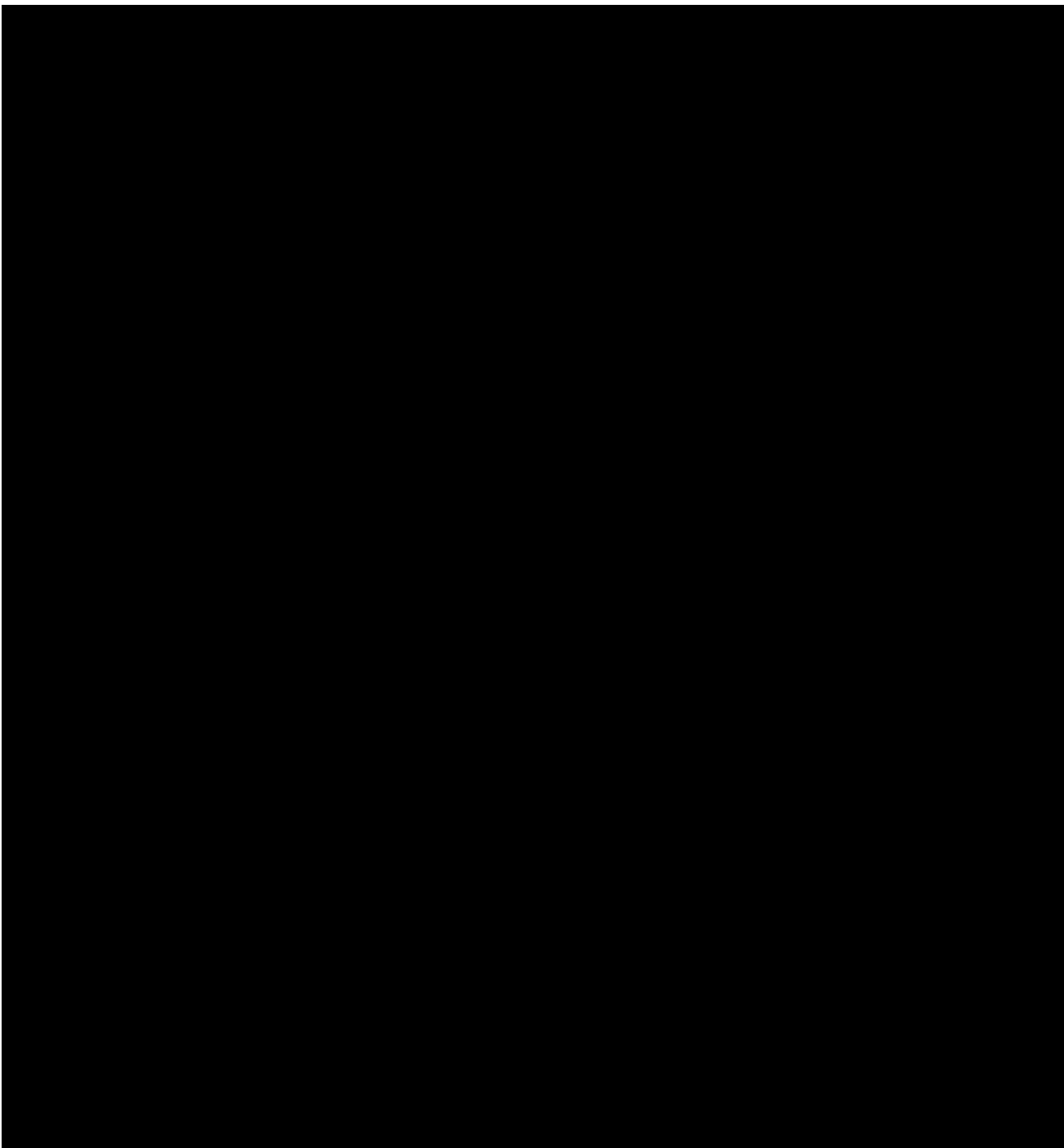
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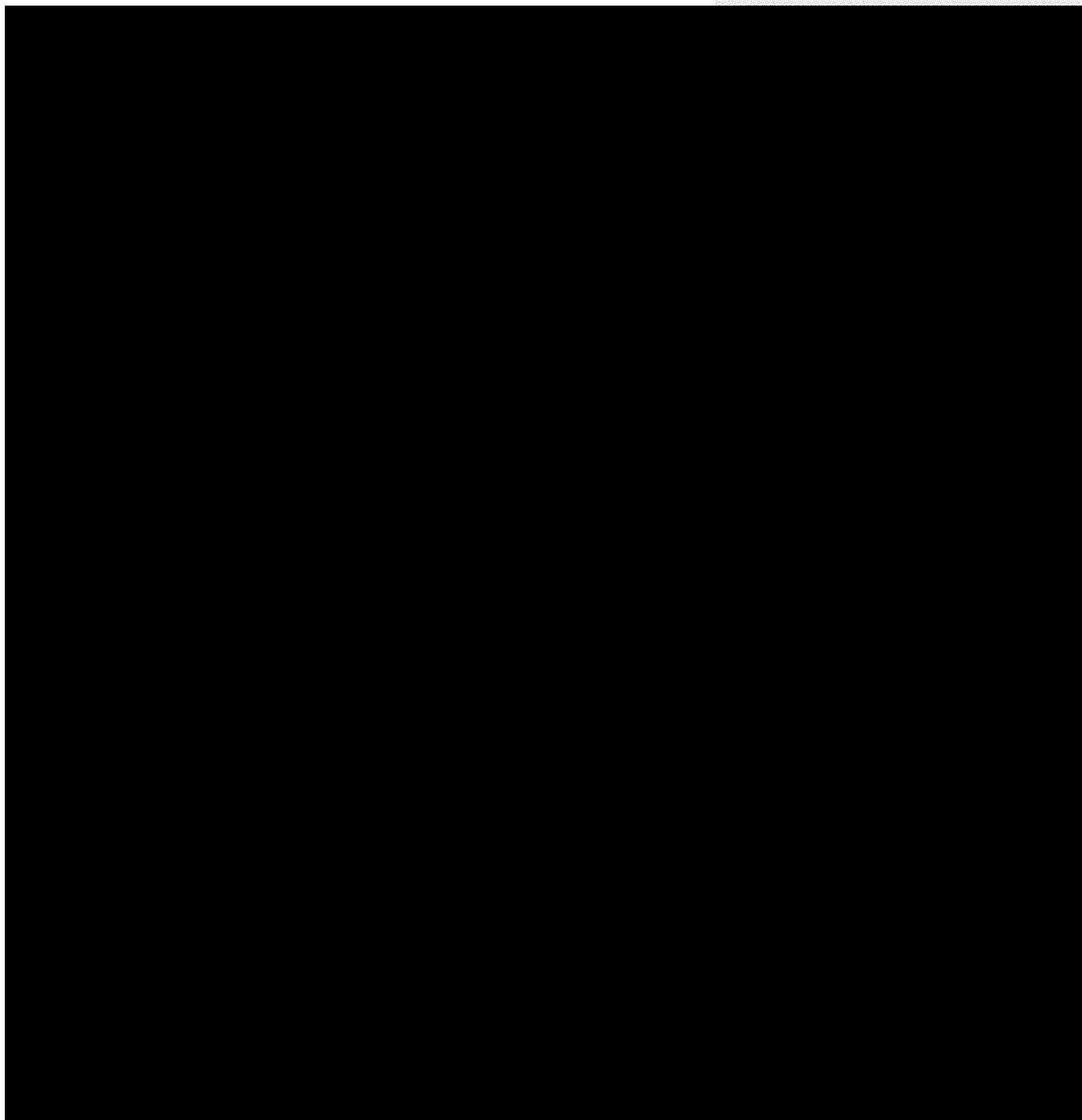
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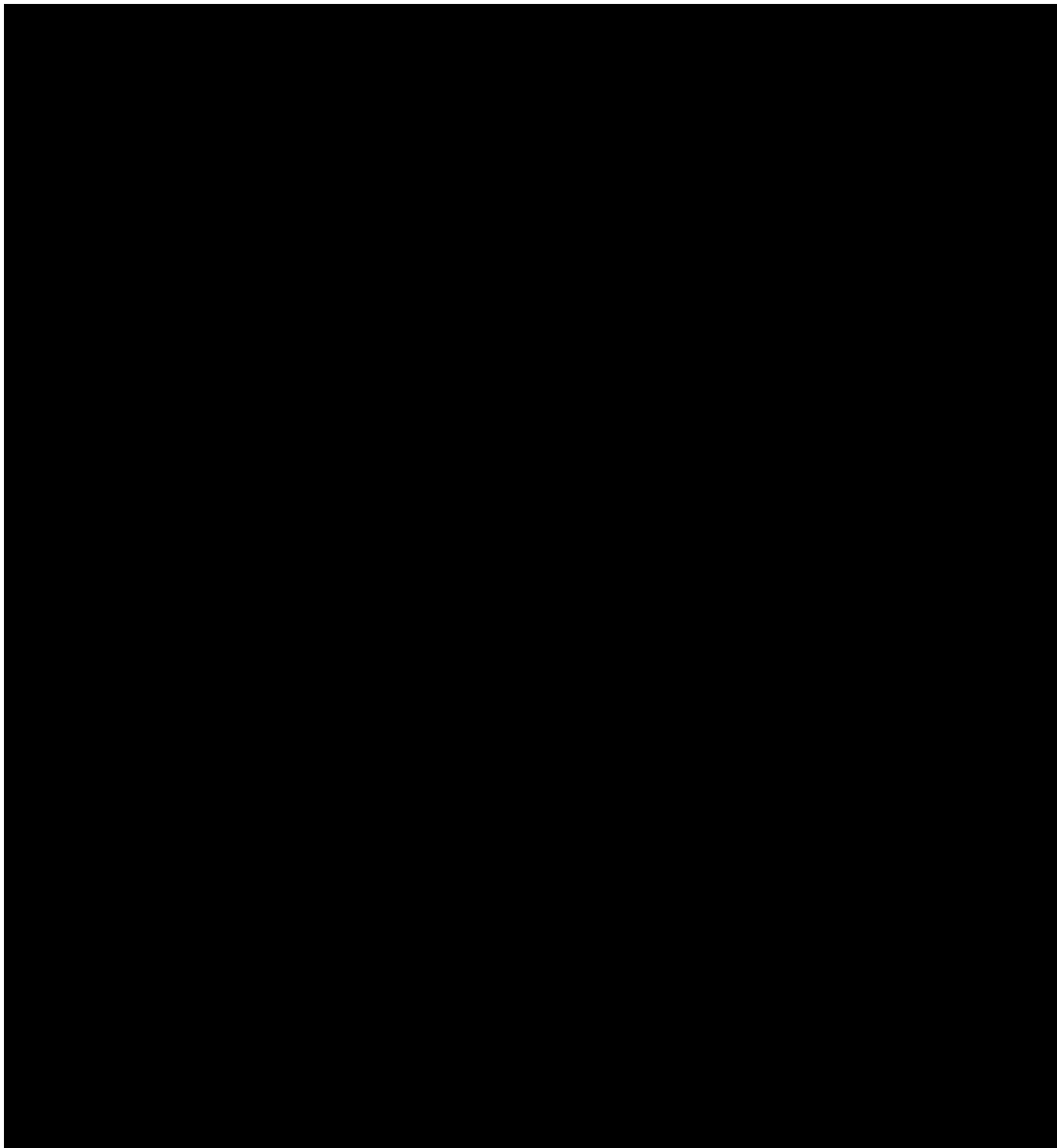


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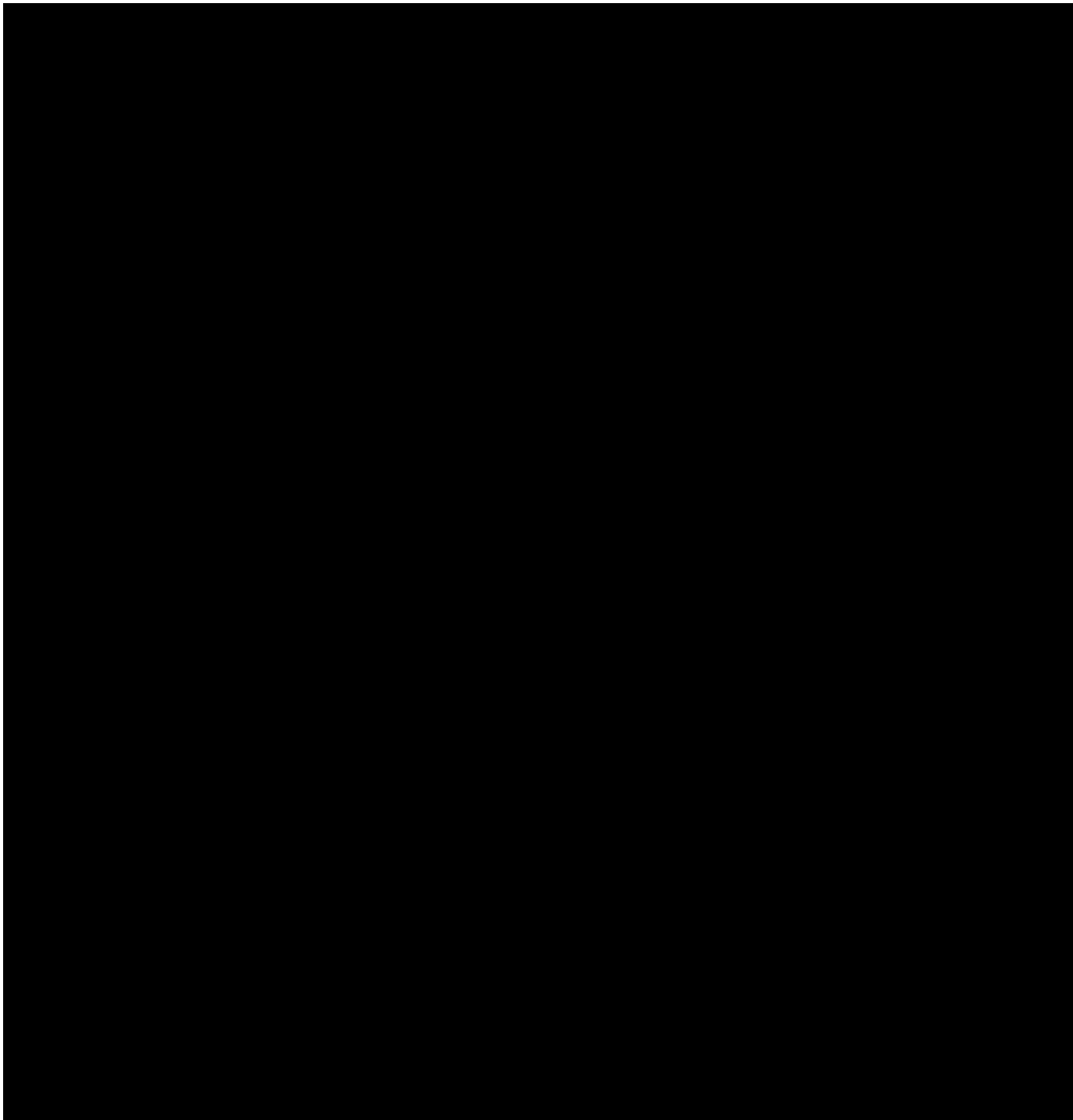


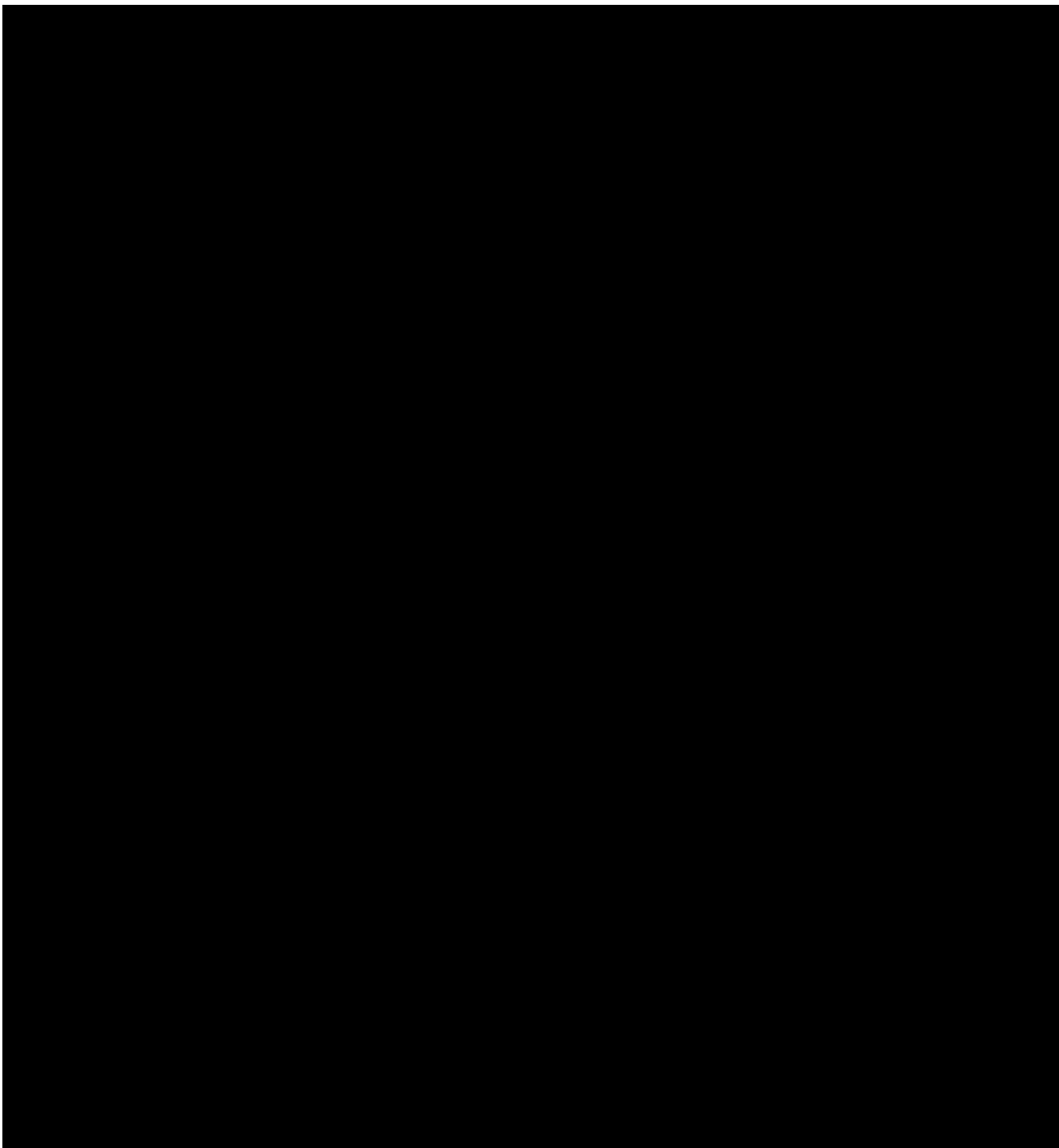




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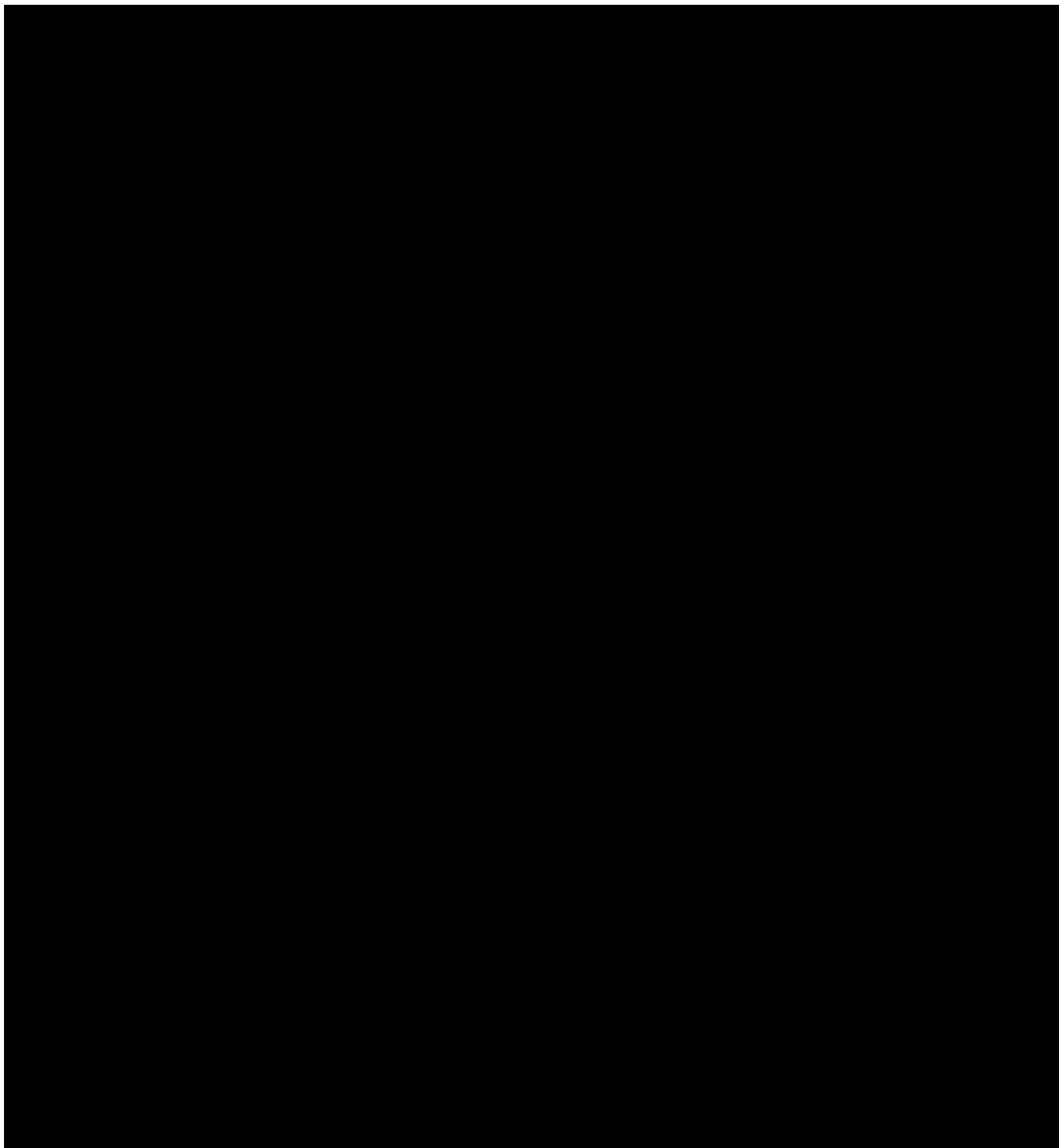
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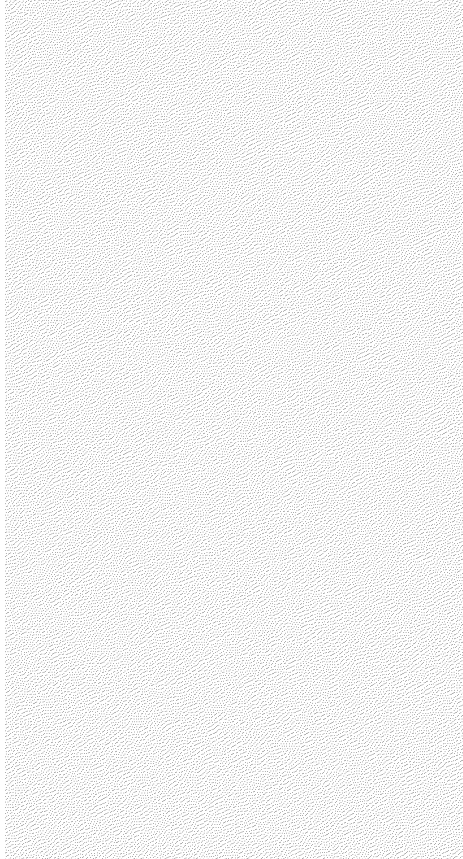
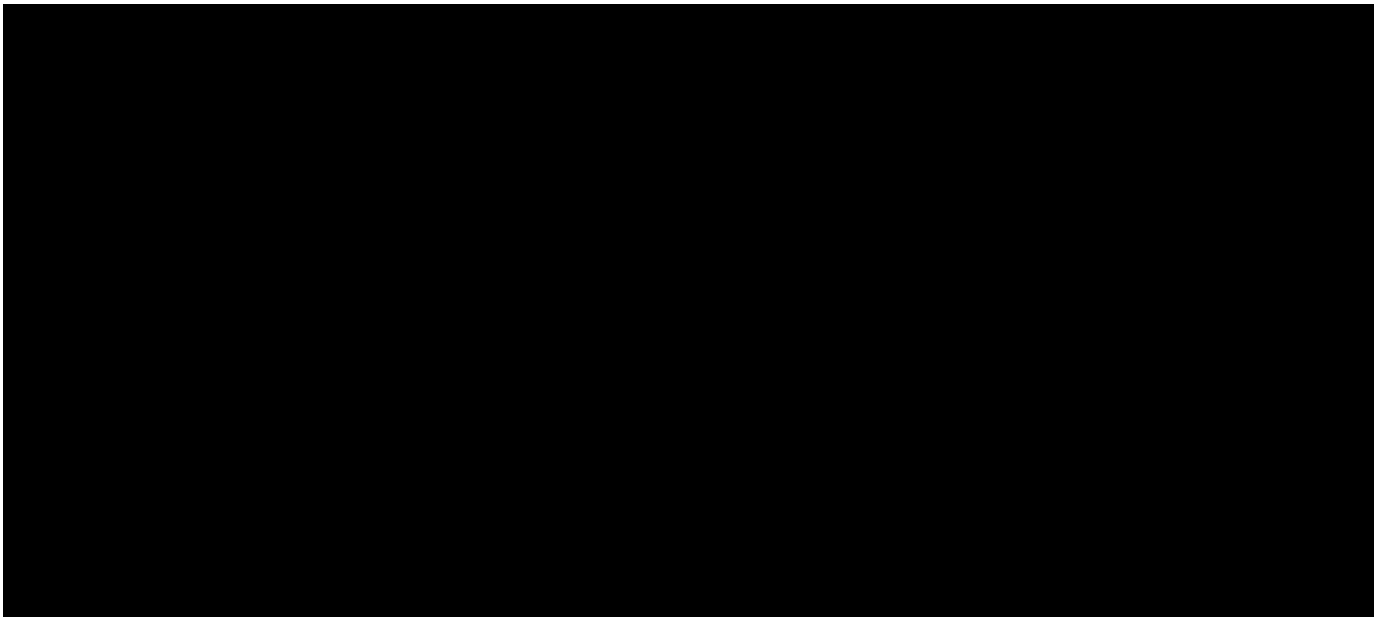




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**NYTM Fact-checking Queries: World Professional Association for
Transgender Health**

1. WPATH stands for World Professional Association for Transgender Health? Correct
2. WPATH is an international organization? Yes
3. WPATH was originally named after Harry Benjamin? Correct
4. WPATH currently has 3000 members? (If not, can you share how many members there are?) Currently we have 3309
5. Most WPATH members are healthcare professionals? Correct
6. WPATH also includes a small number of social scientists and lawyers? Yes
7. WPATH was established / founded in 1979? Yes
8. WPATH also issued its first Standards of Care in 1979? Yes, February 12, 1979
9. Fair to say that the first Standards of Care was written by a “small committee”? (That is, how many people were on the first writing committee?) Correct, 6 people
10. After its creation, the doctors who *chose* the first committee of authors voted against including a transgender man who asked to join it? Yes
11. WPATH Standards of Care has been updated periodically since its founding? Yes, 7 times; 1979, 1980, 1981, 1990, 1998, 2005, 2012
12. Fair to say that the WPATH Standards of Care influence the positions taken by major medical groups including the American

Academy of Pediatrics and the American Psychological Association?

I cannot list groups, but yes, our SOC are accepted and supported by leading professional medical associations.

13. Fair to say that the WPATH Standards of Care also influence the coverage offered by health insurers and national health services around the world? Yes
14. The upcoming Standards of Care will be the EIGHTH edition? Yes
15. The last update happened in 2012. Yes
16. Ken Zucker and [REDACTED] were among the authors of the 2012 SOC version? Yes
17. Prior to the SOC8 proposal, all previous SOC versions required trans adults to live for a year as their preferred gender and provide two referrals from mental health professionals in order to undergo genital surgery?
18. The SOC8 has instead adopted a model of collaborative decision-making between adult patient and surgeon? (For 17 and 18)
The 'real-life test' was removed in 1980. Many people did continue to require it prior to surgery. Note: the reference for this is in SOC 2. It should be noted that version 7 emphasized "care must be individualized" and that deviations from specific requirements were clinically acceptable and should be documented. Thus, a rigid 12 months may not be required for all patients. Individual circumstances and needs can override the guidelines if the clinicians deem it appropriate for or in the interest of the patient. Versions 5 and 6 were still a bit rigid about performing socially as "the opposite sex," but

version 7 is less demanding, though still concerned that patients have enough time to fully experience their gender role before undergoing irreversible surgeries. Note that this is not the case for procedures involving sterilization, but the concern is for good social and sexual functioning. In other words the evolution is a bit more subtle and continuous than the sentence in the article implies.

19. There are seven clinicians drafting the SOC8 chapter on adolescents for the upcoming WPATH guidelines? 7 members of the chapter workgroup, including 2 co-chairs, and a community stakeholder.
20. All of the following people have been president of WPATH:
 - a. Jamison Green YES
 - b. Erica Anderson NO, she was president of USPATH
21. Marci Bowers is the president-elect of WPATH and will become president in September of this year? Yes
22. WPATH issued a statement in October 2021 opposing “the use of the lay press” for scientific debate? It was a WPATH / USPATH joint letter – here is an excerpt re scientific discussions “USPATH and WPATH support scientific discussions on the use of pubertal delay and hormone therapy for transgender and gender diverse youth. We believe that such discussions should occur among experts and stakeholders in this area, based on scientific evidence, and in fora such as peer-reviewed journals or scientific conferences, and among colleagues and experts in the assessment and care of transgender and gender diverse youth. USPATH and WPATH oppose the use of

the lay press, either impartial or of any political slant or viewpoint, as a forum for the scientific debate of these issues, or the politicization of these issues in any way.

23. Fair to imply that this statement was in response to the debate surrounding [this post](#) by Abigail Shrier, in which Erica Anderson and Marci Bowers were interviewed? Yes
24. What exact date in December 2021 was the draft version of SOC8 released? December 2, 2021
25. The WPATH SOC8 will be divided into 20 chapters? There are 18 chapters in the SOC8
26. Fair to say that the majority of the 18 SOC8 chapters address treatment for transgender adults? Yes.
27. All authors of the SOC8 sign a confidentiality agreement? Yes
28. You gave Emily Bazelon exclusive access to the final SOC8 draft? Yes
29. The final version of the SOC8 will be released later this month? (June 2022) The final draft document will be sent to the editors in approximately the next week, then to the International Journal of Transgender Health (IJTH) publishers for next steps to final publication in IJTH as an open access document. Final publication expected this summer.
30. The SOC7 released in 2012:
 - a. ... cited Zucker's work around a dozen times? Sounds correct

b. ... described social transition in early childhood as "controversial" No, it states "This is a controversial issue, and divergent views are held by health professionals."

31. Fair to say that after Ken Zucker's clinic shut down at the end of 2015, WPATH's approach to care for children and teenagers "transformed"?

32. If so, would it be fair to assert that as part of this shift, WPATH began viewing reparative therapy as akin to conversion therapy?

Commented [1]:
This section is being edited by Emily Bazelon. Please send back any remaining fact checks after her edits are complete.

Additional Questions from NY Times, sent June 8th

1. Correct that Scott Leibowitz was selected by WPATH in 2017 to lead a group of 7 clinicians and researchers to draft a chapter for SOC8 on adolescents? — Dr. Scott Leibowitz and Dr. Annelou de Vries were selected as co-leads of the Adolescent Chapter through a robust application process, in addition to 5 work group members.

2. WPATH Standards of Care (SOC) are meant to set the guidelines for transgender health care worldwide? -- Yes, not specific to any healthcare delivery system, but focused on transgender health as a human/universal concept/need.

3. True that after WPATH was formed in 1979, transgender activists gained increasing influence in the organization? -- Health care professionals who happened to be trans people joined the organization; they were not necessarily activists. Some who recognized that a medical association was

important for institutionalizing transgender health were interested in strengthening the association functionally and clarifying the SOC, while others took more aggressive positions as clinicians because they saw how interpretations of the SOC were weaponized against their clients/patients in specific regions or environments. Different approaches are present throughout the membership. The Board tries to balance the values that are expressed through the SOC and good association management principles.

4. Yet these activists did not contribute to formulating the SOC and its updates over the years? -- No. Transgender-identified professionals have been given a voice, to varying degrees since version 5. The first 4 versions were very sparse. As more trans professionals joined the association and participated in association committees and activities, and their opinions and experience were recognized as credible and respectable, these professionals gained more access to being able to contribute to the SOC. Note that the association membership application does not ask an applicant's gender identity or personal transgender history. It only asks for professional qualifications, which are vetted.

5. Fair to say that a good number of these activists (rightly or wrongly) view SOC criteria as imposing excessively restrictive, paternalistic, and even demeaning barriers to transgender treatment? --JG: No. There are some members who are clinicians who work with marginalized groups within the transgender community who would like to see standards relaxed in many ways, but in the U.S., it is also true that insurance plans and clinical institutions overlay their own interpretations or additional rules on transgender care and some clinicians and patients/clients blame WPATH for this when these systems/processes are outside WPATH's influence or control. Activists outside of WPATH blame WPATH, and a lot of misinformation about the SOC is shared throughout the trans community.

We also have questions about a protest in February 2017 [[see video: <https://www.youtube.com/watch?v=rfgG5TaCzsk>]]. We have spoken with Jamison Green, and he believes it is generally accurate, but we would also like see if WPATH sees anything inaccurate here:

6. In February 2017, the inaugural conference of USPATH--the US branch of WPATH--was held in Los Angeles? -- Yes. Please note... USPATH is the US regional affiliate of WPATH.

7. At this conference, protesters interrupted and picketed a panel featuring Ken Zucker? -- Yes. Most of the protesters were not WPATH members.

8. That evening of the protest, at a meeting with the conference leaders, a group of activists led by transgender women of color read aloud a statement in which they said the "entire institution of WPATH" was "violently exclusionary" because it "remains grounded in 'cis-normativity and trans exclusion.'"? [[QUOTES ARE FROM VIDEO]] --JG: Yes. These were Los Angeles activists who had been given free admission to the conference to recognize their community-based healthcare advocacy, and to help them engage with national trans health leaders and researchers who created much of the literature in the field. Some trans-identified clinicians who supported them also attended the meeting where the statement was read.

9. The group asked for cancellation of Zucker's appearance on a second upcoming panel? -- Yes.

10. Jamison Green, who was on the board at the time, agreed to the demand to cancel Zucker's appearance on the second panel/symposium? Zucker did not appear further at that 2017 USPATH conference? -- Yes. This was not my sole decision; I delivered the consensus of the board members present with regret and sadness, because we recognized we could not guarantee his safety.

11. Green told the protestors: "We are very, very sorry." -- Yes, true, because (for me) we were sorry they felt this way.

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Final question from the NY Times Magazine

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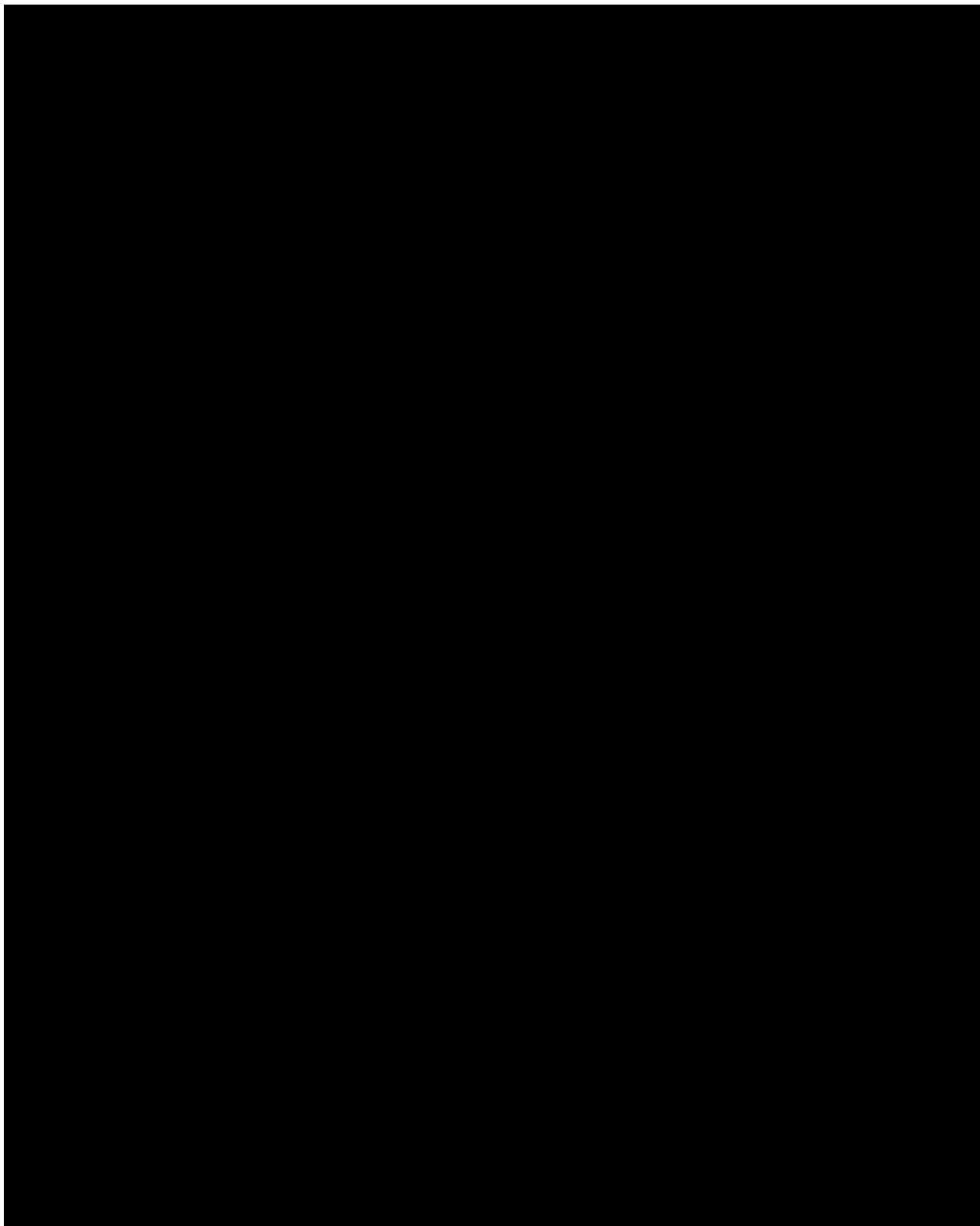
Is it correct to say that largely in response to Marci Bowers's concerns, the December draft of the SOC8 adolescent chapter suggested that health care providers discuss "future unknowns related to sexual health" when families consider puberty blockers?

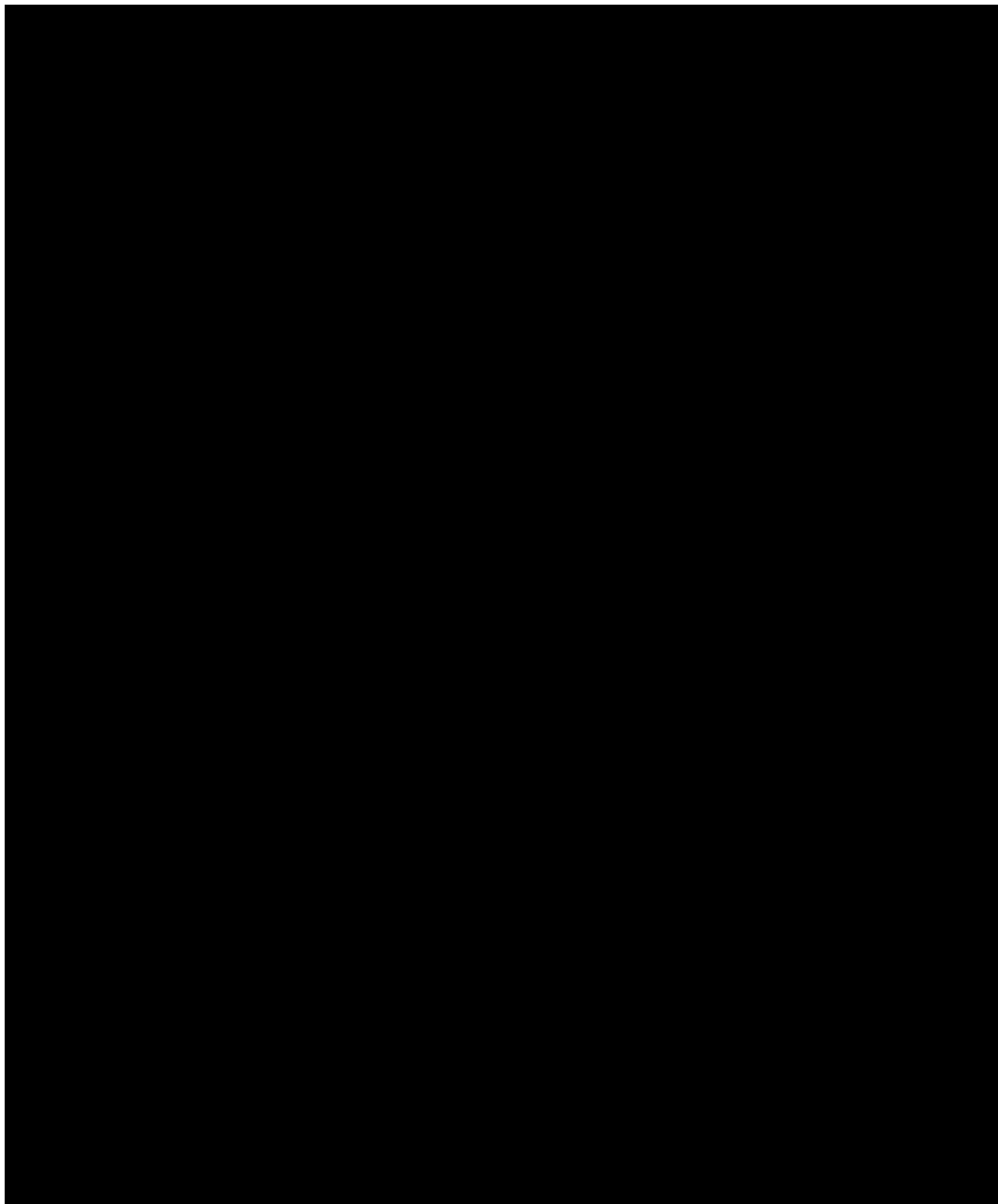
Bowers believes her comments had this influence, but I wanted to confirm with you.

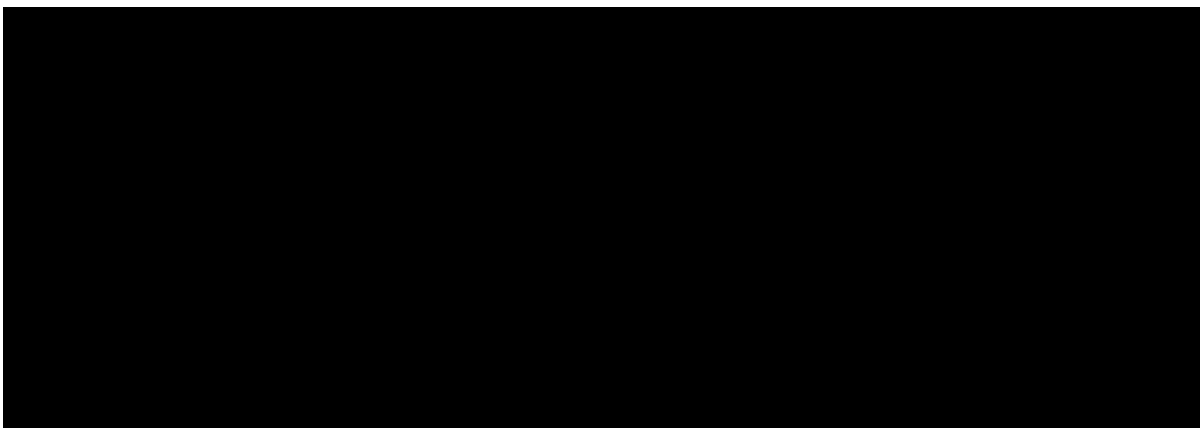
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We are checking with Dr. Leibowitz on this.

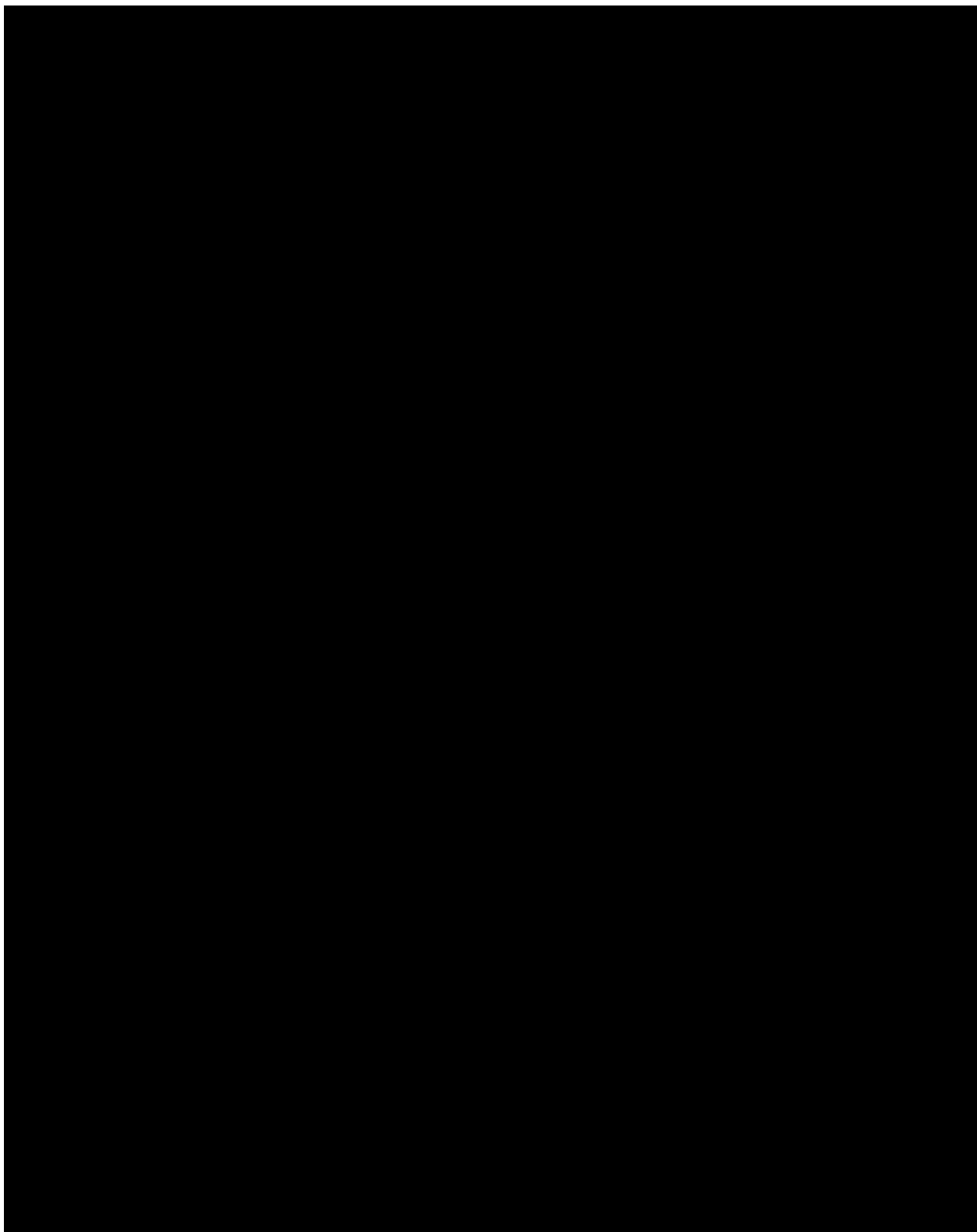
We received a number of comments on this..





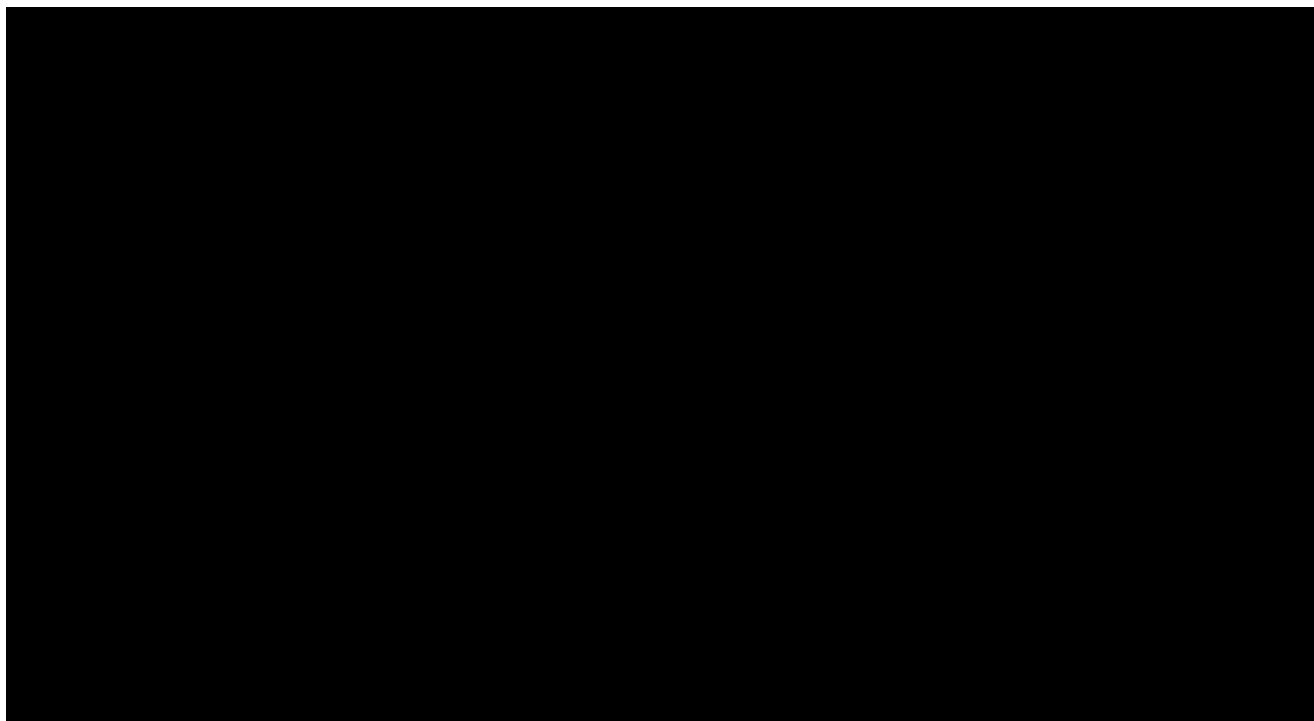






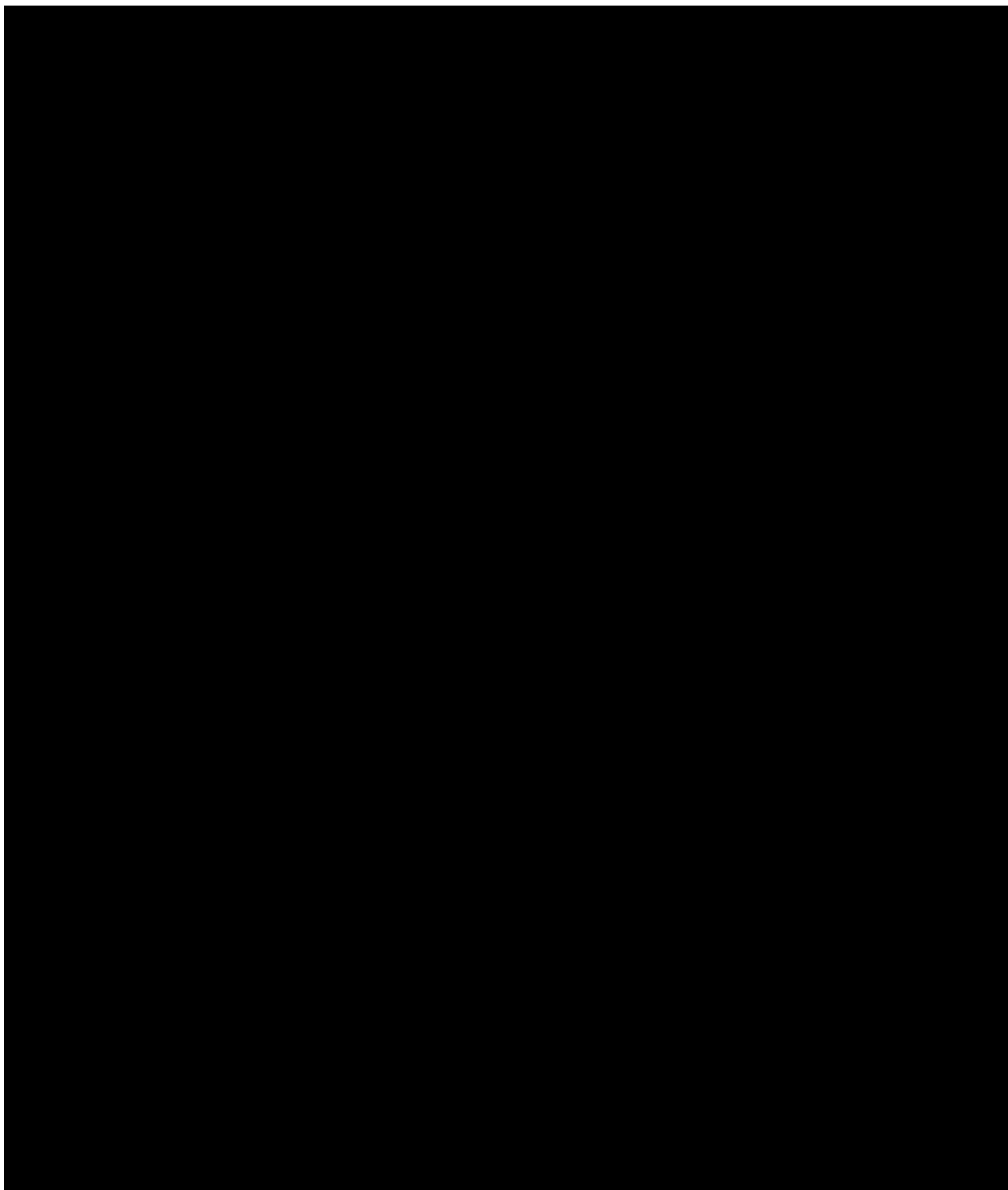
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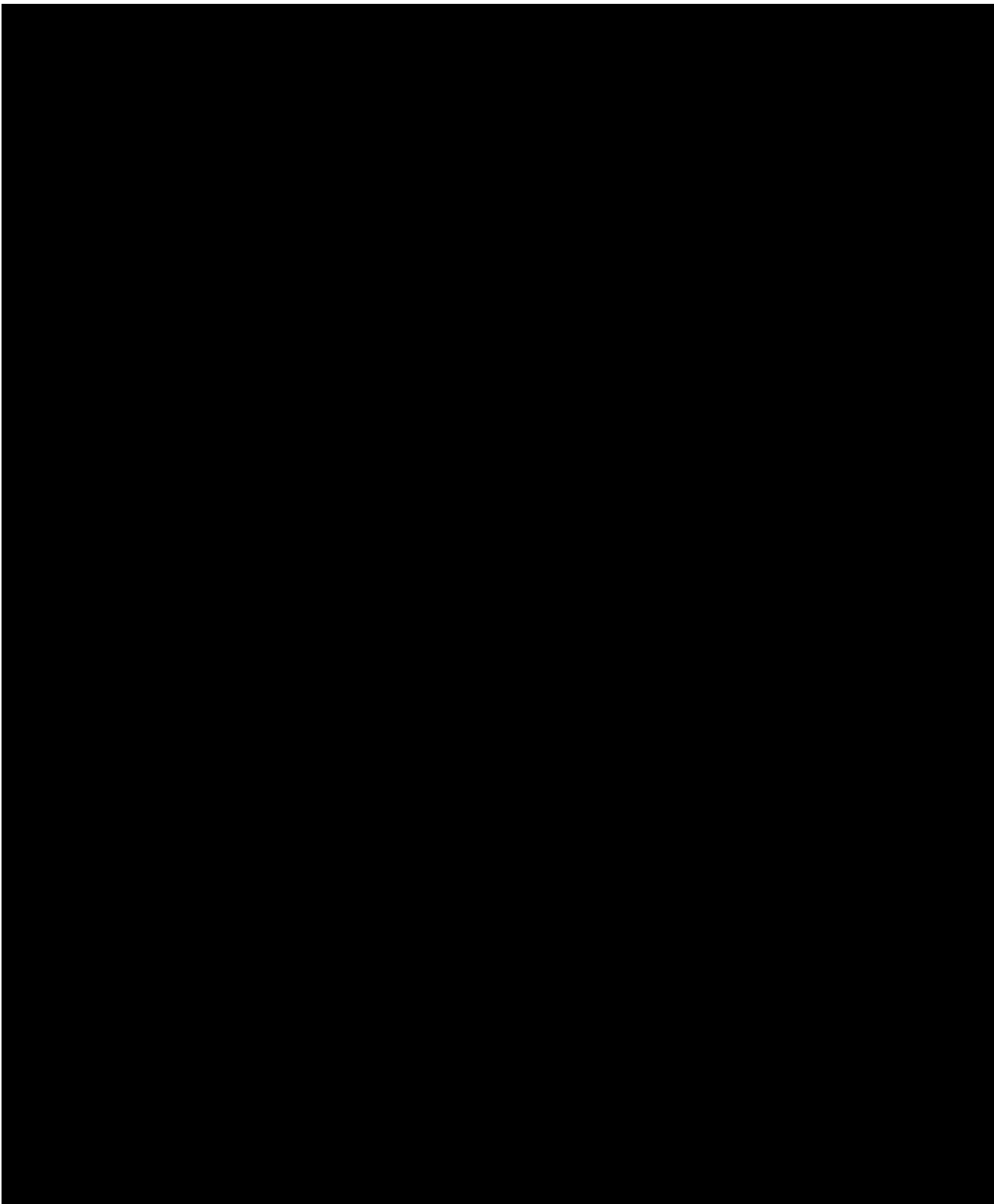
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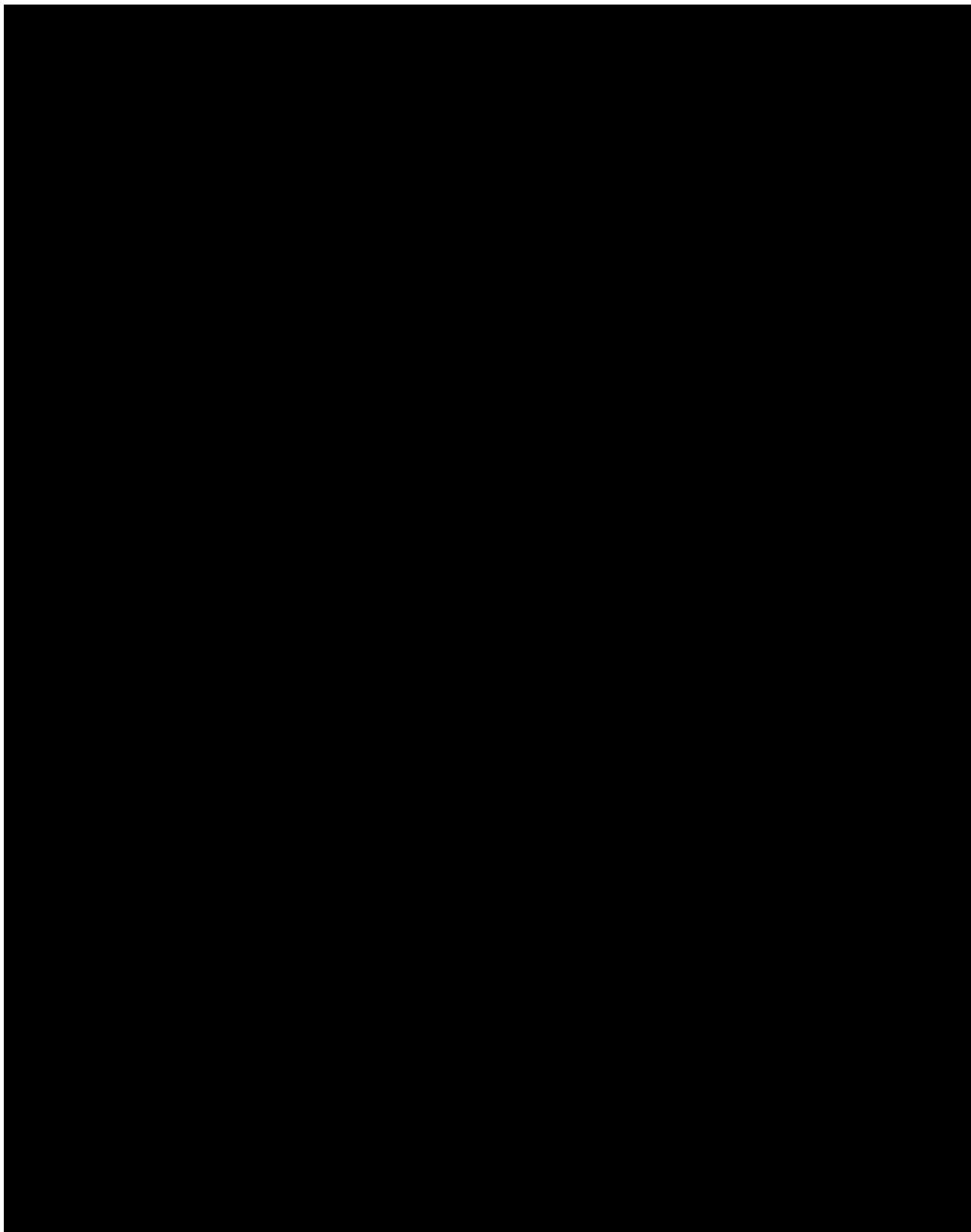
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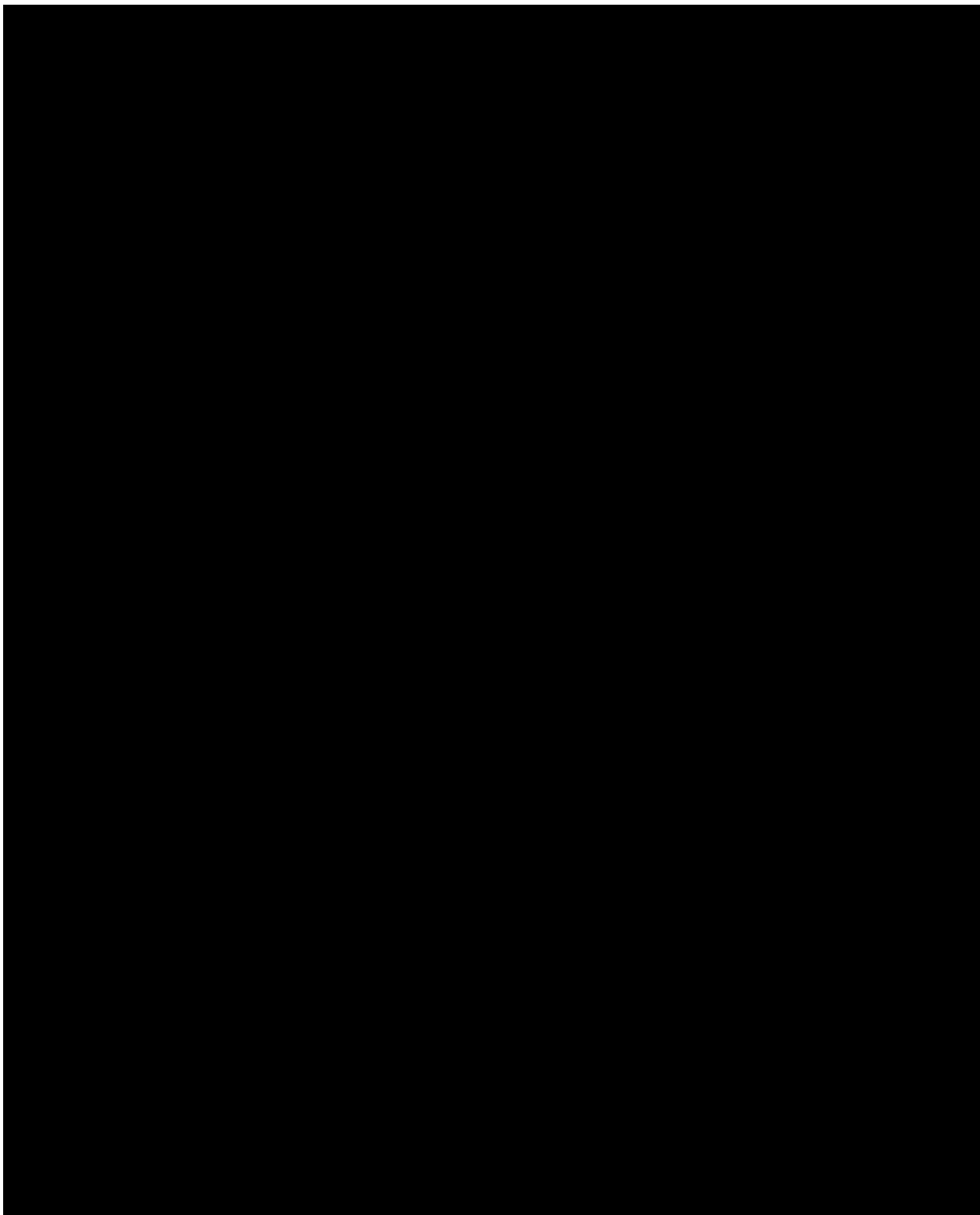
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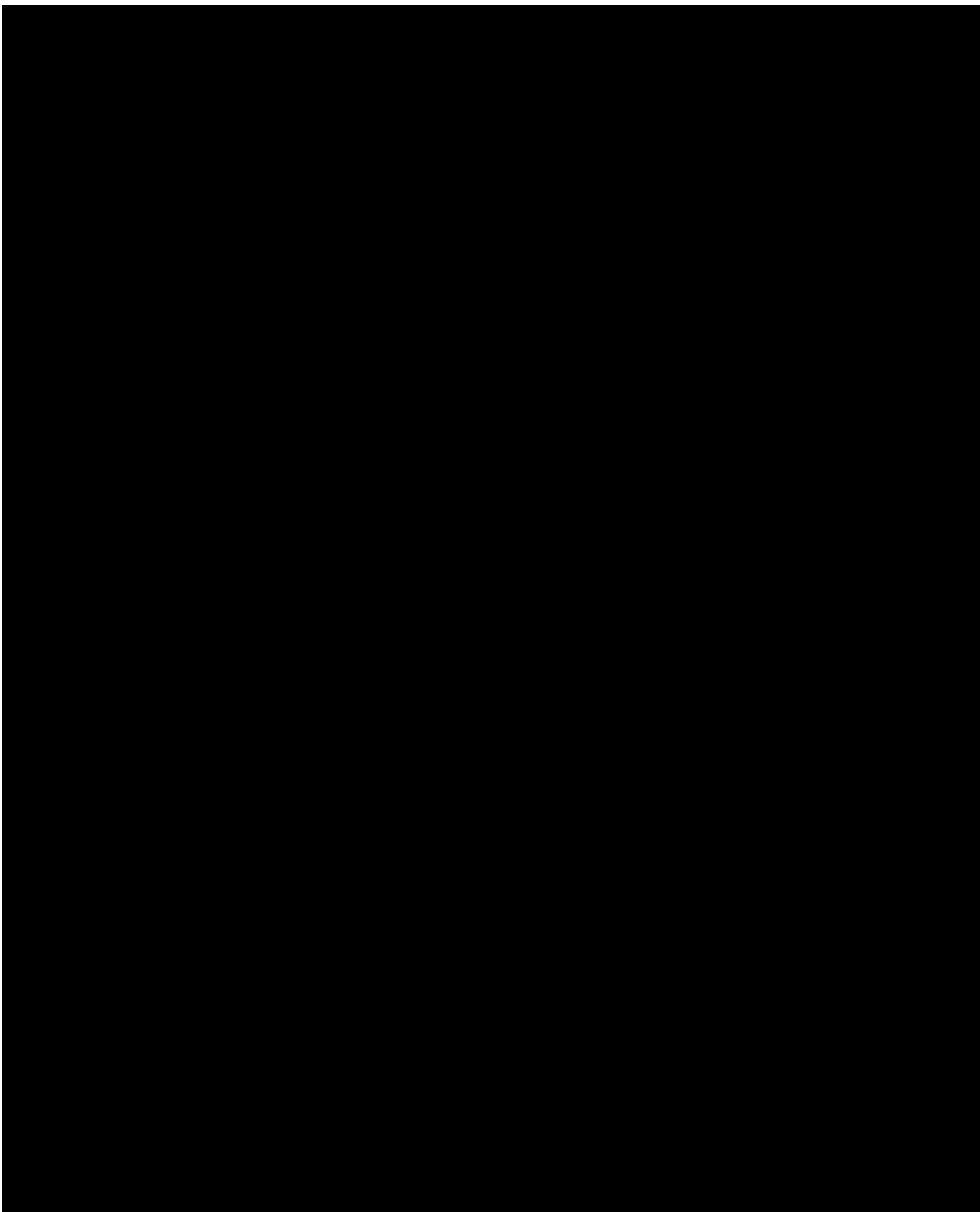
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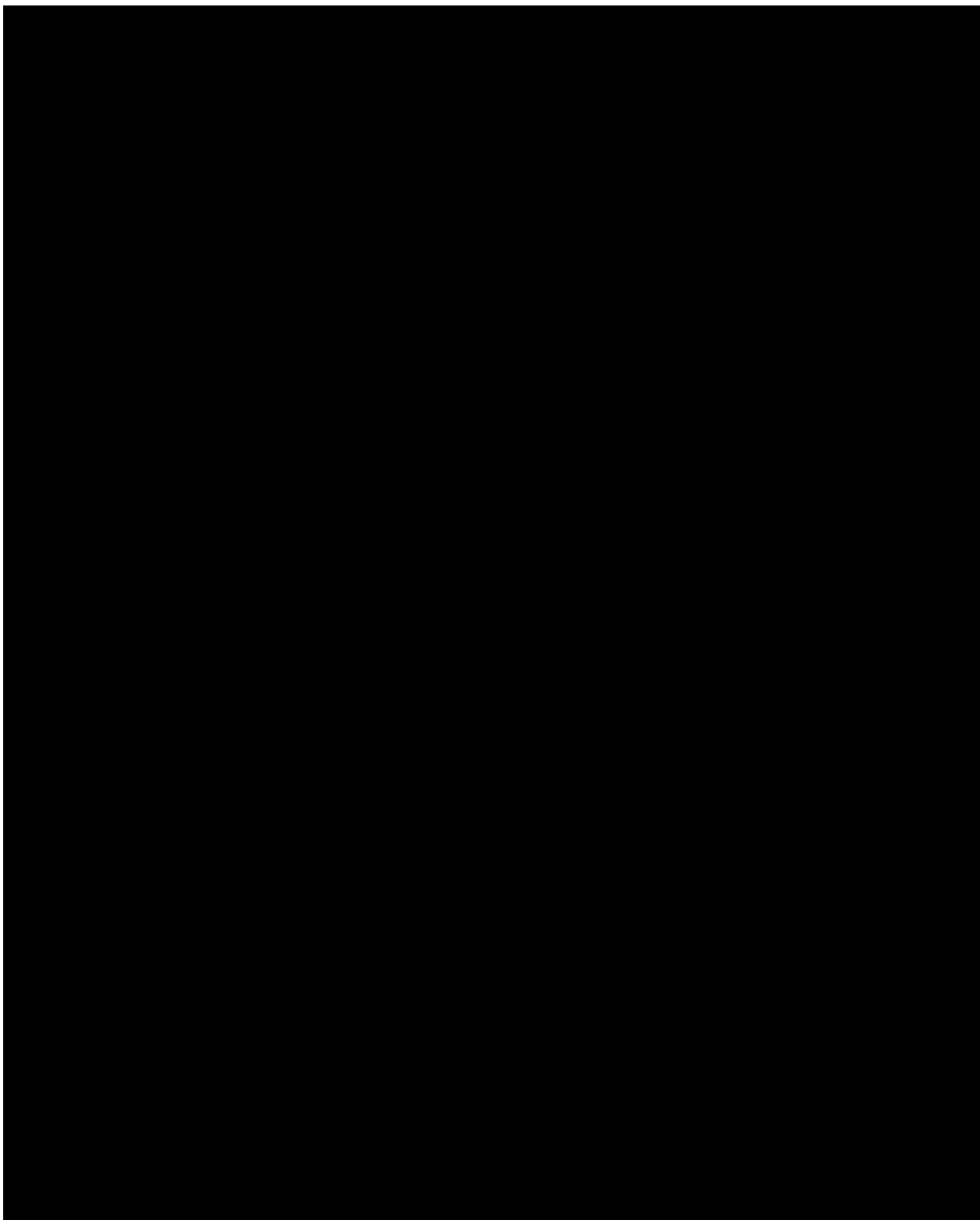
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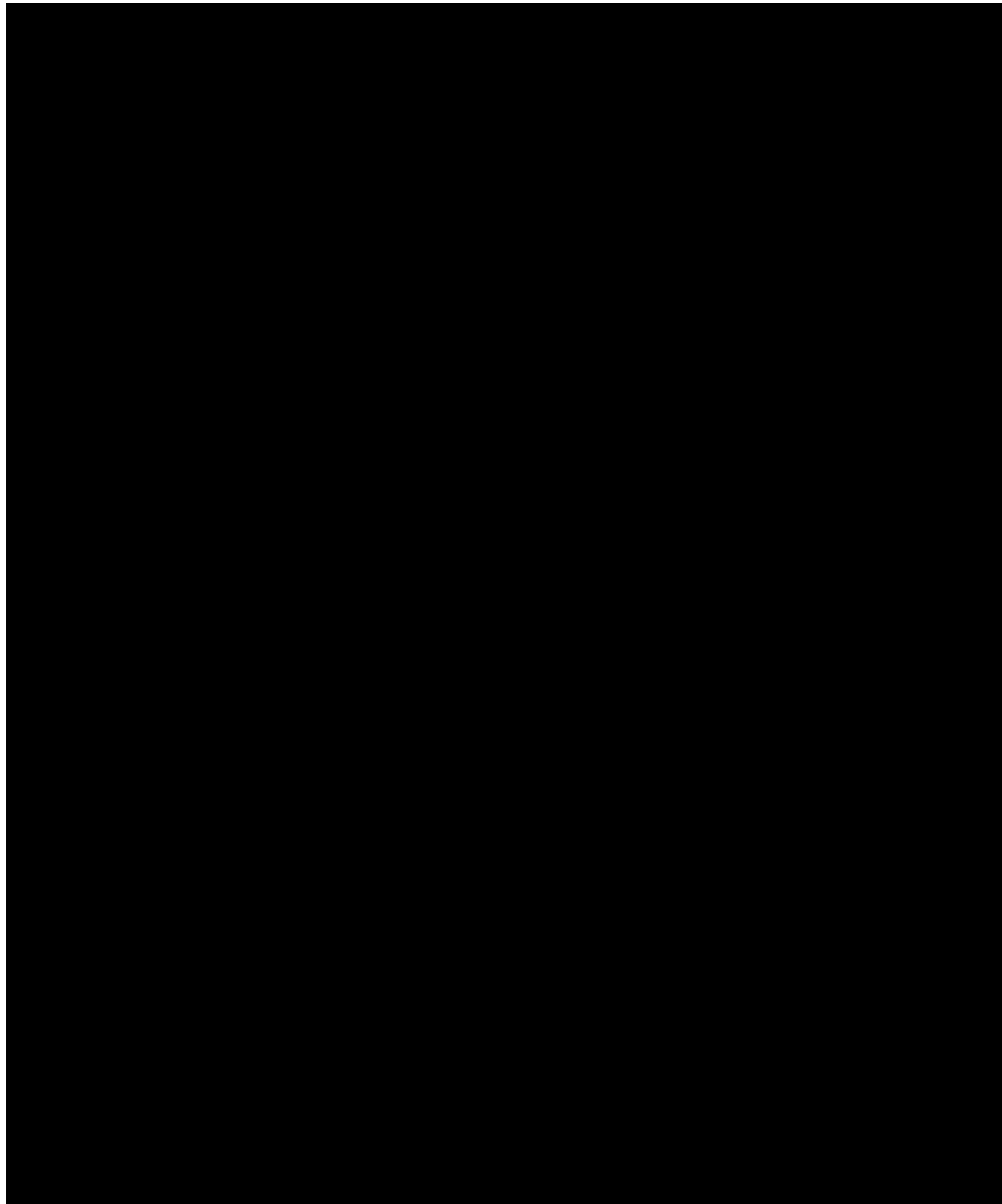
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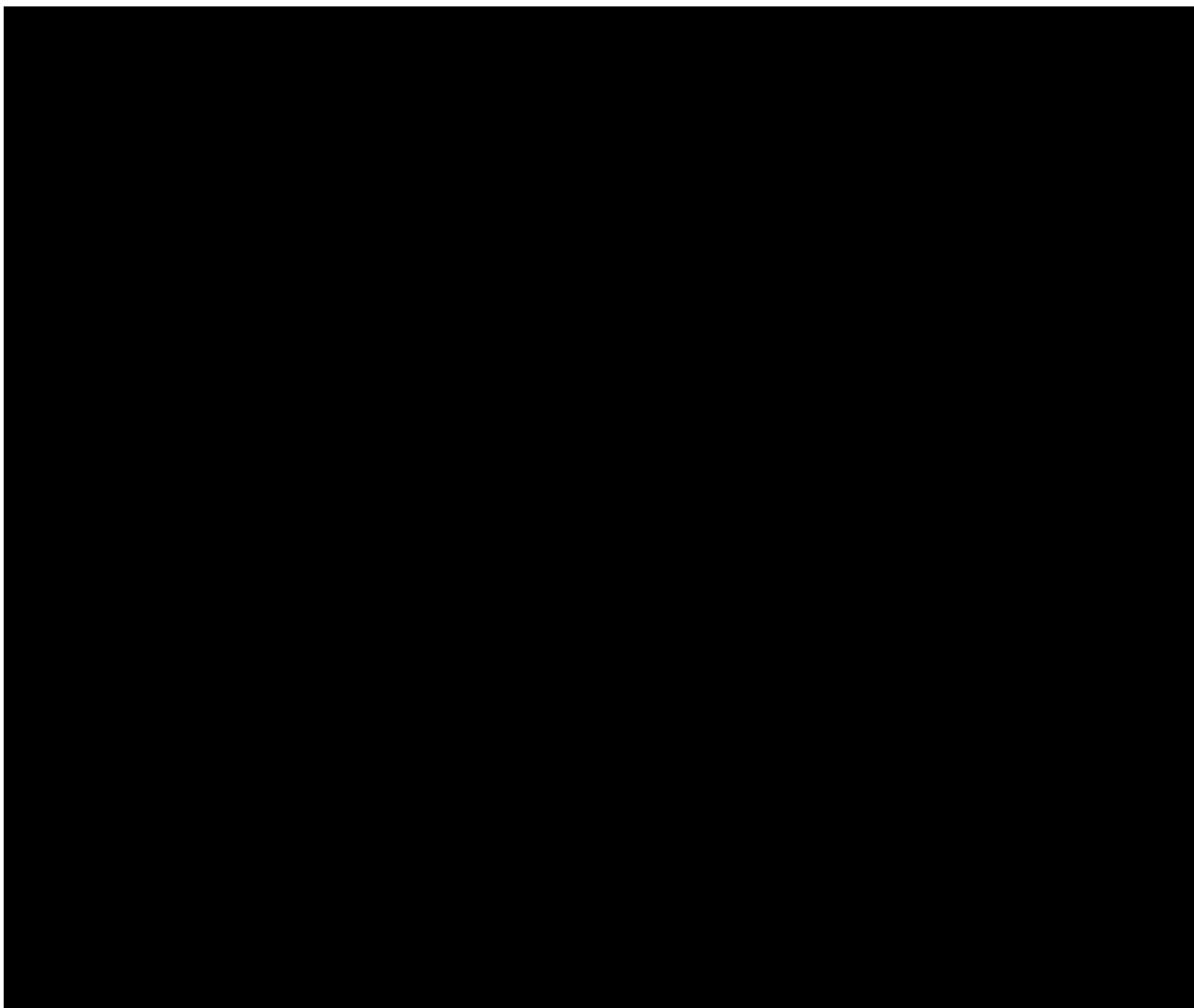




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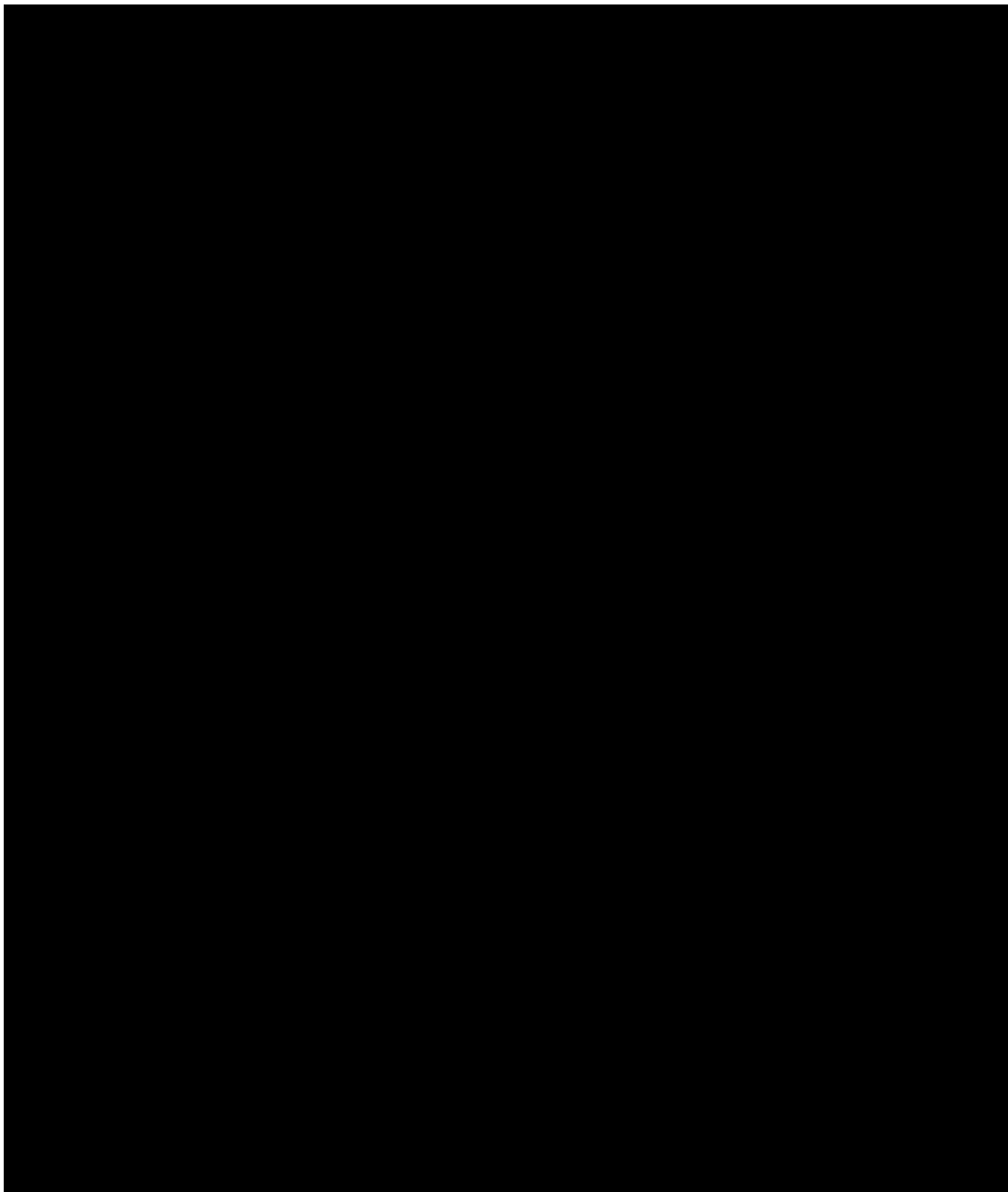
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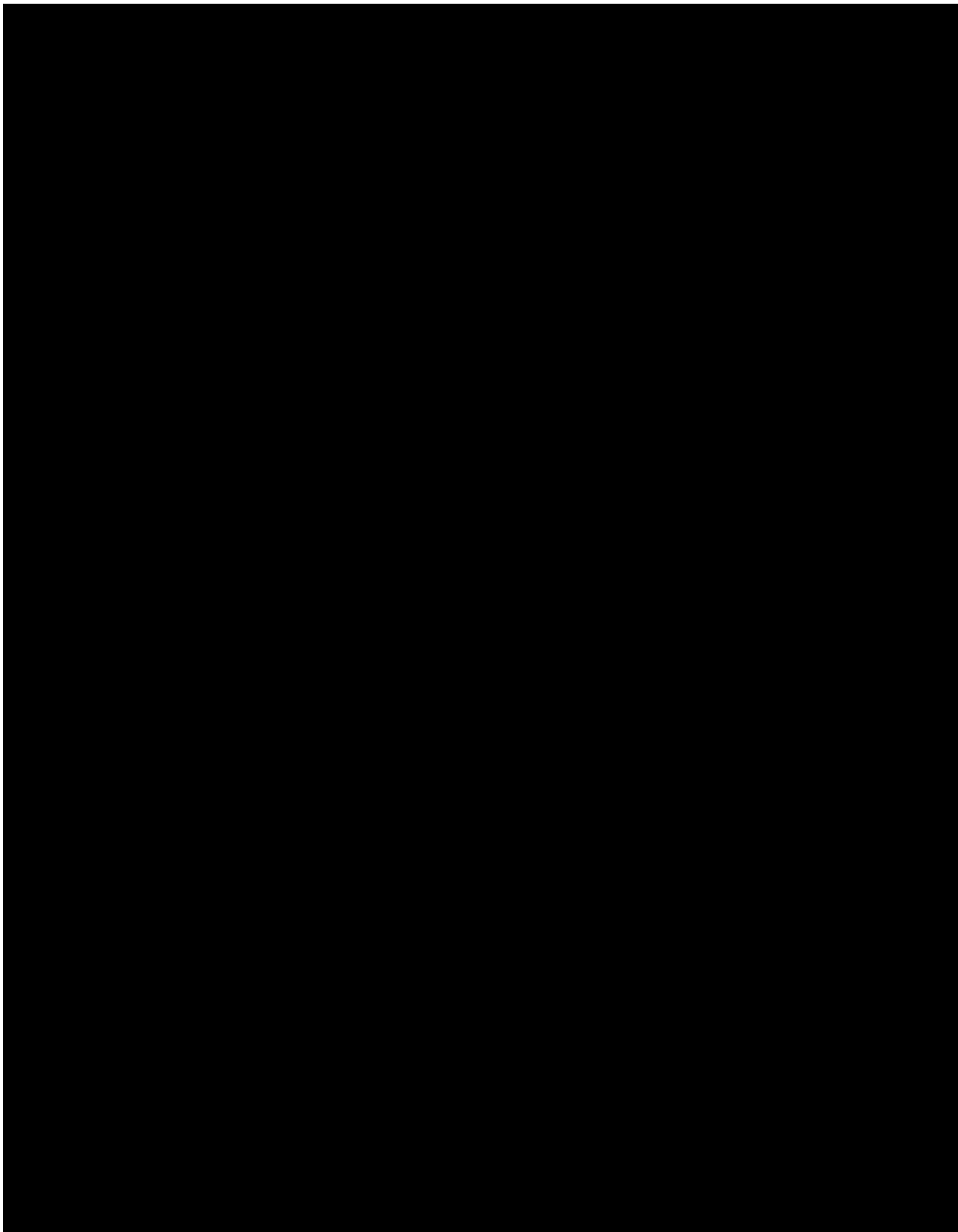


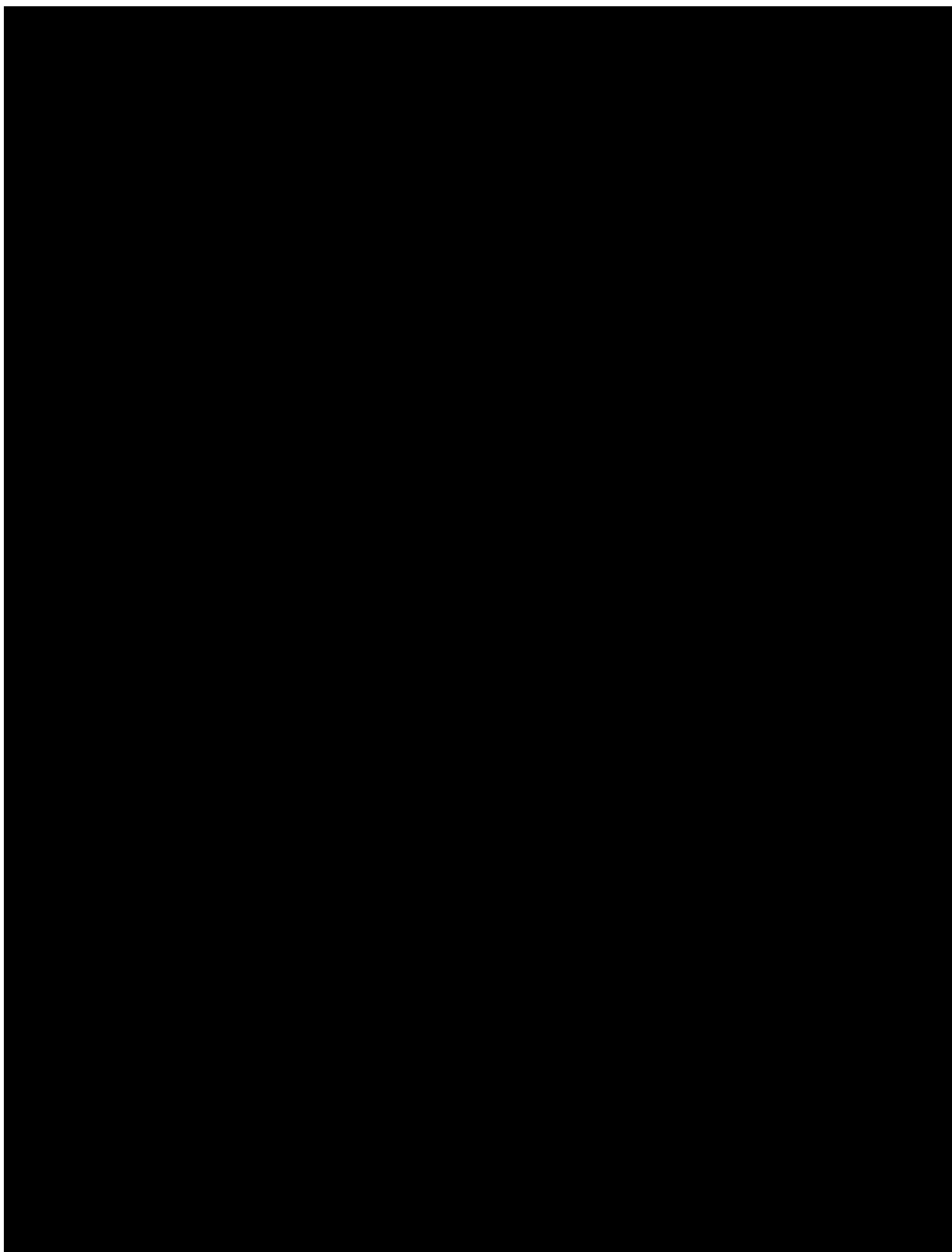


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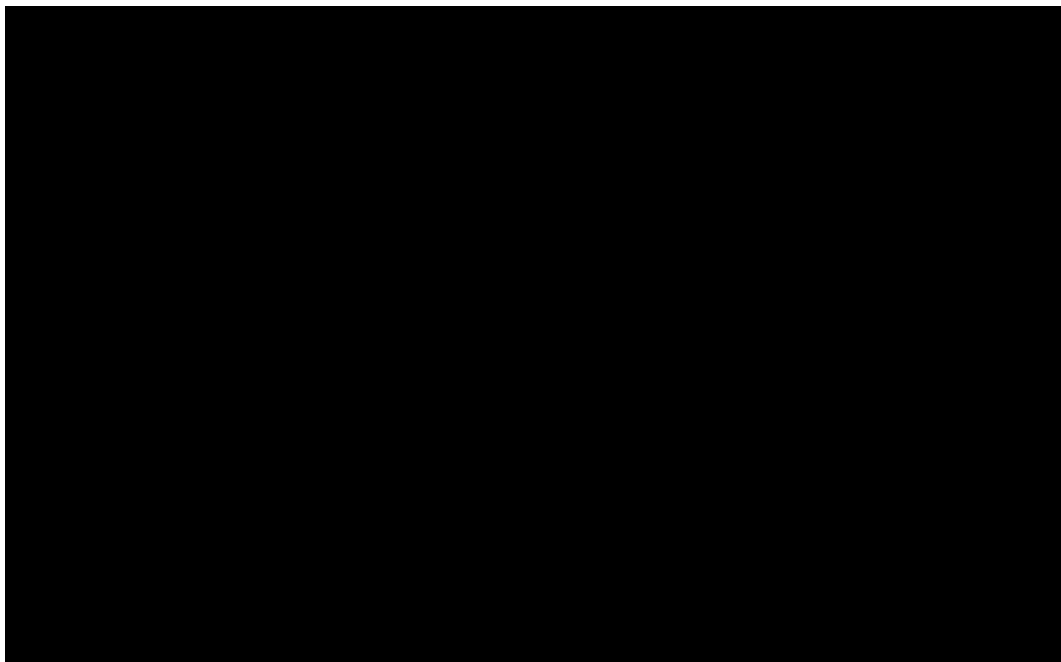






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