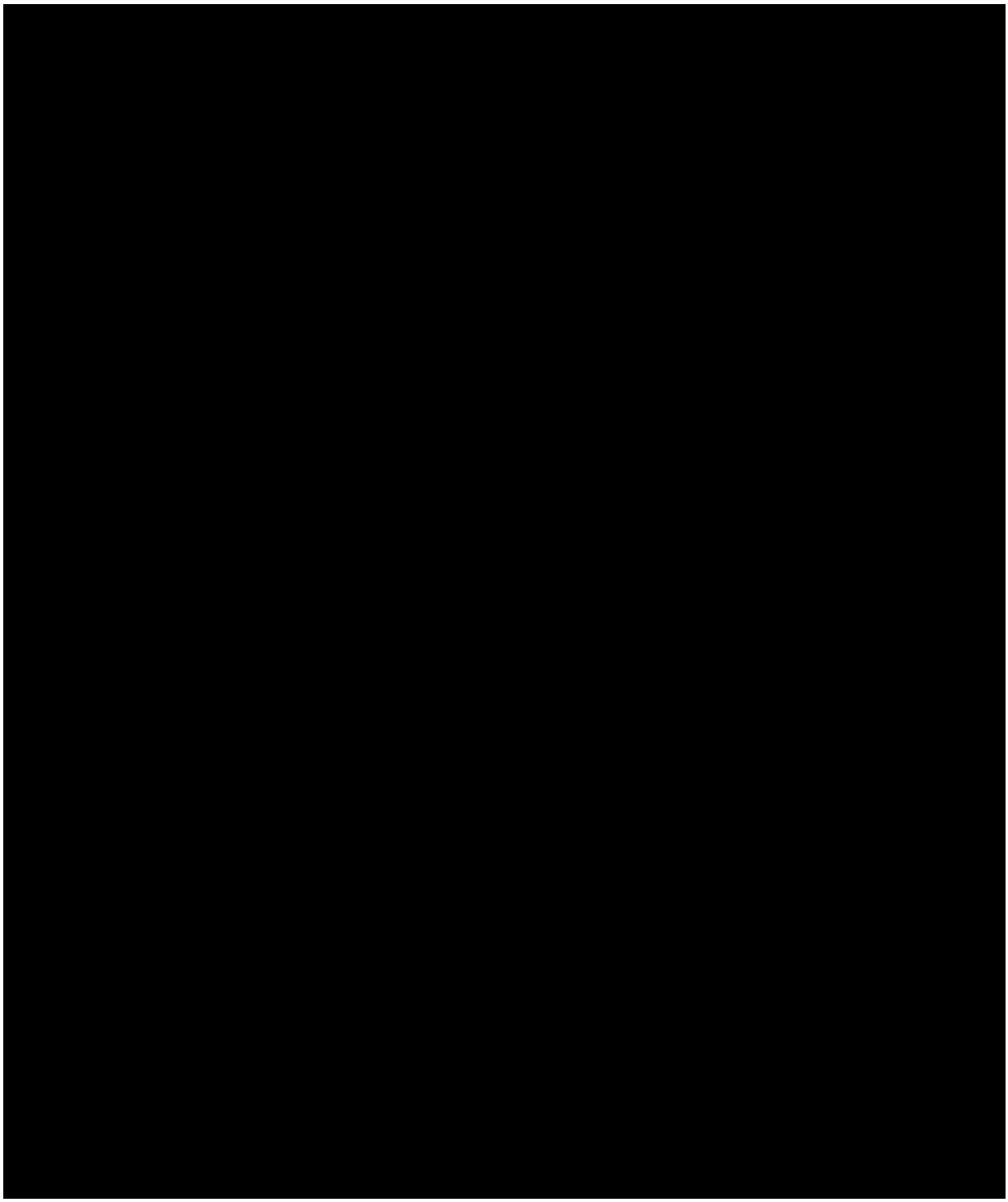
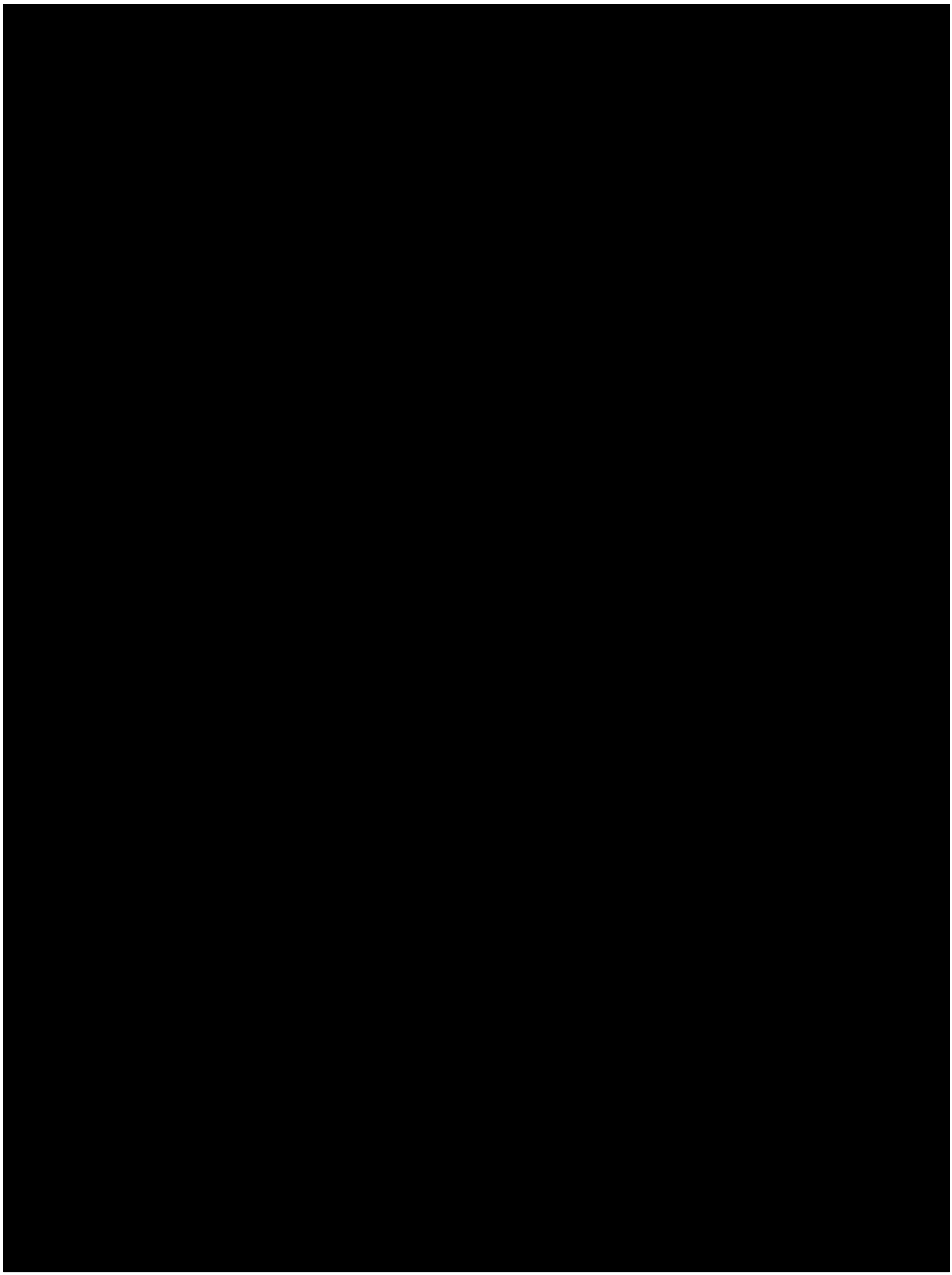
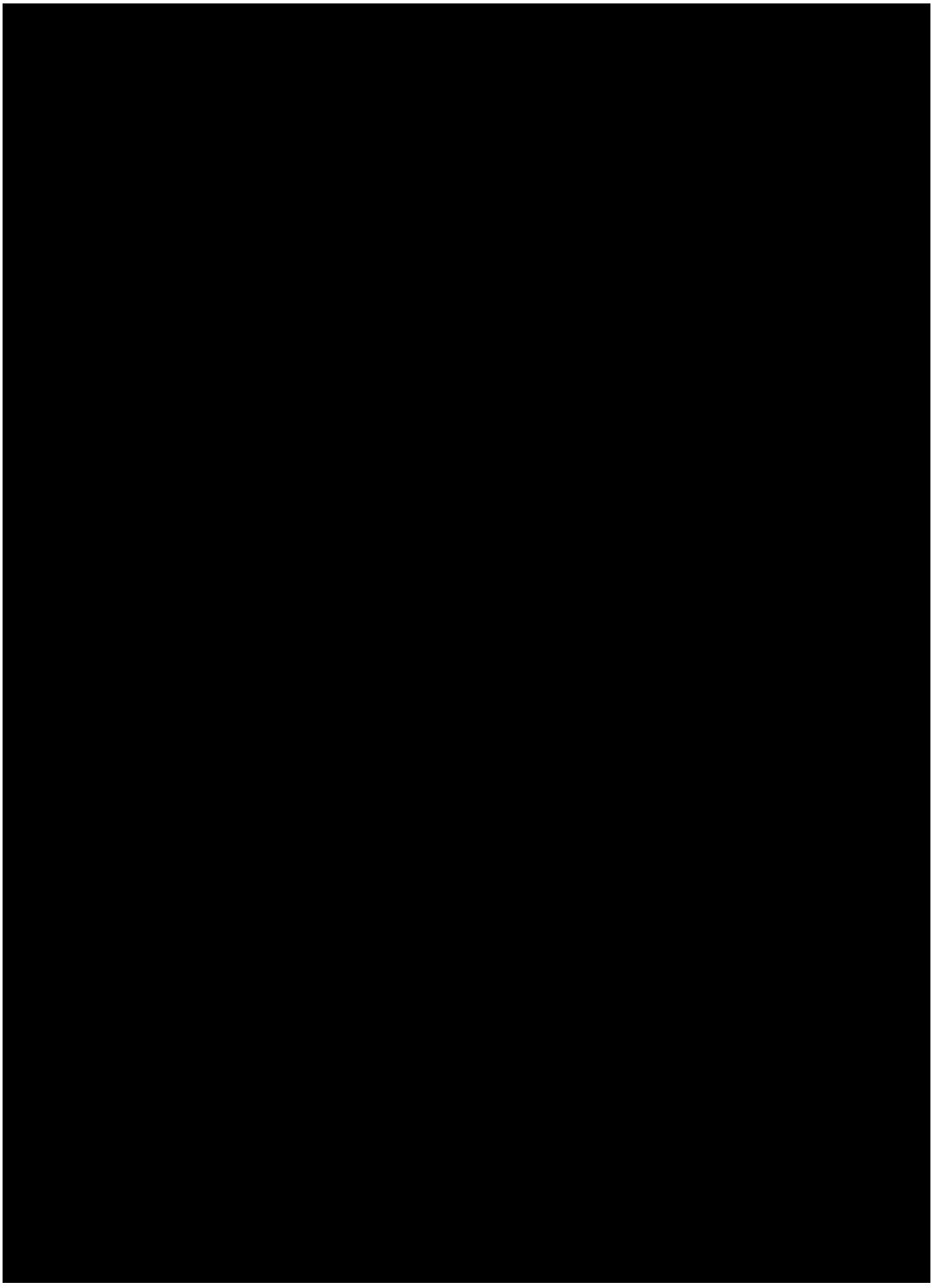
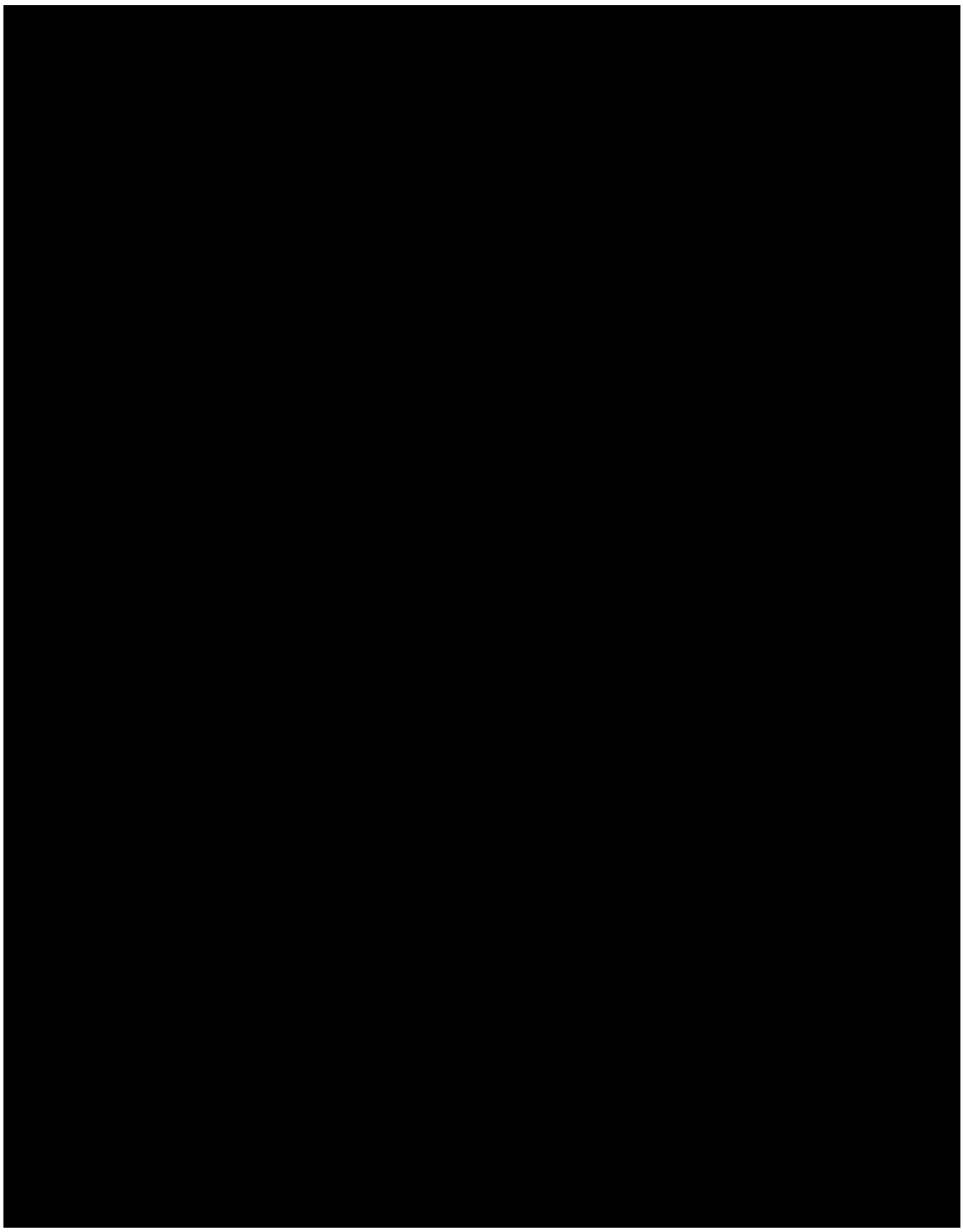
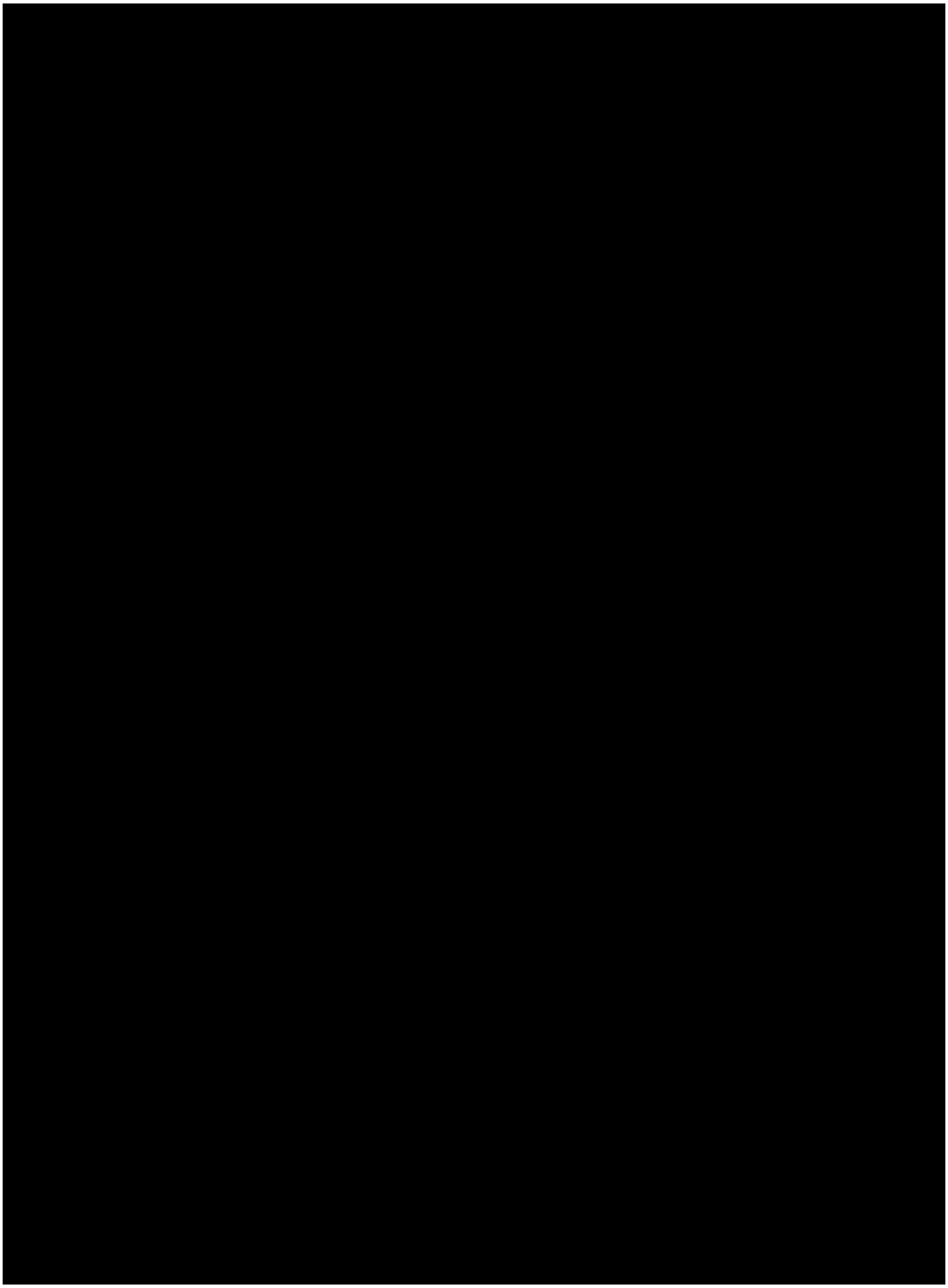
Doc. 560-27 Defendants' Summary Judgment Exhibit 177 (Redacted)

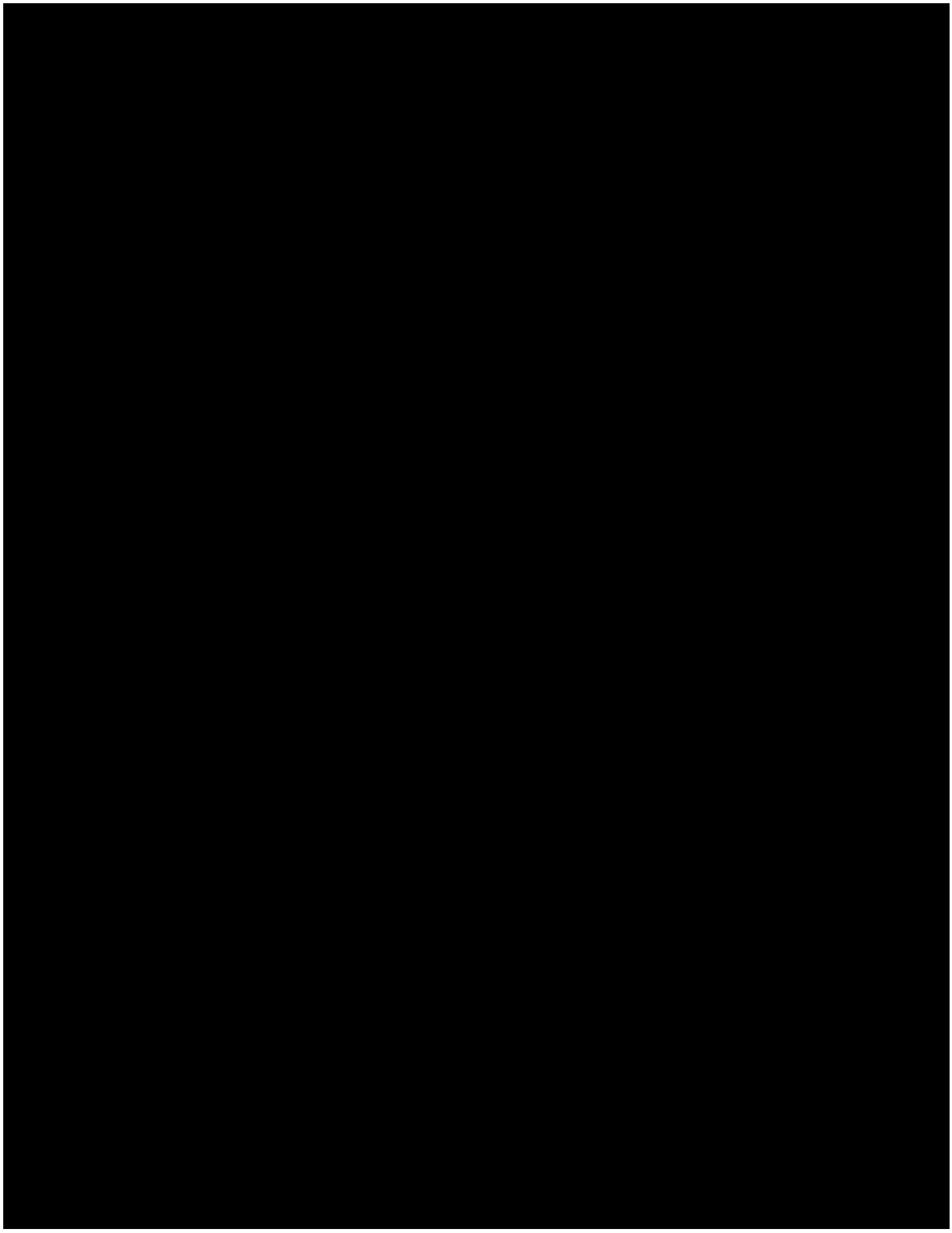


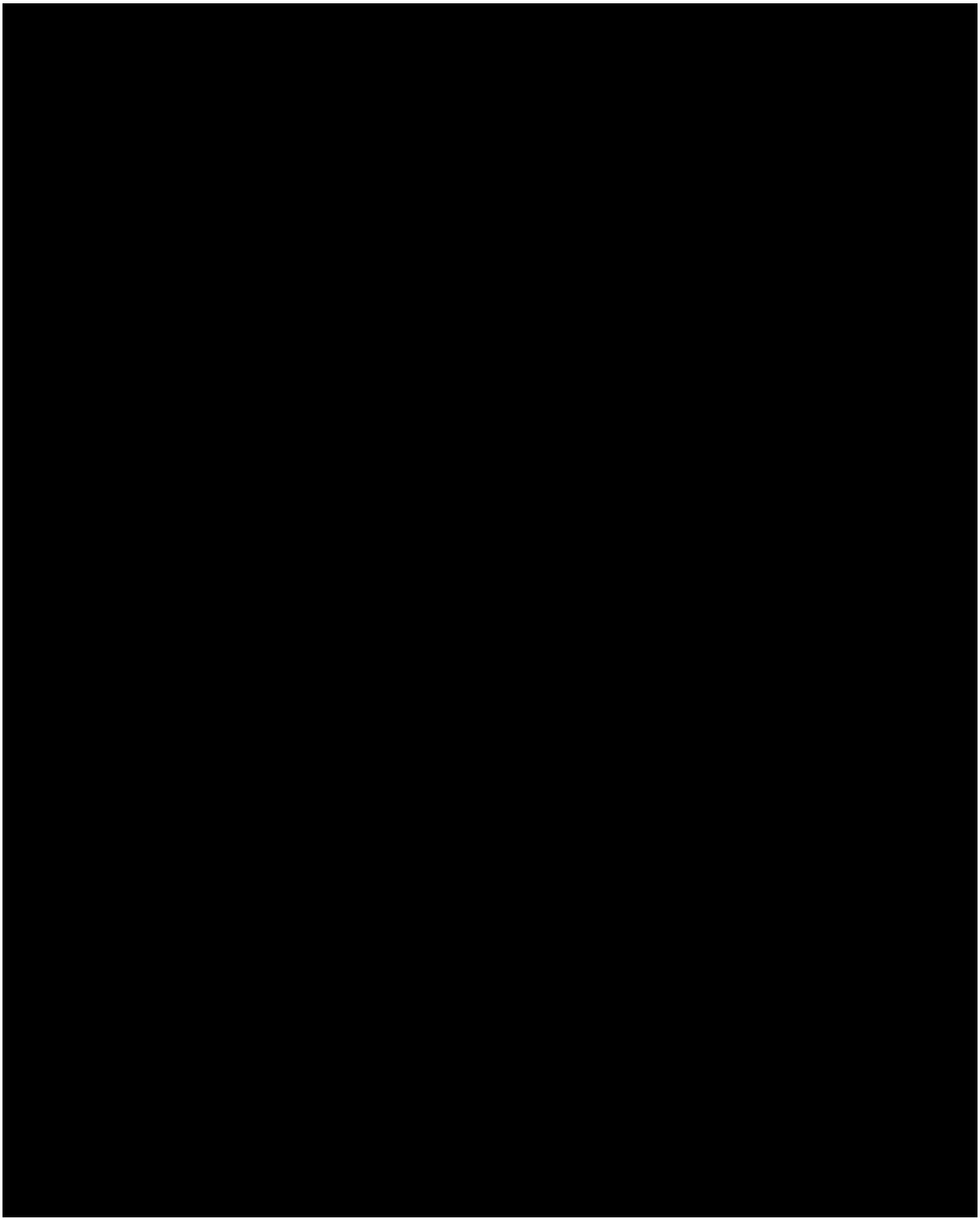


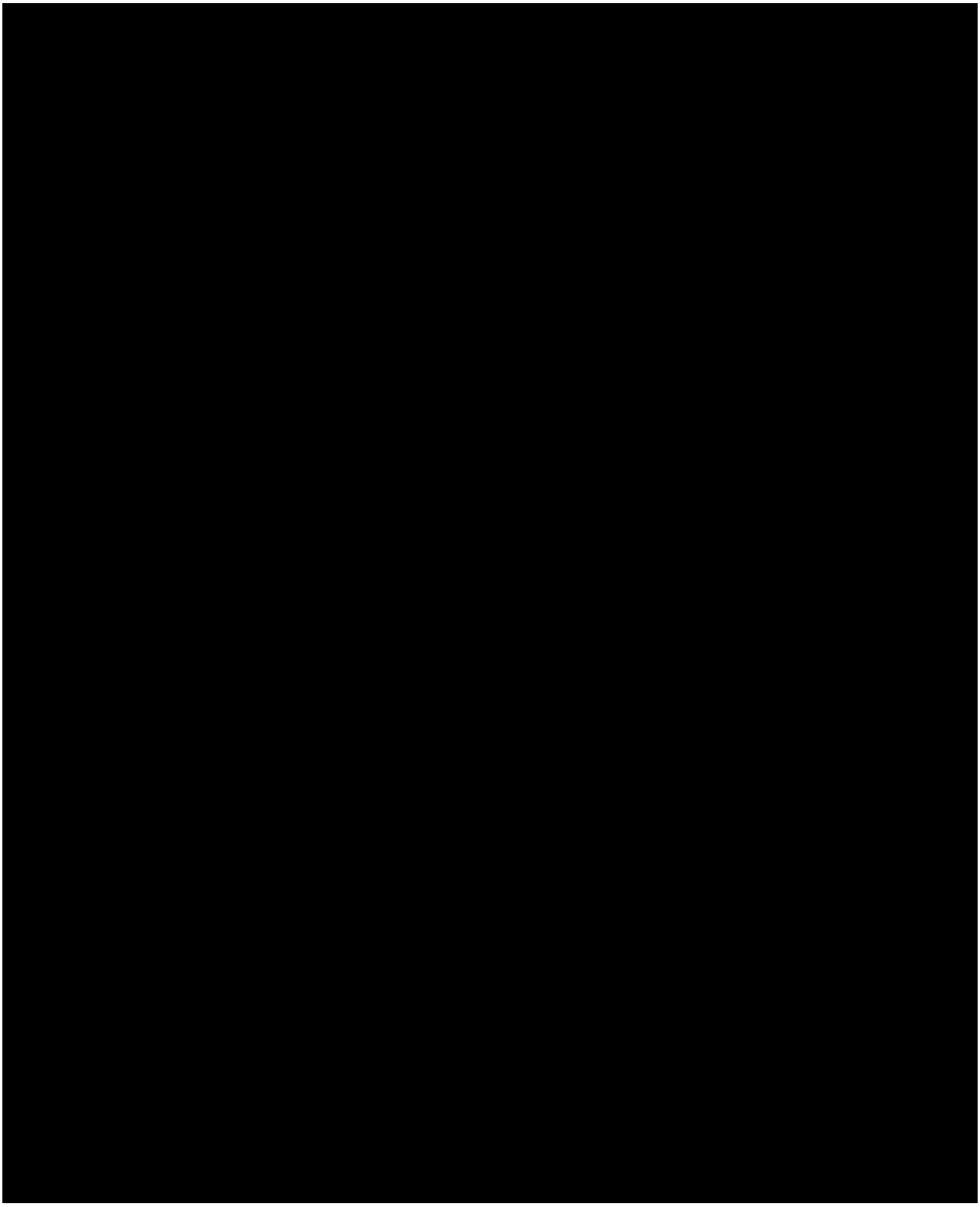


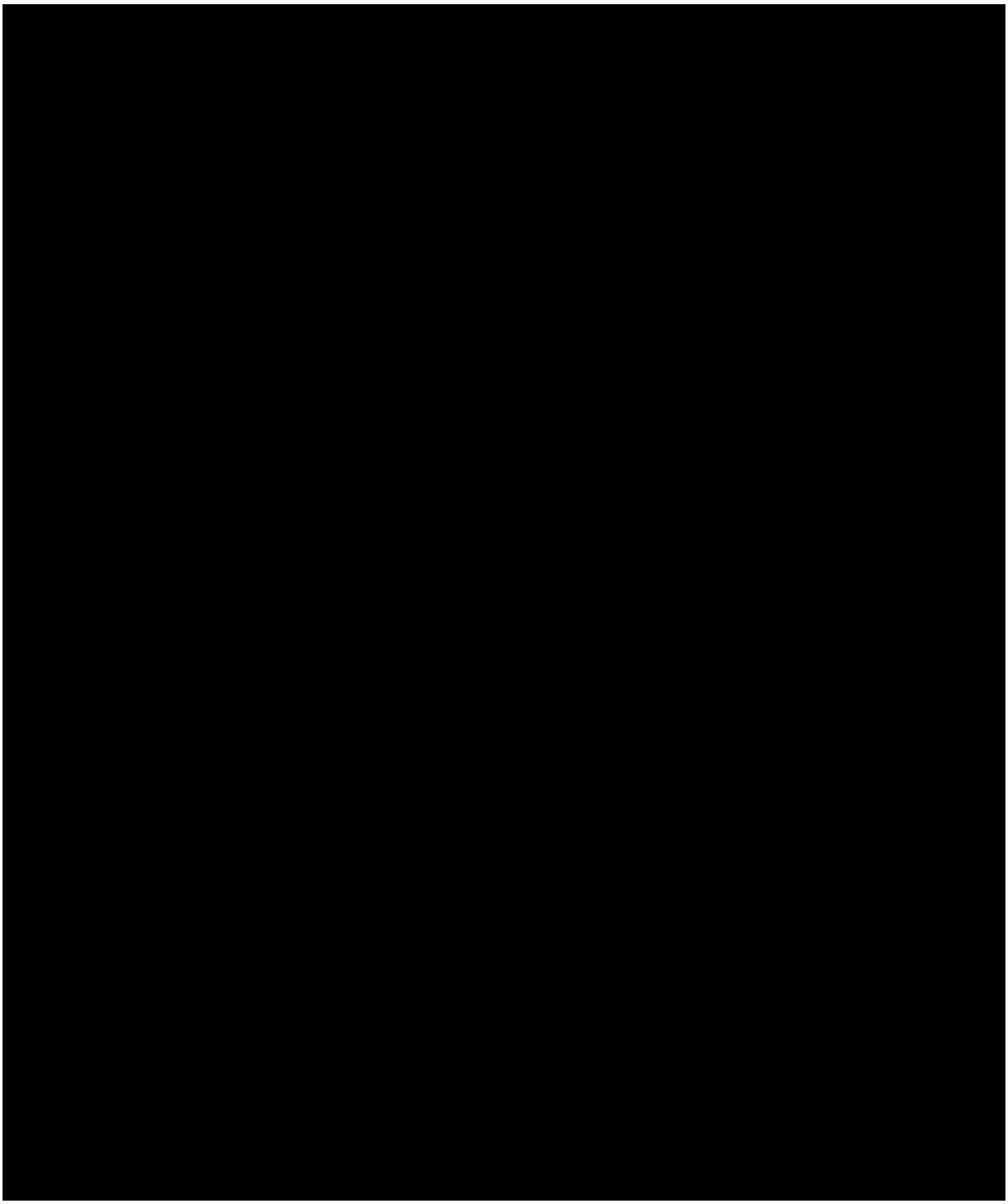


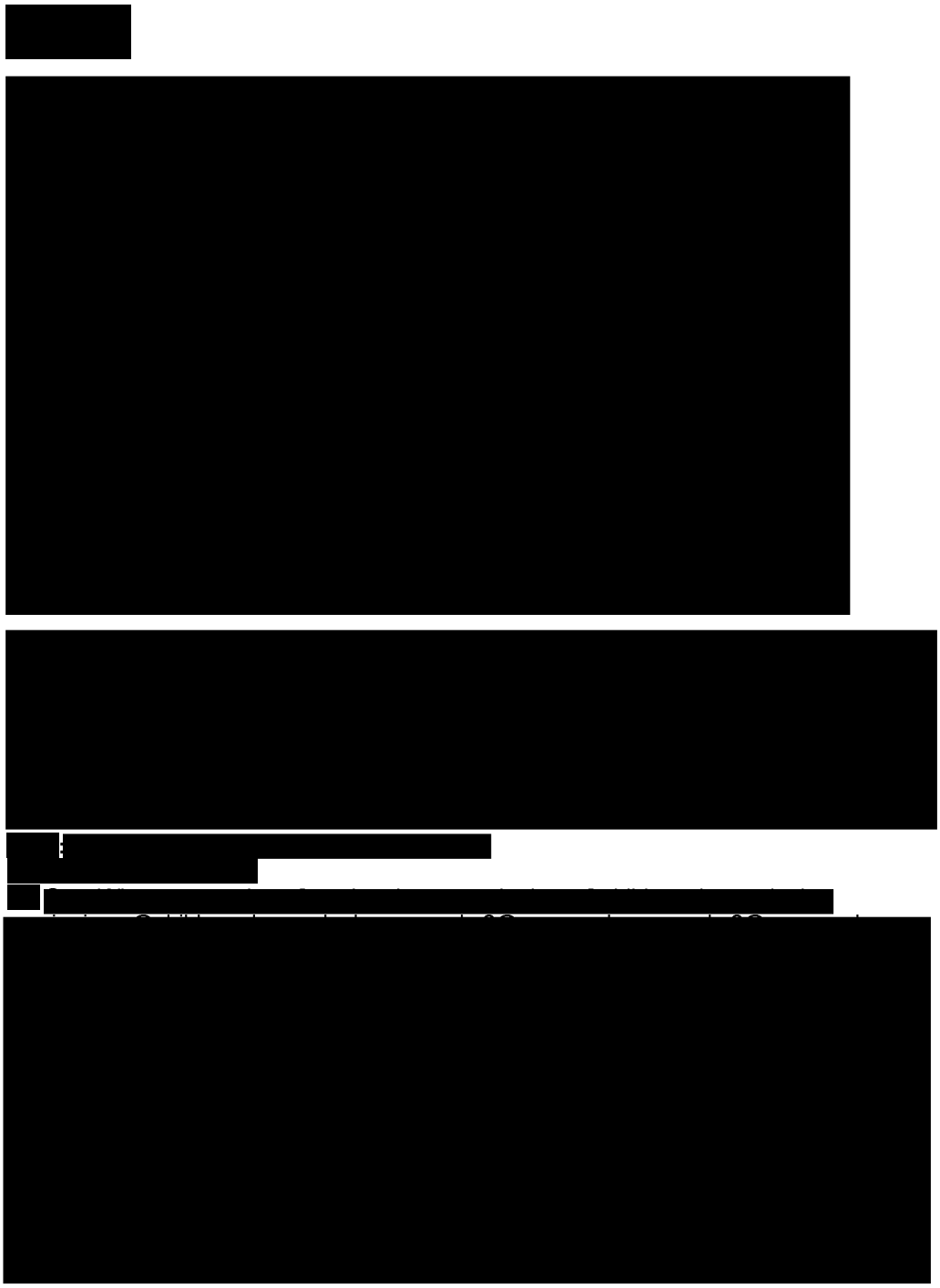


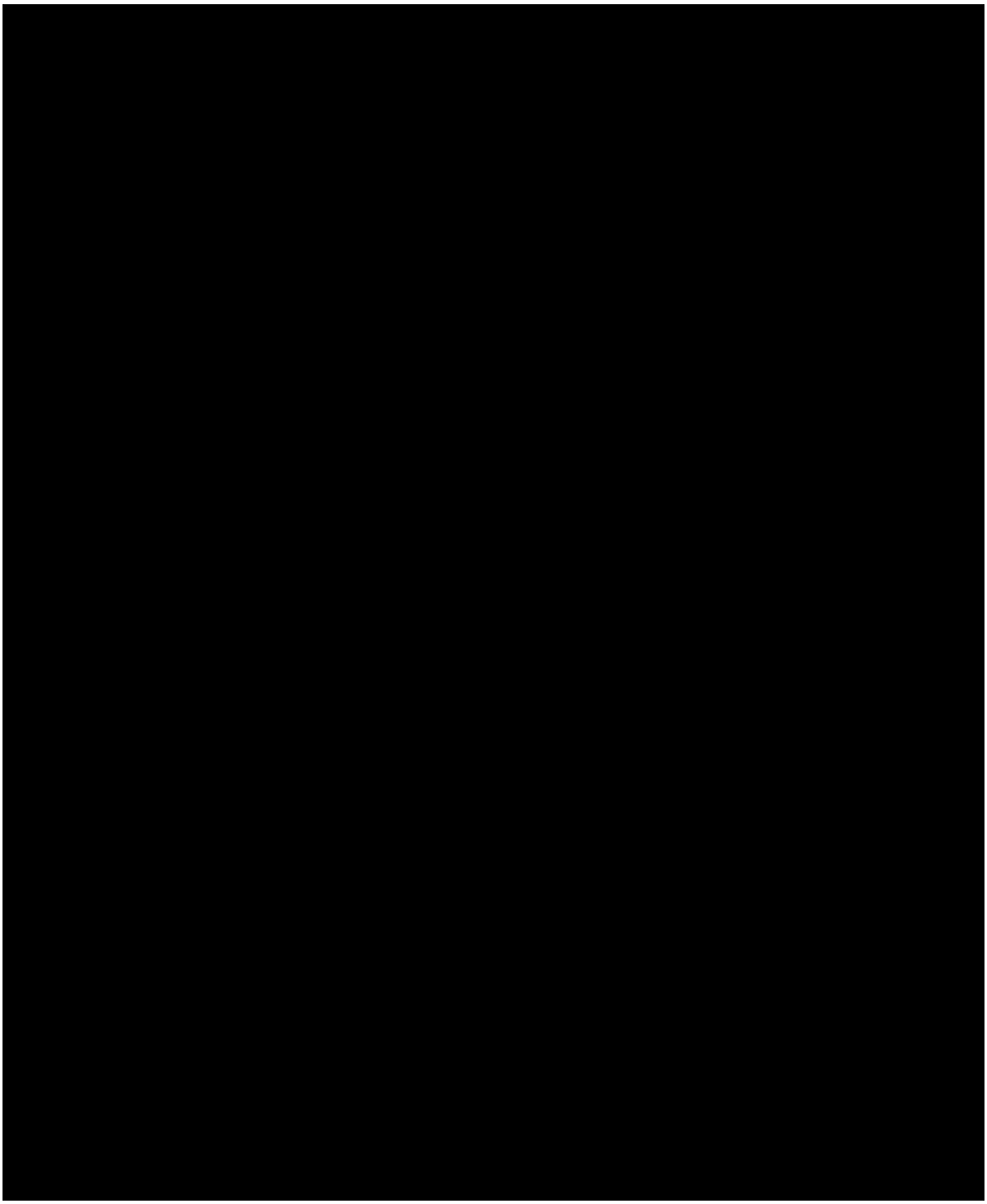


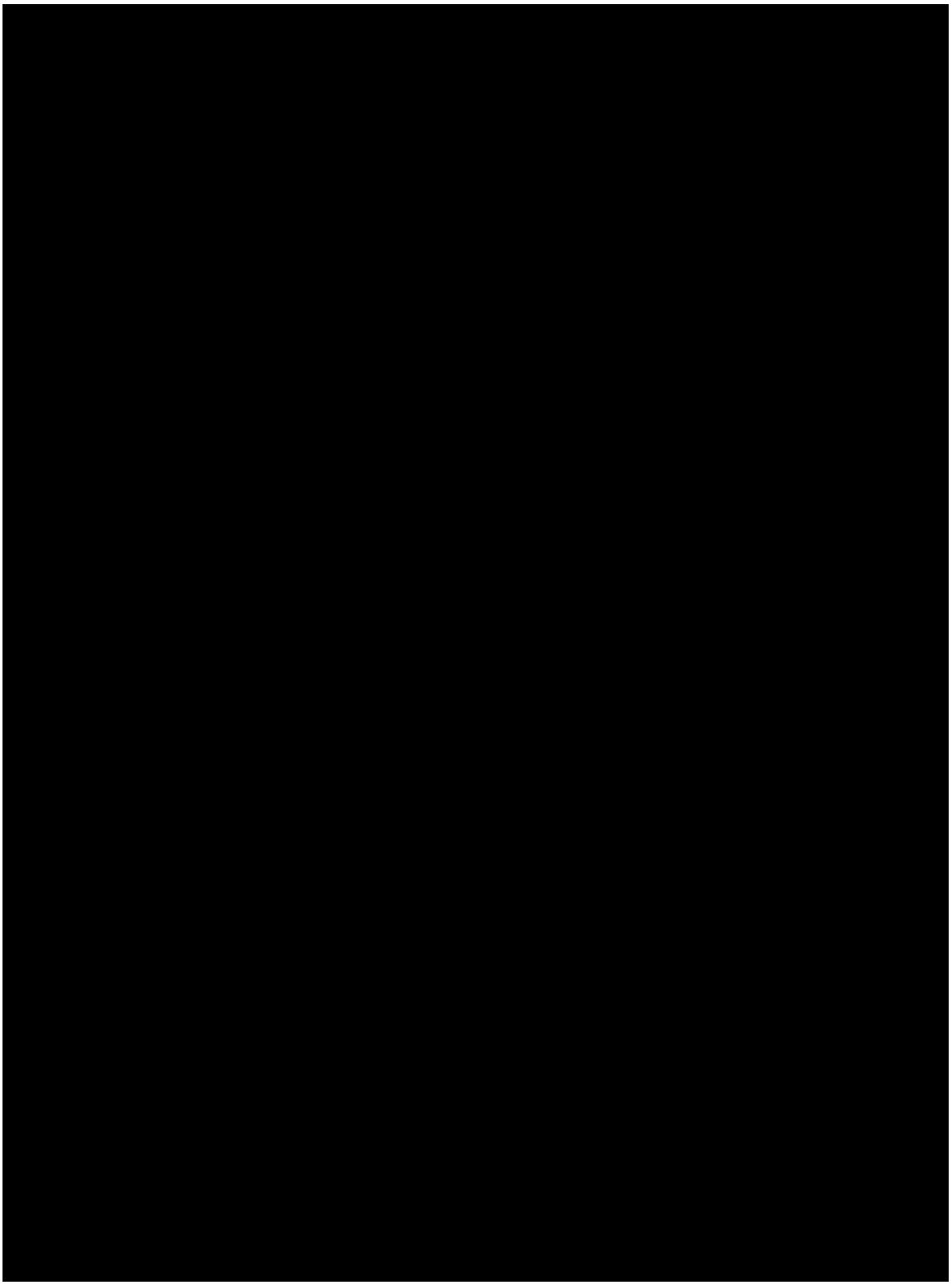


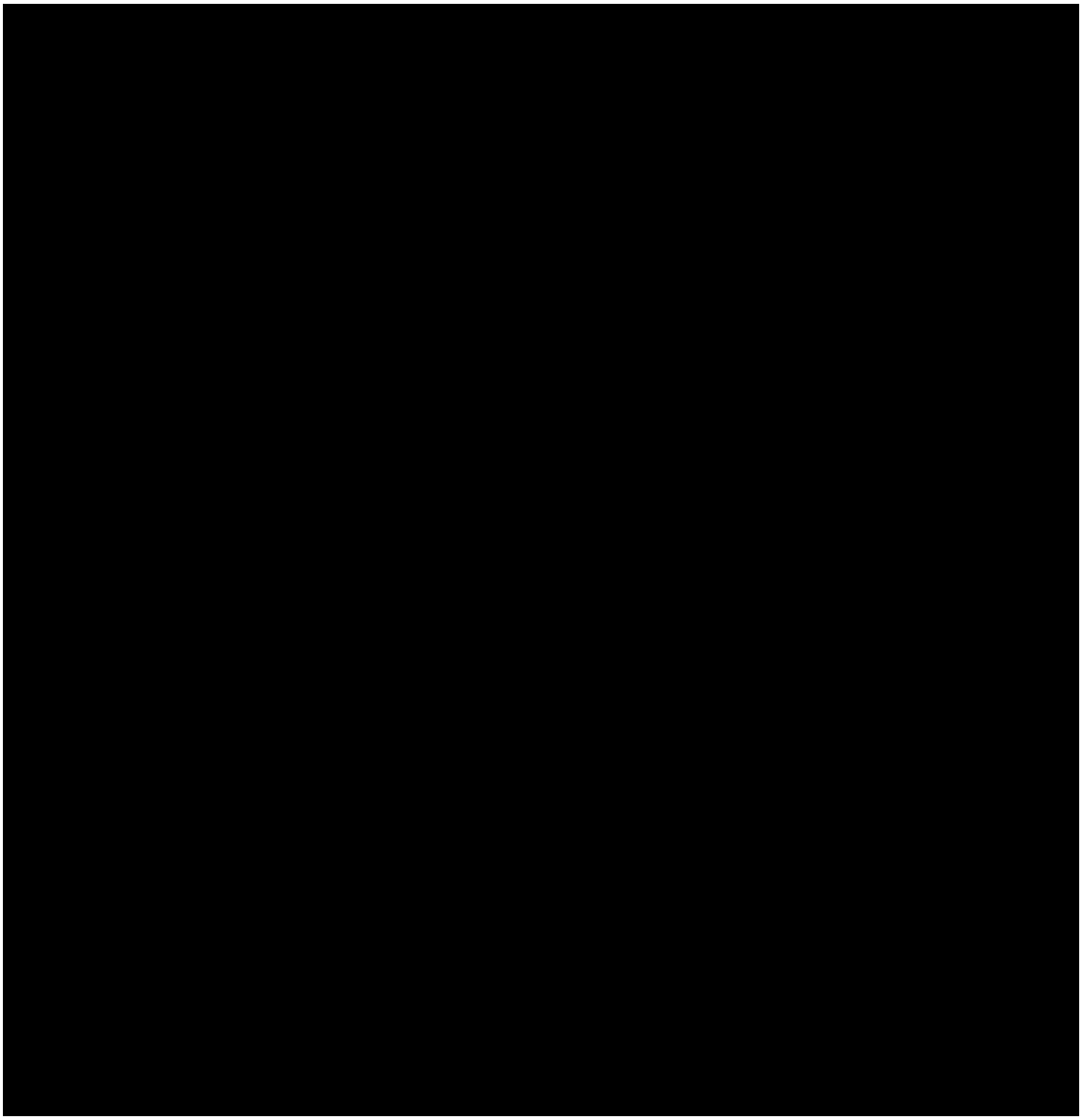


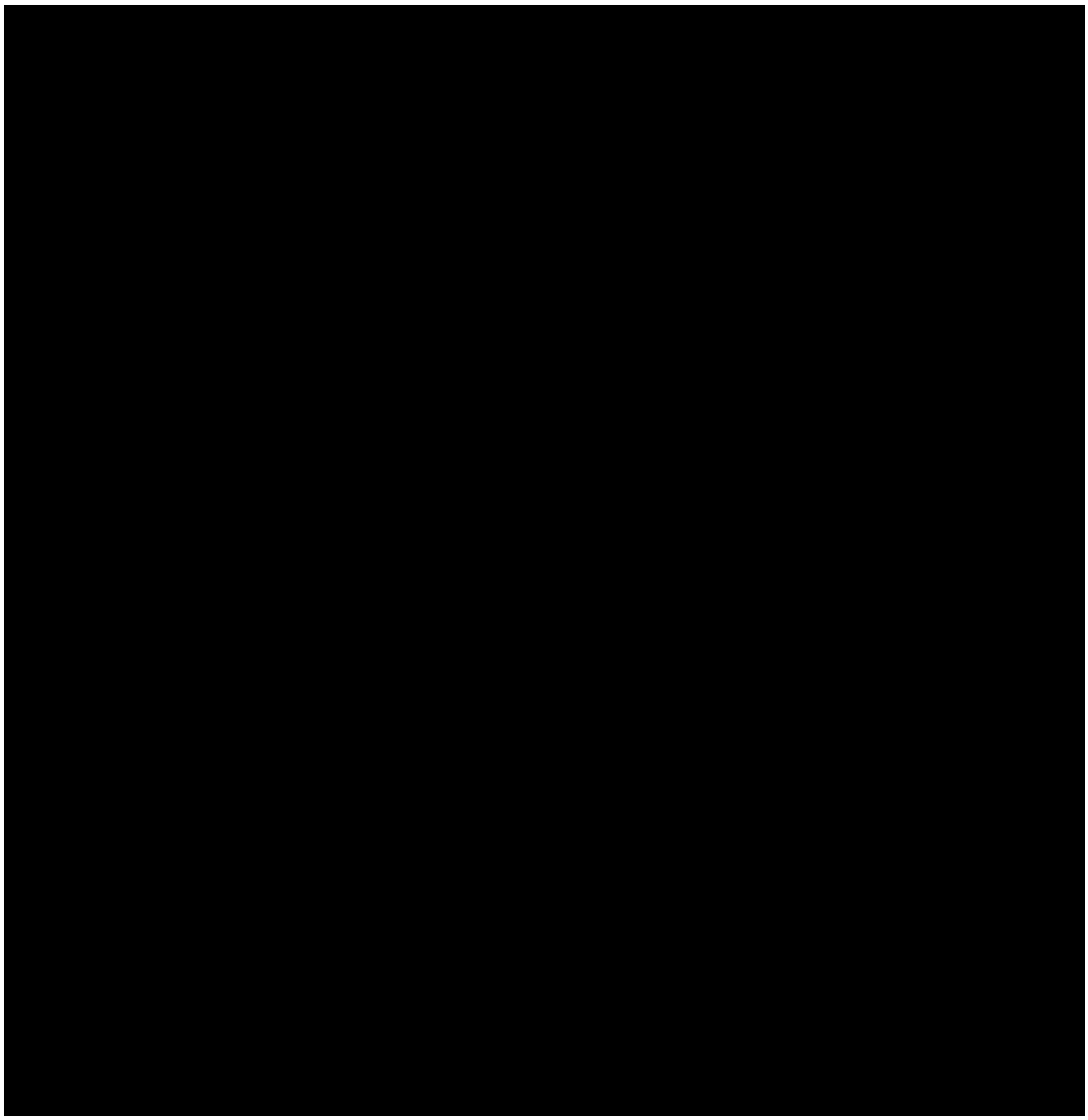


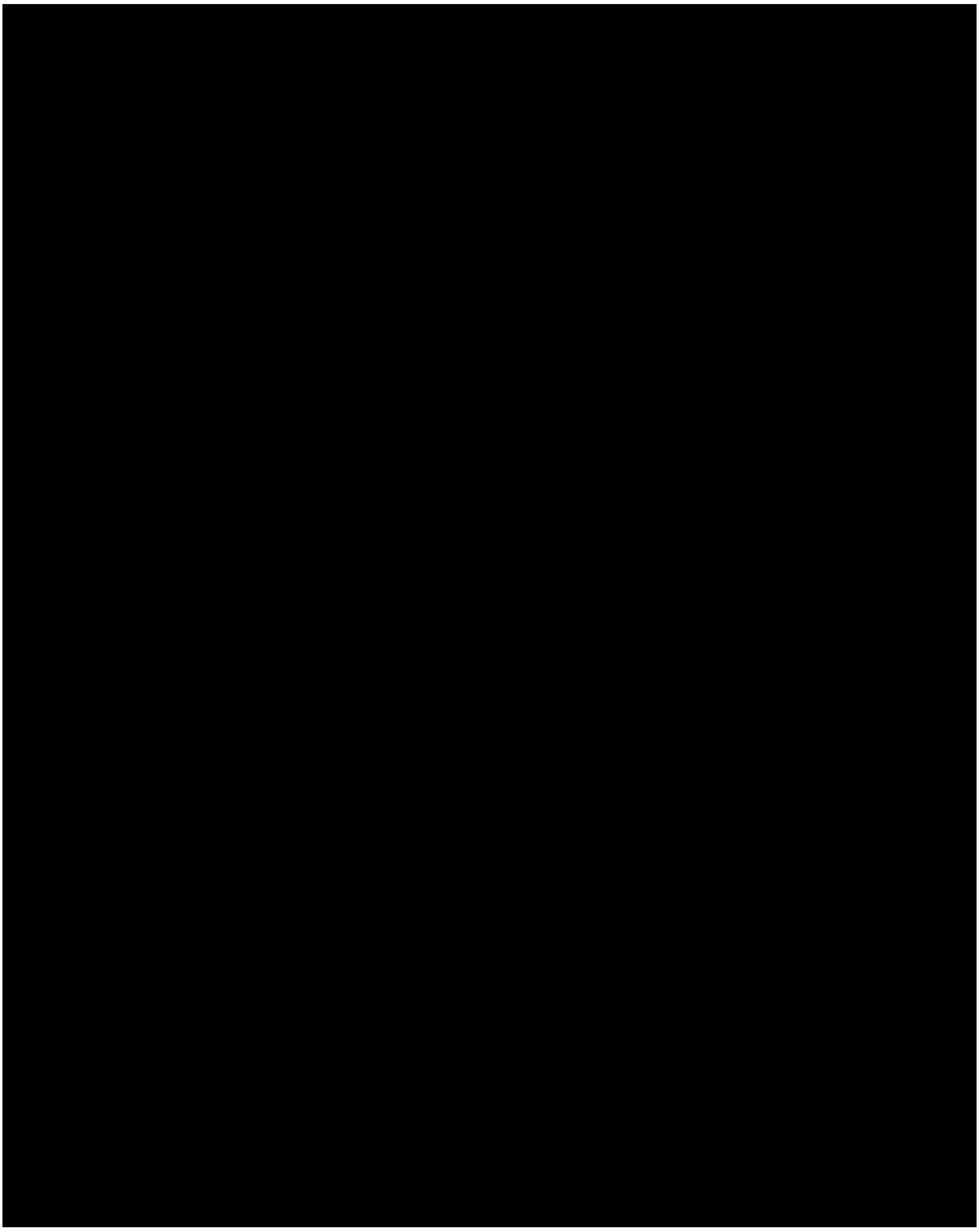


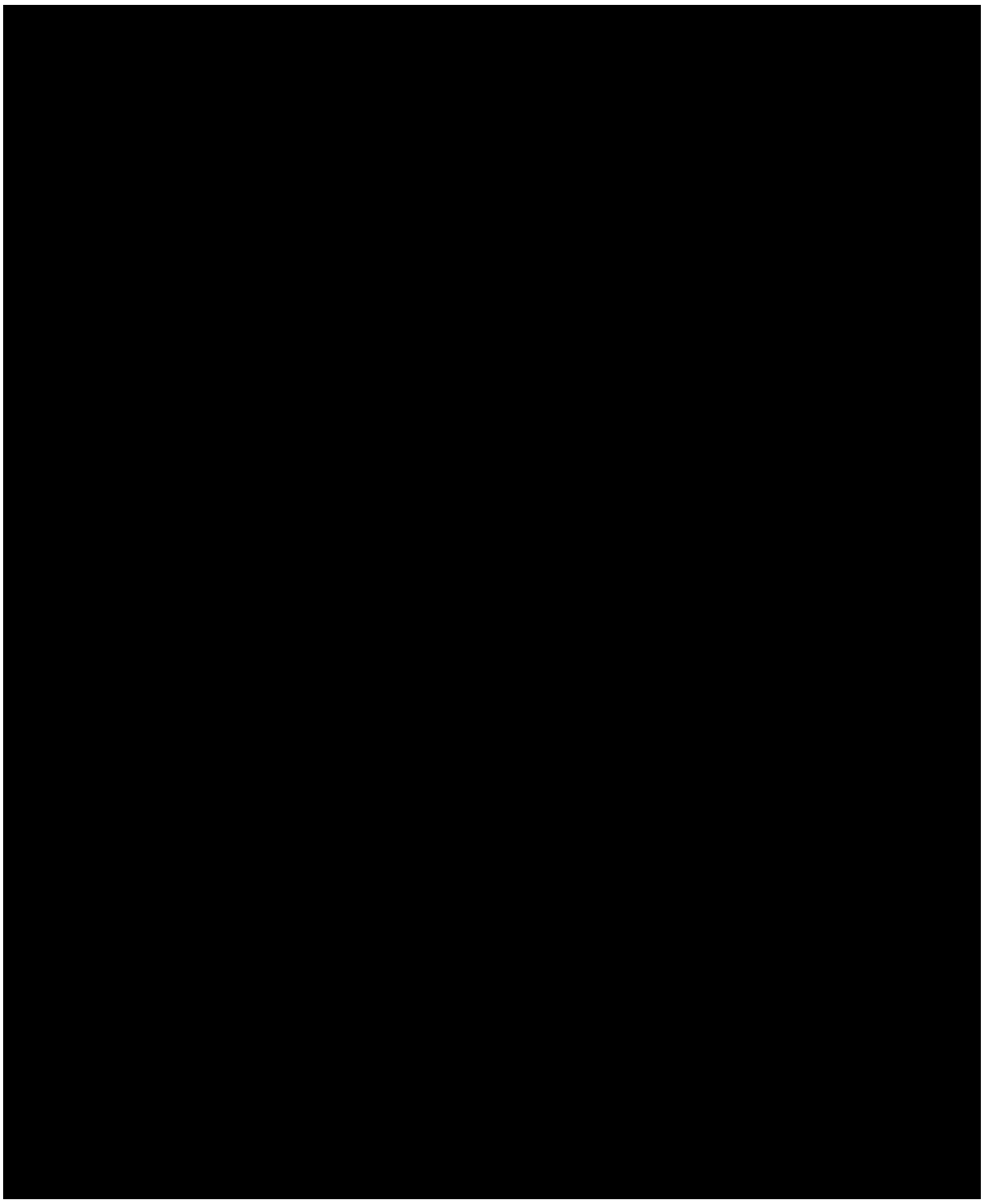


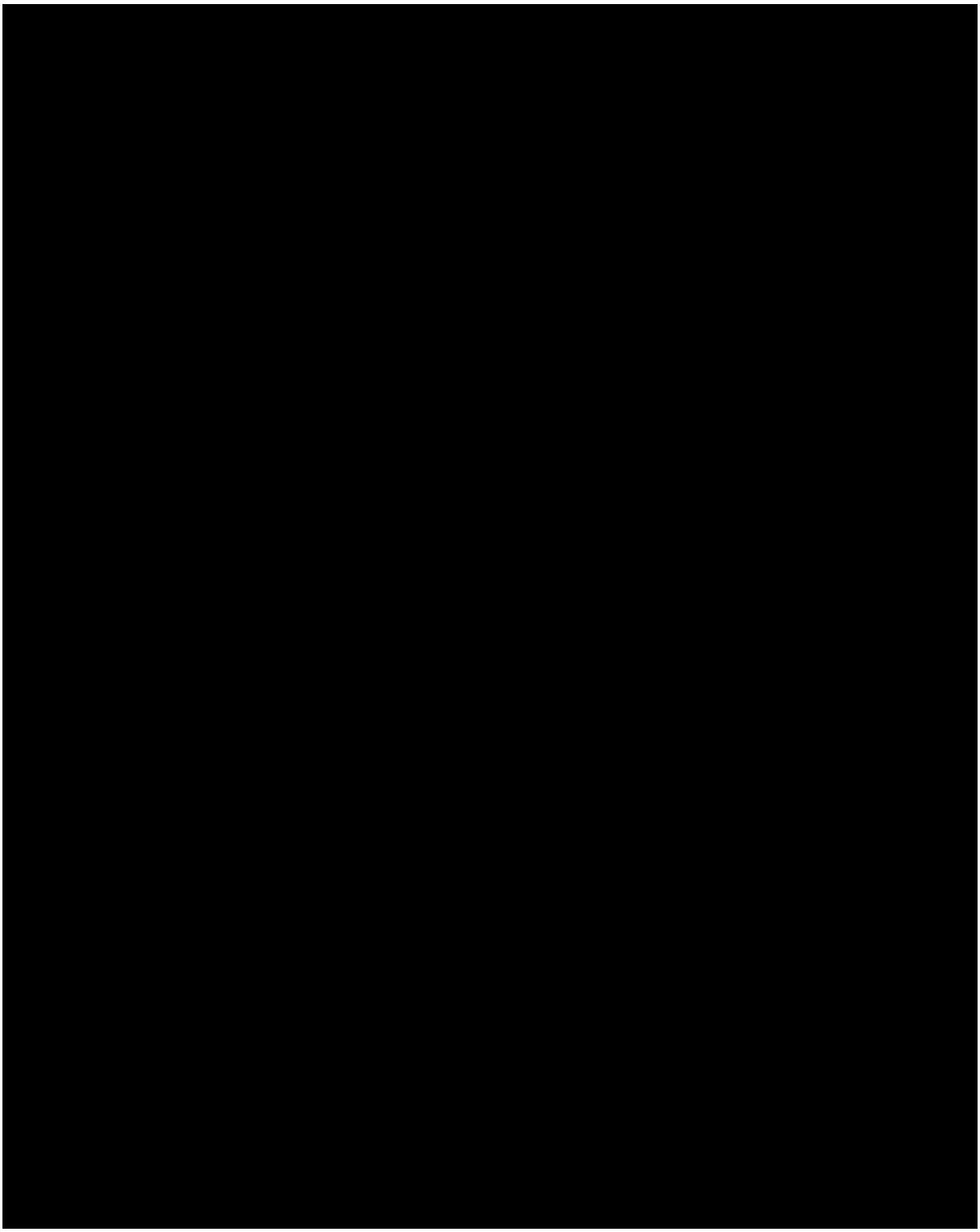


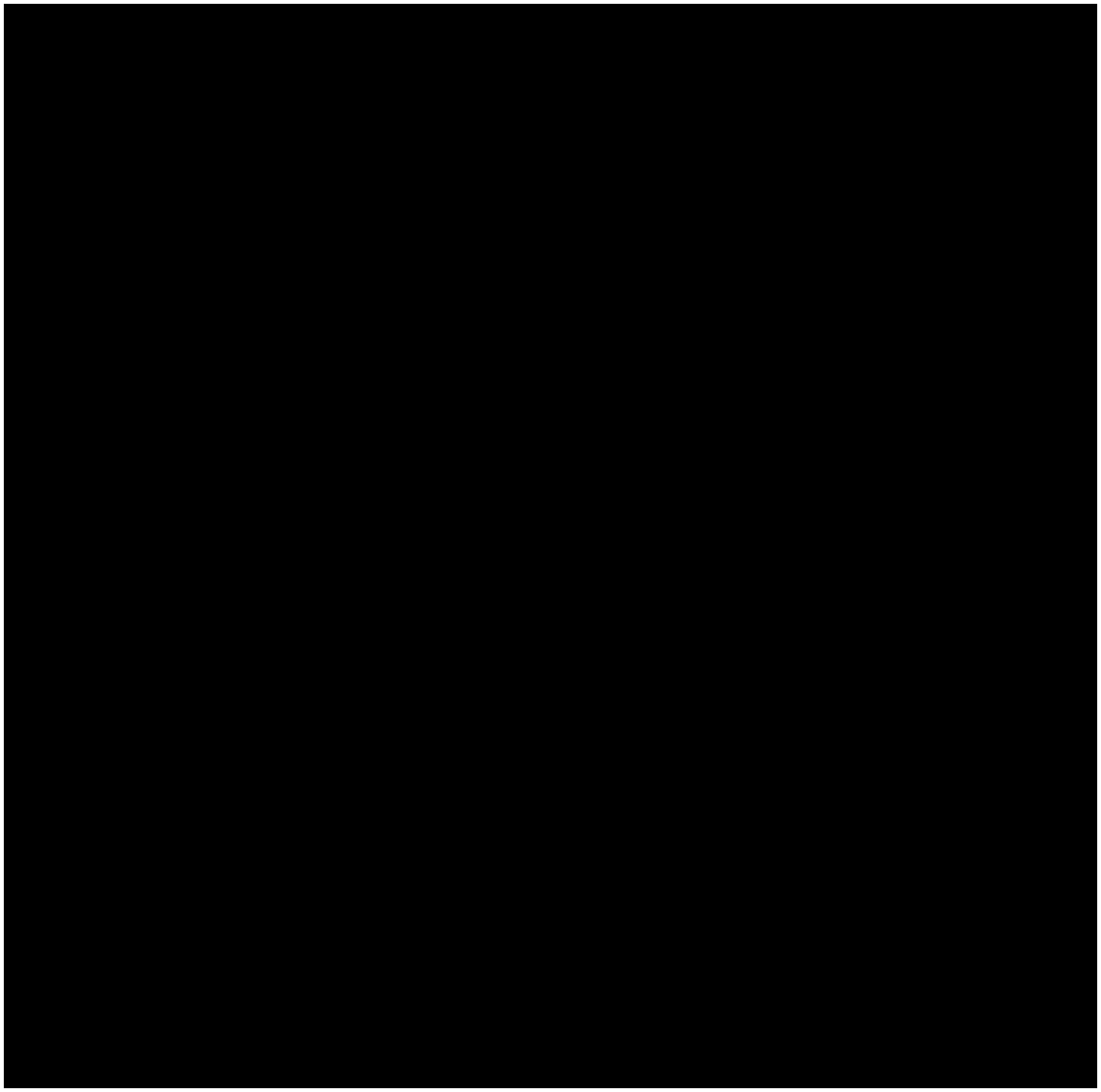


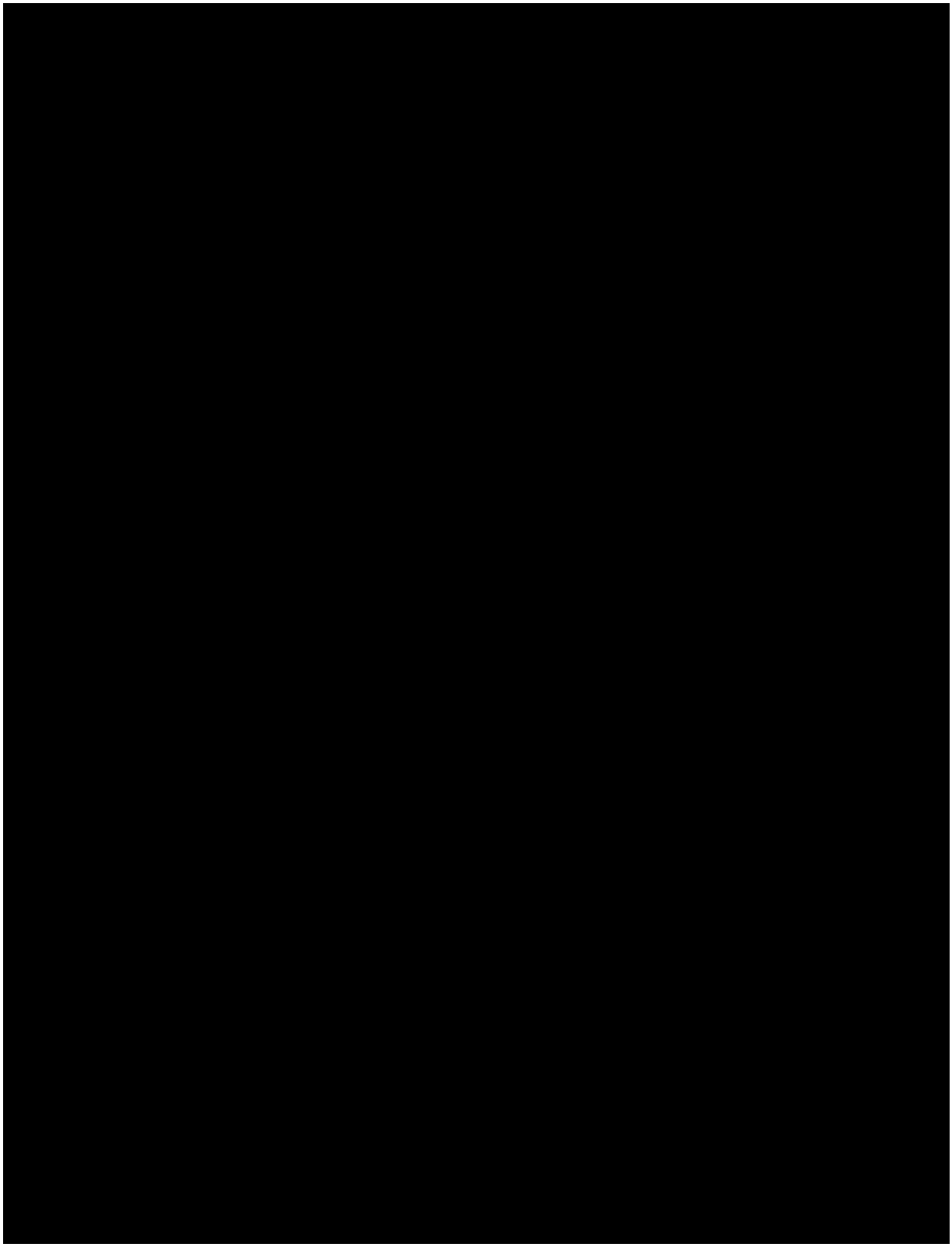


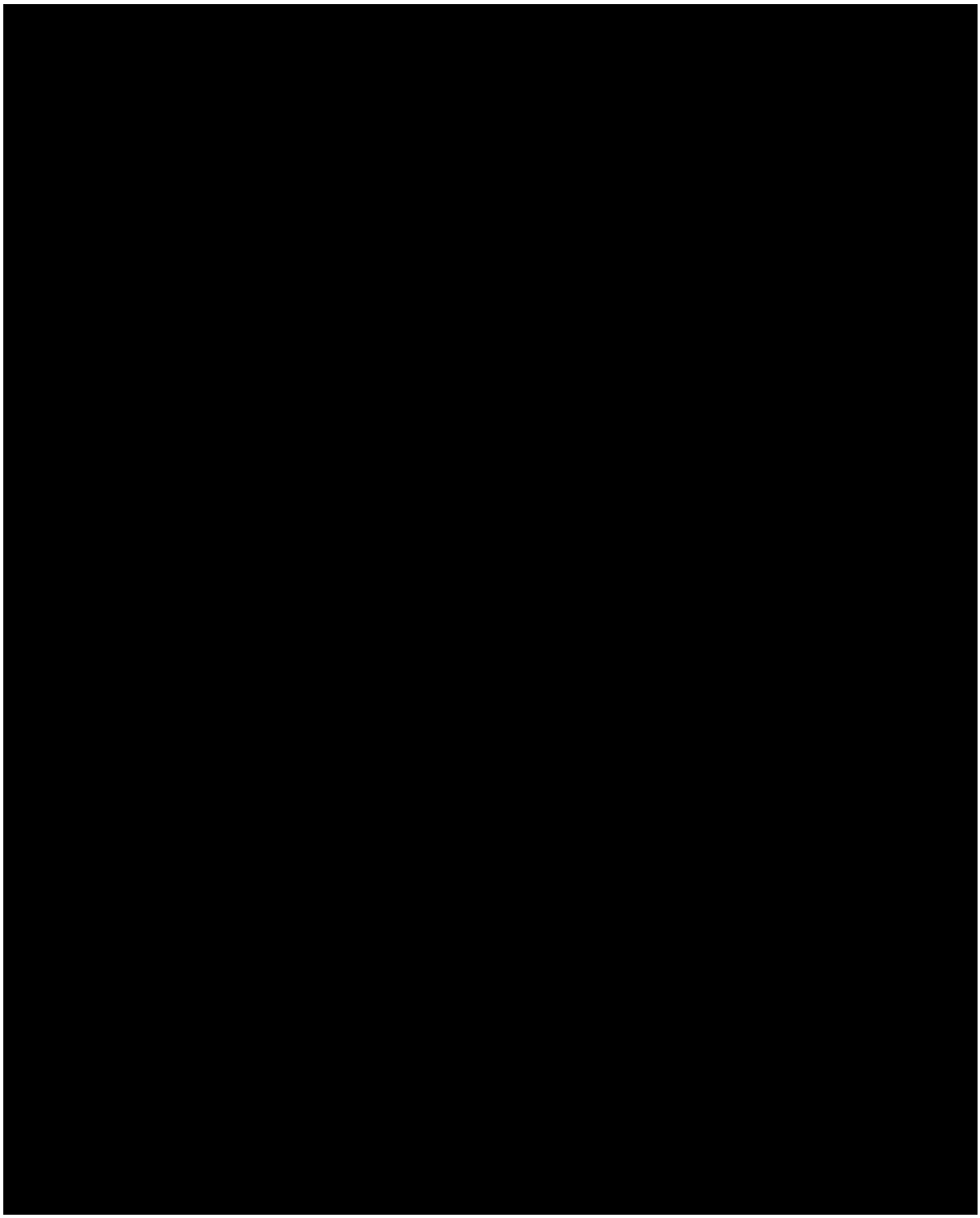


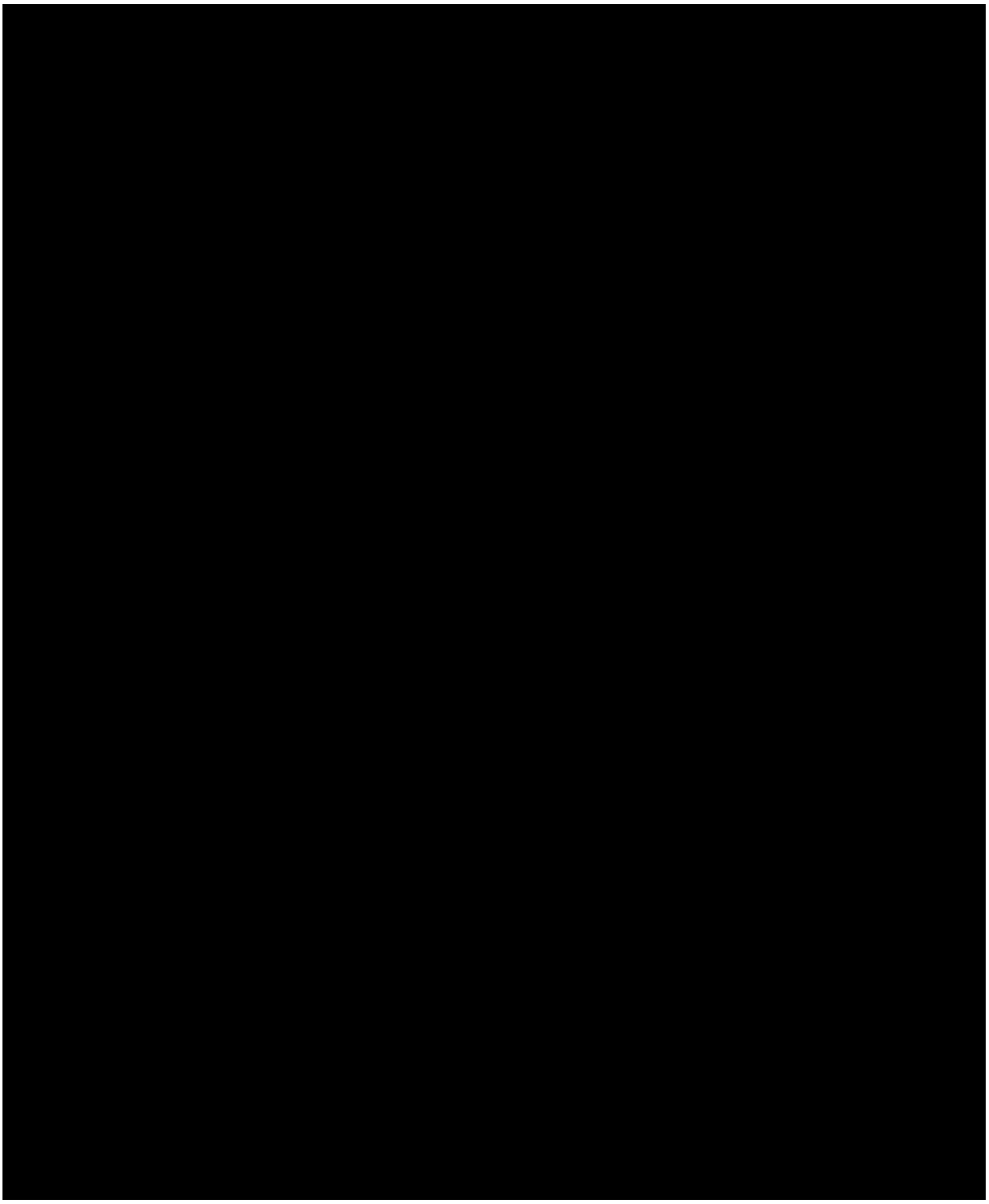


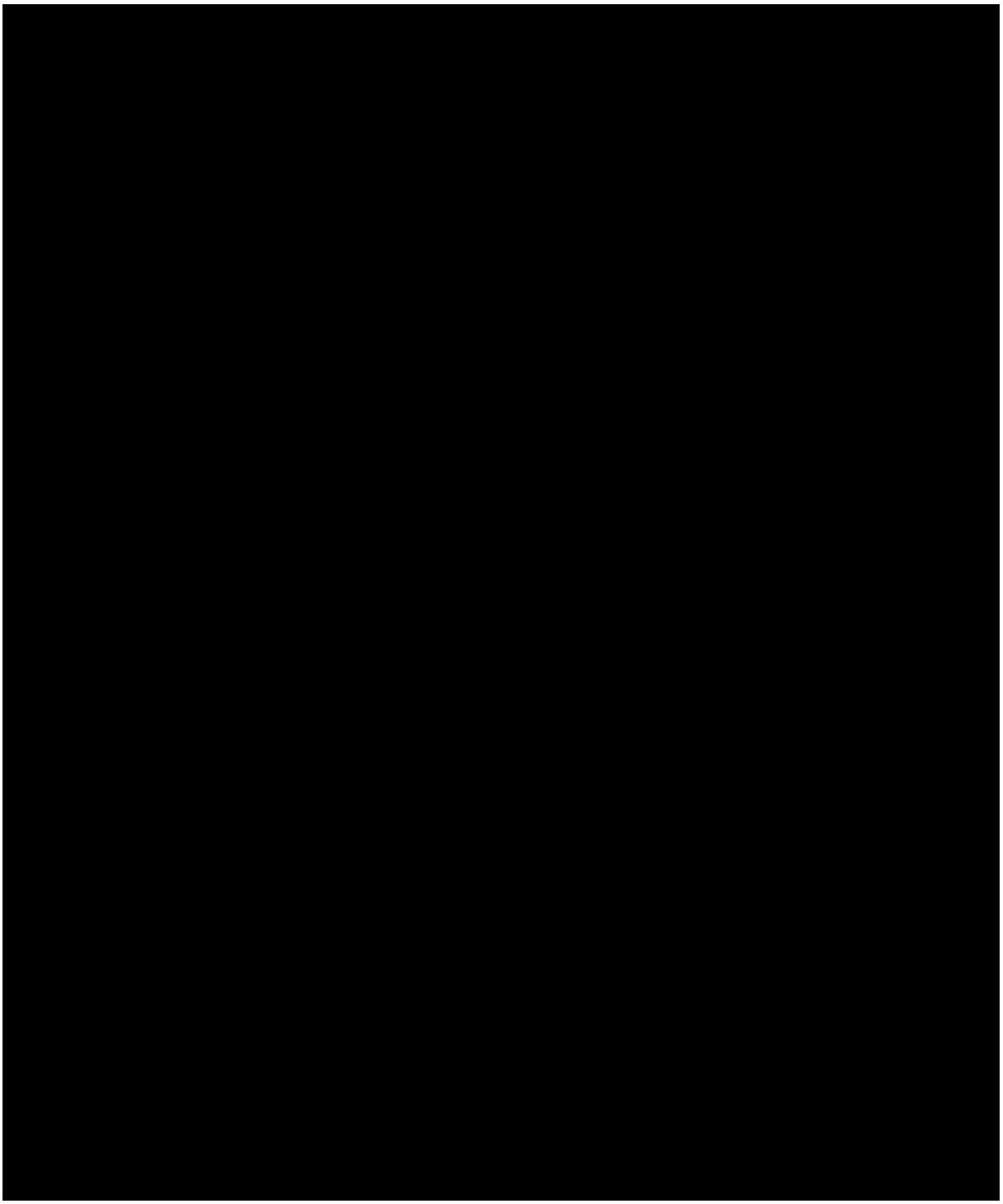


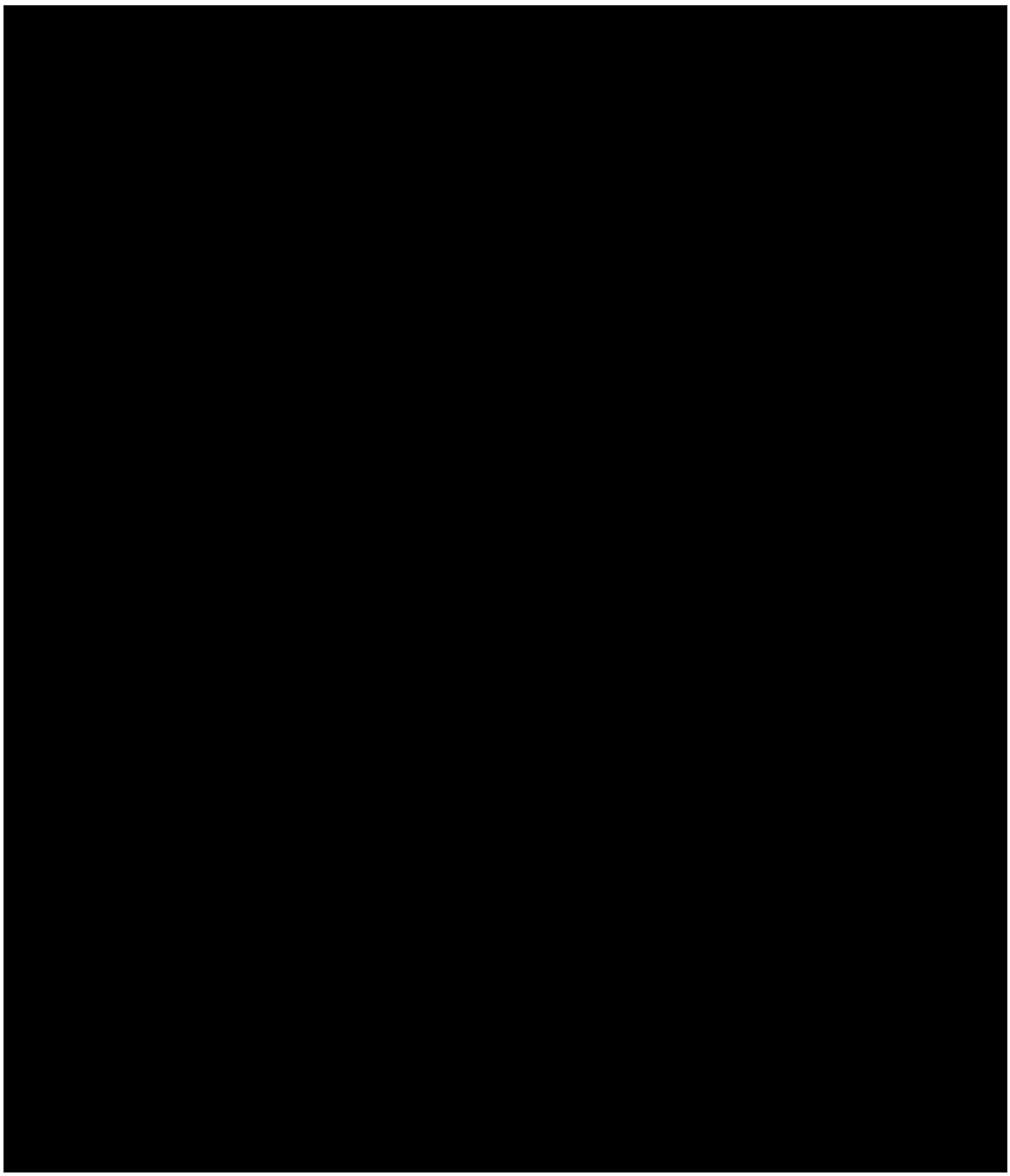


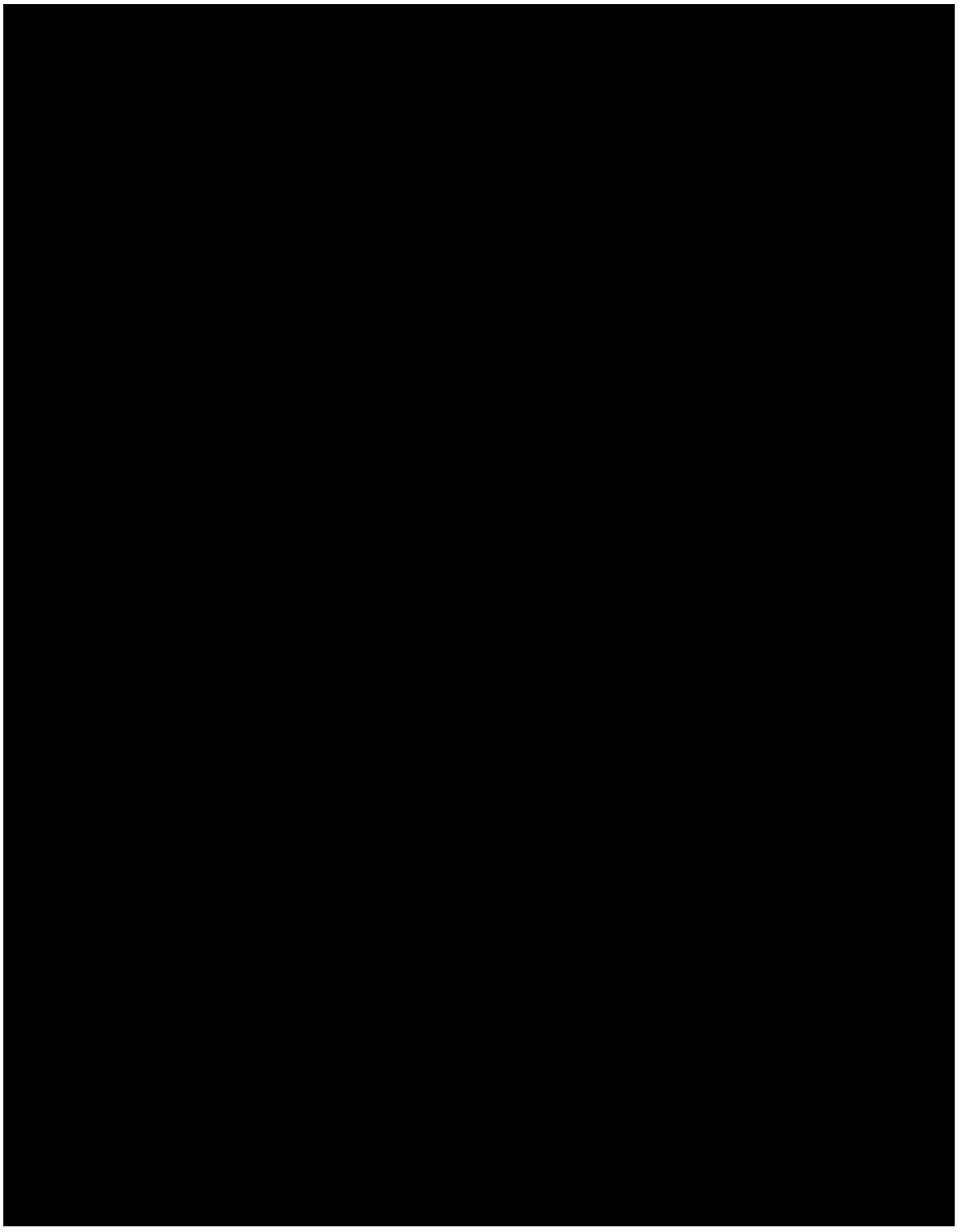


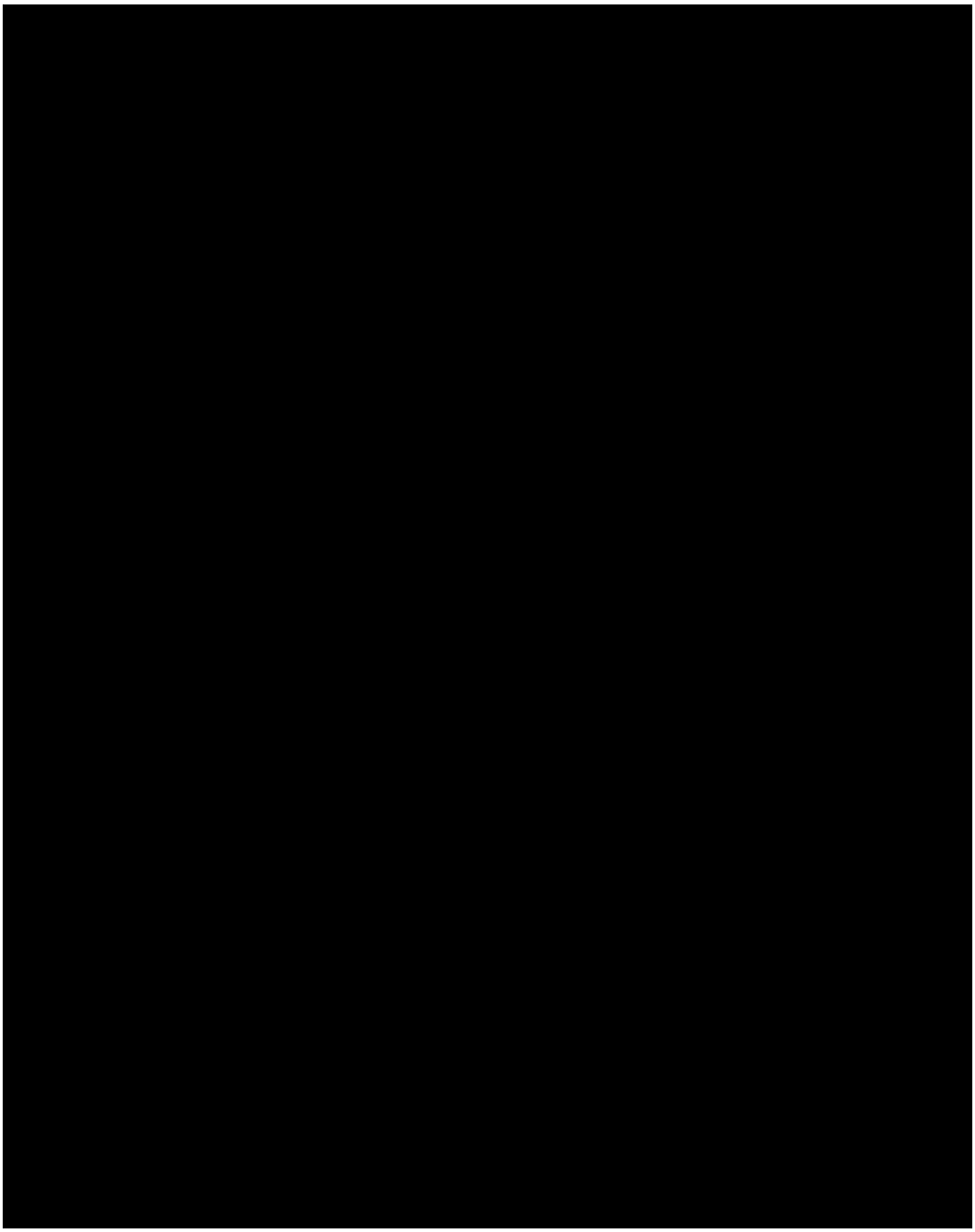


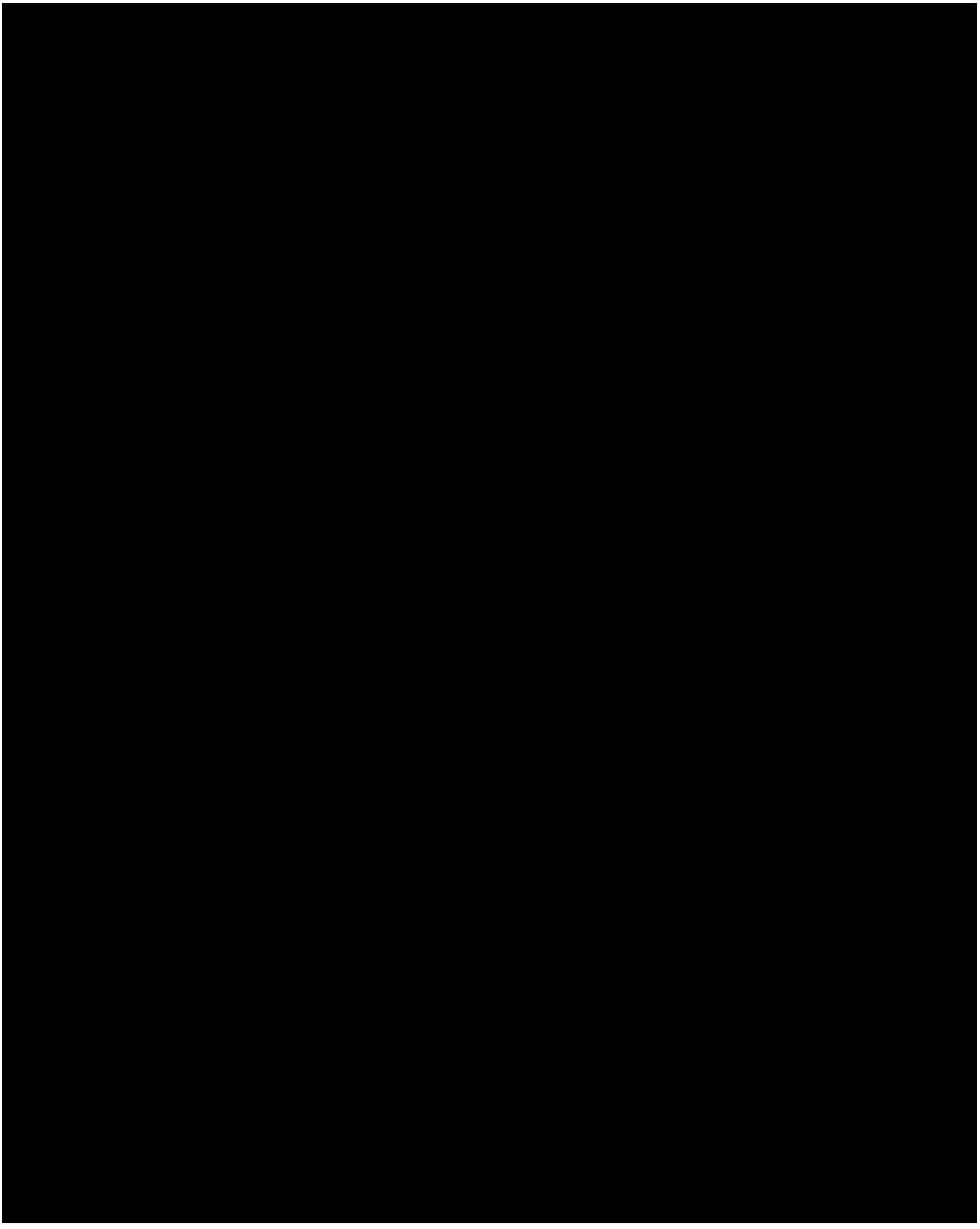


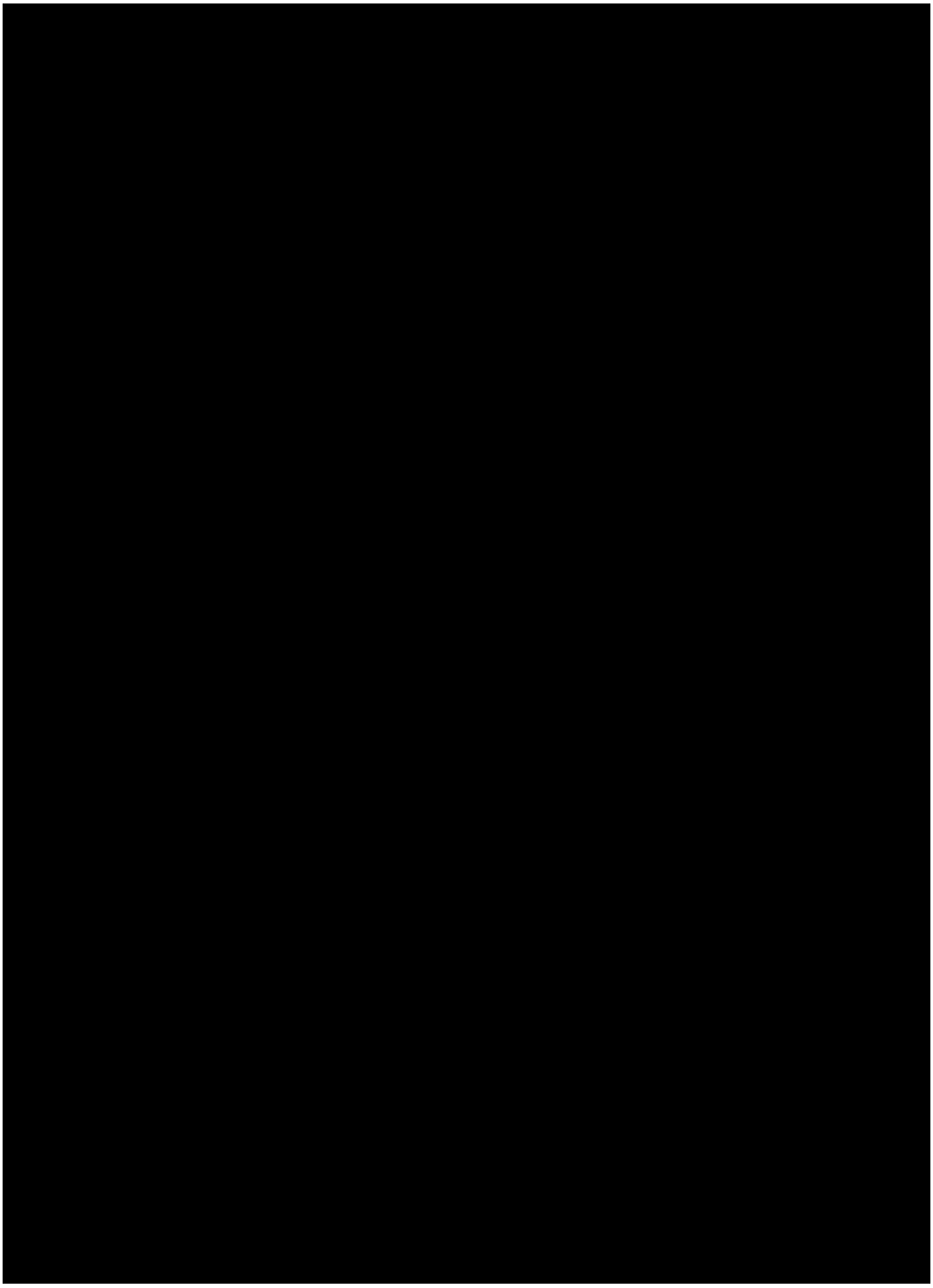


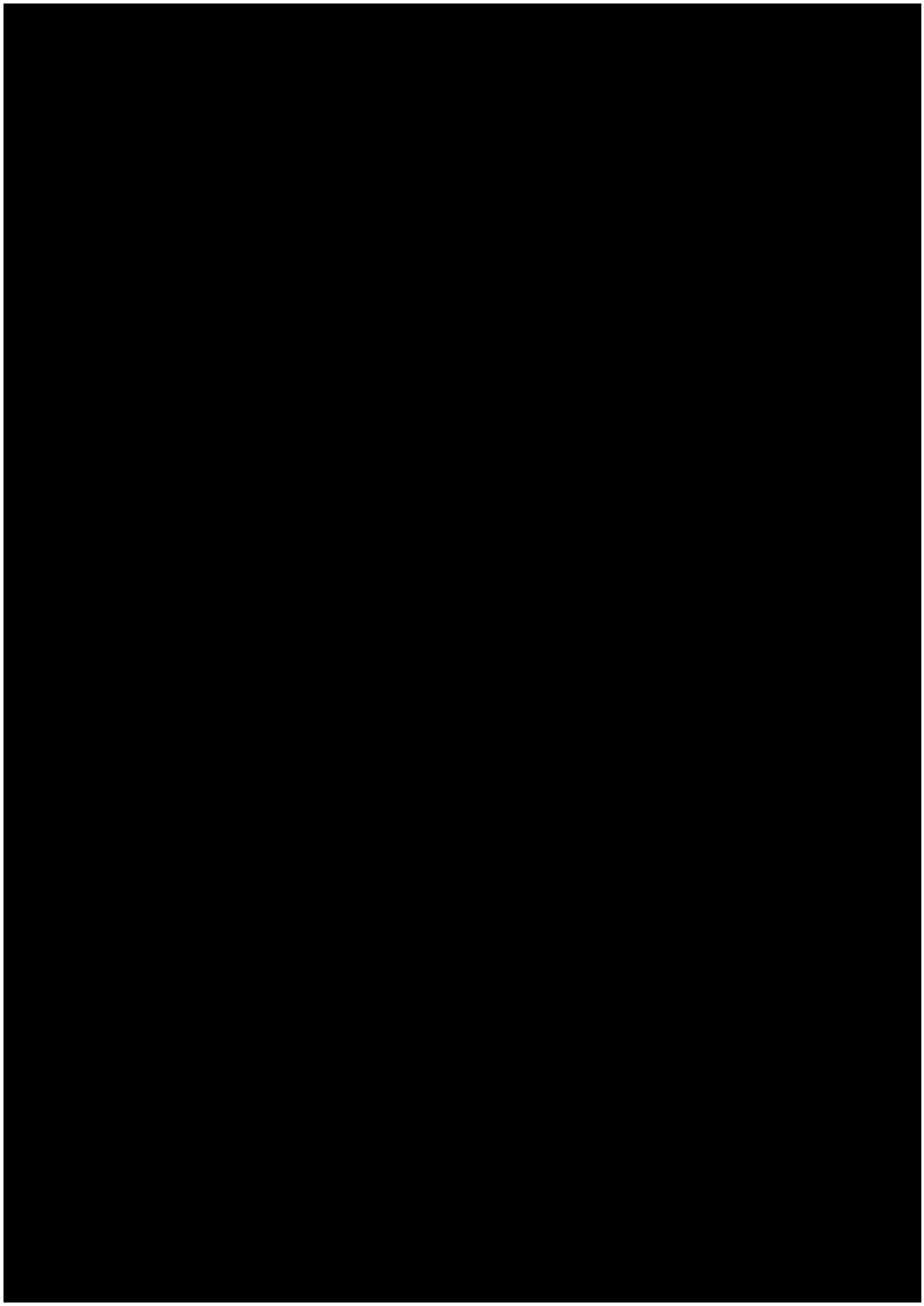


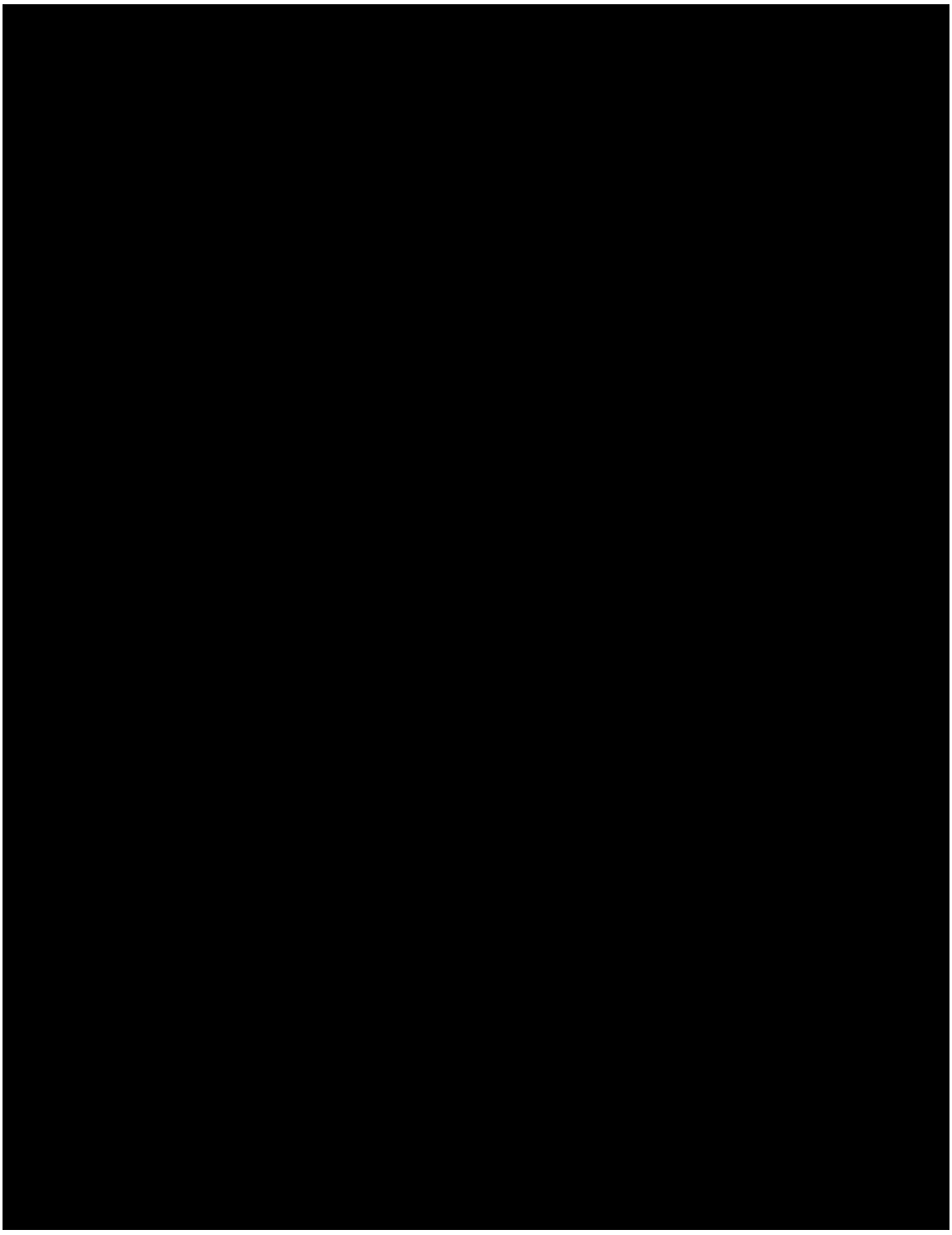


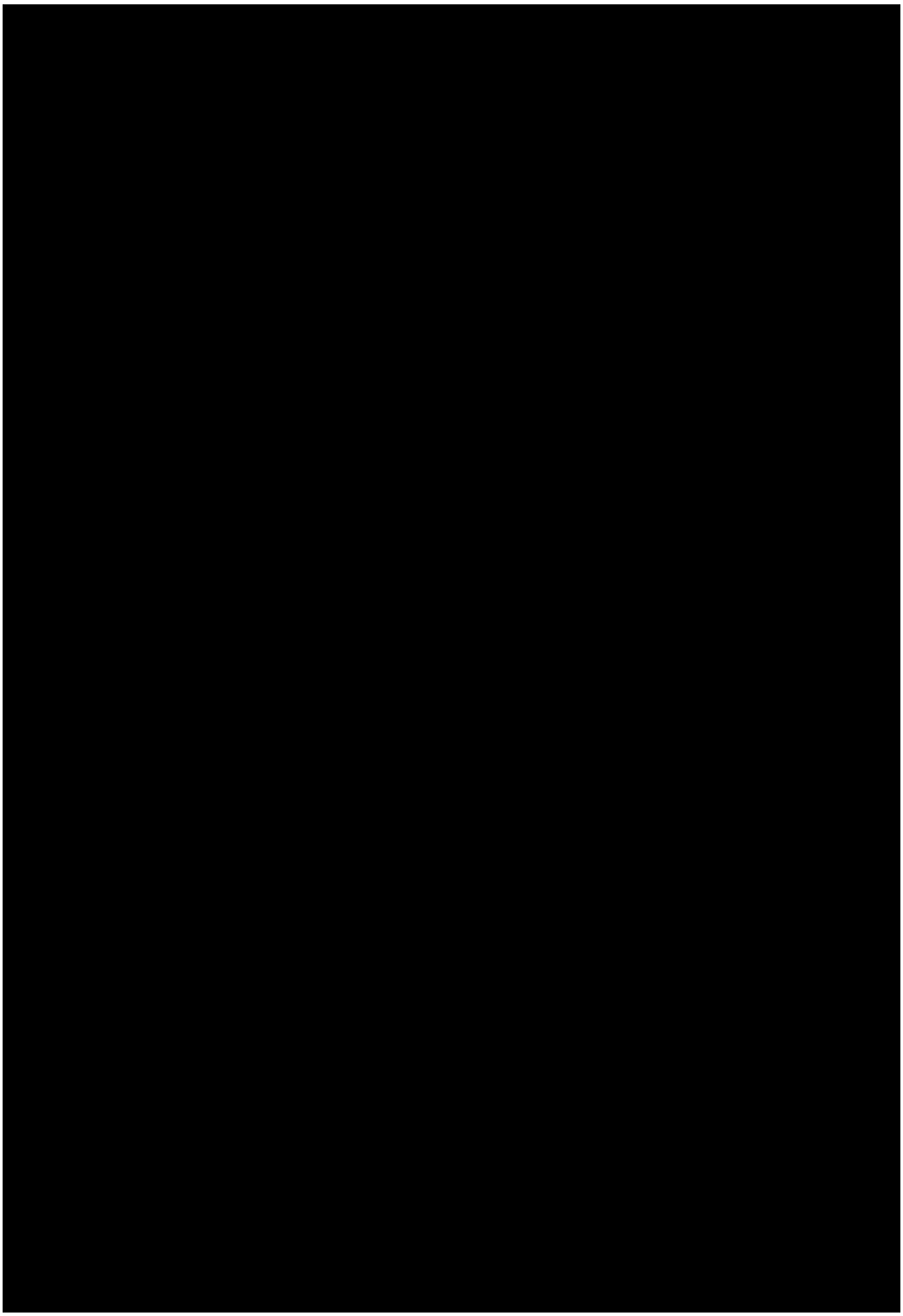


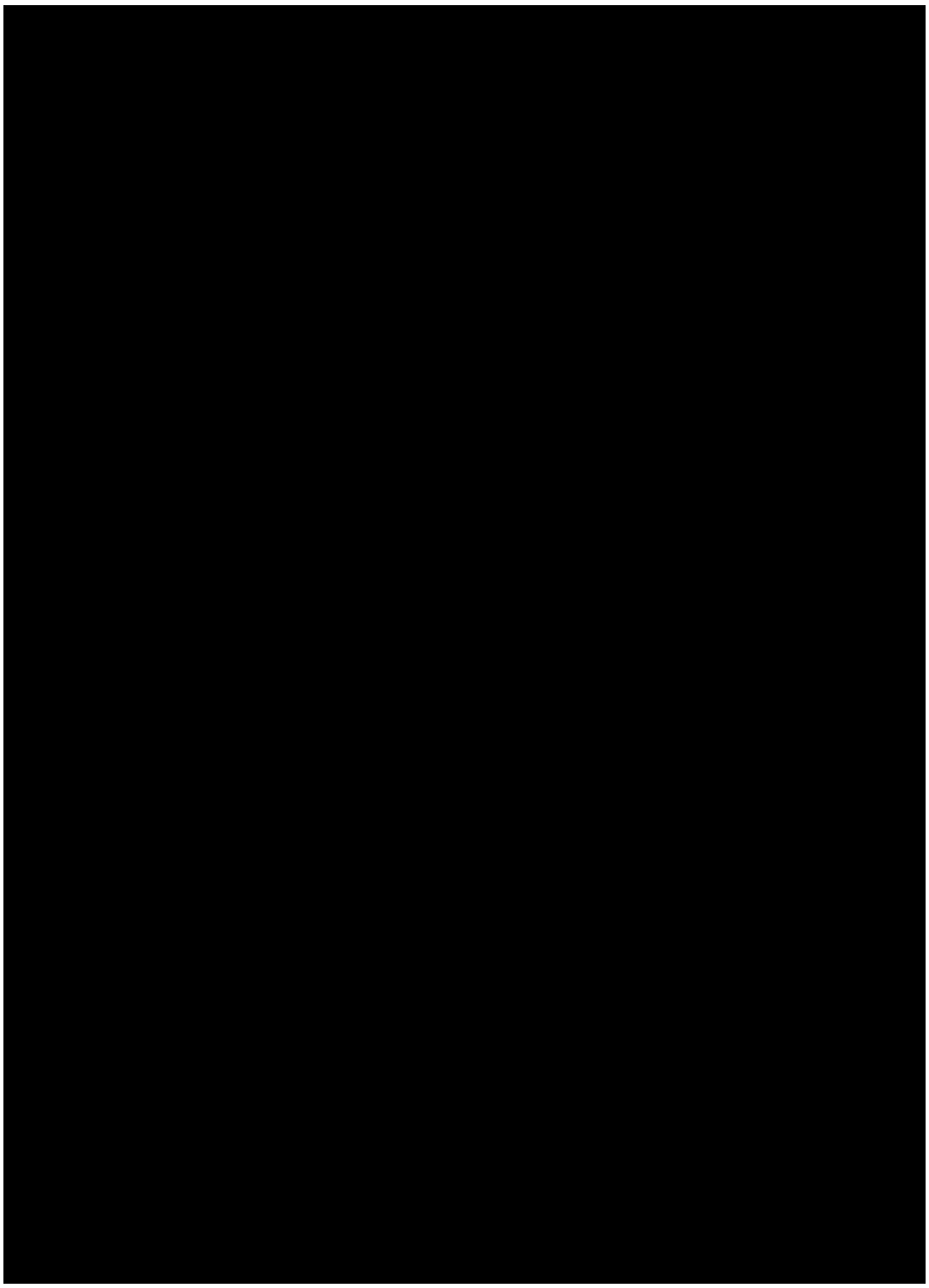












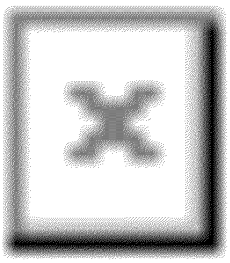
Re: Marci, media quote for review: PolitiFact

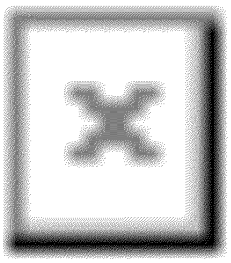
From: [redacted]
To:
Cc:
Date: Mon, 12 Jun 2023 19:08:33 -0400

We don't suggest getting into the specifics of certain circumstances or specific types of surgical interventions in a quote, especially since we emphasize how much this care is individualized. Because we know many trying to deny access for gender-affirming care will latch on to any suggestion of surgery for minors, we want to make it clear SOC-8 highlights the need for individualized care and does not include specific age restrictions without going into the specifics of potential surgical interventions for hypothetical folks under 18. I think that's especially true for vaginoplasty since we know that is particularly rare in the United States for minors.

In addition to the on-the-record statement we drafted, here is what I suggest sending on background: Surgical care is individualized and can be considered under certain circumstances for some patients before turning 18. For instance, chest surgery could be considered for a transmasculine person when non-surgical intervention has been exhausted and health and safety are a concern.

[redacted]



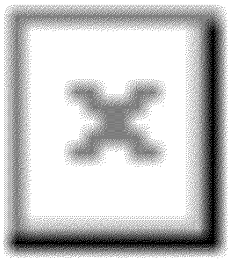


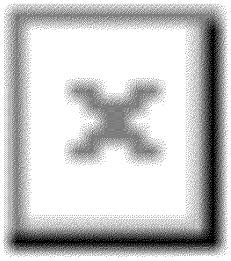
On Mon, Jun 12, 2023 at 6:52 PM [redacted] wrote:
sure show me your concerns

Kindly.....

Standing tall in times of darkness

> On Jun 12, 2023, at 3:38 PM,[redacted] wrote:
>
> Thanks for the quick review, [redacted] I am concerned that some of what you added could be taken out of context if they decide to pull that as a quote, so I am going to make some tweaks to it and suggest we share that additional piece on background, so the reporter has that context but it won't be a potential direct quote from you.





On Mon, Jun 12, 2023 at 6:18 PM [redacted] wrote:
see below but well done

Kindly.....

[redacted]

Standing tall in times of darkness

On Jun 12, 2023, at 12:13 PM, [redacted] wrote:

Hi [redacted]

We received the following follow-up question from the PolitiFact reporter after sharing responses to her initial questions, so we've put together a response for you to review below. Let us know if you have any edits. She is hoping to get a response today if possible. Thanks!

In the SOC8 what are the recommendations on gender-affirming surgical care for minors? At what age is it considered appropriate? Does WPATH recommend certain procedures for minors and others not? I was reading through the SOC8 myself but not sure I found the correct section.

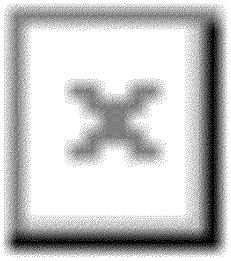
Instead of specifying rigid age limits for certain forms of health care, the SOC-8 provides a detailed framework to help providers assess the needs of patients at different developmental stages of life. We do not want guidance around age-appropriate care to be misinterpreted as being so rigid that patients aren't able to get care that meets their unique needs. We want to ensure every transgender person receives the developmentally-appropriate and individualized care that is best for them and their level of maturity.

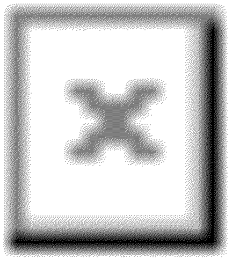
There are no medical interventions for children before they reach puberty. Pediatricians only recommend social support, which just means letting children express their gender however they feel comfortable, which can include dressing or wearing their hair a certain way or going by a chosen name. Supporting parents and their children is an individualized process that does not look the same across any two families.

For some adolescents, puberty delaying medications give the young person more time to mature and appreciate important decisions that they need to make for their body when older. These safe and effective medications are endorsed by the Endocrine Society and are commonly used for non-transgender people when puberty occurs too early. For some adolescents, gender-affirming hormone therapy can help safely bring their experience of puberty into alignment with their gender identity. This allows transgender adolescents the opportunity to experience their correct puberty at the same time as their non-transgender peers, which is important for their social and psychological well-being.

surgical care for adolescents prior to age is not set by age per se. surgical intervention is individualized but can be considered when, say for example— chest surgery for a transmasculine person when health and safety are a concern when non intervention has been exhausted. Most US surgeons are not performing vaginoplasty under age 18 although under present SOC, language allows for intervention if social maturity, physical maturity and overwhelming dysphoria exceed the risk of waiting until 18.

[redacted]

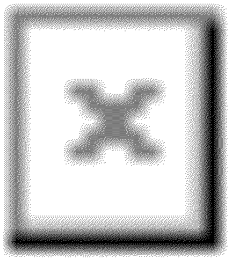


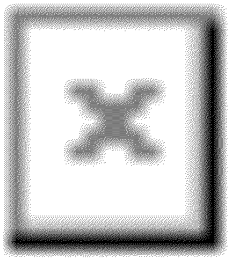


On Fri, Jun 9, 2023 at 12:28 PM [redacted] wrote:

> Thanks [redacted] We'll take a look, make any needed edits and get over to the reporter as soon as we can, and hopefully there's some flexibility in the deadline.

[redacted]





On Fri, Jun 9, 2023 at 12:27 PM [redacted] wrote:

hi— see below please. feel free to edit but i think my comments might more directly address the issues at hand.

Kindly.....

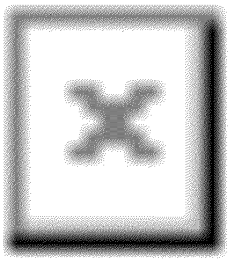
[redacted]

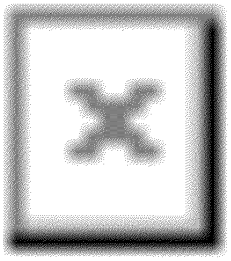
Standing tall in times of darkness

On Jun 9, 2023, at 6:30 AM, [redacted] wrote:

Thanks, [redacted] We'll look out for your feedback/edits, so we can hopefully share those responses over before their 12pm ET/9am PT deadline today.

[redacted]





On Thu, Jun 8, 2023 at 10:48 PM [redacted] wrote:

will work through this shortly. yes, we need a response!

Kindly.....

[redacted]

Standing tall in times of darkness

On Jun 8, 2023, at 3:06 PM, [redacted] wrote:

Hi [redacted]
I'm reaching out to request your feedback on a written comment to a reporter at PolitiFact who is working on a story about how politicians including Mike Pence are calling for restrictions on gender-affirming care for young people by comparing gender-affirming care to tattoos. The reporter is interested in getting an expert perspective on why this is a false comparison to help clarify the difference for readers.

We have drafted responses to the reporters' specific questions below. How does this language look to you? Would you be able to approve, or share any edits, by noon Eastern Time tomorrow, Friday? Let us know what you think.

Thank you!

Questions with responses to be attributed to [redacted]

1. Why is getting a tattoo and getting gender affirming care not the same thing? Why does this equivalency not work?

Comparing gender affirming care with getting a tattoo is a false comparison meant to deceive readers. A tattoo is completely voluntary, often impulsive, whose absence does not leave an individual with suicidality or poor mental health. Gender affirming care is medically necessary care backed by decades of clinical experience and endorsed by major medical organizations including the AMA, AAP and WPATH. It is constitutional, long-standing and deeply personal. Lack of access to such care puts youth at risk of poor psychosocial functioning and risk of self harm.

WPATH, and every other major medical association, endorses gender-affirming health care as safe, effective and medically necessary for transgender young people. Gender-affirming care, just like any medicine, is tailored to an individual's unique needs, so there isn't a one-size-fits-all treatment.

This has nothing in common with the process of getting a tattoo, which does not involve the professional counsel of health providers.

WPATH's guidelines help health professionals provide tailored and developmentally-appropriate care that is critical for transgender young people to grow up healthy. For children before puberty, health professionals and parents work together to help children understand their gender expression as they grow up, such as exploring a new haircut or name to find what feels comfortable for them.

2. Pence is right in that both have the potential for long-term, even lifelong changes to a person's body. Why should minors be able to make a decision to receive GAC when in some states they would not be able to get a tattoo?

Answered above— a completely misleading question that trivializes the in depth, individualized and deeply personal importance of gender identity to an individual's well being.

Health professionals and parents work together to help transgender young people get the care that meets their needs. For some adolescents, puberty delaying medications give the young person more time to mature and appreciate important decisions that they need to make for their body when older. These decisions are nuanced and personal for families, and blanket bans on all forms of health care only prevent health providers from offering tailored care that meets patients' specific needs. Policies banning essential health care for transgender young people jeopardize their well-being.

3. What are the harms or downstream effects of making a comparison like this? What myths does it reinforce?

Answered above—gender affirming care is not trite nor in any way impulsive. Its efficacy is backed by decades of research and experience.

This dangerous rhetoric makes it harder for transgender and gender diverse people to get the essential health care they need to live healthy lives. This kind of politically-motivated misinformation goes against the decades of research that show gender-affirming care is safe, effective and medically necessary for young people. We need to look to health professionals, not politicians, to determine what health care people need.

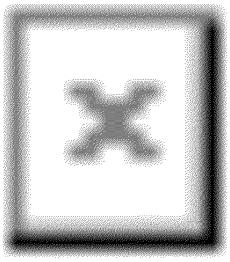
4. Are there any states in which a child can access GAC without parental consent?

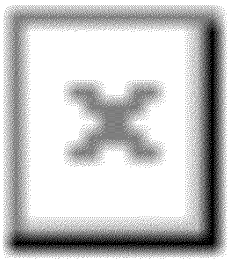
Gender affirming care is and should follow guidelines established by the WPATH standards of care. These guidelines are science and consensus backed by leading professionals around the globe. GAC is thoughtful, in depth involving patients, parents and medical professionals. For adolescents, GAC always includes parents in the decision making process.

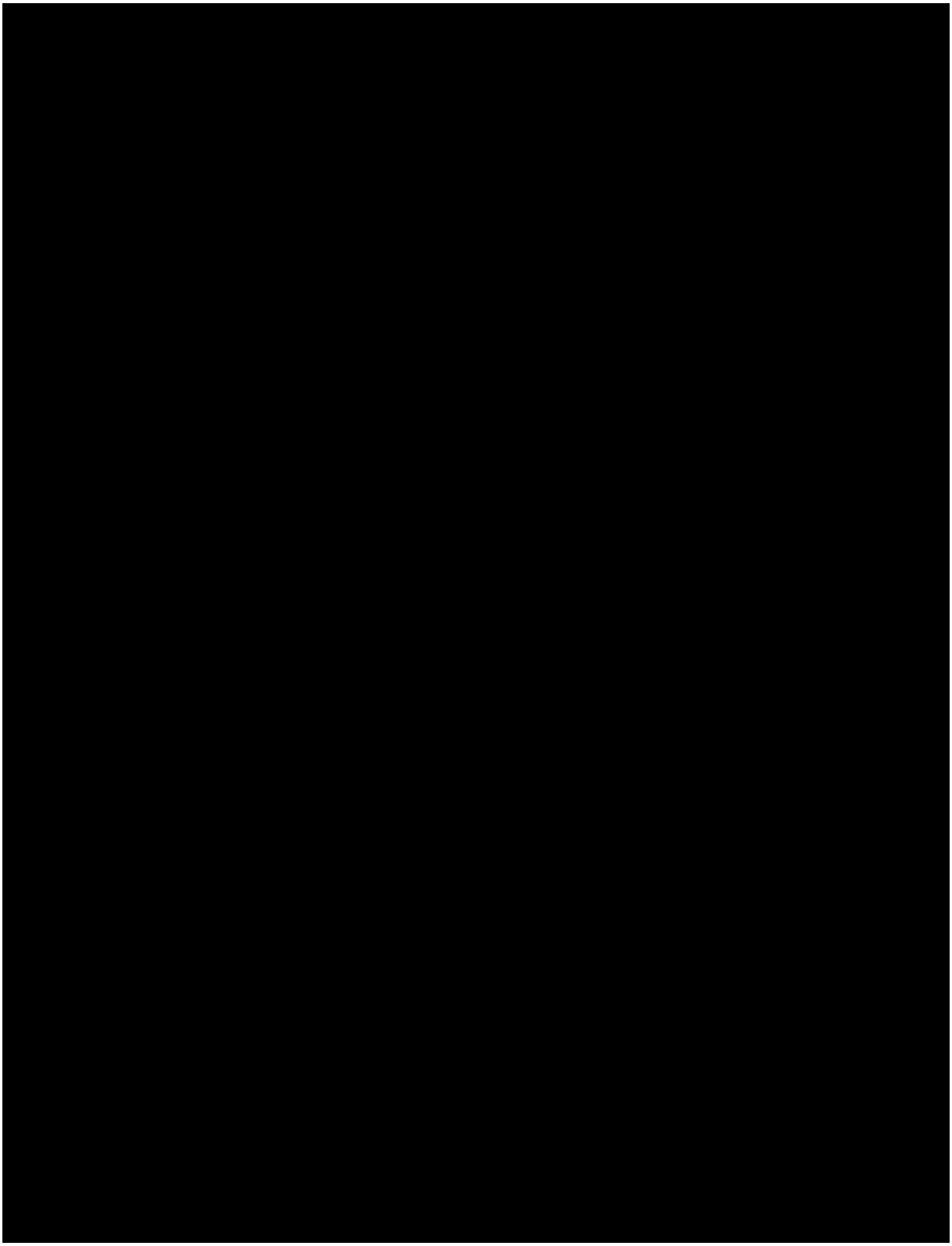
Health professionals and parents work together to help transgender young people get the care that meets their needs.

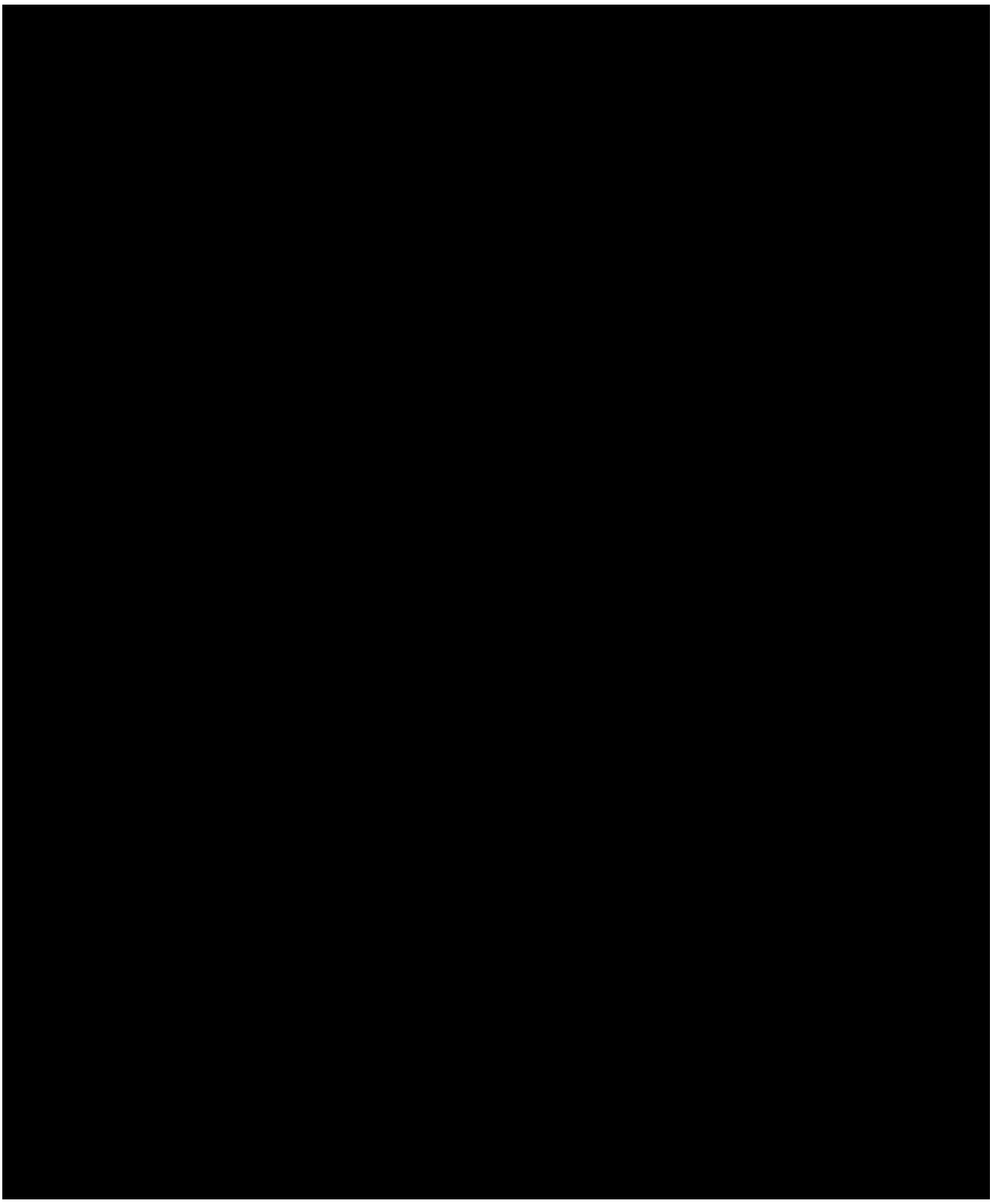
[redacted]

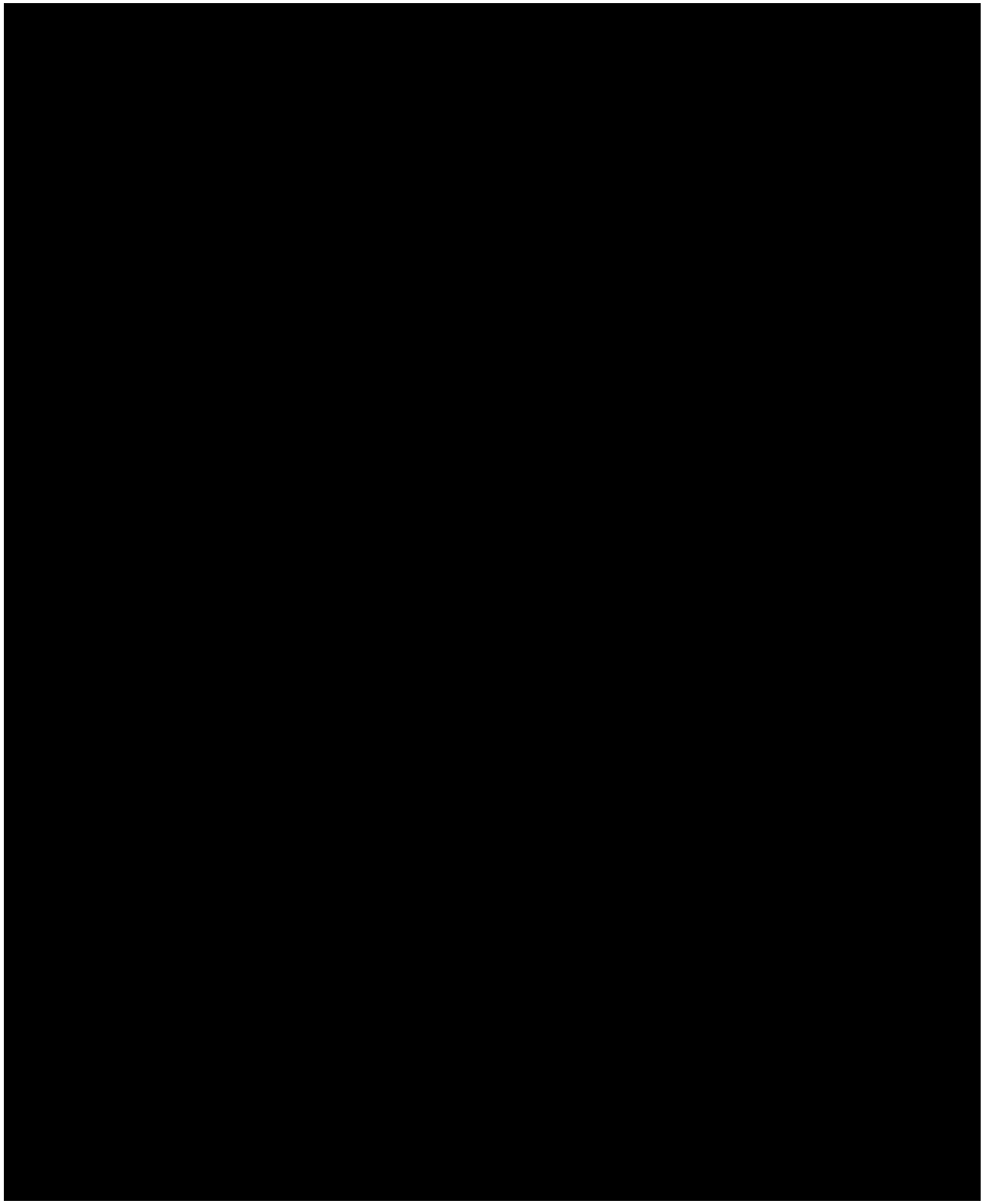
[redacted]

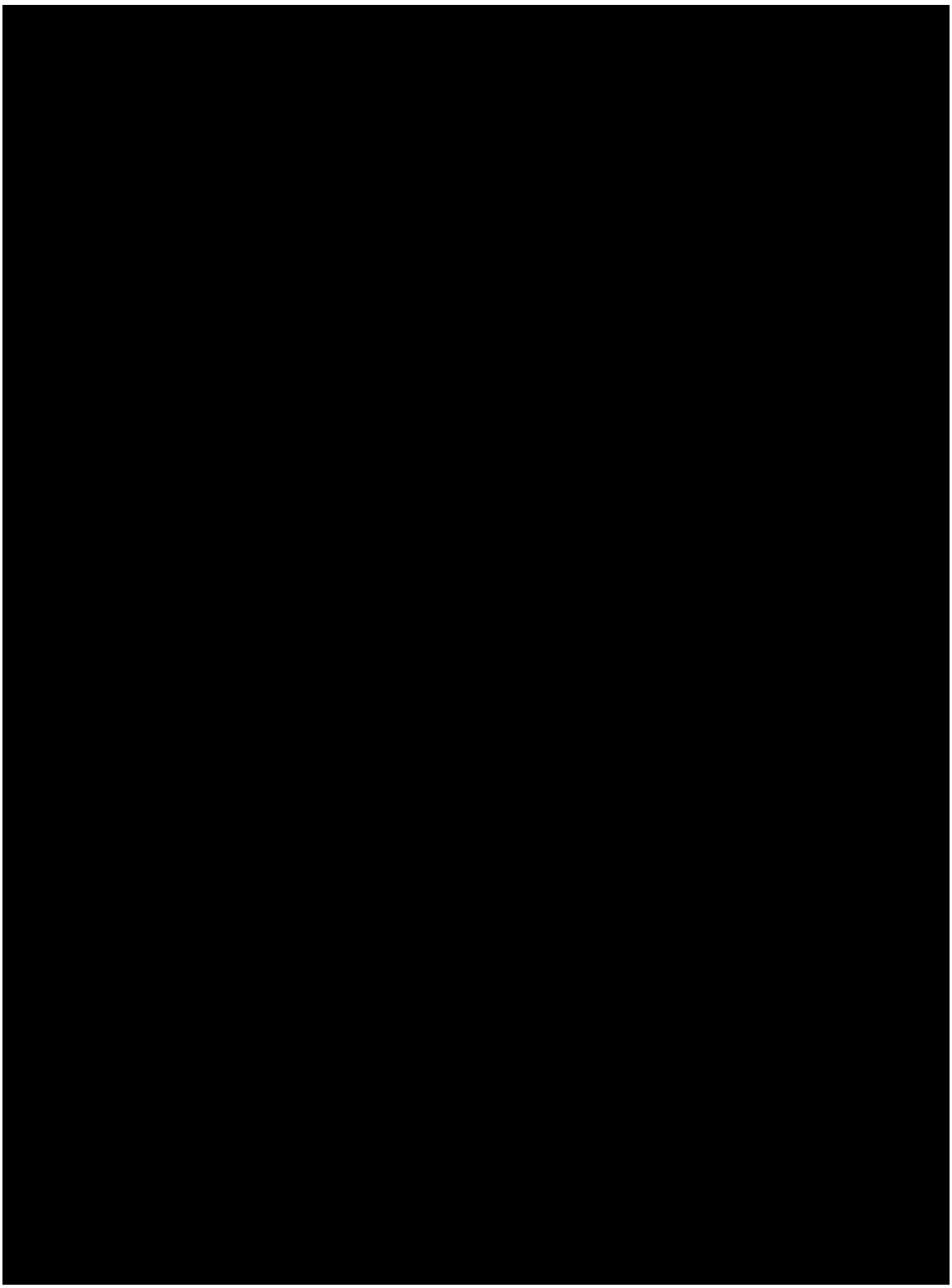


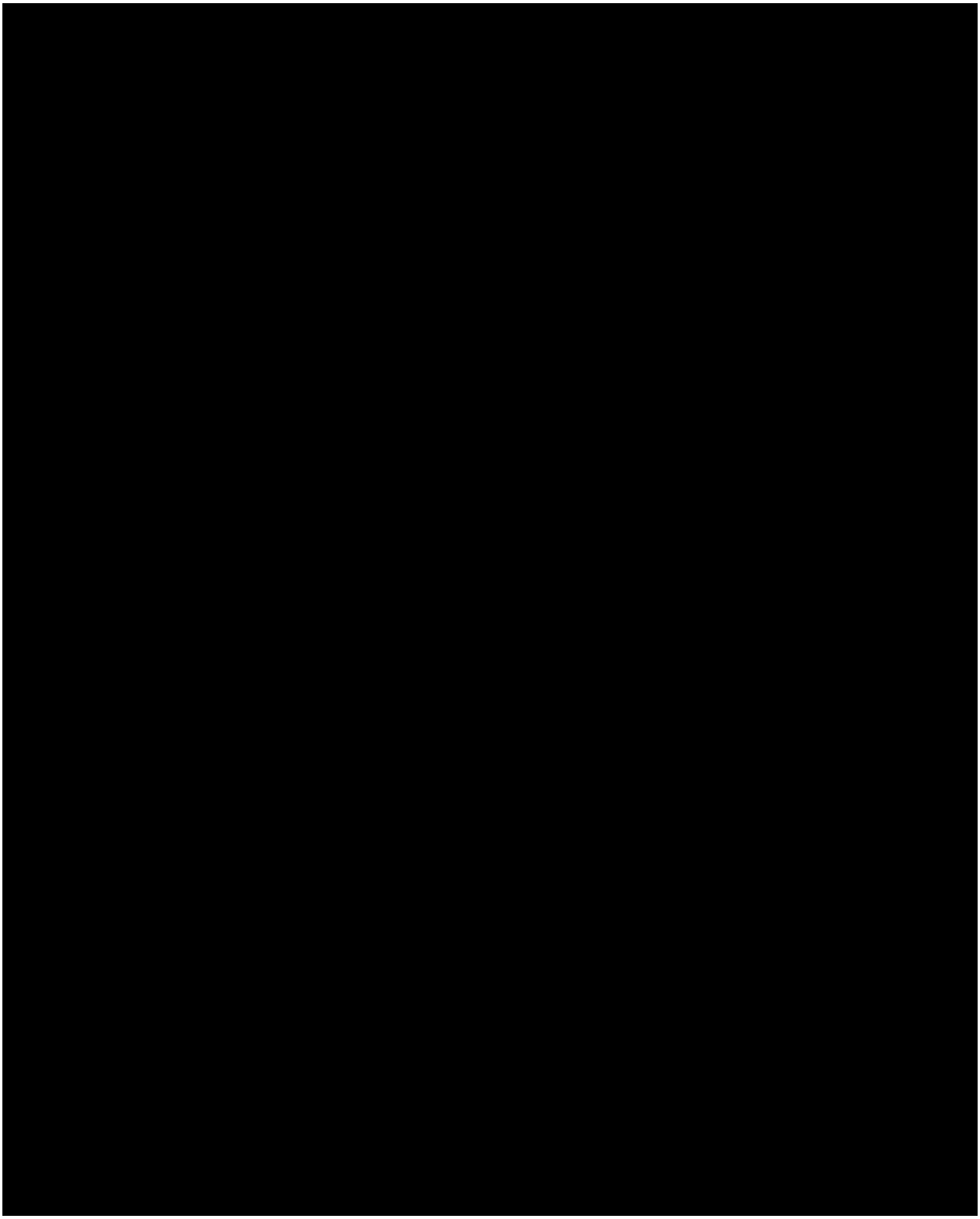


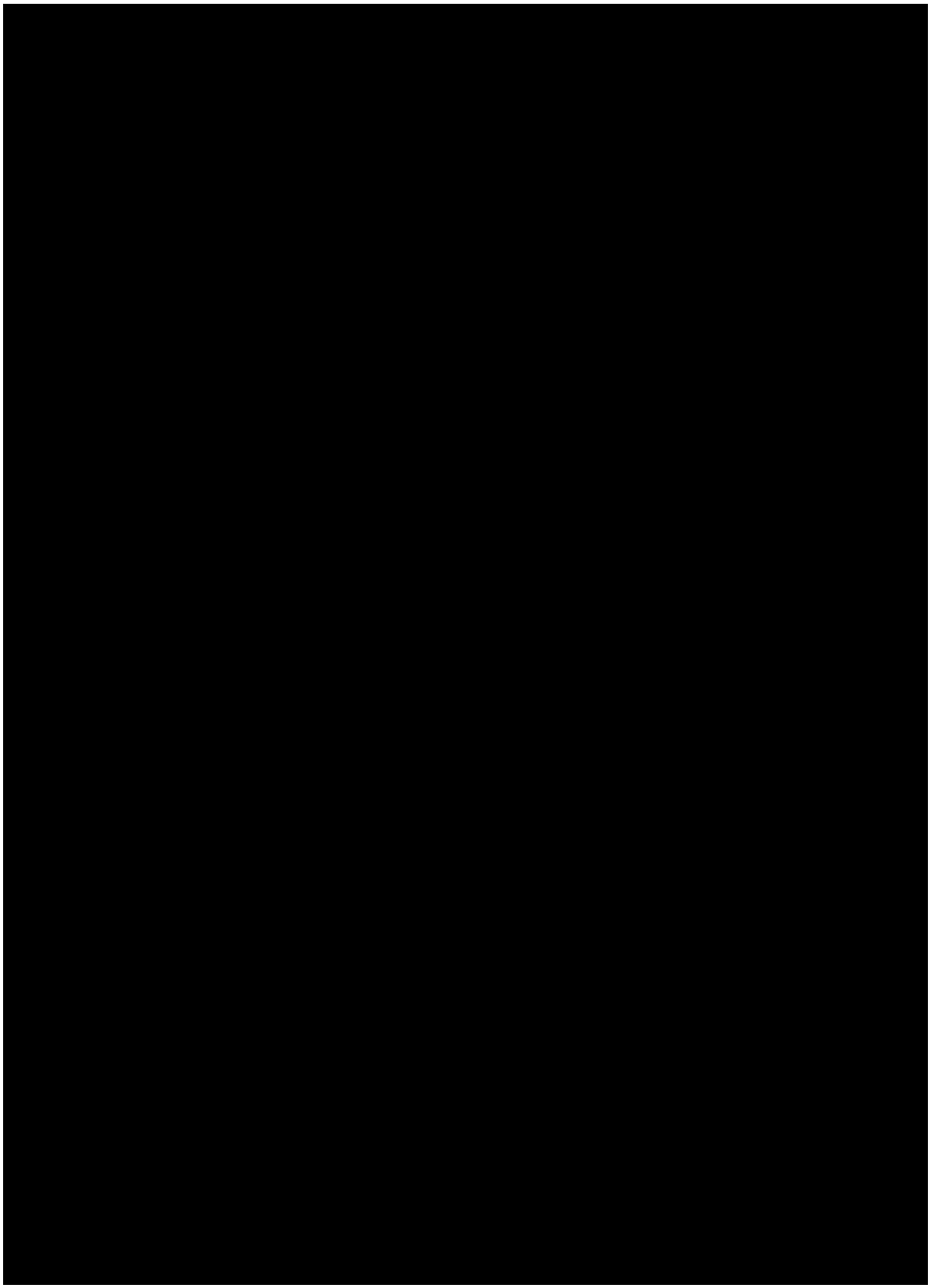


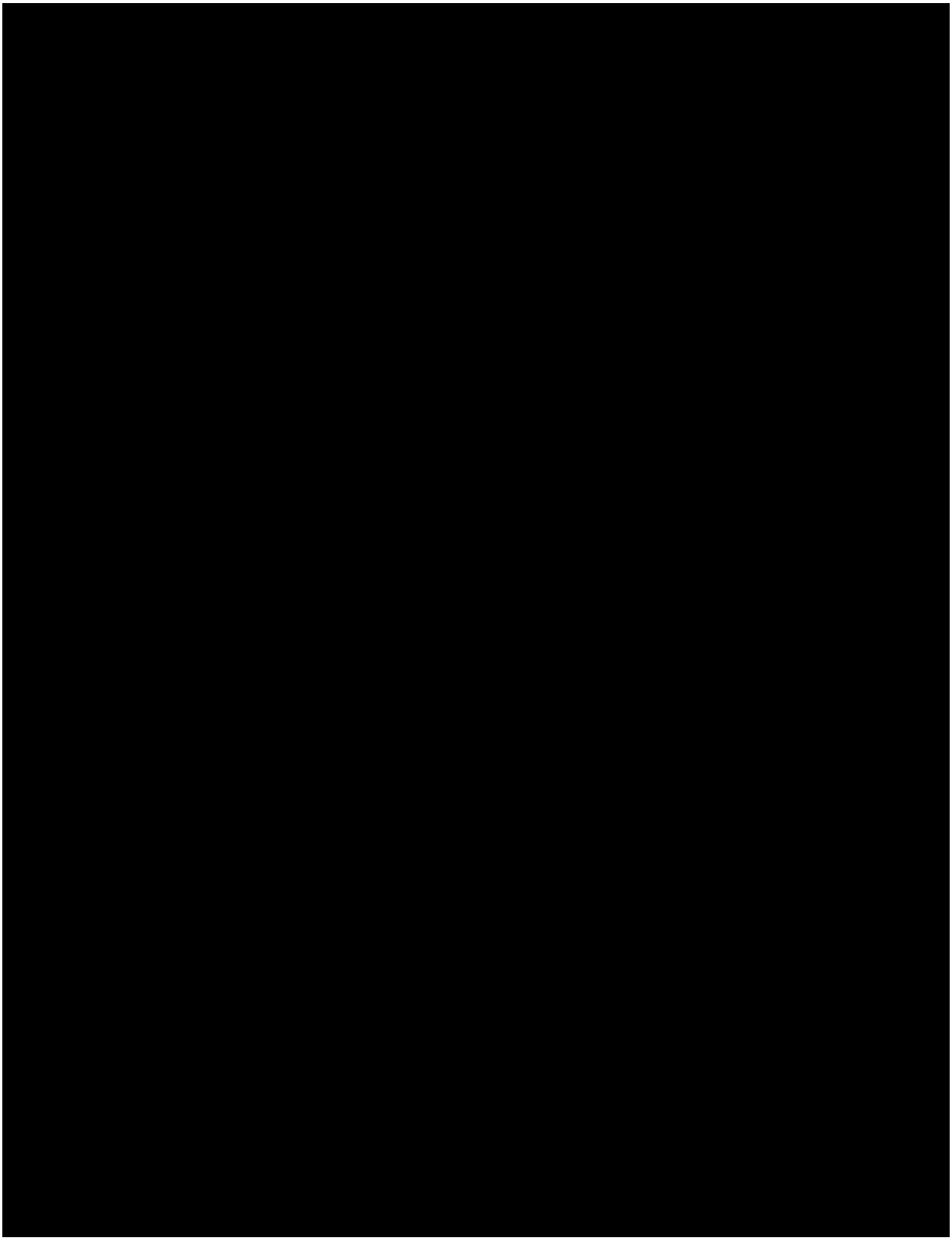


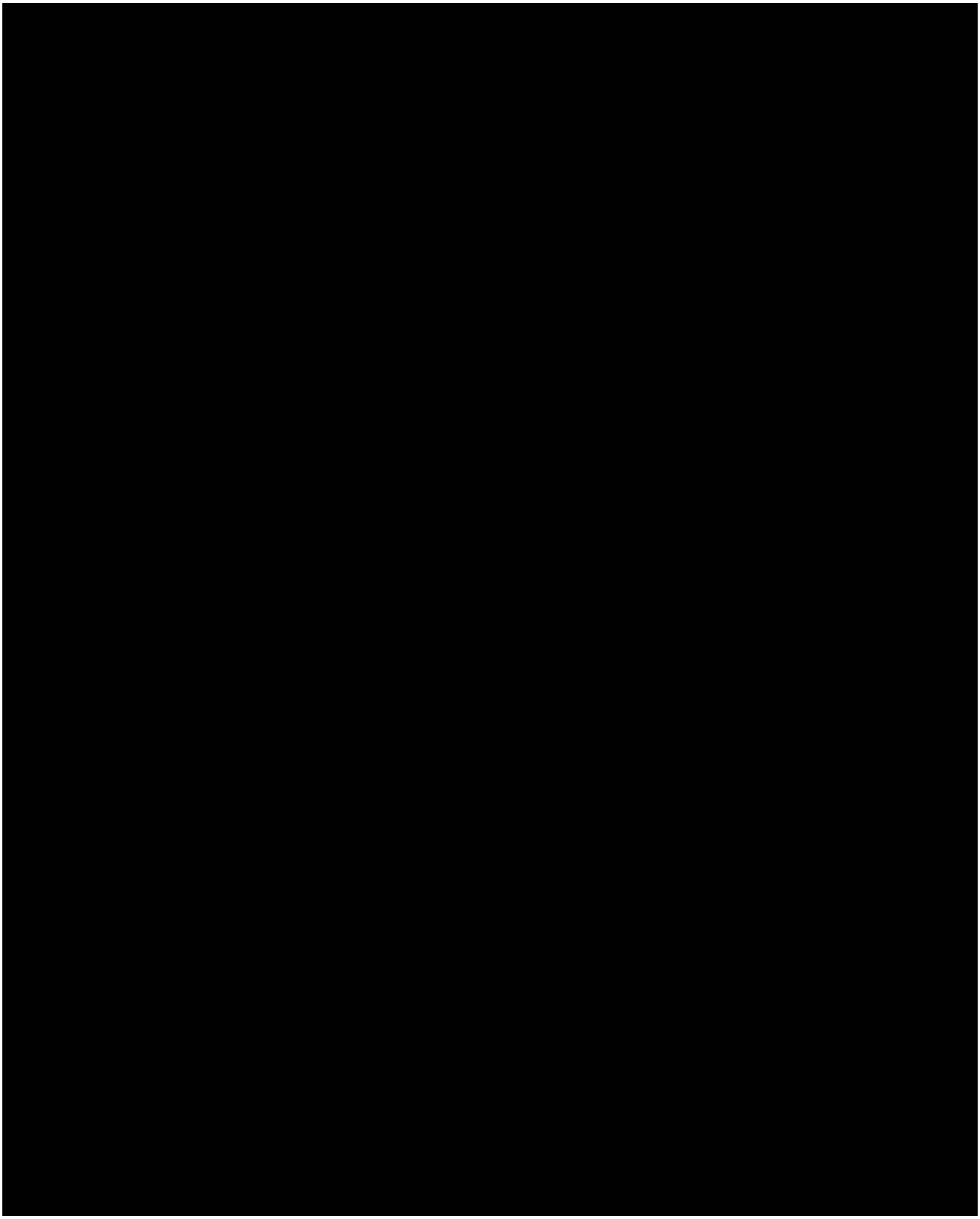


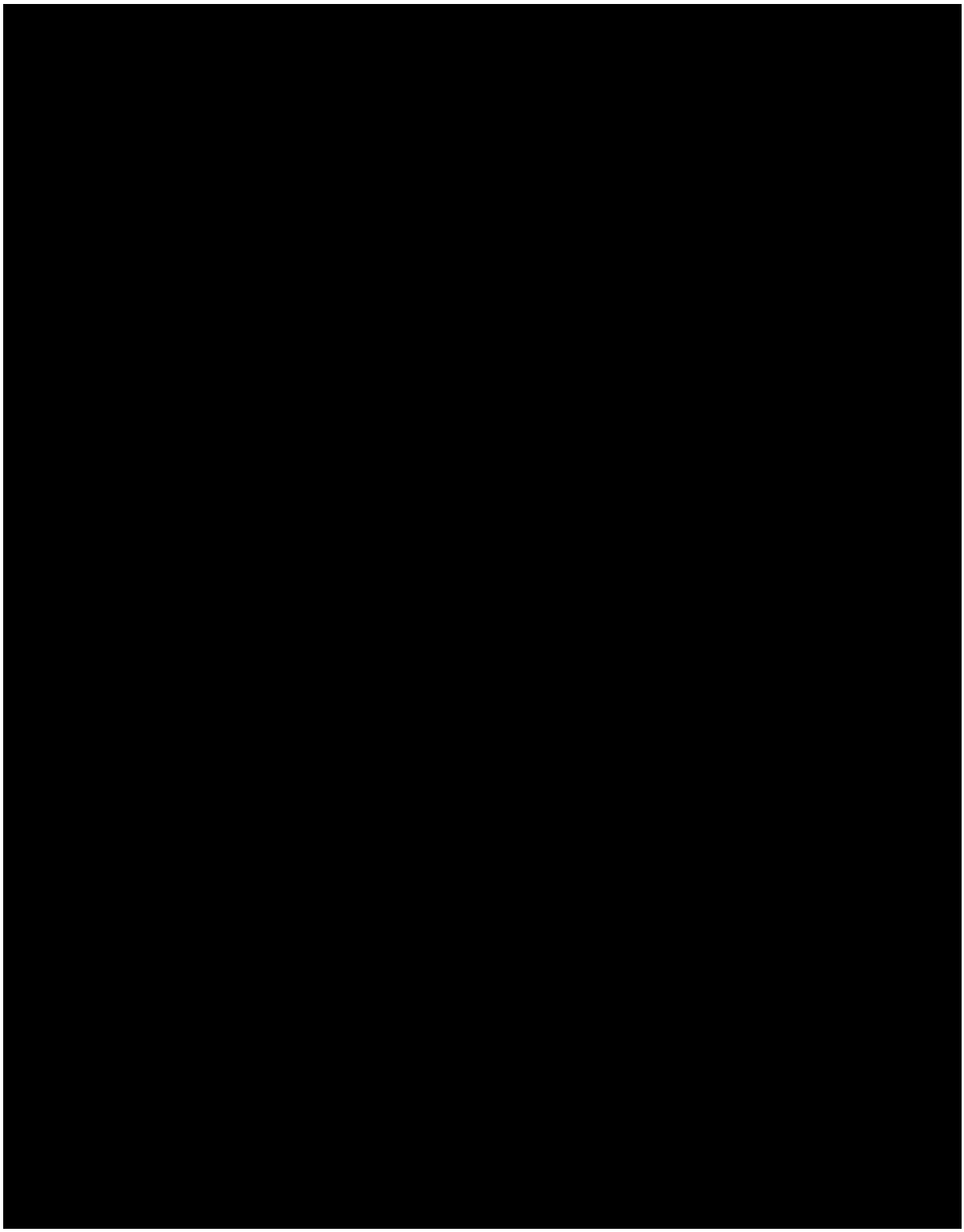


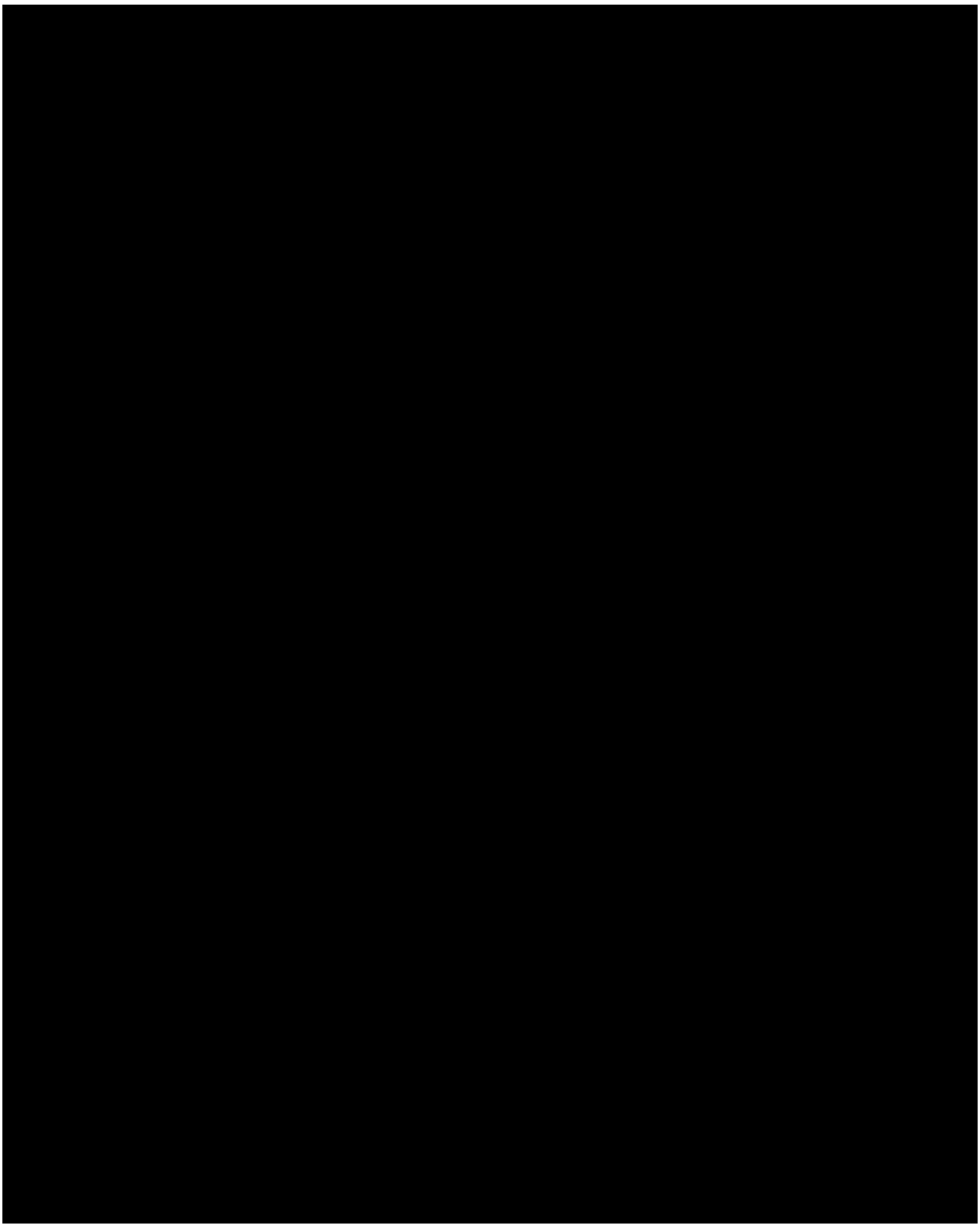


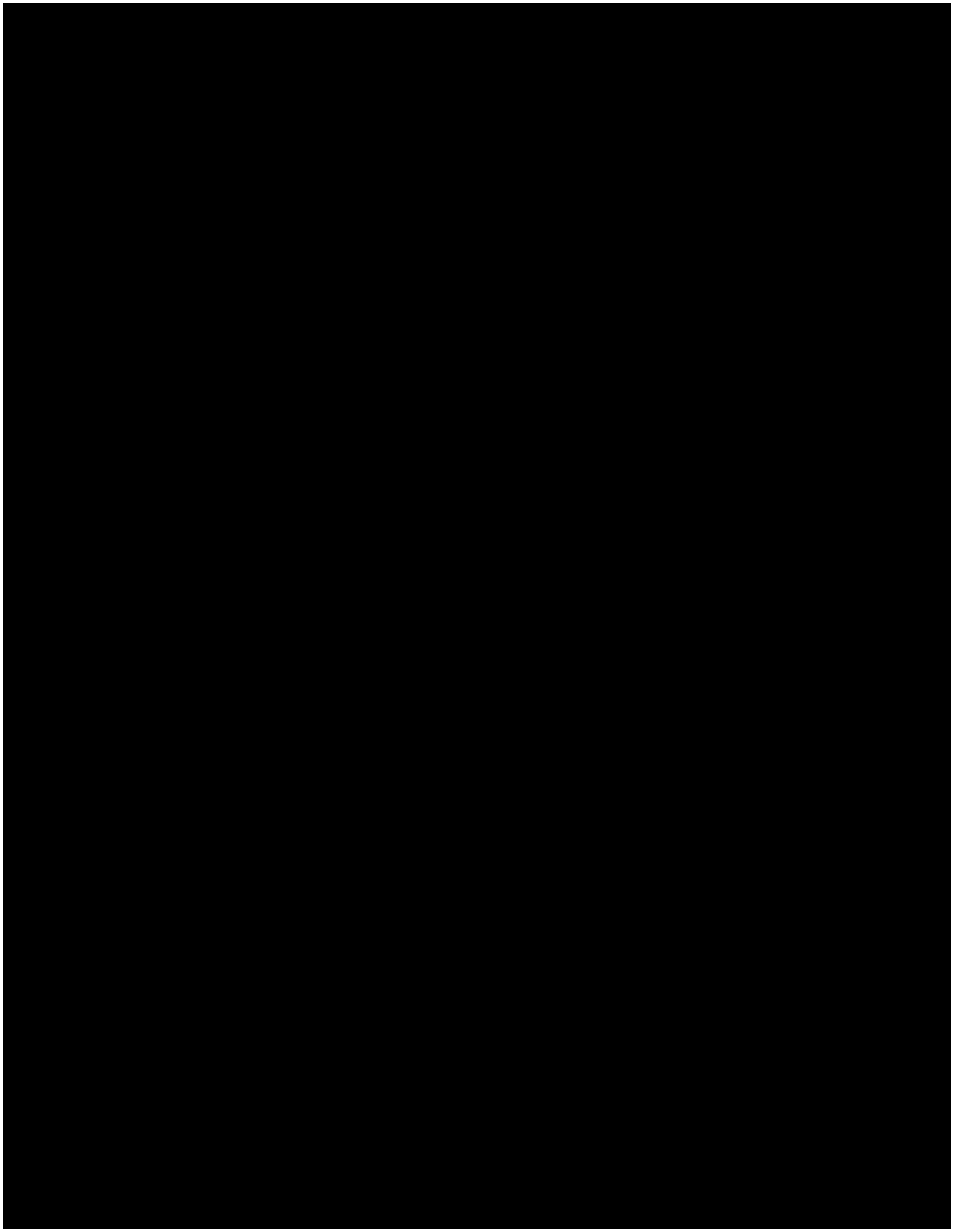


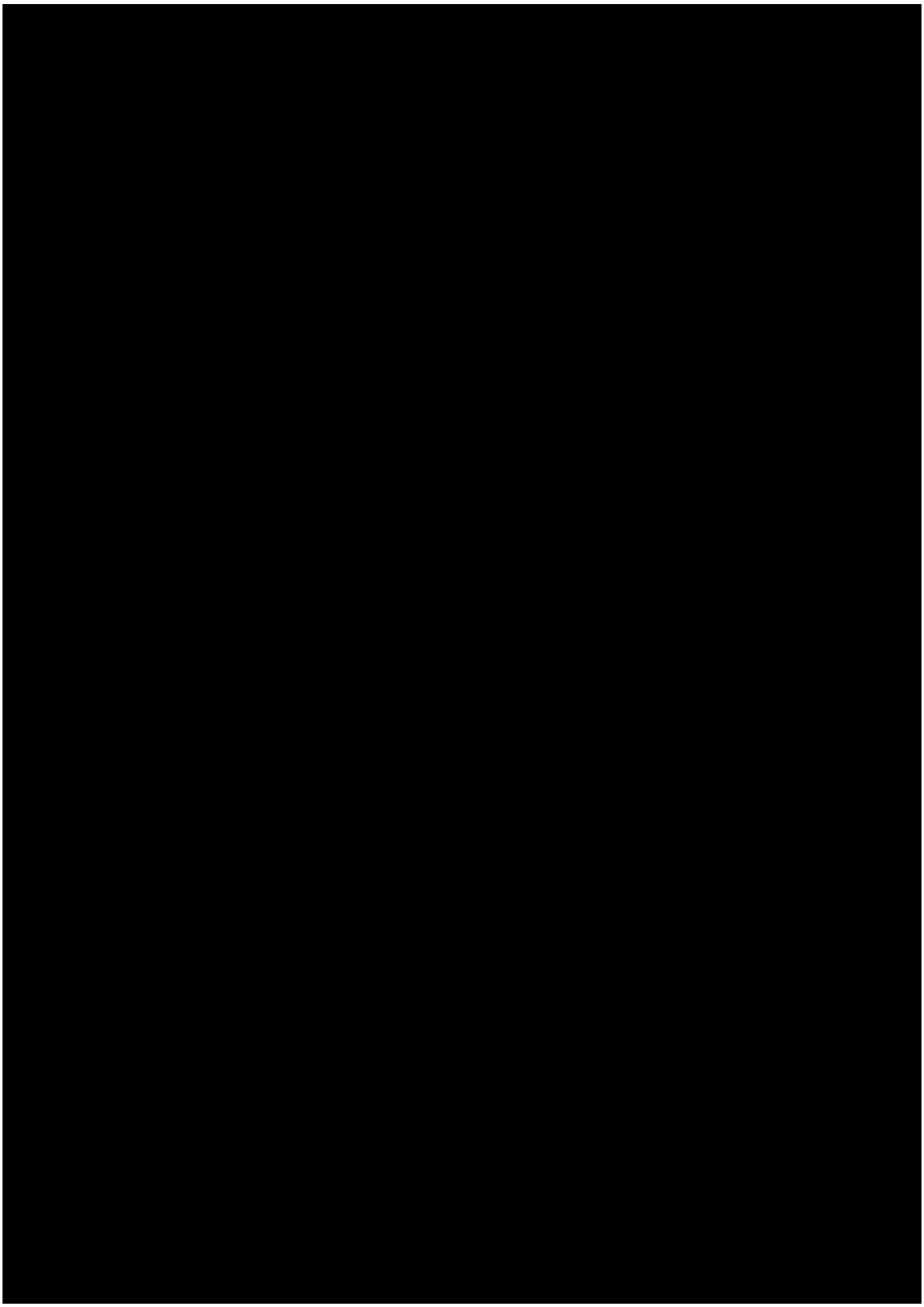


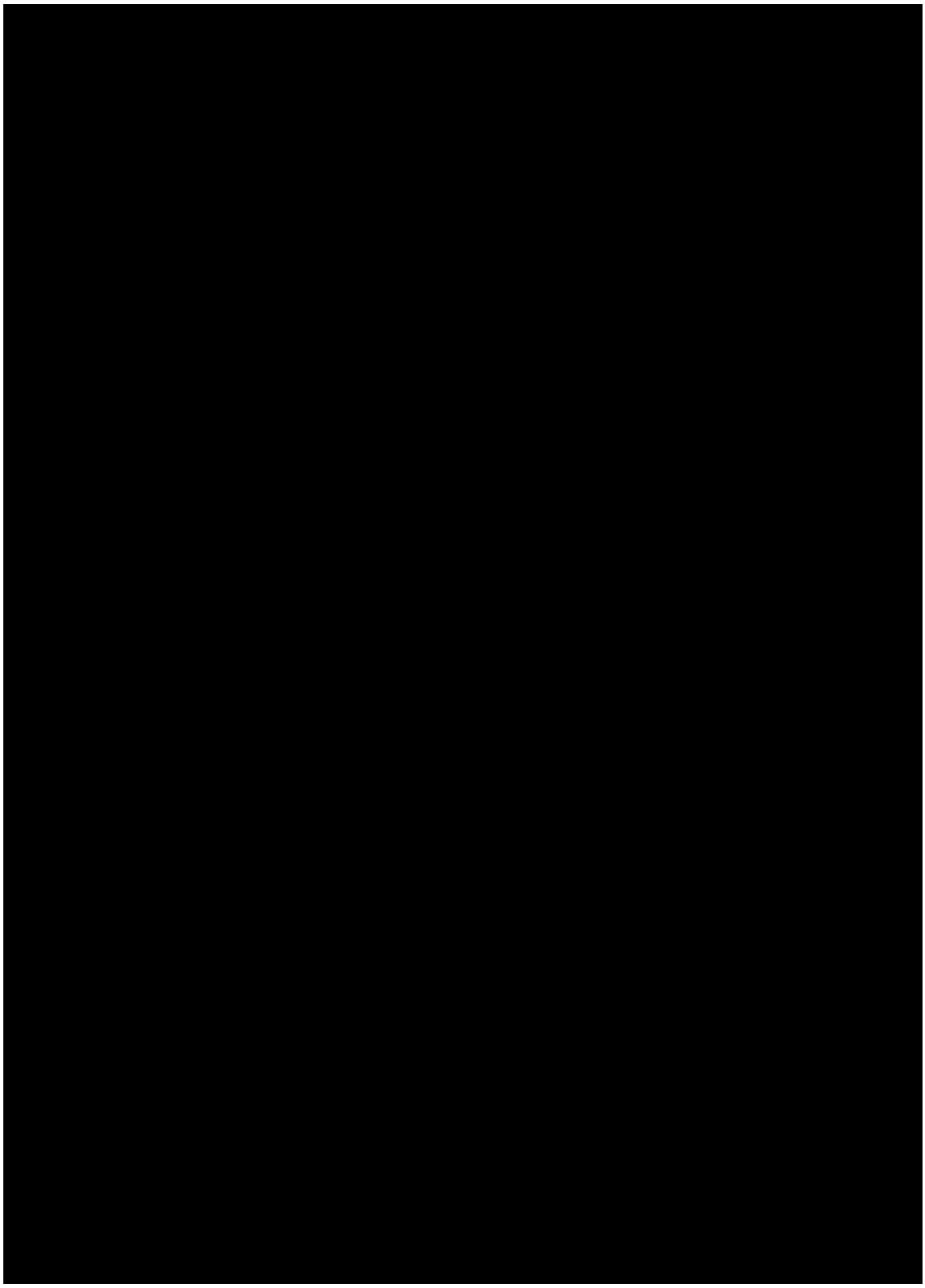


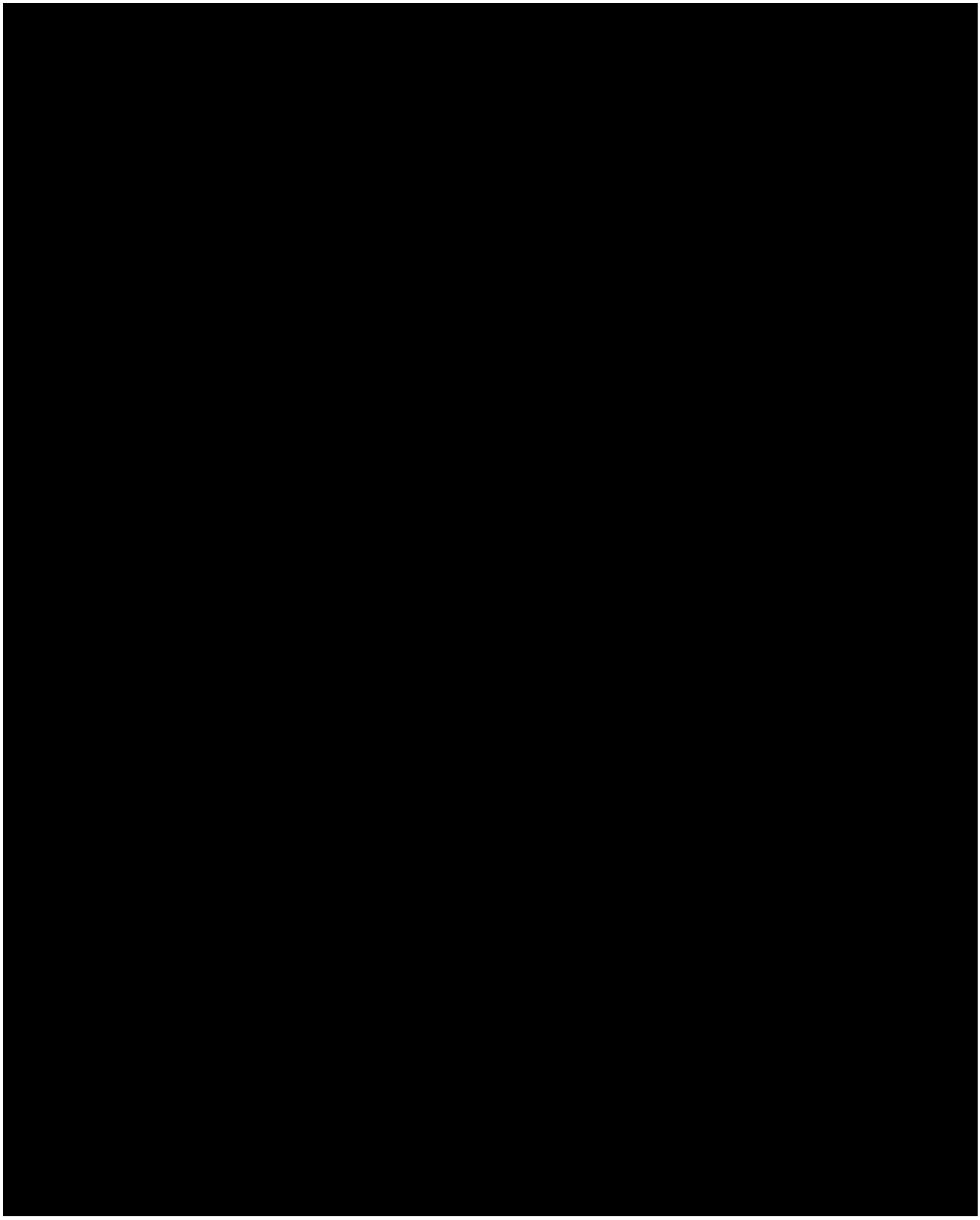


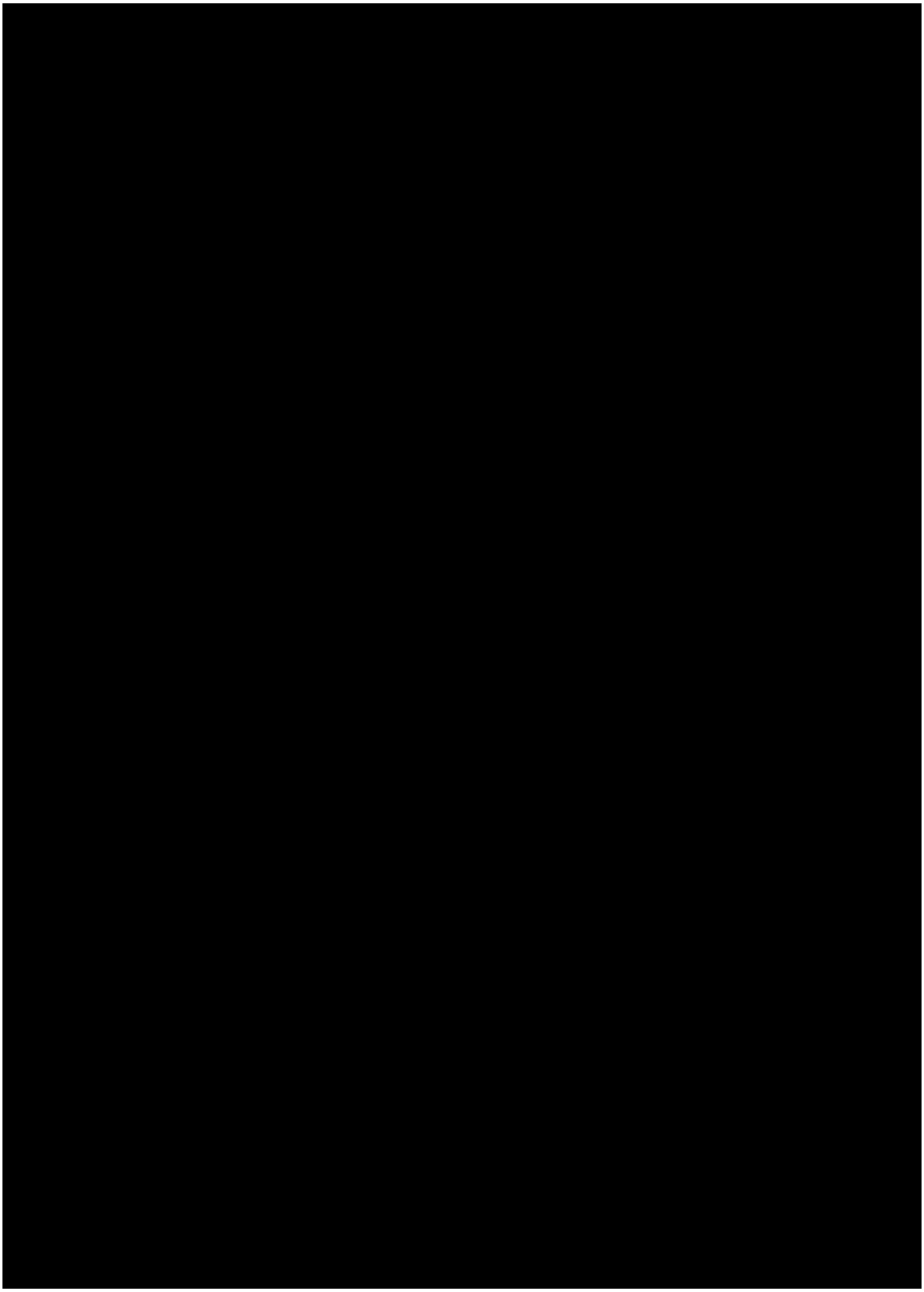


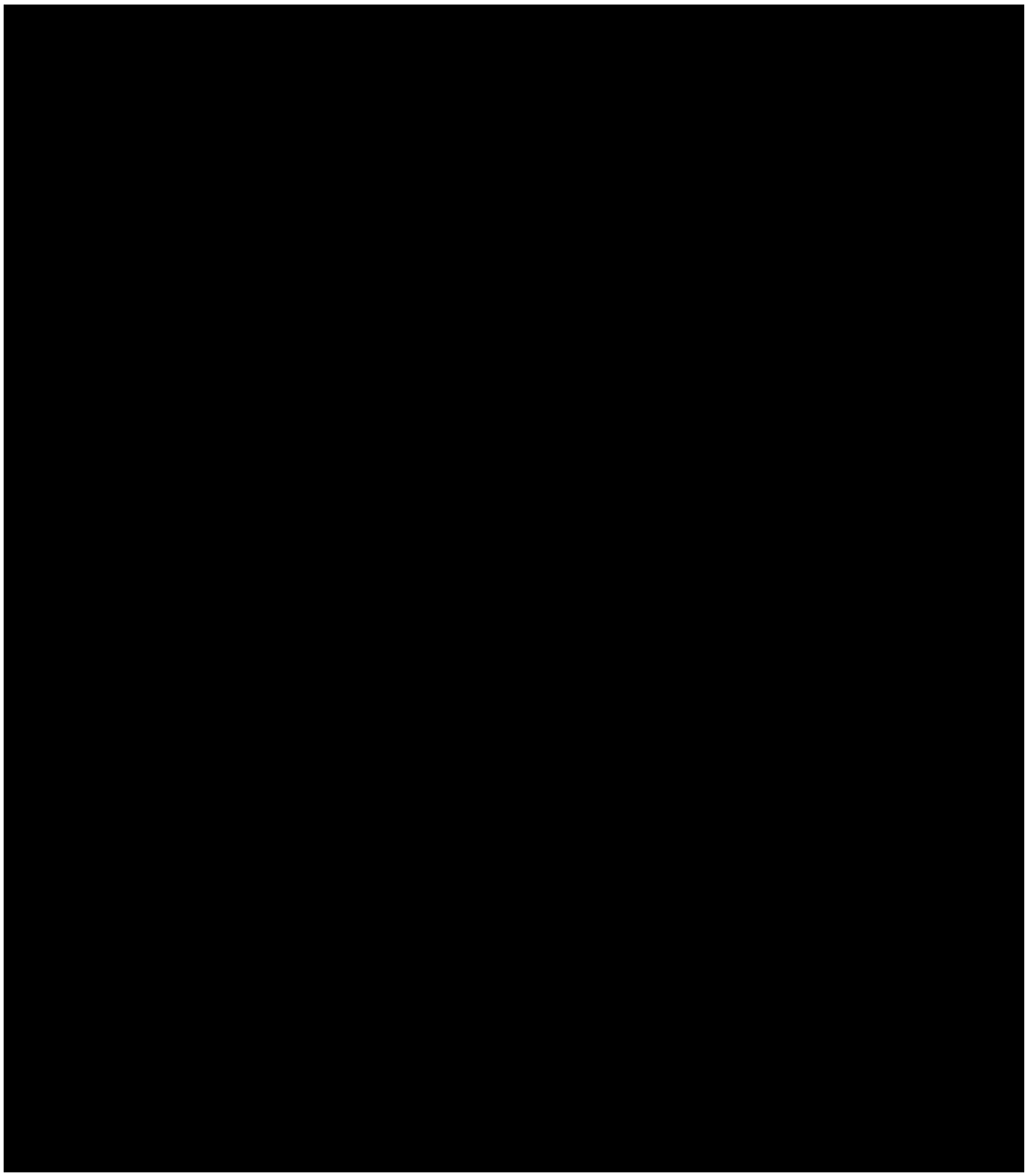


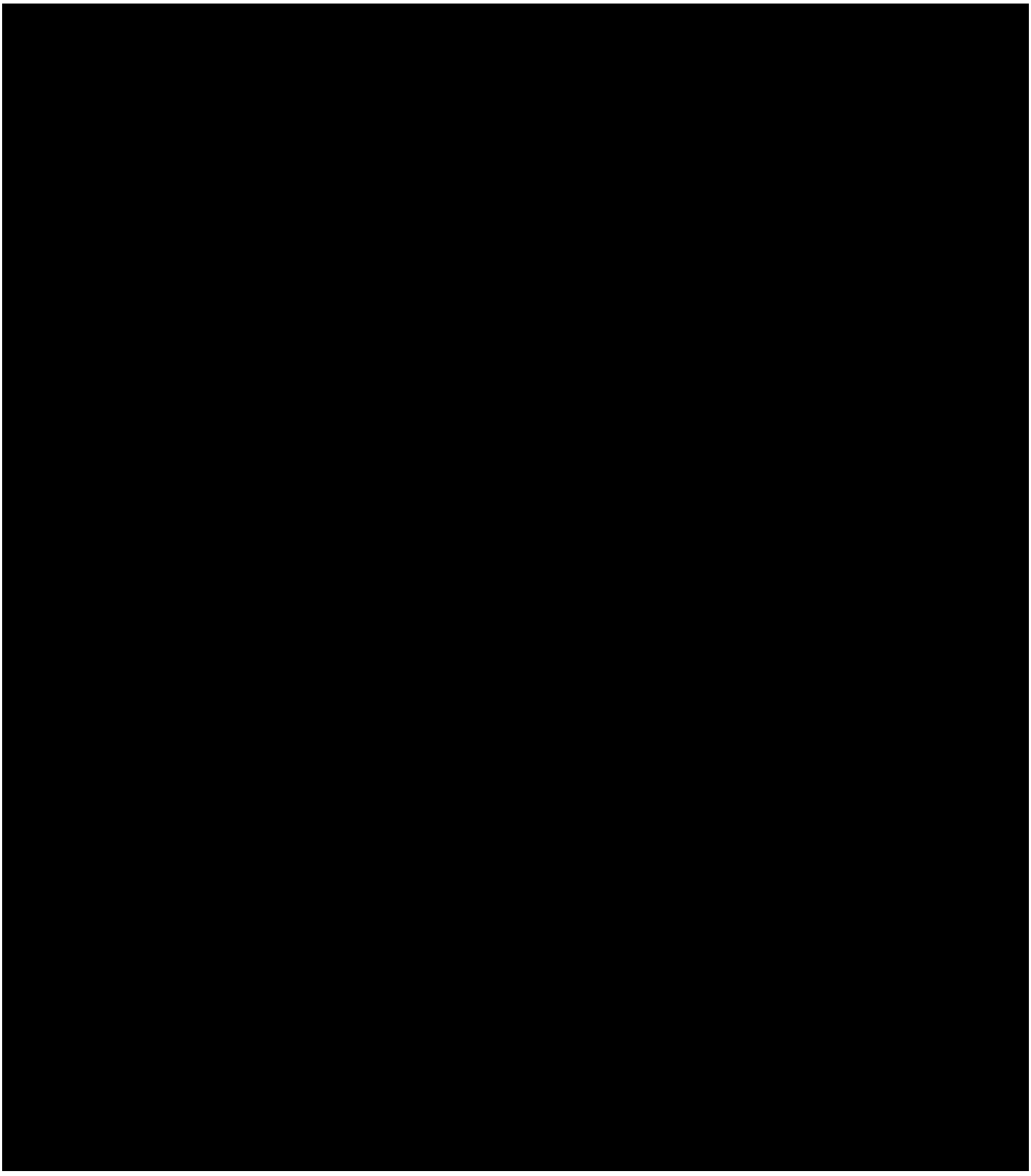


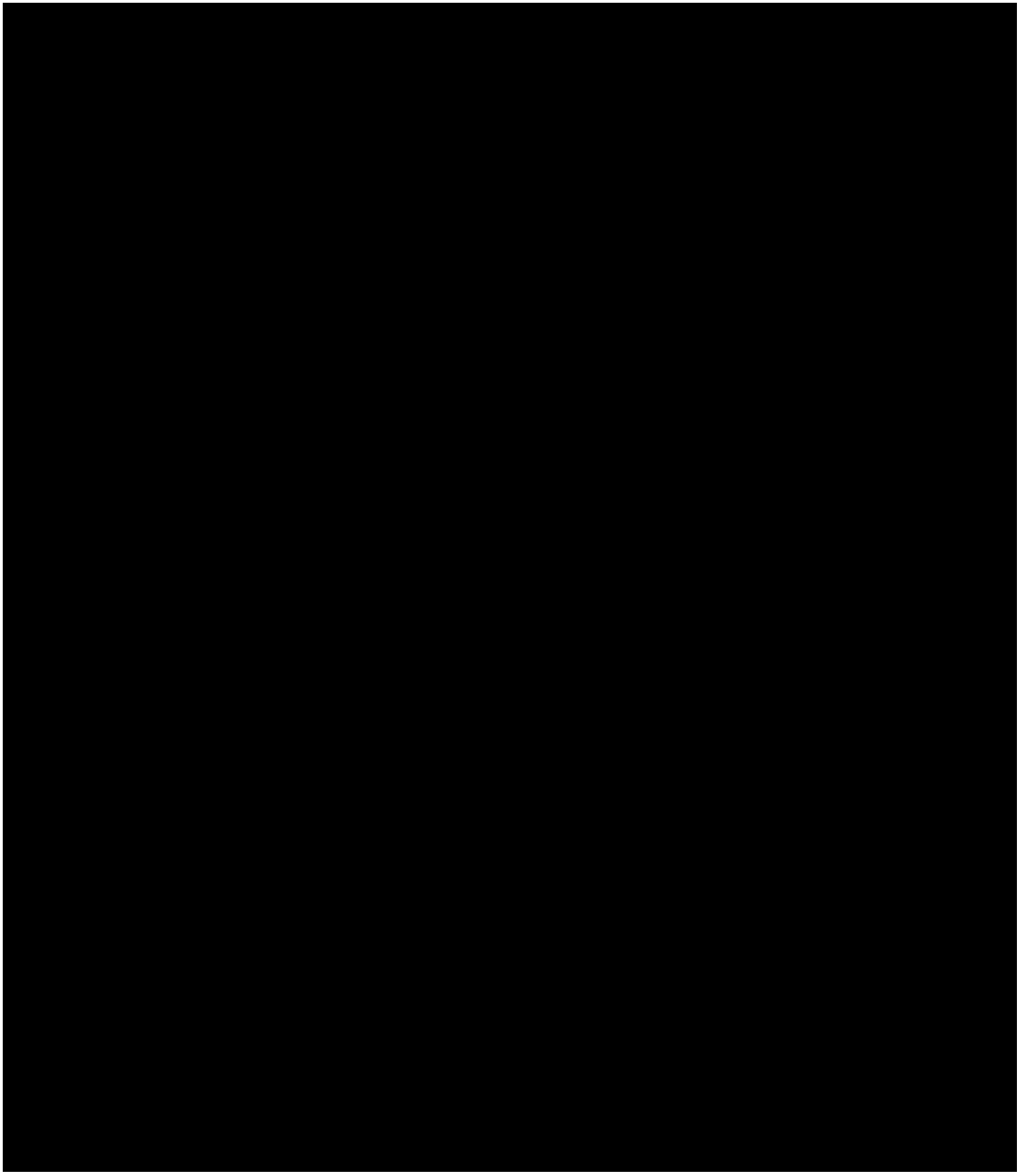


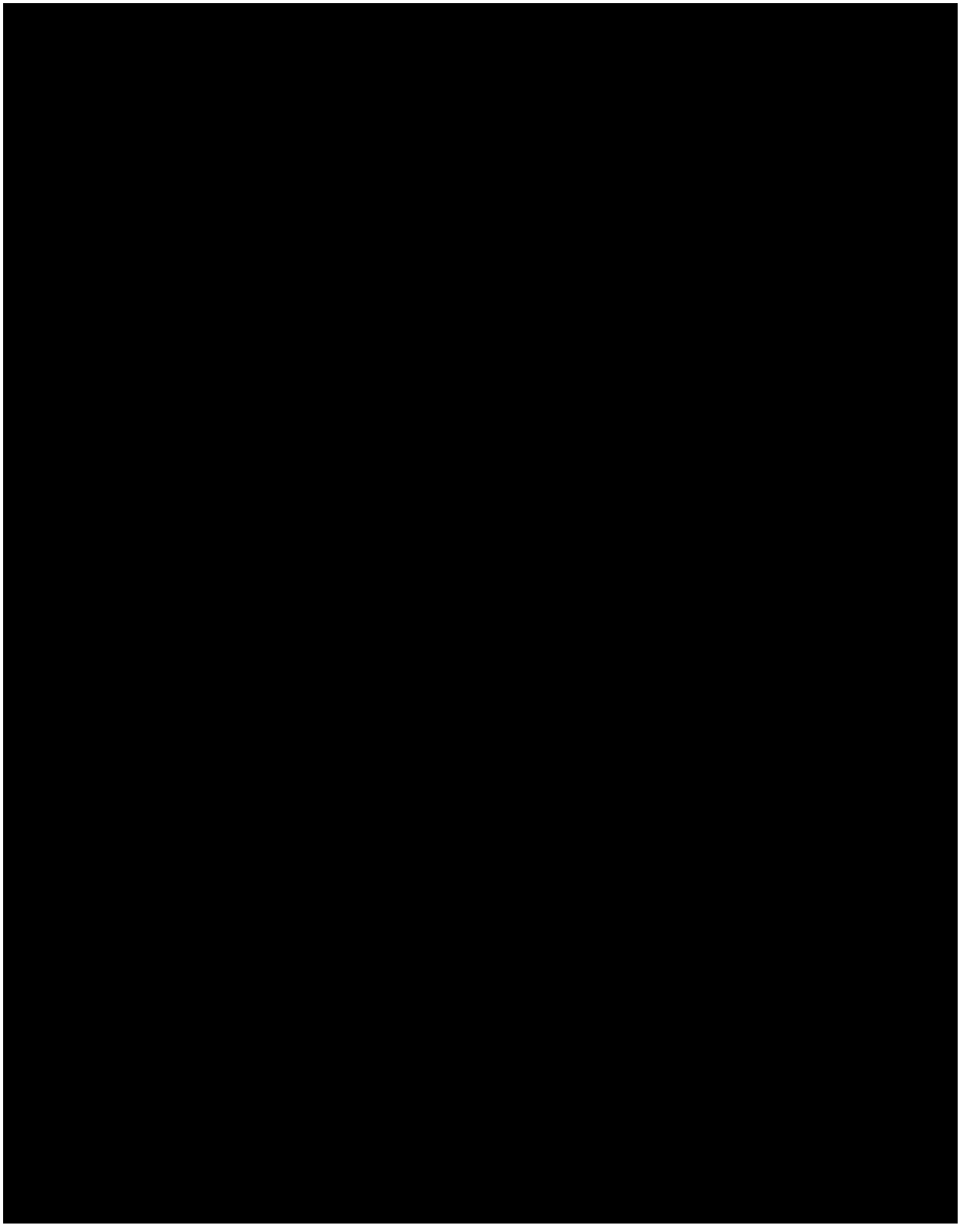


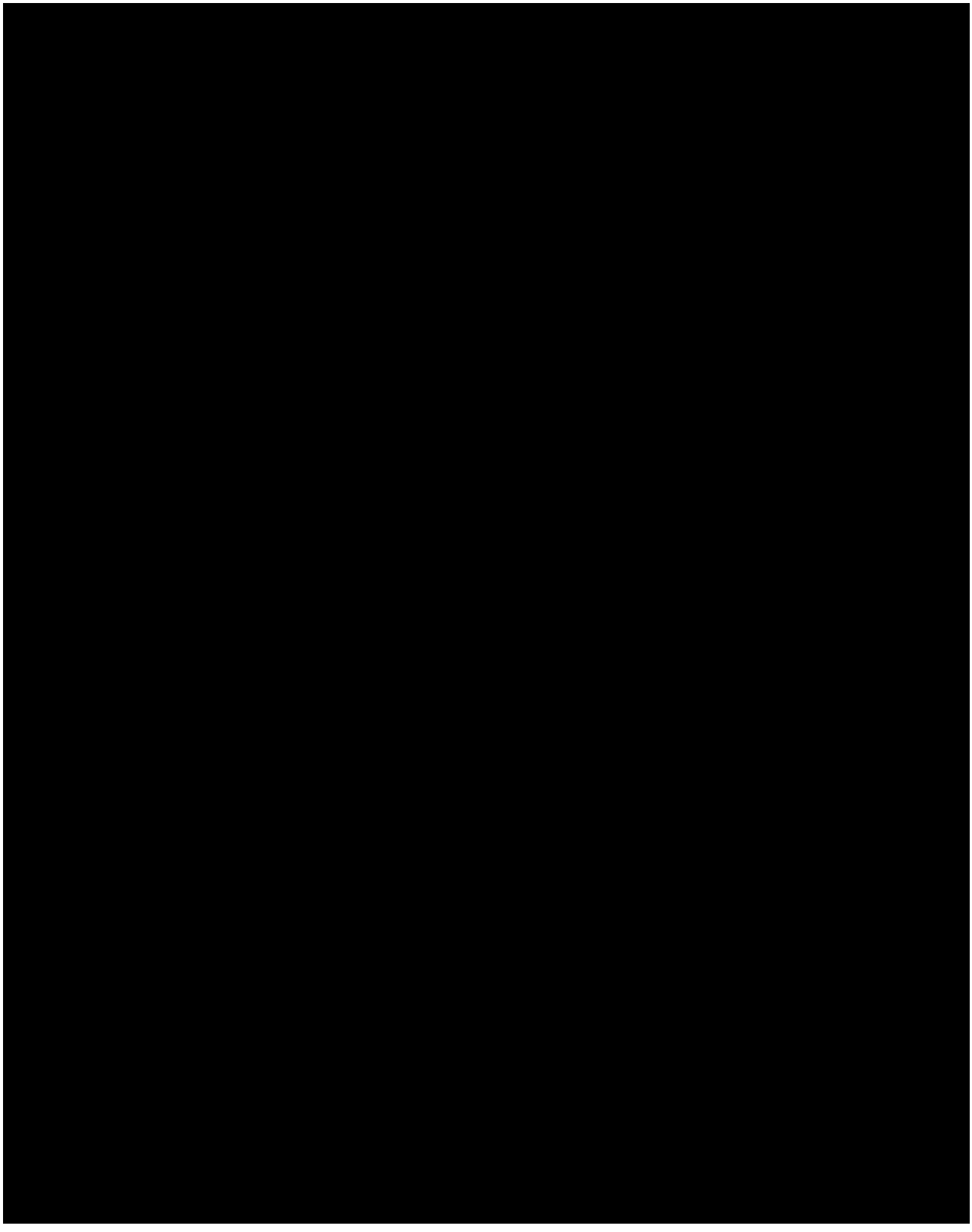


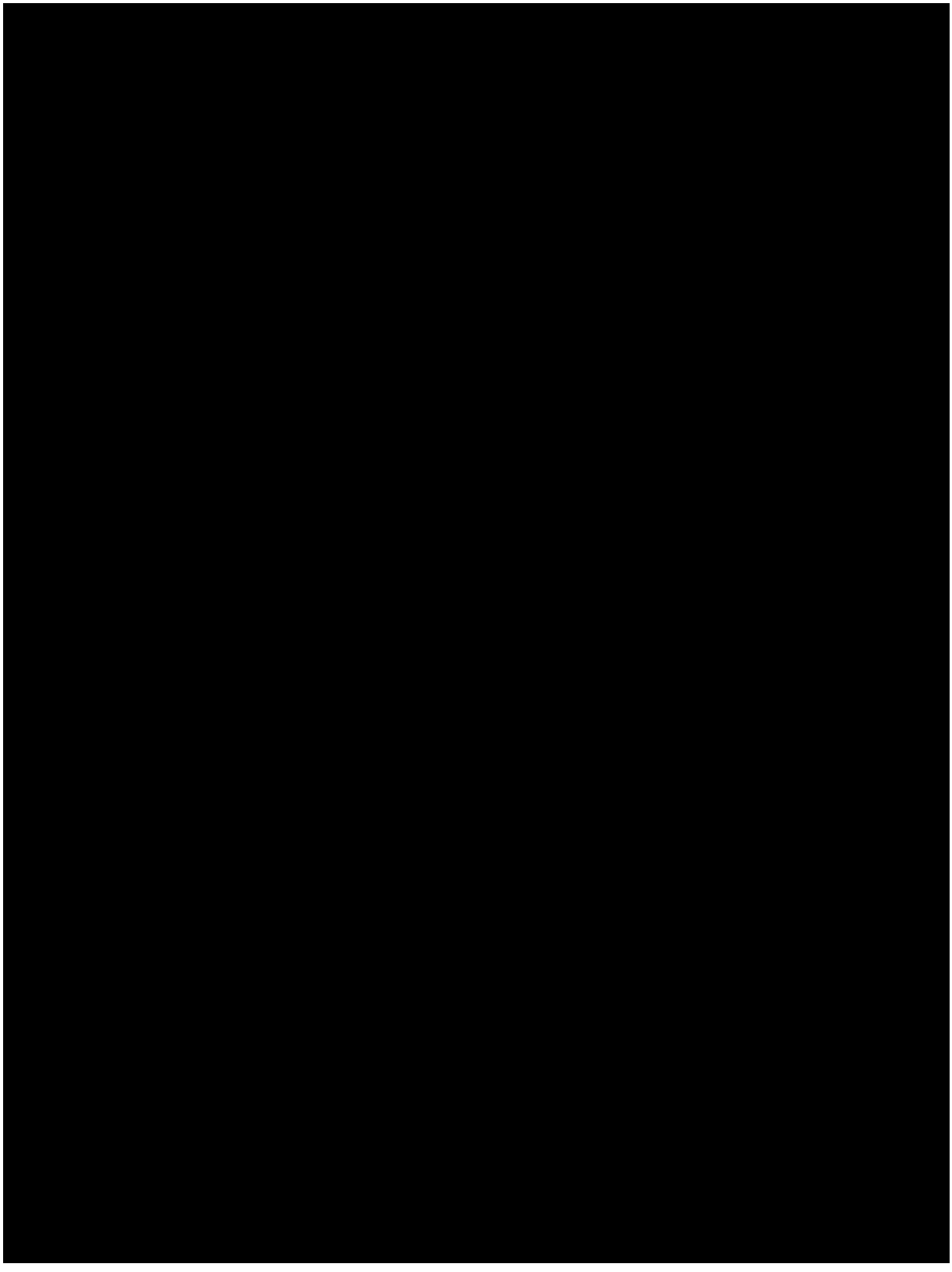


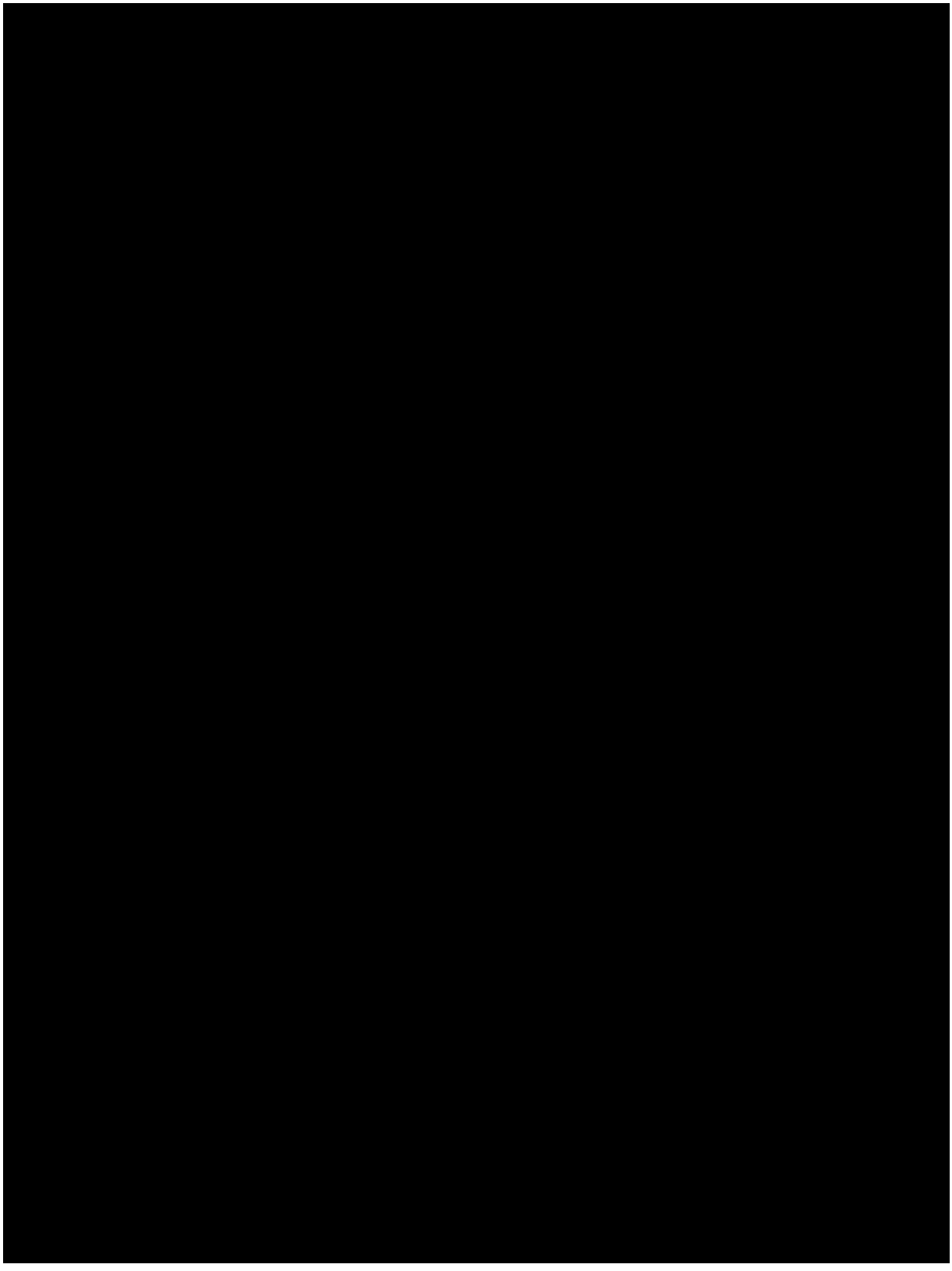


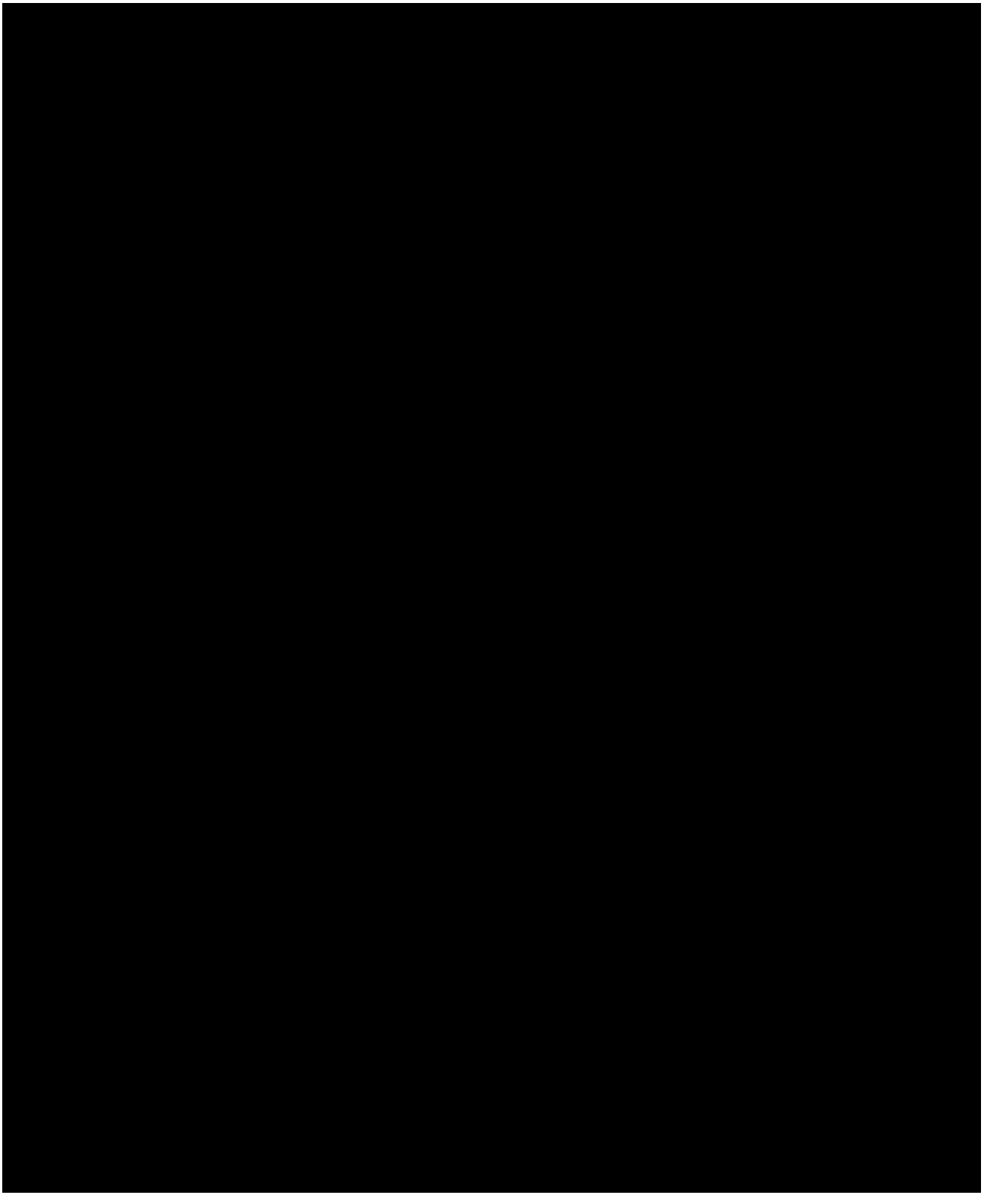


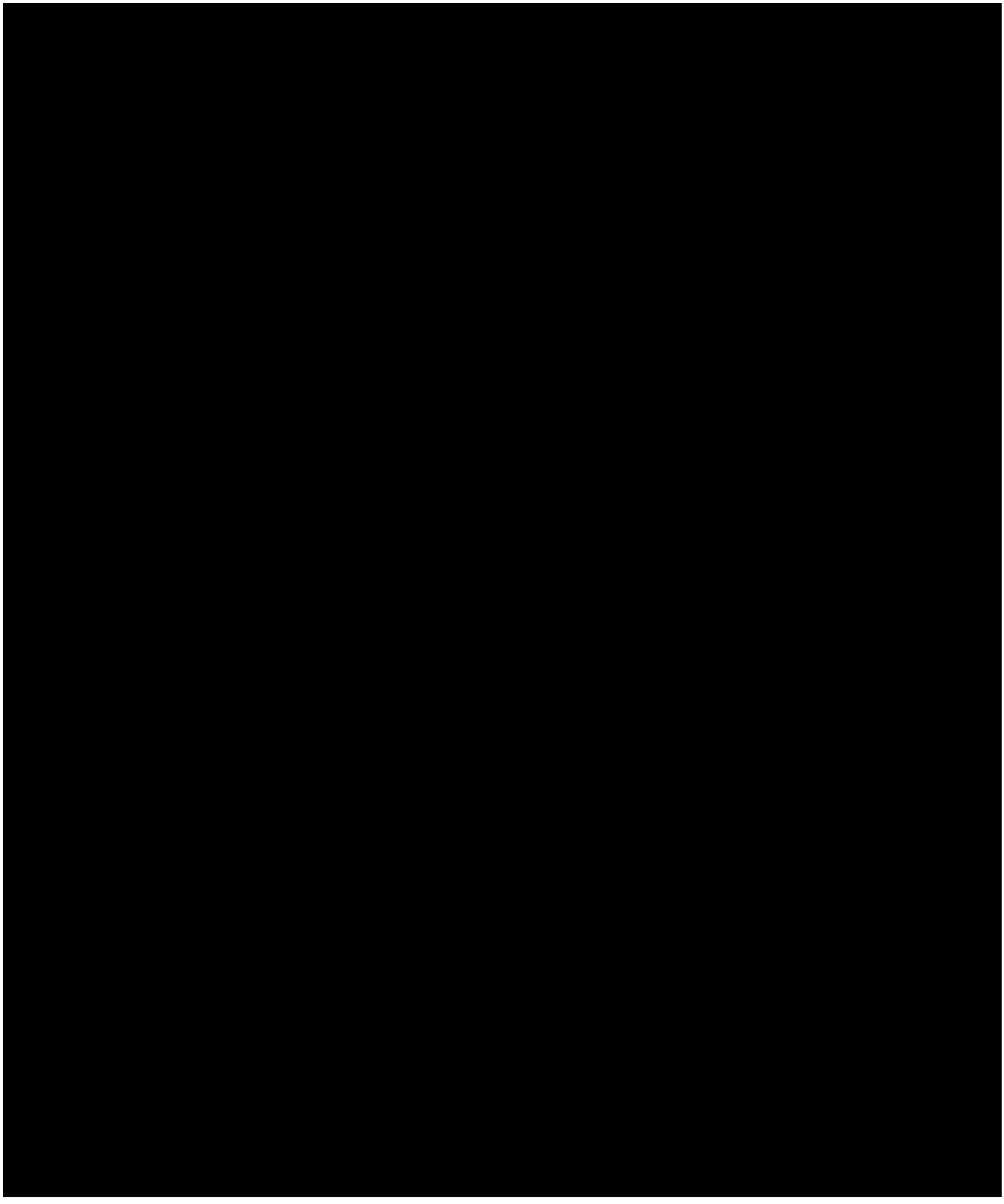


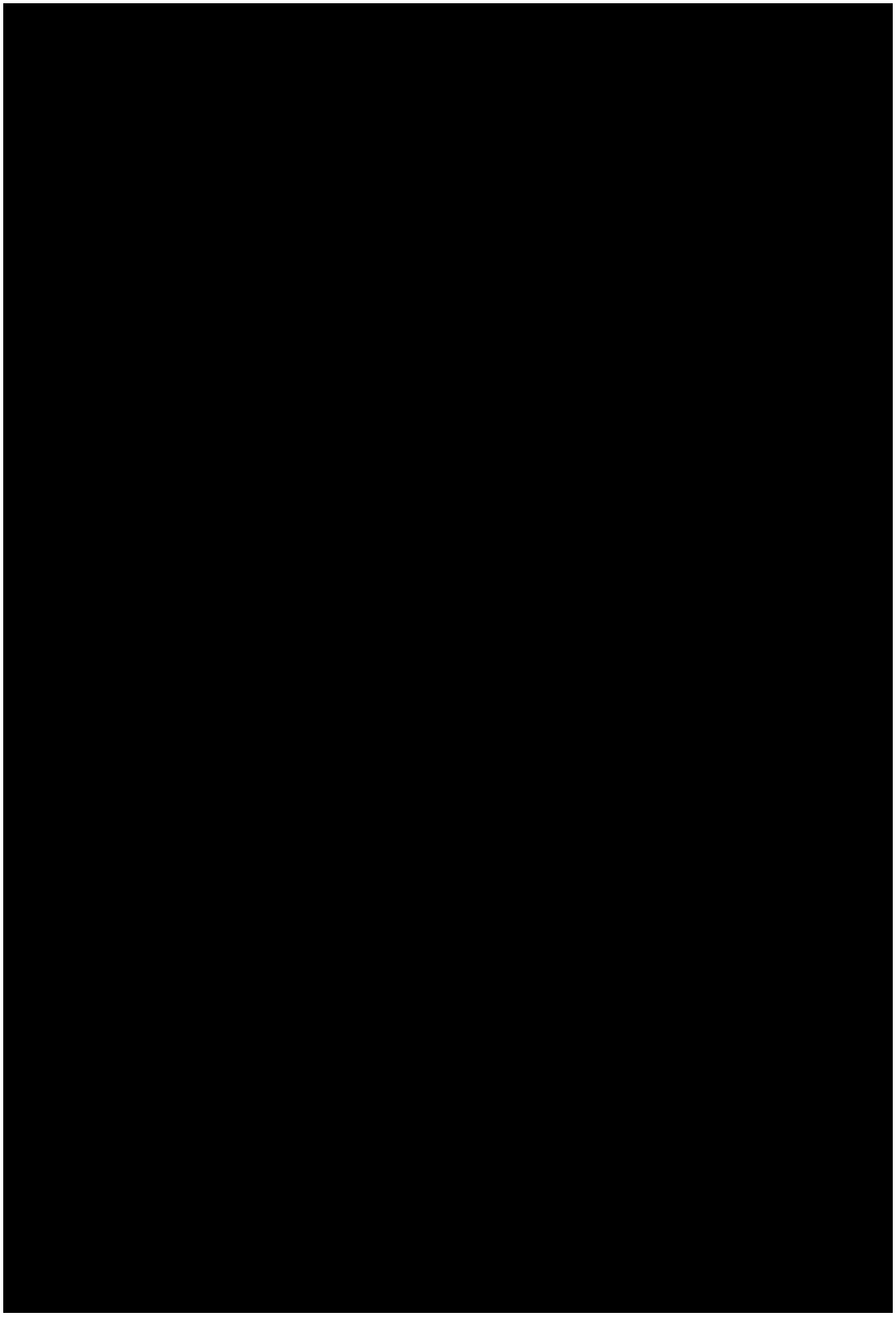


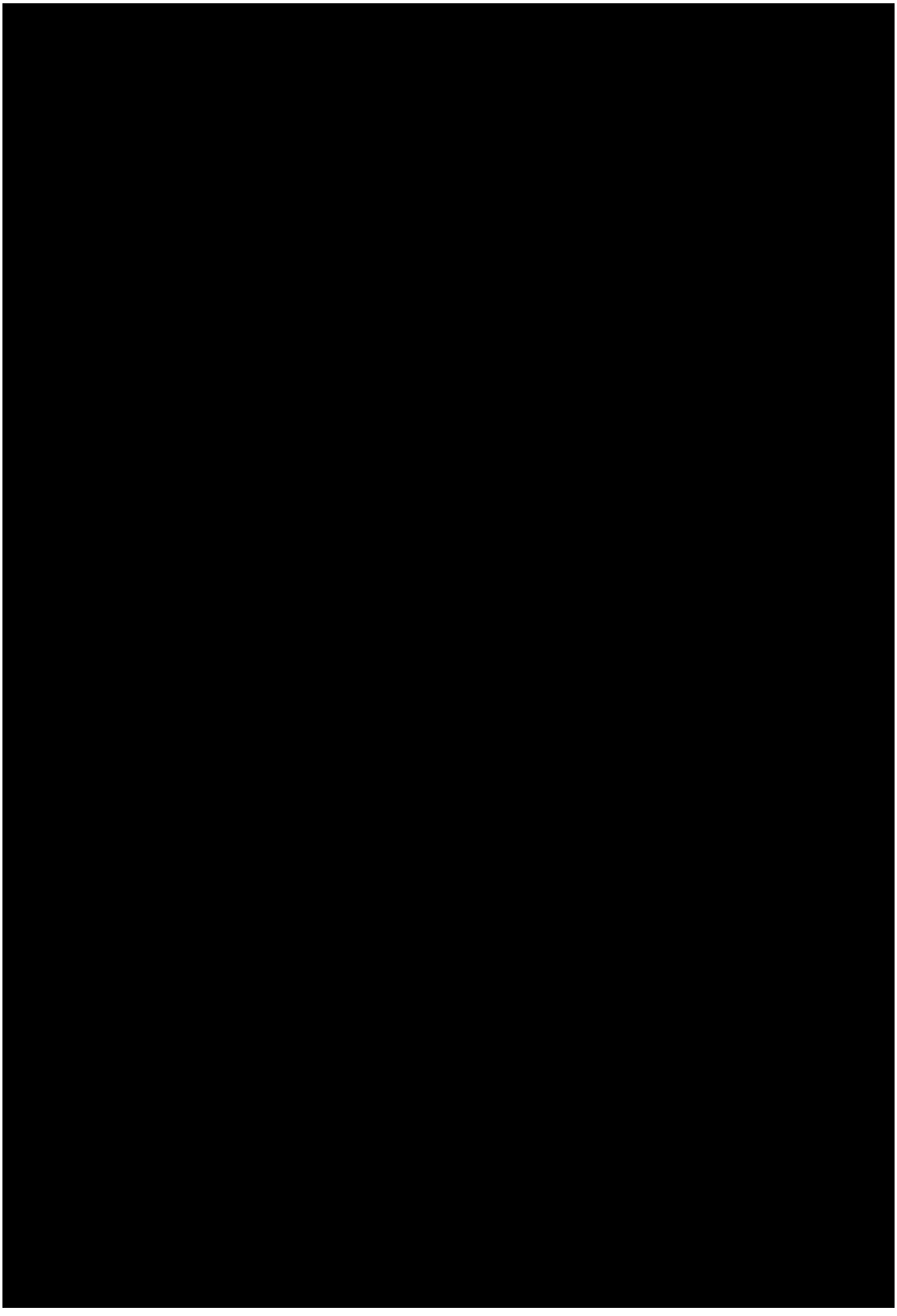


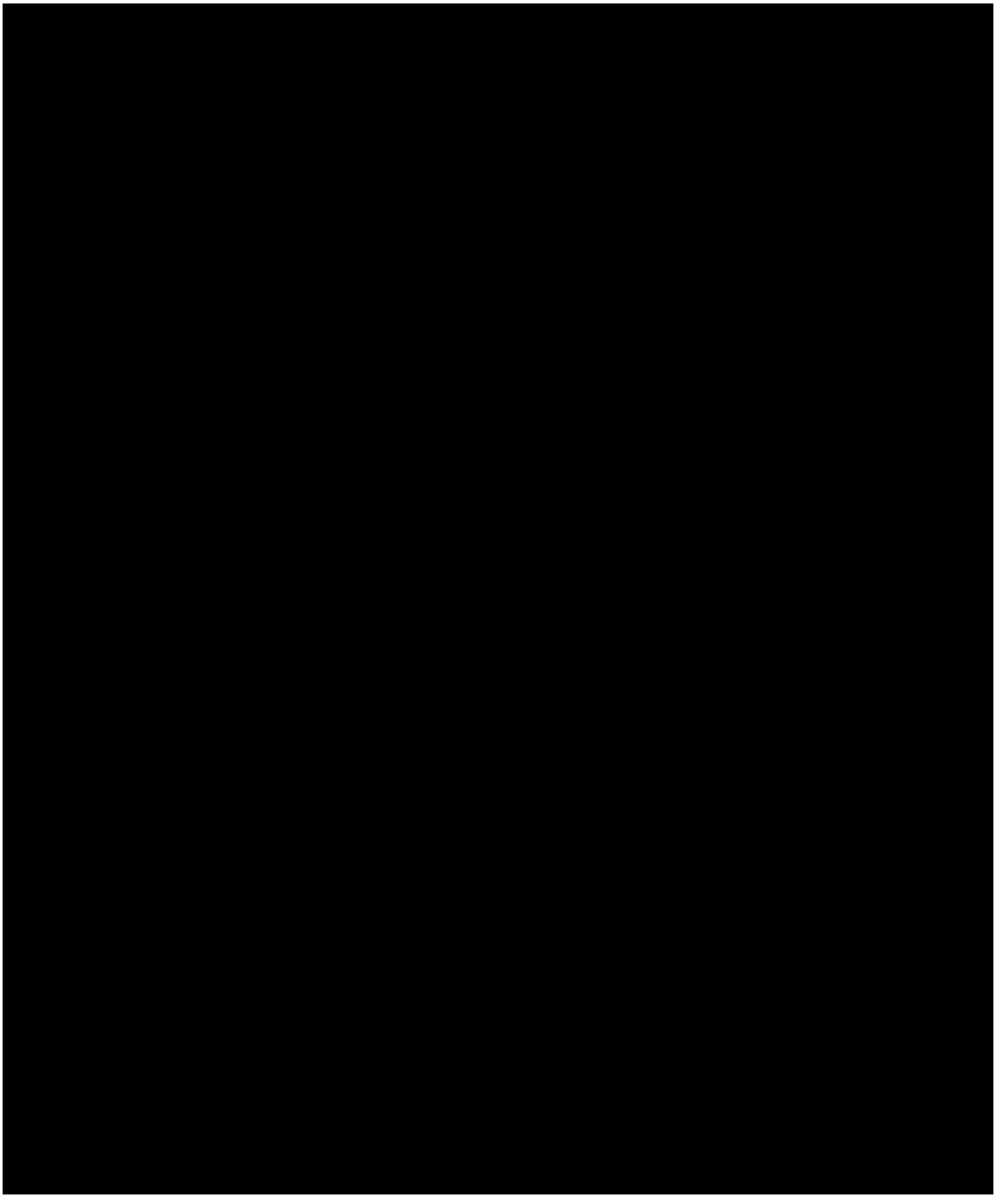


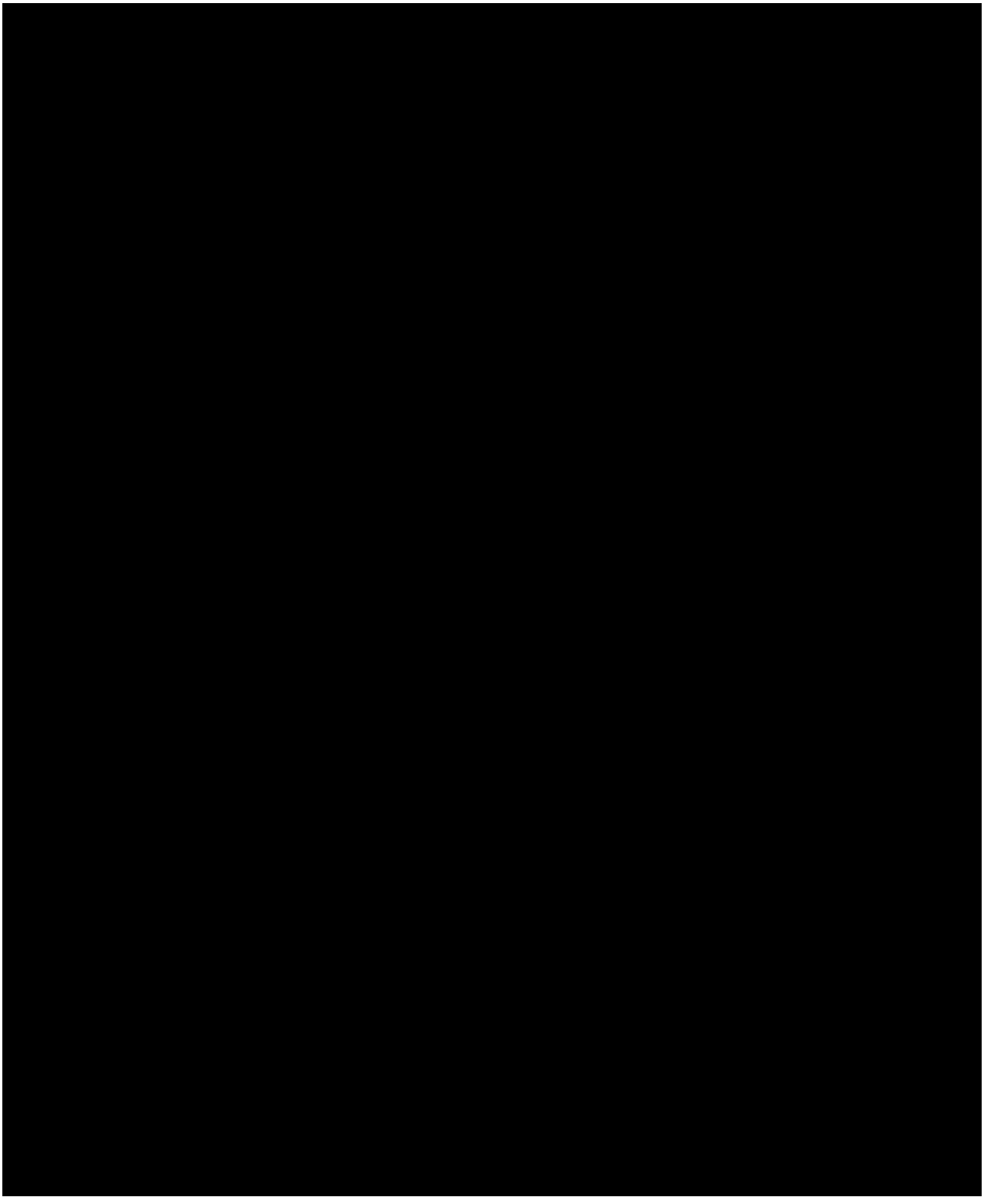


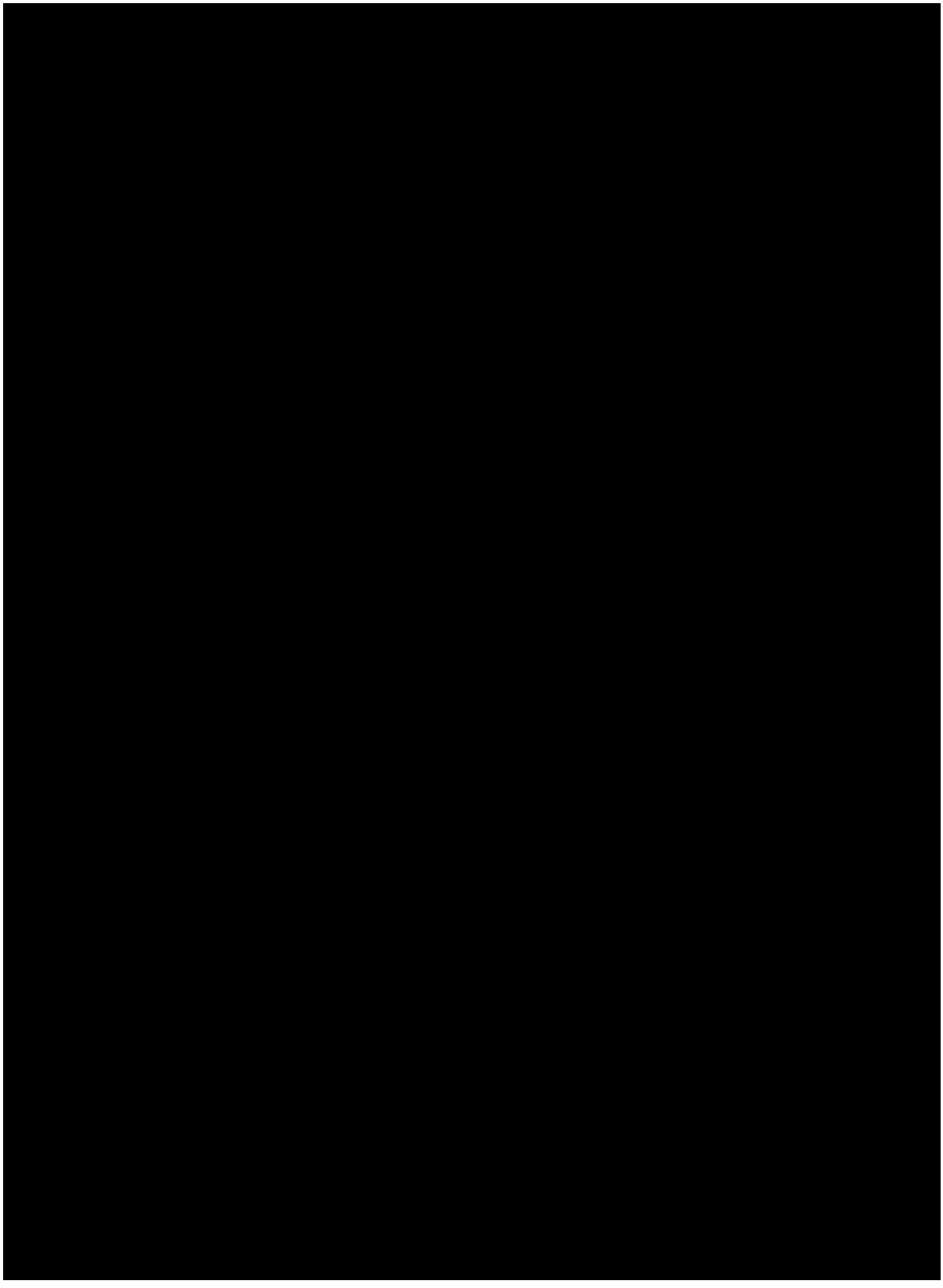


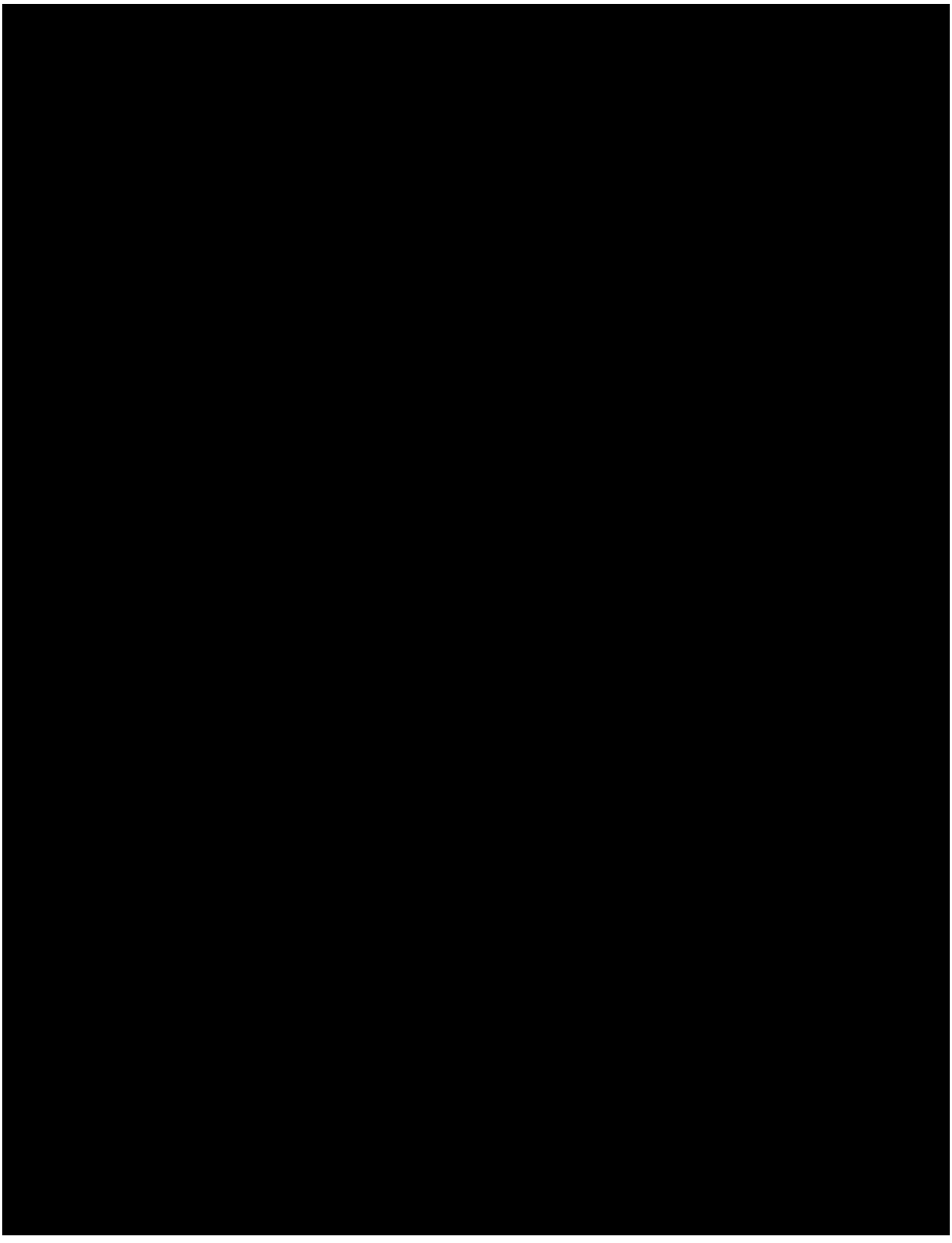


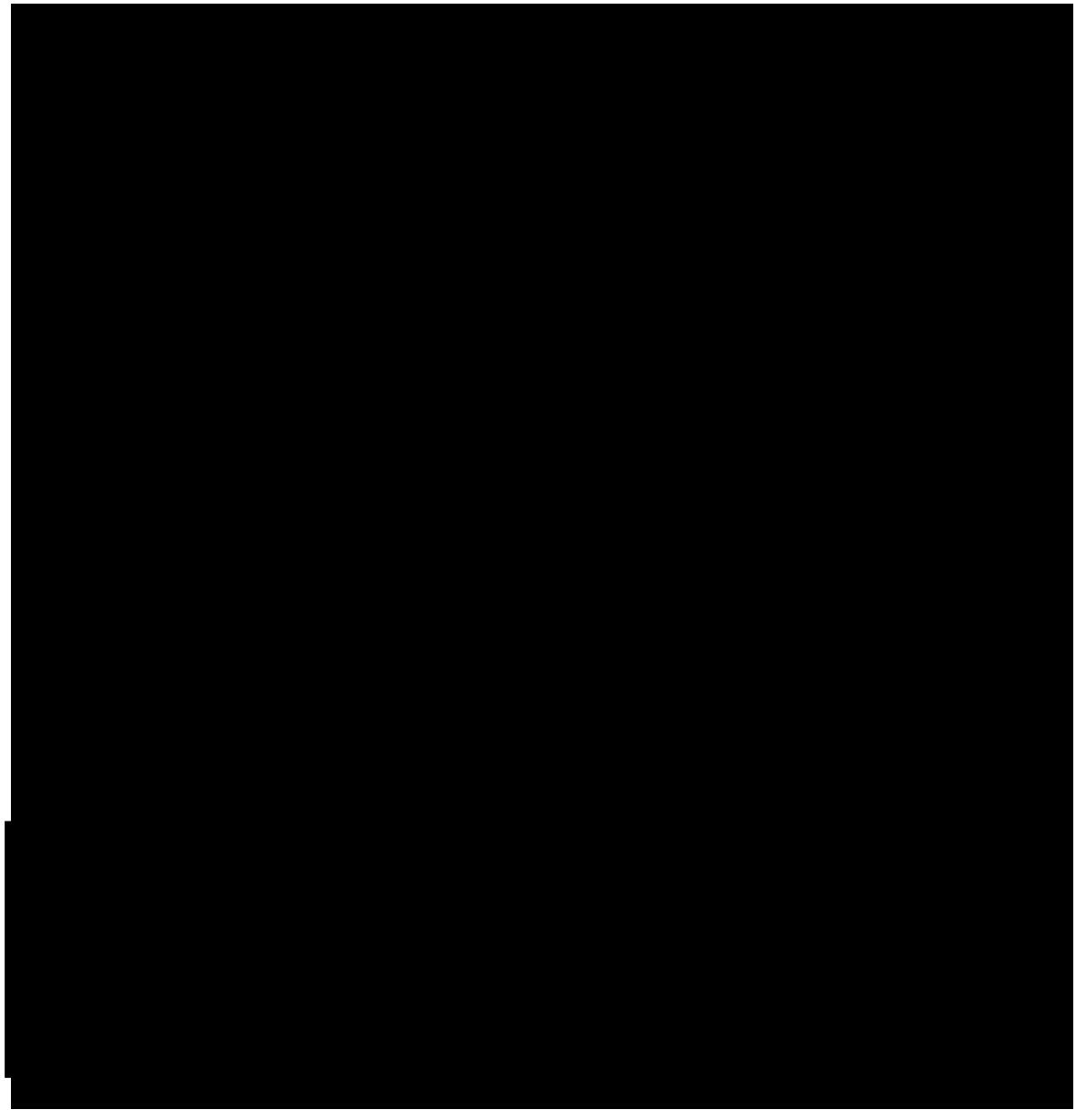


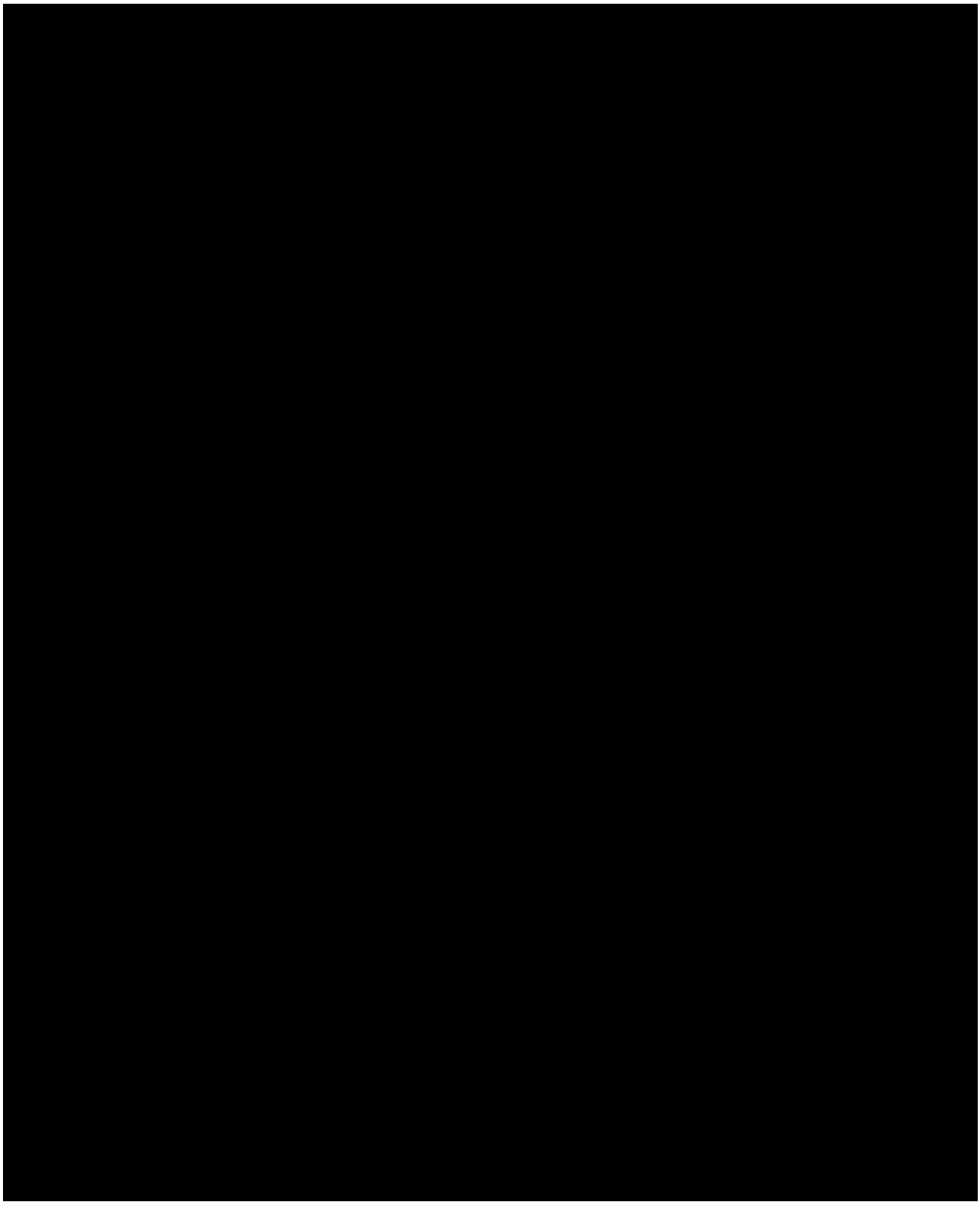


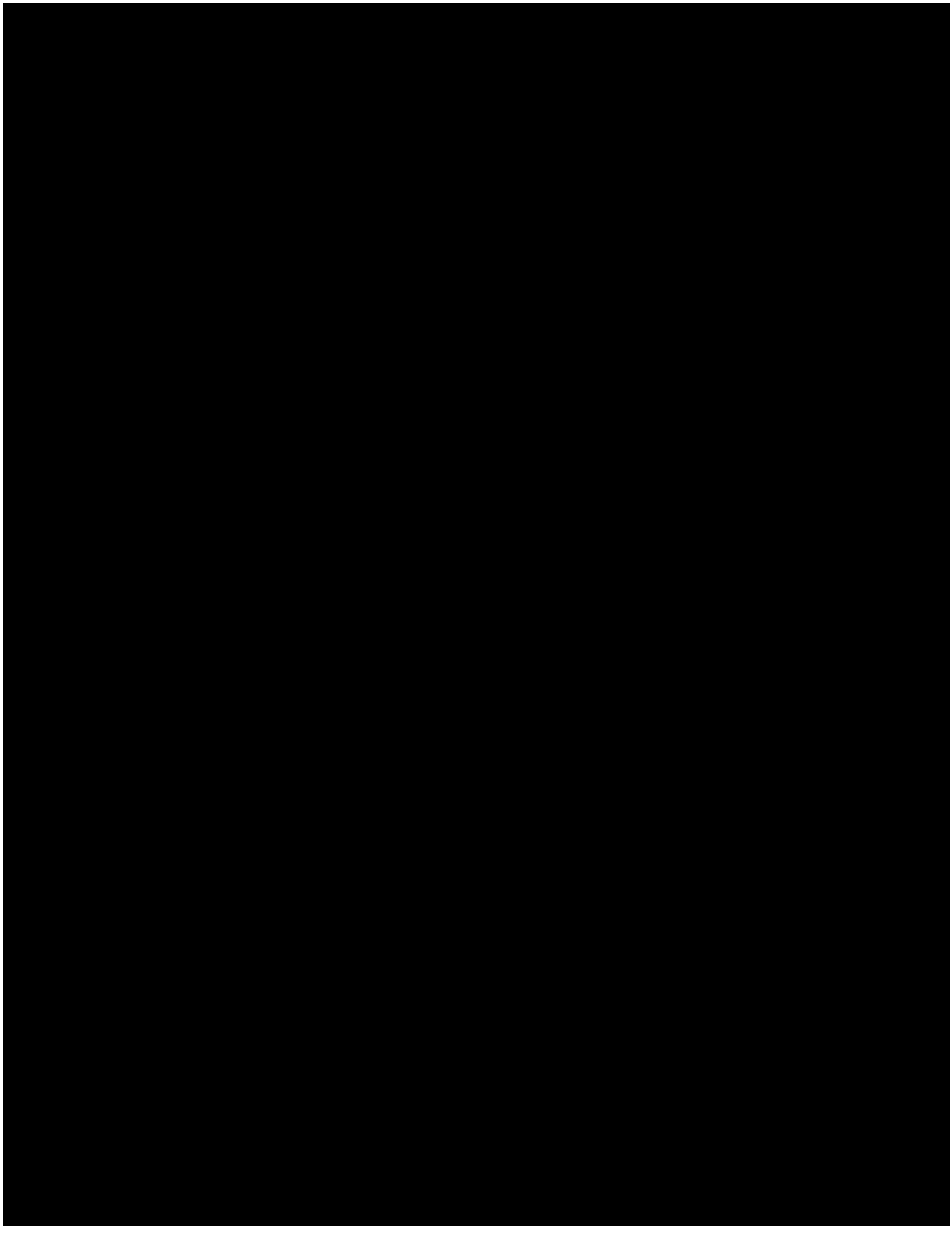


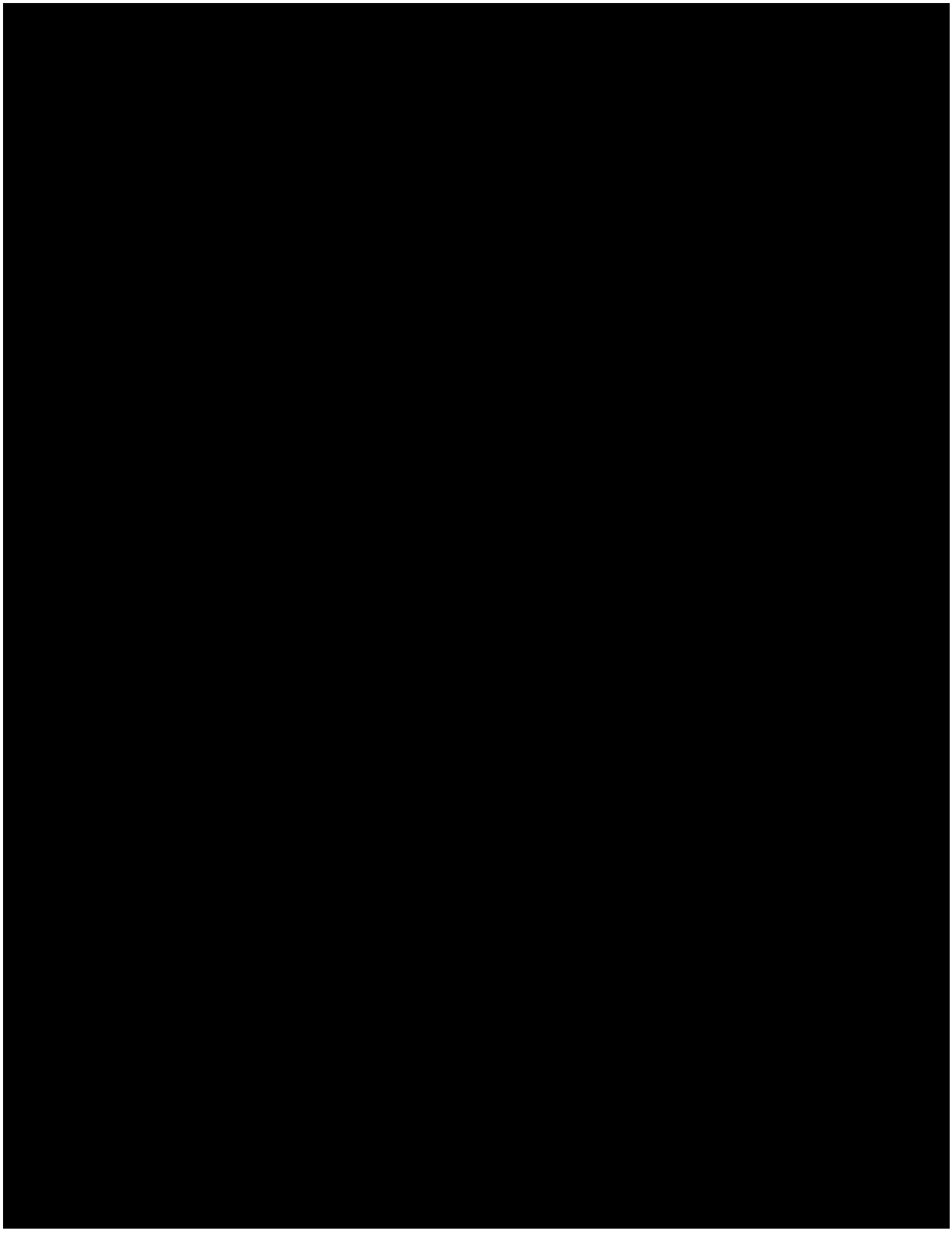


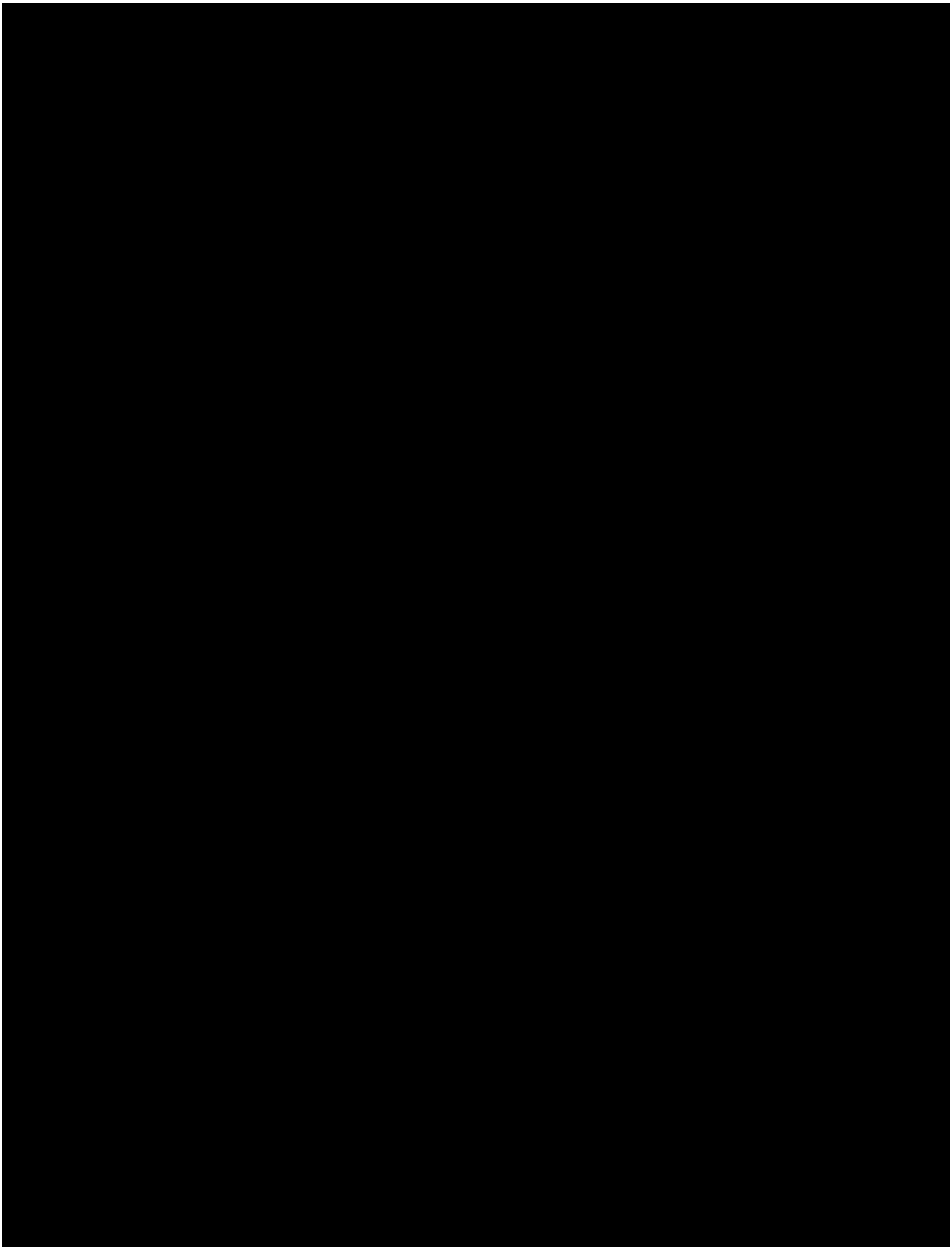


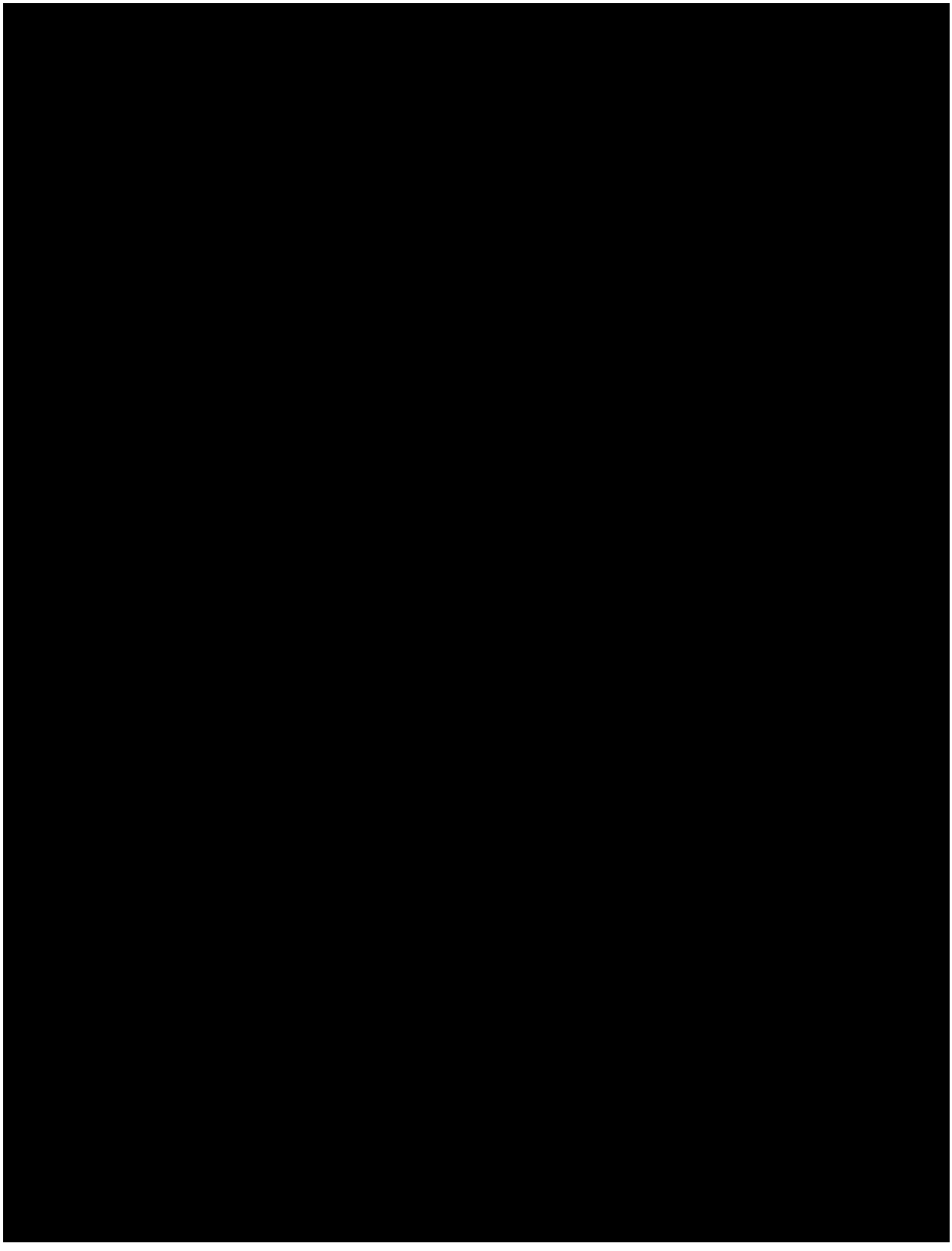


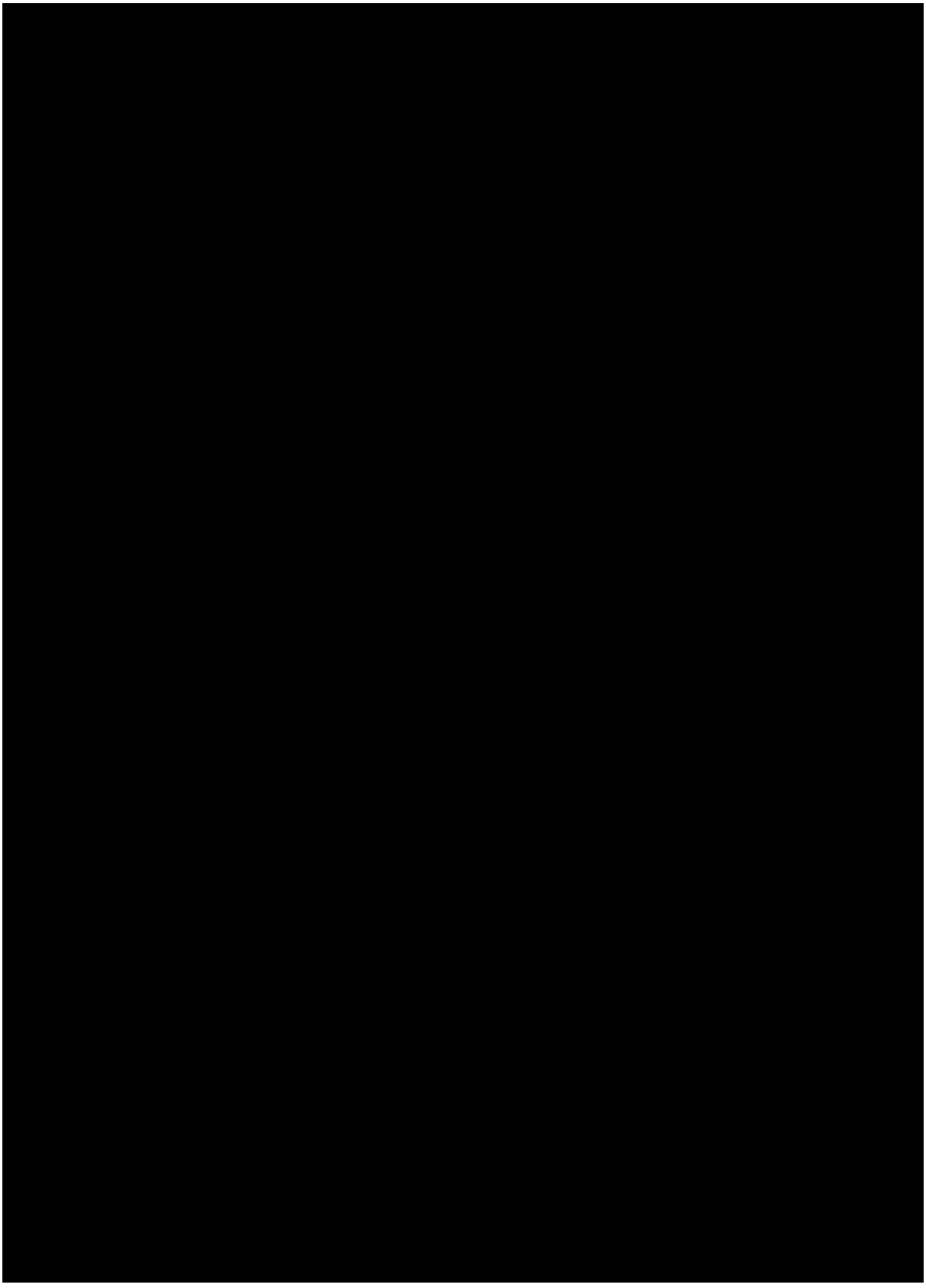


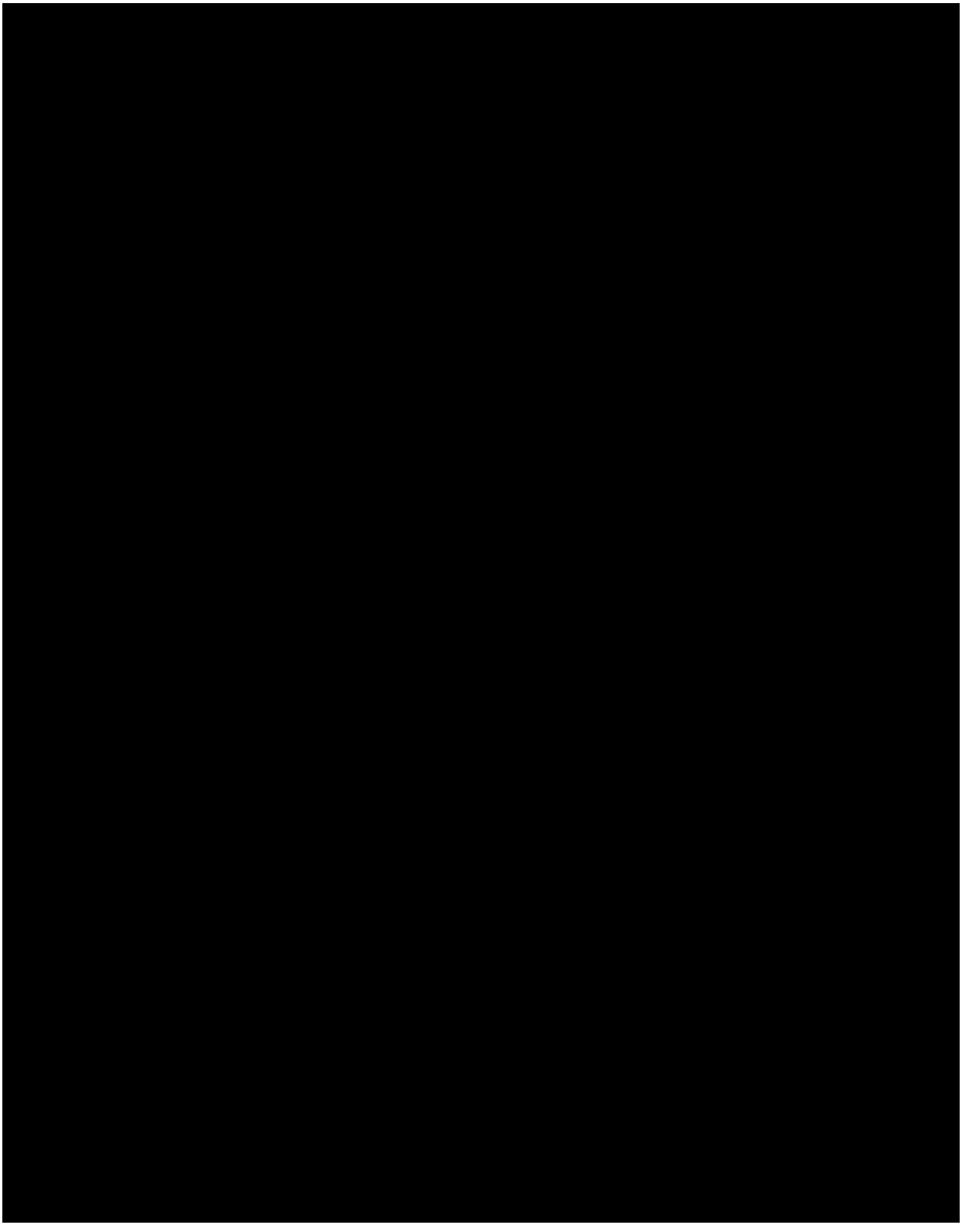












[redacted]

[redacted]

[redacted]

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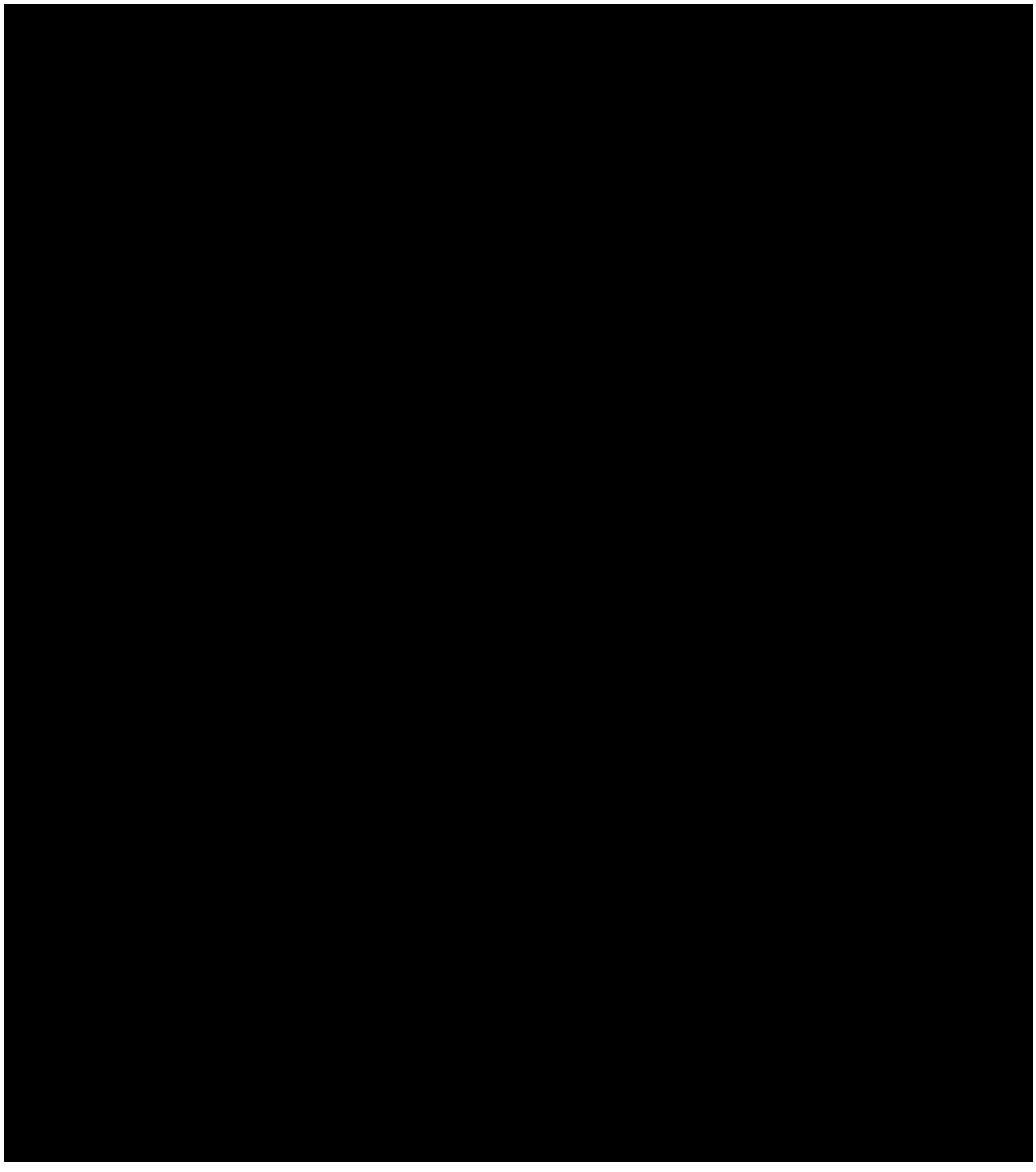

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Re: Medscape follow-up on SOC8

From: Dr. Marci Bowers [redacted]
To: [redacted]
Cc:
Date: Fri, 30 Sep 2022 21:02:26 -0400

Hi Shane and all—
I'll respond in the body of the piece. I hope that we can keep this intact, not watered down.

[redacted]

On Sep 30, 2022, at 10:44 AM, [redacted] > wrote:

Hi Marci,

I think [redacted] suggested this but just wanted to follow up. If you want to take a shot at the questions below and zip them back to me, I can review and give the thumbs up before responding to the reporter. Confirming a deadline with her now and will loop back with you. No pressure to answer all of these questions, of course.

Talk soon,
[redacted]

> Would you be able to discuss the process behind not offering recommendations on specific ages at which surgeries could/should be performed? It seemed like a reversal from the draft. Is it about leaving the decision between patient, family, and physician? Or is there any connection with what appears to be a growing backlash in certain places to gender-affirming surgeries--such as the furor set off by Libs of TikTok and its incitement of action against Boston Children's Hospital (and others) and against surgeons who perform gender-affirming procedures, specifically with regard to minors.

SOC 8 was created as the most evidence and concensus-based document in its history. Prior to its September 2022 release, this included an atmosphere of transparency that included a draft open public comment period in May. That commentary was considered along with ongoing discussion amongst the WPATH scientific and clinical community in addition to organizations and allies whose

patients are potentially impacted by the SOC including the AAP and many others. The consensus document, rather than settling on specific minimum ages, ultimately chose to re-emphasize the individual patient-specific guidelines previously in place which are not one-size-fits-all. Although a distraction, the outside backlash and counterproductive optics like TikTok videos did not influence the SOC8. That said, I will personally tell you that I was worried that setting specific age minimums could potentially serve to condone unscrupulous schemes like TikTok or premature intervention by practitioners who practice outside the thorough treatment and evaluation processes encouraged by SOC8.

> There also was no recommended age for cross sex hormones, aside from Tanner stage 2. The draft SOC8 suggested 14 as a starting point.

Again, An individualized approach is the implication here. The Endocrine Society Clinical Practice Guidelines from 2017 also do not suggest a minimum age for starting cross-sex HRT, meaning both documents are in agreement. Treatment of these patients is unique to each individual.

> We'd also like your thoughts on the fact that SOC8 references Lisa Littman's 2018 paper, and acknowledges the recent large increase in trans-identifying youth, but does not describe it, as Litmman does, as 'rapid-onset gender dysphoria (ROGD).' Is this WPATH's nod towards recognizing the potential existence of this phenomenon?

I asked this question of the authors myself as there are many in the field who feel that ROGD is a poorly conceived (and methodologically unsound) theory based upon interviews with parents of transgender individuals. To parents, every transition seems rapid onset because only rarely do they see it coming—most TGD people, especially adolescents, keep these secret feelings from their parents. When they are told, parents understandably feel it is ‘rapid onset’. If the question is 'does social contagion or peer influence play a role in the rise in TGD incidence?', I would again state ’no’. Rather than discount the identities of TGD individuals, clinicians and families need to understand that this is a generational shift in how gender is perceived—and that this rise in numbers is real. The inputs to gender identity are many including—but not limited to---birth anatomy, circulating hormones (men and women *normally* share both estrogen and testosterone), the environment, chromosomes, past trauma, even diet and past experience. What the current generation is insisting is that a designation of gender utilizing only two choices, male and female---assigned solely based upon birth anatomy---is limiting, regressive and sometimes completely wrong.

> Also, lastly, can you comment on the SOC8 conclusions on regret and detransition?

SOC8 does address detransition/regret as it is a low but present reality for *any medical or surgical treatment* known to medicine. Knee replacement has many cases of regret as does chemotherapy, any type of plastic surgery, hysterectomy, any surgery——and yet the media does not question the validity of those other interventions like is done with transgender medicine and surgery. The reality is that these instances of regret or detransition among TGD persons, while hyped and dwelled upon by media skeptics, are incredibly rare, less than 1% in any series. There are claims that those who change their minds are numerous and hiding somewhere, evident online or in forums or support groups. WPATH seeks to know these individuals, to quantify these numbers and to provide support for those who need it. We cannot be blind to those who suffer. The reality is, suffering comes to the transgender community, not due to regret or indecision but as a result of the atmosphere of hostility that is generated by those who question the authenticity of TGD feelings, doubt the rise in numbers, propose barriers to care, denial of basic rights, limits to medical treatment and indifference to those who live their lives outside of binary gender norms. If there is compassion within the medical field, it should be towards expansion of access to care, not limits.

From: Dr. Marci Bowers [redacted]
Sent: Wednesday, September 28, 2022 4:56 PM
To: [redacted]
Cc: [redacted]
Subject: Re: Medscape follow-up on SOC8

yup ok, happy to do that

Kindly.....

Marci Bowers MD
WPATH President
Trevor Project Board of Directors

[redacted]

Standing tall in times of darkness

> On Sep 28, 2022, at 1:54 PM, [redacted] wrote:
>
> it came "out" well... I meant...
>
> > On Sep 28, 2022, at 4:29 PM, [redacted] wrote:
> >
> > Just resending my thoughts from before:
> >
> > As we did in the past, I would suggest that any interviews with Medscape be done by emailing responses.
> >
> > Here is the article we worked on with them about Tik Tok advertising etc. We responded to emailed questions for this piece and it came it well.
> >
> > ***Medscape***
> > **Gender Surgeons on TikTok, Instagram: Appropriate or Not?**
> > https://www.medscape.com/viewarticle/976863
> >
> > [redacted] is going to start taking the lead on all things PR this week, as my last day with WPATH is Friday, September 30th.
> >
> > I will just chime in with my past knowledge to help inform decisions.
> >
> > Thank you!
> >
> > [redacted]

> On Sep 28, 2022, at 4:24 PM, Dr. Marci Bowers [redacted] wrote:
>
> what do you think?
>
> Kindly.....
>
> Marci Bowers MD
> WPATH President
> Trevor Project Board of Directors
>
> [redacted]
>
> *Standing tall in times of darkness*
>
> Begin forwarded message:
>
> **From:** "Dr. Marci Bowers" [redacted]
> **Date:** September 27, 2022 at 3:37:13 PM PDT
> **To:** [redacted]
> **Subject: Re: Medscape follow-up on SOC8**
>
> as you've done…
> let me know asap, this is part of my new role
>
> Kindly.....
>
> Marci Bowers MD
> WPATH President
> Trevor Project Board of Directors
>
> [redacted]
>
> *Standing tall in times of darkness*
>
> > On Sep 27, 2022, at 3:20 PM, [redacted] wrote:
> >
> > Hi Marci,
> >
> > I received this inquiry and wanted to know how you would like to proceed.
> > Thank you.
> >
> > Best,
> > [redacted]

---------- Forwarded message
From: **Alicia Ault** [redacted]
Date: Tue, Sep 27, 2022 at 3:13 PM
Subject: Medscape follow-up on SOC8
To: Dr. Marci Bowers [redacted]

Dr. Bowers -- I'm wondering if you'd have time this week or next to speak with me about the SOC8 for a follow-up article I'm doing for Medscape Medical News. I have pasted below my signature the initial story we wrote about SOC8.

We are very interested in your input for this follow-up piece.

Would you be able to discuss the process behind not offering recommendations on specific ages at which surgeries could/should be performed? It seemed like a reversal from the draft. Is it about leaving the decision between patient, family, and physician? Or is there any connection with what appears to be a growing backlash in certain places to gender-affirming surgeries--such as the furor set off by Libs of TikTok and its incitement of action against Boston Children's Hospital (and others) and against surgeons who perform gender-affirming procedures, specifically with regard to minors.

There also was no recommended age for cross sex hormones, aside from Tanner stage 2. The draft SOC8 suggested 14 as a starting point.

We'd also like your thoughts on the fact that SOC8 references Lisa Littman's 2018 paper, and acknowledges the recent large increase in trans-identifying youth, but does not describe it, as Litmman does, as 'rapid-onset gender dysphoria (ROGD).' Is this WPATH's nod towards recognizing the potential existence of this phenomenon?

Also, lastly, can you comment on the SOC8 conclusions on regret and detransition?

The interview could be by phone, and should take about 20 minutes. I'm in the eastern time zone, but have some flexibility to do evening calls, depending on the day.

Thanks for your consideration. I look forward to hearing from you.

Best, Alicia
Alicia F. Ault
[redacted]
on Twitter [redacted]

WPATH Removes Age Limits From Transgender Treatment Guidelines

Lisa Nainggolan

September 16, 2022

Long-awaited global transgender care guidelines have dropped, with no recommendations regarding age limits for treatment and surgery in teenagers but acknowledging the complexity of dealing with such adolescents amid lack of longitudinal research on the impact of transitioning gender.

The World Professional Association of Transgender Health (WPATH) published its latest standards of care (SOC) 8 as it opens its annual meeting today in Montreal.

These are "the most comprehensive set of guidelines ever produced to assist health care professionals around the world in support of transgender and gender diverse adults, adolescents, and children who are taking steps to live their lives authentically," wrote WPATH President Walter Bouman, MD, PhD, and WPATH President Elect Marci Bowers, MD, in a news release.

The SOC8 is the first update to guidance on the treatment of transgender individuals in 10 years and appears online in the *International Journal of Transgender Health.*

For the first time, the association wrote a chapter dedicated to transgender and gender-diverse adolescents — distinct from the child chapter.

The Complexity of Treating Adolescents

WPATH officials said that this was owed to exponential growth in adolescent referral rates, more research on adolescent gender diversity–related care, and the unique developmental and care issues of this age group.

Until recently, there was limited information regarding the prevalence of gender diversity among adolescents. Studies from high-school samples indicate much higher rates than was earlier thought, with reports of up to 1.2% of participants identifying as transgender and up to 2.7% or more (eg, 7%-9%) experiencing some level of self-reported gender diversity, WPATH says.

The new chapter "applies to adolescents from the start of puberty until the legal age of majority (in most cases 18 years)," it states.

However, WPATH did not go as far as to recommend lowering the age at which youth can receive cross-sex hormone therapy or gender-affirming surgeries, as earlier decreed in a draft of the guidelines. That draft suggested that young people could receive hormone therapy at age 14 years and surgeries for double mastectomies at age 15 years and for genital reassignment at age 17 years.

The exception was phalloplasty — surgery to construct a penis in female-to-male individuals — which WPATH stressed should not be performed under the age of 18 years owing to its complexity.

Now, the final SOC8 emphasizes that each transgender adolescent is unique, and decisions must be made on an individual basis, with no recommendations on specific ages for any treatment. This could be interpreted in many ways.

The SOC8 also acknowledges the "very rare" regret of individuals who have transitioned to the opposite gender and then changed their minds. "[Healthcare] Providers may consider the possibility an adolescent may regret gender-affirming decisions made during adolescence, and a young person will want to stop treatment and return to living in the birth-assigned gender role in the future. Providers may discuss this topic in a collaborative and trusting manner with the adolescent and their

parents/caregivers before gender-affirming medical treatments are started," it states.

WPATH, in addition, stressed the importance of counselling and supporting regretting patients, many who "expressed difficulties finding help during their detransition process and reported their detransition was an isolating experience during which they did not receive either sufficient or appropriate support."

Although it doesn't put a firm figure on the rate of regret overall, in its chapter on surgery, WPATH estimates that 0.3%-3.8% of transgender individuals regret gender-affirming surgery.

SOC8 also acknowledges "A pattern of uneven ratios by assigned sex has been reported in gender clinics, with assigned female-at-birth patients initiating care 2.5-7.1 times more frequently" than patients who were assigned male at birth.

And WPATH states in SOC8 that another phenomenon is the growing number of adolescents seeking care who had not previously experienced or expressed gender diversity during their childhood years.

It goes on to cite the 2018 paper of Lisa Littman MD, MPH, now president of the Institute for Comprehensive Gender Dysphoria Research (ICGDR). Littman coined the term, "rapid-onset gender dysphoria (ROGD)" to describe this phenomenon; SOC8 refrains from using this phrase, but does acknowledge, "For a select subgroup of young people, susceptibility to social influence impacting gender may be an important differential to consider."

SOC8 recommends that before any medical or surgical treatment is considered, healthcare professionals "undertake a comprehensive biopsychosocial assessment of adolescents who present with gender identity-related concerns and seek medical/surgical transition-related care."

And it specifically mentions that transgender adolescents "show high rates of autism spectrum disorder (ASD)/characteristics," and notes that "other neurodevelopmental presentations and/or mental health challenges may also be present, (e.g., ADHD [attention-deficit/hyperactivity disorder], intellectual disability, and psychotic disorders)."

Who Uses WPATH to Guide Care? This Is 'a Big Unknown'

WPATH is an umbrella organization with offshoots in most Western nations, such as USPATH in the United States, EPATH in Europe, and AUSPATH and NZPATH in Australia and New Zealand.

However, it is not the only organization to issue guidance on the care of transgender individuals; several specialities take care of this patient population, including, but not limited to: pediatricians, endocrinologists, psychiatrists, psychologists and plastic surgeons.

The extent to which any healthcare professional, or professional body, follows WPATH guidance is extremely varied.

"There is nothing binding clinicians to the SOC, and the SOC is so broad and vague that anyone can say they're following it but according to their own biases and interpretation," Aaron Kimberly, a trans man and mental health clinician from the Gender Dysphoria Alliance told *Medscape Medical News*

In North America, some clinics practice full "informed consent" with no assessment and prescriptions at the first visit, Kimberly said, whereas others do comprehensive assessments.

"I think SOC should be observed. It shouldn't just be people going rogue," Erica Anderson, a clinical psychologist in Berkeley, California, former president of USPATH, and former member of WPATH, who is herself

transgender, told *Medscape Medical News*. "The reason there are standards of care is because hundreds of scientists have weighed in — is it perfect? No. We have a long way to go. But you can't just ignore whatever it is that we know and let people make their own decisions."

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Fwd: Medscape follow-up on SOC8

From: Scott Leibowitz [redacted]
To: [redacted]
Date: Mon, 03 Oct 2022 09:32:06 -0400

See if you can follow the chain below, which technically I don't have current permission to share with anyone so please keep this to yourself. I'm hoping Marci takes my cue that we need to be coordinated with the messaging, and the first step would be her sharing my responses with you/[redacted] (if she hasn't done so already), and then having a meeting ASAP to discuss media PR strategy. I'm extremely worried.

Thanks,
Scott

---------- Forwarded message ---------
From: **Scott Leibowitz** <[redacted]
Date: Mon, Oct 3, 2022 at 9:29 AM
Subject: Re: Medscape follow-up on SOC8
To: Dr. Marci Bowers [redacted]

Hi Marci,

Thanks, I'm glad this was helpful. I think it would be very important to convey these responses not only to [redacted] so he is in the loop, but the entire team so that we are all being consistent and coordinated with the same message/responses. In addition to balancing what you feel to be true with what we need to say, we also need to ensure that none of us say something that could potentially lead to fracturing and inadvertent negative outcomes about how SOC is used/portrayed.

Thanks,
Scott

On Mon, Oct 3, 2022 at 4:44 AM Dr. Marci Bowers [redacted] wrote:

> scott— super helpful. this will redirect some of my responses when submitting a final response. it is a balancing act between what i feel to be true and what we need to say.
>
> Kindly.....
>
> Marci Bowers MD
> WPATH President
> Trevor Project Board of Directors
> [redacted]

On Oct 2, 2022, at 5:58 PM, Scott Leibowitz [redacted] wrote:

Hi Marci,

Hanging in there now that I'm back in full swing/stress, although I must say that I really loved the time in Montreal! Great seeing you! Thank you again for approaching me with this. It is definitely good for us to all be on the same page with how we are approaching these questions, and so that we reflect the true intention of the Adolescent chapter of the SOC. And so with that, you'll notice that I took a fair amount of time providing you with both feedback about your responses (in highlighted yellow) and suggestions for alternative responses (in blue) for you to consider- scroll down. I mean no disrespect to you whatsoever by providing alternative suggestions! It's just that we've just been navigating the nuance of all of this for five years and so the suggestions are hopefully meant to give you an idea about how we experts in identity development and adolescent decision-making frame our responses to some of these really controversial issues (e.g. ages, ROGD, social influence, etc.). I realize some of my responses may be too wordy (welcome to being a psychiatrist!) especially coming from a surgeon (sorry to put you in a box!), so feel free to finagle in a way that feels authentic for you. That or feel free to completely use how I worded things if you like. It might be good to talk about all of this in our upcoming meeting, whenever that is.

Anyways, hope you find this helpful. Thank you for being an emissary for our important chapter! I'm really pressuring my hospital to let me speak to relevant media outlets if that's what will help send a positive and informative message about the SOC. Call or text me if you need to pick my brain about how to frame adolescent issues in the future.

Scott

Scott Leibowitz, MD
Child and Adolescent Psychiatrist | Nationwide Children's Hospital, Columbus, OH
Medical Director of Behavioral Health | THRIVE (gender and sex development) program | he/him/his
Associate Clinical Professor | The Ohio State University College of Medicine
[redacted]

On Fri, Sep 30, 2022 at 9:10 PM Dr. Marci Bowers [redacted] wrote:

Hi Scott—

I am just forwarding this on to you….you can respond directly to me but allow me to finish the interview below——I just want to be true and transparent since there is a question specifically relating to your chapter and that my response does it justice. The interview is not completed yet so if there is anything you see that is egregious….

Otherwise, how are you????

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

Pronouns: She/her
[redacted]

[redacted]

Administrative office: PO Box 1044
Trinidad, CO 81082

Begin forwarded message:

From: "Dr. Marci Bowers" [redacted]
Subject: Re: Medscape follow-up on SOC8
Date: September 30, 2022 at 6:02:26 PM PDT
To: [redacted]g>
Cc: [redacted]Marci Bowers [redacted]

Hi Shane and all—
I'll respond in the body of the piece. I hope that we can keep this intact, not watered down.

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

Pronouns: She/her

[redacted]

On Sep 30, 2022, at 10:44 AM, [redacted]> wrote:

Hi Marci,

I think [redacted] suggested this but just wanted to follow up. If you want to take a shot at the questions below and zip them back to me, I can review and give the thumbs up before responding to the reporter. Confirming a deadline with her now and will loop back with you. No pressure to answer all of these questions, of course.

Talk soon,
[redacted]

> Would you be able to discuss the process behind not offering recommendations on specific ages at which surgeries could/should be performed? It seemed like a reversal from the draft. Is it about leaving the decision between patient, family, and physician? Or is there any connection with what appears to be a growing backlash in certain places to gender-affirming surgeries--such as the furor set off by Libs of TikTok and its incitement of action against Boston Children's Hospital

(and others) and against surgeons who perform gender-affirming procedures, specifically with regard to minors.

Marci initial response:
SOC 8 was created as the most evidence and concensus-based document in its history. Prior to its September 2022 release, this included an atmosphere of transparency that included a draft open public comment period in May. That commentary was considered along with ongoing discussion amongst the WPATH scientific and clinical community in addition to organizations and allies whose patients are potentially impacted by the SOC including the AAP and many others. The consensus document, rather than settling on specific minimum ages, ultimately chose to re-emphasize the individual patient-specific guidelines previously in place which are not one-size-fits-all. Although a distraction, the outside backlash and counterproductive optics like TikTok videos did not influence the SOC8. That said, I will personally tell you that I was worried that setting specific age minimums could potentially serve to condone unscrupulous schemes like TikTok or premature intervention by practitioners who practice outside the thorough treatment and evaluation processes encouraged by SOC8.

Feedback:
I like elements of your statement a lot, whereas others it might be a good idea to avoid. For example, I don't think we should specifically name the AAP or necessarily emphasize/point out outside organization influence (unless asked specifically). I also would re-consider whether it's necessary to bring up Tik Tok or other unnecessary subjects in response to the age removal question. Rather, the adolescent chapter workgroup thinks that employing a strategy that redirects emphasis to the recommendations themselves (what *is* in the chapter) brings the attention *away from age* and *back to content* in the chapter that we *do* want to emphasize. By focusing on age minimums, right-wingers have successfully created a distraction from the all the other more-cautious/balanced criteria, and this cherry-picking tactic seems to be their M.O. (focus on the one thing that promotes their cause). Therefore, I think our counter will and always should be to redirect to what the SOC chapter *does do* instead of focusing in on what it *doesn't* (in this case age minimums). Also, in the very final discussion about ages, our committee (with [redacted], Eli, Asa, and Jon's agreement) agreed to publish the omitted statement on ages in a separate forum/paper (e.g. an insurance supplement) which we are planning on doing at some point in the future. Therefore, we don't want to say anything that inadvertently shoots ourselves in the foot and contradicts that future paper.

Suggested edits for consideration:
SOC 8 was created as the most evidence and consensus-based document in its history and serves a global audience. Prior to its September 2022 release, this included an atmosphere of transparency that included a draft open public comment period in May. That commentary was considered along with ongoing discussion amongst the WPATH scientific and clinical community factoring in feedback from organizations and allied professionals across the world, whose patients are potentially impacted by the SOC. We believe that the final version of the recommendations in the adolescent chapter continue to protect the integrity of the decision-making process for families in a responsible and ethical manner. The recommendations reflect the importance of 1) doing a comprehensive assessment to understand individualized care needs, 2) involving parents and guardians in the process, 3) prioritizing any *interfering* mental health related needs, 4) appreciating the degree of maturity with which the young person makes a decision, and 5) taking an individualized, culturally-sensitive and developmentally-informed approach. Arbitrary age minimums only served as an unhealthy distraction away from these other pragmatic and important factors impacting the decision-making

process. Therefore we believe that, when followed, providers can feel confident that the SOC will guide them to provide compassionate, ethical, and responsible care during this crucial stage of development for young trans and gender diverse people across the world.

> There also was no recommended age for cross sex hormones, aside from Tanner stage 2. The draft SOC8 suggested 14 as a starting point.

Marci initial response:

> Again, An individualized approach is the implication here. The Endocrine Society Clinical Practice Guidelines from 2017 also do not suggest a minimum age for starting cross-sex HRT, meaning both documents are in agreement. Treatment of these patients is unique to each individual.

Feedback:
I like this, and I think we can emphasize a bit more of a developmental approach as well since that resonates with child/adolescent specialists and parents. Also, the Endocrine Guidelines in 2017 do state 16 years old is a minimum age by which the literature suggests adolescents have decision-making capacity for longterm decisions with high implications. They also say that, "in compelling individual cases" going down to 14 or 13.5 may be appropriate but that there is insufficient longitudinal data to support that. So I think we may want to consider re-phrasing.

Suggestion:
The recommendations for adolescent care in the SOC balance the evidence, ethics, *and* developmental needs of young people. Age 14 is a time when most young people are entering high school with peers who are all experiencing physical changes, and so therefore considering treatment at this age, while meeting all of the other criteria, serves to balance: 1) waiting for a sufficient period of time to clarify their own understanding of their medically-necessary gender treatment needs, with 2) not arbitrarily delaying their medically-necessary right to experience physical changes at the same general timeframe as their cisgender peers. This is why we believe the recommendations help providers think about treatment through a developmental lens and believe it is consistent with the Endocrine Society Guidelines of 2017 which state that providers can initiate treatment at that age with a clinically compelling reason.

> We'd also like your thoughts on the fact that SOC8 references Lisa Littman's 2018 paper, and acknowledges the recent large increase in trans-identifying youth, but does not describe it, as Litmman does, as 'rapid-onset gender dysphoria (ROGD).' Is this WPATH's nod towards recognizing the potential existence of this phenomenon?

Marci initial response:

I asked this question of the authors myself as there are many in the field who feel that ROGD is a poorly conceived (and methodologically unsound) theory based upon interviews with parents of transgender individuals. To parents, every transition seems rapid onset because only rarely do they see it coming—most TGD people, especially adolescents, keep these secret feelings from their parents. When they are told, parents understandably feel it is 'rapid onset'. If the question is 'does social contagion or peer influence play a role in the rise in TGD incidence?', I would again state 'no'. Rather than discount the identities of TGD individuals, clinicians and families need to understand that this is a generational shift in how gender is perceived—and that this rise in numbers is real. The inputs to gender identity are many including—but not limited to---birth anatomy, circulating hormones (men and women *normally* share both estrogen and testosterone), the environment, chromosomes, past trauma, even diet and past experience. What the current generation is insisting is that a designation of gender utilizing only two choices, male and female---assigned solely based upon birth anatomy---is limiting, regressive and sometimes completely wrong.

Feedback:
Whenever the issue of ROGD comes up, I think it's easy to punt to the WPATH Statement on ROGD and perhaps re-state what is in that statement. I'd suggest *not* bringing up any clinical scenarios in this response (e.g. stating that every transition seems rapid-onset for parents), because it provides a one-size-fits-all response when we are always emphasizing the importance of individualized care. Some might see that as defensive when there's no reason to be defensive. What Littman unfortunately did is put a name/acronym to something (after poorly studying it) that gives the right-wing a *thing* to use to justify their position that care shouldn't ever be given in adolescence. However, what is true for anyone who works with adolescents is that social factors are indeed an aspect of identity development for adolescents, and some young people are more influenced than others, which can be both positive (need to be surrounded by like-minded peers for love and support) and/or negative (can sometimes impact more vulnerable or susceptible young people to adopt an exploration process that might not be authentic for them). Now we don't need to say that, but I think a possible approach to ROGD questions should involve a "no duh, what else is new.....of course social factors influence an adolescent's wellbeing! AND it is important to get treatment to those who need it" type of response.

WPATH Position statement on ROGD:
https://www.wpath.org/media/cms/Documents/Public%20Policies/2018/9_Sept/WPATH%20Position%20on%20Rapid-Onset%20Gender%20Dysphoria_9-4-2018.pdf

Suggested response:
WPATH issued a position statement on "ROGD" when the misleading acronym first made its way to the public in 2018 which is cited in the SOC and remains relevant today. It states that the term "Rapid Onset Gender Dysphoria" is not a medical entity recognized by any major professional association. It continues to say that WPATH asserts that knowledge of the factors contributing to gender identity development in adolescence is still evolving and not yet fully understood, so it is both premature and inappropriate to use official-sounding labels to create absolute conclusions about adolescent gender identity development. [CONSIDER PARAPHRASING OTHER STATEMENTS FROM THE POSITION STATEMENT]. The adolescent chapter in the SOC acknowledges that what is already a well-established fact about adolescent identity development, which is the importance of understanding how social factors impact emotional and psychological wellbeing. There are a myriad of ways in which social factors can impact young people, and the SOC emphasizes the importance of social

connectedness with affirming and accepting peers for the emotional and psychological wellbeing of trans and gender diverse youth.

> Also, lastly, can you comment on the SOC8 conclusions on regret and detransition?

Marci's response:

SOC8 does address detransition/regret as it is a low but present reality for *any medical or surgical treatment* known to medicine. Knee replacement has many cases of regret as does chemotherapy, any type of plastic surgery, hysterectomy, any surgery——and yet the media does not question the validity of those other interventions like is done with transgender medicine and surgery. The reality is that these instances of regret or detransition among TGD persons, while hyped and dwelled upon by media skeptics, are incredibly rare, less than 1% in any series. There are claims that those who change their minds are numerous and hiding somewhere, evident online or in forums or support groups. WPATH seeks to know these individuals, to quantify these numbers and to provide support for those who need it. We cannot be blind to those who suffer. The reality is, suffering comes to the transgender community, not due to regret or indecision but as a result of the atmosphere of hostility that is generated by those who question the authenticity of TGD feelings, doubt the rise in numbers, propose barriers to care, denial of basic rights, limits to medical treatment and indifference to those who live their lives outside of binary gender norms. If there is compassion within the medical field, it should be towards expansion of access to care, not limits.

Feedback:
NOT ENTIRELY RELEVANT FOR THE ADOLESCENT CHAPTER, BUT I LOVE YOUR RESPONSE

From: Dr. Marci Bowers [redacted]
Sent: Wednesday, September 28, 2022 4:56 PM
To:
Cc: [redacted]
Subject: Re: Medscape follow-up on SOC8

yup ok, happy to do that

Kindly.....

Marci Bowers MD
WPATH President
Trevor Project Board of Directors

[redacted]

Standing tall in times of darkness

On Sep 28, 2022, at 1:54 PM, [redacted] wrote:

it came "out" well... I meant...

On Sep 28, 2022, at 4:29 PM, [redacted] wrote:

Just resending my thoughts from before:

As we did in the past, I would suggest that any interviews with Medscape be done by emailing responses.

Here is the article we worked on with them about Tik Tok advertising etc. We responded to emailed questions for this piece and it came it well.

Medscape
Gender Surgeons on TikTok, Instagram: Appropriate or Not?
https://www.medscape.com/viewarticle/976863

[redacted] is going to start taking the lead on all things PR this week, as my last day with WPATH is Friday, September 30th.

I will just chime in with my past knowledge to help inform decisions.

Thank you!

[redacted]

On Sep 28, 2022, at 4:24 PM, Dr. Marci Bowers [redacted] wrote:

what do you think?

Kindly.....

Marci Bowers MD
WPATH President
Trevor Project Board of Directors
[redacted]

[redacted]

Standing tall in times of darkness

Begin forwarded message:

From: "Dr. Marci Bowers" [redacted]
Date: September 27, 2022 at 3:37:13 PM PDT
To: [redacted]
Subject: Re: Medscape follow-up on SOC8

as you've done…
let me know asap, this is part of my new role

Kindly.....

Marci Bowers MD
WPATH President
Trevor Project Board of Directors
[redacted]

Standing tall in times of darkness

> On Sep 27, 2022, at 3:20 PM, [redacted] wrote:
>
> Hi Marci,
>
> I received this inquiry and wanted to know how you would like to proceed. Thank you.
>
> Best,
> [redacted]
>
> ---------- Forwarded message ---------
> From: **Alicia Ault** [redacted]
> Date: Tue, Sep 27, 2022 at 3:13 PM
> Subject: Medscape follow-up on SOC8
> To: Dr. Marci Bowers [redacted]
>
> Dr. Bowers -- I'm wondering if you'd have time this week or next to speak with me about the SOC8 for a follow-up article I'm doing for Medscape Medical News. I have pasted below my signature the initial story we wrote about SOC8.

We are very interested in your input for this follow-up piece.

Would you be able to discuss the process behind not offering recommendations on specific ages at which surgeries could/should be performed? It seemed like a reversal from the draft. Is it about leaving the decision between patient, family, and physician? Or is there any connection with what appears to be a growing backlash in certain places to gender-affirming surgeries--such as the furor set off by Libs of TikTok and its incitement of action against Boston Children's Hospital (and others) and against surgeons who perform gender-affirming procedures, specifically with regard to minors.

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Also, lastly, can you comment on the SOC8 conclusions on regret and detransition?

The interview could be by phone, and should take about 20 minutes. I'm in the eastern time zone, but have some flexibility to do evening calls, depending on the day.

Thanks for your consideration. I look forward to hearing from you.

[redacted]

WPATH Removes Age Limits From Transgender Treatment Guidelines

Lisa Nainggolan
September 16, 2022
Long-awaited global transgender care guidelines have dropped, with no recommendations regarding age limits for treatment and surgery in teenagers but acknowledging the complexity of dealing with such adolescents amid lack

of longitudinal research on the impact of transitioning gender.

The World Professional Association of Transgender Health (WPATH) published its latest standards of care (SOC) 8 as it opens its annual meeting today in Montreal.

These are "the most comprehensive set of guidelines ever produced to assist health care professionals around the world in support of transgender and gender diverse adults, adolescents, and children who are taking steps to live their lives authentically," wrote WPATH President Walter Bouman, MD, PhD, and WPATH President Elect Marci Bowers, MD, in a news release.

The SOC8 is the first update to guidance on the treatment of transgender individuals in 10 years and appears online in the *International Journal of Transgender Health.*

For the first time, the association wrote a chapter dedicated to transgender and gender-diverse adolescents — distinct from the child chapter.

The Complexity of Treating Adolescents

WPATH officials said that this was owed to exponential growth in adolescent referral rates, more research on adolescent gender diversity–related care, and the unique developmental and care issues of this age group.

Until recently, there was limited information regarding the prevalence of gender diversity among adolescents. Studies from high-school samples indicate much higher rates than was earlier thought, with reports of up to 1.2% of participants identifying as transgender and up to 2.7% or more (eg, 7%-9%) experiencing some level of self-reported gender diversity, WPATH says.

The new chapter "applies to adolescents from the start of puberty until the legal age of majority (in most cases 18 years)," it states.

However, WPATH did not go as far as to recommend lowering the age at which youth can receive cross-sex hormone therapy or gender-affirming surgeries, as earlier decreed in a draft of the guidelines. That draft suggested that young people could receive hormone therapy at age 14 years and surgeries for double mastectomies at age 15 years and for genital reassignment at age 17 years. The exception was phalloplasty — surgery to construct a penis in female-to-male individuals — which WPATH stressed should not be performed under the age of 18 years owing to its complexity.

Now, the final SOC8 emphasizes that each transgender adolescent is unique, and decisions must be made on an individual basis, with no recommendations on specific ages for any treatment. This could be interpreted in many ways.

The SOC8 also acknowledges the "very rare" regret of individuals who have transitioned to the opposite gender and then changed their minds.

"[Healthcare] Providers may consider the possibility an adolescent may regret gender-affirming decisions made

during adolescence, and a young person will want to stop treatment and return to living in the birth-assigned gender role in the future. Providers may discuss this topic in a collaborative and trusting manner with the adolescent and their parents/caregivers before gender-affirming medical treatments are started," it states.

WPATH, in addition, stressed the importance of counselling and supporting regretting patients, many who "expressed difficulties finding help during their detransition process and reported their detransition was an isolating experience during which they did not receive either sufficient or appropriate support."

Although it doesn't put a firm figure on the rate of regret overall, in its chapter on surgery, WPATH estimates that 0.3%-3.8% of transgender individuals regret gender-affirming surgery.

SOC8 also acknowledges "A pattern of uneven ratios by assigned sex has been reported in gender clinics, with assigned female-at-birth patients initiating care 2.5-7.1 times more frequently" than patients who were assigned male at birth.

And WPATH states in SOC8 that another phenomenon is the growing number of adolescents seeking care who had not previously experienced or expressed gender diversity during their childhood years.

It goes on to cite the 2018 paper of Lisa Littman MD, MPH, now president of the Institute for Comprehensive Gender Dysphoria Research (ICGDR). Littman coined the term, "rapid-onset gender dysphoria (ROGD)" to describe this phenomenon; SOC8 refrains from using this phrase, but does acknowledge, "For a select subgroup of young people, susceptibility to social influence impacting gender may be an important differential to consider."

SOC8 recommends that before any medical or surgical treatment is considered, healthcare professionals "undertake a comprehensive biopsychosocial assessment of adolescents who present with gender identity-related concerns and seek medical/surgical transition-related care."

And it specifically mentions that transgender adolescents "show high rates of autism spectrum disorder (ASD)/characteristics," and notes that "other neurodevelopmental presentations and/or mental health challenges may also be present, (e.g., ADHD [attention-deficit/hyperactivity disorder], intellectual disability, and psychotic disorders)."

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However, it is not the only organization to issue guidance on the care of transgender individuals; several specialities take care of this patient population, including, but not

limited to: pediatricians, endocrinologists, psychiatrists, psychologists and plastic surgeons.
The extent to which any healthcare professional, or professional body, follows WPATH guidance is extremely varied.
"There is nothing binding clinicians to the SOC, and the SOC is so broad and vague that anyone can say they're following it but according to their own biases and interpretation," Aaron Kimberly, a trans man and mental health clinician from the Gender Dysphoria Alliance told *Medscape Medical News*
In North America, some clinics practice full "informed consent" with no assessment and prescriptions at the first visit, Kimberly said, whereas others do comprehensive assessments.
"I think SOC should be observed. It shouldn't just be people going rogue," Erica Anderson, a clinical psychologist in Berkeley, California, former president of USPATH, and former member of WPATH, who is herself transgender, told *Medscape Medical News*. "The reason there are standards of care is because hundreds of scientists have weighed in — is it perfect? No. We have a long way to go. But you can't just ignore whatever it is that we know and let people make their own decisions."
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Follow Medscape on Facebook, Twitter, Instagram, and YouTube
Credits:
Lead image: Samwordley/Dreamstime

Send news tips to news@medscape.net.

Re: New York Post article

From: [redacted]
To:
Date: Fri, 07 Oct 2022 07:25:53 -0400

Hi [redacted]
I understand, I'll be sending a schedule out soon for all of us.
[redacted] and I will meet with [redacted]
Have a great weekend

Best regards
[redacted]

> On Oct 7, 2022, at 7:09 AM, [redacted] wrote:
>
> I cannot be there today (this evening for me).
>
> [redacted]
>
> **Van:** [redacted]
> **Verzonden:** vrijdag 7 oktober 2022 01:33
> **Aan:** [redacted]
> **CC:** [redacted]; Eli Coleman
> [redacted]

[redacted]
Onderwerp: Re: New York Post article

Thank you.

On Thu, Oct 6, 2022 at 7:33 PM [redacted] wrote:
Thank you [redacted] for clarifying, I understood. [redacted] I will meet with [redacted]

Best regards
[redacted]

> On Oct 6, 2022, at 7:31 PM, Dr. Marci Bowers [redacted] wrote:
>
> sorry, communication this way is challenging. one voice is not my point but centralized authority makes sense in most organizations to the point that fractionalized responses that are disparate and contradictory sometimes versus common understanding. working together, yes, one voice, no
>
> Kindly.....
>
> Marci Bowers MD
> WPATH President
> Trevor Project Board of Directors
> [redacted]
>
> *Standing tall in times of darkness*
>
> > On Oct 6, 2022, at 5:39 PM, [redacted] wrote:
> >
> > I can joining at 2:30 and may have to get off at 3--not sure
> >
> > On Thu, Oct 6, 2022 at 5:28 PM [redacted] wrote:
> > Hi, all,
> >
> > [redacted] and I are available tomorrow (Friday) from 2:30-3pm ET for anyone who wants to check in immediately. I believe [redacted] is planning to send

out a Doodle poll for another, larger meeting to happen sometime in the next week or so.

Zoom info is below.

Thanks,
[redacted]

[redacted] is inviting you to a scheduled Zoom meeting.

Topic: [redacted] Personal Meeting Room

Join Zoom Meeting
https://us02web.zoom.us/j/5757705141?pwd=U0UxZWY1TGsvbIVNVWRnQXNCSExsZz09

Meeting ID: 575 770 5141
Passcode: 765635
One tap mobile
+16469313860,,5757705141#,,,,*765635# US
+16465588656,,5757705141#,,,,*765635# US (New York)

Dial by your location
+1 646 931 3860 US
+1 646 558 8656 US (New York)
+1 301 715 8592 US (Washington DC)
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)
+1 346 248 7799 US (Houston)
+1 386 347 5053 US
+1 564 217 2000 US
+1 669 444 9171 US
+1 669 900 9128 US (San Jose)
+1 719 359 4580 US
+1 253 215 8782 US (Tacoma)
Meeting ID: 575 770 5141
Passcode: 765635
Find your local number: https://us02web.zoom.us/u/kdICQ1azoj

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[redacted]

From: [redacted]
Sent: Thursday, October 6, 2022 2:11 PM
To: [redacted]
Cc: [redacted]; Eli

Coleman [redacted]

Subject: Re: New York Post article

I have to agree with [redacted] It doesn't make sense to me either- I don't want to seem difficult but I don't understand why we would rely on only one voice. I immensely respect every one on this email chain and think it's good to directly discuss these issues.

Sent from my iPad

> On Oct 6, 2022, at 1:59 PM, [redacted] wrote:
>
> Just so we are all clear about where I stand on that last email- I do not find it appropriate that only one voice, no matter who they are (whether that be my voice or anyone else's), should be the only way to represent WPATH to the public about the SOC, especially when it comes to child and adolescent issues. If that's the direction everyone believes the organization should take with media and PR strategies, I would like to know as soon as possible. I would respectfully and strongly urge reconsideration of that point.
>
> Thanks,
> [redacted]
>
> Get Outlook for iOS
> **From:** Dr. Marci Bowers [redacted]
> **Sent:** Thursday, October 6, 2022 1:42:52 PM
> **To:** [redacted]
> **Cc:** [redacted]
> **Subject:** Re: New York Post article
>
> and i do agree with your sentiments that we need a proactive positive sentiment that allays fears. would love to collaborate with you and scott but through one voice—mine.
>
> Kindly.....
>
> Marci Bowers MD
> WPATH President
> Trevor Project Board of Directors
> [redacted]

Standing tall in times of darkness

> On Oct 6, 2022, at 10:29 AM, [redacted] wrote:
>
> Hi [redacted]
> I'm confused a bit. Does that mean we are not scheduling a meeting?
>
> Also, I have been working on an op-ed, something that had already been discussed with [redacted] (she was going to ghost write it) and subsequently discussed with [redacted] I would still like to do this. The second half of my sentence, that we were deliberately NOT too vague in the Child Chapter, has been more than ignored, but actually misrepresented, by the media as has the importance of childhood.
>
> I think it is important to work with the child and adolescent authors to creat messages about these chapters as we are the content experts (as Scott mentioned in his previous email). And we spent 4-5 years on a volunteer basis working carefully on this so it's critical to have proactive, positive representation that includes our input.
>
> Thanks so much. I appreciate being able to have this conversation.
>
> Sent from my iPad
>
> > On Oct 6, 2022, at 1:14 PM, Dr. Marci Bowers [redacted] wrote:
> >
> > thanks all—[redacted] and i discussed why there is importance in a clear chain of authority. i will try to avail myself of your input. but once we get out in front of our message, we all need to support and reverberate that message so that the misinformation drone is drowned out.
> >
> > Kindly.....
> >
> > Marci Bowers MD
> > WPATH President
> > Trevor Project Board of Directors
> > [redacted]
> >
> > *Standing tall in times of darkness*
> >
> > > On Oct 6, 2022, at 8:47 AM, [redacted] wrote:

Dear All

I will be speaking with [redacted] shortly and will send out a doodle to try and schedule this call.

[redacted]

From: [redacted]
Sent: Thursday, October 6, 2022 9:54 AM
To: [redacted]
Cc: Eli Coleman [redacted]
Subject: Re: New York Post article

I have also been emailing asking to set up a meeting ASAP. It is urgent, as far as I am concerned. I am free tomorrow at 2 EST but have meetings at 3 and 4 (not free after 3).

On Thu, Oct 6, 2022 at 8:15 AM Scott Leibowitz [redacted] wrote:

> Hi everyone,
>
> Bringing this chain back to the top of our inboxes, since I imagine that it is not easy to get all of us scheduled for a meeting given our busy schedules that cross different time zones. I believe we all need to be coordinating and communicating about the messages being delivered to the media- and even if we aren't interacting directly with the media, we need to know who *is* doing so and what is being conveyed. There are way too many political (and personal safety) threats out there for any of us to feel in-the-dark about strategies, next steps, and messaging. I am free on Friday (tomorrow) from 2 PM EST onward.
>
> Thanks,
>
> [redacted]

[redacted]

On Mon, Oct 3, 2022 at 8:50 AM Eli Coleman [redacted] wrote:

> Yes, I think it is important that we coordinate with them. We do not have to have them sign on - but it would be good to not have them oppose.
>
> Best,
>
> Eli
>
> On Mon, Oct 3, 2022 at 1:59 AM [redacted] wrote:
>
> > Yes, good idea.
> >
> > I am telling journalists that we are preparing a scientific paper on the age criteria. I will start working on it soon, but we first need the AAP support officially before publication in IJTH.
>
> [redacted]

Van: [redacted]
Verzonden: zondag 2 oktober 2022 19:48
Aan: Dr. Marci Bowers [redacted]
CC: [redacted]
Onderwerp: Re: New York Post article

That would be great, many thanks!

On Sun, Oct 2, 2022 at 8:42 AM Dr. Marci Bowers [redacted] wrote:

> that yes absolutely great. i can forward to blaine to set a zoom meeting, if that works?
>
> Kindly.....
>
> Marci Bowers MD
>
> WPATH President
>
> Trevor Project Board of Directors

[redacted]

Standing tall in times of darkness

On Oct 1, 2022, at 7:54 PM, [redacted] wrote:

I agree. Let's brainstorm and very soon. I feel like the continued coverage of this without our proactive message is really problematic and can only get worse. We are not creating the messages.

Sent from my iPhone

On Oct 1, 2022, at 3:33 PM, [redacted] wrote:

Hi everyone,

I think we do need to come up with a PR strategy and would suggest that we set up a meeting to get all of us on the same page about the plan and strategy. I think it's important for those of us in the child/adolescent space to be able to represent our chapters as well, considering we are the content experts and have a detailed understanding of the pediatric landscape. It is also important to be consistent and unified as an organization.

Thanks,

[redacted]

On Sat, Oct 1, 2022 at 6:27 PM Dr. Marci Bowers [redacted] wrote:

[redacted]yes agreed, this would be excellent. but we need centralized authority, not fragmented individual messaging that is contradictory or does not always align with what others say. this is the role of wpath and the presidency, i feel. these experts would be excellent but let's run it through the lens that i've been getting to convey before publication. my response is slightly different than yours.… similar enough but problematic when there are differences that can be exposed. this is not the time for caution but for affirmative messaging that is measured and responsible.

Kindly.....

Marci Bowers MD

WPATH President

Trevor Project Board of Directors

[redacted]

Standing tall in times of darkness

On Oct 1, 2022, at 11:21 AM, [redacted] wrote:

A new article on the SOC with info about my presentation, that is slightly more accurate, has been just published by the New York Post.

The second part of the quote, and my sentence which is left out of all this media, is that we did not want to write a chapter that was so vague that it failed to provide standards or guidance. What I was saying, for example, is that we did not want to specify the exact paper and pencil measures used in an assessment of children, that it would be onerous, preclude individualized care, and not accessible in some parts of the world, and could be problematic for some providers because they would then be unable to practice in line with these standards.

What I would like to request is that we write an op ed or ask one of our journalist contacts to write about this. An op ed about the child chapter is more in our control and was something I had discussed with [redacted] before the SOC 8 even came out and before Wpath. This story is not going away. I feel we need to be proactive. It could also be an op Ed about both the child and adolescent chapters, co written by me and [redacted] or me and [redacted] and [redacted]. Whatever we do, it should be immediate before this gets too out of control.

https://nypost.com/2022/09/29/kid-gender-guidelines-not-driven-by-science/

Sent from my iPad

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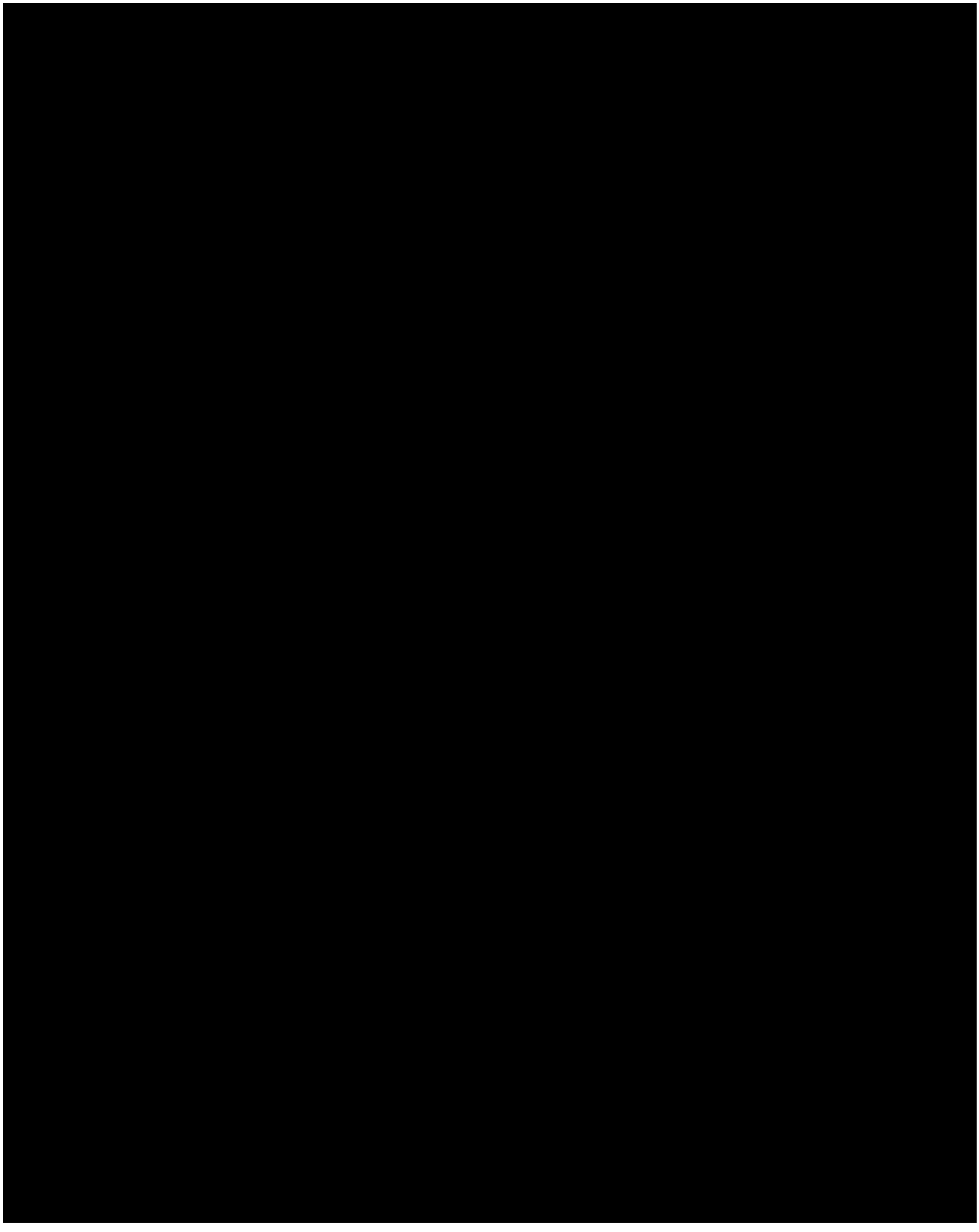
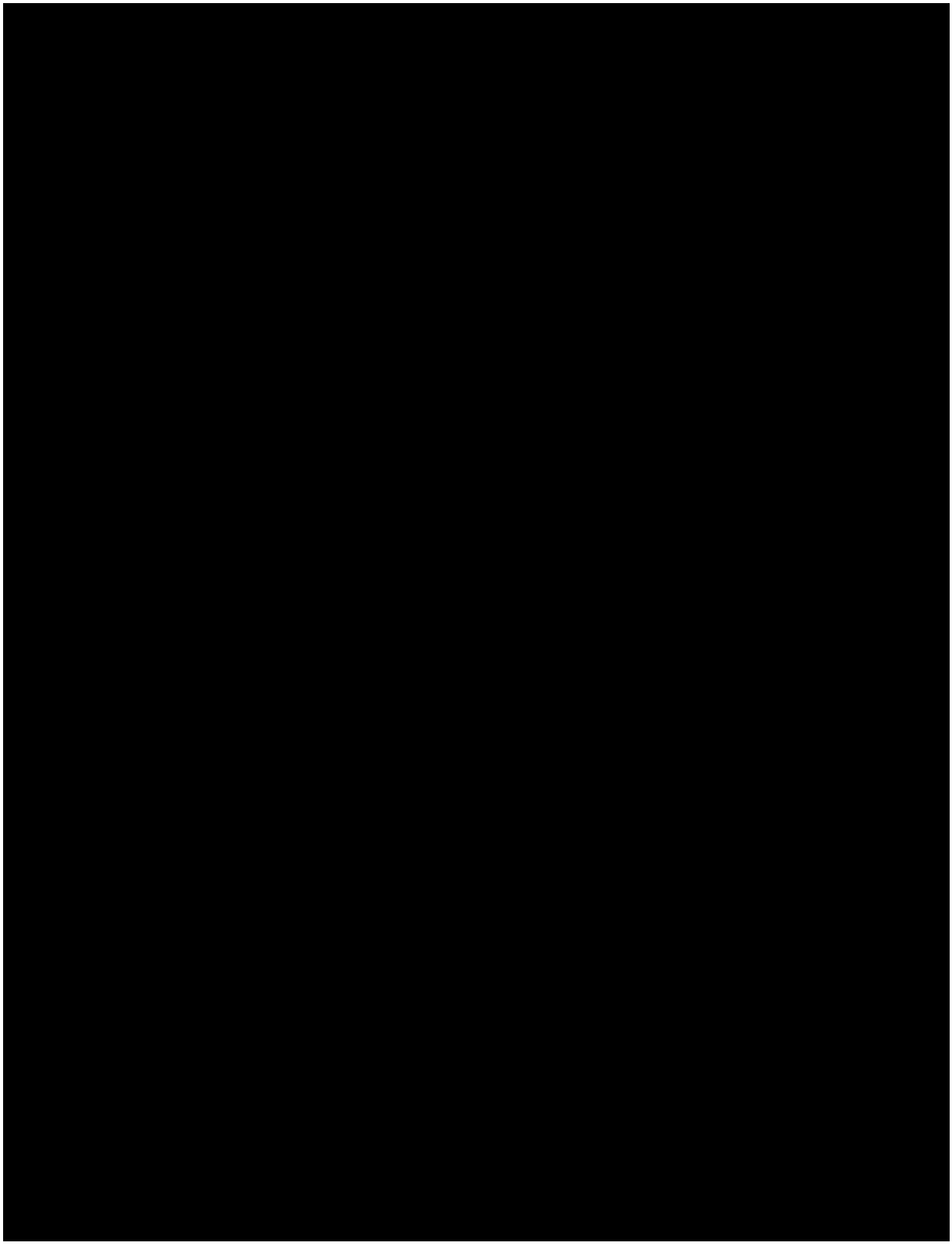
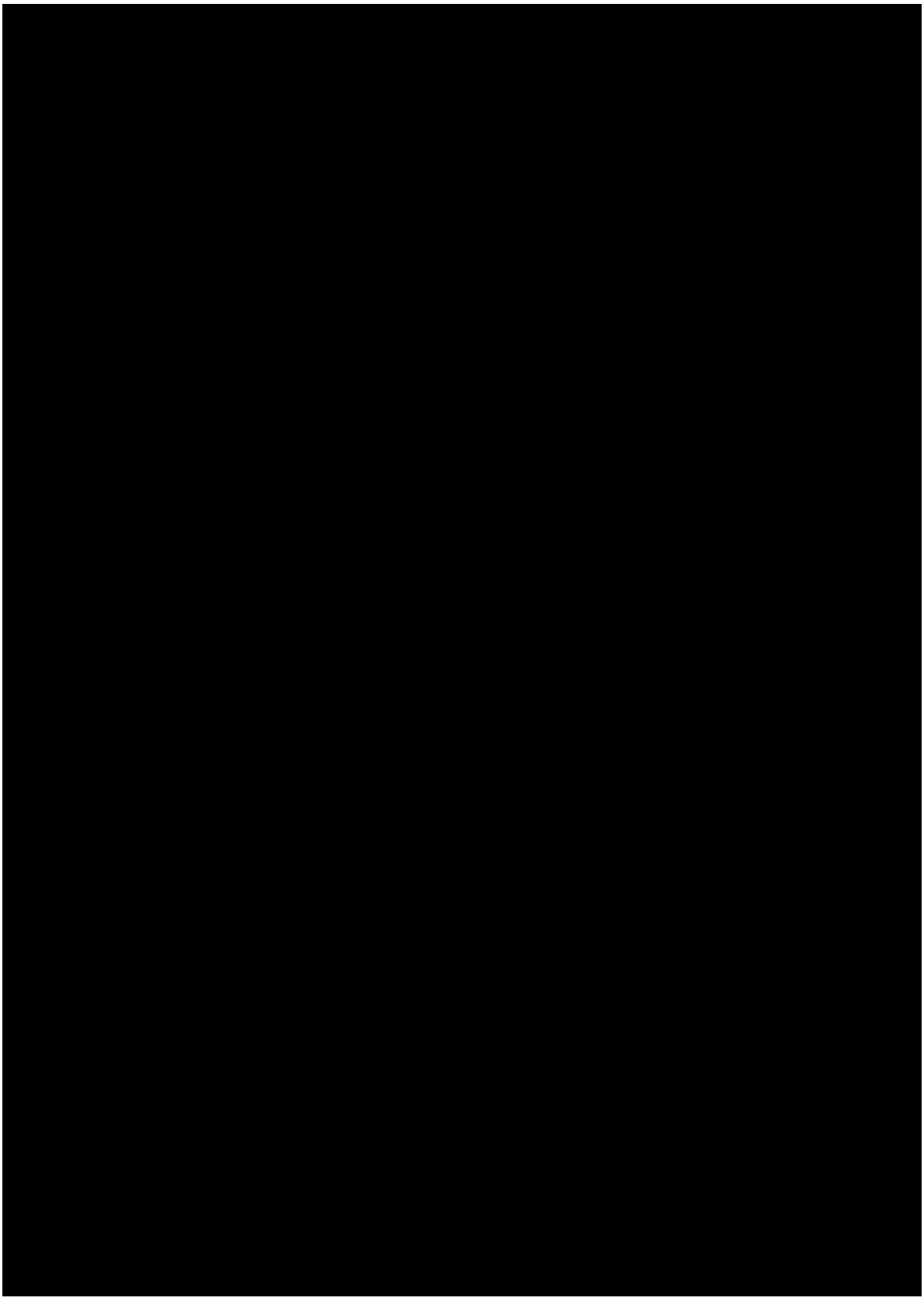
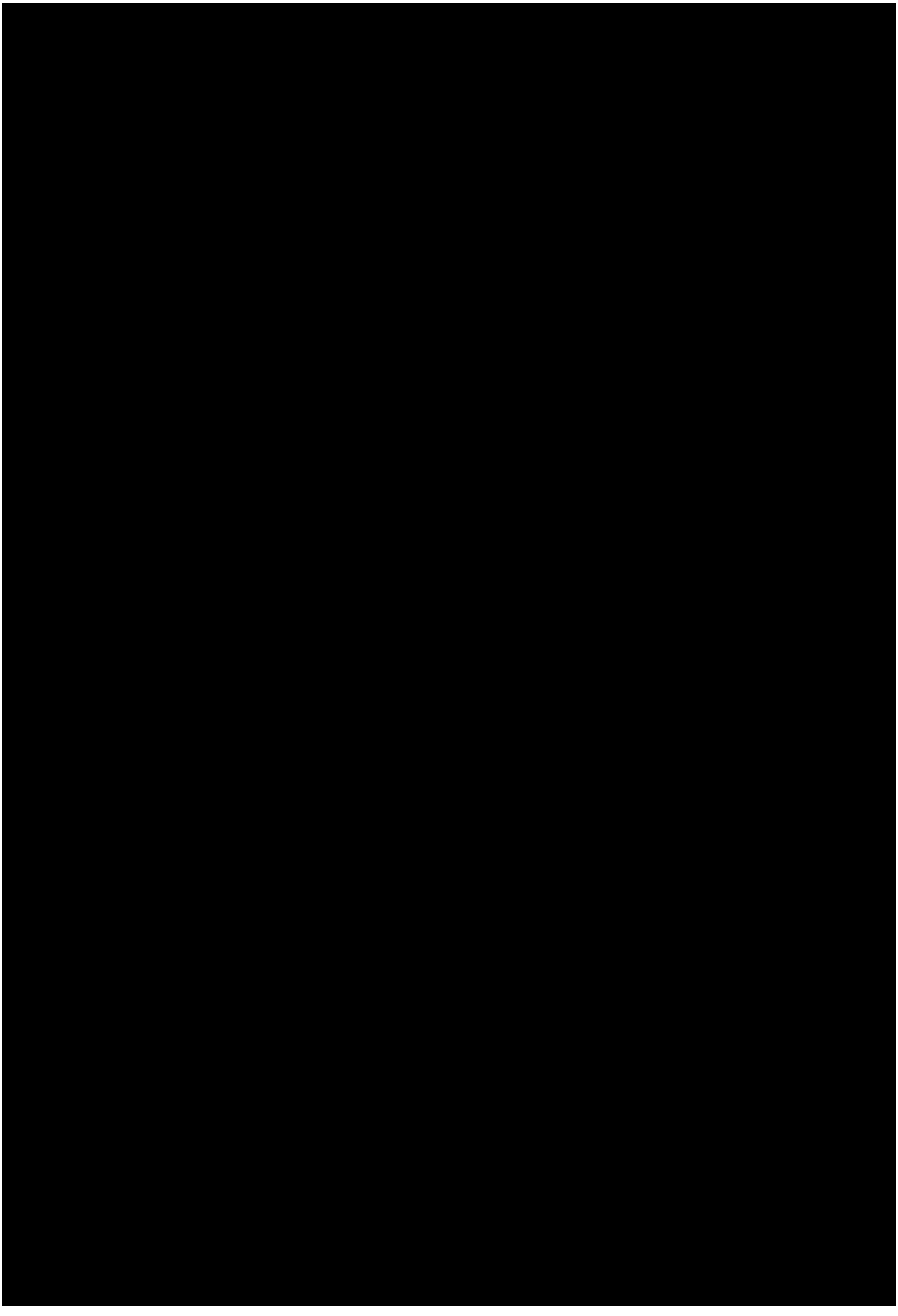
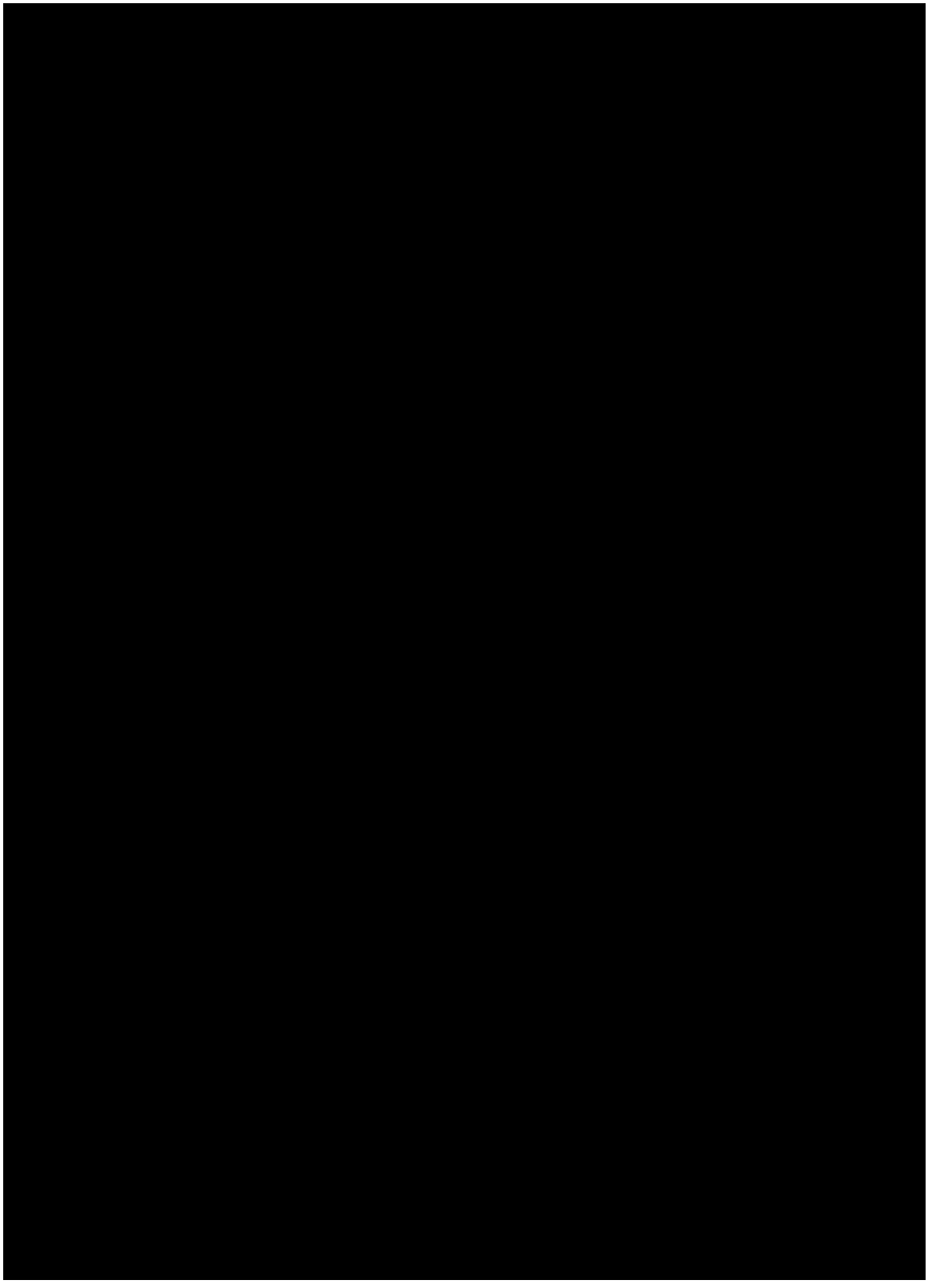
Eli Coleman, PhD.
Academic Chair in Sexual Health
Professor and Director
The Institute for Sexual and Gender Health
University of Minnesota Medical School
Family Medicine and Community Health
sexualhealth.umn.edu

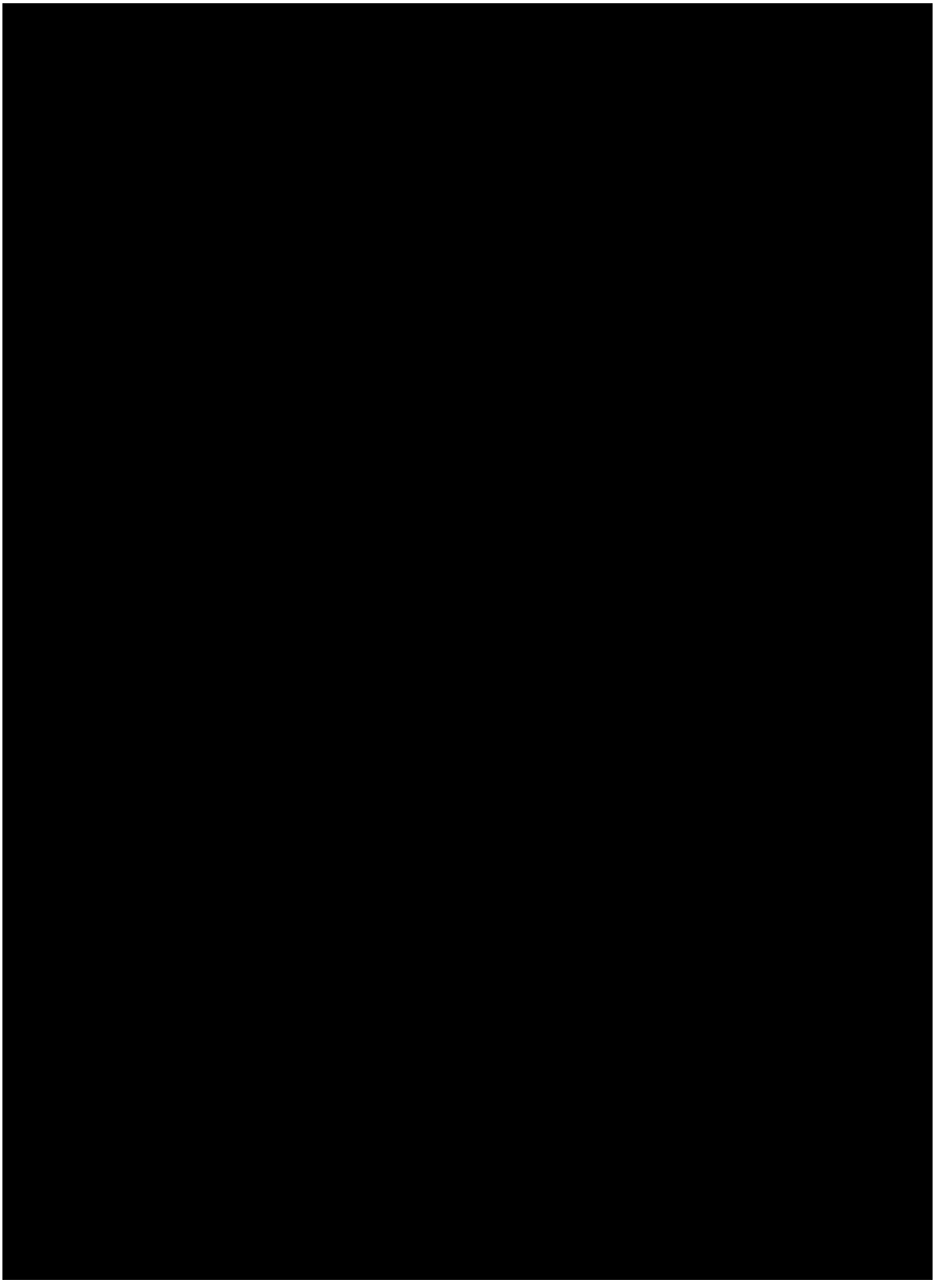


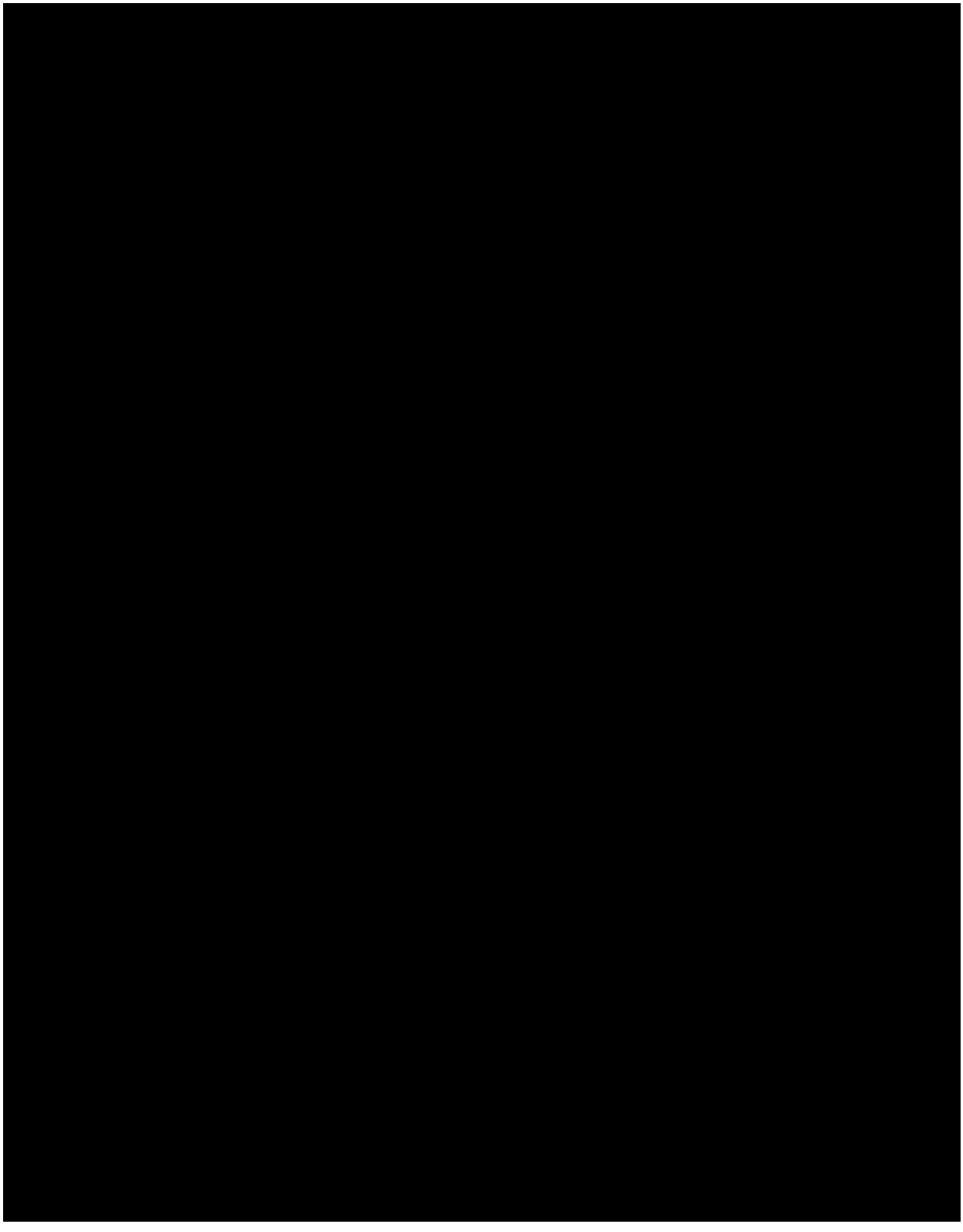


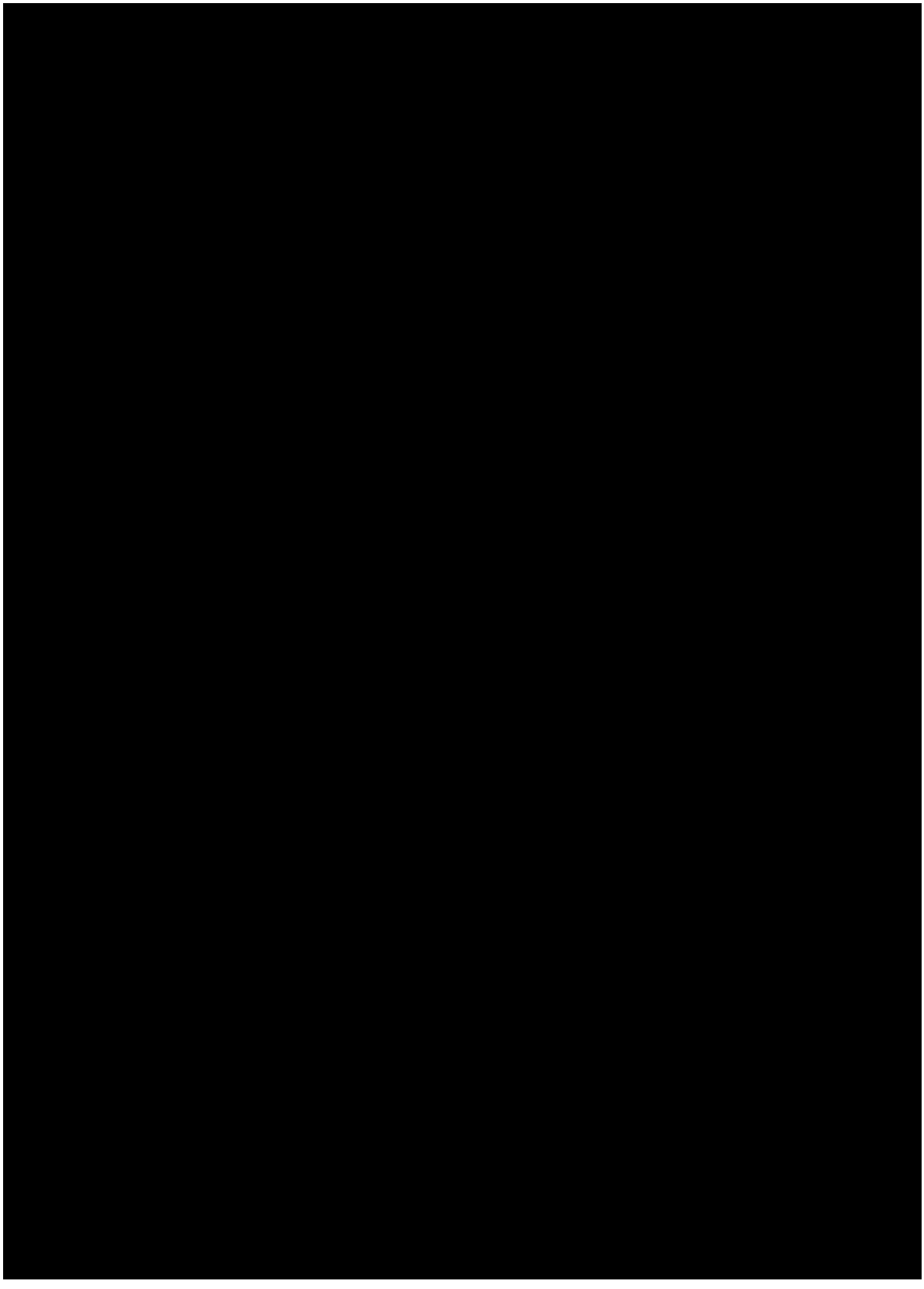


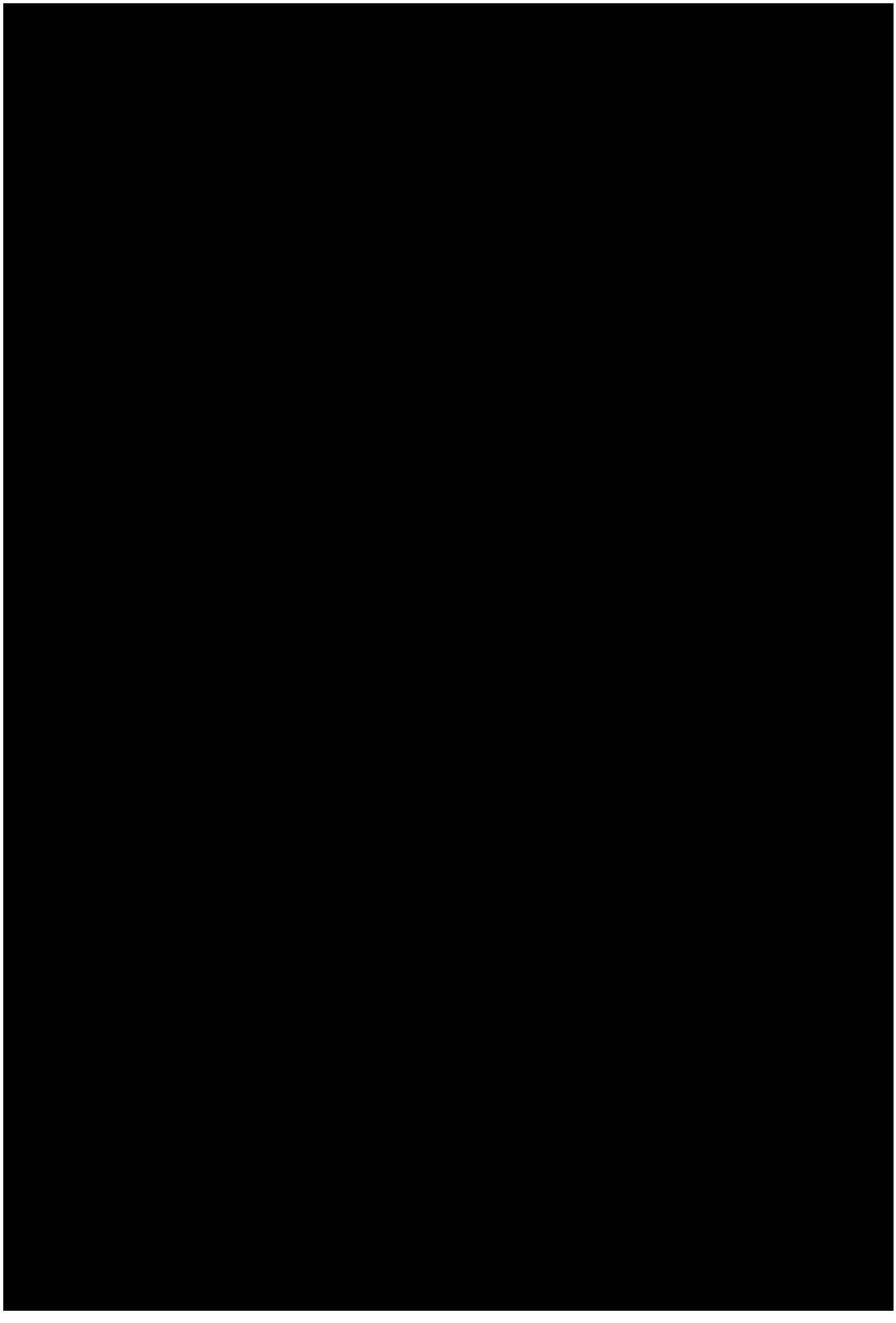


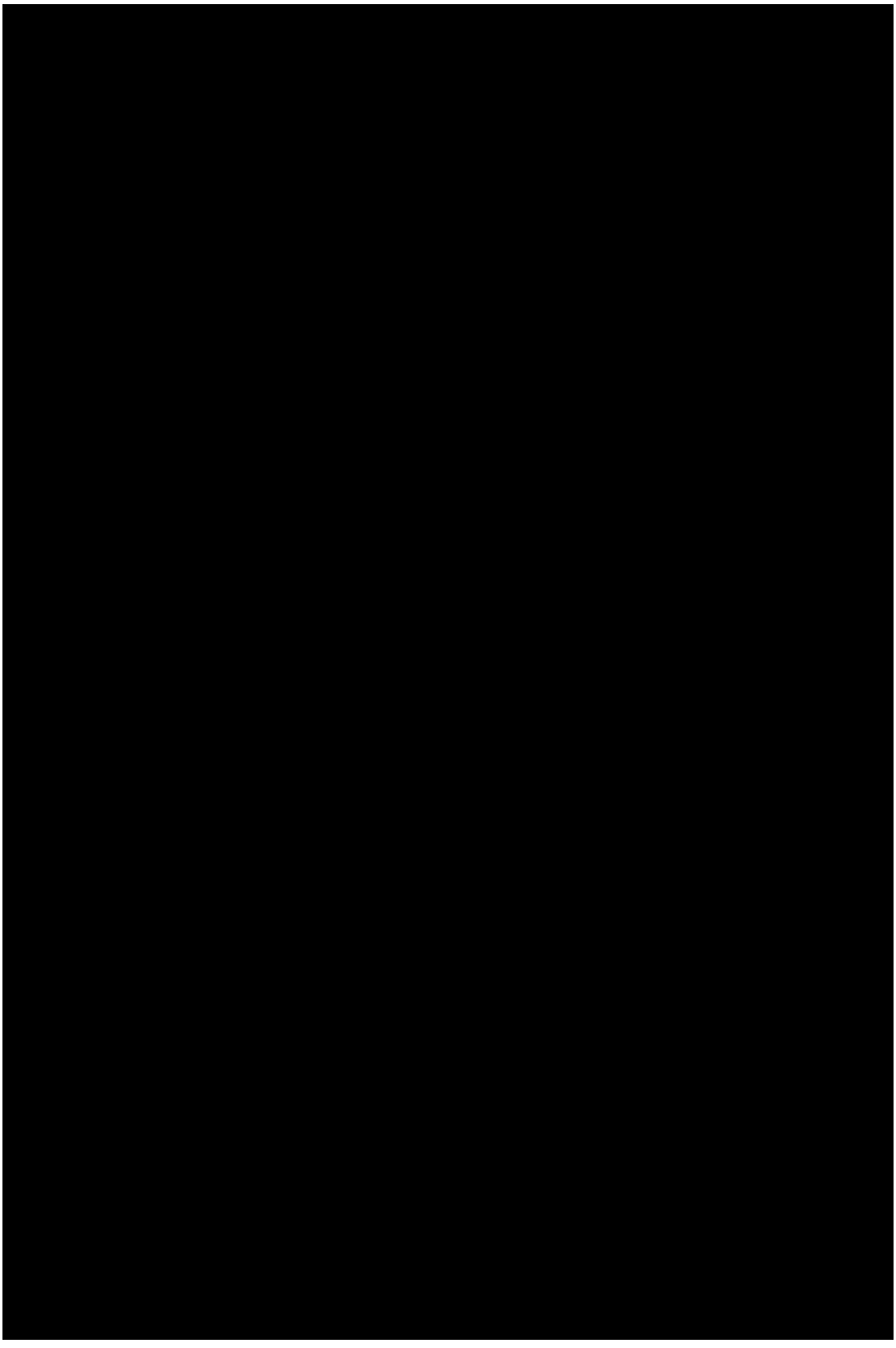


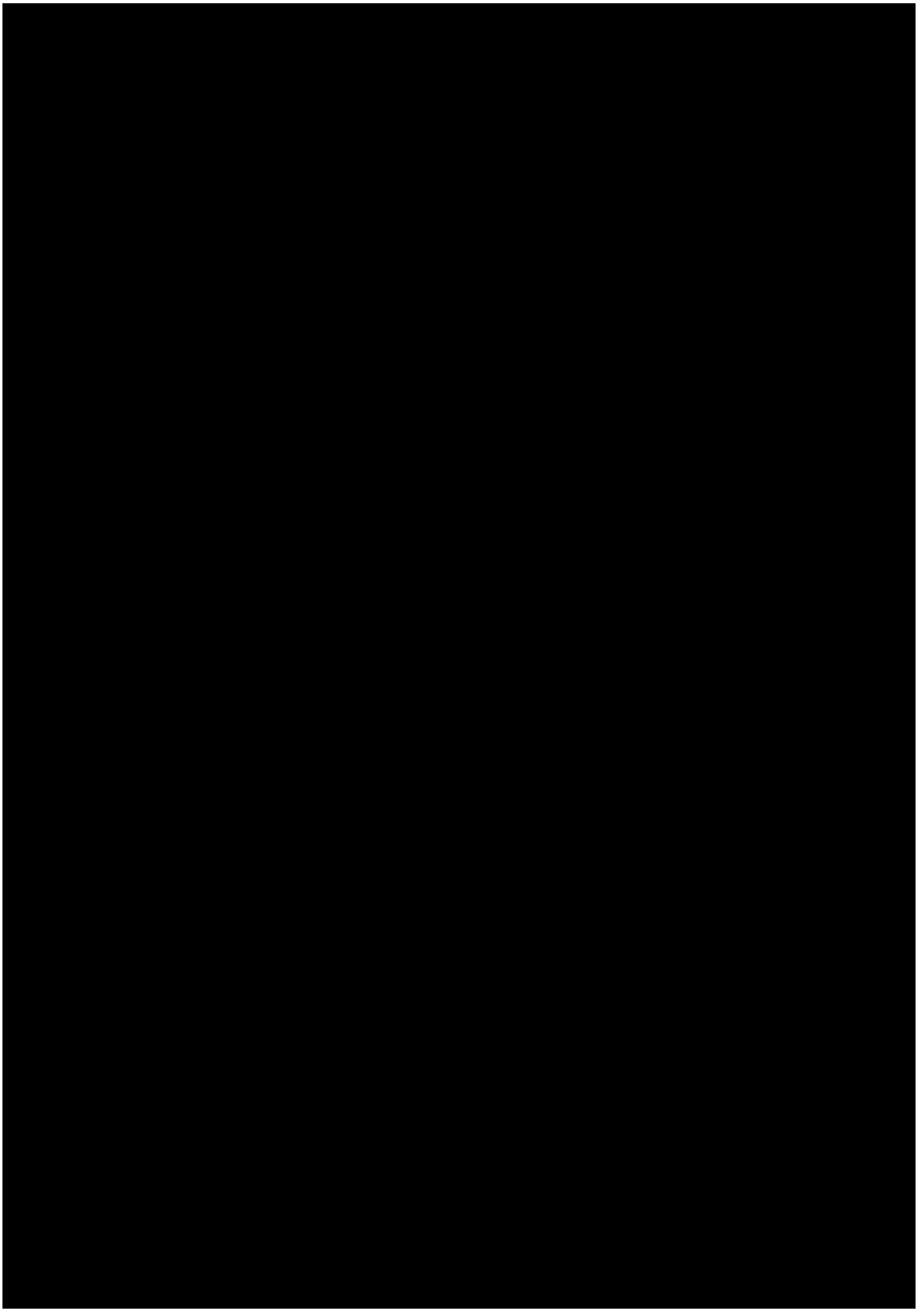


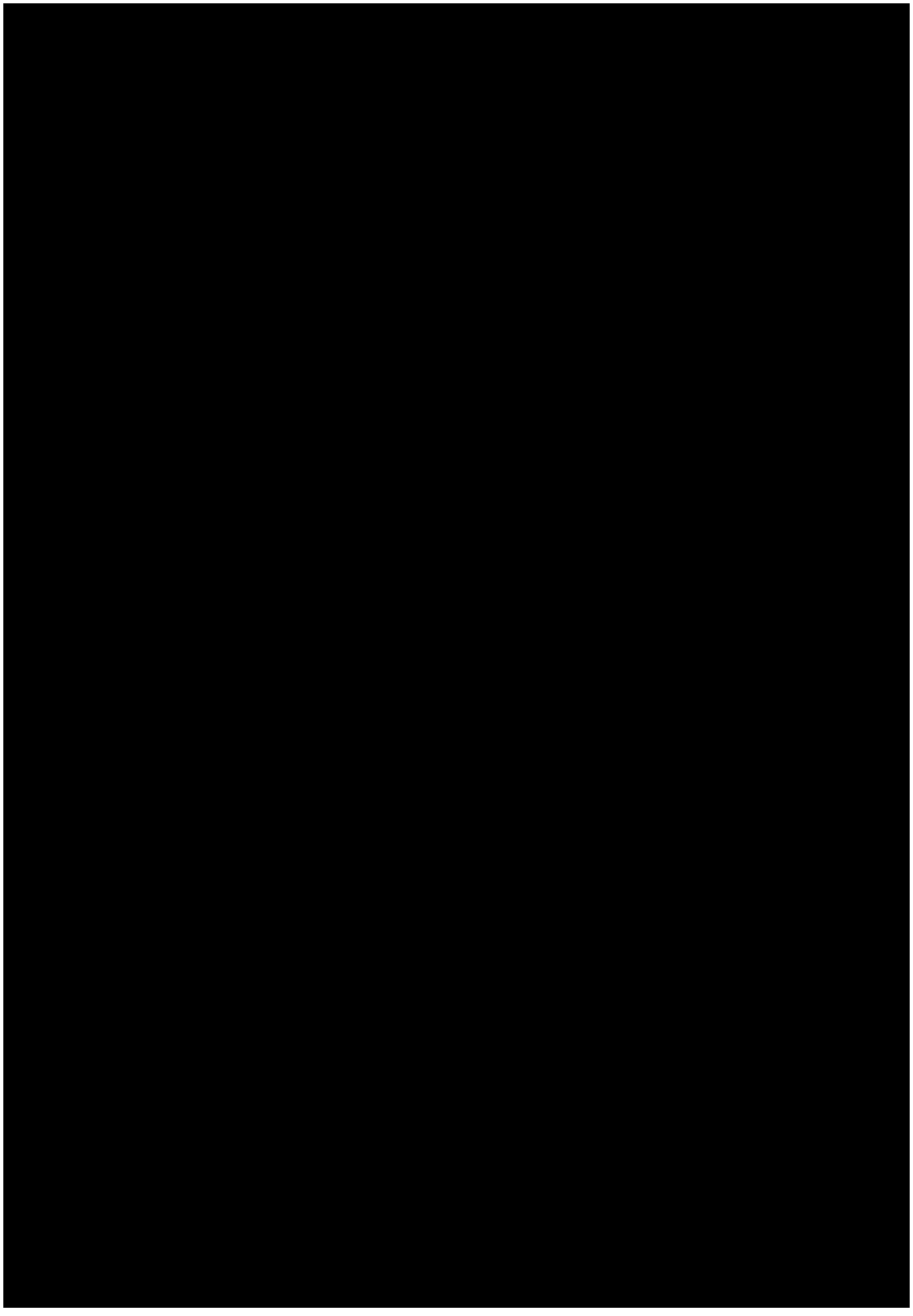


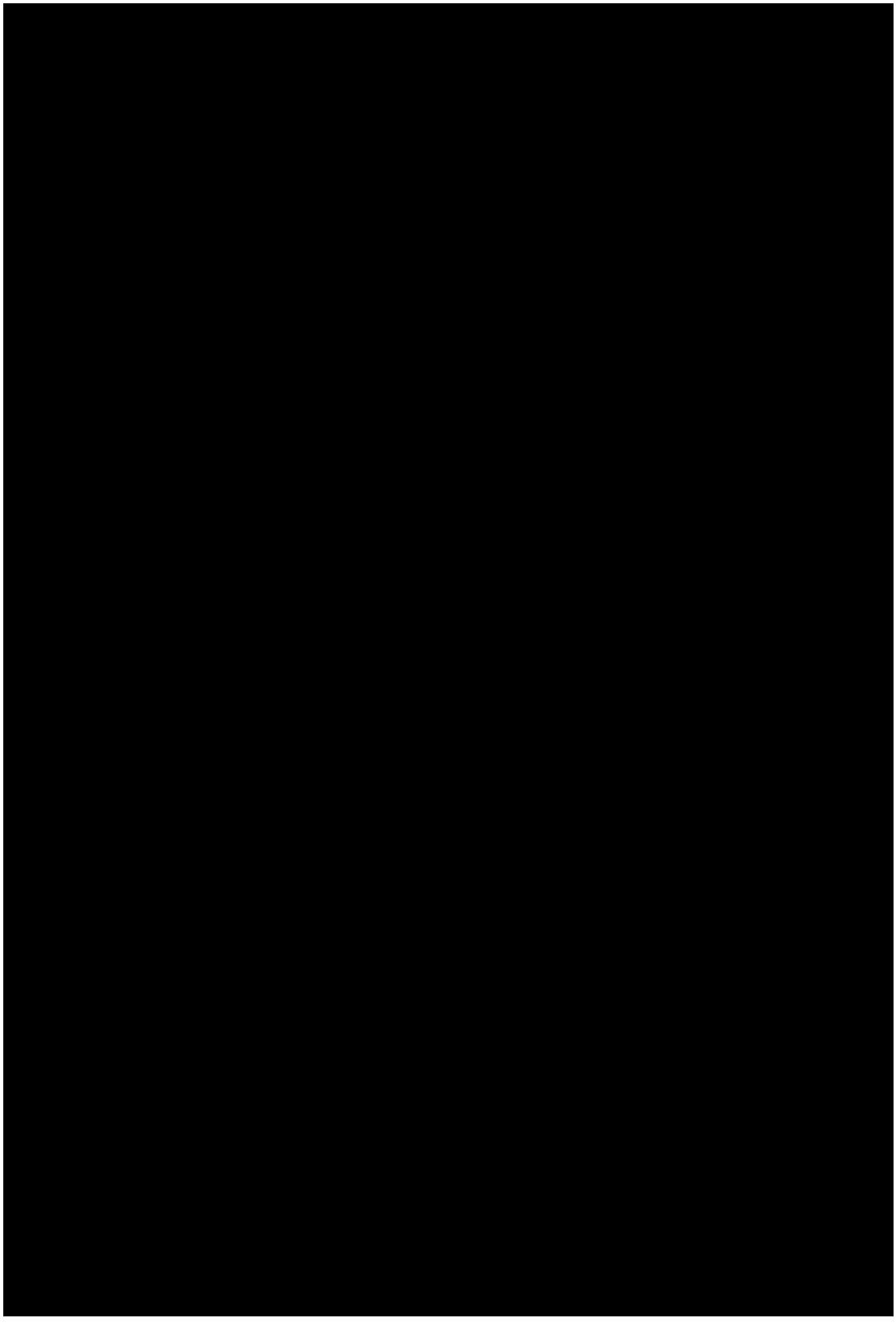


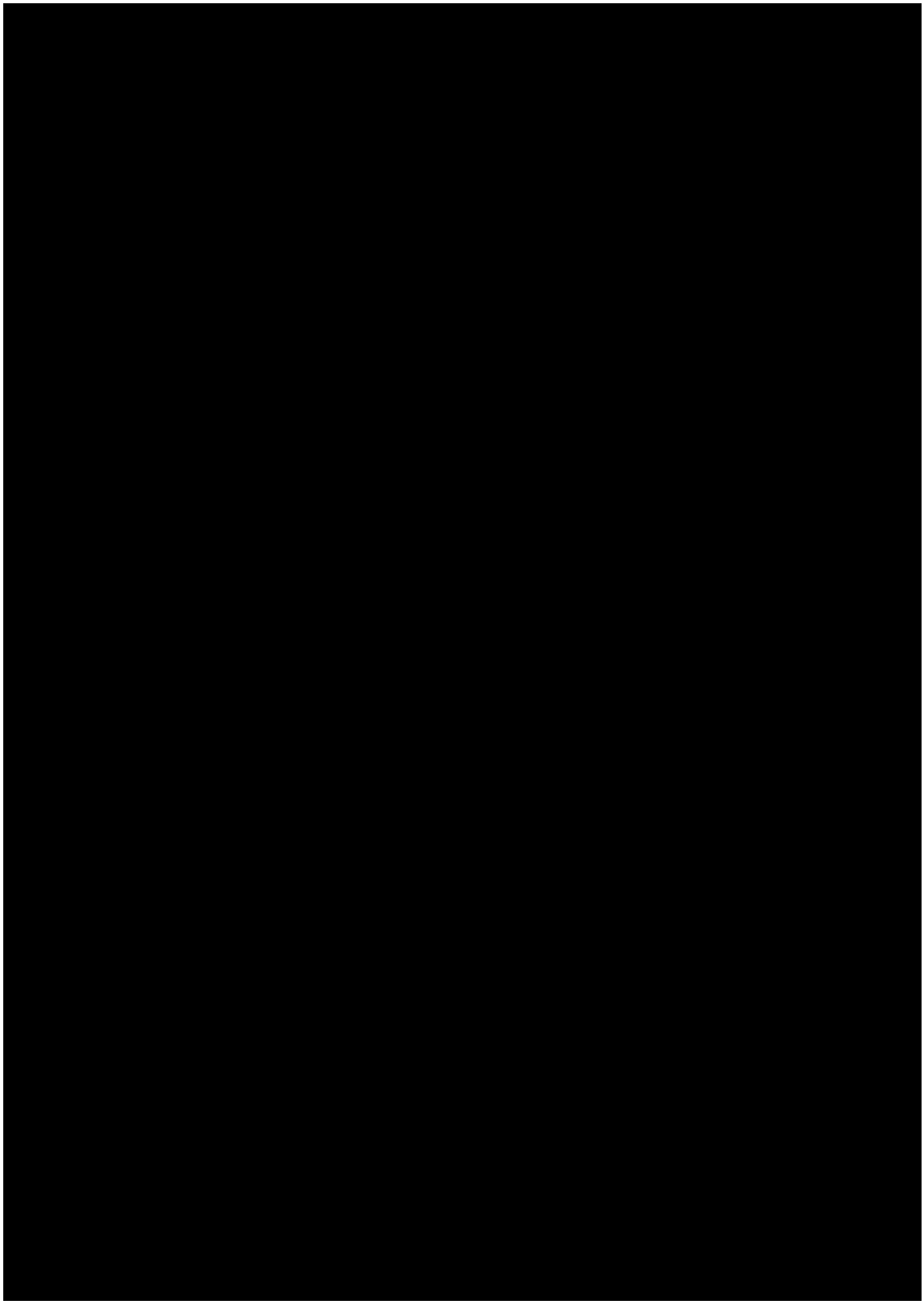


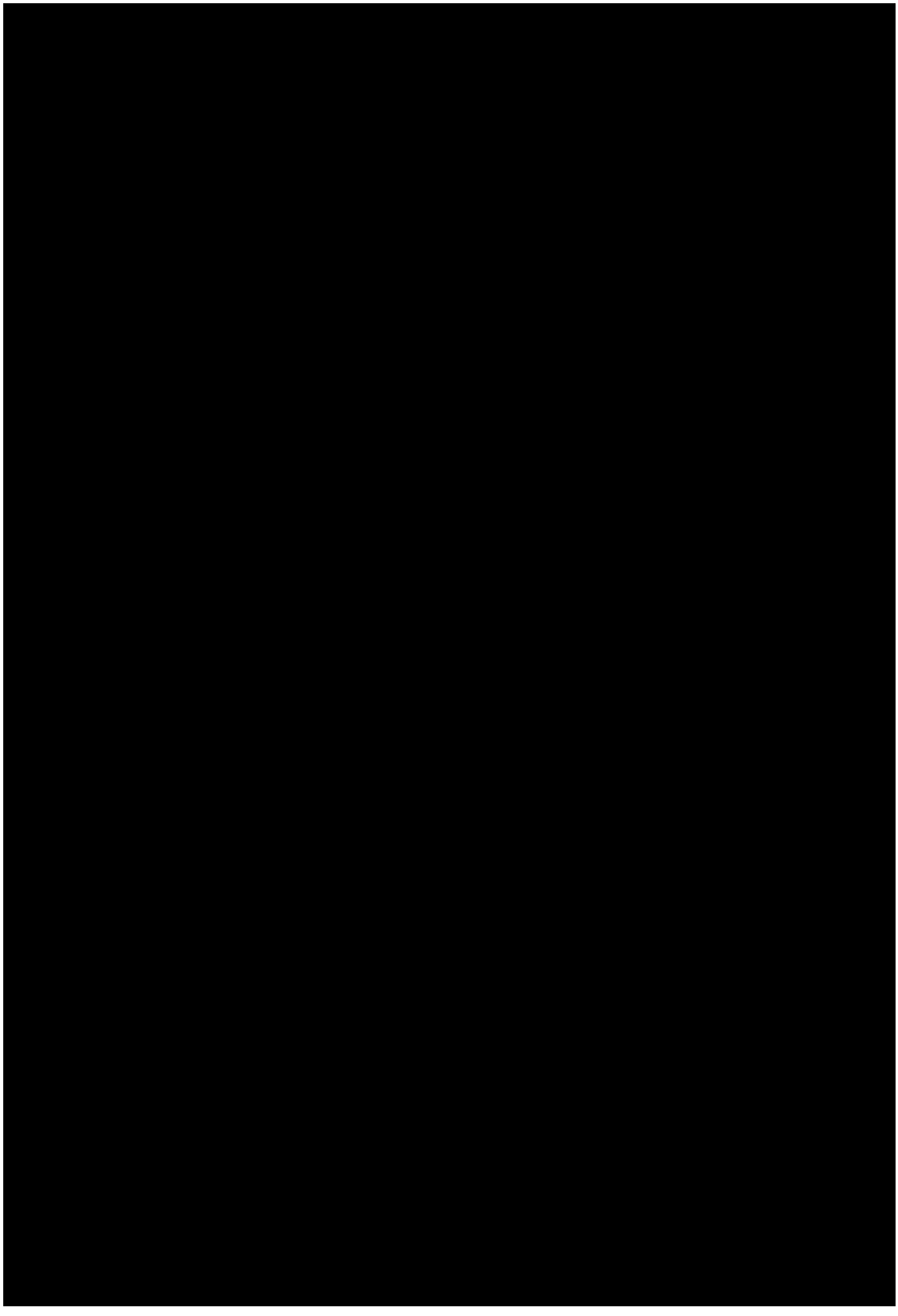


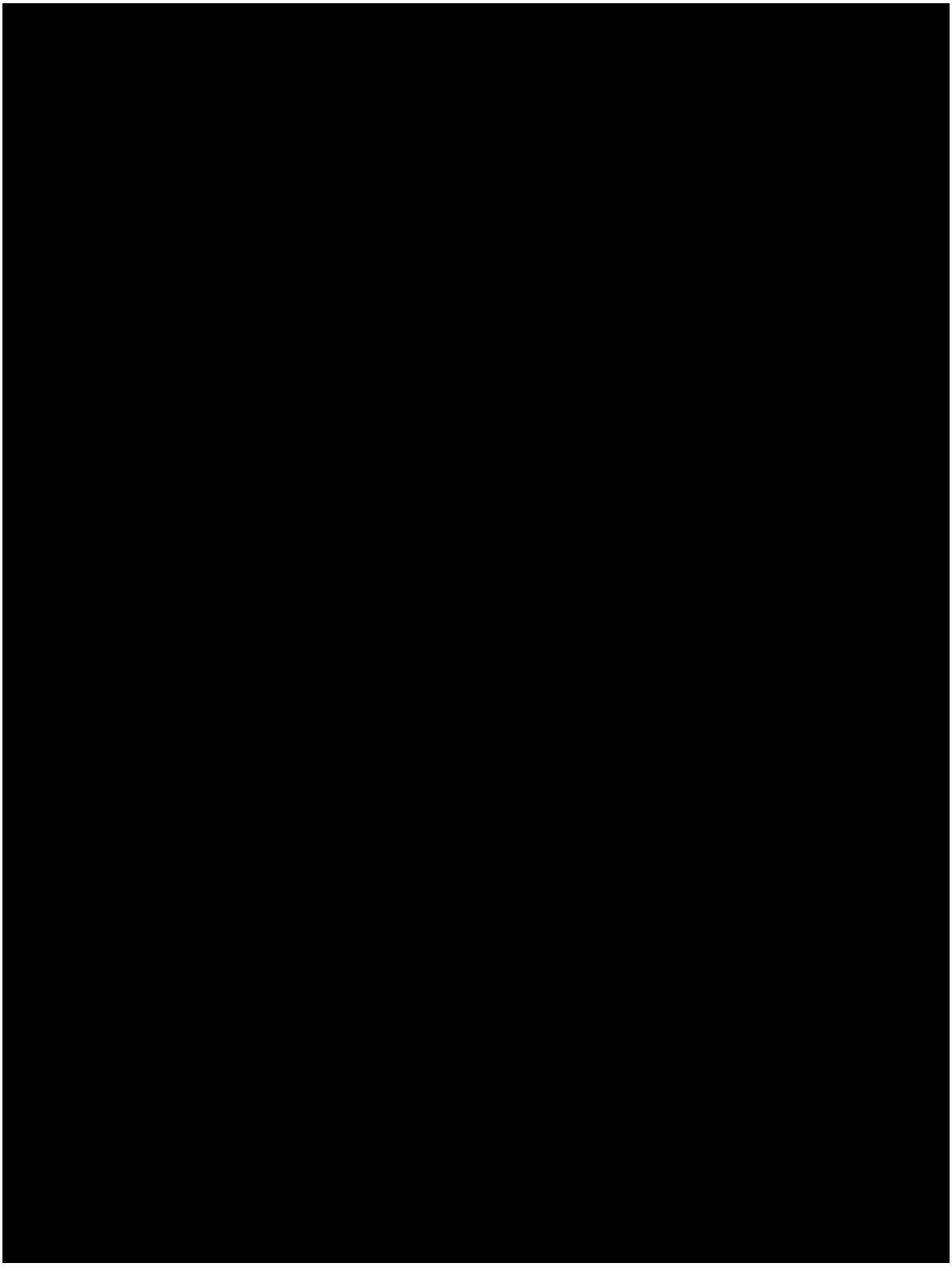


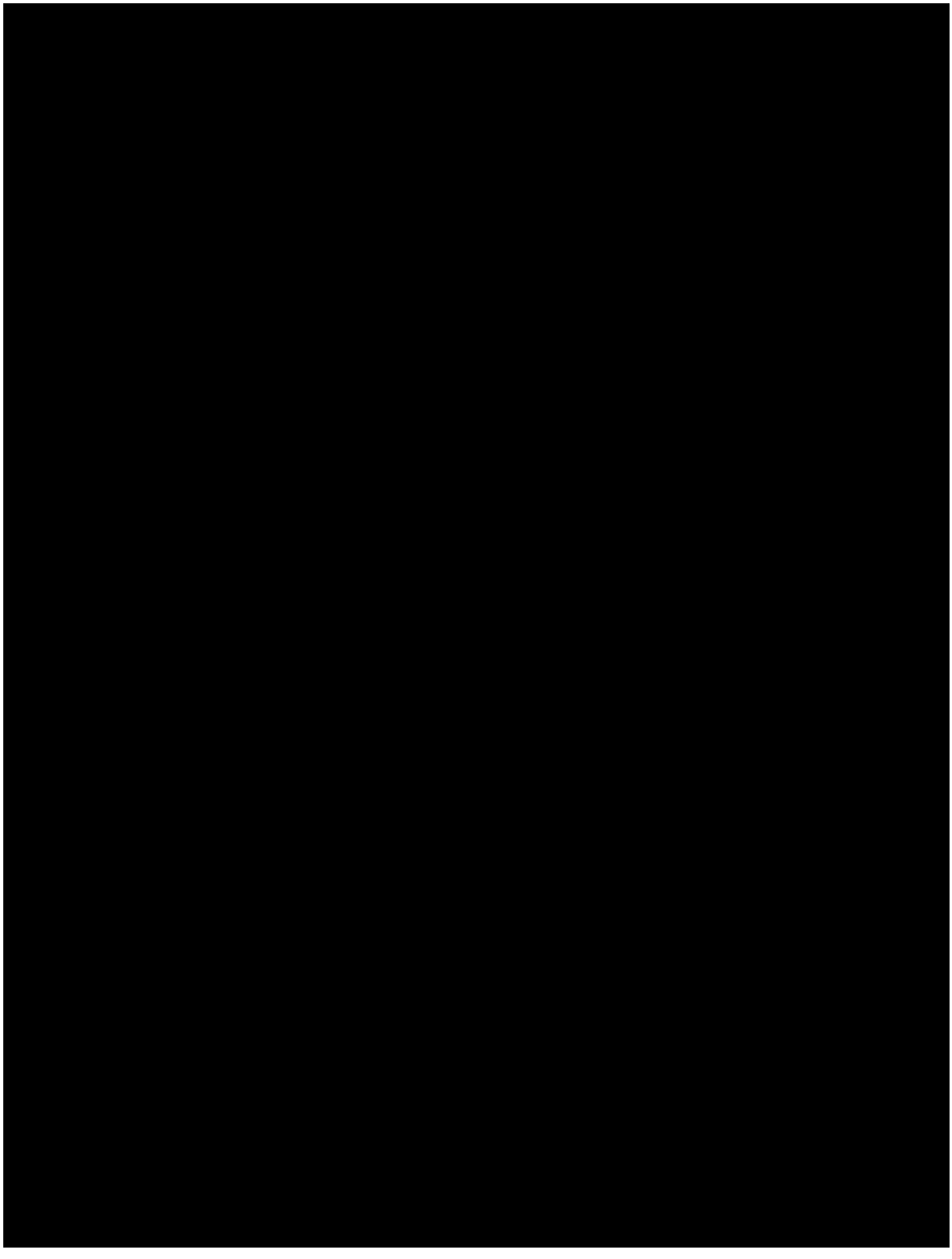


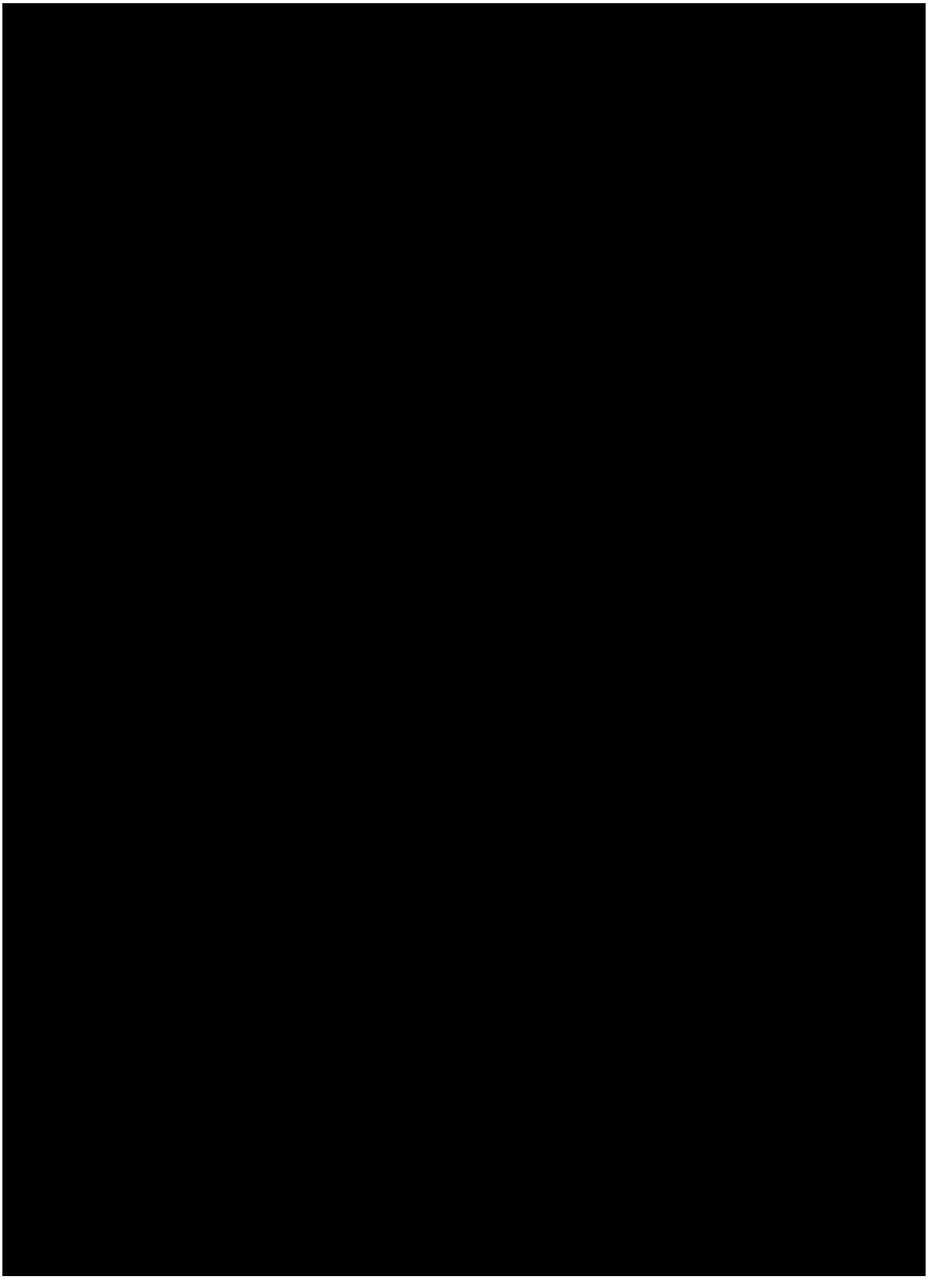


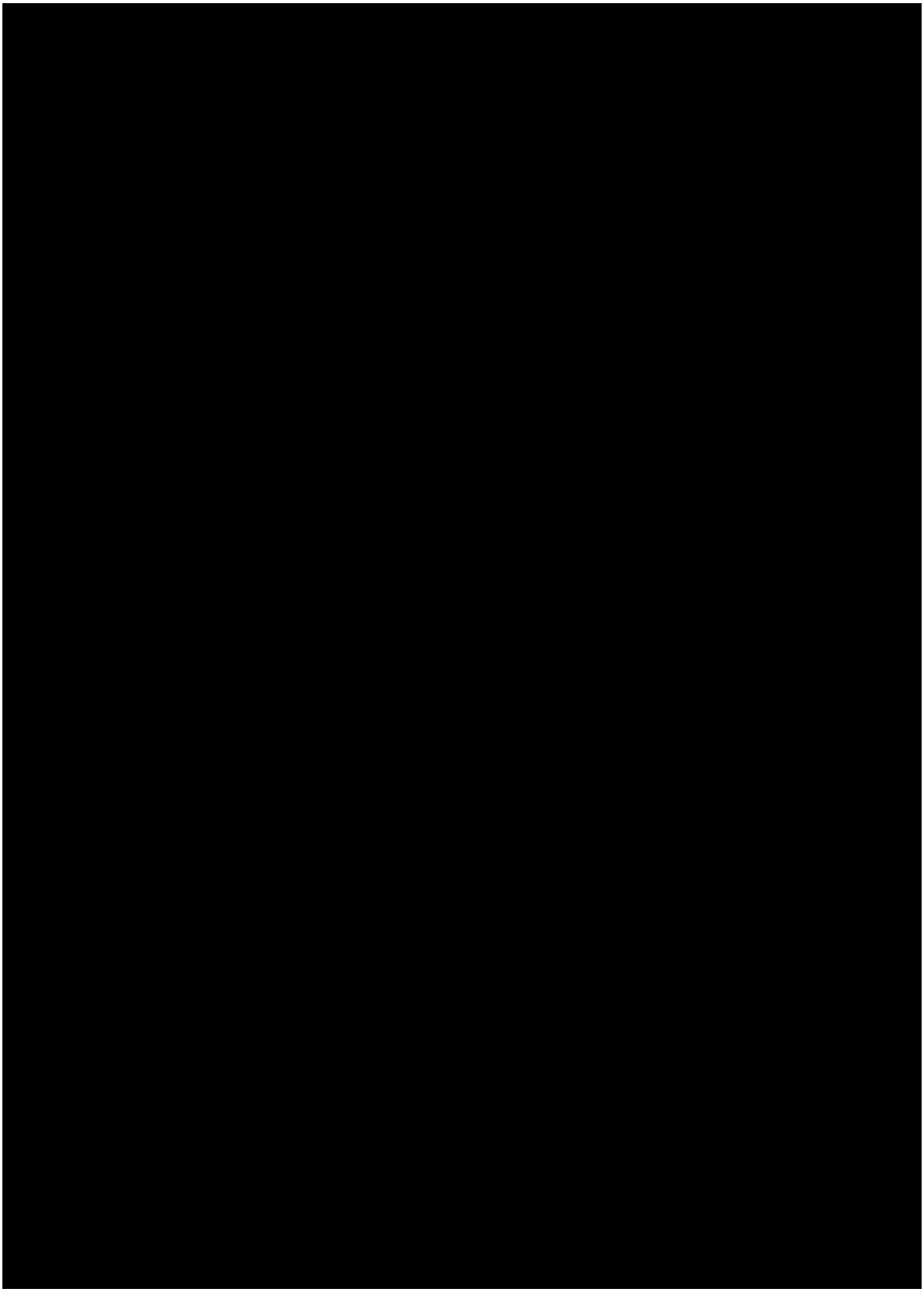


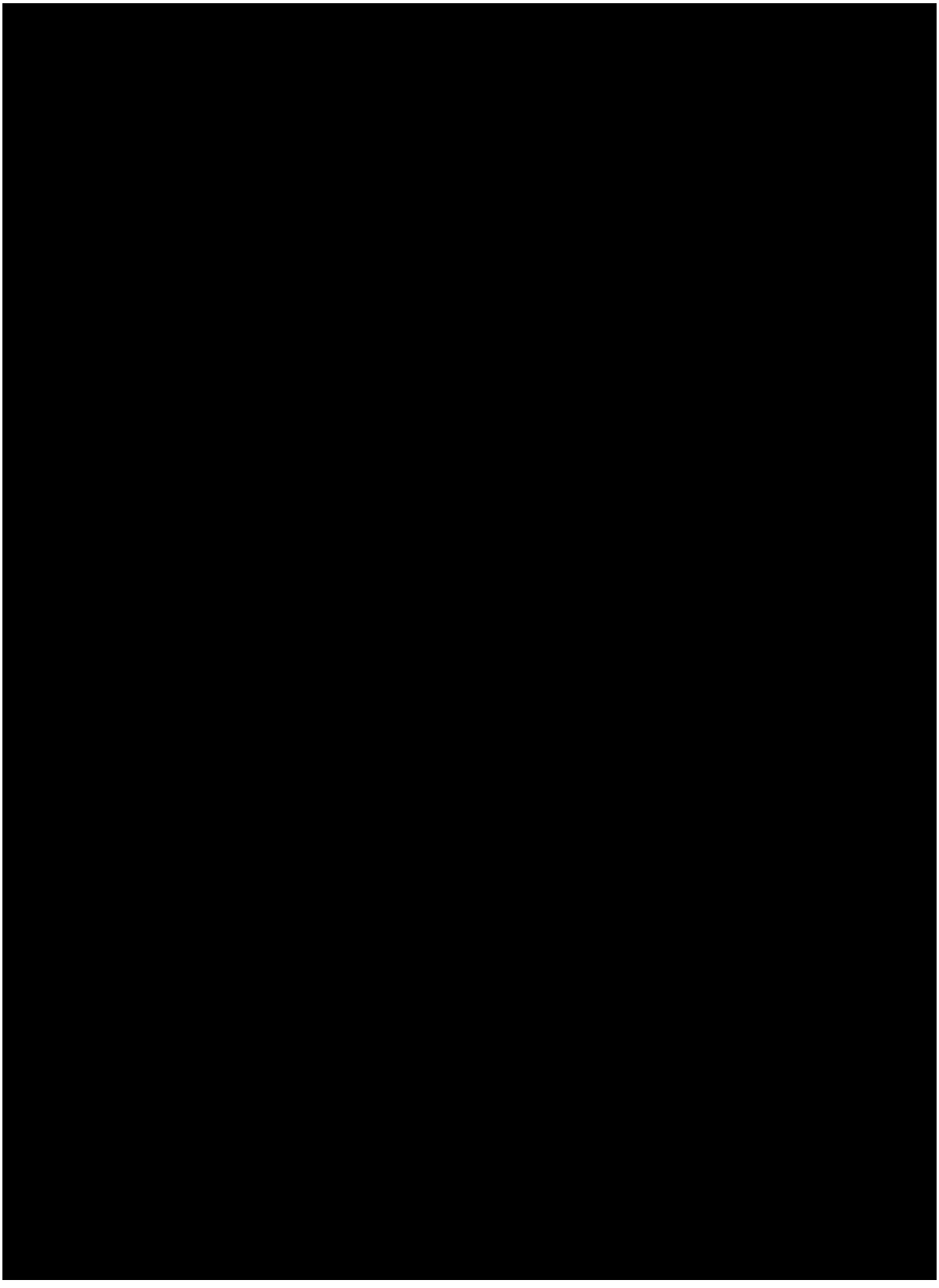


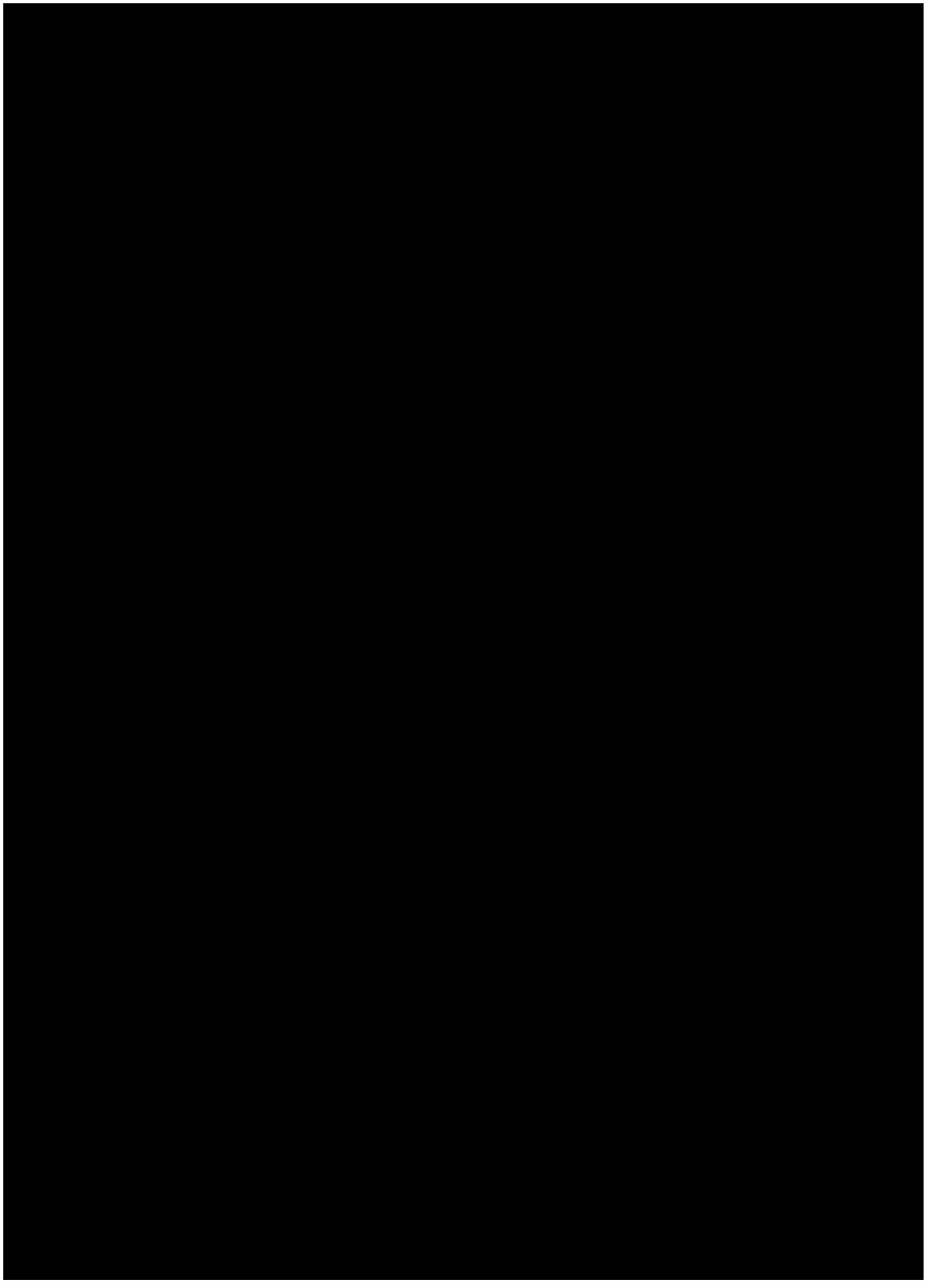


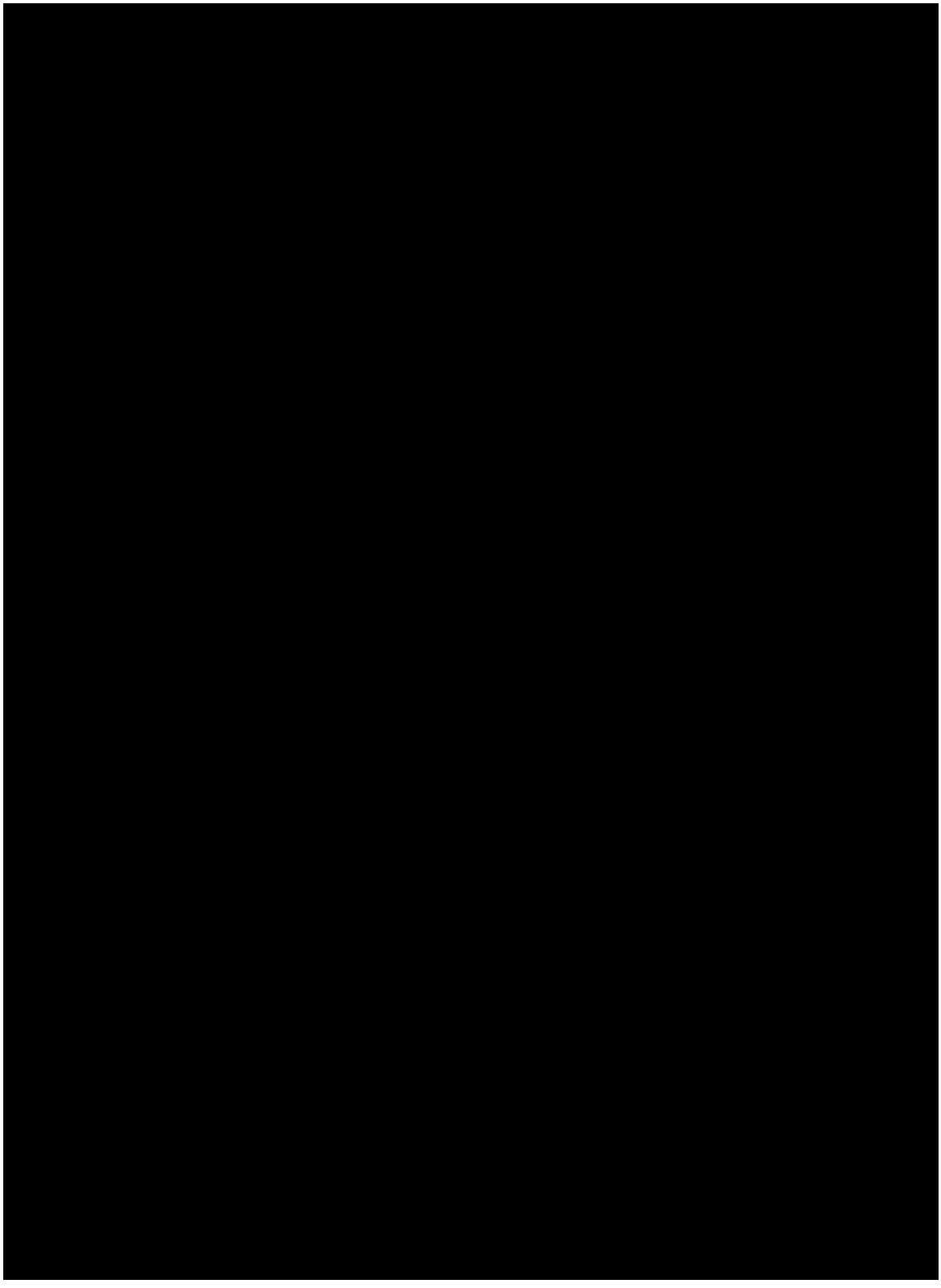


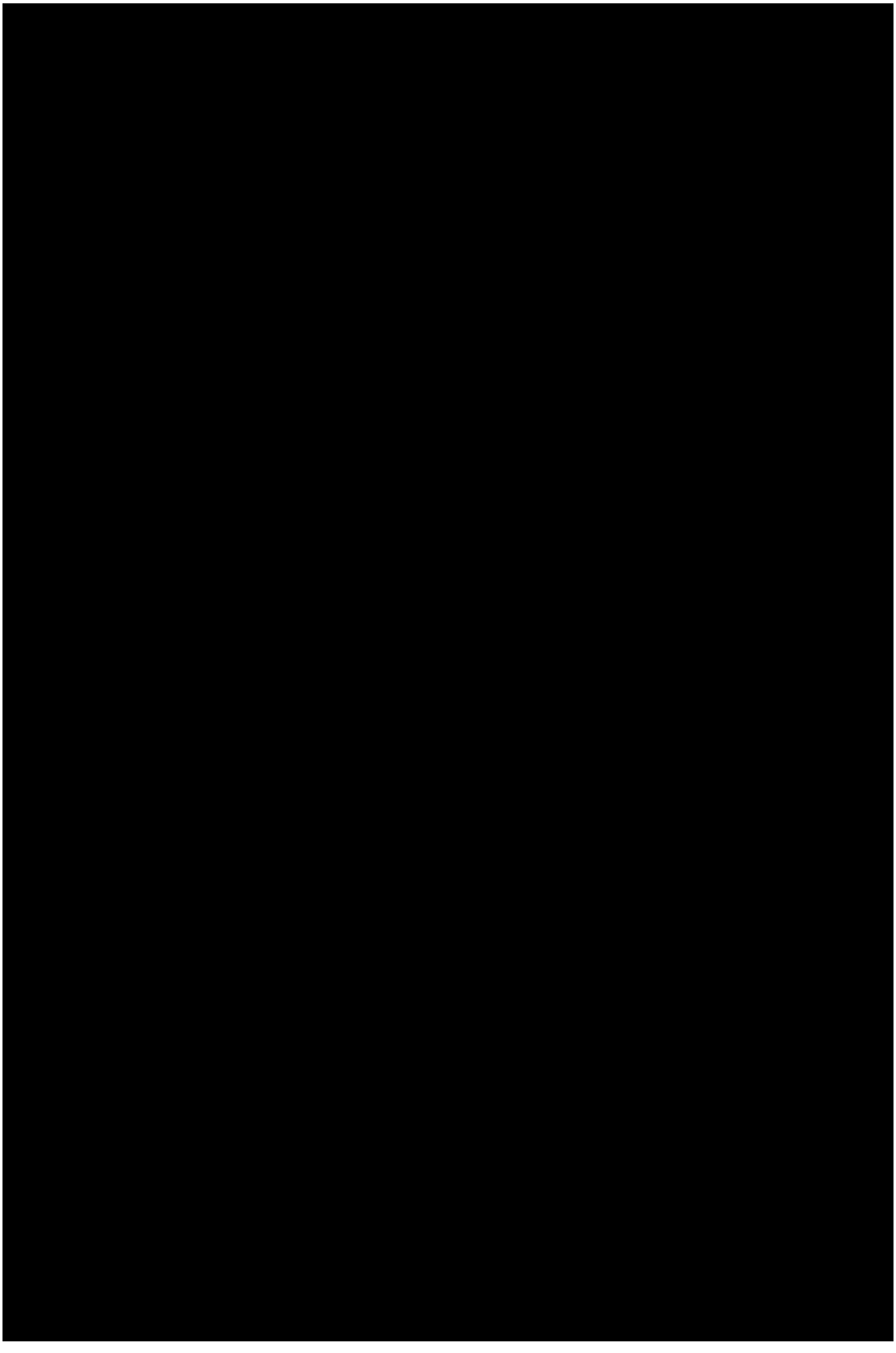


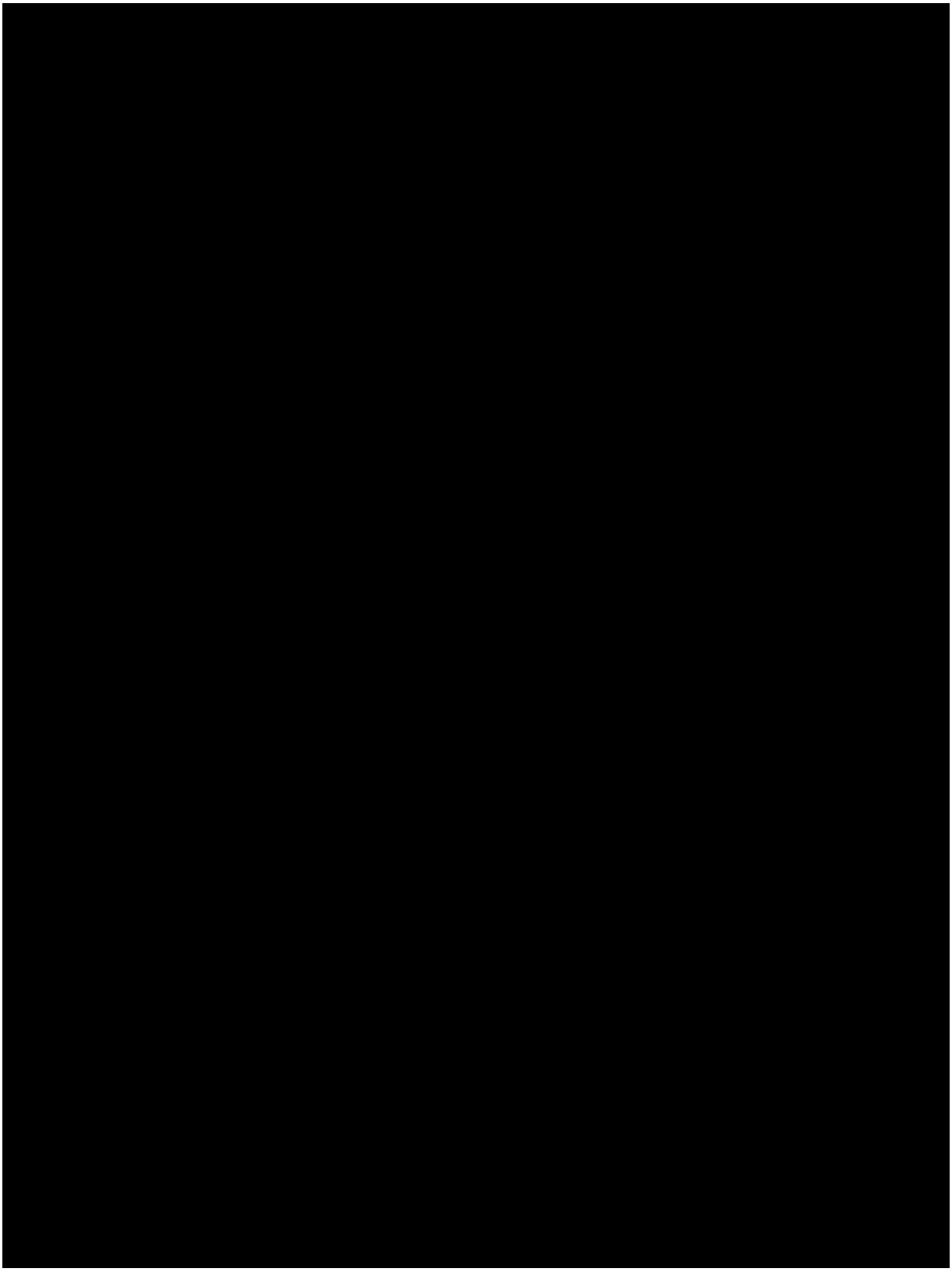


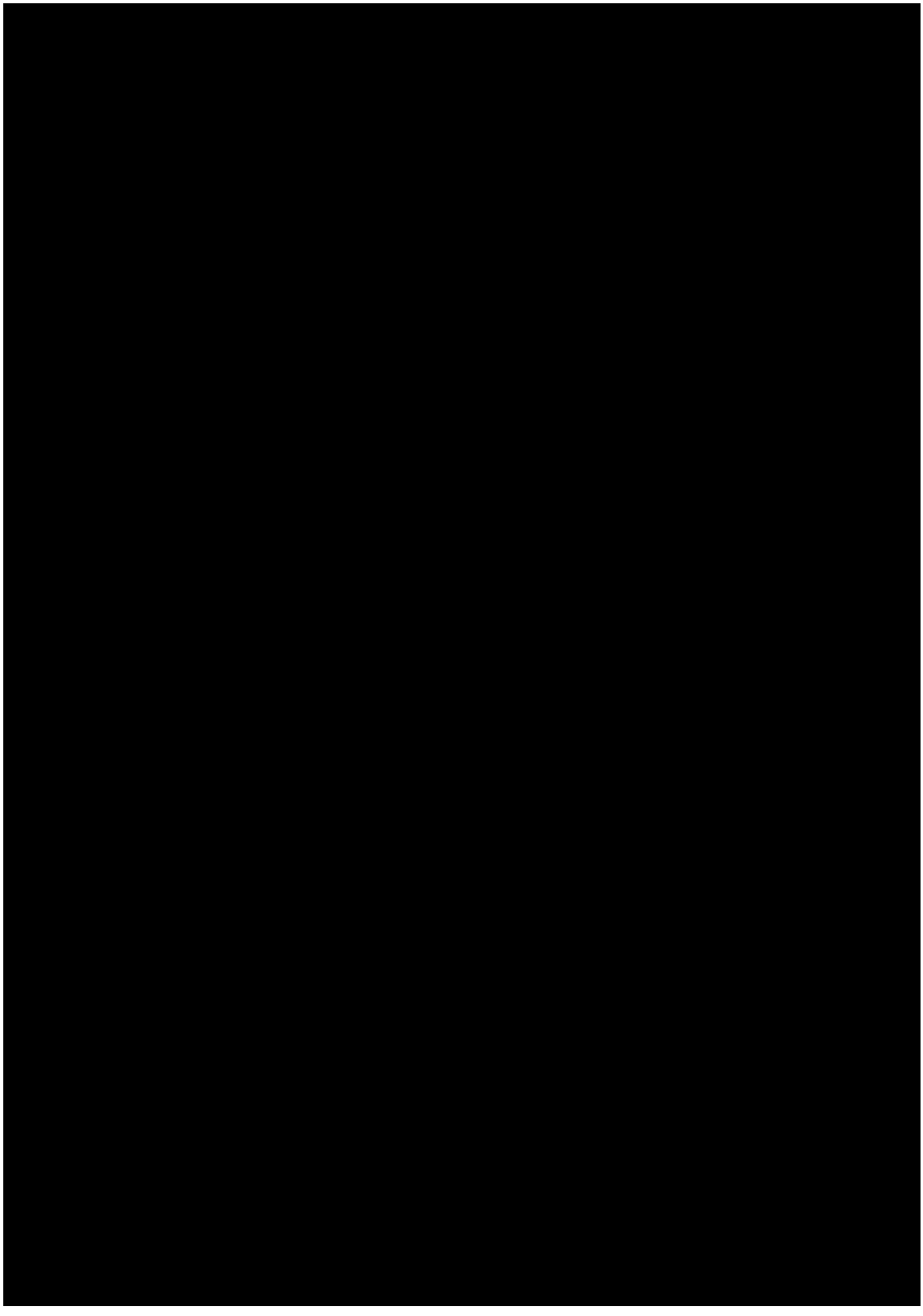


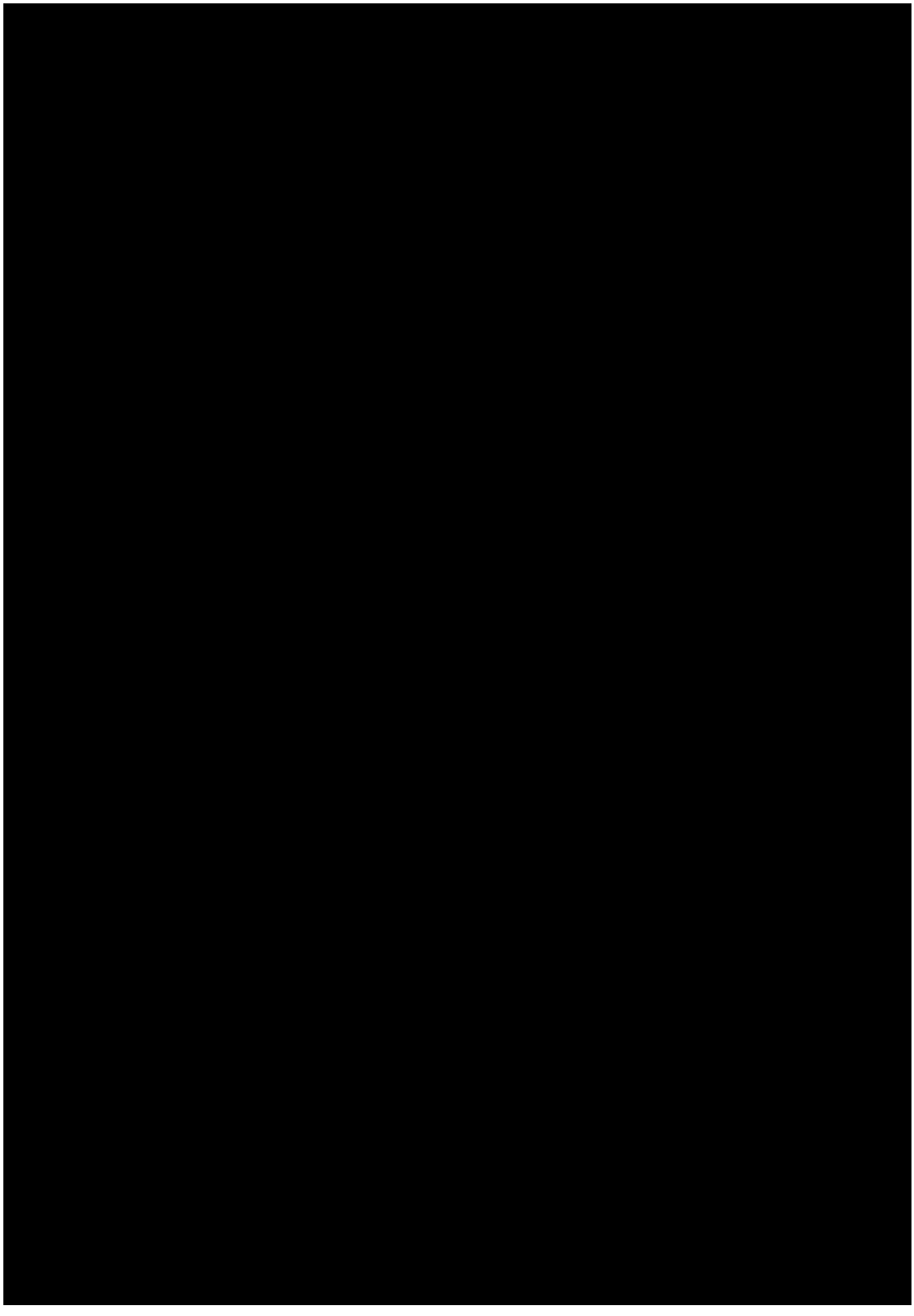


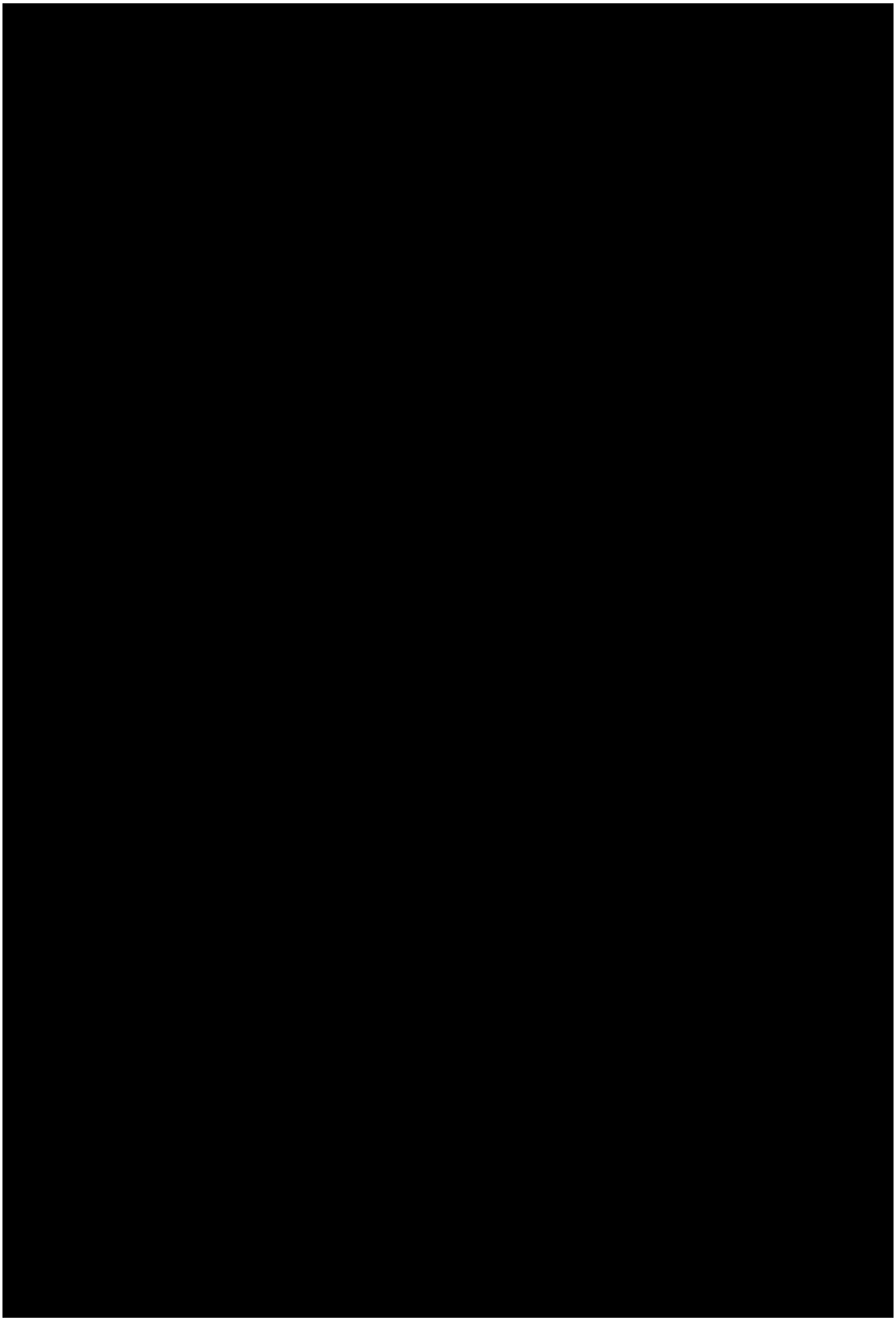


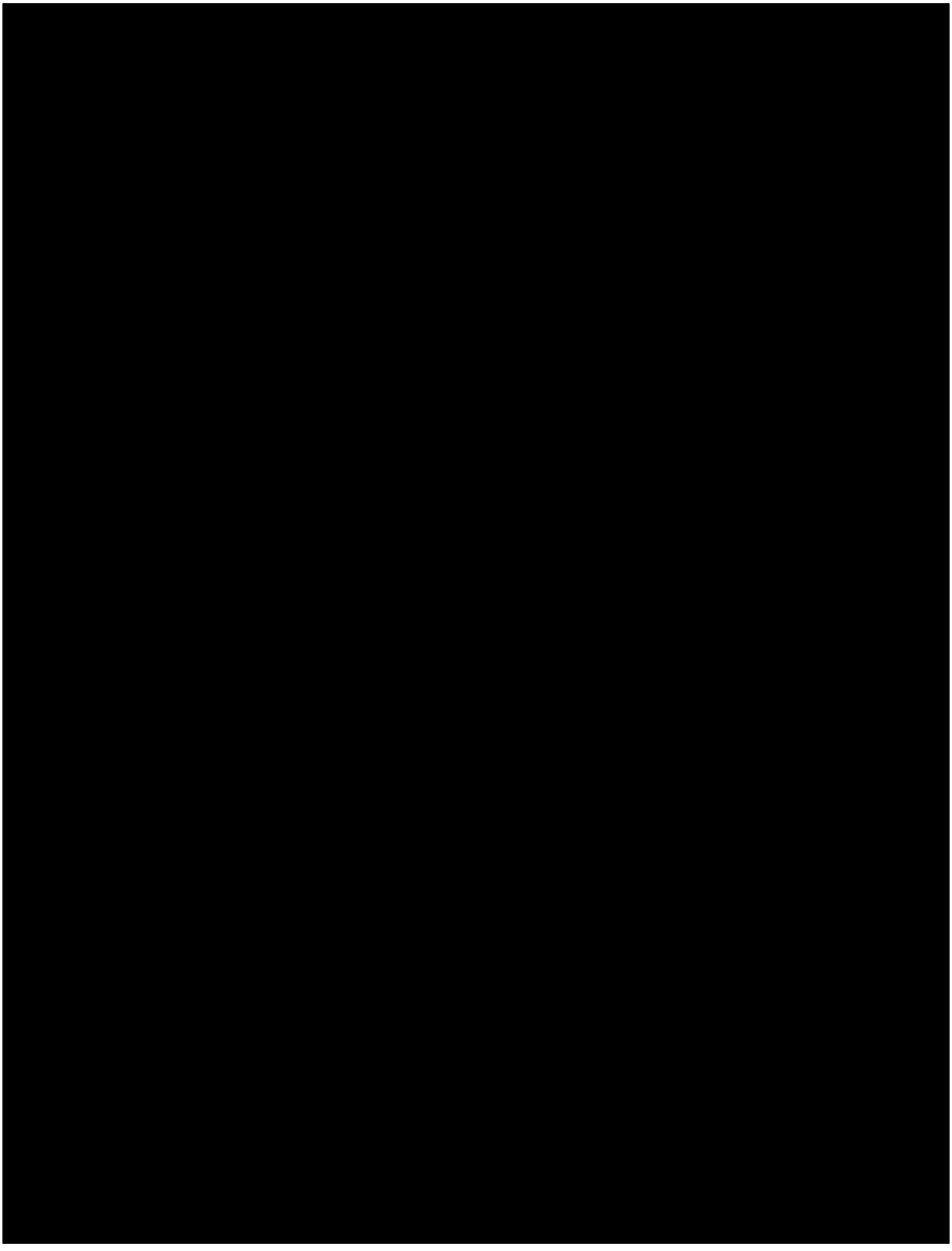


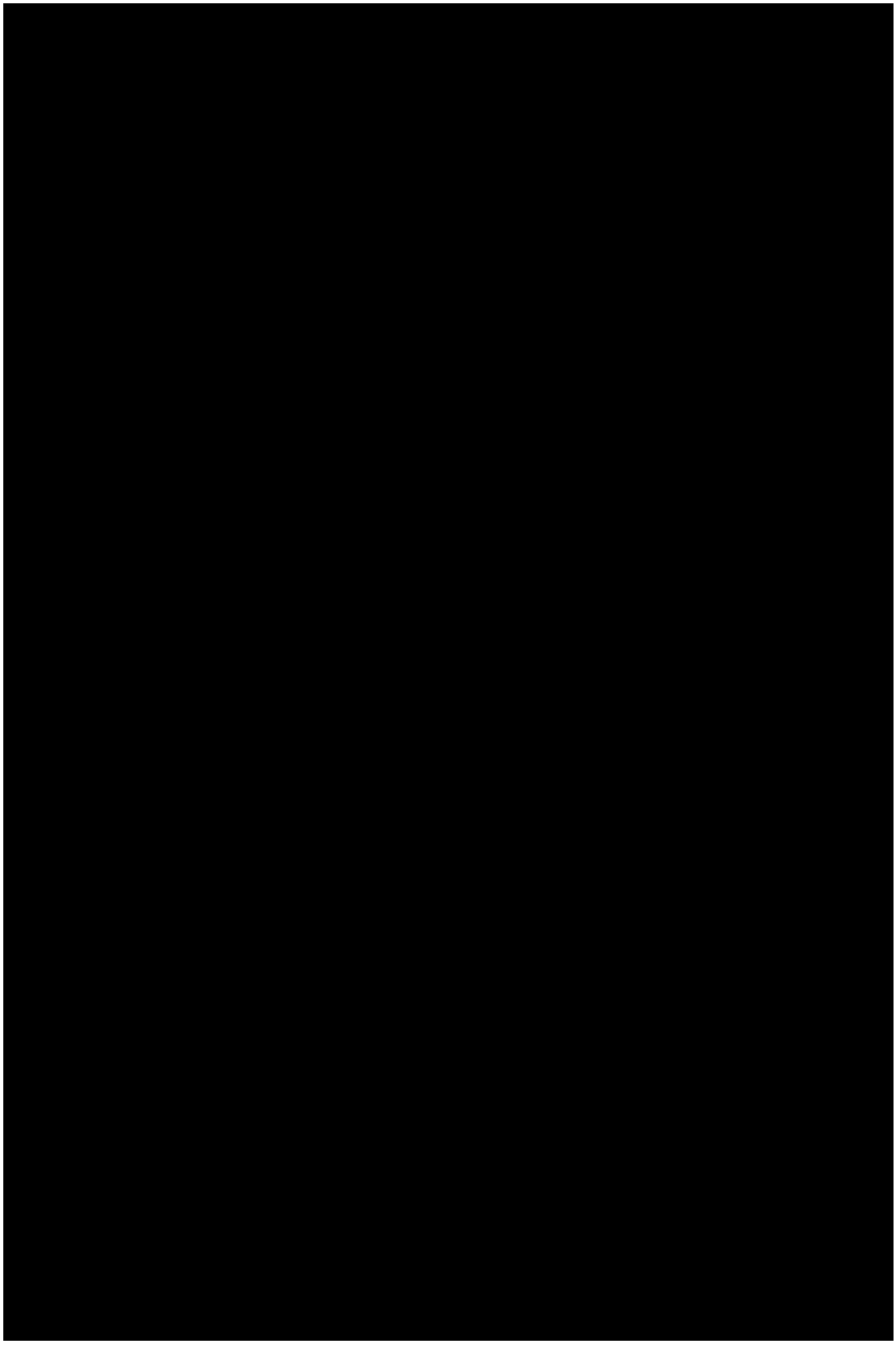


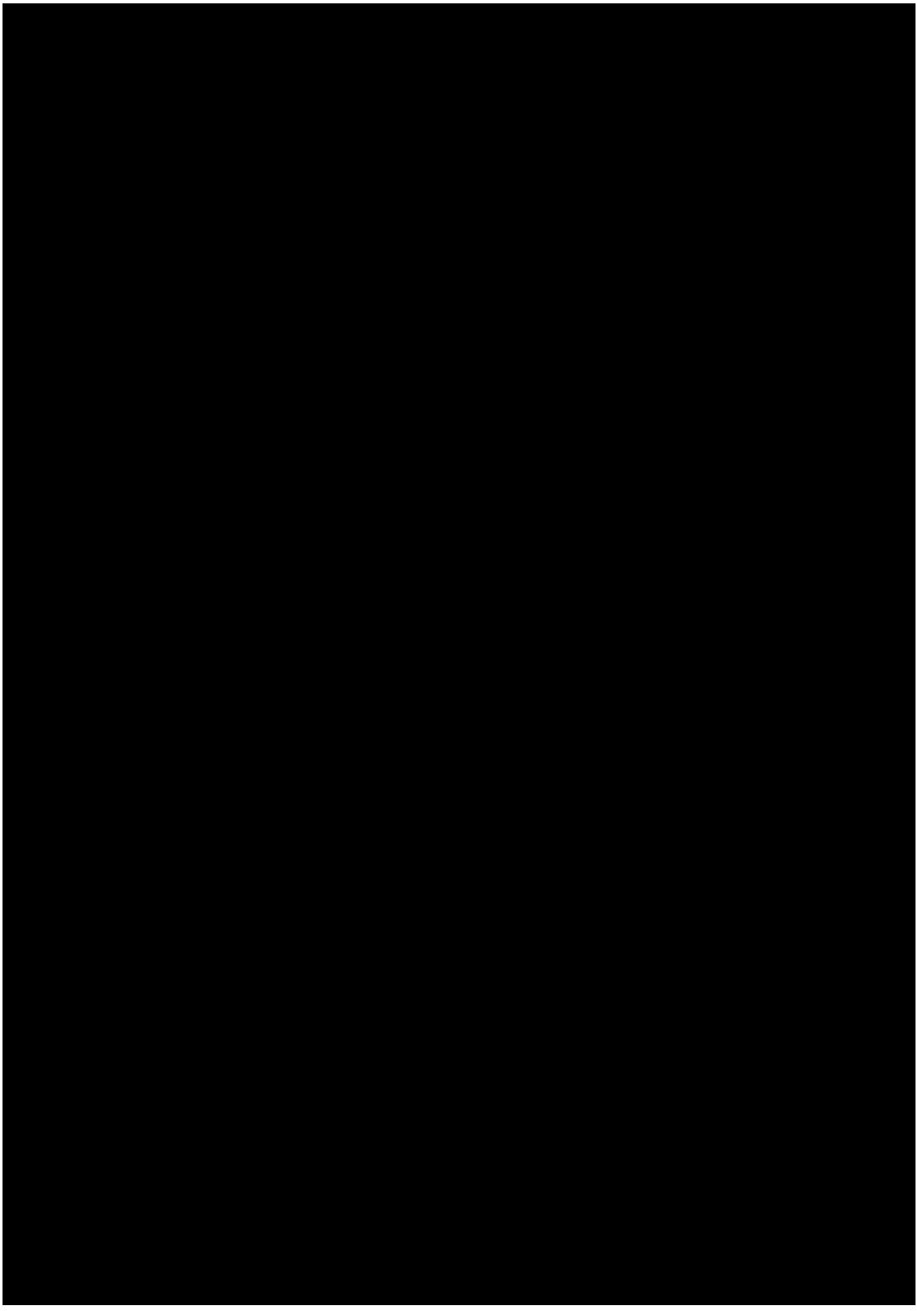


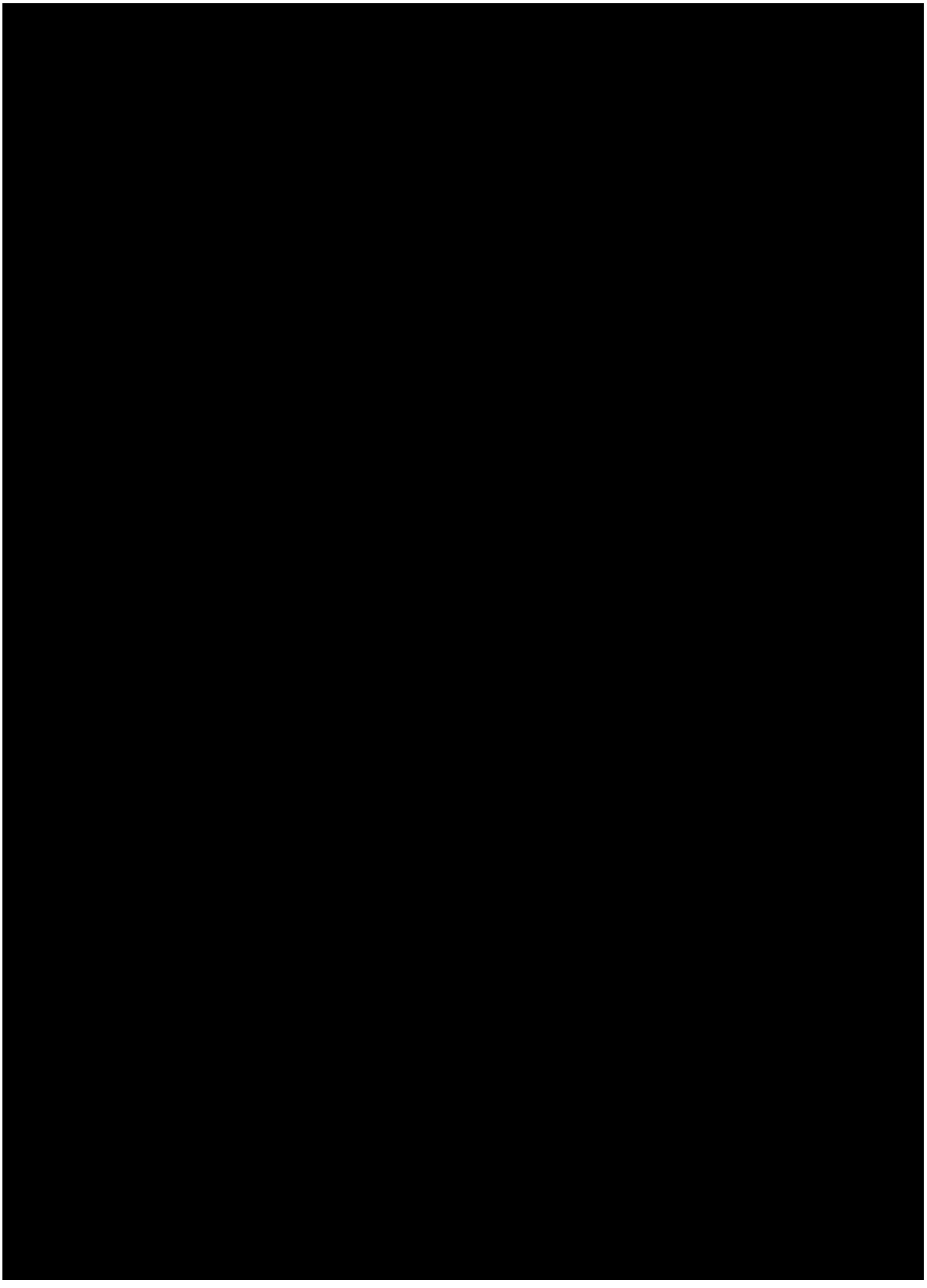


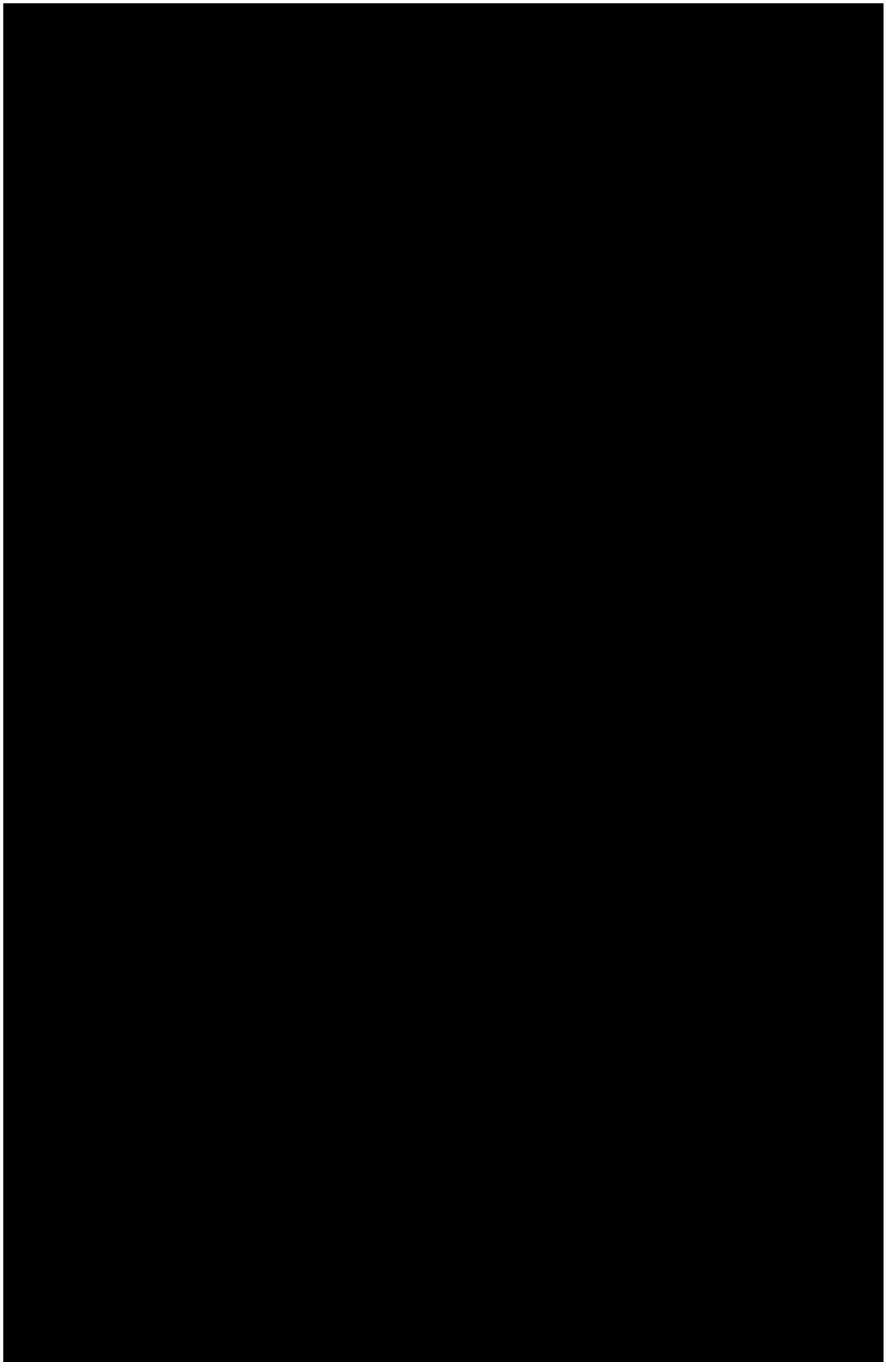


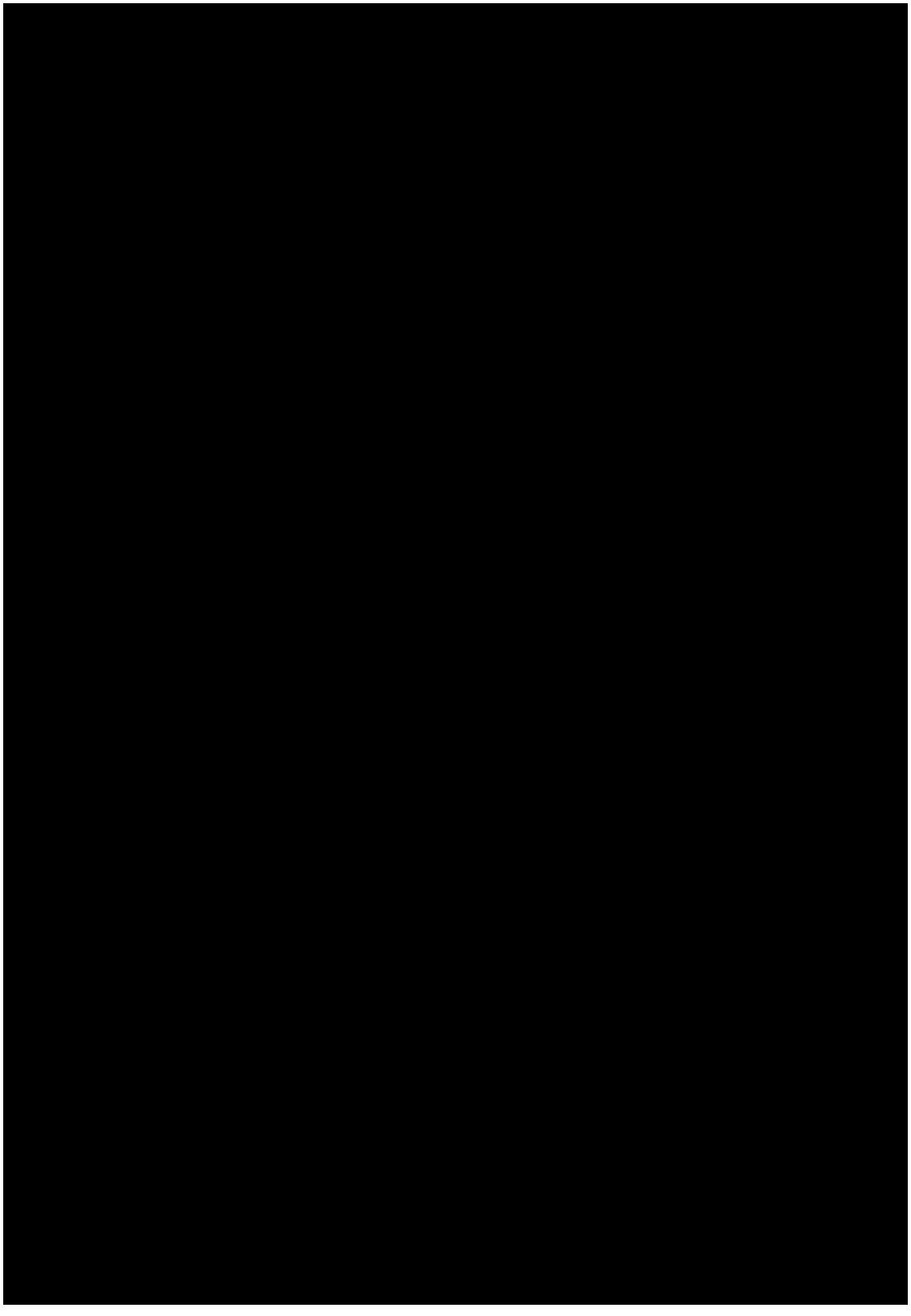


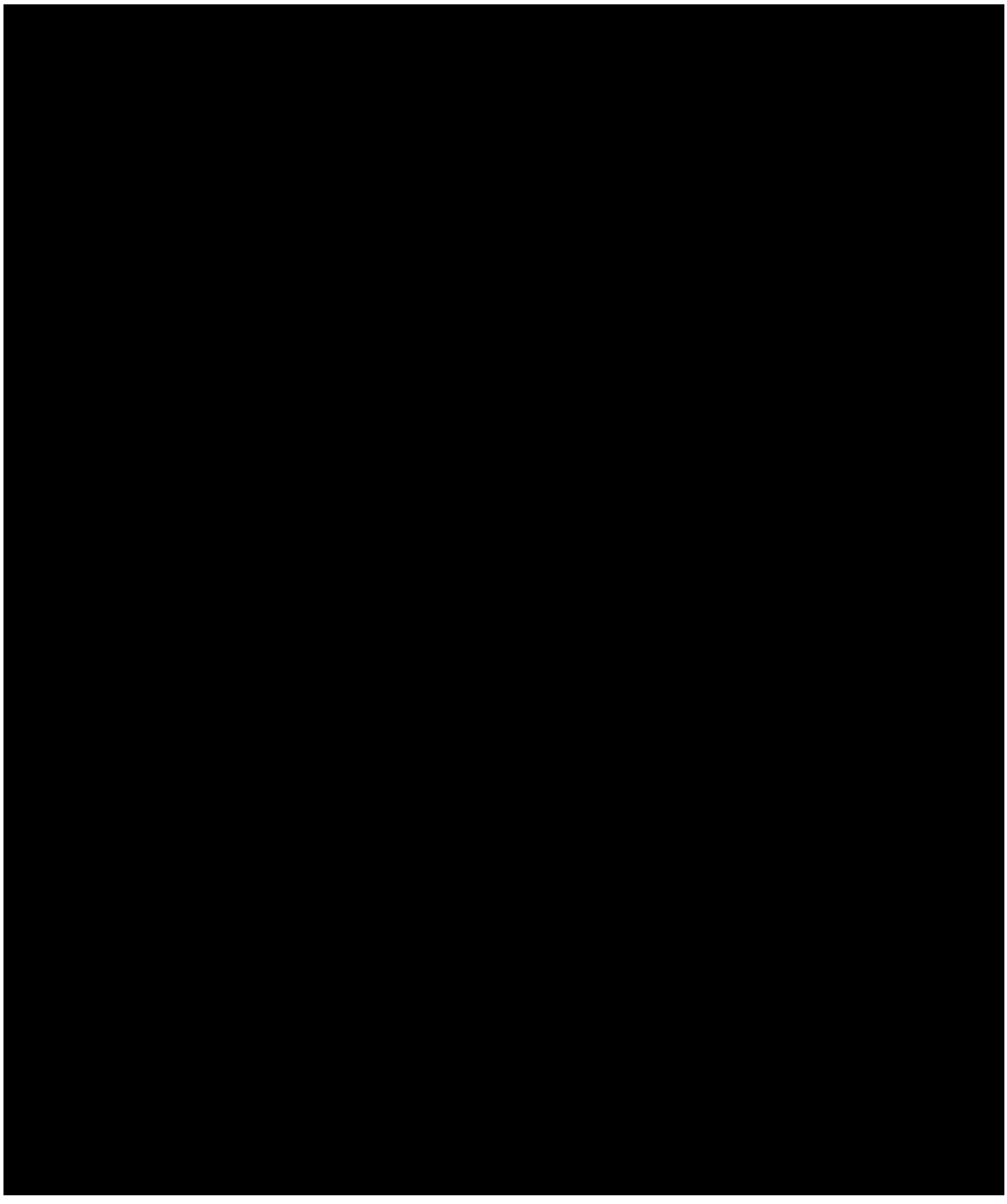












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