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A Message from your WPATH President, Dr. Marci Bowers

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From: "WPATH" <wpath@PROTECTED>

Subject: A Message from your WPATH President, Dr. Marci Bowers

Date: April 21st 2023



April 21, 2023

Dear Colleagues,

In the United States, 2023 has been a difficult year thus far for trans rights, to say the least. Although anti-trans sentiment has simmered for years, the exponential rise in TGD identification among adolescents has triggered unprecedented attacks against all things trans. More than 400 anti-transgender bills, particularly in conservative states, see anti-transmessaging as a winning political posture for some. Eleven (11) states alone have already banned or restricted gender affirming care for gender diverse adolescents. Last week, Missouri became the first state to attempt gender enforcement on *adult* populations when attorney general, Andrew Bailey, issued an 'emergency declaration' that added draconian new hurdles for adult trans care to its adolescent ban. It is already probable that gender affirming care will be a wedge issue in the 2024 US election cycle.

Globally, many of the arguments used here in the US to ban transgender care have been cherry-picked or use narrowly excerpted language for restrictions that have been implemented in gender

services policies in Sweden and the UK---'lack of evidence', 'experimental' and 'focus on mental health'. They also ignore European countries where access to trans care has recently expanded (Spain, Portugal, and France). And unlike Swedish and British restrictions---which do not end treatment but rather, make research participation compulsory in order to answer remaining questions--conservative US policy makers have no interest in research on TGD medical therapy; they only care about shutting it down. Rather than safeguard young people by outlawing automatic weapons and high-capacity munitions, conservatives feel that banning trans care and removing LGBTQ-themed books will better protect society.

Caught in the middle are TGD individuals, providers, and families, who are now in anguish here in US-affected states. WPATH membership continues to receive stories of growing despair, clinics closing, families moving or seeking healthcare out of state [[see link](#)]. (<https://www.vice.com/en/article/wxj5pw/florida-lgbtq-clinics-anti-trans-laws>). Suicidality and desperation are again, needlessly in play.

Telemedicine and the emergence of sanctuary US states (California, Minnesota, and Colorado) that have chosen to defend access to trans care, provide some hope. But real progress on the road back will be difficult until the flow of anti-trans legislation slows and then stops. If there is one reductionist word that WPATH does not deserve, it is advocacy--all scientific organizations participate in some form of advocacy.

That said, the scientific and biological arguments can all be won and should continue to be argued. In a recent interview, Dr. Eli Coleman responded "*WPATH followed a rigorous, multi-year process and was based on the best available scientific evidence and weighing all risks and benefits to arrive at the recommendations in our Standards of Care 8 guidelines. Our multi-step methodology is clearly set forth in the guidelines themselves. When you compare the process we followed, the SOC8 has by far the more robust methodology than any other trans health related guidelines. We had 119 experts from around the world involved, developed PICO questions which formed the basis of systematic reviews, used a consensus-based approach (Delphi) involving all committee members to arrive at our conclusions and then graded the strength of our recommendations. We had an extensive period of public comment on a draft of the SOC8 and this input was checked against the available evidence resulting in the final version of the SOC8. The rationale for our recommendations is clearly explicated in the SOC8 referencing the extant research. WPATH stands behind our process and conclusions.*"

The recent New York Times opinion piece, "*What Decades of Providing Trans Care Have Taught Me*", was my take on the situation and can be read [here](#) (<https://wpath.org/media/cms/Documents/NYT%20OpEd%20M%20Bowers%20Apr%201%202023.pdf>).

The **first step** on the road back, in my opinion, will be to allow the public to hear the anguish and the stories of those in pain as a direct result of anti-trans legislation, difficult as this will be to watch---and to pin this pain upon those legislators and policy makers who have inflicted the agony. In my interview

with CBS Evening News to be aired any day, I called it 'legislative cruelty'. The moment we are in reminds me of San Francisco's Harvey Milk and his plea to gay persons to come out. We need to be heard—trans persons, allies, parents, families, politicians, clergy---those who have been hurt and those who know us.

The **second step** on the road back will be to unite disparate causes in our fight against a common foe. An attack on trans care is an attack on women. It is an attack on black people, brown people, and Asian people. It is an attack on Jewish, Muslim, Hindi, Sikh, and true Christian communities. It is an attack on diversity and all of the ideals that diversity holds. It is an attack on us all. A majority of Americans favor access to adolescent trans care see link to NPR-Marist poll (<https://maristpoll.marist.edu/polls/npr-pbs-newshour-marist-poll-transgender-rights-april-2021/>) but the support is regional and it is thin. We need to better explain what adolescent TGD care looks like, why it is effective and indicated and who these patients really are. Anti-trans legislation needs to be fought with every voice, every thought, every inclination by all who know it. We need to make anti-trans legislation a *losing political issue*.

Already lost in this debate is the deplorable state of health and sex education throughout the Southern US. Furthering this ignorance, books are now banned, especially and specifically those with LGBTQI themes. It is of little surprise to many that persistent rates of new HIV infection, incest, and STDs remain highest where sex education is lowest, most in states where anti-trans legislation has been proposed.

And finally, '*What is a Woman?*', the title to a trite and condescending 2022 American movie produced by conservative Matt Walsh, whose edits left out any answer to the question, as though the answer was obvious. What was cut from the piece was reality; that nature lacks a definitive answer to the question. Because there is no biological measure----not chromosomes, not hormones, not anatomy nor any of the six other biological markers of sex---a woman is what society sees based upon the gender identity the individual projects. No measure in biology gets it right every time. For every rule, there is an exception. Sex and gender are complicated and diverse---but let us explain the phenomena, not allow the issues to be put back in the societal closet. Ultimately, what terrifies conservatives most is that gender diversity is a force of nature that can no longer be contained by religious conscription or enforcement of a gender binary.

Killarney, Ireland and EPATH will again surely exceed expectations as we meet April 26-28, 2023.

Until we all dance once more....



Marci L Bowers, MD



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