Dear USPATH colleagues,

I hope you are weathering this winter with the warmth of those who support you and your work.

As we honor and celebrate Black History Month, I am reminded of a quote from James Baldwin:

We can disagree and still love each other unless your disagreement is rooted in my oppression and denial of my humanity and right to exist.

The slew of opinion articles of late are not fact-based reporting, they are not honest faith discussions of the evidence; they are in fact deliberate attempts to harm transgender and non-binary people. Many wonderful journalists have already provided point-by-point rebuttals to recent opinion pieces, including Erin Reed (here) and Evan Urquhart (here) and jointly (here).

I encourage you to follow their work as it is an excellent way to remain up to date on what evidence is available to counter these opinion pieces.

I provide here a few critical points from their reporting and the latest findings of the 2022 US Trans Survey (I’ve also provided links to additional reporting and primary research findings):

- Rapid Onset Gender Dysphoria is a debunked theory and social contagion is not supported by the evidence (more here)
- The conflation of sex, sexuality, and gender deliberately ignores the historical and current experiences of trans people of all ages.
- Gender identity change efforts (so-called conversion therapy) deliberately harm trans people.
- Detransition does occur, is rare, and is unique for each person. Research by K. MacKinnon and team (here and here) highlight the need for us to explicitly include people who detransition in gender-affirming care and research.
- Rates of satisfaction with transition are high, upwards of 94% overall and up to 98% for people currently receiving hormone therapy according to the 2022 US Trans Survey.

As more opinion pieces come forward that spread misinformation and disinformation, we will continue to remind people that opinions are not facts, “just asking questions” is not benign or without bias, and that peer-reviewed evidence in reputable journals continues to support access to medically necessary care for trans people. This means we all must remain familiar with new evidence as it emerges and be prepared to educate our colleagues, families, and friends.

As a reminder, particularly for cis allies in this space, speak up. If you have the opportunity to respond to misinformation/disinformation, take it and be equipped with the facts.

Onto more heartening news. As mentioned, the 2022 USTS Early Insights Report has been released. With a sample of 92,329 respondents, including 84,170 adults (18 and older), this is the largest survey of trans people. The early findings cover key issues in health, family, employment and housing, education, safety, and public life. Like you, I am eager to see more from the data as it will highlight key disparities and inform initiatives to improve the well-being of trans people. And, as this study was designed by and with the trans community, I am excited to see what we will learn about the joy trans people experience and how we can ensure that is available to everyone. We will share more information about the 2022 USTS as it becomes available.
Additional good news is that Ohio appears to be rolling back a number of its rules and regulations affecting access to medically necessary care for trans adults. While this is a win for adults, we must continue to respond and fight for access for care for trans youth. We will continue to work with our partners (e.g., Whitman Walker Institute, GLMA, etc.) in responding to issues in Ohio.

Lastly, our USPATH board has had its monthly board meeting. Initiatives and outcomes from our February USPATH Board Meeting that I would like to highlight include:

1) USPATH (along with WPATH) has signed a letter to the World Health Organization (WHO) commending their guidelines development plans.

2) Our Board continues to develop its Student and Trainee Special Interest Group (SIG). We plan to send a survey to student and trainee members of USPATH in the coming weeks to gather interest in leadership opportunities in this SIG.

3) Our Board continues to develop our member survey. We welcome input from members about questions to consider including (thank you to members who have already sent in their suggestions).

As a reminder, while we will do our best to respond to every issue, we are not omniscient. As such, we appreciate any USPATH member sending us local or national issues that warrant USPATH consideration.

In Solidarity,

Carl G Streed, Jr., MD, MPH, FACP, FAHA
President, US Professional Association for Transgender Health

What we’re reading lately (in no particular order):


Detransition needs further understanding, not controversy. By Kinnon Ross MacKinnon et al. [https://www.bmj.com/content/381/bmj-2022-073584](https://www.bmj.com/content/381/bmj-2022-073584)


Backlash to transgender health care isn’t new – but faulty science used to justify it has changed over time. By G. Samantha Rosenthal. [https://www.advocate.com/transgender/transgender-health-care-backlash-history](https://www.advocate.com/transgender/transgender-health-care-backlash-history)


Conferences we’re looking forward to:
