

<https://www.wpath.org/soc8/Revision-Committee>



**Establishing the
soc8 Revision committee and
meet the chairs and lead evidence team**

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2.1 Establishing SOC Revision Committee Process

The Standards of Care 8 revision started by identifying a multidisciplinary team of clinicians, researchers and stakeholders using a clearly defined process. The following steps were followed to select the members of the SOC8 review

committee:

2.1.1 Establish Guideline Steering Committee

The WPATH Guideline Steering Committee provided oversight of the guideline development process for all chapters of the Standards of Care. Except for the Chair (Dr Eli Coleman) who was selected by WPATH to provide continuity from previous SOC, the two co-chairs were selected by the WPATH Board from WPATH members applying for these positions. The Chairs of the Guideline Steering Committee:

- Appointed the Chapter Leads and Members for each chapter
- Selected topics for the chapters

The Guideline Steering Committee (chairs and Co-chairs) provided general oversight of the guideline development process. The Committee reviewed all chapters of the Standards of Care to confirm adherence to the WPATH guideline methodology and to ensure consistency of statements across the Standards of Care.

2.1.2 Nomination Procedures and selection for Co-Chairs

- A member of WPATH proposed a candidate for co-chair by sending a letter of nomination and the address of the recommended co-chair, to the Executive Director of the Society.
- A Member of WPATH could self-nominate, by sending a letter of self-nomination to the Executive Director of the Society.
- The Executive Director (ED) sent a membership application form, including a request for a curriculum vitae, to the nominated individual.
- The ED distributed copies of the nominating letter, completed application, and curriculum vitae to the Board of Directors.
- The BOD discussed each application and assigns a score in a blinded ballot only seen by the office staff across the application criteria with the three top candidates moving to the next round of voting.
- Any conflict of interest was declared and in the case of a conflict of interest, the conflicted person did not vote.
- The BOD discussed the nominees with the Chair, and best fit for the group was chosen.
- The ED corresponded with the candidate and the nominator regarding the action on each nomination.

2.1.2.1 Key Criteria Used for the Selection of Co-Chair on the SOC8 Revision Committee (2 positions)

- Longstanding WPATH Full Member in good standing
- Well recognized advocate for WPATH and the SOC
- Well known expert in transgender health
- Extensive experience in leading consensus building projects and guideline development
- Accomplished clinician, scholar, and researcher in trans health with a publication record
- Able to assess the evidence-based and peer review literature and peer and contribute specific recommendations from an evidence-based perspective
- Able to select and supervise chapter leads

2.1.2.1 Results

A total of 8 individuals applied for two positions and 2 people were selected, Dr. Asa Radix and Dr. Jon Arcelus.

2.1.3 Nomination and selection procedures for Chapter Leads

- A member of WPATH proposed a candidate for a chapter lead by sending a letter of nomination, including address of the recommended chapter lead (and indicated chapter(s)), to the Executive Director (ED) of the Society.
- A member of WPATH could self-nominate by sending a letter of self-nomination to the ED of the Society.
- The ED sent a membership application form, including a request for a curriculum vitae, to the nominated individual.
- The ED distributes copies of the nominating letter, completed application, and curriculum vitae to the Chair and Co-Chairs.
- The Chair and Co-Chairs discussed the applications and assign a score in a blinded ballot only seen by the office staff across the application criteria with the top 2 candidates moving to the next round of voting. The Chair and Co-Chairs discussed the top 2 candidates with the goal of selecting the best fit for the topic and the other members of the workgroup.
- The Chair and Co-Chairs informed the BOD of their decisions.
- The ED corresponded with the candidate and the nominator regarding the action on each nomination.

2.1.3.1 Key Criteria for Chapter Lead on the SOC Revision Committee

- WPATH Full Member in good standing
- Well recognized advocate for WPATH and the SOC
- Well known expert in transgender health
- Accomplished scholar and researcher in trans health with a publication record related to the chapter
- Accomplished clinician, scholar, and researcher in trans health with a publication record
- Able to assess the evidence-based literature and write chapters based on peer review or contribute

2.1.3.2 Results

A total of 39 applicants and 24 were selected.

2.1.4 Nomination Procedures and selection for Chapter Workgroup Members

- A member of WPATH proposed a candidate for a chapter workgroup member by sending a letter of nomination, including address of the recommended new member, to the Executive Director (ED) of the Society
- A member of WPATH could self-nominate, by sending a letter of self-nomination to the ED of the Society
- The ED sent a membership application form, including a request for a curriculum vitae, to the nominated individual.
- The ED distributed copies of the nominating letter, completed application, and curriculum vitae to the Chapter Leads.
- The Chair and Co-Chairs and Chapter Leads discuss the applications and assign a score in a blinded ballot only seen by the office staff across the application criteria with the top 5-7 candidates (number to be determined prior to voting) within each chapter being chosen.
- The Chair, Co-Chairs and Chapter Lead informed the BOD of their decisions.
- The ED corresponded with the candidate and the nominator regarding the action on each nomination.

2.1.4.1 Key Criteria for Chapter Workgroup Member on the SOC8 Revision Committee (5-7 people per chapter)

- WPATH Full Member in good standing
- Well known expert in transgender health
- Accomplished scholar and researcher in trans health with a publication record related to the chapter
- Able to assess the evidence-based literature and write chapters related to peer review or contribute specific recommendations from an evidence-based perspective
- Able and willing to work collaboratively with chapter leads and other committee members
- Applicants could apply to work on more than one workgroup and rank their chapter interests.

2.1.4.2 Results

A total of 149 applicants for workgroup members applied and 127 were selected (link it to a page with names of the chairs, leads)

2.1.5 Nomination and selection procedures for Chapter Stakeholder Members

- A member of WPATH proposed a candidate for a chapter workgroup member by sending a letter of nomination, including address of the recommended new member, to the Executive Director (ED) of the Society
- A person could self-nominate, by sending a letter of self-nomination to the ED of the Society
- The ED sent a committee membership application form, including a request for a curriculum vitae, to the nominated individual.
- The ED distributed copies of the nominating letter, completed application, and curriculum vitae to the Chapter Leads.

- The Chair and Co-Chairs and Chapter Leads discussed the applications and assign a score in a blinded ballot only seen by the office staff across the application criteria with the top 2 candidates (number to be determined prior to voting) per chapter being chosen.
- The Chair, Co-Chairs and Chapter Leads discussed the top 2 candidates and the best fit within each chapter group were chosen.
- The Chair, Co-Chairs and Chapter Lead informed the BOD of their decisions.
- The ED corresponded with the candidate and the nominator regarding the action on each nomination.

2.1.5.1 Key Criteria for Stakeholder Membership on the SOC8 Revision Committee

Our intent was that by involving experts (with or without lived experience) that work outside of the scientific publishing arena, we will be able to provide input from those working directly in community health or in policy making and in NGOs around the globe.

- Associate Members of WPATH (with or without lived transgender experience) and other individuals (with or without lived transgender experience) with expertise due to accomplishments in trans health advocacy and a history of work in the community, or a member of a family that includes a transgender child, sibling, partner, parent, etc.
- Able to review the drafts of the SOC committee and contribute specific recommendations from a community health perspective

2.1.5.2 Results

A total of 57 and 20 were selected.

2.1.6 Selection of the evidence review team

The WPATH Board released a request for proposals (RFP) for the WPATH Standards of Care 8th Version Evidence Review Team. The Board received four complete proposals in response to the RFP. After careful review and discussions of each submitted proposal, the WPATH Board selected and engaged an Evidence Review Team at Johns Hopkins University. Dr Karen Robinson was the lead of the evidence-based review.

Conflict of Interest

Members of the Guideline Steering Committee, Chapter Leads and Members, and members of the Evidence Review Team are asked to disclose any conflicts of interest. Also reported, in addition to potential financial and competing interests or conflicts, were personal or direct reporting relationships with a chair, co-chair or a WPATH Board Member or the holding of a position on the WPATH Board of Directors.

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WPATH

World Professional Association for Transgender Health

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April 21, 2022

WPATH/USPATH Denounce Florida Department of Health for Harmful Guidelines Targeting Trans Youth

The World Professional Association for Transgender Health (WPATH) and United States Professional Association for Transgender Health (USPATH) denounce guidance from the Florida Department of Health aimed at stopping medically necessary health care for transgender youth. The Florida guidelines were issued in response to a fact sheet on gender-affirming care put forth by the U.S. Department of Health and Human Services.

“Florida’s Health Department should be looking out for the interests of trans youth instead of misrepresenting the science on how to care for them. This so-called guidance is dangerous and will contribute to putting Florida’s trans youth population, their families, and their care providers in harm’s way. It is shameful to see yet another attack from a state that is laser-focused on targeting trans and LGBTQ people for political gain.”

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Visit <https://www.wpath.org/policies> to view our public documents.

Visit <https://www.tandfonline.com/loi/wijt20> to view the International Journal of Transgender Health with open access to our editorials.

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November 11, 2022

Statement of Opposition to Florida Draft Rule Banning Gender Affirming Care for Adolescents

The World Professional Association for Transgender Health (WPATH) and the United States Professional Association for Transgender Health (USPATH) stand in staunch opposition to the unwarranted ban on adolescent gender affirming care approved November 4, 2022, by the Florida Boards of Medicine. Gender affirming care improves quality of life and has been endorsed by major medical associations. The Florida Boards, rather than following the science and consensus-based guidelines established and recently updated by WPATH, have chosen politics over science to deny families and their children vital medical care. Lack of access to gender affirming care adds to a patient's psychosocial stress and is associated with increased suicidality. The proposed ban will result in pain and potential harm for the very constituents it claims to protect. We denounce the proposed draft rule as cruel, counter to medical evidence and discriminatory.

WPATH Executive Committee
USPATH Executive Committee

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Visit <https://www.wpath.org/policies> to view our public documents.

Visit <https://www.tandfonline.com/loi/wijt20> to view the International Journal of Transgender Health with open access to our editorials.

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World Professional Association for Transgender Health (WPATH) Board of Directors and Ethics Committee Statement Opposing Legislation that Endangers Health

The members of the WPATH Ethics Committee applaud the June 15, 2020 ruling issued from the United States Supreme Court that rejects discrimination based on gender identity or sexual orientation in the workplace. The rationale for this ruling put forth by the majority articulates plainly that a person's gender identity and sexual orientation cannot be parsed from personhood.

We strongly condemn the current **United States Department of Health and Human Services (HHS)** new rule that eliminates protections from discrimination based on gender identity and sexual orientation in the healthcare setting afforded by Section 1557 of the 2010 Affordable Care Act (ACA).

Section 1557 is a civil rights provision in the ACA that prohibits discrimination by covered health programs and activities on the basis of race, color, national origin, sex, age, and disability. The current U.S. Administration's pointed attempt to narrow the definition of sex discrimination to exclude discrimination based on a person's gender identity signals that the HHS Office for Civil Rights will not enforce the ACA to protect transgender people. The elimination of protections from discrimination in healthcare for a vulnerable population is a clear violation of ethical tenets in the medical profession and civil and human rights laws. This HHS rule also eliminates from healthcare the very same civil rights protections recently affirmed by the U.S. Supreme Court in the workplace.

Like this HHS rule, efforts to deny recognition for transgender people are occurring in other countries as well. **The State Duma of Russia** is now considering three bills aimed at preventing transgender people from obtaining consistent documentation of legal gender recognition and preventing them from marrying or adopting children, as well as explicitly forbidding same sex marriage (see <https://meduza.io/en/cards/russia-has-a-new-draft-law-with-major-consequences-for-transgender-people>).

The Hungarian Parliament recently passed a regressive law defining gender as fixed at birth and dictated by genital structure and chromosomes, which is a belief not supported by science. The law also forbids any change of birth documentation, which denies trans people accurate identification in the healthcare setting and in society at large.



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(see <https://www.nytimes.com/2020/05/28/world/europe/hungary-transgender-law.html>).

In Brazil, pronouncements by President Jair Bolsonaro that invalidate transgender identity and LGBTQ rights and have encouraged parliamentary debate of the already passed Brazilian Federal Council of Medicine's Resolution (CFM-2.265/19), which supports transgender healthcare services for transgender youth ages 16-18. Reversal of this resolution would create extreme suffering for many trans youth. Brazil already has the largest annual murder toll of trans people worldwide. These legislative efforts are clear violations of human rights principles and existing laws, constitutions, and medical guidelines. Further information on global human rights conditions for LGBTQ people can be found at <https://www.hrw.org/topic/lgbt-rights#> and <https://www.amnesty.org/en/what-we-do/discrimination/lgbt-rights/>

Just as the global COVID-19 pandemic of 2020 has shown us that our health and wellbeing are intertwined locally, nationally, and globally, so too do the negative healthcare and social impacts of gender- and sexual orientation-based discrimination ultimately affect all of humanity.

The WPATH Board of Directors and the Ethics Committee firmly protests the new U.S. HHS rule which, by pointedly denying civil rights protections to LGBTQ people, openly permits hostile health care providers, institutions, and insurance companies to discriminate on the basis of sexual orientation or gender identity. We also oppose oppressive legislative efforts anywhere in the world. We urge healthcare providers, administrators, government officials, and concerned individuals everywhere to protest the measures highlighted here and *all* discrimination that promotes inequitable treatment and exacerbates health disparities wherever they exist.

Approved August 3, 2020

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May 28, 2019

Your Excellencies:

The World Professional Association for Transgender Health (WPATH) is the only international, interdisciplinary professional association dedicated to the scientific study of gender dysphoria and the evidence-based best practices in transgender health. We are a non-profit association with over 2200 members in the fields of medicine, mental health, law and ethics, and scientific research. Formed in 1979 for the purpose of bringing scientists and medical providers together to exchange knowledge about the field, we are the creators of the internationally accepted Standards of Care for the Health of Transsexual, Transgender, and Gender-nonconforming People, now in its 7th edition (SOC v7), and available in a Japanese translation¹ on our website: www.wpath.org. We have also advised governments around the world with respect to transgender health and human and civil rights. Our mission is to encourage education and research to ensure that the highest possible standards of health, social services, and justice are available to transgender people around the world.

We, WPATH's leadership, write to encourage Japan to urgently amend the "Gender Identity Disorder Special Cases Act"² as it contains some harmful and unscientific elements, and is not in line with international consensus on protecting and promoting the health of transgender people.

In writing this letter, we use the term *transgender* as an adjective to describe all those who identify in a gender other than the one that matches the sex they were assigned at birth. The term, used in this simple way, includes persons who seek gender affirming medical services,

¹ https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_Japanese.pdf

² Act on Special Cases in Handling Gender Status for Persons with Gender Identity Disorder, Act No. 111 of July 16, 2003. 性同一性障害者の性別の取扱いの特例に関する法律. <http://www.japaneselawtranslation.go.jp/law/detail/?id=2542&vm=04&re=02>

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as well as those who do not. It includes persons who identify using labels other than transgender, and who are described by others by way of other terms (for example, by way of the term transsexual or gender-diverse). It includes persons who identify as male or female, as well as those who identify as both or neither, and who therefore find male and female gender markers inadequate in describing who they are.

As you are aware, Japan's law regulating legal recognition for transgender people requires a diagnosis of "Gender Identity Disorder" (GID) before any transgender person can apply to secure legal recognition of their appropriate gender. "GID" is defined in the law as: *A person, despite his/her biological sex being clear, who continually maintains a psychological identity with an alternative gender, who holds the intention to physically and socially conform to an alternative gender.* In addition to providing a certificate attesting to the fact that the individual has been diagnosed with GID, an applicant to the court must meet the following qualifications:

- Be 20-years-old or older;
- Be presently unmarried;
- Not presently have any underage children;
- Not have gonads or permanently lack functioning gonads; and
- Have a physical form that is "endowed with genitalia that closely resemble the physical form of an alternative gender."

All of the above provisions require revision—most urgently, WPATH encourages the government of Japan to eliminate the sterilization requirement and update the diagnosis requirement in line with APA and WHO standards. The GID Special Cases Act, while serving to acknowledge the existence of a population and allowing for their legal recognition, is a formidable barrier for transgender people in Japan. The requirement of a "GID" diagnosis is unscientific and is no longer in use in the medical or mental health care fields in either clinical or research settings. The requirement of single marital status and not having minor children amounts to discrimination; and the requirement of surgeries that sterilize amounts to coerced sterilization—a widely-recognized human rights violation, including in Japan.

As the world's peak professional organization concerned with transgender health, WPATH is aware of the importance that gender recognition can play in facilitating the health and wellbeing of transgender people. We share here the official WPATH Identity Recognition Statement.



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WPATH Identity Recognition Statement:

The World Professional Association for Transgender Health (WPATH) recognizes that, for optimal physical and mental health, persons must be able to freely express their gender identity, whether or not that identity conforms to the expectations of others. WPATH further recognizes the right of all people to identity documents consistent with their gender identity, including those documents which confer legal gender status. Such documents are essential to the ability of all people to enjoy rights and opportunities equal to those available to others; to access accommodation, education, employment, and health care; to travel; to navigate everyday transactions; and to enjoy safety. Transgender people, regardless of how they identify or appear, should enjoy the gender recognition all persons expect and deserve. Medical and other barriers to gender recognition for transgender individuals may harm physical and mental health.

WPATH opposes all medical requirements that act as barriers to those wishing to change legal sex or gender markers on documents. These include requirements for diagnosis, counseling or therapy, puberty blockers, hormones, any form of surgery (including that which involves sterilization), or any other requirements for any form of clinical treatment or letters from doctors. WPATH argues that marital and parental status should not be barriers to recognition of gender change, and opposes requirements for persons to undergo periods living in their affirmed gender, or for enforced waiting or 'cooling off' periods after applying for a change in documents. Further, court and judicial hearings can produce psychological, as well as financial and logistical barriers to legal gender change, and may also violate personal privacy rights or needs.

WPATH advocates that appropriate gender recognition should be available to transgender youth, including those who are under the age of majority, as well as to individuals who are incarcerated or institutionalized. WPATH recognizes that there is a spectrum of gender identities, and that choices of identity limited to Male or Female may be inadequate to reflect all gender identities. An option of X, NB (non-binary), or Other (as examples) should be available for individuals who so choose. WPATH urges governments to eliminate barriers to gender recognition, and to institute transparent, affordable and otherwise accessible administrative procedures affirming self-determination, when



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gender markers on identity documents are considered necessary. These procedures should be based in law and protect privacy.

We are aware that in January 2019, the Supreme Court of Japan issued its judgment in the case of Takakito Usui, a 43-year-old transgender man who had brought a case to the court challenging the GID Special Cases Act on the grounds that the requirement of surgery violated Japan's constitution. While the court upheld the GID Special Cases act as constitutional at this time, the justices also stated that, "It cannot be denied that [this law] impinges on freedom from invasion of bodily [integrity]."

Two of the justices in a concurring opinion wrote of the urgency of Usui's case, and the need to reform Japan's law: "The suffering that [transgender people] face in terms of gender is also of concern to society that is supposed to embrace diversity in gender identity." They concluded that for transgender people, being "able to receive rulings of changes in recognition of gender status...is an important, perhaps even urgent, legal benefit."³

WPATH recognizes that, for optimal physical and mental health, persons must be able to freely express their gender identity, whether or not that identity conforms to the expectations of others.

WPATH further recognizes the right of all people to identity documents consistent with their gender identity, including those documents which confer legal gender status. Such documents are essential to the ability of all people to enjoy rights and opportunities equal to those available to others; to access accommodation, education, employment, and health care; to travel; to navigate everyday transactions; and to enjoy safety. Transgender people, regardless of how they identify or appear, should enjoy the gender recognition all persons expect and deserve.

Some transgender people want to undergo hormonal treatment, surgical procedures, or other medical interventions as part of their transition. Others do not. Access to gender-affirming healthcare is important;

³ Heisei 30 nen (2018)(ku) No. 269 Tokubetsu-koukoku Appeal Case Against the Koukoku Dismissal Decision Against the Decision to Dismiss the Application to Change the Treatment of Sex, Heisei 31 nen (2019) Decision by the Second Petty Bench of the Supreme Court, http://www.courts.go.jp/app/files/hanrei_jp/274/088274_hanrei.pdf; See Appendix 4



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however mandatory use of medical services as part of the legal recognition process is not recommended on the basis of science or human rights. The decision to undergo invasive medical or surgical procedures of any kind should remain with the individual in consultation with their physician(s).

Medical and other barriers to gender recognition for transgender individuals may harm physical and mental health. WPATH opposes all medical requirements that act as barriers to those wishing to change legal sex or gender markers on documents. These include requirements for diagnosis, counseling or therapy, puberty blockers, hormones, any form of surgery (including that which involves sterilization), or any other requirements for any form of clinical treatment or letters from doctors. People experience their lives under many different circumstances and may lack the means or the opportunity to overcome these barriers, yet their gender identity is an innate characteristic that they deserve to have recognized.

Although WPATH acknowledges that age restrictions are subject to local jurisdiction, we wish to point out that many countries do allow individuals younger than age 20 to transition and to receive identity documents that support their gender identity. Also, most countries that do acknowledge transgender individuals also do not restrict marriage or enforce divorce, nor do they demand that any children of a transgender person must reach the age of majority before a transgender parent may be legally recognized. Clinical and practical experience has shown that requirements such as these imposed by Japan's current law do not serve to protect parties who may be in relationship with a transgender person, but instead interfere with the rights of all parties to enjoy the support of their family members. Further, the physical form of an individual's genitalia in no way describes or defines the individual's gender. Variation in human bodies, whether congenital, accidental, or deliberately achieved should not limit any individual's integrity with respect to their gender identity or their humanity.

Japan has taken some important steps in recent years to respect the rights and protect the health of sexual and gender minorities, including by the Tokyo Metropolitan Government passing a non-discrimination law



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with protections for gender identity.⁴ The 2020 Olympic Games in Tokyo will be an important moment for the government of Japan to demonstrate to the world that it respects the rights of all people, and WPATH encourages urgent reform of the GID Special Cases act in order to do so. These are complex components of human experience, and we urge Your Excellencies to consider them with due diligence.

Please contact us if we may be of assistance in the process of reforming this law.

Sincerely and respectfully,

Vin Tangpricha, MD

President

on behalf of the WPATH Board of Directors

⁴ Human Rights Watch, "Tokyo: New Law Bars LGBT Discrimination," October 5, 2018, <https://www.hrw.org/news/2018/10/05/tokyo-new-law-bars-lgbt-discrimination>.