

**SPECIAL  
POINTS OF IN-  
TEREST:**

- Save the Date for the 2011 WPATH Symposium in Atlanta, Georgia (USA) September 23-27, 2011
- 2010 Membership Renewal Began October 1.

## 2009 WPATH Symposium in Oslo, Norway Breaks New Ground

WPATH's best-attended symposium ever was graciously hosted by Norway's organization for transsexual people, the Harry Benjamin Resource Center. Following an elegant reception on 17 June at the historic Oslo City Hall, which included official greeting and welcome from Oslo's Mayor Fabian Stang, the 3-day meeting was held in the picturesque, historic Holmenkollen Hotel, overlooking the city of Oslo and the harbour. Three hundred sixty-five registrants participated in 30 presentation sessions, including 5 plenary sessions, so there was a great deal of shared experience and opportunity for networking with colleagues.

The next step in developing the consensus involves the original teams developing short papers out of their presentations, and Walter, Griet, and Gail weaving them into one document which soon will be distributed to the WPATH membership for review and comment.

The Symposium was supported financially by the Norwegian Ministry of Children and Equality, the Norwegian Ministry of Health and Care Services, the Norwegian Harry Benjamin Resource Center, and the Tawani Foundation (Chicago). The Symposium also received unprecedented support from the Open Society Institute, a subsidiary of the SOROS Foundation (New York City) to convene a mini-conference on Human Rights issues within the Symposium, with invited participants from several countries. Focused on the intersection of law and medicine, primary topics were treatment of transsexual people in prison, and international approaches to transgender and transsexual legal identity, particularly the conflict between sterility requirements and the European human rights principle of the right to found a family.

The many sessions on surgery, health conditions, medical ethics, culture and youth, psychological issues and approaches, etiology, identity and relationships, European and Scandinavian situations and approaches to transsexualism, and presenters who came from all over the world, from Australia to South Africa, from Serbia to Southeast Asia, made this 21<sup>st</sup> Biennial Symposium one of the most successful ever.

Special thanks are due to Tone Maria Hansen, Dr. Ira Haraldsen, Mikael Bjerkeli, Ida Mellesdal, Ingvill Størksen, Ellen Frankrig Johanesen, Alex Fossøy, Ivar Bollmann-Pedersen, and all the members of the Harry Benjamin Resource Center, Stephen Whittle and the Scientific Committee, and Jeffrey Whitman and Bean Robinson from the WPATH office. All these people and additional volunteers worked very hard for a long time to make this meeting possible and successful.

By Jamison Green, MFA, WPATH Board Member, Chair of the Public Policy, Advocacy & Liaison Committee, Update Co-editor and internationally recognized educator, advocate, and author of the book *Becoming A Visible Man*.



Christine Wheeler, PhD is congratulated by Crown Prince Hokum of Norway on her Harry Benjamin Distinguished Service Award.

The Symposium was visited by Norway's Crown Prince at the opening plenary. His Royal Highness addressed the session briefly, remarking on the important work being done by the professions represented in our membership. He also congratulated Christine Wheeler on receiving a Distinguished Service Award, presented to her by outgoing Past-President Stan

Monstrey. Also, Member of Parliament, Leader of the Christian Democratic Party, and Norway's former Minister of Health, Dagfinn Høybråten, welcomed us and told of his personal connection with the Harry Benjamin Resource Center, which educated him and helped to effect change in Norwegian society, improving health care and treatment available to transsexual people in Norway.

This Symposium also marked the beginning of an unprecedented coordinated effort to develop a consensus statement on the GID diagnosis, which was requested from WPATH by the GID Sub-Committee of the American Psychiatric Association. This consensus project began with the division of the diagnosis into nine topic areas (a task undertaken by WPATH's then-incoming President, Walter Bockting, current board member Griet DeCuyper, and incoming board member Gail Knudson, MD) and the appointment of nine small international teams with professional experience in diagnosing and treating GID, including a group of lawyers and policy experts who interrogated the human rights implications of the diagnosis. These nine small teams were charged with creating a summary statement of the issues involved in, and recommendations for, their topic. They convened electronically prior to the Symposium and met in person on the afternoon of 17 June. Their initial ideas were presented to the assembled membership at the morning plenary on 20 June.



Holmenkollen Park Rica Hotel—Site of the 2009 WPATH Symposium

**INSIDE THIS  
ISSUE:**

- Vision for the Future of WPATH. An Interview with Dr. Bockting 2
- Meet the New Board of Directors 4
- Policies and Procedures Committee 6
- 2011 WPATH Symposium in Atlanta, Georgia (USA) 7

## VISION FOR THE FUTURE OF WPATH

## An Interview with WPATH President, Walter Bockting, PhD

[This interview was conducted in-person in San Francisco, California, USA on July 12, 2009. Walter Bockting, PhD has carefully and deliberately thought about his Presidency and has some clear and specific goals as part of his vision. WPATH continues to grow and be a force for the improvement of transgender lives worldwide. In keeping with

the mission and vision of WPATH, Dr. Bockting has compelling plans and hopes for greater membership input and involvement to bring his plans to fruition. --- Lin Fraser]



Walter Bockting, PhD  
President of WPATH

*Our association is considered the “establishment” which gives us a certain privilege and thus gives us more opportunity to have an impact...”*

communication and secondarily, improve the transparency of the workings of the Association. The WPATH membership is passionate and enthusiastic and wants to be more involved in the organization.

WB: - What I ran on was to broaden the focus and to take advantage of technology and to become an even more international association. With regard to improved communication and transparency I would like

to see the following:

1. Continue regular (every other week) Executive Committee phone meetings and conduct more phone meetings with the entire Board of Directors.
2. Continue the strides already made with better communication to the membership via *The Update* and to the public with our Public Statements such as Medical Necessity statement.
3. Improve responsiveness to the public and the membership in a timelier manner. We will soon introduce the Policies and Procedures Manual (authored by Policies & Procedures Committee, Chaired by Kit Rachlin) and after the manual is approved, we will be able to respond to address public situations more rapidly when the need arises. We have needed such a mechanism for some time, so we can respond more easily.
4. Increase membership involvement via more active committees. We will charge the committee members and chairs with tasks and give them the authority to make it happen. Some of our committees have been less active because they don't have enough direction and or communication from the Board of Directors. By having in place a better mechanism for giving direction, our committees will feel empowered and become more engaged. We will be asking the committee chairs to actively recruit additional members in an effort to have more of the membership involved.

LF: - How could an interested member become more involved in a WPATH committee?

WB: -To join a committee, the easiest way is to view the Committee Page on the website at [www.wpath.org](http://www.wpath.org) and fill out the *Committee Interest Form*. After completing the form, email it to the main office at [wpath@wpath.org](mailto:wpath@wpath.org) and they will take it from there.

LF: - What do you see that makes our organization special?

WB: -We are the only global profes-

sional association exclusively focused on transgender health. Our association is considered the “establishment” which gives us a certain privilege and thus gives us more opportunity to have an impact. We have an authoritative voice in the field. For example, the *American Psychological Association* looks at us as a partner to further advance their knowledge base and research agenda. The *American Psychiatric Association* has asked us for input on their *DSM-V* deliberations. Other organizations, such as the *American Medical Association* and the *American Public Health Association* include transgender as part of their work whereas ours has a unique role because we are an interdisciplinary organization with an exclusive focus on transgender health, rather than transgender being ONE of many things. There are enough issues and unique needs, and research questions on transgender issues alone and it's nice that we can focus on that in a multidisciplinary way.

LF: - What do you say to people who do not want to join WPATH, for example, don't agree with the *Standards of Care*?

WB: - The Association has changed with the times and we want a diversity of voices. I believe in change from within and I believe in criticism and in dialogue that can foster changing the field from within. There's definitely a role for people to be critical and since we're the establishment and have privilege and power, we can use that positively to bring about change. One of the benefits of having a credible authoritative voice is that we can play an important role in a field that focuses on a marginalized population.

Part of my major goal to broaden the focus of transgender health is to enhance outreach to populations not involved, people who may not have been involved because they were not invited or not wanted to affiliate with

involved, people who may not have been involved because they were not invited or not wanted to affiliate with us, the establishment. Some of their reservations are built on misconceptions about us and I think they'll find our mission and vision is actually consistent with their goals and through their involvement they can help shape the association's agenda. WPATH can be what people want it to be.

LF: - What do you think will be the most frustrating part of being President?

WB: - It's a tremendous amount of work and I can't do everything at once. Change always takes longer than you would want -- it's incremental. Our issues and concerns are complicated and complex.

We're an international association, so in thinking of the *Standards of Care*, for example, we have to think about them globally, not just their relevance to one country,

which makes the issues that much more challenging. We're still a small membership organization with limited resources and can't really increase our dues if we want to remain open to a wider constituency. So

we can only do so much. The biggest challenge of moving forward is limited resources.

LF: - So if there were one thing you'd like to see in your Presidency, what would it be?

WB: - There are actually several items to address. One is to broaden the focus of transgender health and two is to bring all into the fold who are affected such as people who don't have access to services so the *Standards of Care* are also relevant to them. There are communities of people of color, for example, who are doing some interesting work but are not part of WPATH. WPATH should address their concerns as well.

LF: - Can you say more about broadening the focus of the Association?

WB: - Transgender people have other health needs besides issues of identity, for example, aging, any number of health issues such as tobacco and HIV. Transgender people have a high incidence of

depression. There are health disparities compared to the general population as well. For example, within the lesbian, gay, bisexual and transgender community, research has shown that family and peer support buffers against depression and transgender people have the lowest levels of family and peer support compared to their lesbian, gay and bisexual counterparts. Broadening the focus is a major goal of mine and is a big change for the Association; the name change was part of that. It's a big job and will facilitate bringing other stakeholders into the fold.

Within my Presidency, it will signify progress if we can succeed in bringing in parts of the transgender community that have been more marginalized such as the African American community. I do have relationships with some of these communities and at the next symposium

in Atlanta they'll be invited and will have a significant presence. We can work on moving forward globally as well, but this will take substantial efforts and resource application. For example, we could have a conference in South America, but we have to think about the language barrier and the

cost of simultaneous translation. The *Standards of Care* will be translated into even more languages and we now have a board member (Sam Winter) in Asia so we may be able to broaden our constituency in that part of the world.

LF: - Is there anything else you want to say to the membership regarding your vision?

WB: - I'd like to briefly talk about the next *Standards of Care (Version 7)* and technology. One of our goals is to release the revised *Standards of Care* by the next Symposium. We will initiate a consensus process over the next two years that will include opportunities for input from the wider community. This next revision will be quite different and reflect the paradigm shift that has occurred in the field over the last 10-15 years. We've done evidence-based background papers on the areas addressed in the previous *Standards of Care* and we are going to distribute via the *International Journal of Transgenderism*. The next

step is to get feedback from the wider community to create a more open process.

I would like the *Standards of Care* to reflect a broader focus on transgender health, including but not limited to gender dysphoria, to have several documents framed within a broader context and not just specific to hormones and surgery, but to include broader practice guidelines that are more widely applicable to transgender health more generally.

So the next *Standards of Care* will not reflect an incremental change as previous versions, but will actually be a transformation, reflective of the paradigm shift the field and the Association has undergone in recent years.

LF: - And Technology?

WB: - I plan to respond to the concerns that have been voiced about the website by making the website more user-friendly. We are looking into an overhaul, but that depends on resources. I'd like to use technology to increase our global reach, transparency and membership involvement. In addition to revamping our website, I'd like to make use of existing social networking sites such as Facebook or Google Sites for group projects as we did in our recent Consensus Process on recommended revisions to the DSM-V.

LF: - In summary, how would you describe your vision?

WB: - I hope to broaden the focus of transgender health, which will be reflected in the next *Standards of Care*. I want to bring into the fold people working in the field who have not been included in the past. I want to build bridges and address the needs of marginalized people; I want WPATH to be relevant across the socioeconomic spectrum. I hope to encourage more membership involvement through committee work and by having more input through consensus processes such as we did and will continue to do with DSM-V and *Standards of Care*.

**Lin Fraser, EdD** is the current President-Elect of WPATH and is in Private Practice in San Francisco, California (USA)

**Walter Bockting, PhD** is the current President of WPATH, Editor of the *International Journal of Transgenderism* and Associate Professor at the University of Minnesota's Department of Family Medicine.



Walter Bockting, PhD and Lin Fraser EdD in the day of interview in Sausalito, CA

# Meet WPATH's New Board of Directors



Griet DeCuypere, MD; Katherine Rachlin, PhD; Stephen Whittle, OBE; Walter Bockting, PhD; Lin Fraser, EdD; Jamison Green, MFA; Bean Robinson, PhD (seated); George Brown, MD; Gail Knudson, MD; Sam Winter, PhD Missing: Marsha Botzer, MA and Kevan Wylie, MB, MD

*The following are personal biographies of the 2009-2013 Board of Directors*

## Marsha Botzer, MA

Marsha Botzer served as co-chair of the National Gay and Lesbian Task Force during 2005-6. She has served on the board of Seattle's Pride Foundation, is a founding member of The Seattle Lesbian, Gay, Bisexual and Transgender Community Center, and is co-chair of the Seattle chapter of the Safe Schools Coalition. Marsha is a founding member of Equal Rights Washington, and she founded Seattle's internationally known Ingersoll Gender Center. In 2004 Marsha received the Horace Mann "Victories for Humanity" Award from An-

tioch University, and in 2004 she received the Virginia Prince Lifetime Achievement Award from the International Federation for Gender Education. In 2007 Marsha received the Task Force Leadership Award, and in 2008 Marsha served as national co-chair of the Obama Pride Campaign. Currently Marsha is involved in developing the Youth Leadership Training Program for the LGBTQ Community at the Ingersoll Gender Center, which has recently graduated its first class.

## George Brown, MD, DFAPA

Dr. Brown served as the WPATH Secretary-Treasurer from 2007— 2009. He has been a member of WPATH for 22 years, and has presented his original research at every biennial meeting except one, during which he was on active duty during wartime.

Dr. Brown evaluates and treats patients with a variety of gender conditions in the Department of Veterans Affairs, where he is Chief of Psychiatry at a VA Medical Center. He is also actively involved in working with trans-

gender prisoners in the United States.

Dr. Brown has published over 25 articles and book chapters on transgender issues, including sections in the Merck Manuals and leading American Psychiatric Association textbooks. He served the Association on the Version 6 Revision Committee and is continuing his involvement in the next revision of the *Standards of Care*.



## Gail Knudson, MD, MPE, FRCPC

Dr. Knudson is the *Medical Director* of the Transgender Health Program at Vancouver Coastal Health, *Clinical Assistant Professor* at the University of British Columbia Department of Sexual Medicine, *Consultant Psychiatrist* at the British Columbia Centre for Sexual Medicine at Vancouver Hospital and *Faculty Development Leader* for the Island Medical Program, Faculty of Medicine, University of British Columbia.



In addition to her administrative duties, Dr Knudson facilitates a monthly supervision group of mental health professionals involved in Hormone Readiness Assessments and serves as a Surgical Readiness Assessor for the province of British Columbia (for sex reassignment surgery). She is an active leader in conducting workshops across Canada on

assessing hormone readiness and eligibility in transgender people.

Dr. Knudson's primary research focus is in Transgender Health. She participated in the development and writing of the Canadian and International Best Practice Guidelines for Transgender Health. She is currently the co-chair of the DSM-V Consensus Committee for the World Professional Association for Transgender Health. This committee is bringing together professionals from around the world in a col-

laborative process to update and reform the DSM-V chapter describing Gender Identity Disorders. Dr. Knudson is also involved in clinical research in sexual medicine and is currently an investigator for several phase III clinical trials of investigational drugs to treat women's sexual disorders.

Dr Knudson is an active member in numerous national and international societies. She is the co-founder and President of the Canadian Professional Association for Transgender Health (CPATH) and sits on the 2009 Scientific Program Committee of the World Professional Association for Transgender Health and both the 2010 Scientific Program Committee and Education Committee of the International Society for the Study of Women's Sexual Health. She is also a member of the Canadian Psychiatric Association and the Canadian Medical Association.

## Sam Winter, PhD

I am a psychologist, married with a wife and son, living and working in Hong Kong for 25 years, and currently Associate Dean (Research) at the Faculty of Education at the University of Hong Kong. For almost ten years I have worked on transgender issues via research, education and community work. My research work has included 20 chapters and journal articles, presentations at international conferences, and founding and directing the TransgenderAsia



Centre (whose goal is to encourage research on Asian transgender issues). My educational work has included teaching transgender issues to 500 university students annually sitting an undergraduate 'broadening' course on

sexual and gender diversity, as well as supervision of research students. My community work includes co-founding two support/advocacy groups in Hong Kong, forging links with similar groups across Asia, and counselling individuals with gender identity issues.

I come to the WPATH Board of Directors believing the time has come for WPATH, consistent with its name and building on HBIQDA's past achievements, to become more assuredly worldwide in its compass,

broadening the North American and European centre of gravity and growing the membership worldwide. I believe too that it is time for WPATH to build upon its extremely important clinical-medical perspective on health to focus

as well on the impact of cultural and social forces (e.g. the family, school, workplace, legal statutes, media etc.) upon transpeople's lives. These are forces which often edge transpeople towards the social and economic margins, and undermine (sometimes in the most direct ways imaginable) their mental and physical health and well-being (as well as the quality of healthcare they receive). In this connection I believe it important that WPATH affirms a view of gender identity variance as a strand in the rich fabric of human diversity and works more energetically for depathologisation. For myself, I believe that the only gender identity disorder worthy of the name is the inability (or unwillingness) of society to accept transpeople.



## Kevan Wylie, MB, MD

Kevan Wylie is a full time health service consultant in sexual medicine based in Sheffield, UK specialising in helping people with sexual, relationship and gender related problems. Trained in medicine, mental health and psychosexual therapy, he heads up the UK National Standards of Care intercollegiate group for people with gender dysphoria. Kevan was recently appointed as Vice President of the World Association for Sexual Health.

## Introducing the Policies and Procedures Committee

The mission of the Policies and Procedures Committee is to document the operational policies and procedures of and for the Association and to provide a forum for the ongoing development of Association policy. The Committee creates and maintains a Policies and Procedures Manual - a living document that guides the operation of the Association. This Manual is intended to ensure that the Association functions efficiently and effectively and to provide operational continuity over time.

*“...Unmet policy needs have been identified, and will continue to be identified...”*

The Committee was formed in response to a need recognized during the Board Meeting in New York City in 2008. As the Association was growing and becoming increasingly active, the Board agreed that a Policies and Procedures

Manual would help maintain consistent processes. The work of the Committee over the past year has focused on the development of this Manual which encompasses the workings of the organization including (but not limited to) finances, membership, committees, and communication, and procedures in the WPATH office.

The Policies and Procedures Manual was distributed to the Board of Directors for review at the 2009 Biennial Symposium in Oslo, Norway. Board members were asked to review the Manual and give feedback in the upcoming months as part of the process for final Board approval. In addition, several additional policy areas were identified for inclusion.

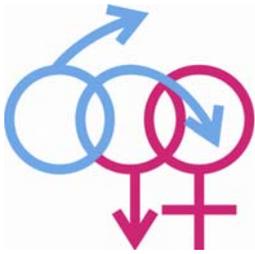
Our Committee met at the 2009 Symposium and discussed policy issues that need to be addressed. The Manual will be updated on an ongoing basis as the Committee reviews issues and makes recommendations to the WPATH

Board of Directors for further clarity on Association policies and procedures.

**Katherine Rachlin, PhD**, Chair, is a member of the WPATH Board of directors and is in Private Practice in New York, New York (USA)

Members include: Walter Bockting, PhD (USA), Lin Fraser EdD (USA), Jamison Green, MFA (USA), Ami Kaplan MSW( USA), Walter Meyer, MD (USA), Christine Wheeler, PhD (USA)

# The World Professional Association for Transgender Health (WPATH)



(Formerly known as the Harry Benjamin International Gender Dysphoria Association, Inc.)

WPATH  
1300 South Second Street  
Suite 180  
Minneapolis, MN 55454



Member Line: 612-624-9397  
Fax: 612-624-9541  
E-mail: [wpath@wpath.org](mailto:wpath@wpath.org)  
Hours of Operation:  
Monday-Thursday 8:30 am—5:00 pm

The Update is the official publication of the World Professional Association for Transgender Health. Items submitted to the editors for publication will be edited for clarity, readability, syntax, duplication, grammar, spelling as well as gender-biased language. Materials should be formatted as a MS Word attachment and sent to the email below.

Yearly Publication Schedule: October, January, April & July

## WPATH Mission Statement

As an international multidisciplinary professional Association, the mission of The World Professional Association for Transgender Health (WPATH) is to promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health.

## WPATH Vision Statement

The vision of The World Professional Association for Transgender Health (WPATH) is to expand its worldwide authority by promoting education, advocacy, training, research, quality health care and best practice standards for service providers and policy makers regarding gender variant individuals.

## 2011 WPATH Symposium in Atlanta, Georgia (USA)

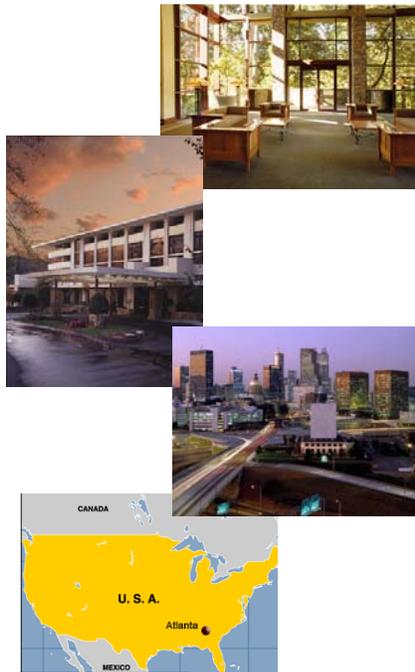
### SAVE THE DATE!

The 2011 WPATH Symposium will be held in Atlanta, Georgia (USA) on September 23-27, 2011.

The World Professional Association for Transgender Health, WPATH (formerly known as HBGDA), has enjoyed bringing professionals from around the world together to discuss and learn about current research and changing trends in the field of transgender health.

The conference will be held at the Emory University Conference Center and Hotel. Preview the sight by visiting their website at:

<http://www.emoryconferencecenter.com/>



## 2010 WPATH Membership Renewal began October 1, 2009

The 2010 WPATH Membership renewal invoices were emailed to all members the first week of October.

Renewal is easy, simply follow the instructions listed on the invoice to renew online or through the mail.

There is no dues increase this year.

The WPATH Online Public Provider Directory will be launched on Monday, January 4, 2010. To participate, you will need to pay a one-time fee (if you maintain your yearly membership in WPATH without lapses) of \$25 to offset the cost of development and maintenance of the directory.