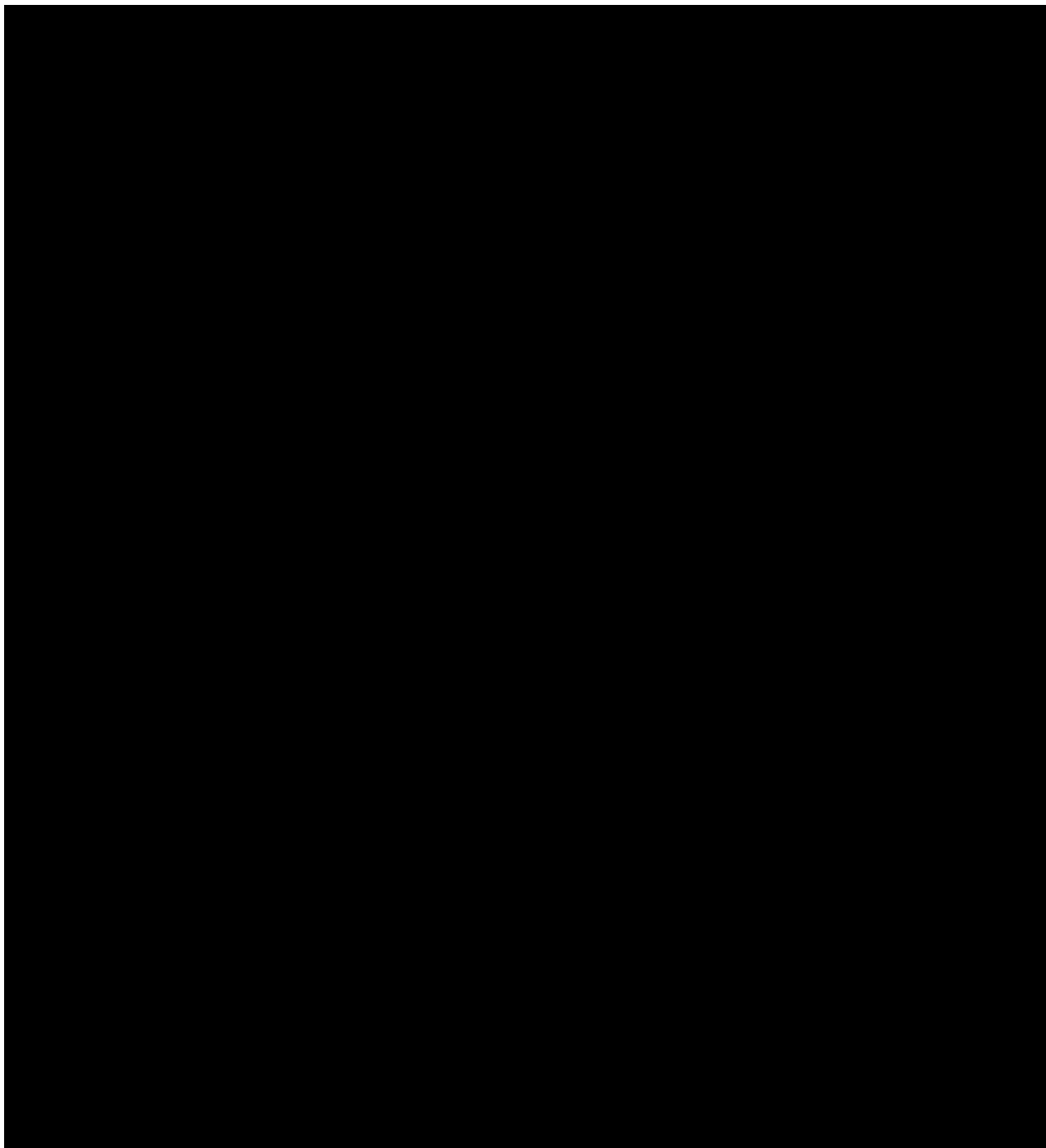
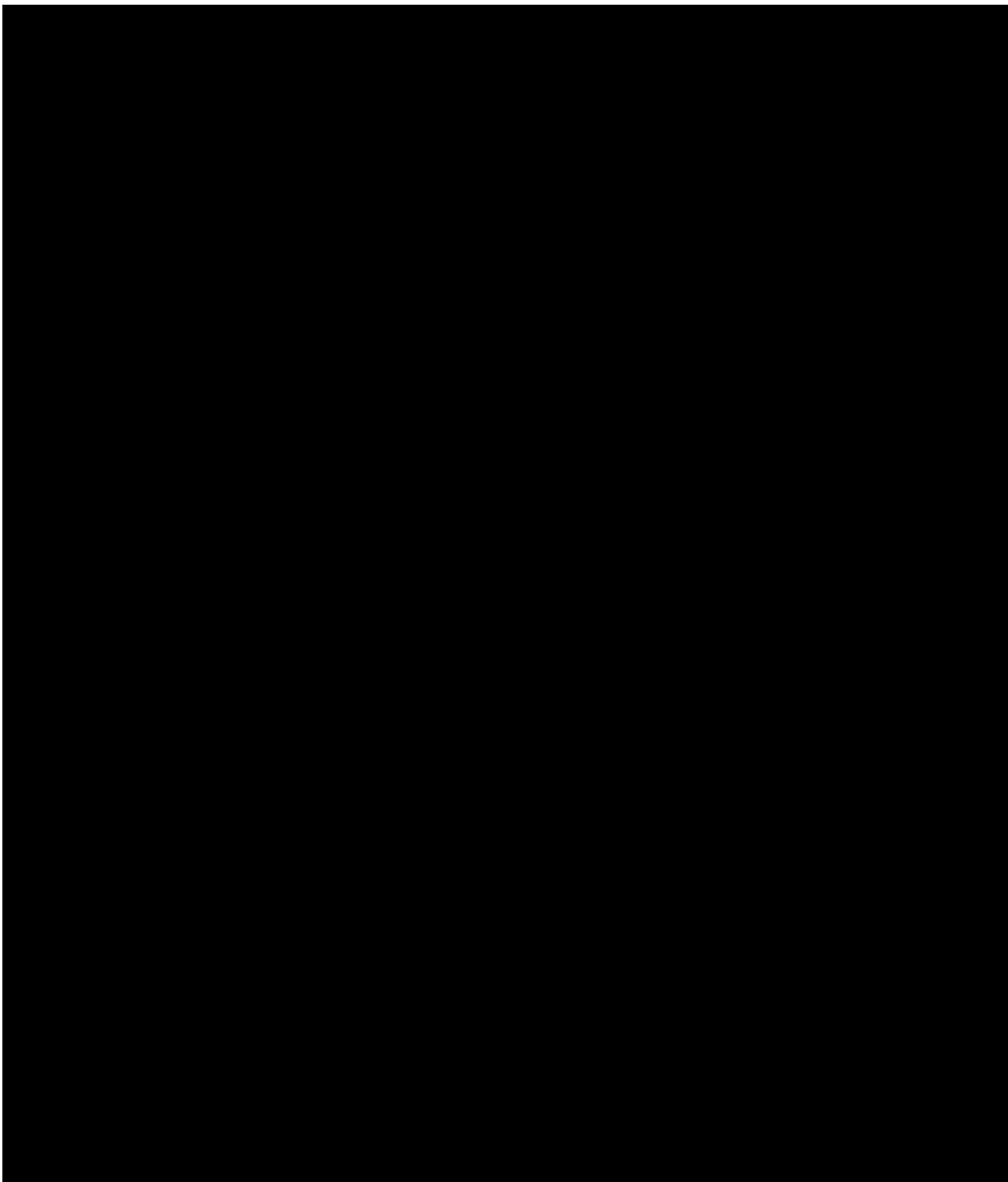


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**REDACTED**



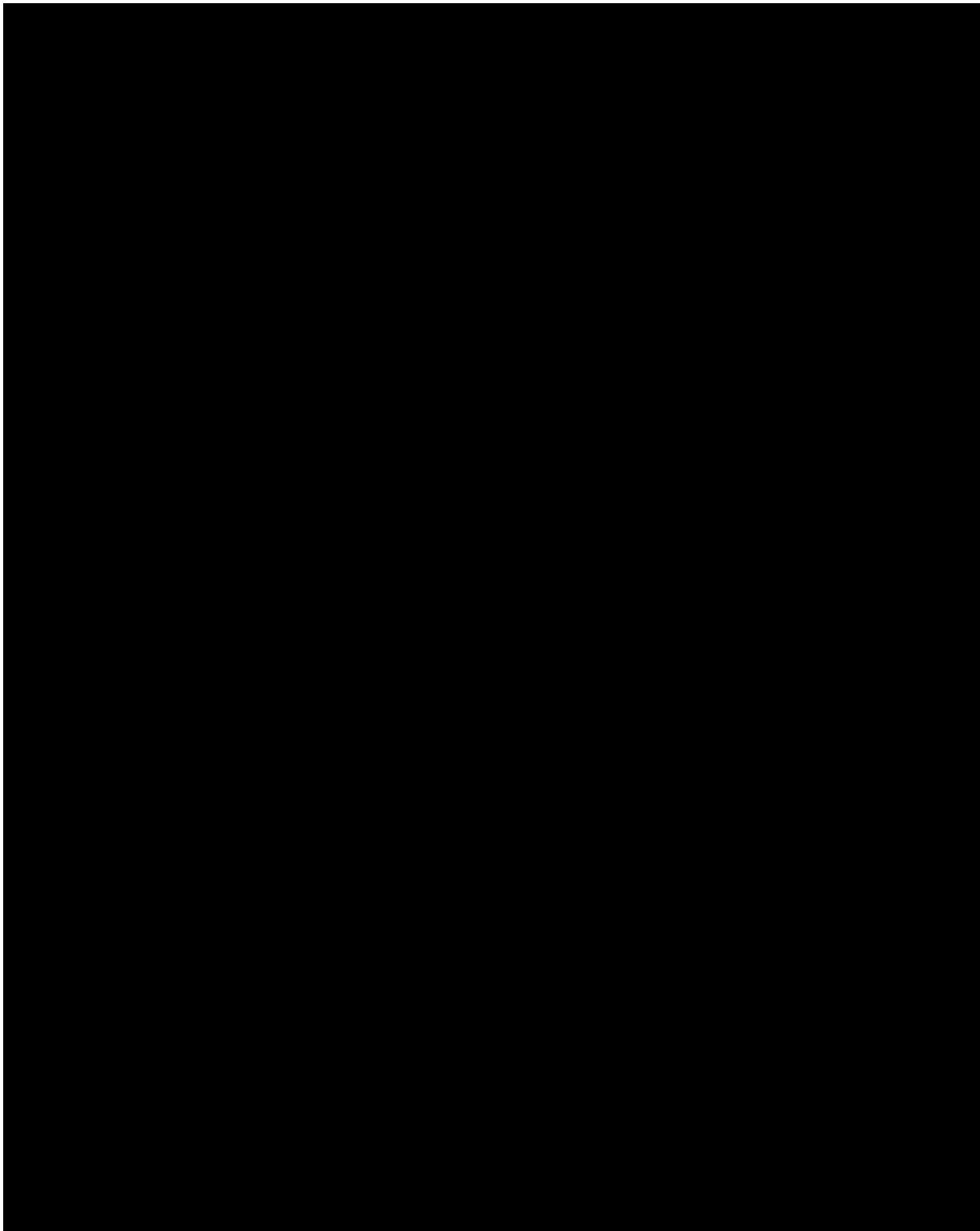
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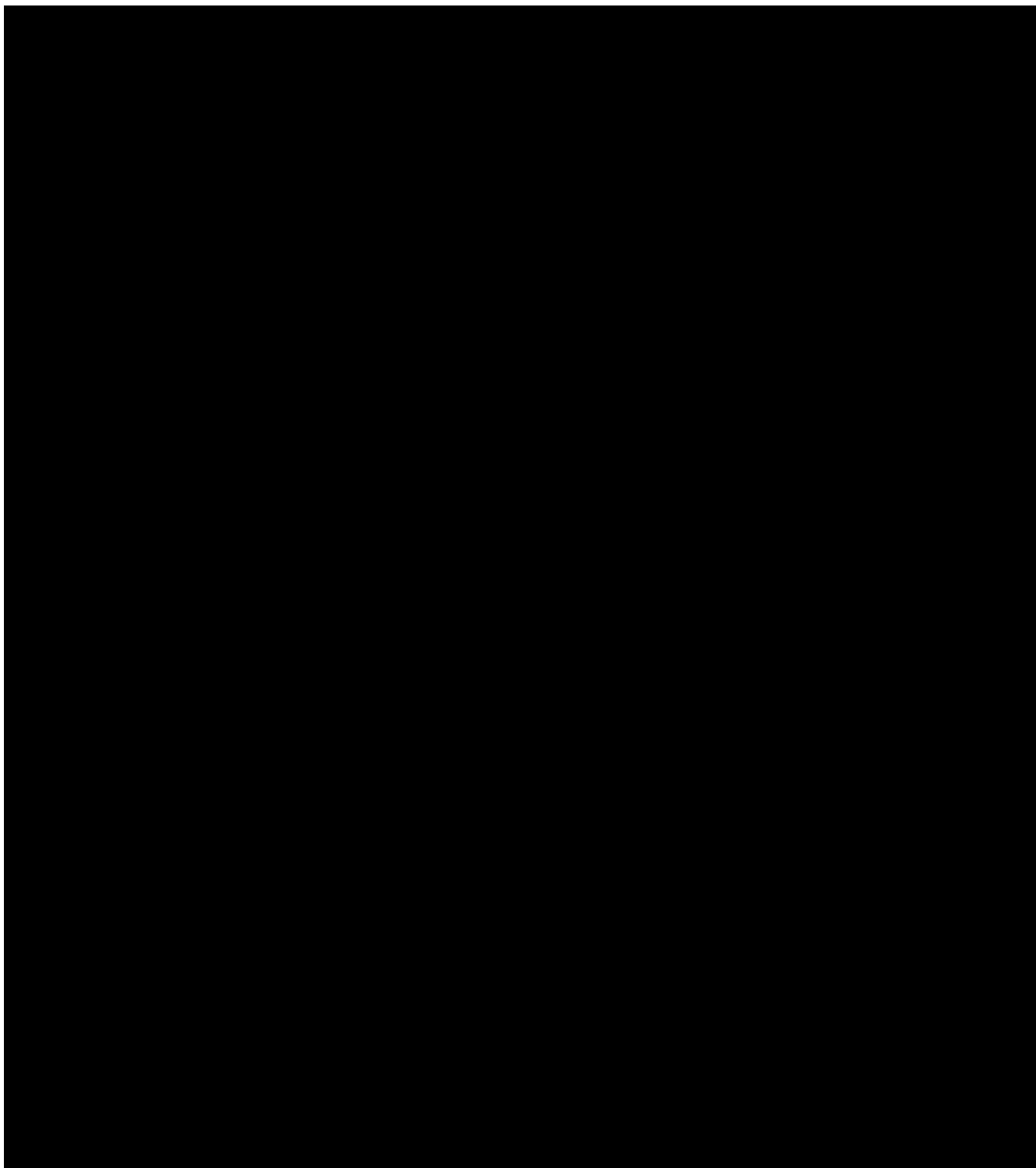
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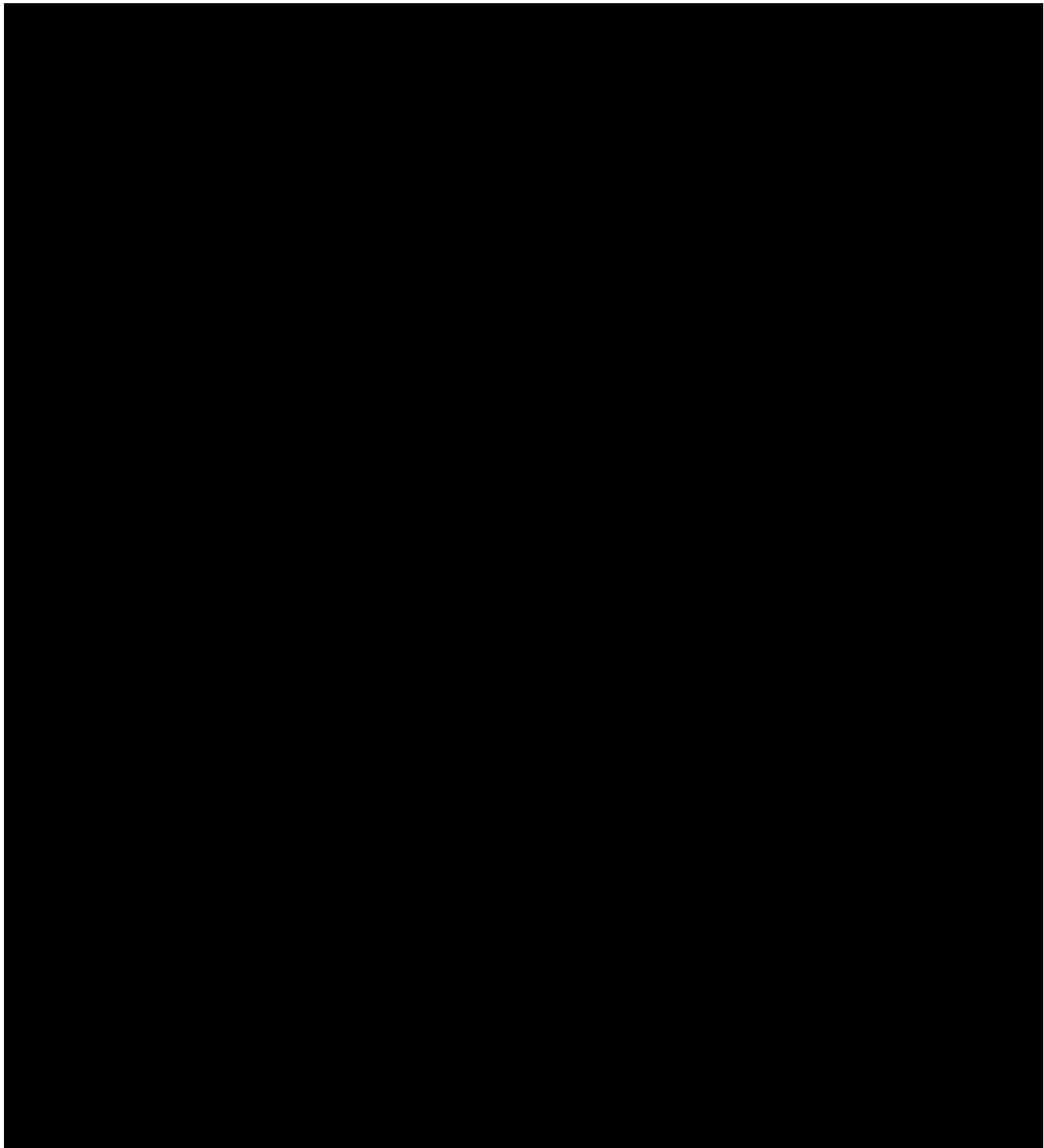


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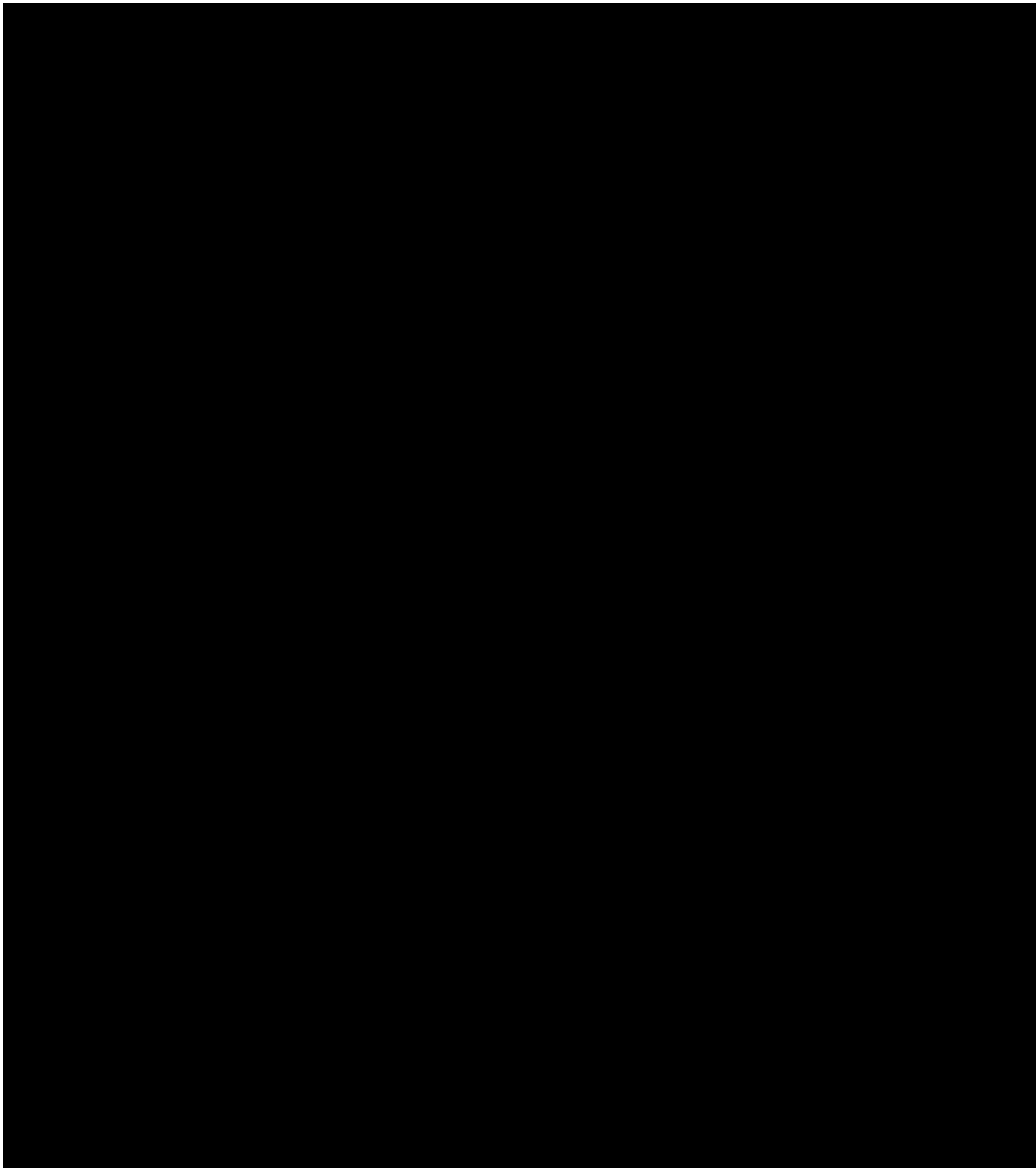






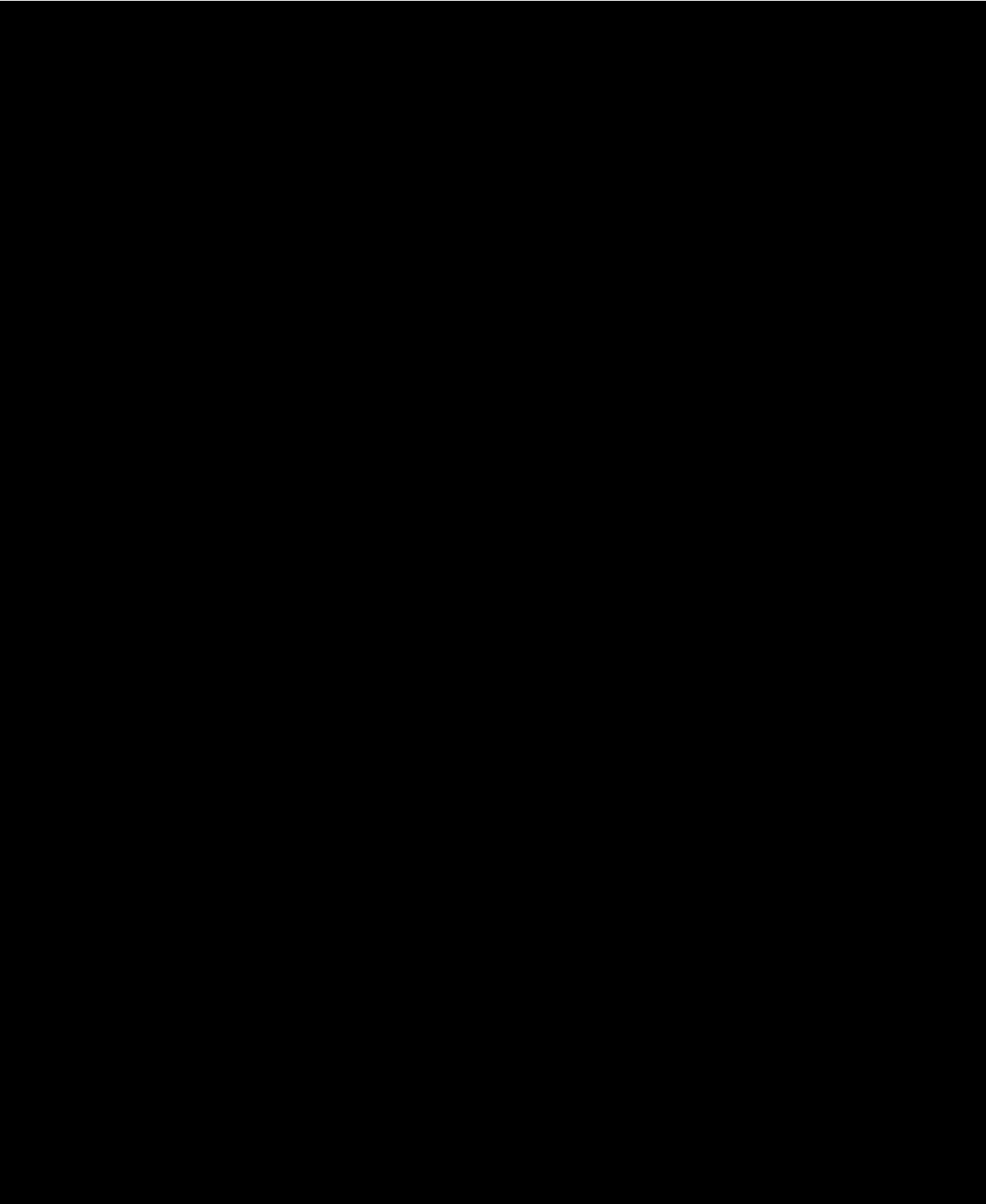
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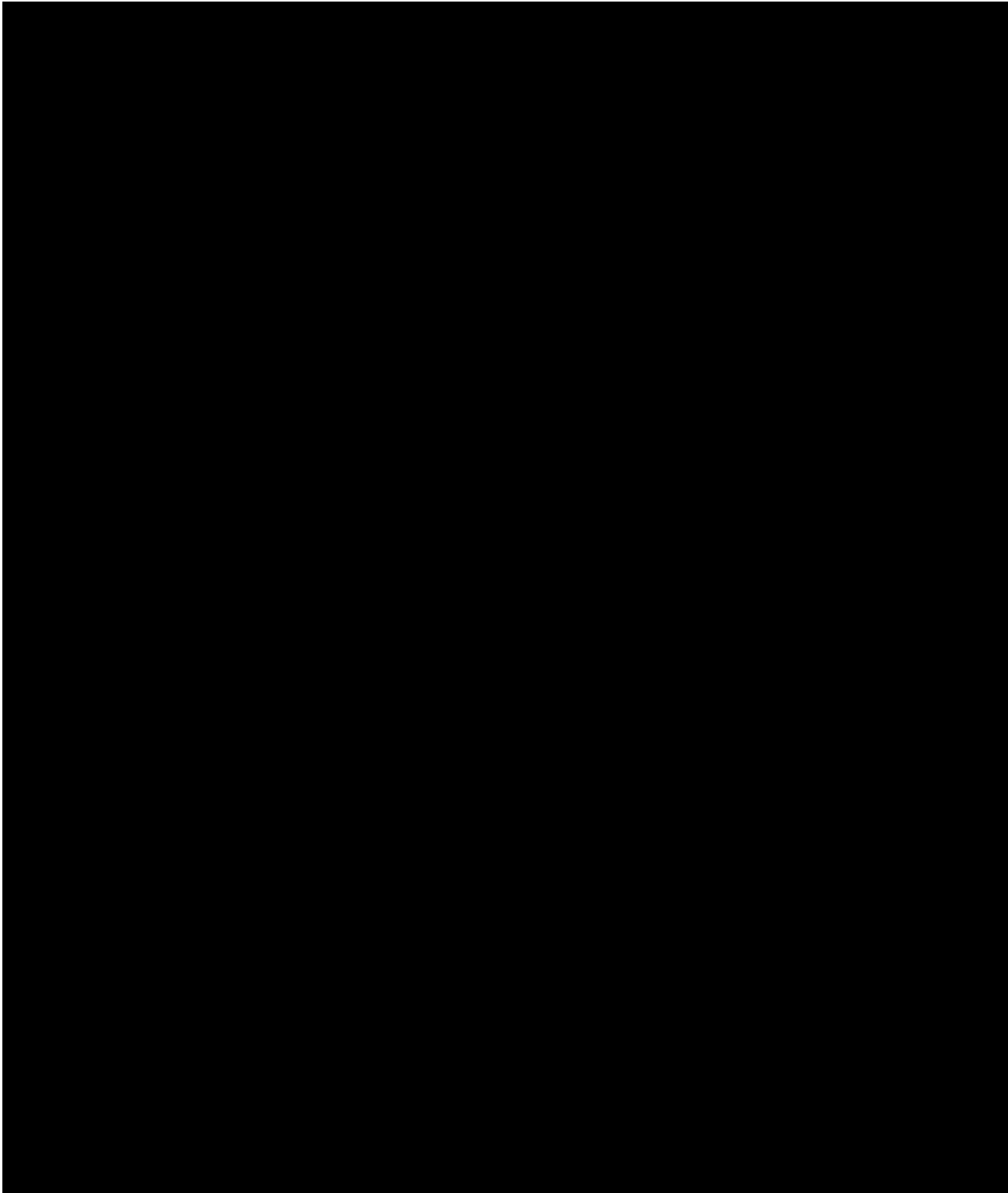


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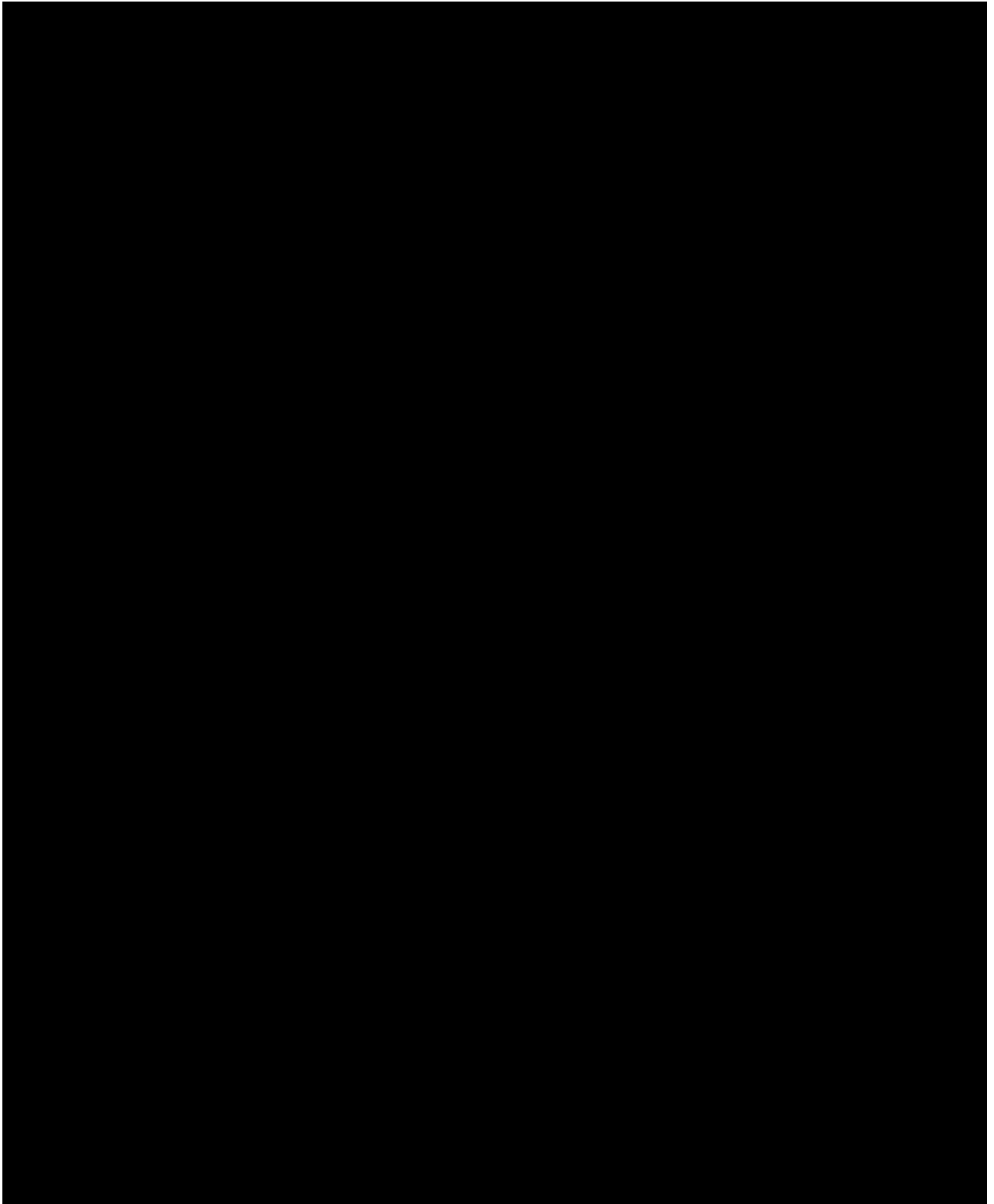






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## ages and treatment in the adolescent chapter, I need your opinion

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**From:** [REDACTED]  
**To:** Adolescent SOC8 <adolescentsoc8@wpath.org>  
**Date:** Fri, 29 Jul 2022 12:18:06 -0400  
**Attachments:** age in adolescent chapter.docx (14.1 kB); SUMMARY CRITERIA for adolescents new version.docx (16.67 kB)

Dear all,

I hope you are all well and having a good summer. I know you were hoping not to hear anything related to the SOC-8 anymore, but here we are again.

The whole document (over 500 pages) has now been checked for references etc and sent to the IJTH. We are hoping to get the proofs this week so we need to go through it again and we will have a very small window if we want to change anything.

The issue of ages and treatment has been quite controversial (mainly for surgery) and it has come up again.

We sent the document to Admiral Levine, Minister of Health for the USA, for their views. We had a meeting on Zoom last week as she wanted to give us her feedback. She liked the SOC-8 very much but she was very concerned that having ages (mainly for surgery) will affect access to health care for trans youth and maybe adults too. Apparently the situation in the USA is terrible and she and the Biden administration worried that having ages in the document will make matters worse. She asked us to remove them.

We have the WPATH executive committee in this meeting and we explained to her that we could not just remove them at this stage. So we have been thinking of solutions.

You may remember that ages in the document were a "suggestion" not a "recommendation" as we had no evidence to recommend that, but in the document it has become a "recommendation" as it is part of the criteria.

What is clear is that we don't want to remove the ages from the whole document, in fact, I thought that we needed to have the ages for young people to have access to care in the USA...

One solution we thought will be to make the ages criteria a "suggestion" as it is in the document attached. If we do this, in the overall criteria of the appendix we could also put them as a suggestion (as in the document attached) or remove them from the criteria all together but leave them in the chapter as a "suggestion".

The chairs would like to do this but we want to have your opinion.

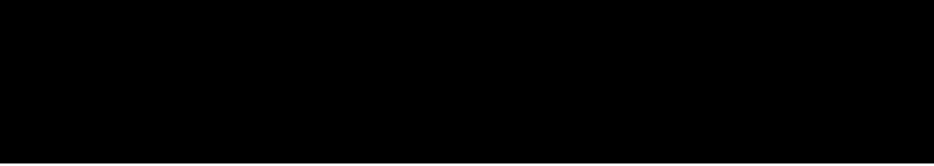
As time, is an issue with the proofs coming soon and having to be sent away soon, I would like to get your views as soon as possible (we need this by Monday the 1<sup>st</sup> of august):

1. Do we leave things as they are in the text and in the criteria?
2. Do we change in both documents and move it to suggest as per the attached documents (changes highlighted)?
3. Do we change it to suggest in the text and remove it from the criteria in the appendix.

Let me know your thoughts

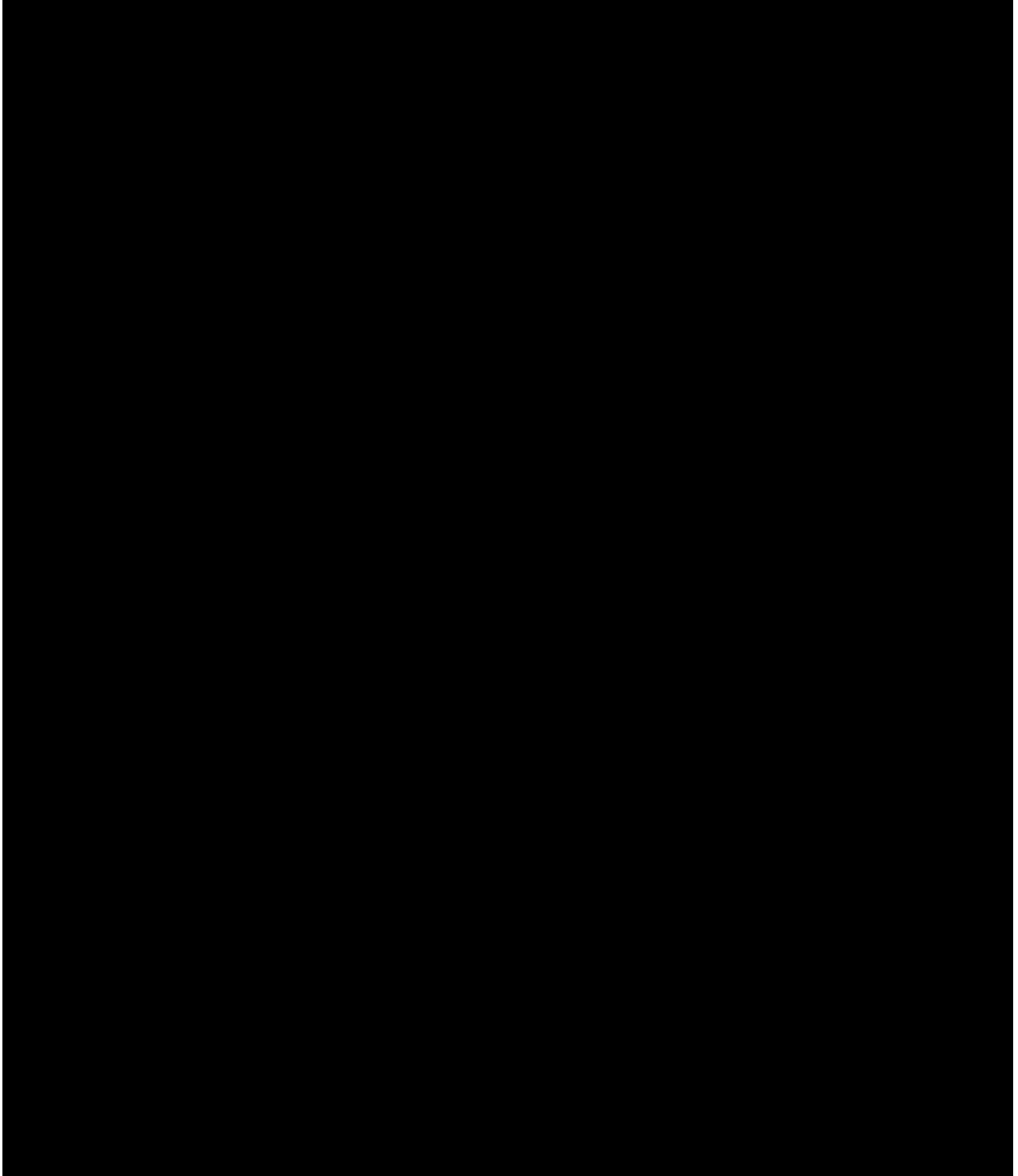
Kind regards

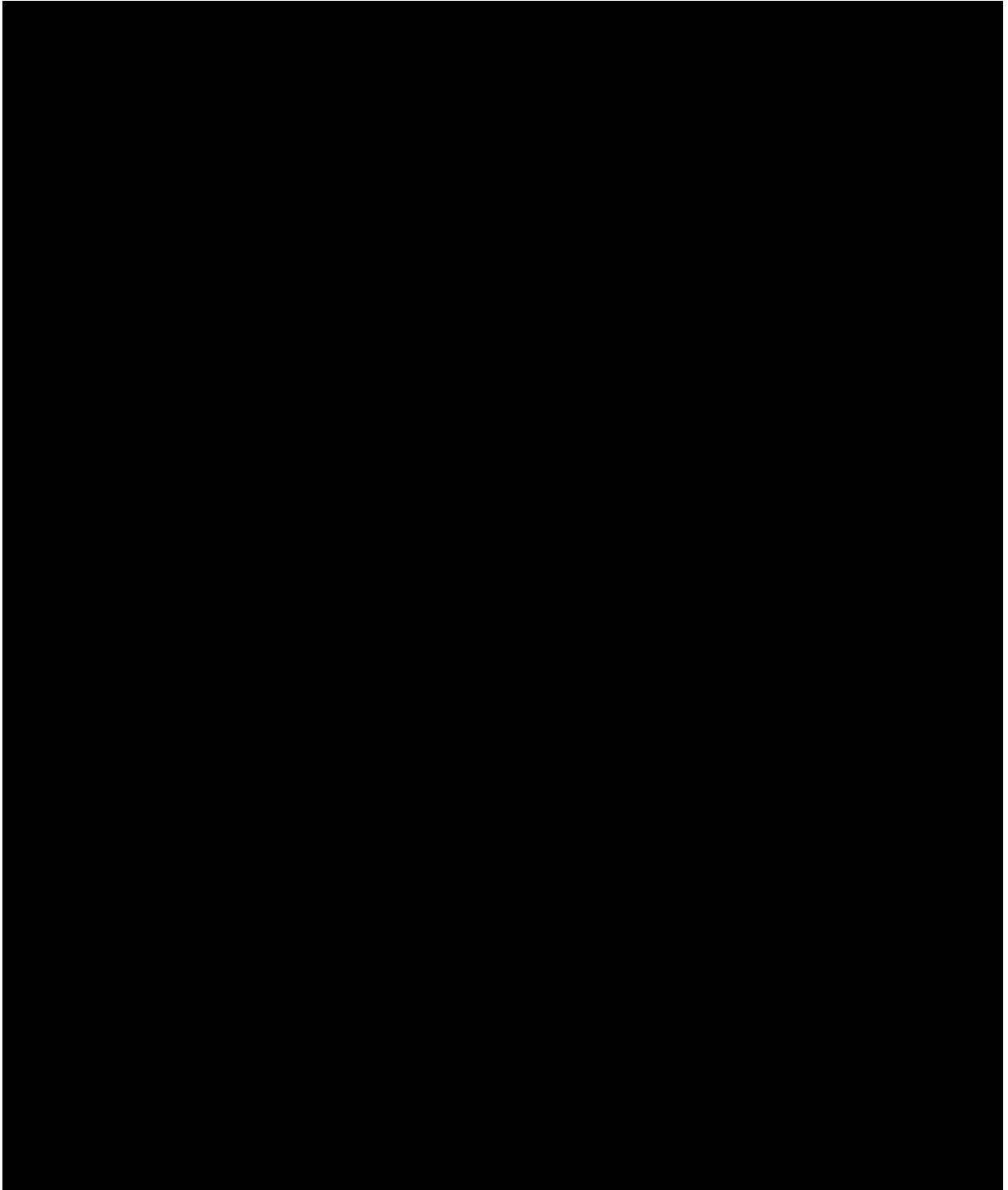




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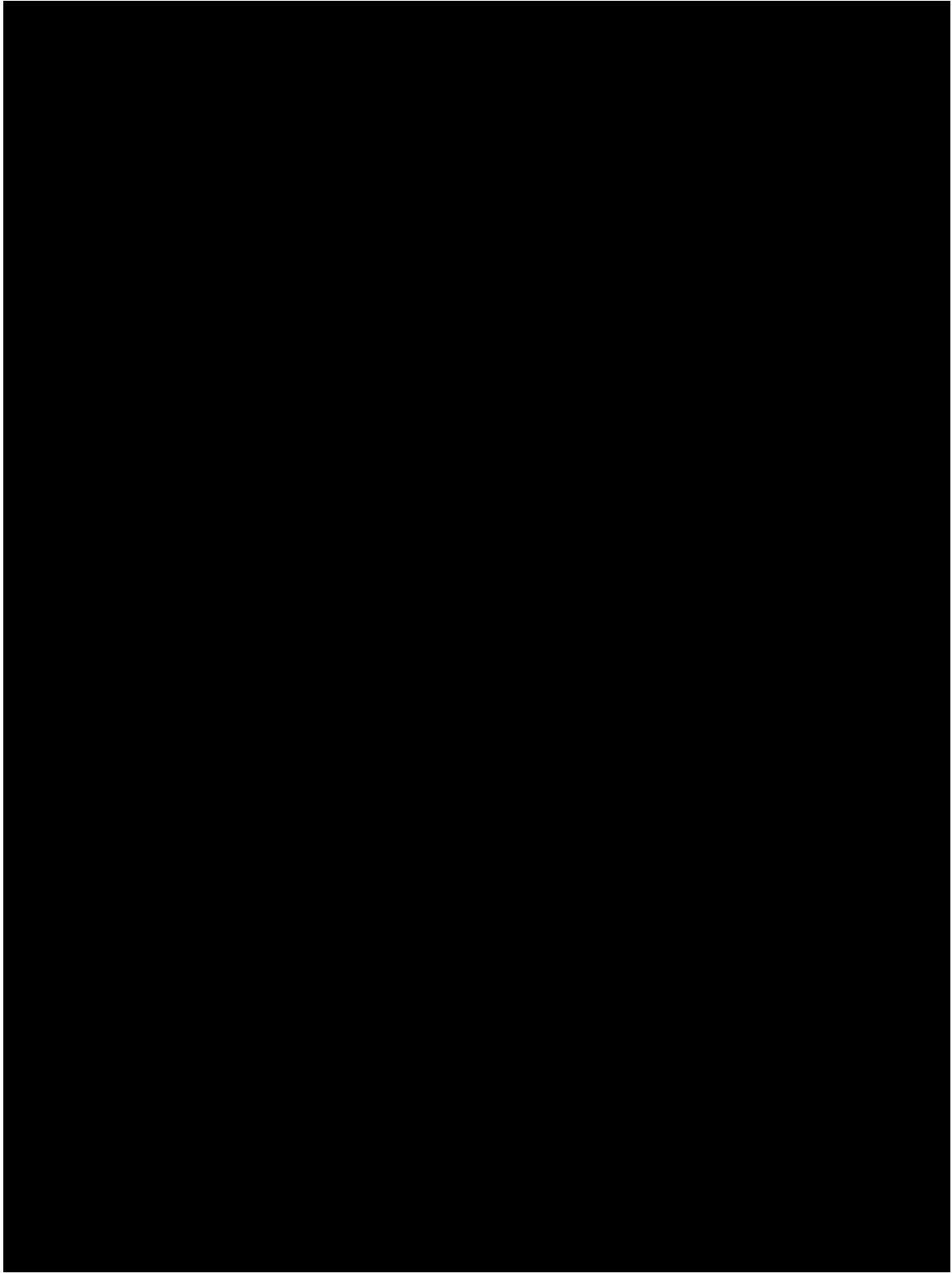
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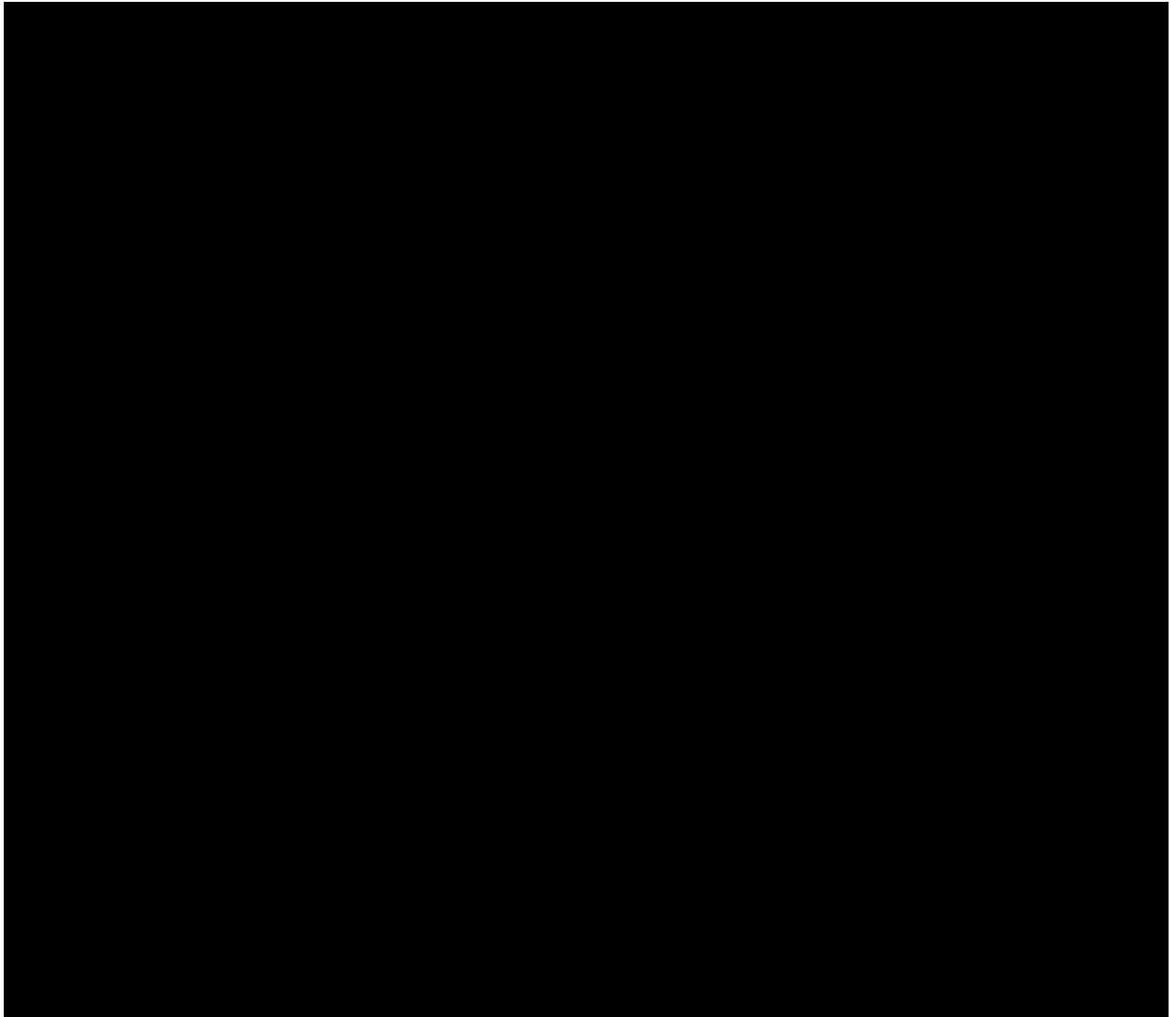
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## Re: SOC8 of WPATH - Minimal ages for Adolescents

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From: [REDACTED]

To: [REDACTED]

Cc: [REDACTED]

Date: Fri, 05 Aug 2022 08:47:40 -0400

Dear [REDACTED]

I would be grateful if you could convey the following message to [REDACTED] from myself on behalf of WPATH:

Dear [REDACTED]

It was a pleasure to meet with you and your staff on Tuesday 26 July to discuss the SOC8. We appreciate your constructive comments and are fully aware how certain aspects of the SOC8 will affect the lives of many TGD people and their families in the US. More specifically, we heard your comments regarding the minimal age criteria for transgender healthcare adolescents; and the potential negative outcome of these minimal ages as recommendations in the US; and we have taken this very seriously. We have discussed this amongst ourselves, including the whole Working Group of the adolescent chapters plus their Leaders [REDACTED] and with the SOC8 Chair [REDACTED] and Co-Chairs [REDACTED].

Consequently, we have made changes to the SOC8 in this respect. Given that the recommendations for minimal ages for the various gender affirming medical and surgical intervention are consensus-based, we could not remove them from the document. Therefore, we have made changes as to how the minimal ages are presented in the document. They are now not a recommendation from the SOC8 anymore, but they have been written only as suggested minimal ages as long as the adolescent fulfils all the criteria for gender affirming medical and surgical interventions.

I hope this assures you that WPATH is doing all it can to ensure high quality standards of care for all trans and gender diverse people globally, and that we do want to be as helpful as is realistically possible by having made these amendments following your helpful comments.

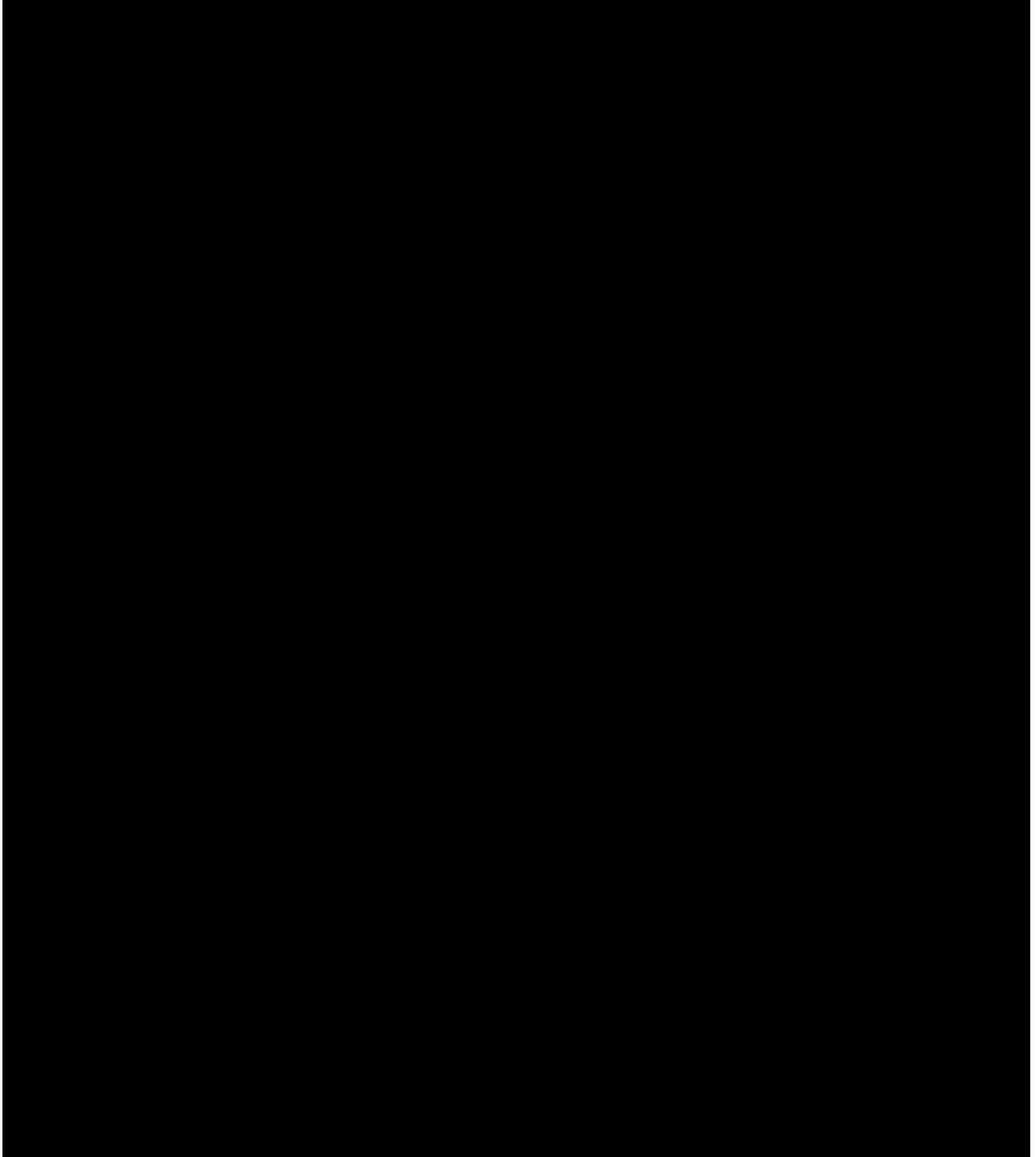
We look forward to welcoming you in Montreal and I look forward to seeing you and welcoming you in person,

With warm wishes,

In servitude,  
[REDACTED]

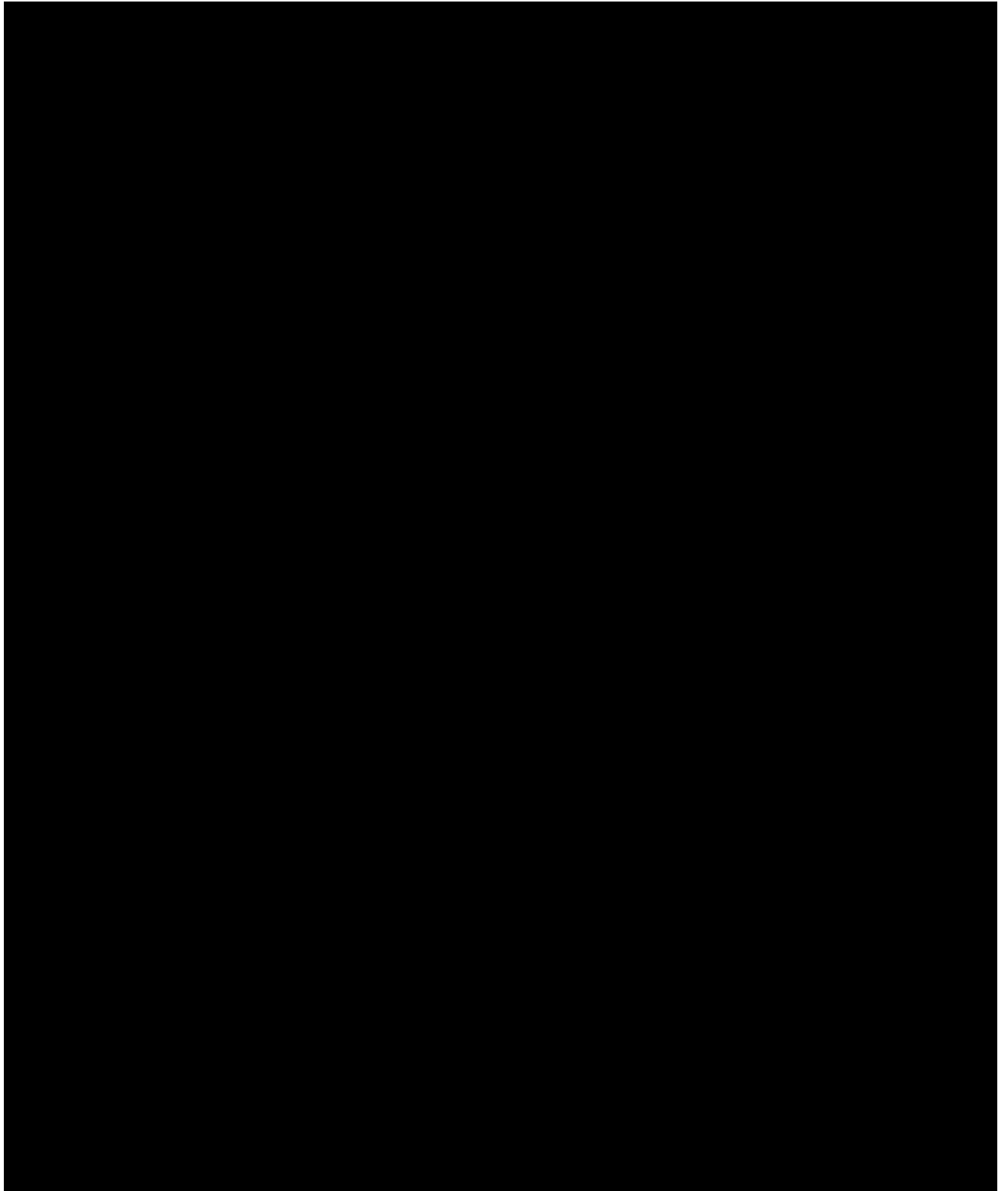
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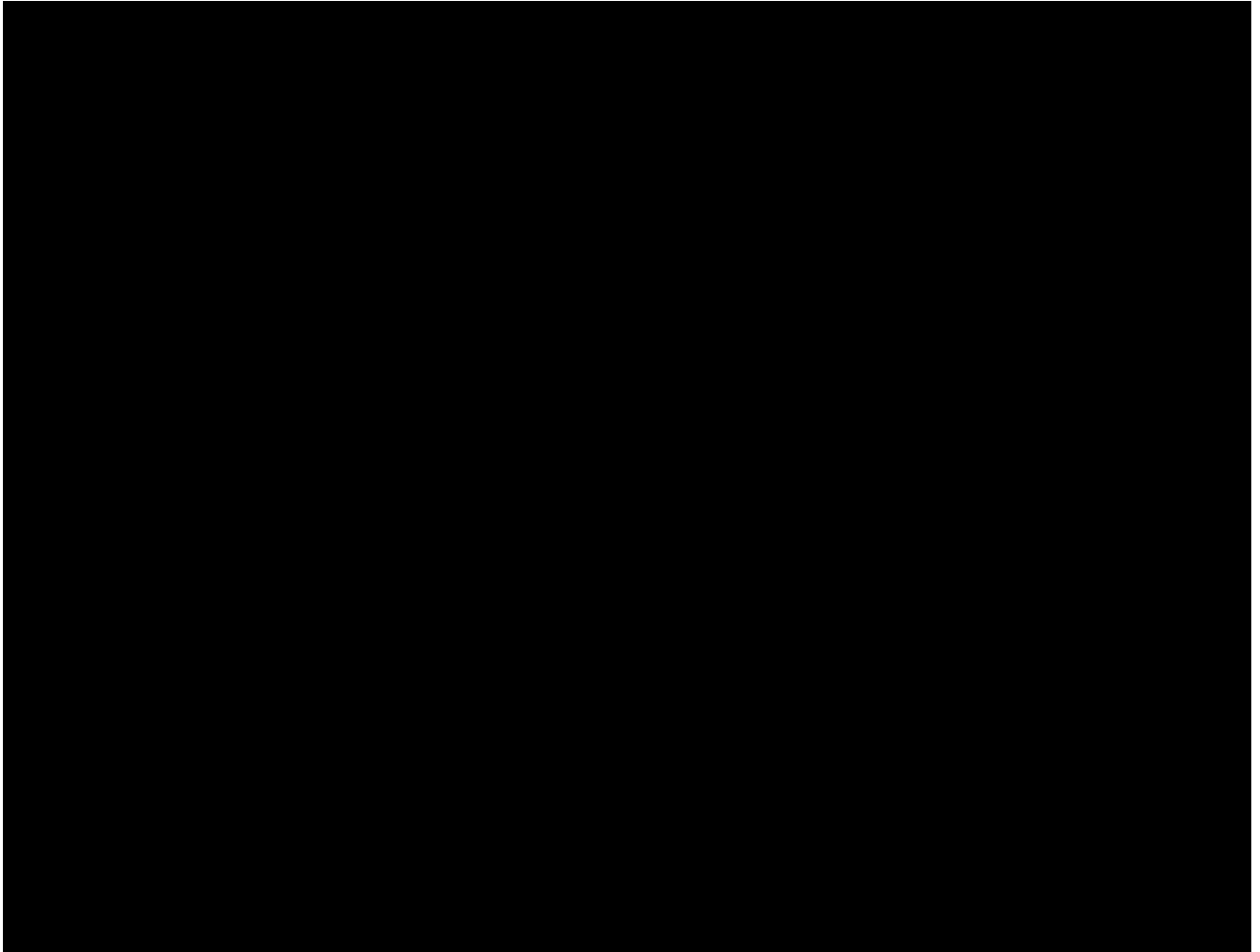




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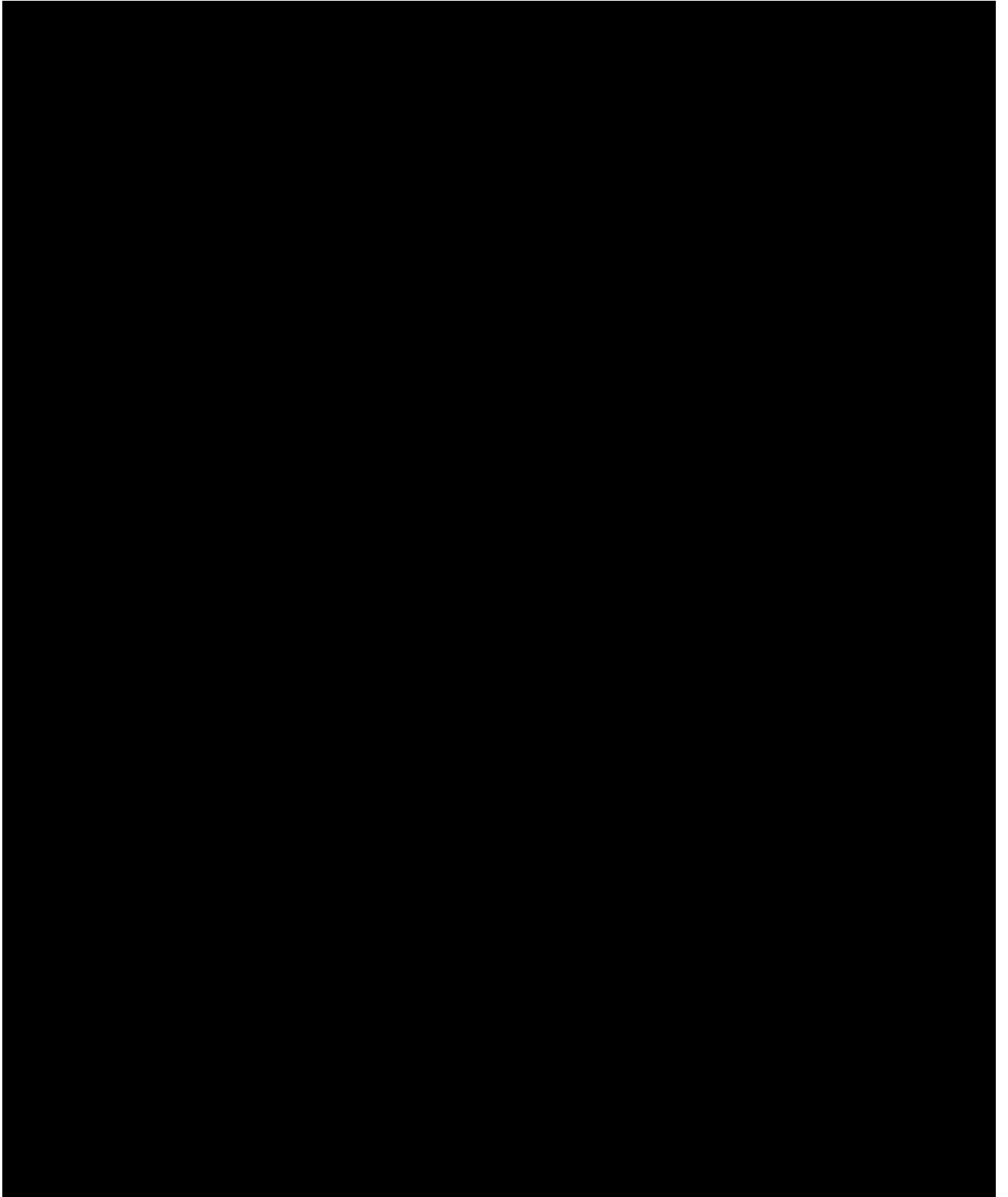
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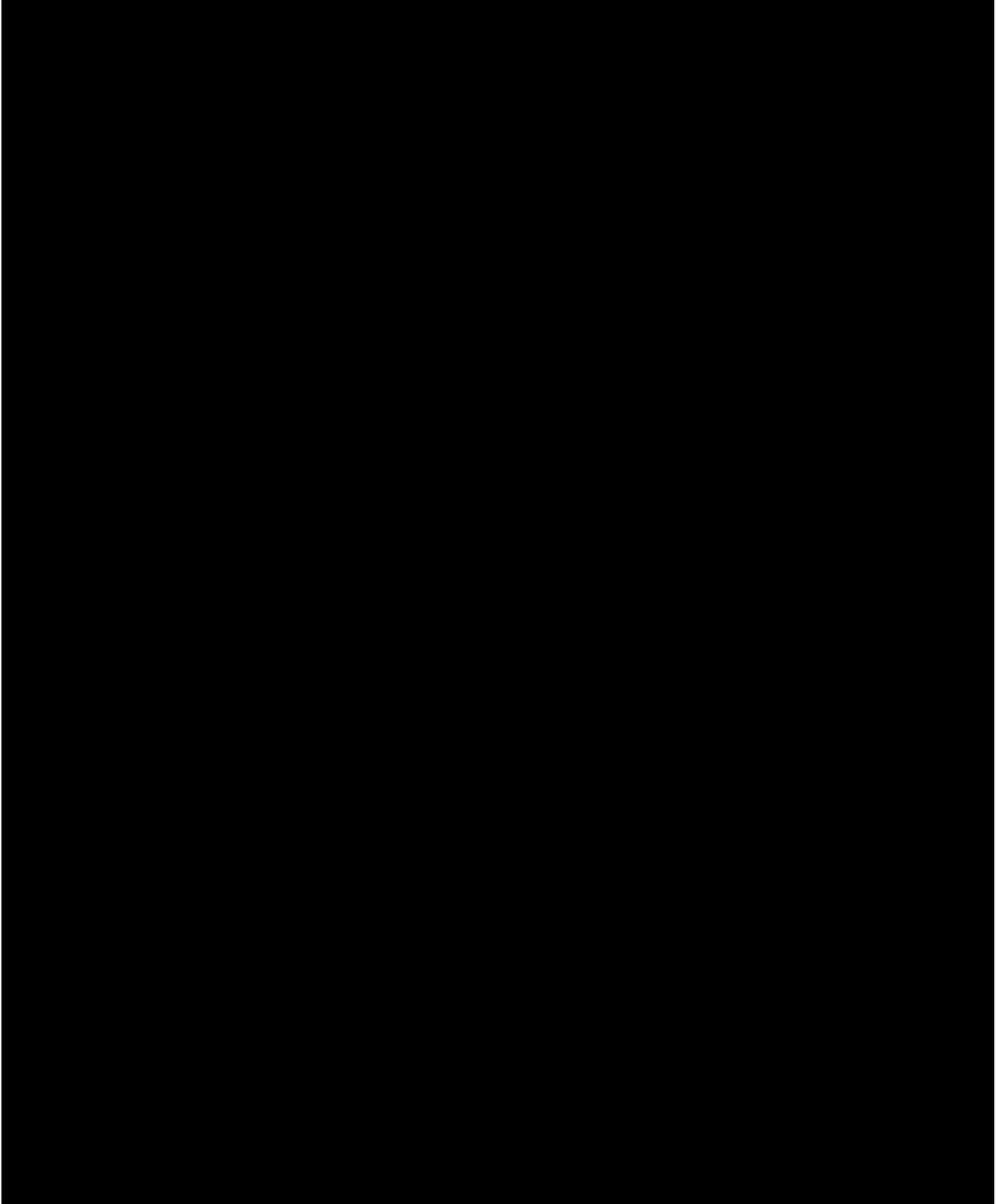
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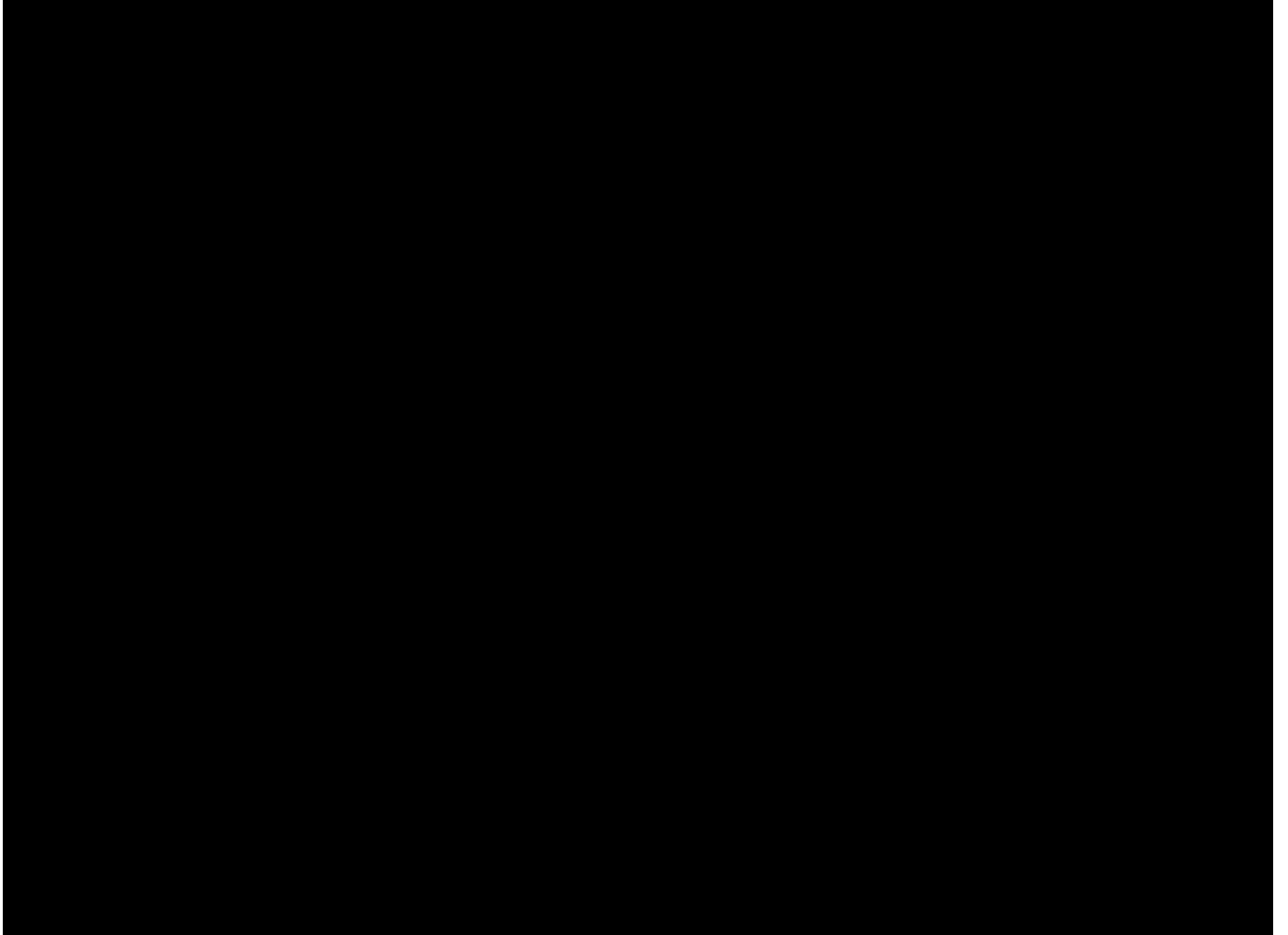


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## Re: Some Feedback from Member of Adm Levine's Staff

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**From:** Walter Bouman [REDACTED]  
**To:** [REDACTED]  
**Date:** Sat, 02 Jul 2022 03:00:41 -0400

Dear [REDACTED]

dont worry: you did the right thing! Its disappointing that politics always trumps common sense and what is best for patients.....

let's see whether anyone from the EC responds further, if not, we'll leave it until Monday and have a chat.

warmest,

and DO have a good weekend,

Walter x

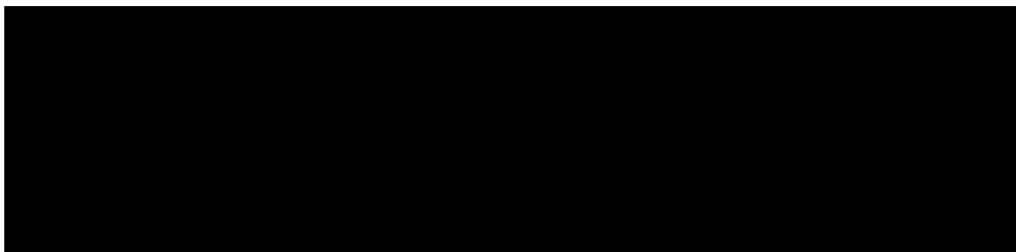
Dr Walter Pierre Bouman MD MA MSc UKCPreg PhD

Consultant in Trans Health/Honorary Professor School of Medicine, University of Nottingham, UK

President World Professional Association for Transgender Health (WPATH)

Editor-in-Chief *International Journal of Transgender Health* (Impact Factor 2020 = 5.333)

Nottingham National Centre for Transgender Health



On 2022-07-02 02:34, [REDACTED] wrote:

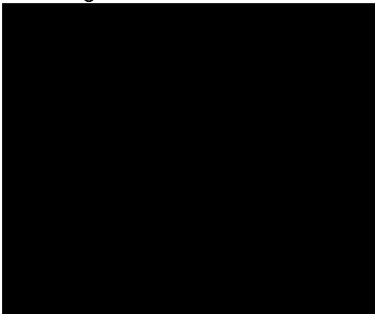
Hi Walter

I didn't think anything would change but felt it was my duty to pass along the content of our discussion.

Again, this was not in her role as COS for Adm Levine.

I didn't mean to upset the Apple Card but wanted you all to be informed, we can strategize if any response is required.

Best regards



On Jul 1, 2022, at 6:07 PM, Walter Bouman [redacted] > wrote:

Hi [redacted],

just read the email trail, which I found disturbing for a number of reasons. Happy to discuss tomorrow. It is not appropriate to take any feedback from a nonmedical professional seriously.

nothing is going to change in the SOC8.

it is done!

it is late in Gent now, we just got home from dinner with Guy..... leaving for the UK by train tomorrow morning..... hopefully arriving home around 4-ish (PM).

it's going to be fine!

bear with me!!

if Washington does not want to launch the SOC8 we'll do it in Brussels at the European Union.... EPATH has the right contacts.

Warmest

Walter

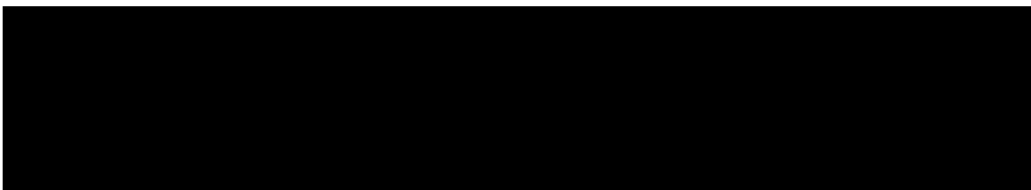
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Editor-in-Chief *International Journal of Transgender Health* (Impact Factor 2020 = 5.333)

Nottingham National Centre for Transgender Health



[REDACTED]



On 2022-07-01 20:22, [REDACTED] wrote:

Hi All

She is not a clinician and was calling as Sarah, not a representative of the office, but I felt it important to share.

Best regards

[REDACTED]

[REDACTED]

On Jul 1, 2022, at 2:16 PM, Asa Radix <[REDACTED]> wrote:

This is a global document, not solely for the US. I am a little surprised that we would be asked to do this after all the care and endless discussions by experts to reach this consensus on ages for surgeries. Is Sarah a clinician/surgeon? I wouldn't make any change unless the relevant chapters found some new evidence to support change to 18.

On Fri, Jul 1, 2022, 1:47 PM [REDACTED] wrote:

Thanks Marci

FYI – as noted below, this is from Sarah, Adm Levine's chief of staff.

All best

[REDACTED]

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**From:** Dr. Marci Bowers <[REDACTED]>  
**Sent:** Friday, July 1, 2022 1:40 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]; Scott Leibowitz  
 [REDACTED] Annelou Devries [REDACTED] Jon Arcelus  
 [REDACTED]; Eli Coleman [REDACTED] asa.radix [REDACTED]  
**Subject:** Re: Some Feedback from Member of Adm Levine's Staff

Hi all—

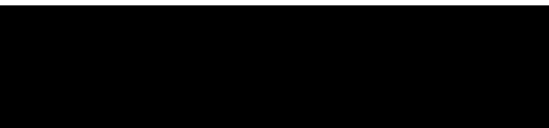
My concern from a scheduling and pre authorization process is that without specific age requirements, insurers may not grant authorization. I do understand Adm. Levine's concerns— I wonder if we should/ could be less aggressive in lowering the age limits on certain procedures. Anxious to hear other thoughts.

Kindly.....

Marci Bowers MD

WPATH President-elect

Trevor Project Board of Directors



*Standing tall in times of darkness*

On Jul 1, 2022, at 10:29 AM, [REDACTED] wrote:

Dear EC, SOC8 Co-chairs, and Adolescent Chapter Leads

I just got off the phone with Sarah Boetang, who is Adm. Levine's chief of staff, she has been reviewing the guidelines and wanted to convey a concern she has, as Sarah, not as an official response/review of the office. She knows that the Adm is continuing to comb through every word.

She is amazed at the breadth and improvement and comprehensive nature of the entire document, her biggest concern is the section below in the Adolescent Chapter that lists specific minimum ages for treatment, she is confident, based on the rhetoric she is hearing in DC, and from what we have already seen, that these specific listings of ages, under 18, will result in devastating legislation for trans care. She wonders if

the specific ages can be taken out and perhaps an adjunct document could be created that is published or distributed in a way that is less visible than the SOC8, is the way to go.

I told her I would be writing to all of you, and she is happy to discuss her opinion further, if needed. Please let me know how you want to proceed/respond/discuss.

All best

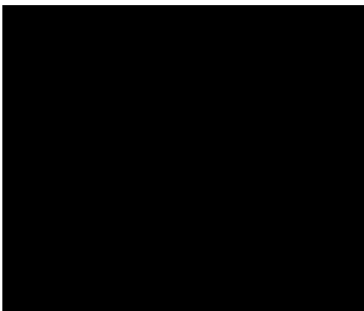


Statement 6.12h

**The adolescent is the following age for each treatment:**

- 14 years and above for hormone treatment (estrogens or androgens) unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
- 15 years and above for chest masculinization unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
- 16 years and above for breast augmentation, facial surgery (including rhinoplasty, tracheal shave, and genioplasty) as part of gender-affirming treatment unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
- 17 and above for metoidioplasty, orchidectomy, vaginoplasty, hysterectomy, and fronto-orbital remodeling as part of gender-affirming treatment unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
- 18 years or above for phalloplasty unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.

Best Regards





## feedback regarding the age statement in Adolescent SOC8 chapter

---

**From:** Scott Leibowitz <[REDACTED]>  
**To:** Eli Coleman <[REDACTED]>, asa.radix <[REDACTED]>, Jon Arcelus <[REDACTED]>  
**Cc:** "Vries, A.L.C. de" <[REDACTED]>, Scott Leibowitz <[REDACTED]>, "Gayathri.Chelvakumar" <[REDACTED]>, dr.laura.edwardsleeper@[REDACTED].org, dreenmasse@[REDACTED].org, "jstrang" <[REDACTED]>, "stephanie.roberts" <[REDACTED]>  
**Date:** Mon, 01 Aug 2022 01:43:02 -0400

Dear Chairs:

We appreciated having the opportunity to discuss the recent request regarding the placement and wording of the age criteria statement for the Adolescent chapter. Instead of giving you a definitive answer, since quite honestly there is no right or wrong here, we all agreed to provide you with a transcription of the conversation that our workgroup members had regarding the issue by secure chat. Other than where I specified co-leads, I've decided not to indicate who the specific authors of each comment below are. The transcript reflects all 7 workgroup members' views, including the two co-leads of the chapter (myself and Annelou). We all agreed to share this with you and realize how challenging a situation it is and are grateful to you for spending time on the subject. In general, we are largely in favor of a compromise plan, whatever that looks like. Should you need to forward this conversation to other WPATH leaders, that is okay, however I do ask and trust that this conversation should remain confidential and kept only among those with decision-making control over this issue, given the sensitivity of the subject.

As a workgroup we all agree that the following aims are all important considerations as it relates to this decision: 1) Preserve the scientific and ethical integrity of the chapter and its process; 2) Improve/promote access to balanced, ethical, gender-affirming care for those adolescents who are appropriate to receive it; and 3) Minimize any risk that the guidelines would lead to *more* access challenges (e.g. legislative bans in this instance). Therefore, we ask that you read our transcript so that the totality of our thoughts are available as the exact compromise decision gets made regarding placement and wording of the age statement.

Thank you,  
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]

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Transcript of conversation about the placement of age criteria in the Adolescent Chapter among the 7 members of the workgroup:

*Hi, I saw it however this seems outside the scope of an email to discuss.*



- Response from Co-Lead: *I didn't feel comfortable making this call without the whole workgroups input. The challenge is the timeline- don't know how we can convene before the time they need an answer*
- Response from another workgroup member: *And what about about from the surgery and hormone folks. This is such a tight time frame.*

*I was never committed to ages, so I'm fine with adjustments to de-emphasize them. However, I know others in the group felt ages were a priority, and I don't want to undermine those perspectives.*

- Response from Co-Lead: *I really think the main argument for ages is access/insurance. So the irony is that the fear is that ages will spark political attacks on access. I don't know how I feel about allowing US politics to dictate international professional clinical guidelines that went through Delphi.*
- Response from another workgroup member: *I do agree that the Delphi situation is a key consideration. Could they send them through again? It is a large change, which I'm fine supporting, but it is weird because then we can never say that the adolescent chapter passed Delphi*

*This feels like a very significant change to make in a very short time frame without proper discussion. I think we need to think about the ramifications. My sense is that the US, along with many other countries, is moving toward putting restrictions on youth seeking medical interventions and making the age requirement MUCH older. If our concern is with legislation (which I don't think it should be - we should be basing this on science and expert consensus if we're being ethical) wouldn't including the ages be helpful? ie, it will be harder for states/countries to enact laws that go against the SOC. Plus, aren't the ages just a recommendation with room for adjusting in unique circumstances? I need someone to explain to me how taking out the ages will help in the fight against the conservative anti trans agenda. Maybe I'm missing something.*

- Response from Co-Lead: *The conservatives will only hone in on the ages and say that WPATH is supporting "cutting off healthy girl breasts at 15 years old" for example. They will not talk about the rest of the guidelines, except for the ages, and then it will create misguided fear and legislation will pass*

*How does taking the ages out help? We're still recommending medical interventions for minors. So they'll just say that.*

- Response from Co-Lead: *It doesn't give them the headline. Less direct focus on age. I mean, we have a very high up politician telling us that having the ages specified front and center would politically lead to more attacks and legislative efforts. I see no reason not to trust that assessment is accurate.*

*Here's one scenario I'm trying to work through in my head - if any of us have to defend affirmative care including med interventions for minors, to conservative groups (including those involved in making legislation), it seems important that the SOC be clear and not vague or it will be quickly dismissed - especially if it can be interpreted that even young adolescents can easily obtain medical interventions. That is my biggest concern, honestly. I'm already a bit worried about the change from "several years" for this reason. I do see your point about the headlines though, Scott. I see how it could cause more uproar among the general public. However I'm not sure how much that actually matters when the laws are being made. I'm also curious how the group feels about us making changes based on current US politics. Not trying to be difficult*

*here! Just want to be sure we're thinking this through carefully. I agree about listening to Levine.*

- *Response from Co-Lead: I think it's safe to say that we all agree and feel frustrated (at minimum) that these political issues are even a thing and are impacting our own discussions and strategies. But. On the flip side, for all our work to be thrown down the drain because we know it will be used to further efforts to ban our work..... if being strategic by putting that in an Appendix, or changing to "suggest," we shouldn't be outright dismissive of workarounds. I think it's important that we all get our thoughts out now though.*

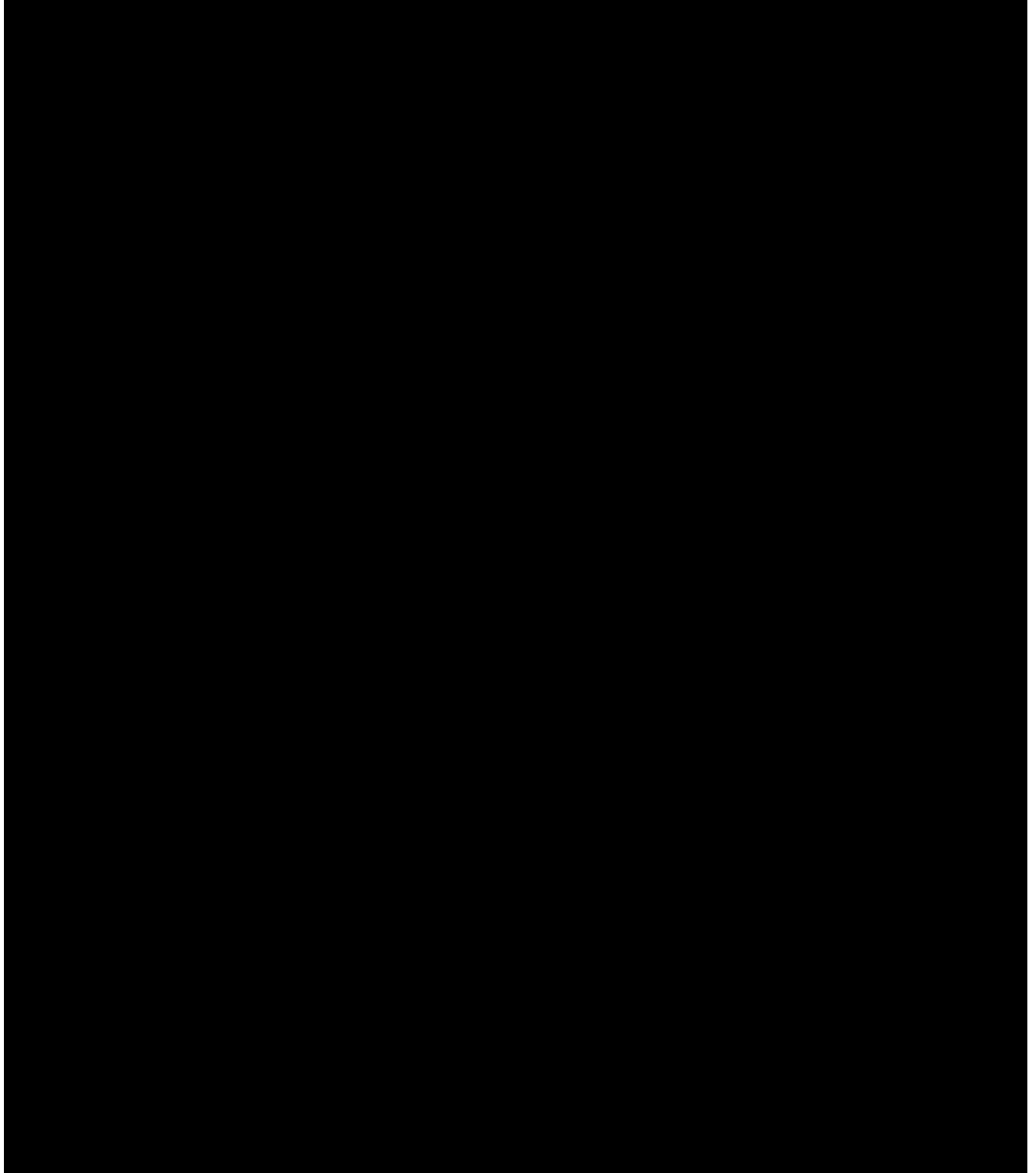
*My understanding is that the suggestion from the chairs is to leave the ages in but have them as suggestions and not criteria/recommendations for start of treatment? That seems like an ok compromise to me.*

*I really really wish with this edit that we would be able to add the citation of Diane Chen's paper under review that addresses some of this. Unfortunately, I think the paper is now under review again (round 2).*

*I agree that changing to "suggest" is a good compromise. And yes, it is frustrating to have to have politics in our brains as we make these decisions. But it is what it is!*

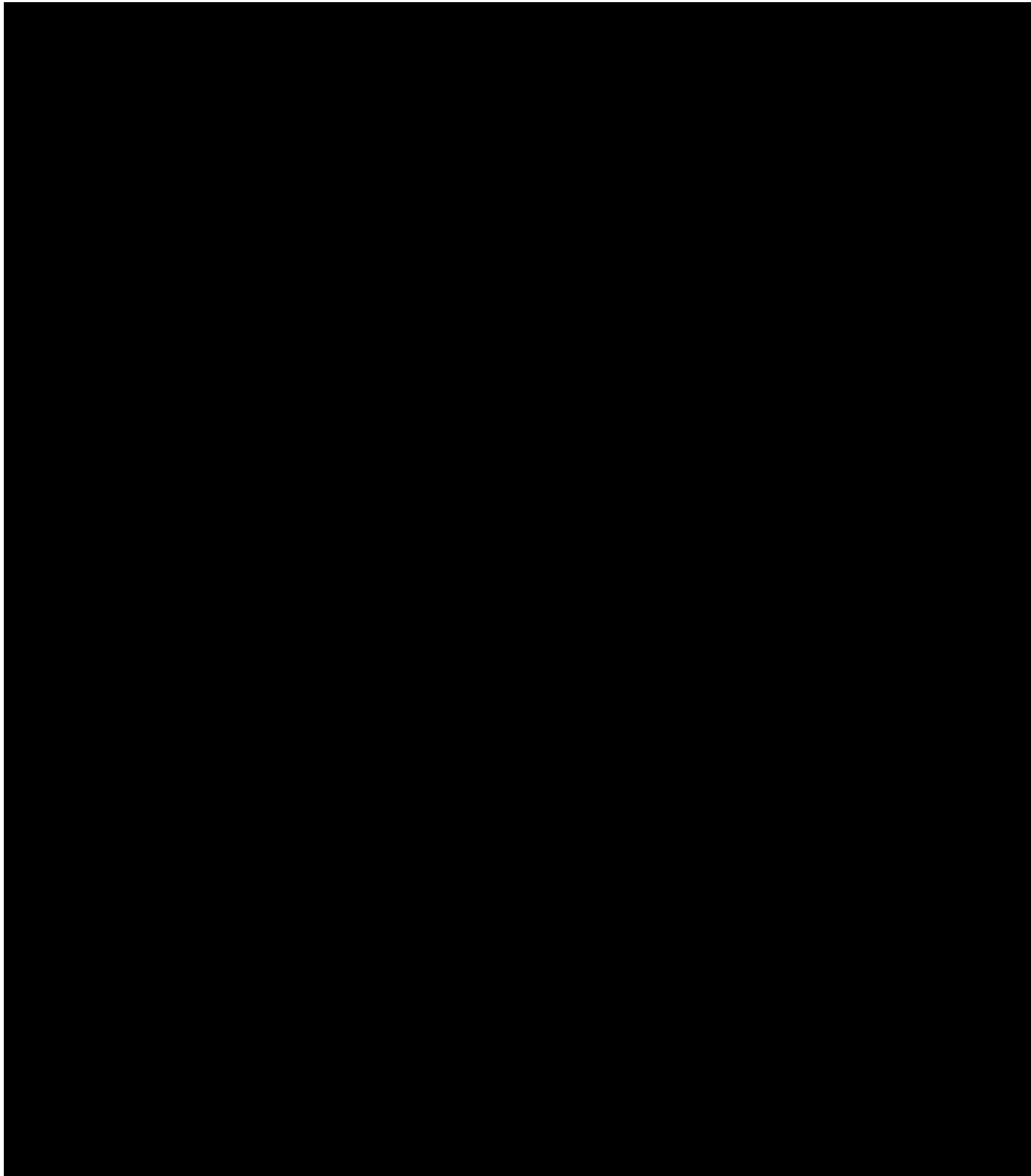
*In the getting things out now vein, I'm not a fan of letting the USA dictate international policy. I think these issues of adolescent care are occurring in other countries as well. But I suspect that since Dr. Levine has a relationship with WPATH leaders that made it easier to reach out to WPATH. I'm confused about the reasoning about the ages too. Maybe there's something I'm missing but I think the conservatives are going to react negatively to age "suggestions" as well. Still a headline. I'm concerned about the headline: SOC 8 changes at last minute at request of USA official. The one reason I might be ok changing is we don't have exact data/studies in the ages we recommended. We have applied related research and clinical experience in recommending the ages. I do wonder how they will be defended in court cases, but it can be done. I believe this change should run by Delphi if we make it.*

- *Response from Co-Lead: All good points. I do think that the results of the Delphi would be influenced by politics also at this point, tbh.*
- *Response from other workgroup member: Great point, XXX. Rumors are already spread about us caving to activist pressure when we made the "several years" change. It seems like it's not going to be pretty, whatever we do. Sadly. 😞*
- *Response from other Co-Lead: Hi all, I could live with 'suggestions' instead of 'recommendation' but do not understand the policy behind it at all. What exactly happens if we keep it as it is? Very good point to think about is XXX's consideration what message we bring with changing last minute.*



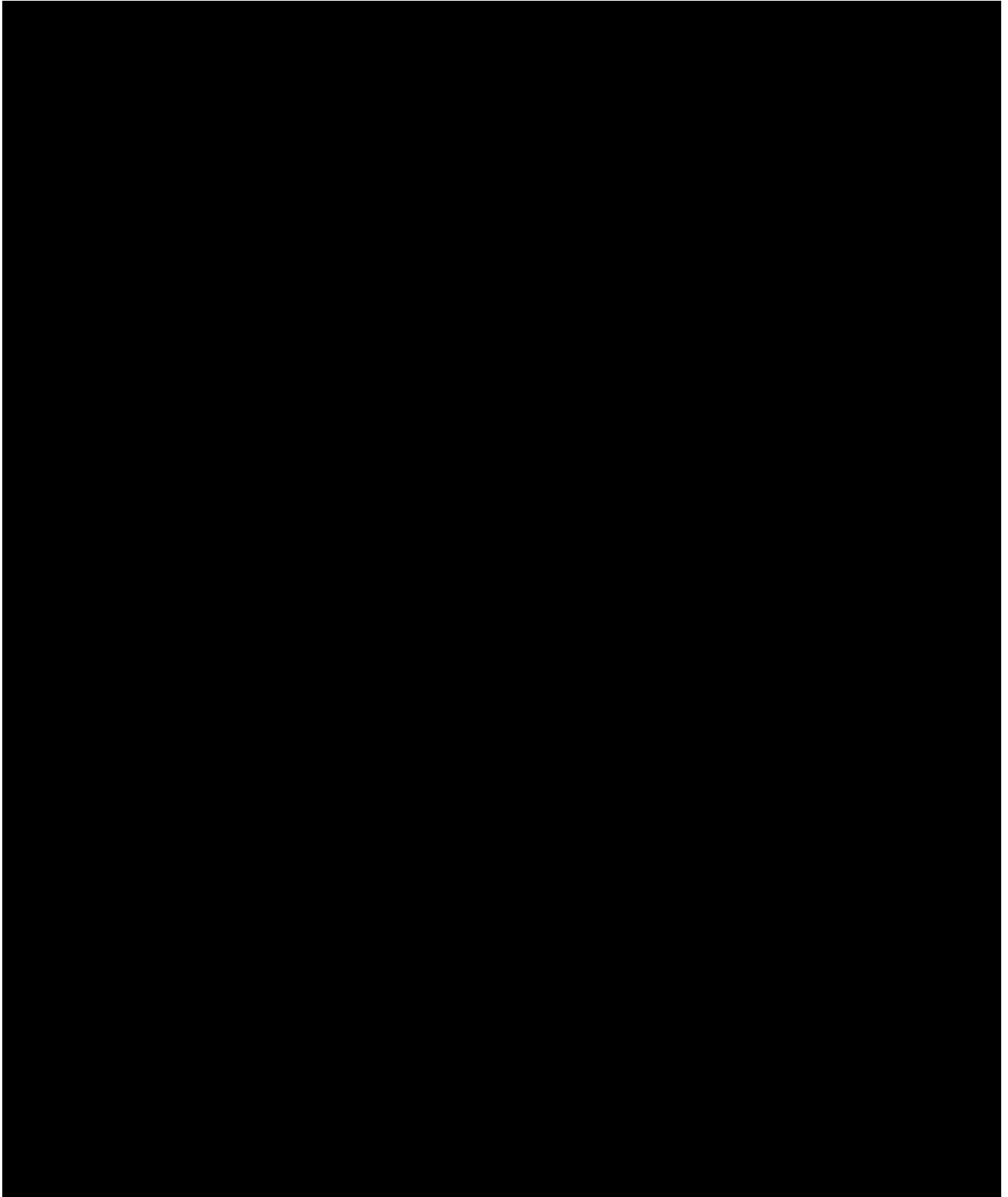
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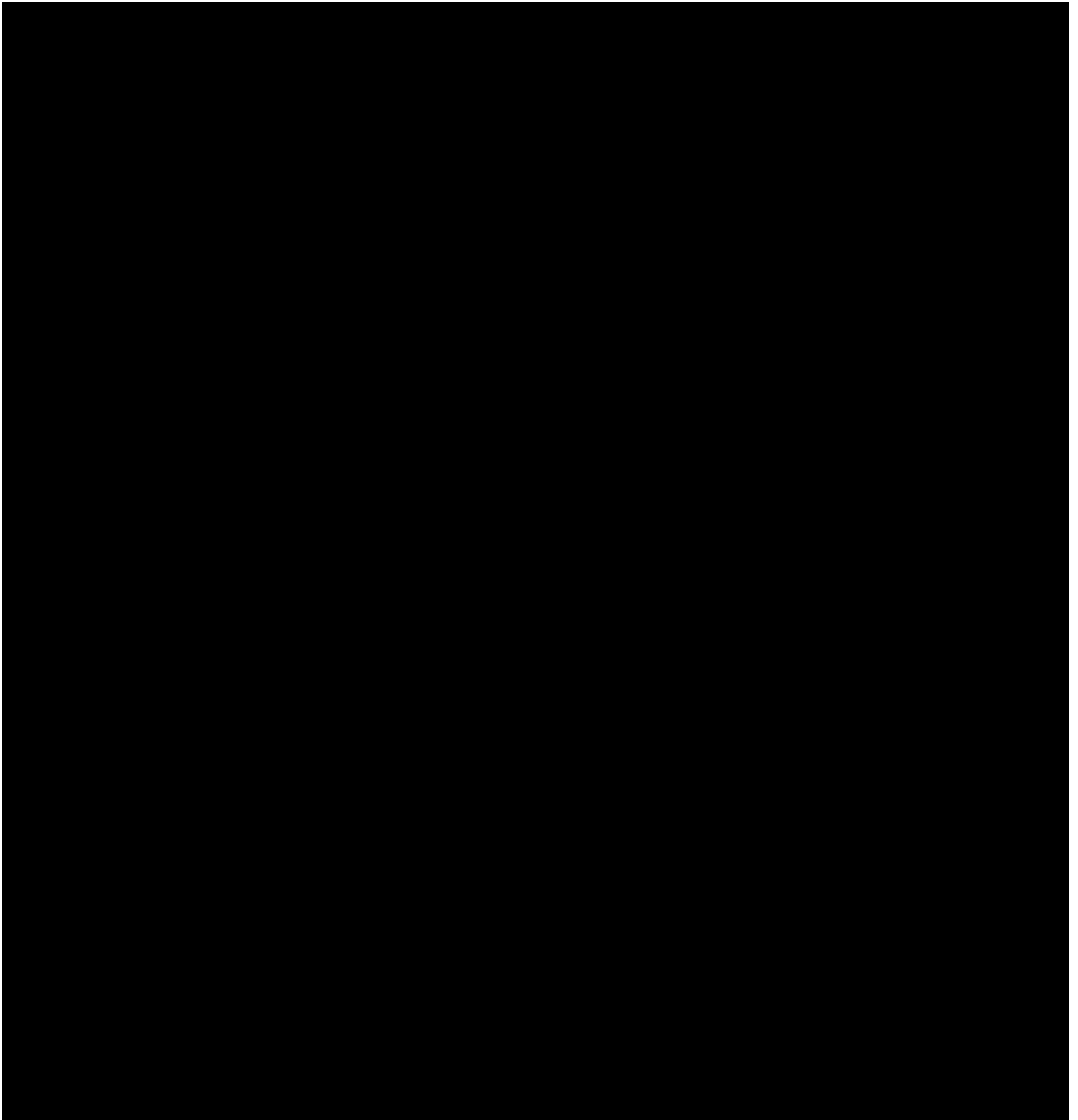
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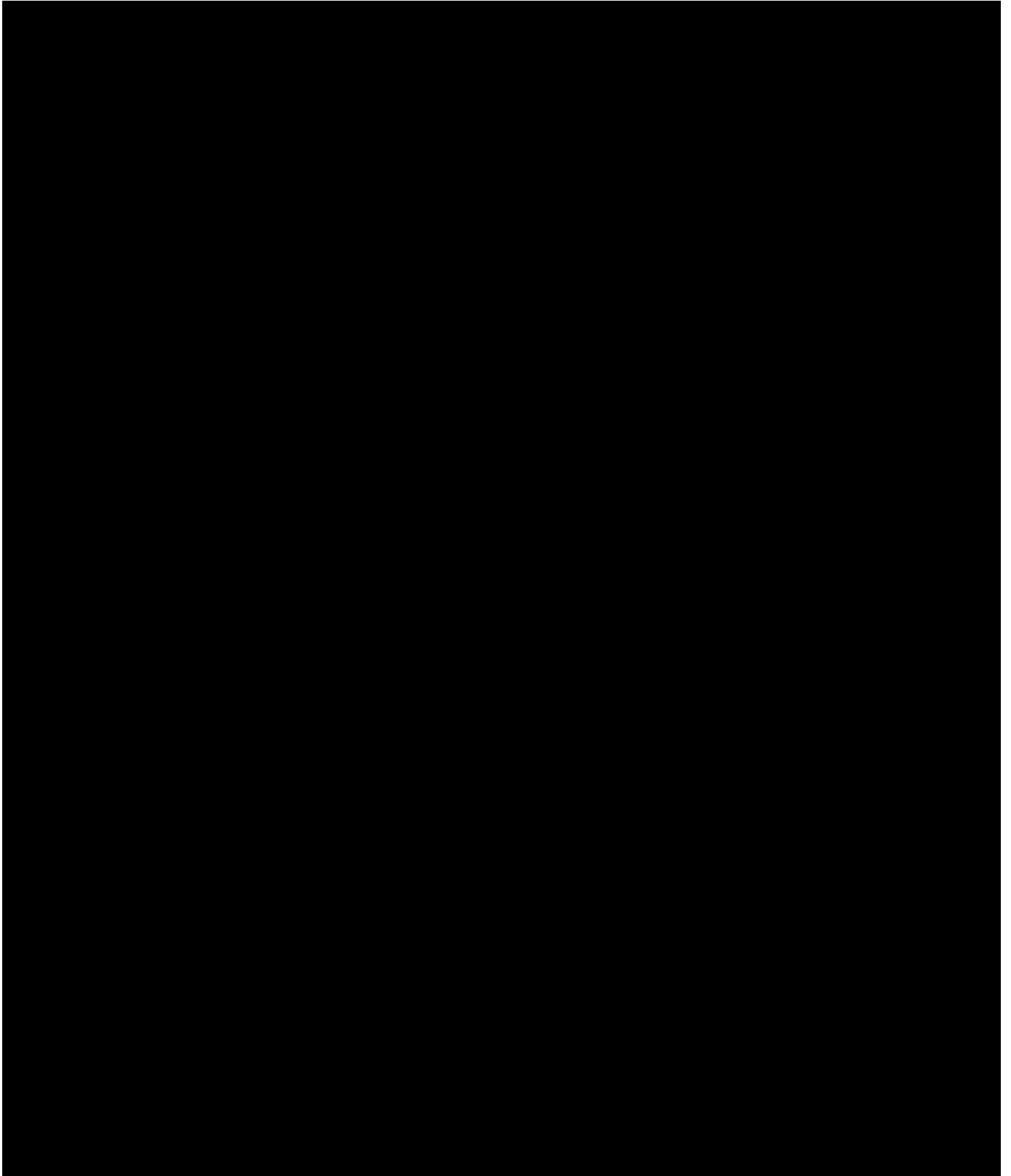
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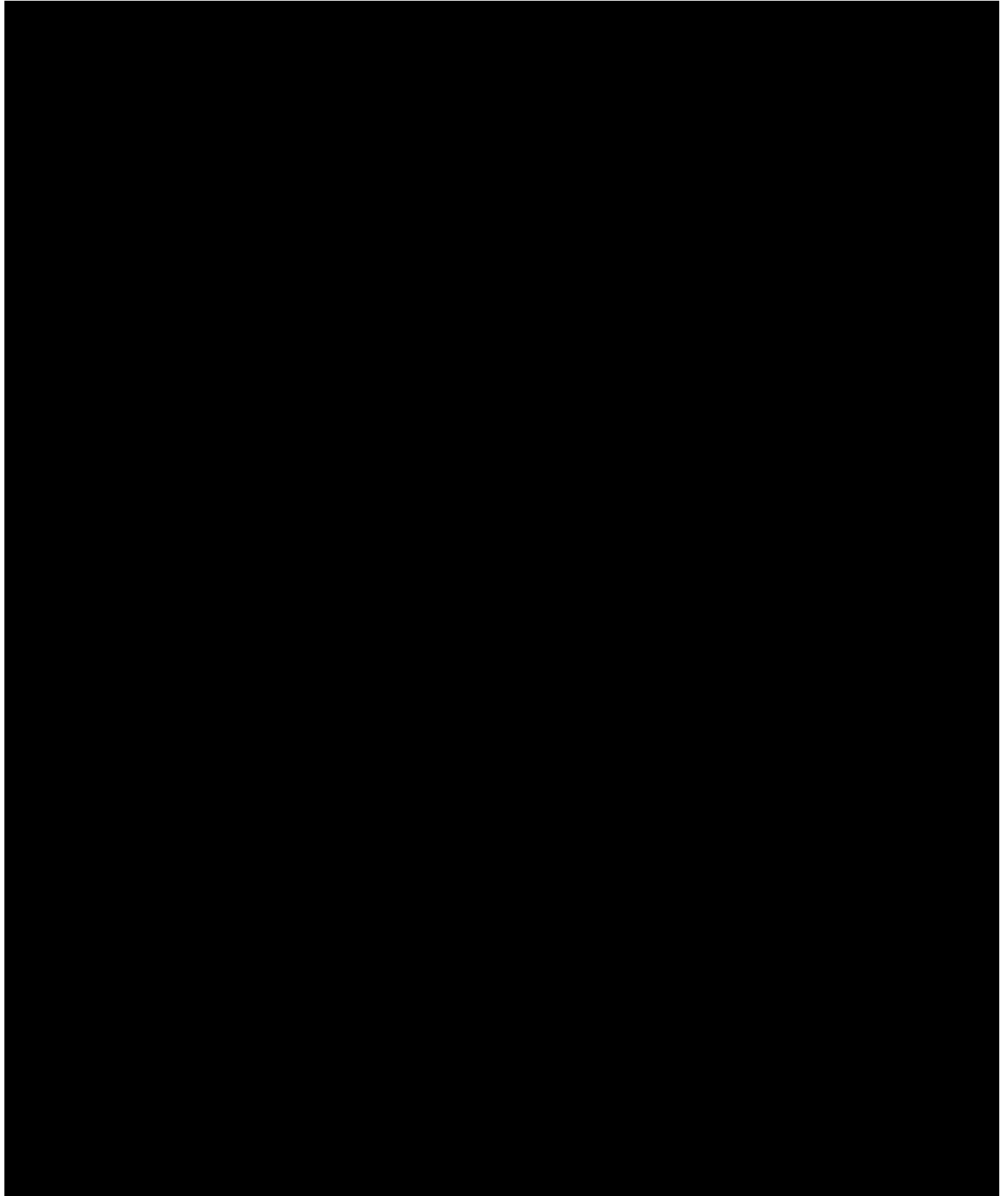


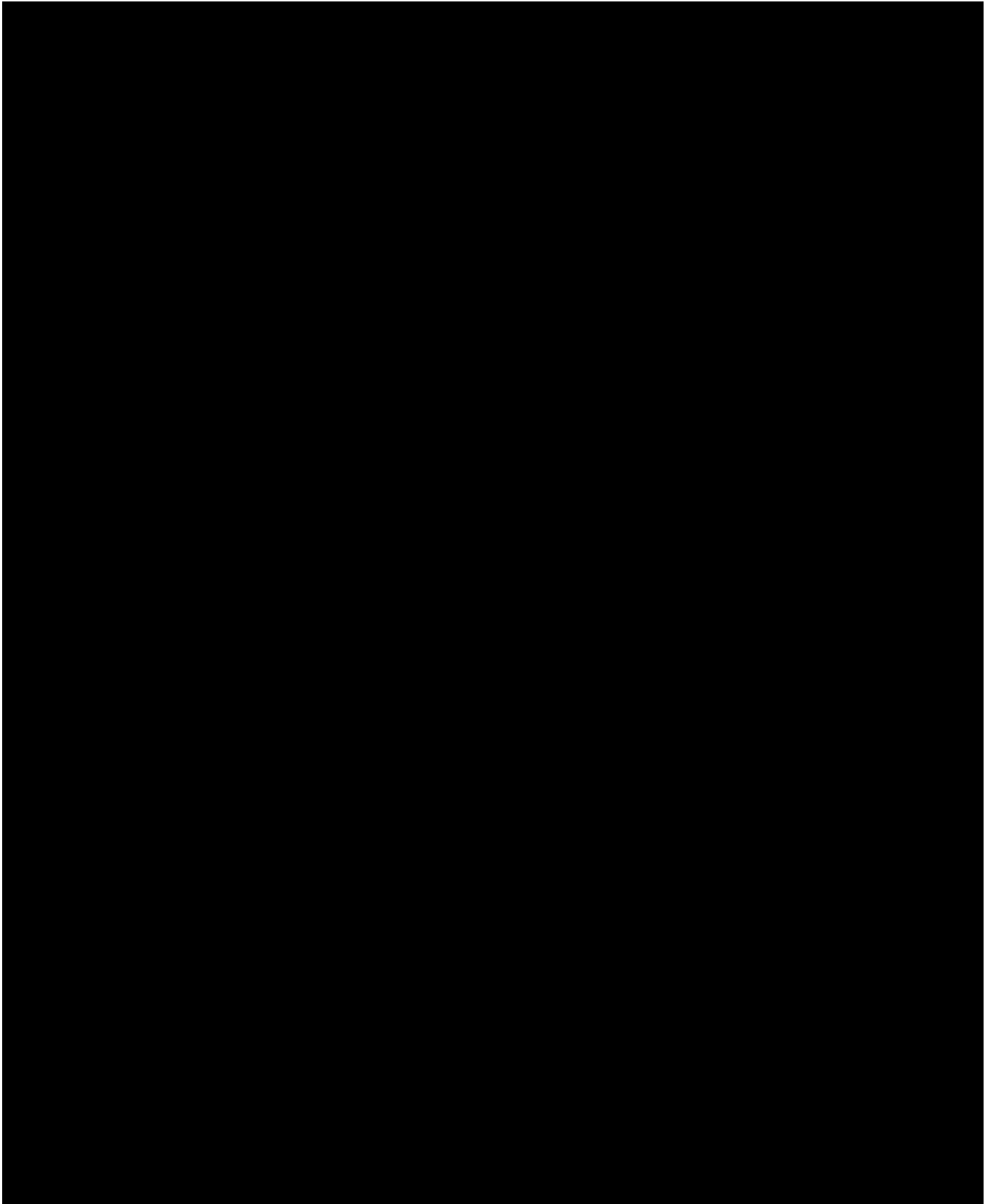


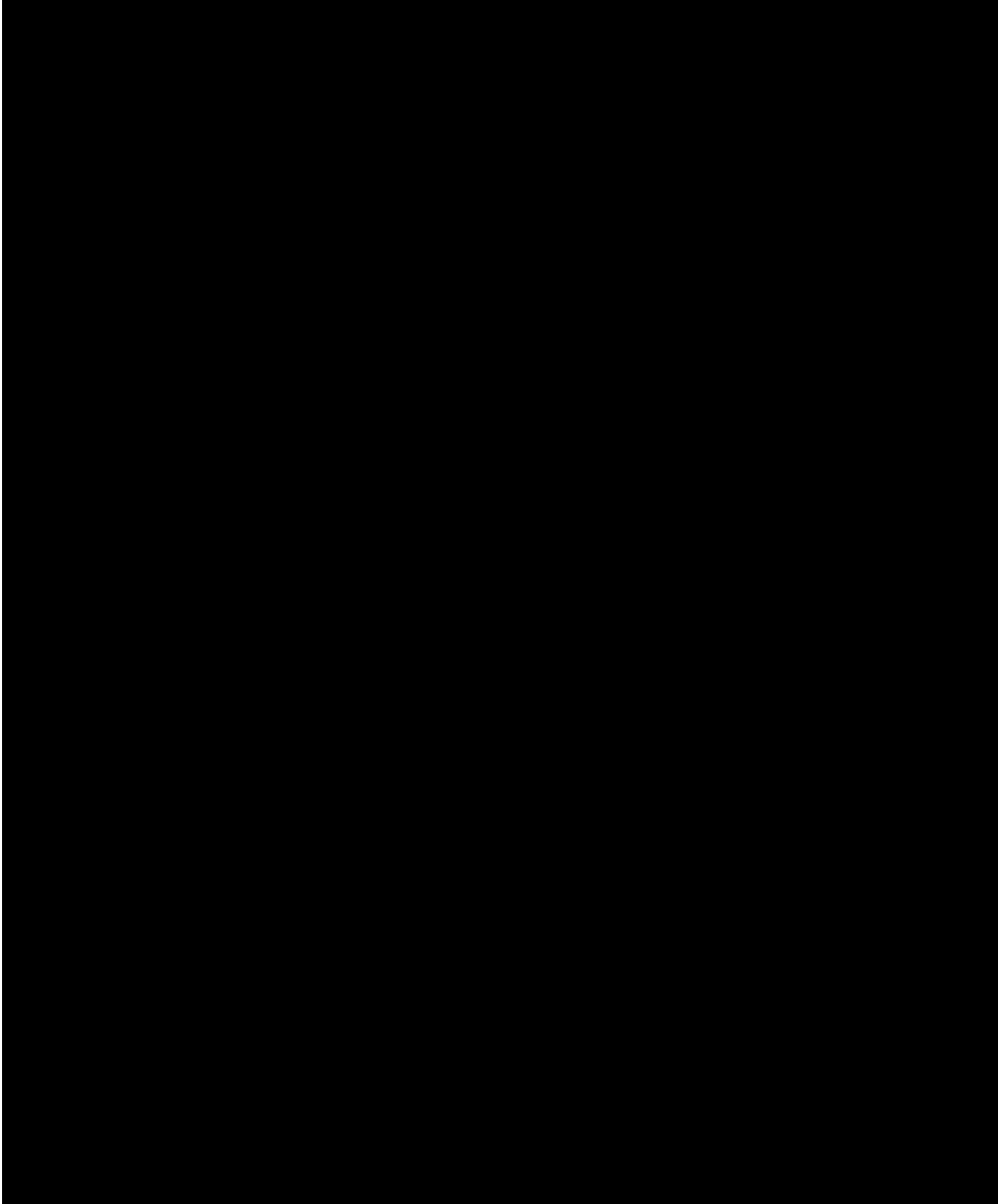
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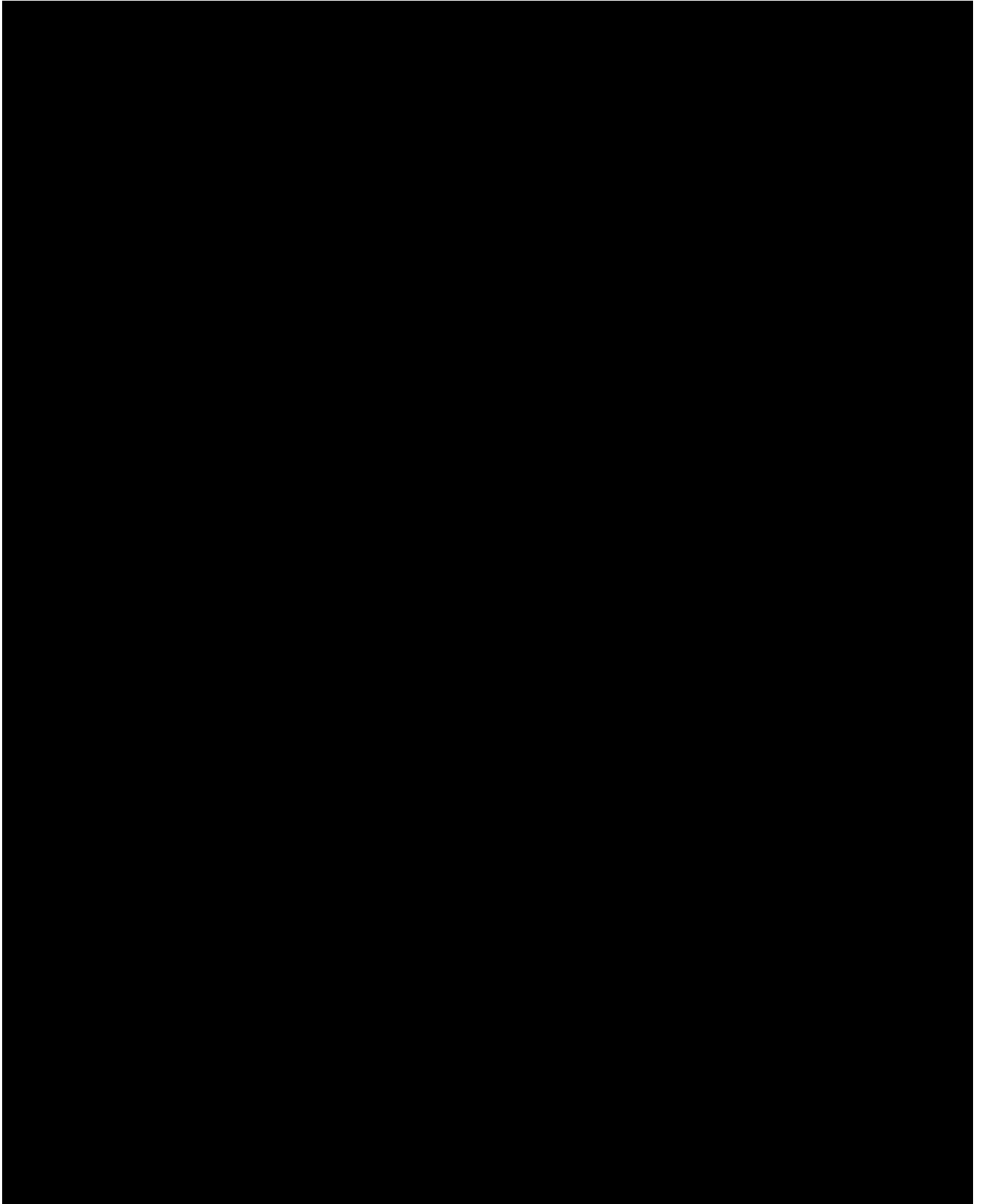
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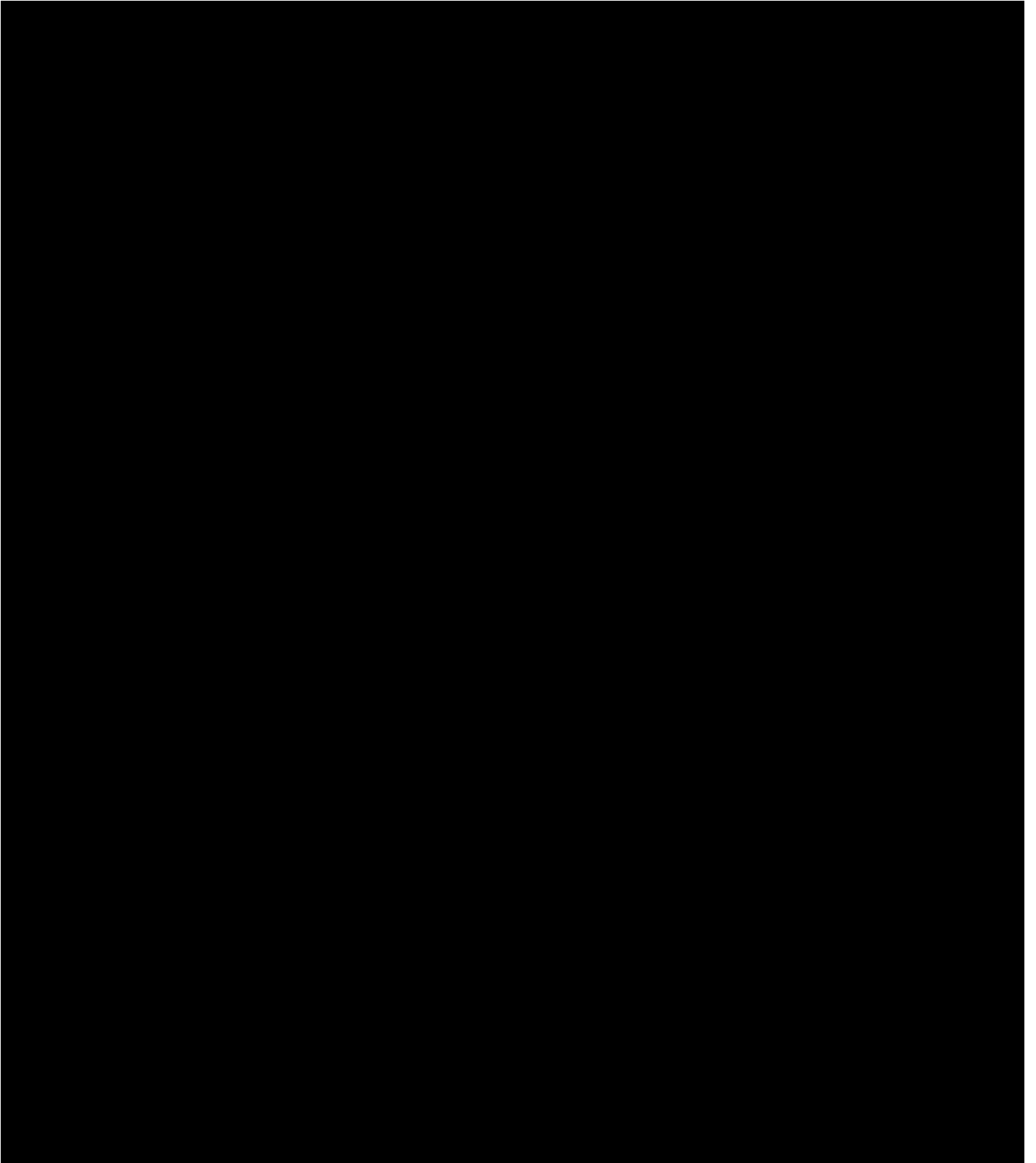




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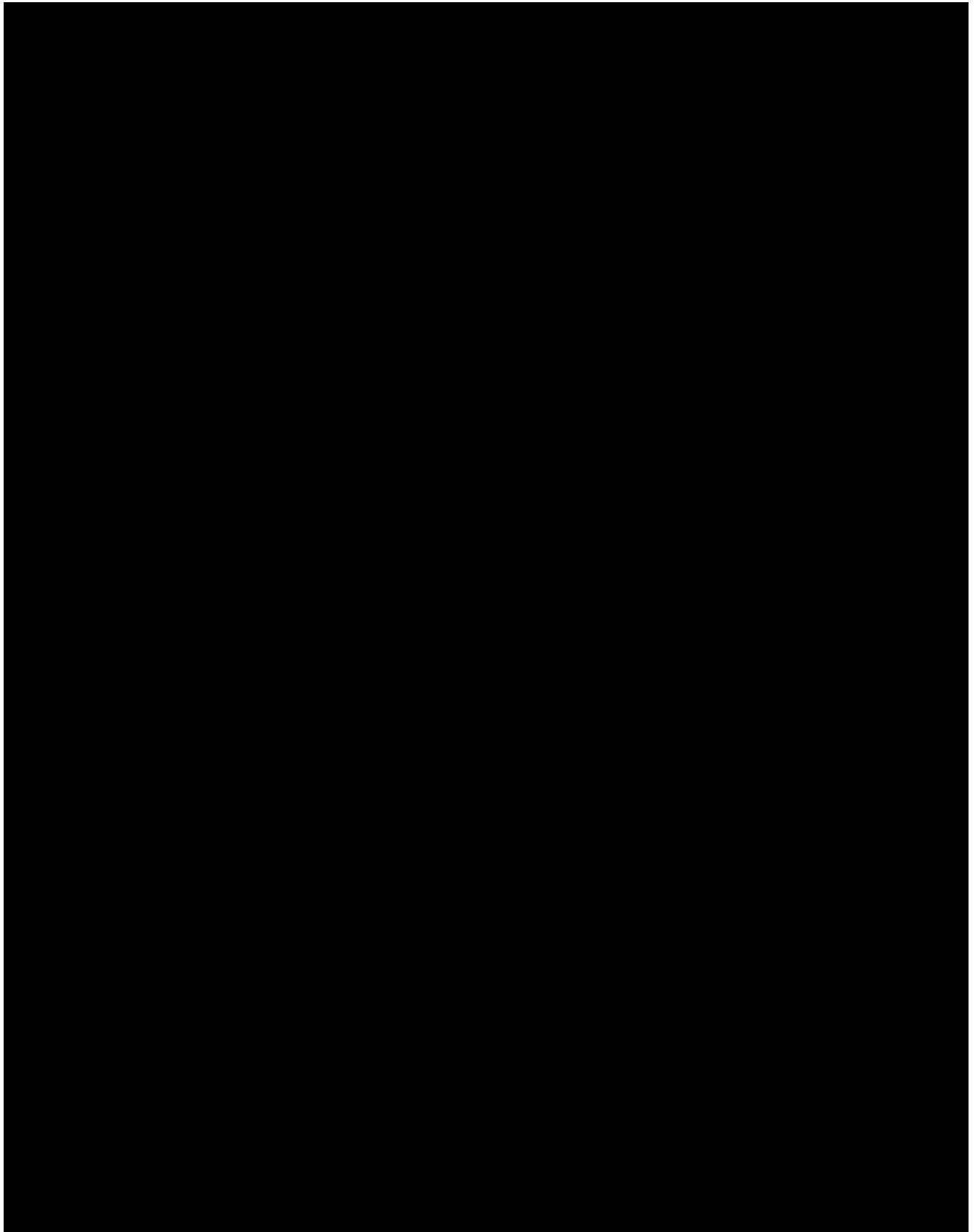
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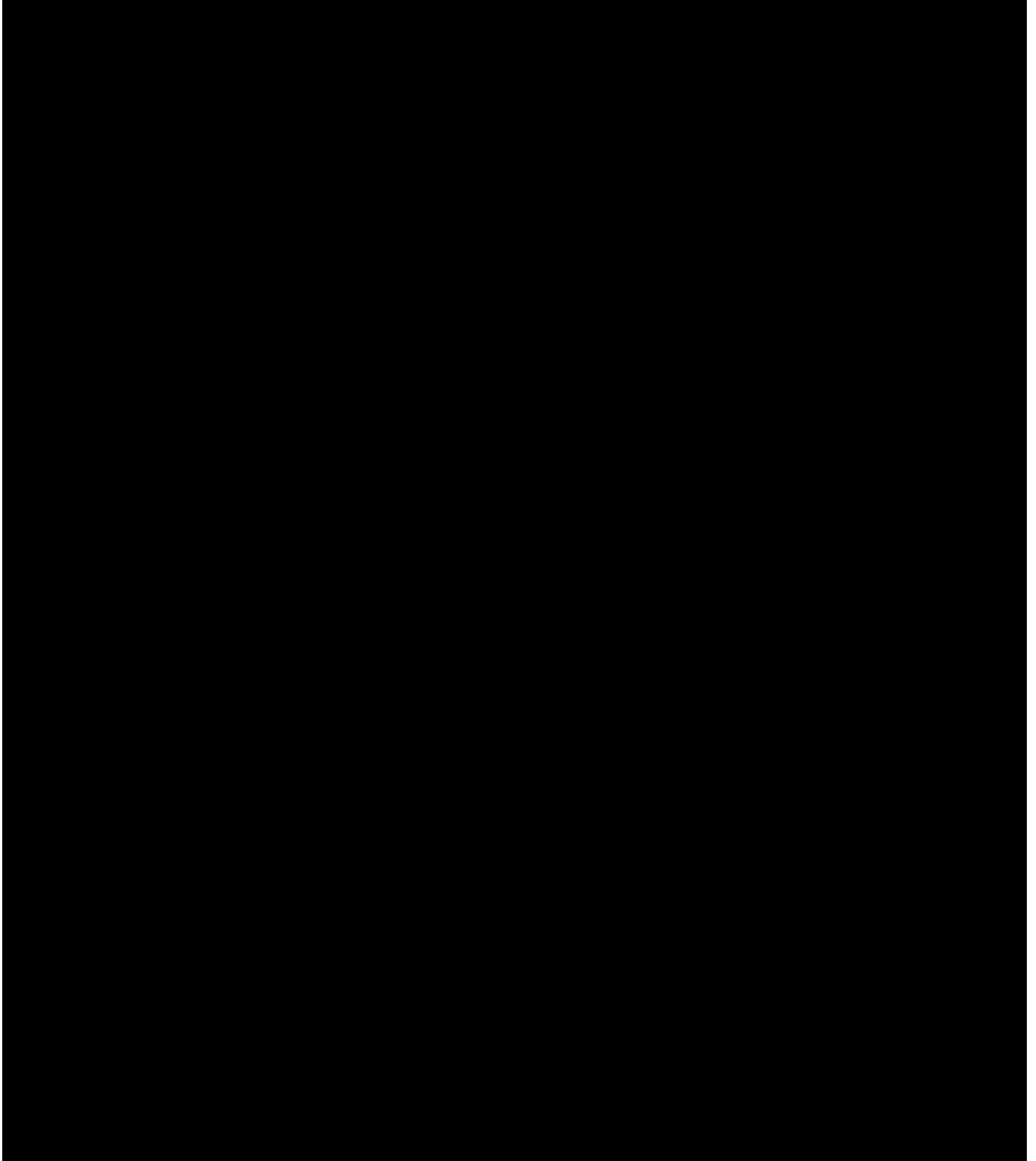


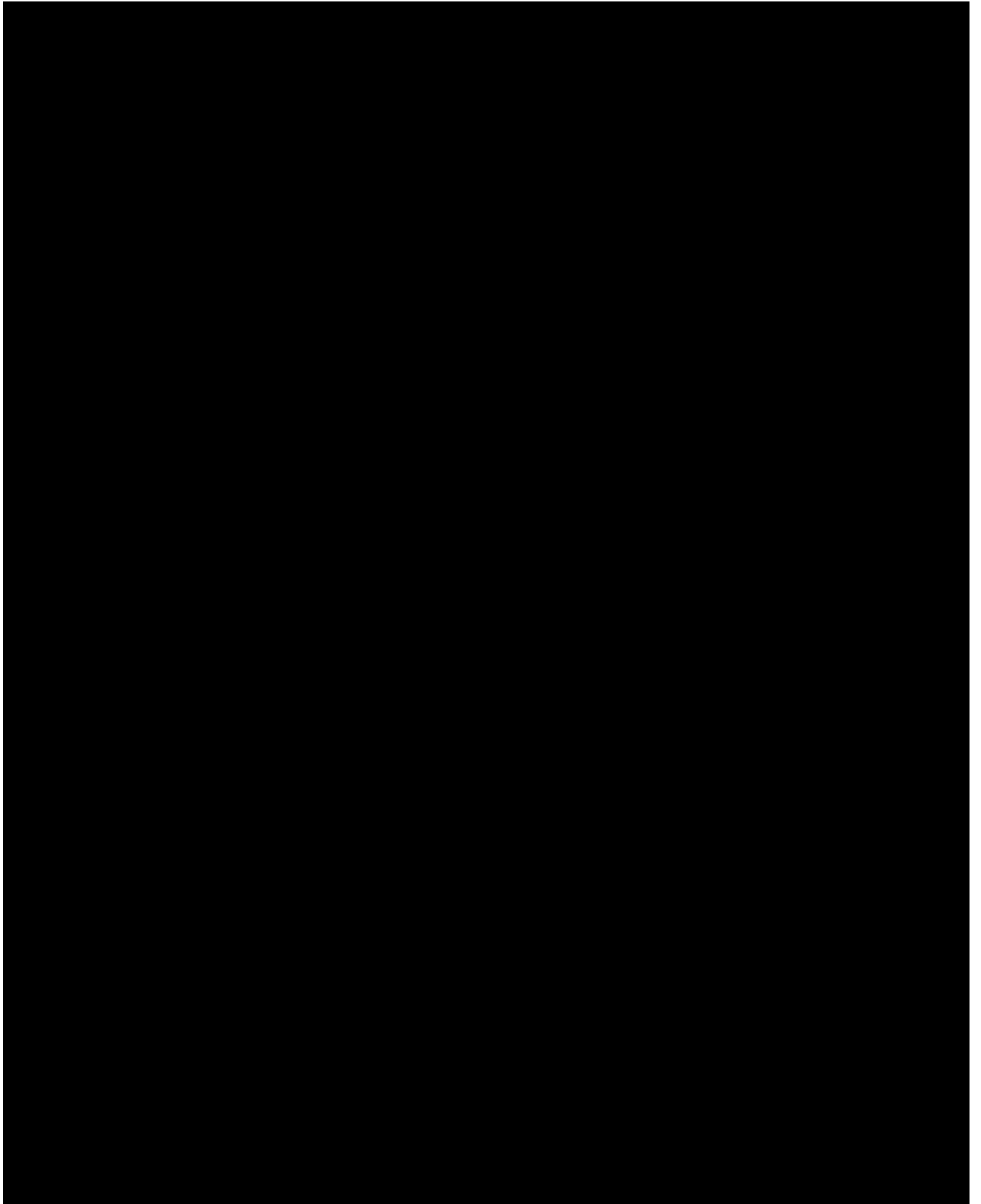
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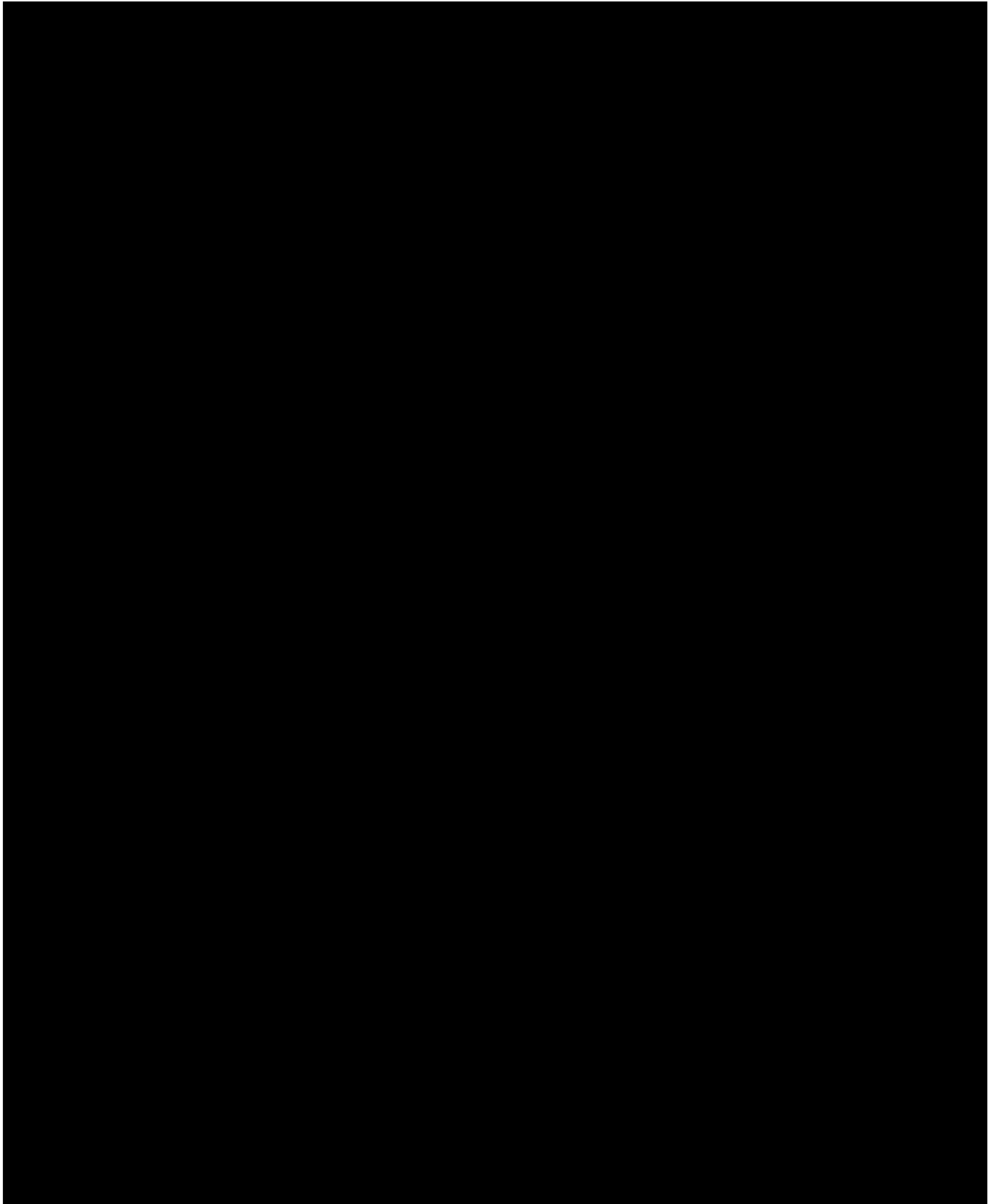


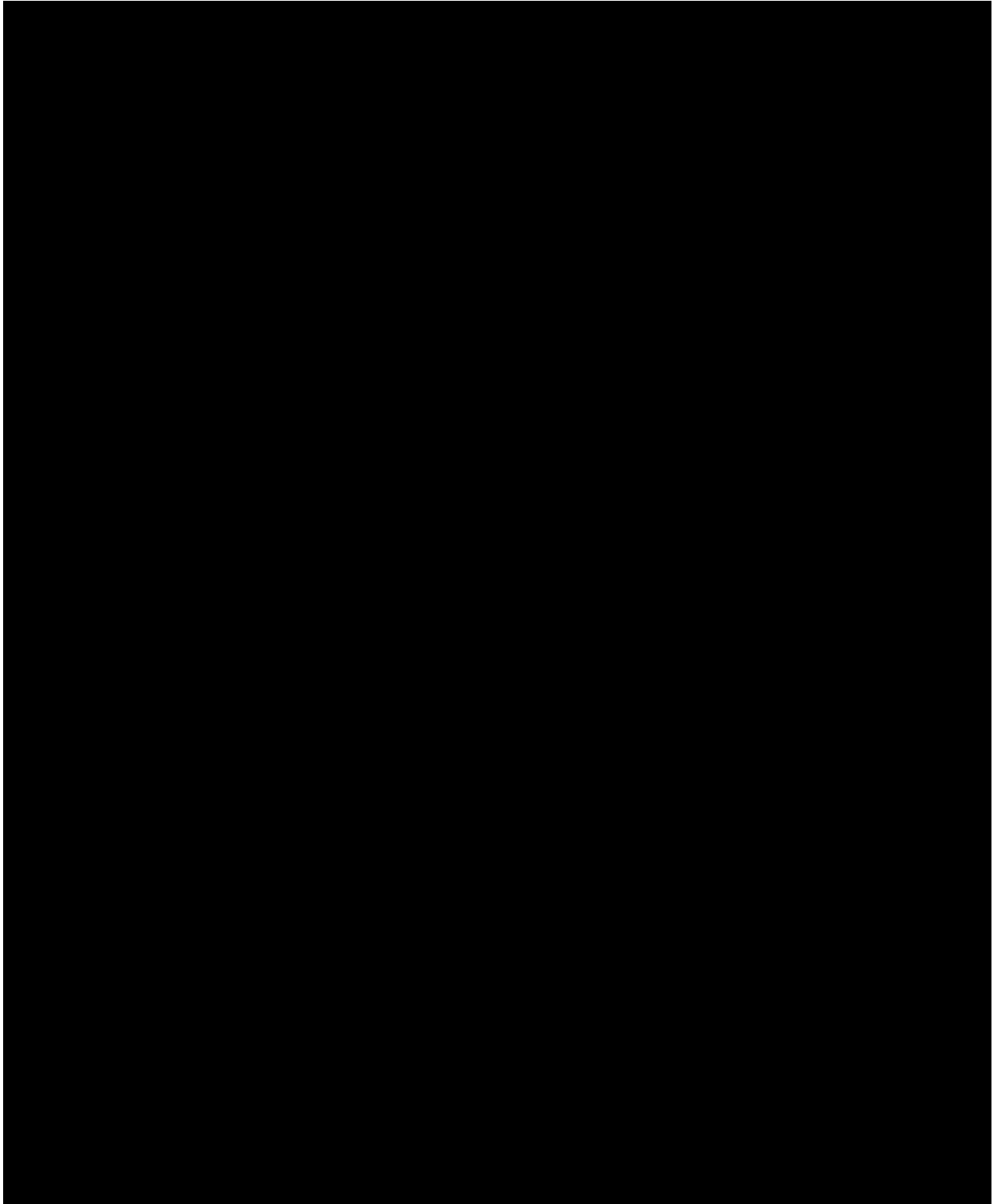




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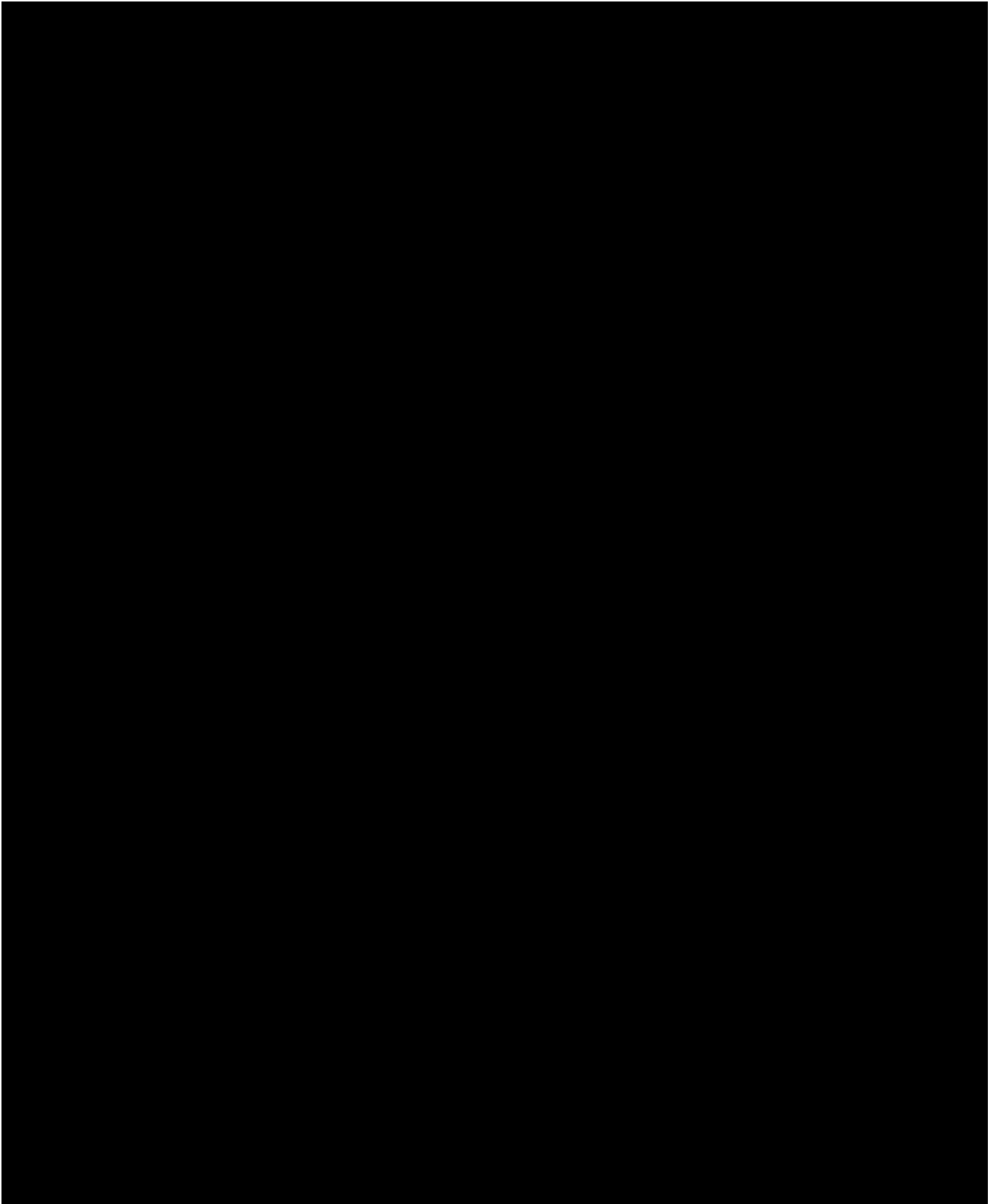
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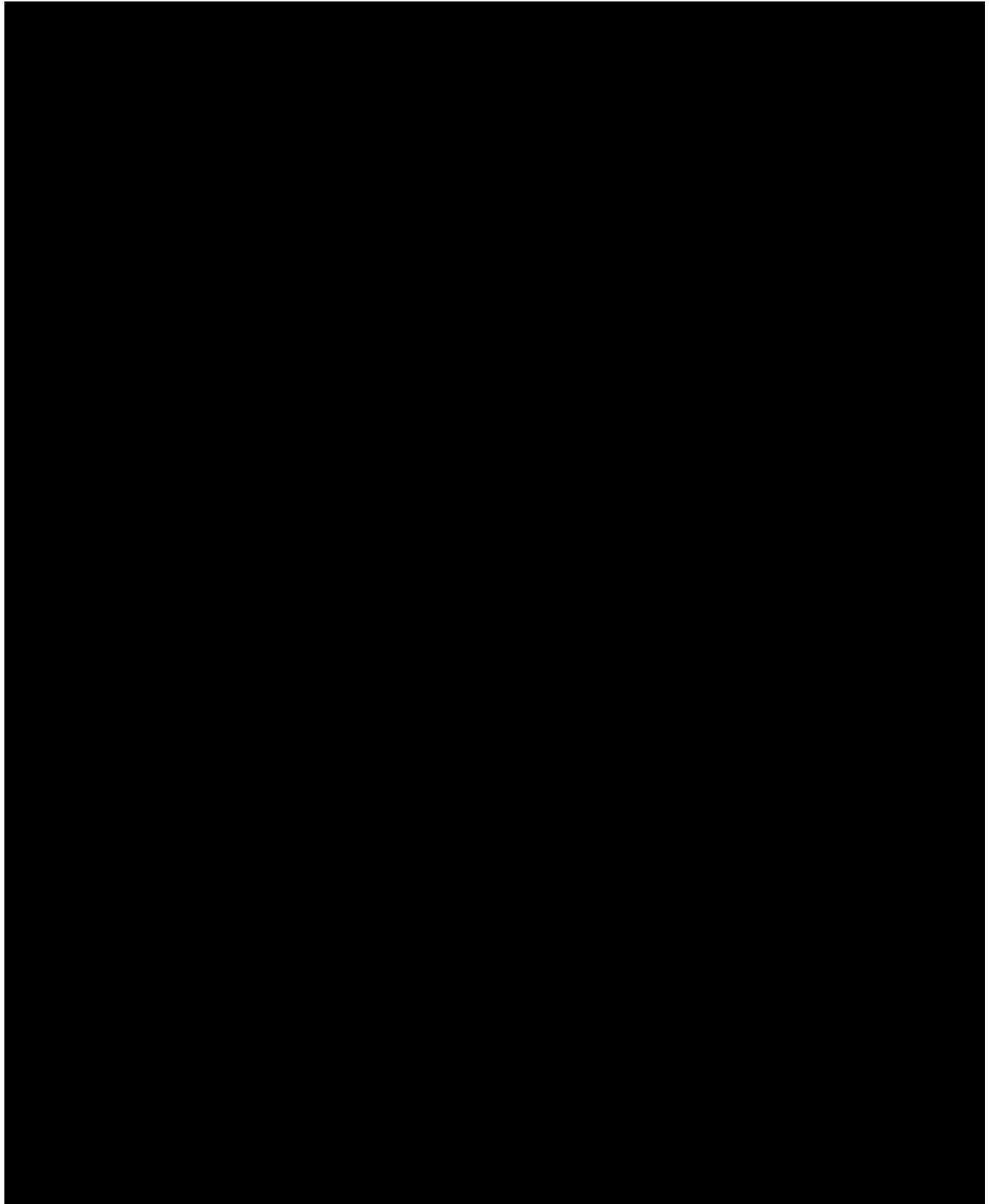
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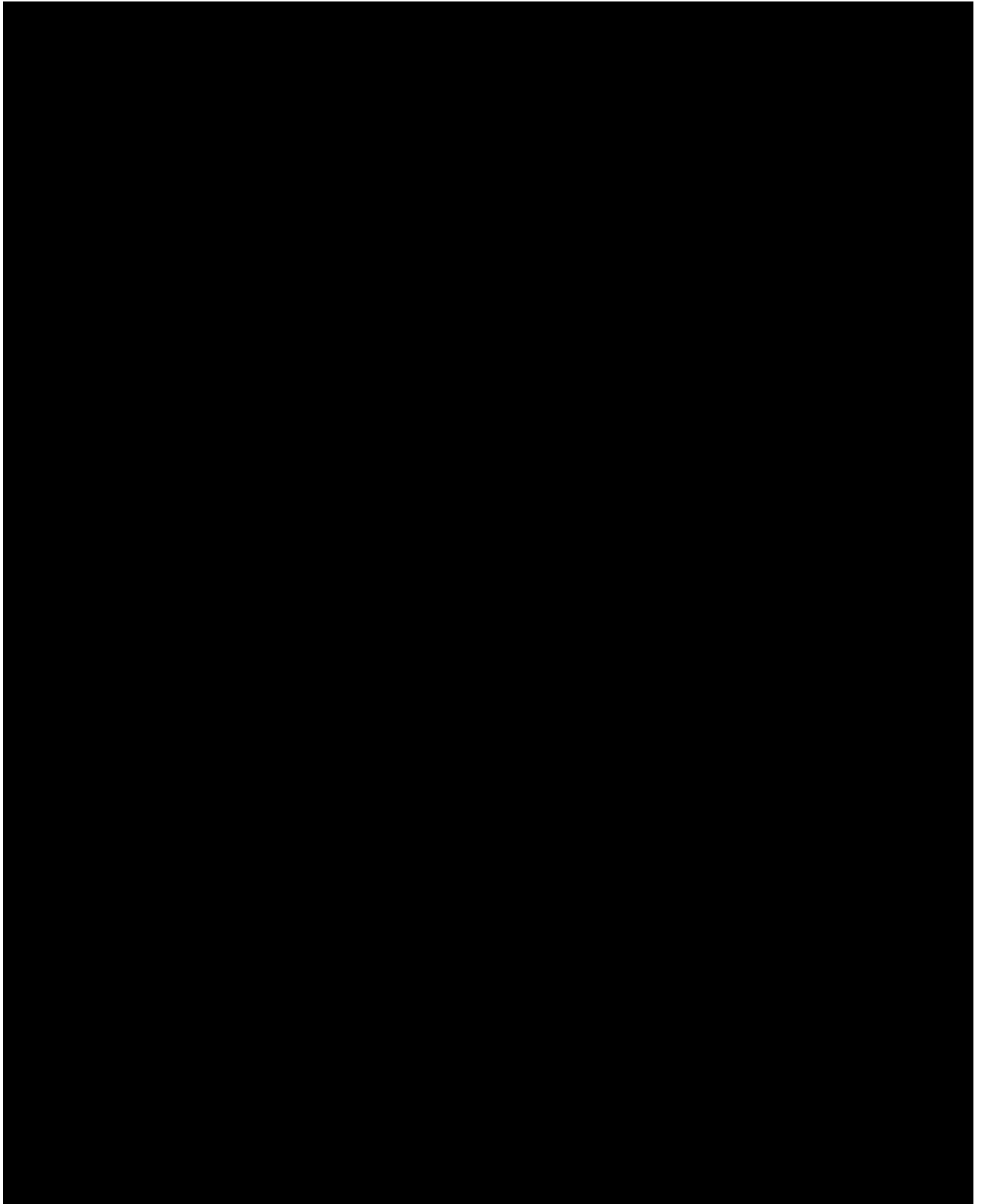
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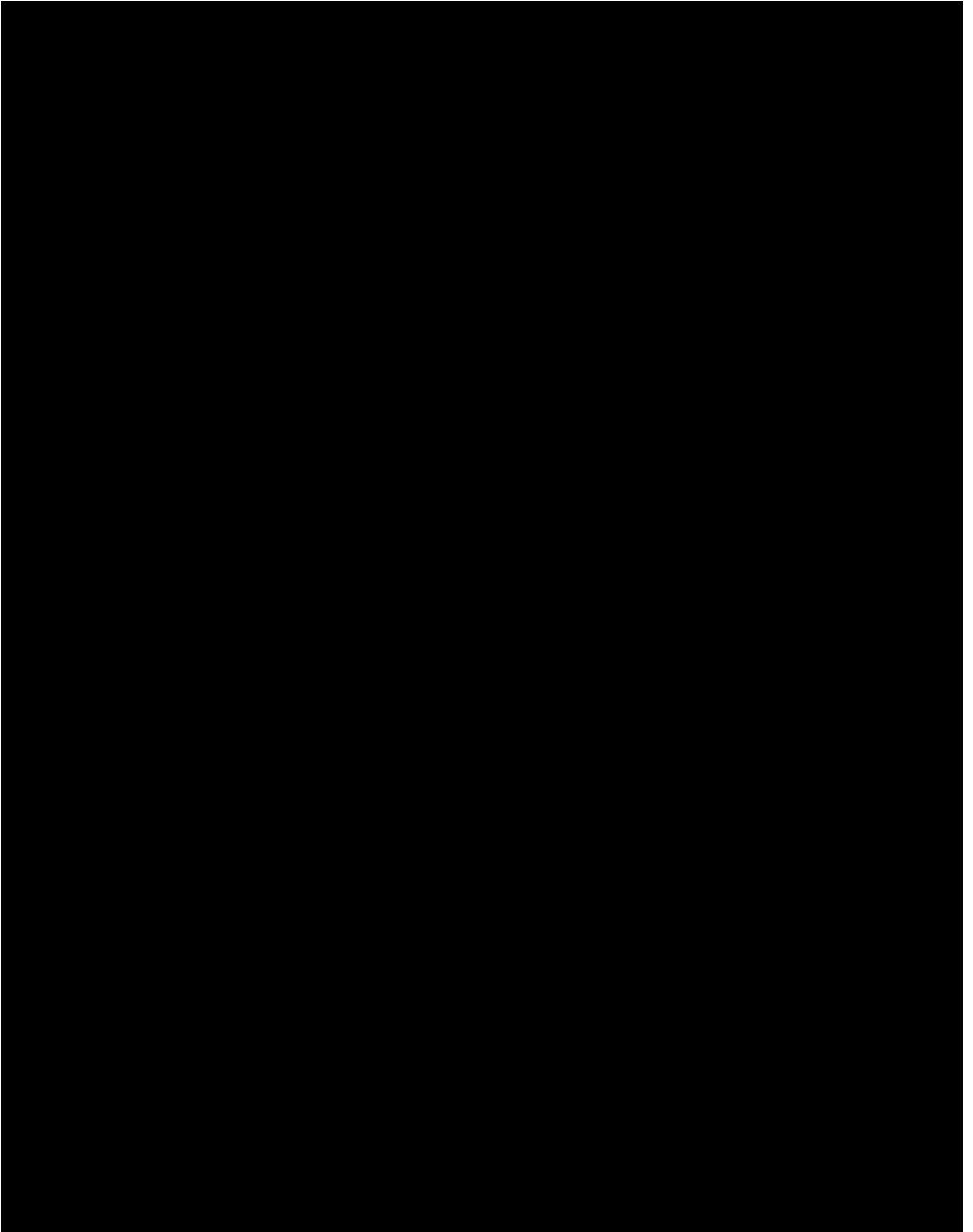
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[Redacted]



[REDACTED]

[REDACTED]

[REDACTED]

## Re: Some Feedback from Member of Adm Levine's Staff

---

**From:** Eli Coleman <[REDACTED]>

**To:** [REDACTED]

**Cc:** [REDACTED]

**Date:** Sat, 02 Jul 2022 07:48:13 -0400

The only evidence we had for establishing this was expert opinion.

On Fri, Jul 1, 2022 at 1:16 PM [REDACTED] wrote:

This is a global document, not solely for the US. I am a little surprised that we would be asked to do this after all the care and endless discussions by experts to reach this consensus on ages for surgeries. Is Sarah a clinician/surgeon? I wouldn't make any change unless the relevant chapters found some new evidence to support change to 18.

On Fri, Jul 1, 2022, 1:47 PM [REDACTED] > wrote:

Thanks Marci

FYI – as noted below, this is from Sarah, Adm Levine's chief of staff.

All best

[REDACTED]

---

**From:** Dr. Marci Bowers <[REDACTED]>

**Sent:** Friday, July 1, 2022 1:40 PM

**To:** [REDACTED]

**Cc:** [REDACTED]

[REDACTED] Eli Coleman <[REDACTED]> [REDACTED]

**Subject:** Re: Some Feedback from Member of Adm Levine's Staff

Hi all—

My concern from a scheduling and pre authorization process is that without specific age requirements, insurers may not grant authorization. I do understand Adm. Levine's concerns— I wonder if we should/ could be less aggressive in lowering the age limits on certain procedures. Anxious to hear other thoughts.

Kindly.....

Marci Bowers MD

WPATH President-elect

Trevor Project Board of Directors

[REDACTED]  
[REDACTED]

*Standing tall in times of darkness*

On Jul 1, 2022, at 10:29 AM, [REDACTED] > wrote:

Dear EC, SOC8 Co-chairs, and Adolescent Chapter Leads

I just got off the phone with Sarah Boetang, who is Adm. Levine's chief of staff, she has been reviewing the guidelines and wanted to convey a concern she has, as Sarah, not as an official response/review of the office. She knows that the Adm is continuing to comb through every word.

She is amazed at the breadth and improvement and comprehensive nature of the entire document, her biggest concern is the section below in the Adolescent Chapter that lists specific minimum ages for treatment, she is confident, based on the rhetoric she is hearing in DC, and from what we have already seen, that these specific listings of ages, under 18, will result in devastating legislation for trans care. She wonders if the specific ages can be taken out and perhaps an adjunct document could be created that is published or distributed in a way that is less visible than the SOC8, is the way to go.

I told her I would be writing to all of you, and she is happy to discuss her opinion further, if needed. Please let me know how you want to proceed/respond/discuss.

All best

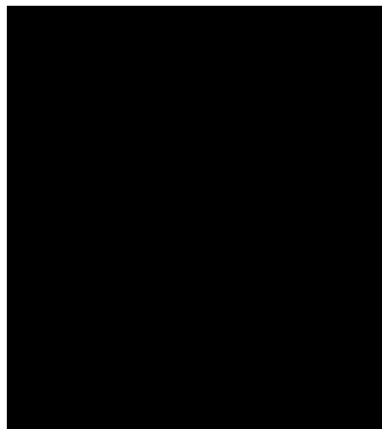
[REDACTED]

Statement 6.12h

**The adolescent is the following age for each treatment:**

- 14 years and above for hormone treatment (estrogens or androgens) unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
- 15 years and above for chest masculinization unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
- 16 years and above for breast augmentation, facial surgery (including rhinoplasty, tracheal shave, and genioplasty) as part of gender-affirming treatment unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
- 17 and above for metoidioplasty , orchidectomy, vaginoplasty, hysterectomy, and fronto-orbital remodeling as part of gender-affirming treatment unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
- 18 years or above for phalloplasty unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.

Best Regards



--



Eli Coleman, PhD.

**Academic Chair in Sexual Health**

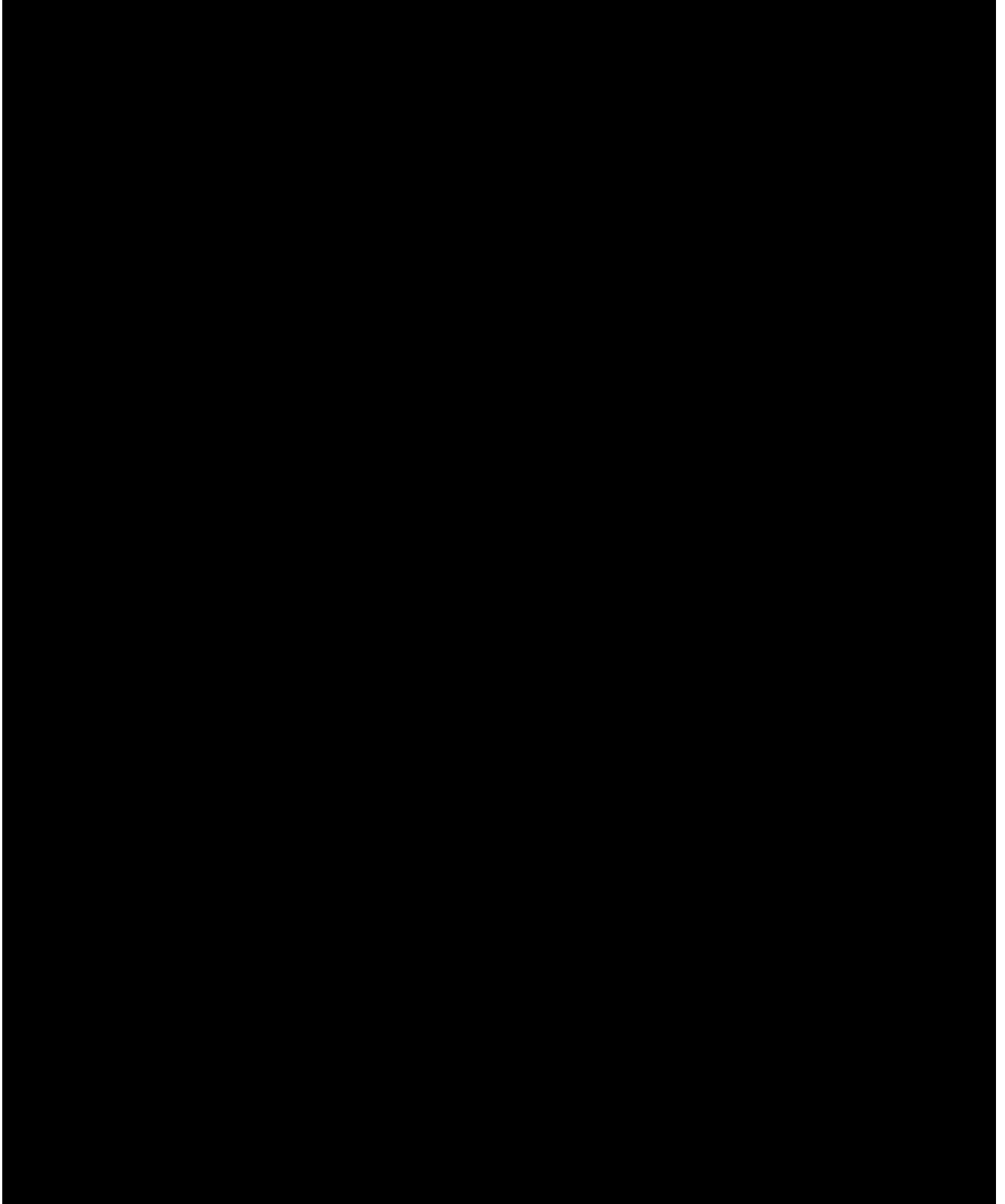
**Professor and Director**

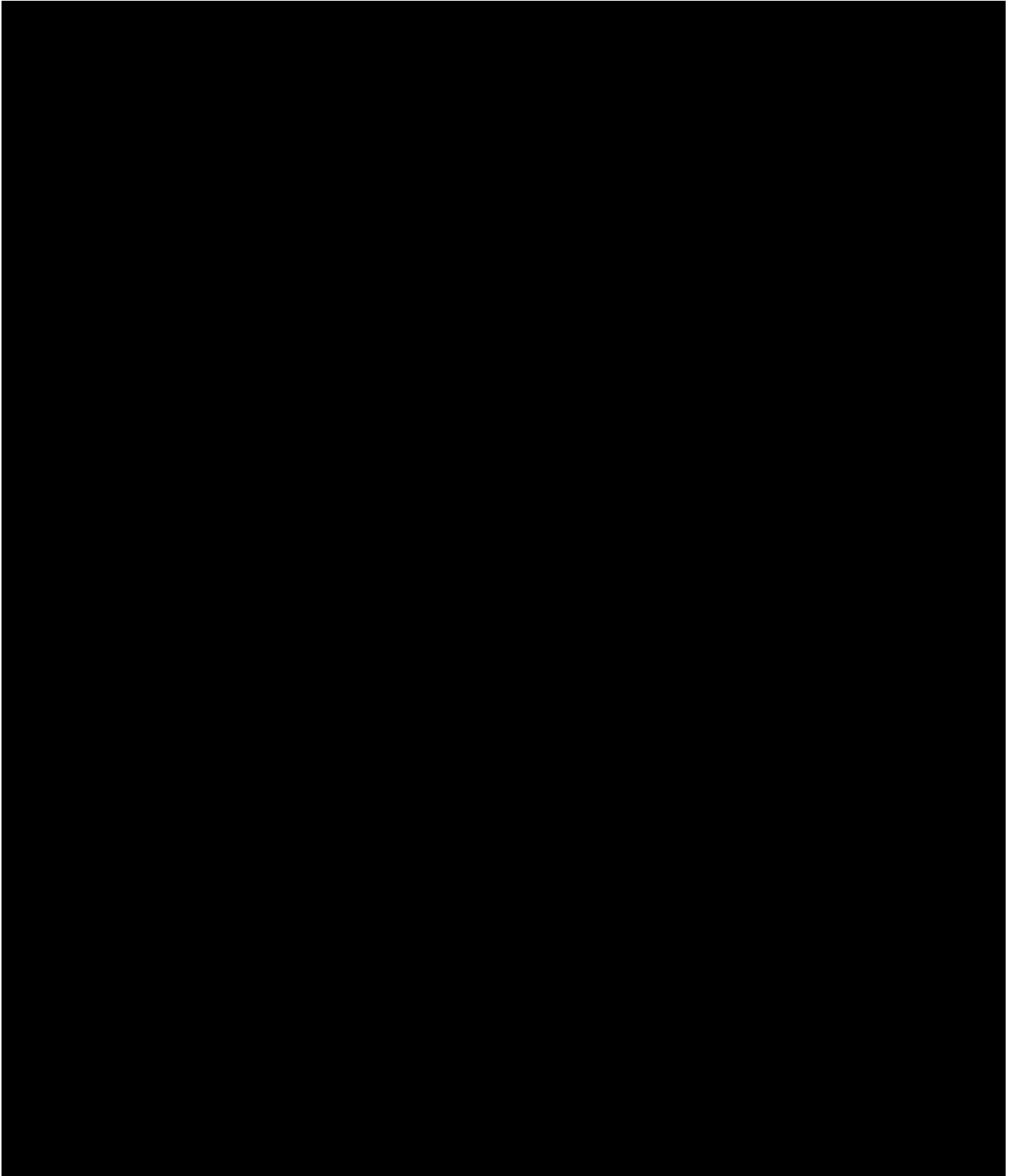
The Institute for Sexual and Gender Health

University of Minnesota Medical School

Family Medicine and Community Health

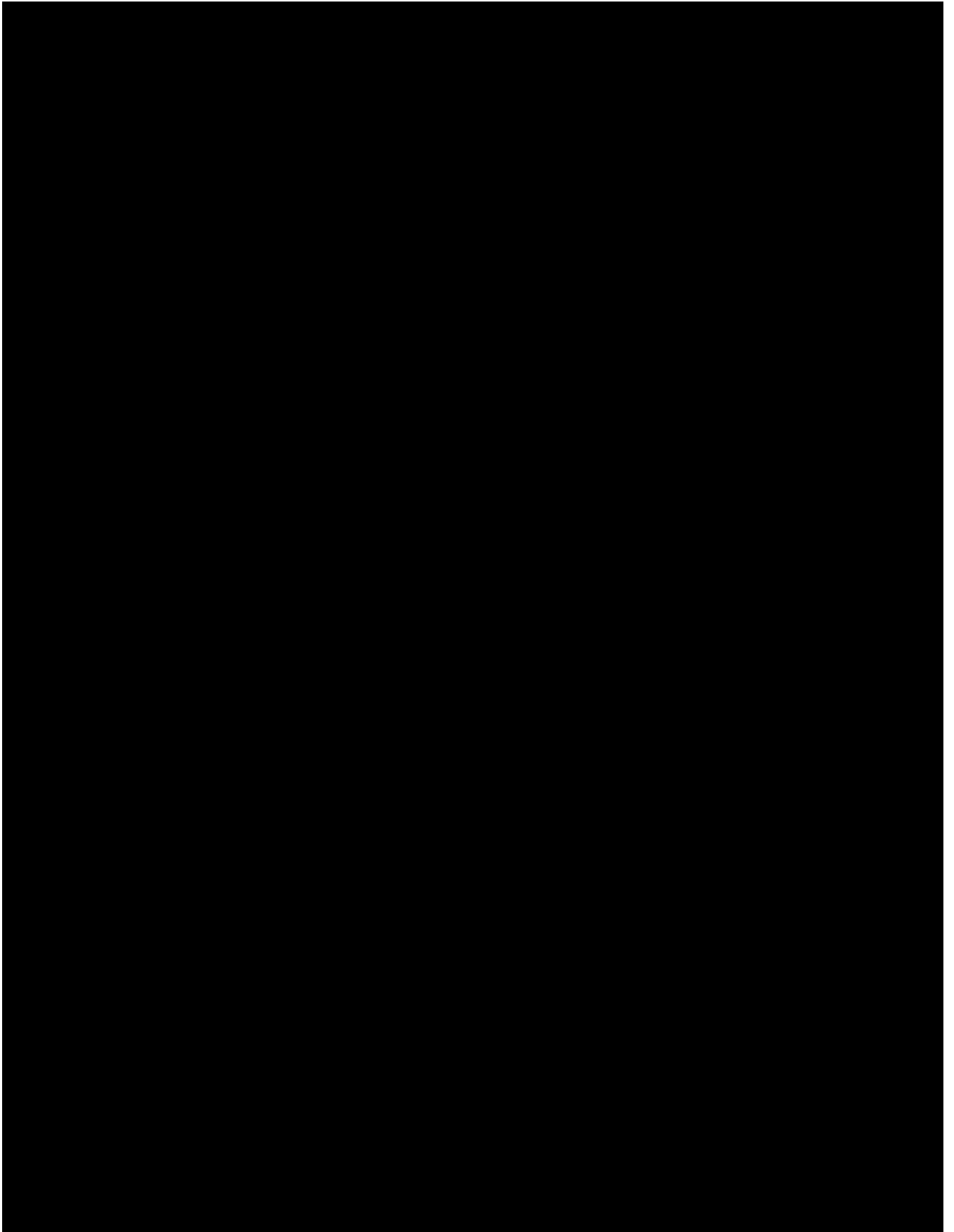
[sexualhealth.umn.edu](http://sexualhealth.umn.edu)





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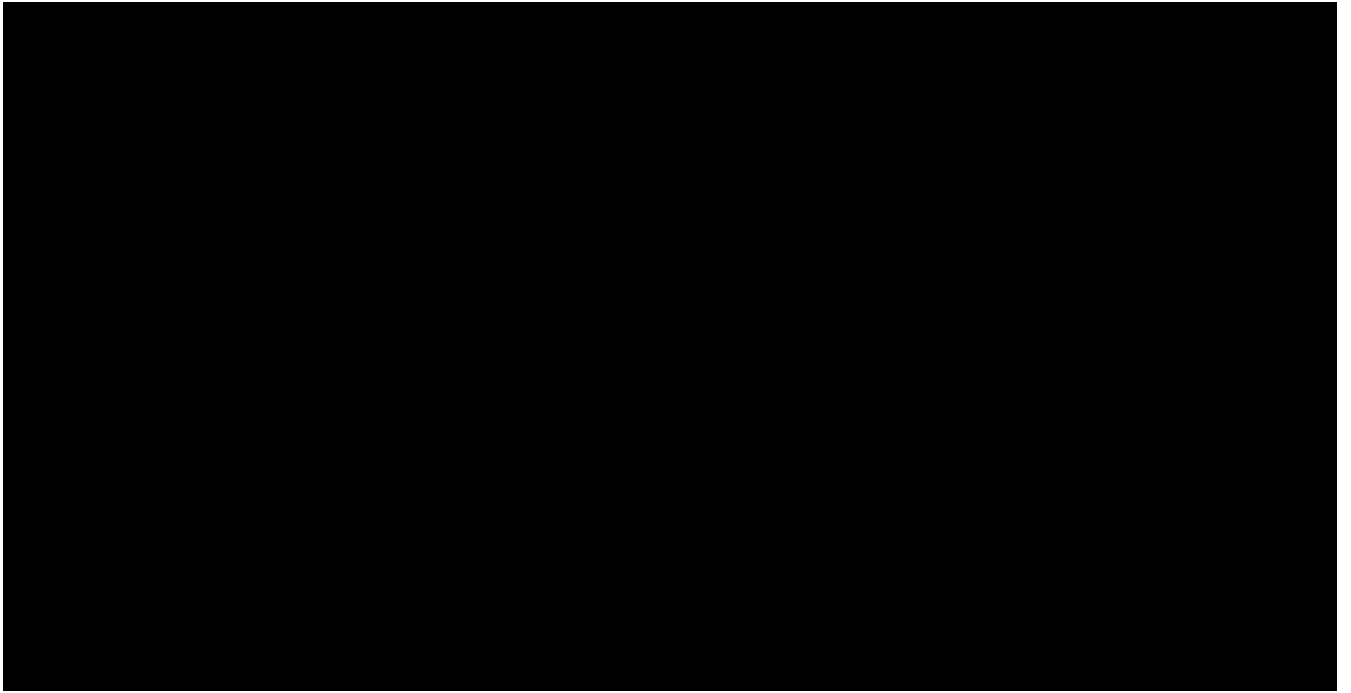
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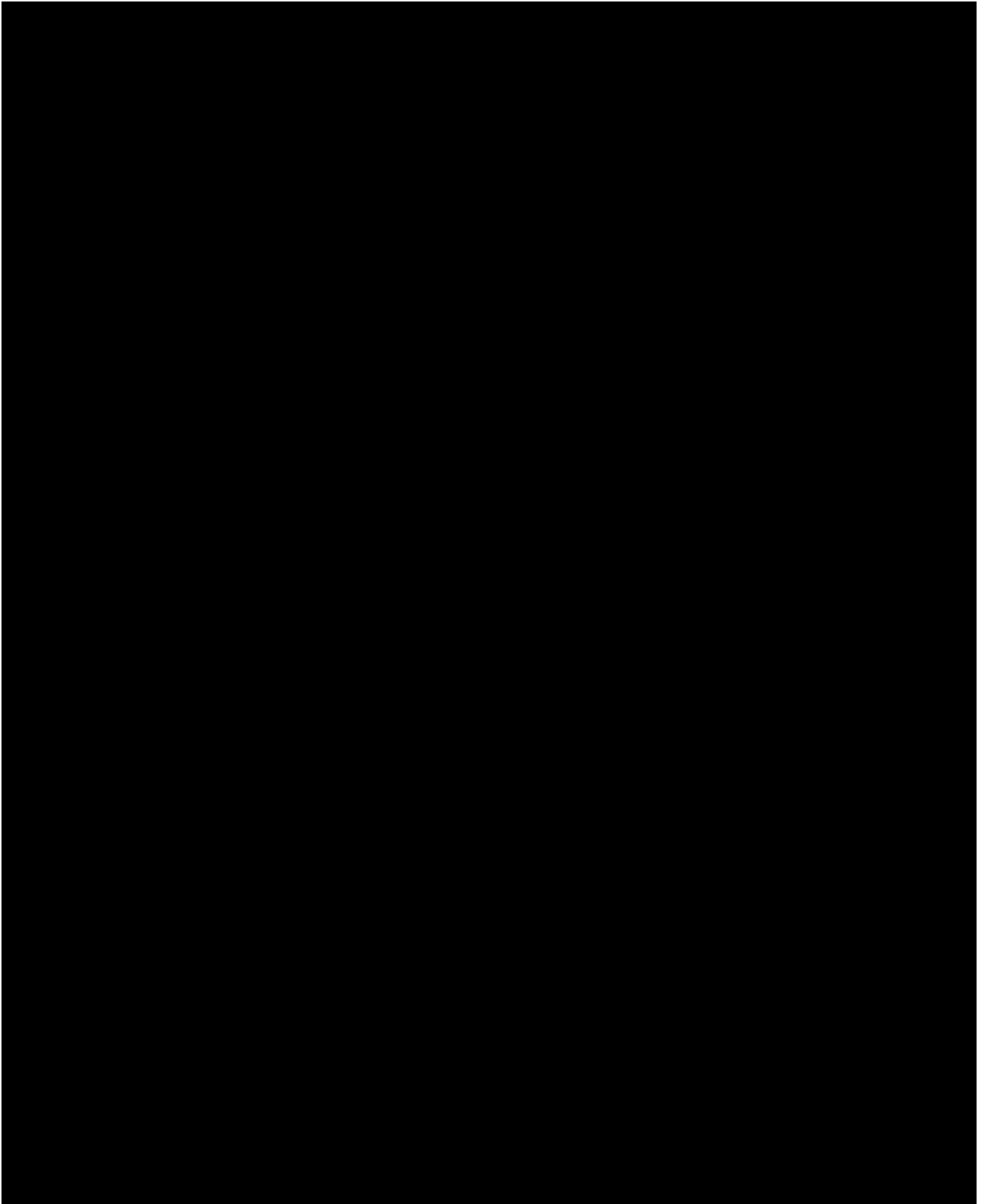
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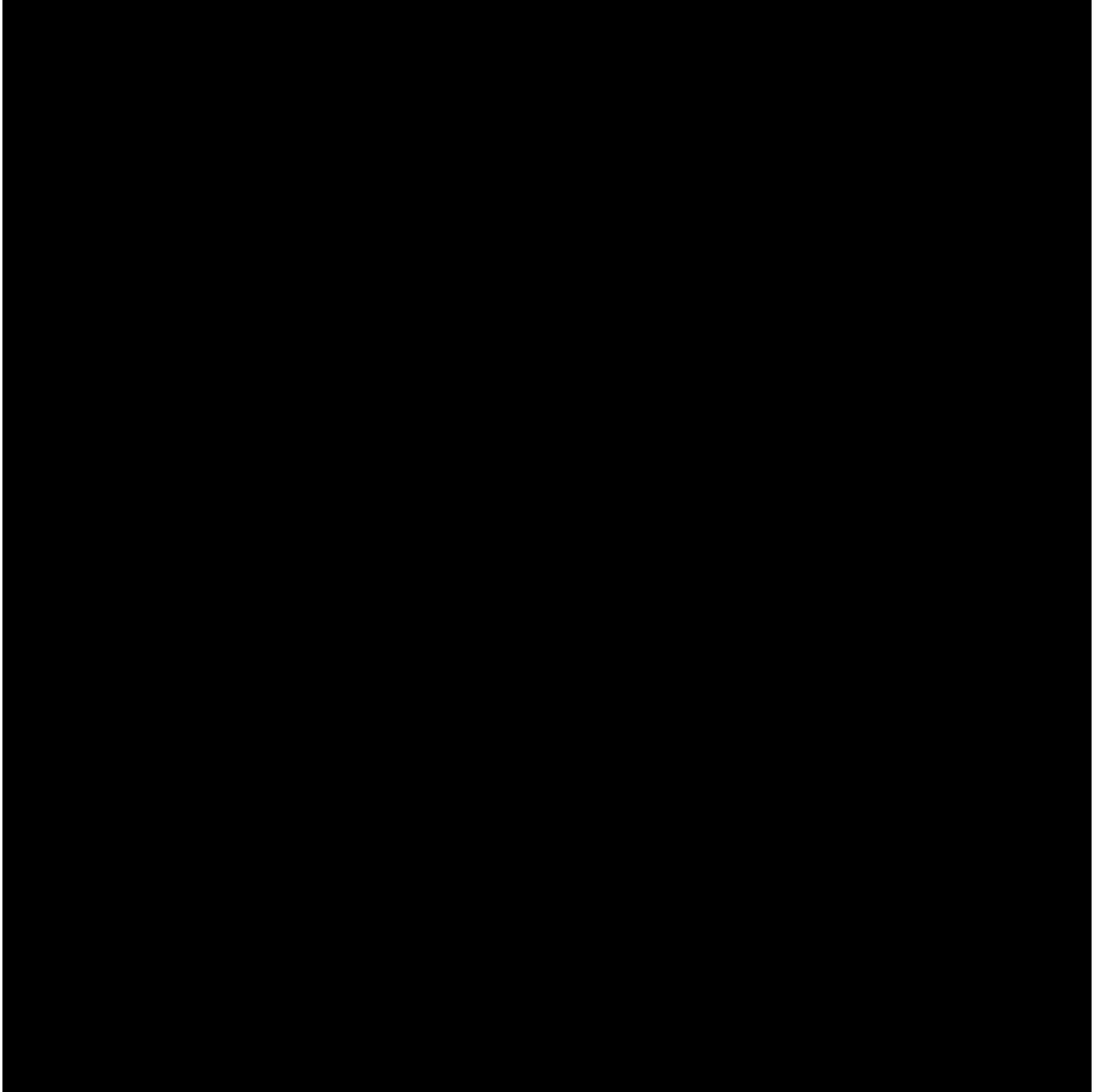
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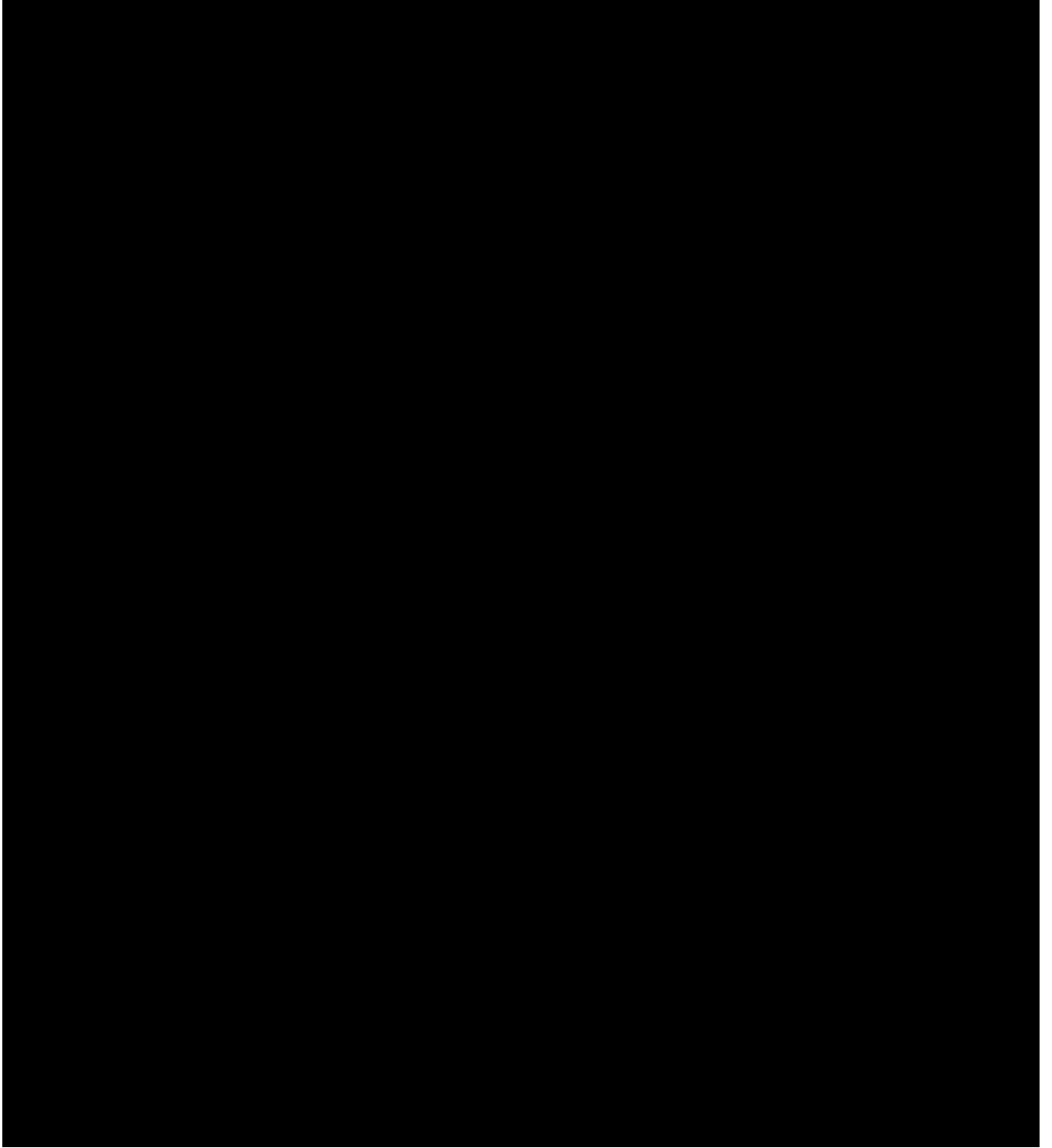
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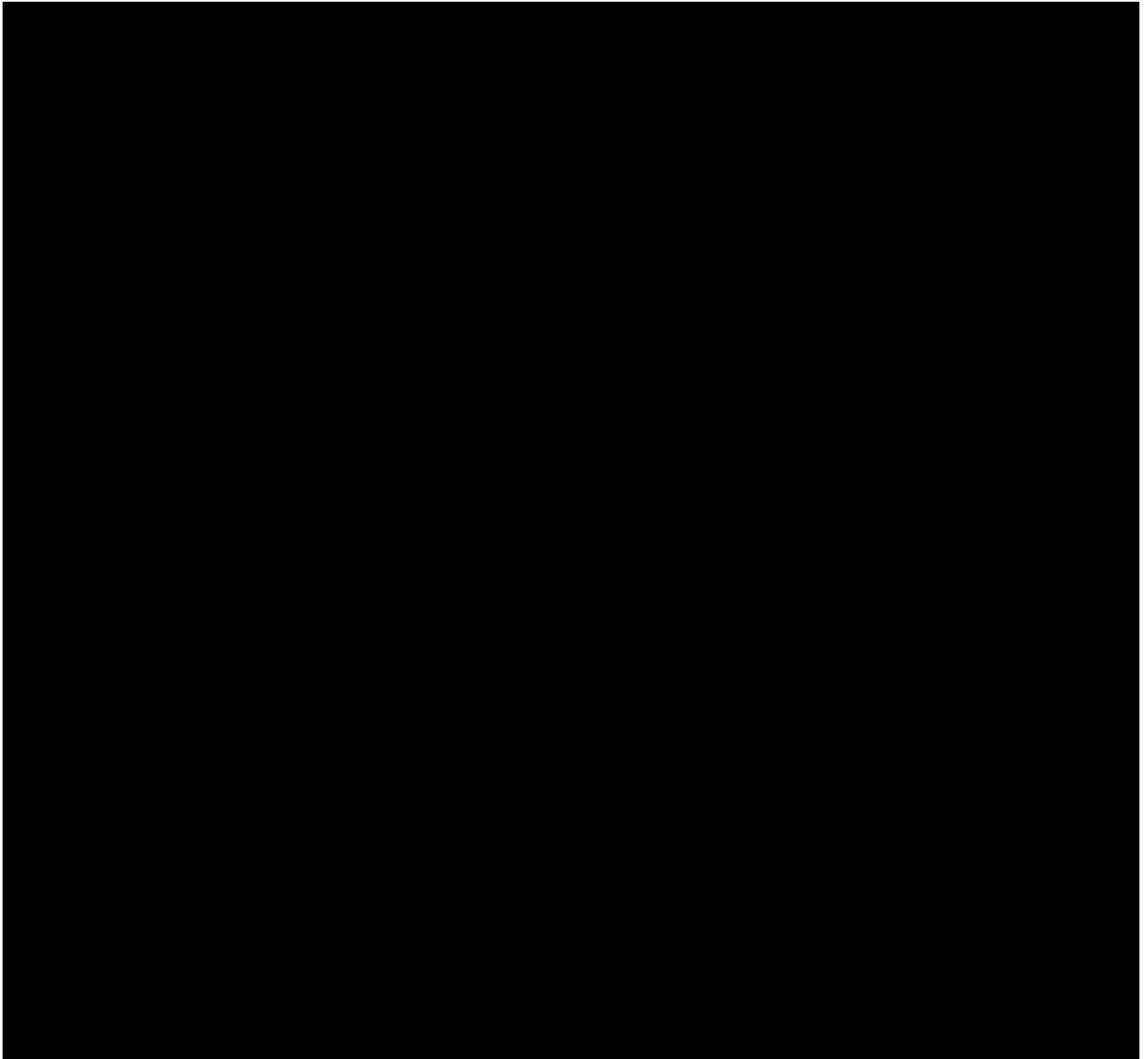
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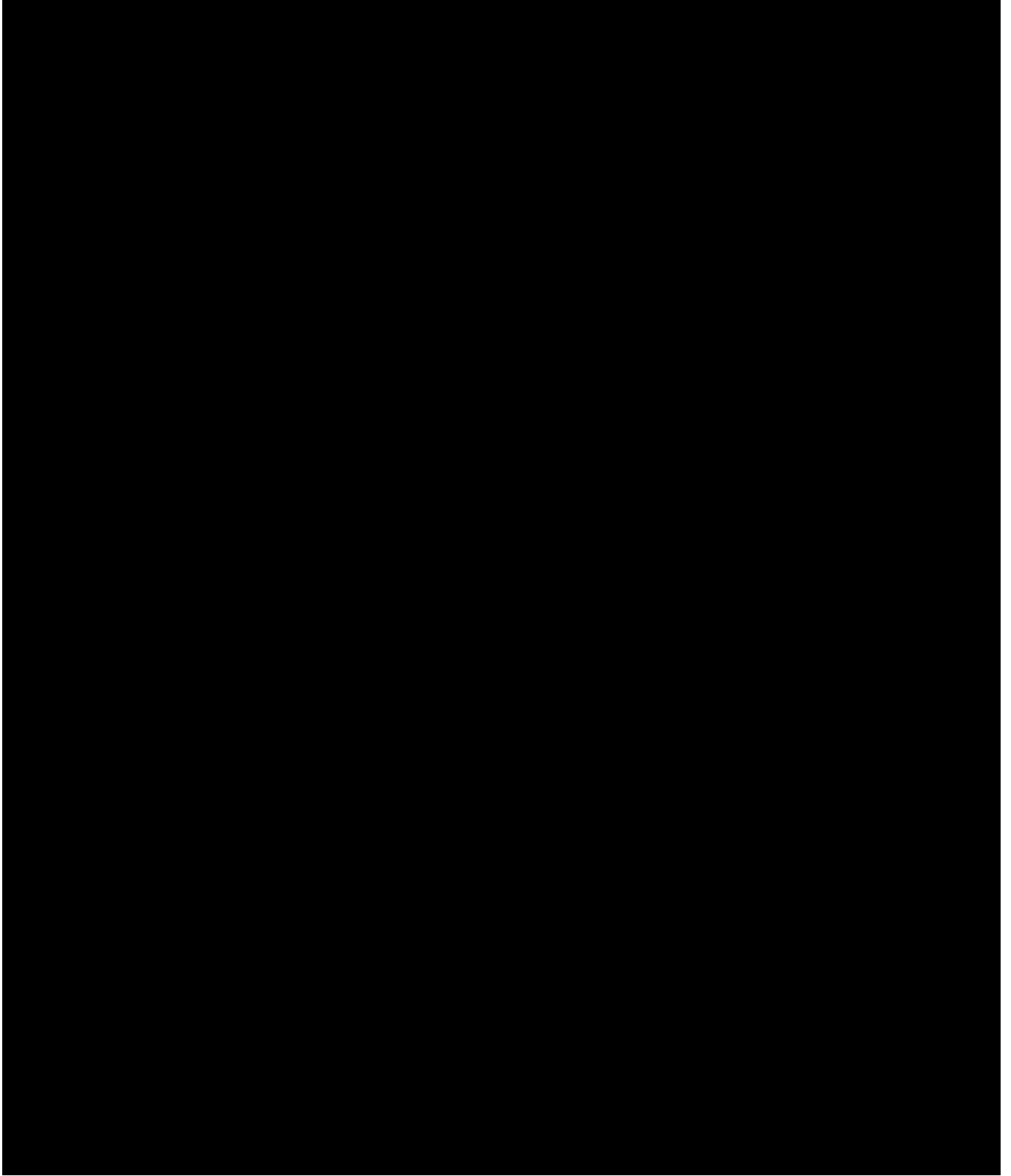
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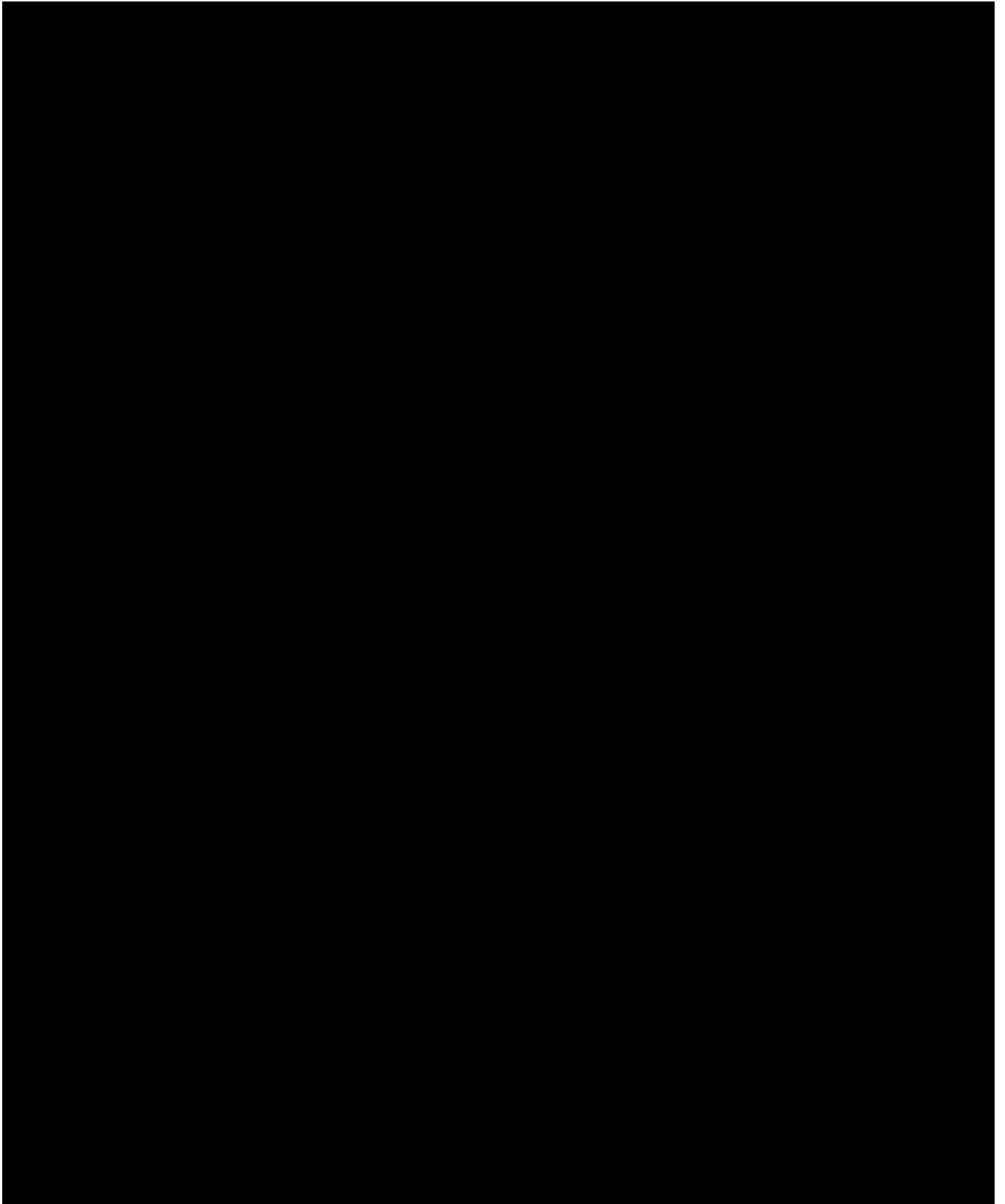
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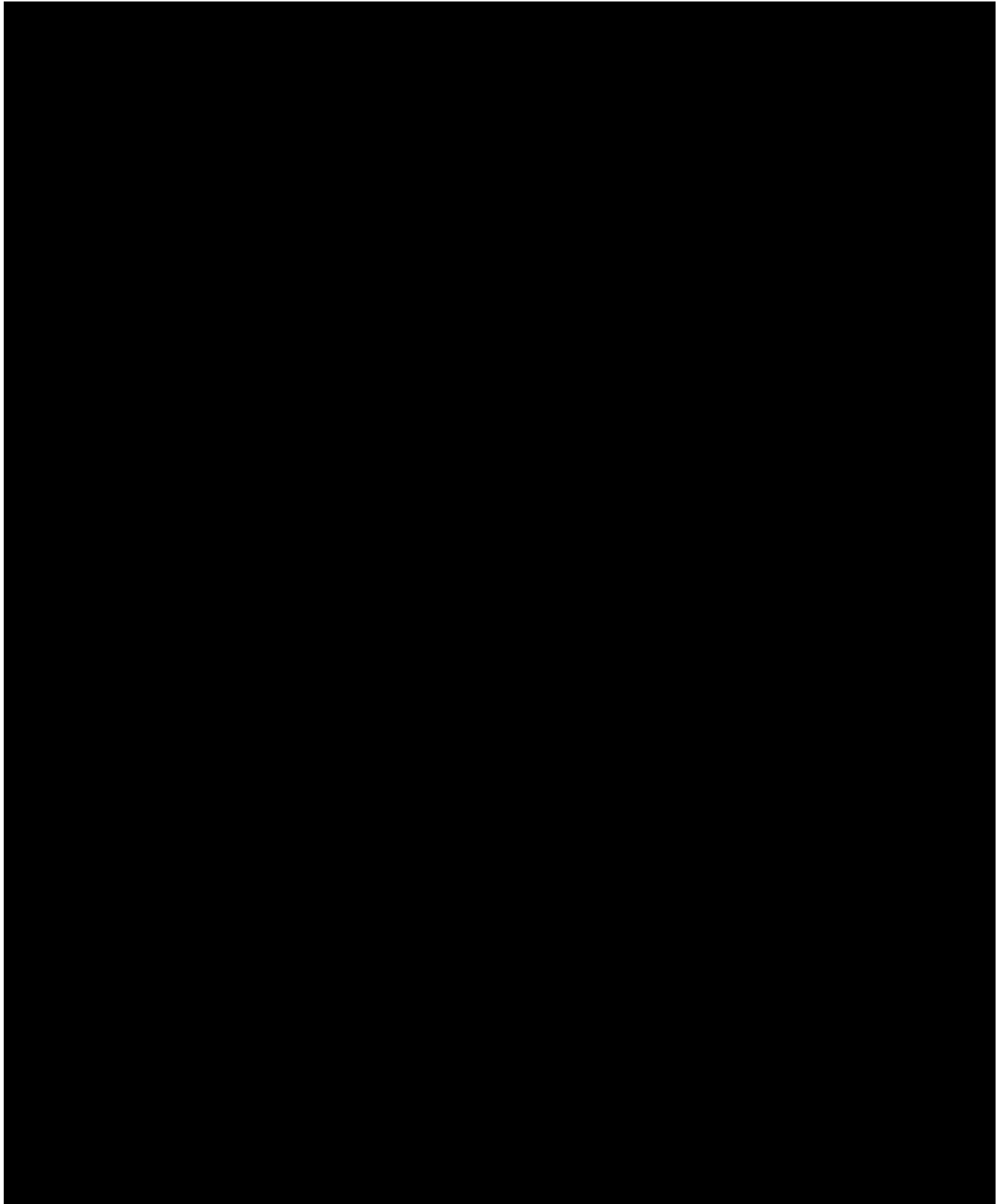
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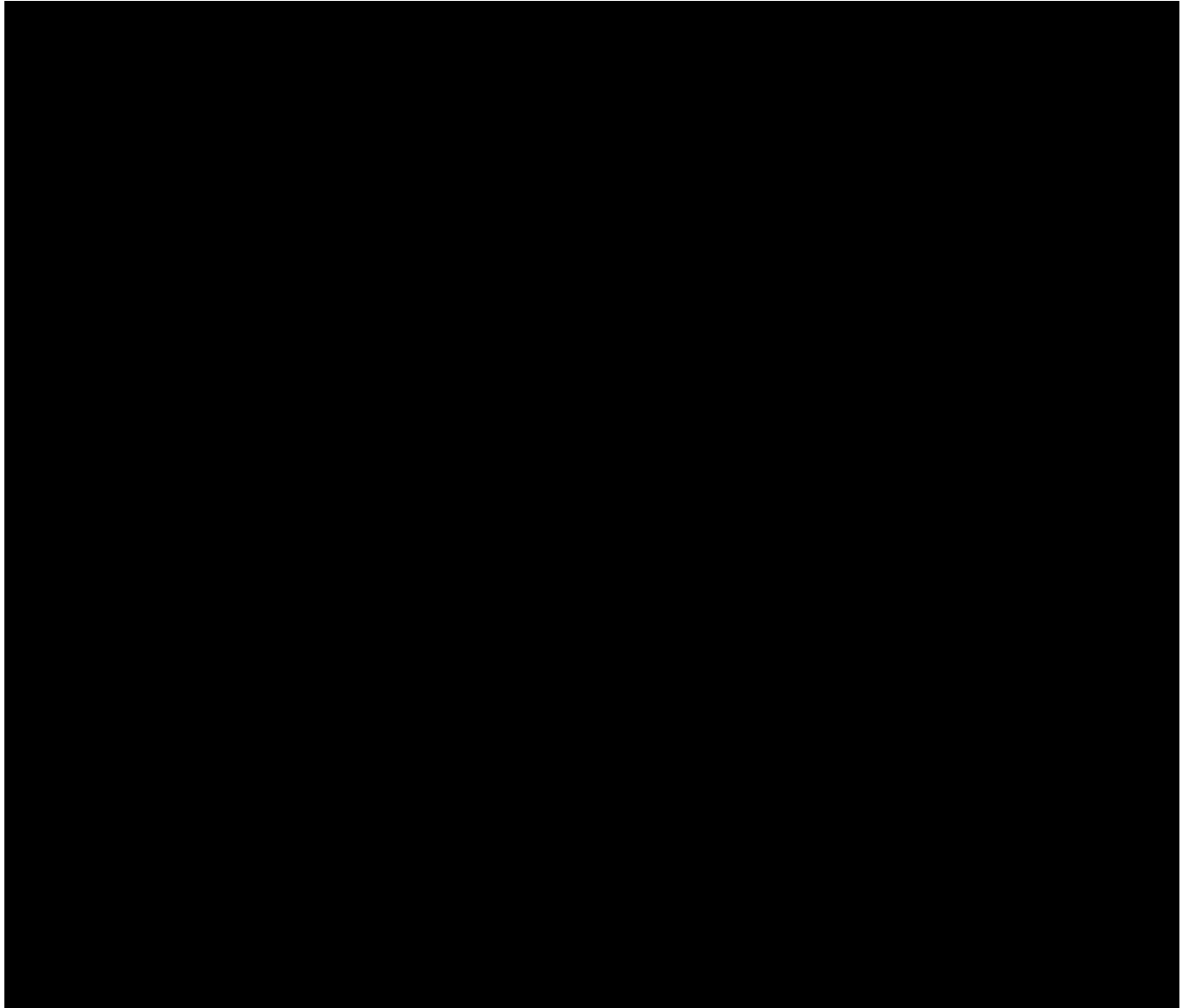


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[Redacted]

## Re: Concerns About Standards of Care 8

---

**From:** Dr. Marci Bowers [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED], WPATH EC 2022  
<wpathec2022@wpath.org>  
**Date:** Sat, 03 Sep 2022 14:24:01 -0400

hi all—

i've also been asked to speak again with Admiral Levine this weekend. i can do so with your blessing but will only reiterate our position and find out what they are asking, if that is acceptable?

Kindly.....

Marci Bowers MD  
WPATH President-elect

[REDACTED]

*Standing tall in times of darkness*

On Sep 3, 2022, at 10:58 AM, Dr. Marci Bowers <[REDACTED]> wrote:

My response—

As we all say... this is where we have gone. The evidence is as it is. Caution, deliberacy, and the right to autonomy are also implied. i only hope that our standing as a scientific organization rather than an advocacy organization can be emphasized.

Kindly.....

Marci Bowers MD  
WPATH President-elect

[REDACTED]

*Standing tall in times of darkness*

On Sep 3, 2022, at 3:49 AM [REDACTED] wrote:

It is likely that we will hear such and other "concerns " from other associations/organisations after the SOC8 release as well. We'll do what we always do: say we're sorry that they have not engaged with the public comment period of the SOC8 (if they have not) and point to the

evidence base of the SOC8 recommendations: the best available evidence to date and clinical consensus to be used flexibly to serve the best interest of our patients and their families (of choice).

Warmest,

[Redacted]

[Large redacted block]

[Redacted]

[Four small icons]

On 2022-09-03 03:05, [Redacted] Gmail wrote:

Yes-agree

[Redacted]

Sent from my iPhone

On Sep 2, 2022, at 9:00 PM, [Redacted] wrote:

I'm disappointed that they didn't provide input to the draft guideline.

On Fri, Sep 2, 2022, 9:54 PM [Redacted] wrote:

I wonder if this is along the lines of what admiral Levine was concerned about

Sent from my iPhone

On Sep 2, 2022, at 8:30 PM, [Redacted] wrote:

Dear All

I'm happy to reach out for a time to talk with them but would want someone else online too. Please advise how to proceed.

Best regards



Begin forwarded message:

**From:** [REDACTED]  
**Date:** September 2, 2022 at 8:51:58 PM EDT  
**To:** [REDACTED]  
**Subject: Concerns About Standards of Care 8**

Hi there [REDACTED]

My name is [REDACTED] at The Trevor Project. My primary portfolio is supporting trans youth and fighting the anti-trans healthcare legislation and policy sweeping the country right now. I know you're likely quite busy leading up to the symposium in a few weeks, but I'm hoping we can talk sooner rather than later.

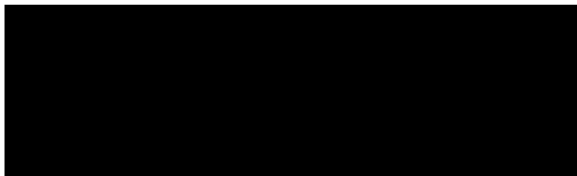
If what we're hearing is correct - and it's entirely possible it isn't - we're extremely concerned about the age minimums I believe are in the new SOC8 standards. If what we've seen is accurate, this could have disastrous consequences for the work to protect basic healthcare for transgender youth. I promise I wouldn't be emailing you at such a busy time if I thought this was anything but an emergency.

I know we're on the same side, and I'm hoping we can talk this through a bit. Is there any way we could connect in the coming days? My cell is [REDACTED] and I promise I'll be on call all weekend.

Thank you so much for all your work on behalf of trans and nonbinary youth. I hope these busy weeks are treating you as kindly as possible. Take good care.



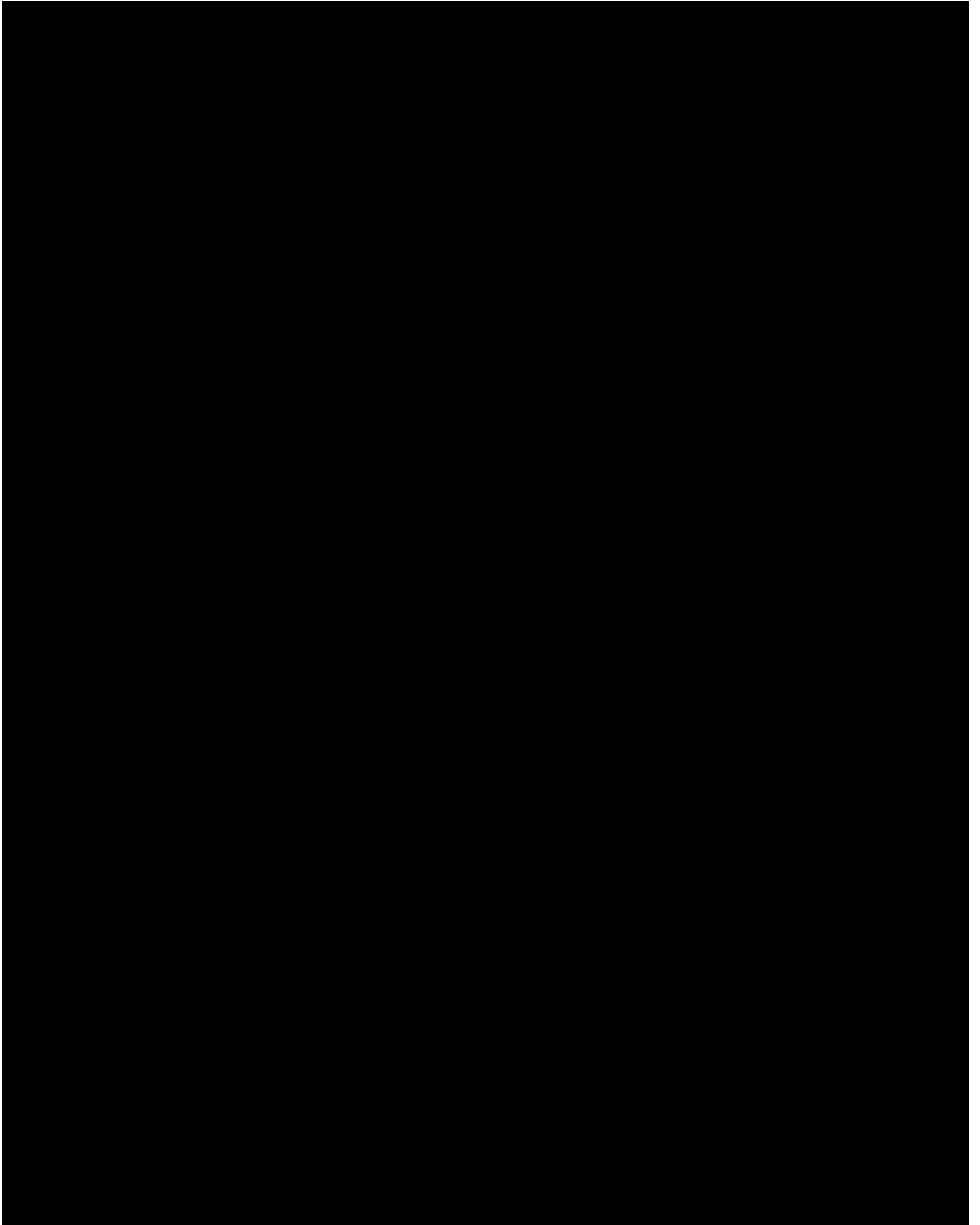
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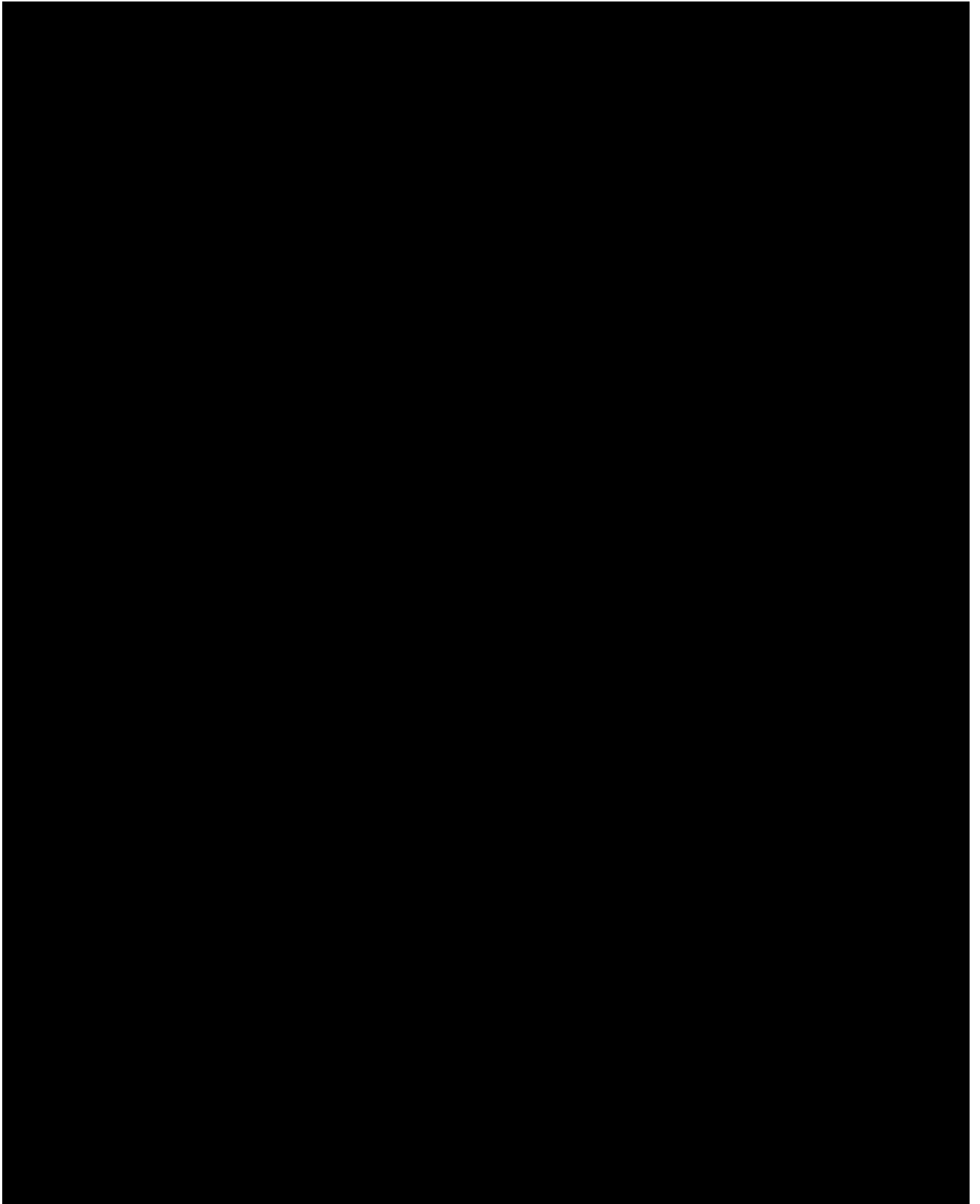


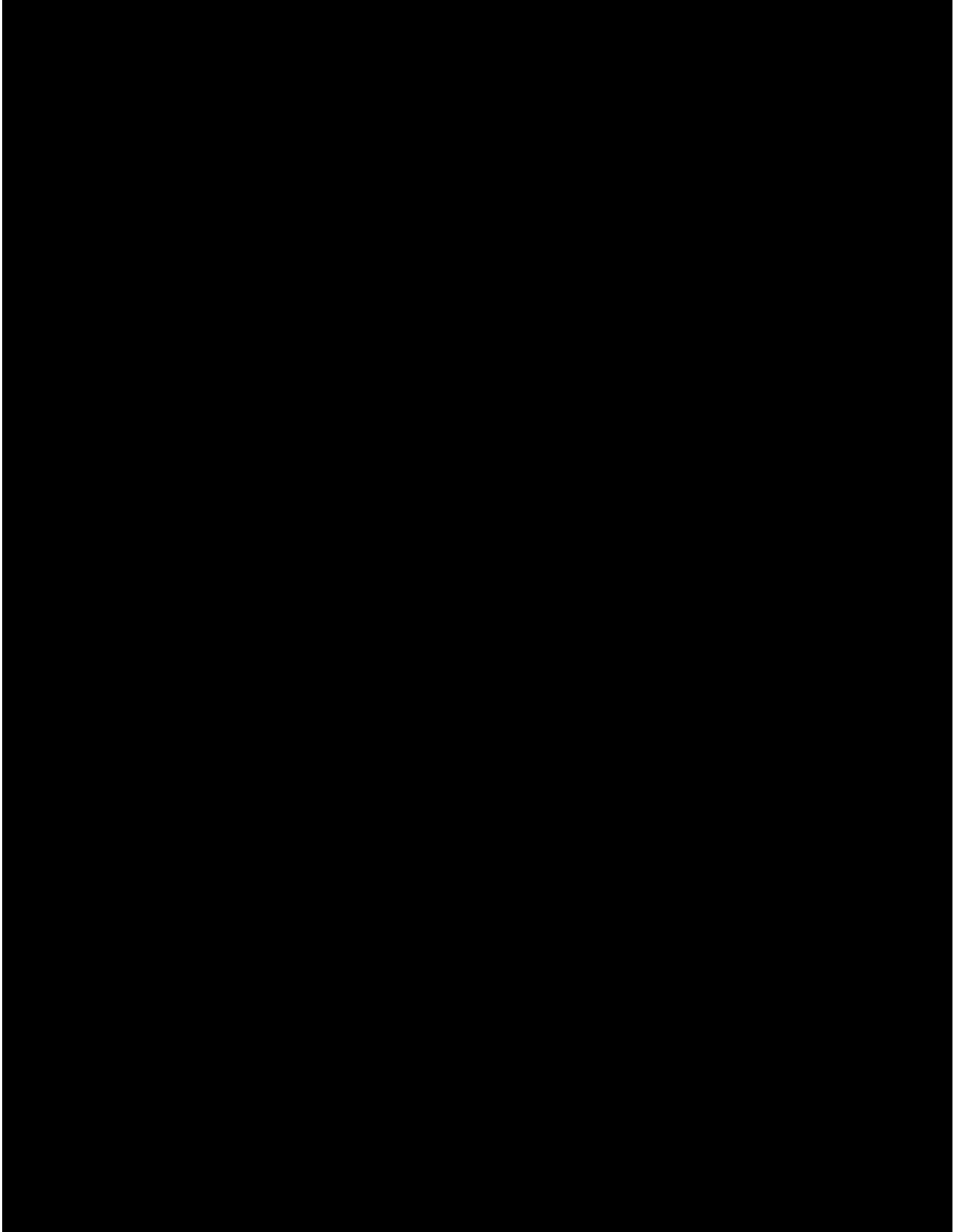


***The Trevor Project** is the world's largest suicide prevention and crisis intervention organization for LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning) young people.*

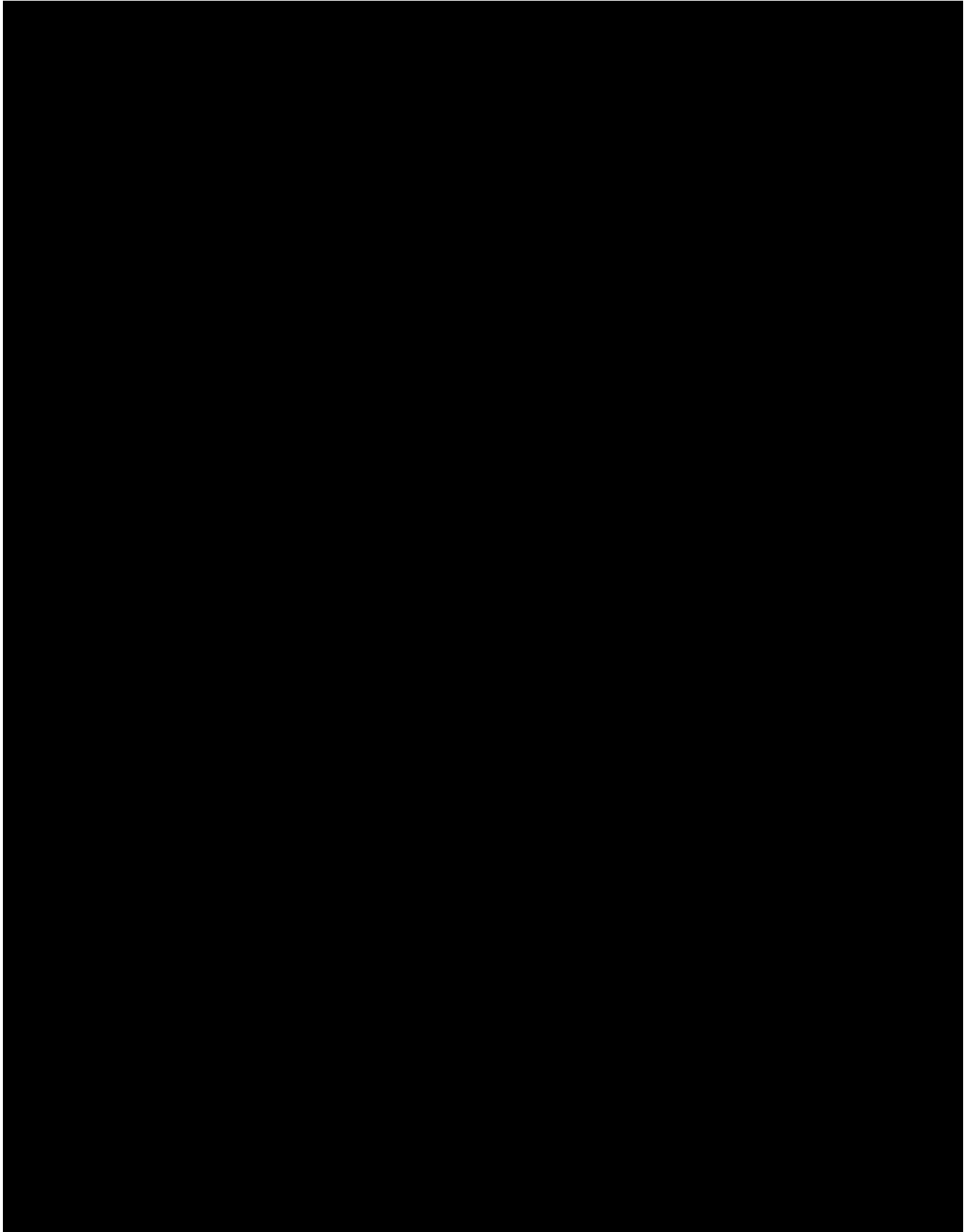
If you or someone you know is feeling hopeless or suicidal, contact The Trevor Project's TrevorLifeline 24/7 at 1-866-488-7386. Counseling is also available 24/7 via chat every day at [TheTrevorProject.org/Help](https://www.thetrevorproject.org/Help), or by texting START to 678-678.





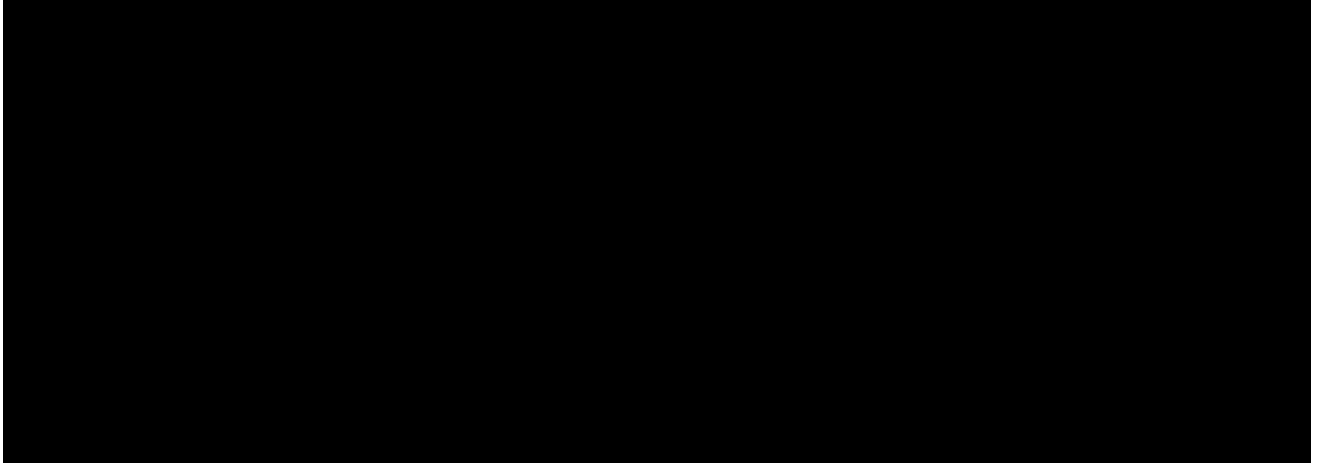


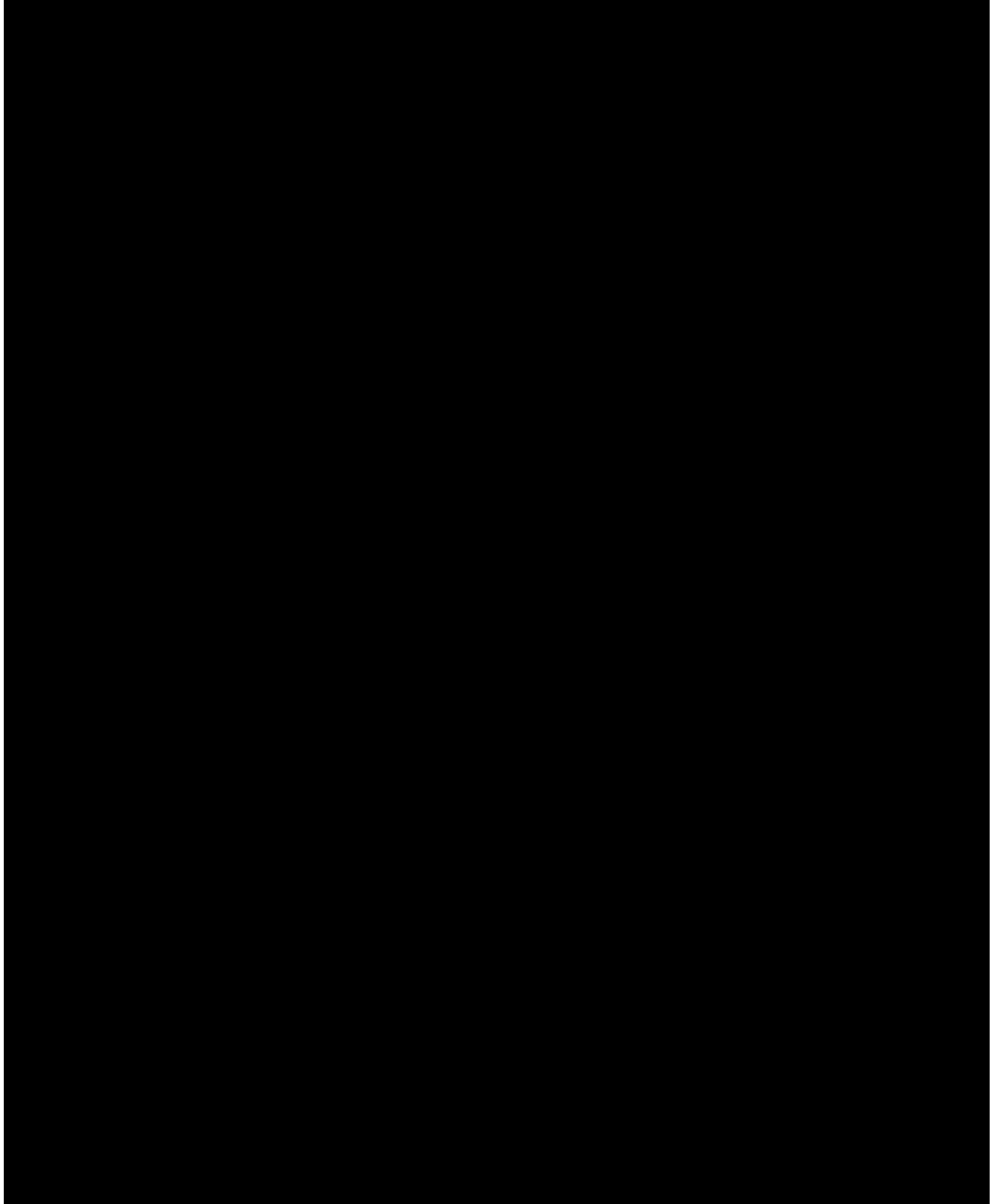


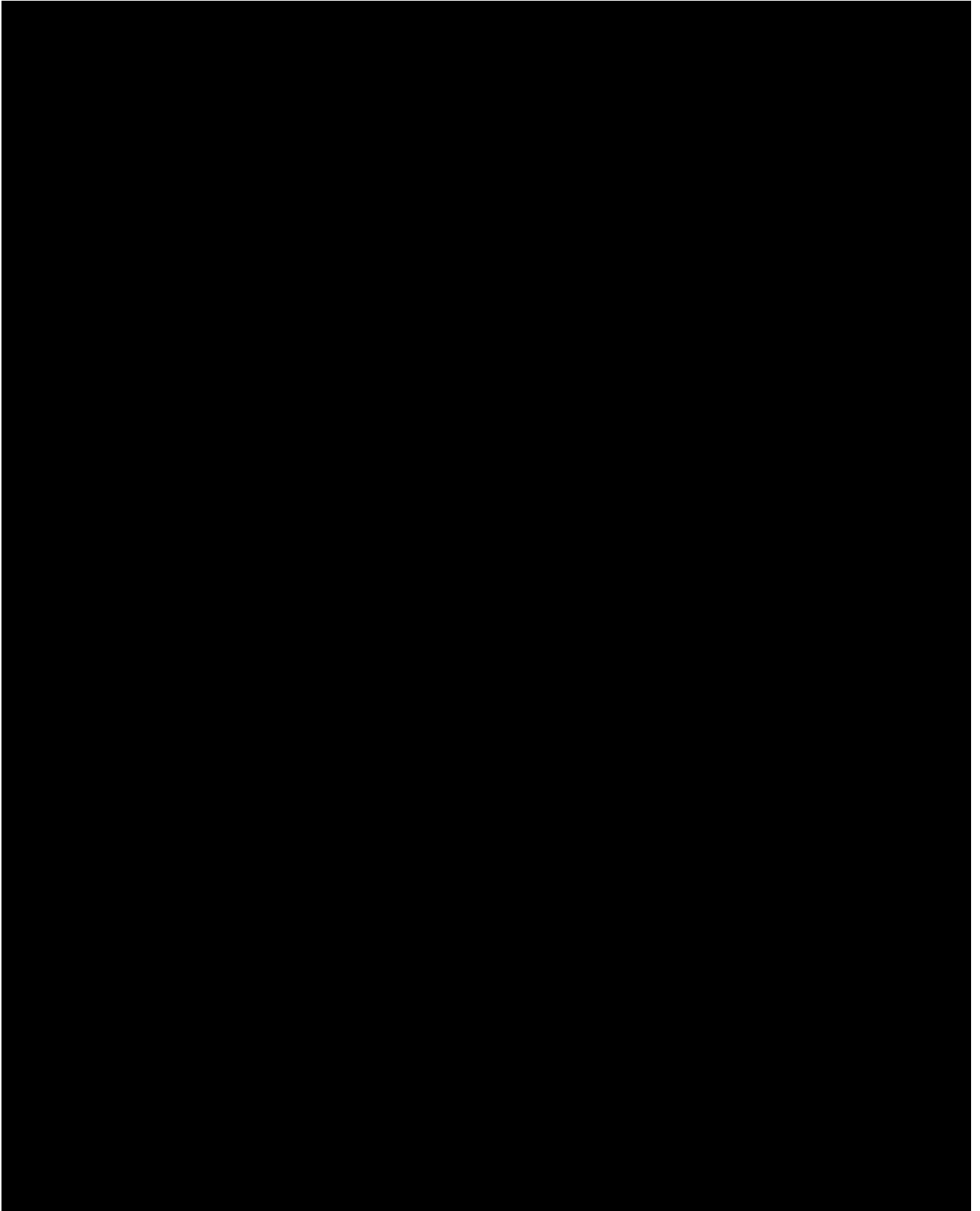


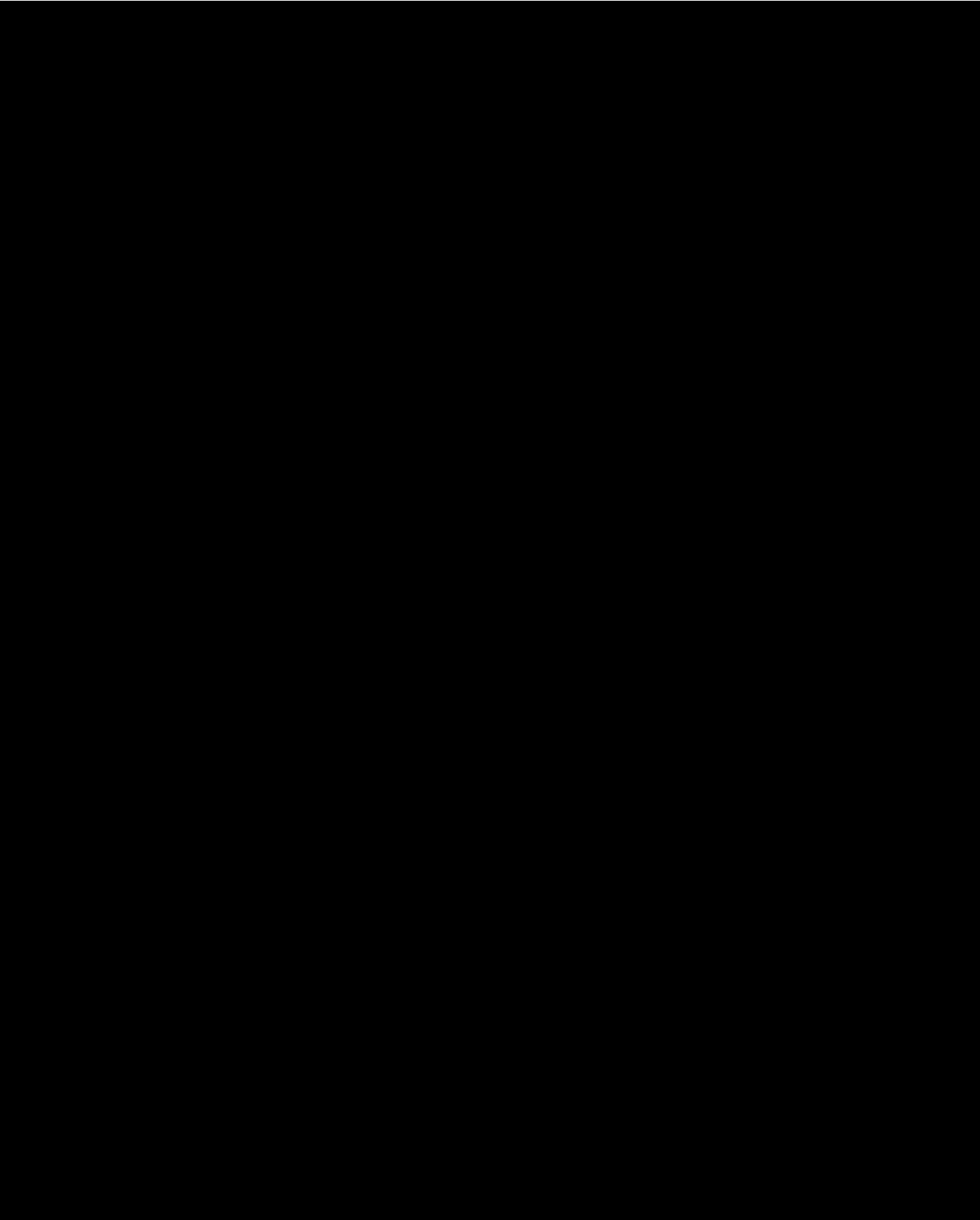
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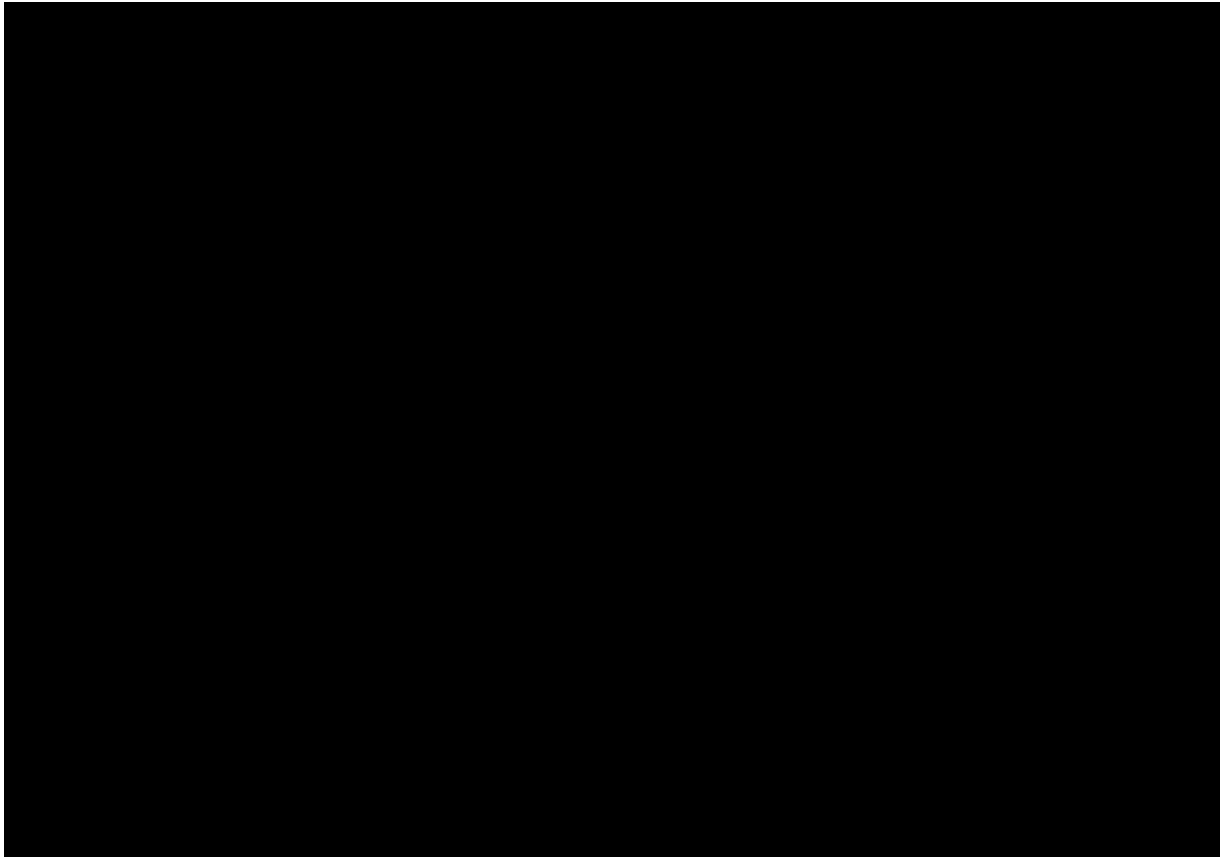
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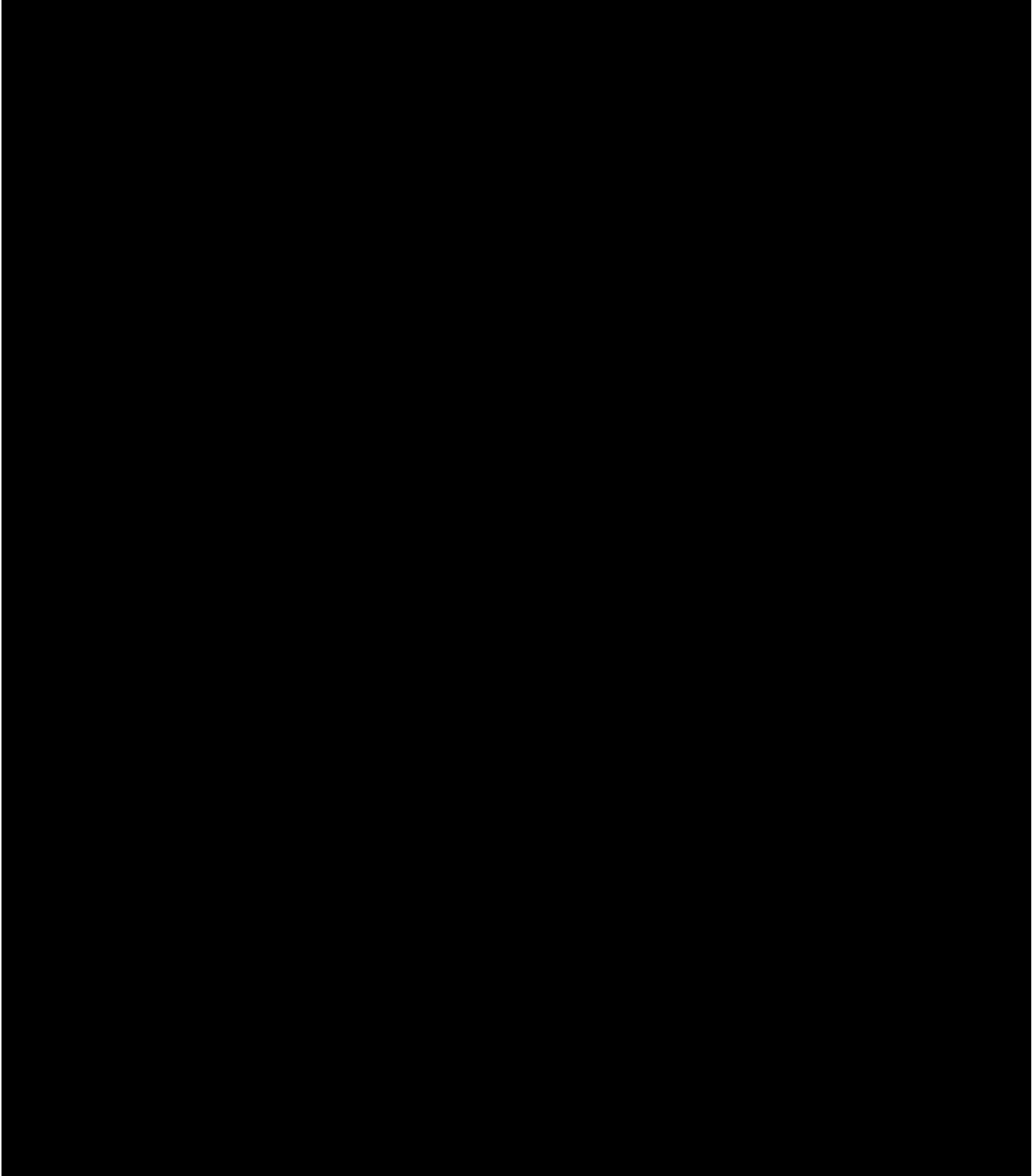






[Redacted]

[Redacted]



[Redacted]

[Redacted]

## Re: Admiral Levine

---

**From:** Dr. Marci Bowers <[REDACTED]>  
**To:** [REDACTED]  
**Date:** Mon, 08 Aug 2022 09:45:06 -0400

Thank you, [REDACTED] Agreed.  
Kindly.....

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

[REDACTED]

*Standing tall in times of darkness*

On Aug 8, 2022, at 1:33 AM, [REDACTED] wrote:

Dear Marci,

thanks for the update.

We cannot change the SOC8 content, but have tried as much as is reasonably possible to address the issues she brought up.

Warmest,

[REDACTED]

[REDACTED]

[REDACTED]



E-mail: [REDACTED]



On 2022-08-07 23:46, Dr. Marci Bowers wrote:

Hi all—

Not much notice on this but ADMIRAL LEVINE reached out to me in order to have a one-on-one conversation tomorrow morning—only 30 minutes but strategizing I suppose. I will of course support the SOC as it will be presented, no compromises. I will uphold all I have shared with each of you previously, no new ground here.

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

Pronouns: She/her

[REDACTED]

[www.marcibowers.com](http://www.marcibowers.com)

[REDACTED]

## Re: Call today ?

---

**From:** "Boateng, Sarah (HHS/OASH)" <[REDACTED]>  
**To:** Dr. Marci Bowers <[REDACTED]>  
**Date:** Sat, 03 Sep 2022 12:40:52 -0400

Thanks. 4pm is good. That is 7pm EST correct? I'll send a zoom. Safe travels

Sarah

Get [Outlook for iOS](#)

**From:** Dr. Marci Bowers <[REDACTED]>  
**Sent:** Saturday, September 3, 2022 12:39:33 PM  
**To:** Boateng, Sarah (HHS/OASH) <[REDACTED]>  
**Subject:** Re: Call today ?

hi—

am flying back from vancouver today. i land at 2 PDT, interview at 3 pm, then free after about 4

Kindly.....

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



*Standing tall in times of darkness*

On Sep 3, 2022, at 6:38 AM, Boateng, Sarah (HHS/OASH) <[REDACTED]> wrote:

Hi Dr Bowers

Would you be available for a call today with Dr Levine? Perhaps 2pm EST? Please let me know.  
Thanks

Sarah

Get [Outlook for iOS](#)

## Touch Base

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**Where:** <https://www.zoomgov.com/j/1611937840?pwd=SUZBMWZGekN4SXYyS2JJK1pkR0FJQT09>

**When:** Sat Sep 03 19:00:00 2022 -04:00

**Until:** Sat Sep 03 19:30:00 2022 -04:00

**Organisers** Common Name=Boateng, Sarah (HHS/OASH) mailto: [REDACTED]

**Required Attendees** : ROLE=REQ-PARTICIPANT PARTSTAT=NEEDS-ACTION RSVP=TRUE Common Name=Levine, Rachel (HHS/OASH) mailto: [REDACTED]  
 : ROLE=REQ-PARTICIPANT PARTSTAT=NEEDS-ACTION RSVP=TRUE Common Name=Keene, Jamie D. EOP/WHO mailto: [REDACTED]  
 : ROLE=REQ-PARTICIPANT PARTSTAT=NEEDS-ACTION RSVP=TRUE Common Name=Dr. Marci Bowers mailto: [REDACTED]m

Sarah Boateng is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1611937840?pwd=SUZBMWZGekN4SXYyS2JJK1pkR0FJQT09>

Meeting ID: 161 193 7840

Passcode: 102067

One tap mobile

+16692545252,,1611937840# US (San Jose)

+16468287666,,1611937840# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 551 285 1373 US

+1 669 216 1590 US (San Jose)

833 568 8864 US Toll-free

Meeting ID: 161 193 7840

Find your local number: <https://www.zoomgov.com/u/adAA8MfnnQ>

Join by SIP

1611937840@sip.zoomgov.com<mailto:1611937840@sip.zoomgov.com>

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 161 193 7840

Passcode: 102067

## RE: Call today ?

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**From:** "Boateng, Sarah (HHS/OASH)" <[REDACTED]>  
**To:** Dr. Marci Bowers <[REDACTED]>  
**Date:** Mon, 05 Sep 2022 11:59:47 -0400

Good Afternoon Dr. Bowers

I hope you are well. Would it be helpful to reconnect today or this week? Please let me know. Thanks so much.

Sarah

---

**From:** Dr. Marci Bowers <[REDACTED]>  
**Sent:** Saturday, September 3, 2022 12:40 PM  
**To:** Boateng, Sarah (HHS/OASH) <[REDACTED]>  
**Subject:** Re: Call today ?

hi—  
am flying back from vancouver today. i land at 2 PDT, interview at 3 pm, then free after about 4

Kindly.....

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

[REDACTED]  
*Standing tall in times of darkness*

On Sep 3, 2022, at 6:38 AM, Boateng, Sarah (HHS/OASH) <[REDACTED]> wrote:

Hi Dr Bowers

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Sarah

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