

USPATH Board of Directors – Director-at-Large – Ballot

Dear US Members of WPATH:

On behalf of the USPATH Officers; Josh Safer, Erica Anderson and Emilia Lombardi, we are pleased to present you with the slate of candidates for the at-large directors of the USPATH Board.

We have 6 positions available and 16 applicants. Please review the applicant's personal statements below (listed in alphabetical order, by last name). Applicants were asked to submit a 500-word statement, submissions varied, we have decided to present the statements as submitted although some exceed the 500-word request.

As you can see we are very pleased with the response and the quality of our applicants. Each of these applicants meet the criteria to become a board member for USPATH.

Please review each candidates' personal statement before selecting your top 6 choices in question 17. We have added a text box under each candidates' statement for you to use as notes if necessary. **Please be advised that Question 17 is where your ballot will be counted.** The 6 applicants with the most votes will make up the final selection of your new USPATH Board. You will have 2 weeks to complete your vote. The deadline is Monday, July 9, 2018 at 5pm CT.



President

Joshua D. Safer, MD, FACP

Executive Director, Center for Transgender Medicine and Surgery
The Mount Sinai Hospital and the Icahn School of Medicine at Mount Sinai
New York, NY



President-Elect

Erica Anderson, PhD
UCSF
Private Practice
Oakland, CA



Secretary/Treasurer

Emilia Lombardi, PhD
Baldwin-Wallace University
Assistant Professor, Dept. of Public Health, School of Health Sciences
Baldwin Wallace University
Berea, Ohio

Personal Statements from the USPATH At-Large Director Applicants (in alphabetical order)

Applicant Name and Degree(s)	Personal Statement
<p>Swagata Banik, MSc, PhD Chair, Public Health and Prevention Sciences Department Professor Baldwin-Wallace University Berea, Ohio</p>	<p>I have a strong commitment to the purpose, mission, and values of the WPATH and I have a strong interest in working on the advancement of USPATH mission. My vision for USPATH is to contribute to the development of mission in terms of its education, research and policy agenda that drives health equity and social justice for all members of our country's diverse transgender communities. My decade-long academic experiences in working on transgender health issues both in the USA and internationally coupled with my leadership experiences in University settings, and as a past board member of Society for the Scientific Studies in Sexuality (SSSS) allows me to serve the USPAH competently. I look forward to the opportunity to serve USPATH.</p>
<p>Thomas (Dana) Bevan, PhD President & CEO Bevan Industries Atlanta, GA</p>	<p>Background</p> <p>At the age of 4, I went to my mother and told her that was a girl and not a boy. She said that because I was a male, it was my duty to attend college, play sports, and join the military. For the next several decades I did those things while experiencing the painful secrecy of conducting transgender behavior in private. Being science-oriented, I continuously sought information on transgender science which was meager until the 1990s.</p> <p>I did all the things that I was expected to do as a male. As an undergraduate, I graduated with highest honors in psychology at Dartmouth and played intercollegiate football. At Princeton, I received a Ph.D. in psychology, specializing in physiological psychology. At Princeton, I was advised that studying transgender people was an undesirable career move because no research funding was available. So, I make my living in research and development of medical and other technologies.</p> <p>Some background details:</p> <p>Published three transgender science books. The Psychobiology of Transsexualism and Transgenderism is a comprehensive science book for scientists and providers. Being Transgender explains transgender science to the public. The Transsexual Scientist is an autobiography which traces my search for science to understand transgender behavior.</p> <p>US Army reserves for 11 years, Vietnam Era Veteran, active duty with the US Army Medical Service Corps for 3 years as a medical research physiologist.</p>

	<p>Rank of full professor at Georgia Tech. While there, I led \$4 million effort for the Marine Corps to develop new technologies to deal with chemical casualties.</p> <p>Received US Army Innovation Award for research and development of an anthropomorphic trainer for medics to treat blast injuries; now used by all services at pre-deployment training sites.</p> <p>Principal Investigator and manager at several non-for-profit and for-profit research organizations</p> <p>Currently concentrating on transgender science education through presentations, blogs, and podcasts.</p> <p>Member, LGBT Division 44 of the American Psychological Association and APA amicus working group.</p> <p>Currently writing commissioned handbook for medical and mental health personnel on transgender science.</p> <p>Vision for USPATH My vision for USPATH is that it should continue to encourage understanding of the phenomenon of being transgender and the development of evidence-based treatments. This will require an approach involving disciplines from diverse fields, similar to that which WPATH uses on an international scale. Evidence-based information must be incorporated into medical and mental health education programs in schools, continuing education, and internships. This will require translation of science into textbooks, curricula, and guidelines. Although these efforts are so large that organizations in addition to USPATH will necessarily be involved, USPATH must encourage these efforts.</p> <p>USPATH should commit to regular scientific symposia such as the one in February 2017 to allow those concerned with transgender health from diverse fields to exchange information.</p> <p>At the same time, USPATH with its understanding and knowledge of transgender people should support civil rights and depathologization objectives as WPATH has done in the past. USPATH should also adhere to the ethical guidelines of WPATH and be in alignment with WPATH policies.</p>
<p>Rachel Bluebond-Langner, MD Plastic Surgeon NYU Langone New York, NY</p>	<p>I am a reconstructive plastic surgeon in academic practice and have dedicated my career to gender affirming surgery. I strive to improve patient outcomes and educate both patients and healthcare providers about gender affirming surgery and perioperative care. In this modern era, the paternalistic model of health care has transitioned to patient centered care. I envision USPATH as an organization that fosters patient centered care with focus on improving</p>

	<p>education, shared decision making, and ultimately, better patient satisfaction. Education would involve organization of conferences, creation of patient and provider educational materials.</p>
<p>John C. Capozuca, PhD Licensed Clinical Psychologist New York, NY</p>	<p>For nearly 30 years the focus of my professional life has been the health and wellbeing of transgender people. 10 years ago, that commitment became personal as well, when I met my future husband, the political scientist, Justus Einfeld, a fellow presenter, at the WPATH symposium in Chicago. My journey began shortly after graduation and licensure. I had volunteered at the LGBT Center in New York and was assigned to co-facilitate a support group for trans-masculine people, together with an experienced peer counselor. Like many of us at the time, I learned by doing. The Center also had a small STD clinic, the Community Health Project, a forerunner of what would become Callen/Lorde. Based upon need, a monthly, Saturday morning service, the Trans Health and Empowerment Clinic, was initiated, staffed by me, two peer counselors, a nurse, and a physician. All volunteers, we worked hard and learned a lot. Because formal training was then all but nonexistent, in 1992 an interdisciplinary group was started at Montefiore Medical Center/Albert Einstein College of Medicine as the New York Gender Dysphoria Network, with pioneers like Dr. Leah Schaefer, Dr. Anke Earhardt, and Dr. Arnold Melman. In 1996, the group moved to the New York State Psychiatric Institute at New York Presbyterian/Columbia University where it continues today as the Working Group on Gender, under the leadership of Dr. Heino Meyer-Bahlburg. In these meetings we discuss emerging research, give case presentations, and provide much needed support and supervision to one another. I was honored to have been welcomed there and have formed enduring relationships with many local and visiting colleagues since. I have been a member of WPATH nearly as long, and, for the last 10 years Chair of the Membership Committee. Together with committee members I am proud to have made recommendations to the board of directors to consider important initiatives resulting in the current credentialing process as well as the tiered membership dues system, promoting association membership from the global south at realistic rates and the unprecedented growth of our membership roster. My vision for USPATH going forward is one where membership in the association will imply a level of scientific, clinical, and ethical expertise upon which consumers may rely. While Associate, Supporting, Student, and Group memberships, indicative of support, interest, agreement, or ongoing training consistent with our mission, should be welcome, I believe that Full Membership should endeavor to indicate something more. I also believe that we owe our trans elders a</p>

	<p>debt of gratitude for their efforts in eradicating barriers in less enlightened times, and that we are obligated to honor them by considering their needs in our research and practice. In sum, I envision an active, vibrant organization, taking the lead on transgender health issues on medical, legal, and human rights fronts. I am thrilled at the prospect of the next generation in transgender health and care and look forward to providing support and leadership at this critical time in our chosen field.</p>
<p>Madeline B. Deutsch, MD, MPH Associate Professor Department of Clinical Family & Community Medicine Director of UCSF Transgender Care University of California San Francisco San Francisco, CA</p>	<p>I am currently an Associate Professor in the Department of Family & Community Medicine at UCSF where I am the Director of UCSF Transgender Care, a growing multispecialty program that I founded in 2013. Prior to that I was the founding Director of the Transgender Care Program at the Los Angeles LGBT Center from 2009-2014. I first began practicing transgender medicine in 2006 in private practice. I have authored 28 peer reviewed publications in the field and have written numerous textbook chapters. I am currently the chapter lead for primary care for the upcoming SOCv8 revision. My vision for USPATH is to build community for US based transgender health providers, researchers, and stakeholders, create a forum for exchange of ideas in the context of the US healthcare system and political environment, and advocate for US based interests and perspectives within WPATH.</p>
<p>Lisa Griffin, PhD Licensed Clinical Psychologist Richmond, VA</p>	<p>As a licensed clinical psychologist in practice for 23 years, I've had the honor not only of working clinically with hundreds of trans and gender-diverse children, teens, adults, and their families, but also of serving as a university and community educator and activist with the goal of creating an inclusive society that nurtures and celebrates trans lives. I come with years of demonstrated activism; for example, I recruited the first medical practitioners in two cities to provide blockers and hormones to youth, and I founded transgender healthcare groups in both those cities. I have given 60+ trans-specific trainings and workshops since the early 2000s, in addition to years of teaching transgender-specific university courses. I recently served as a pre-publication reviewer for the forthcoming APA book The Gender Affirmative Model: A New Approach to Supporting Gender-Diverse and Transgender Children (Eds. Colt Keo-Meier & Diane Ehrensaft). I have presented at each WPATH symposium for which I've submitted a proposal (Atlanta, Bangkok, and Amsterdam). My passion for celebrating and enriching trans lives and improving services to trans folks was recognized last year when Equality Virginia named me a 2017 Outstanding Virginian.</p> <p>Serving on the USPATH Board of Directors would be a valuable next step on my path. We are living in a critical time for gender-diverse persons; increased</p>

	<p>trans visibility has created both positives and negatives. For example, many parents are now aware of the life-saving blockers-to-hormones protocol; on the other hand, some school administrators who in the past would have heeded my guidance with regard to best practices for supporting gender-diverse students are now citing restrictive court rulings in defense of their prohibition of students' access to bathrooms consistent with their affirmed genders. Additionally, increasing numbers of youth, particularly those with other conditions affecting identity development, having been express-laned through medical transitions, are later vocally (e.g., via YouTube) disavowing their earlier identifications and blaming healthcare professionals for having allowed their treatment during adolescence. It seems that often well-meaning professionals support transition on demand without having had adequate training to make nuanced decisions in the face of complex clinical presentations. Possible harm may come not only to consumers but also to the credibility and reputation of our profession. I believe USPATH has a profound role to play in developing strategies preventing such harm while minimizing gatekeeping. Building on WPATH's credentialing program, I envision USPATH developing a public education program, a continuing education suite, and ongoing research initiatives. Additionally, I see advocacy to power structures such as the health insurance industry and legislative bodies increasing accountability. Under the WPATH umbrella, USPATH can collaborate with other affiliates to build global transgender health. As for the mechanics of getting these and other initiatives off the ground, as well as ensuring ethical and effective governance, my many years of experience serving as a member and officer on a variety of boards will enable me to jump in prepared.</p>
<p>Michael S. Irwig, MD Associate Professor of Medicine The George Washington University School of Medicine & Health Sciences Adjunct Associate Professor of Medicine Georgetown University School of Medicine Washington, DC</p>	<p>Michael S. Irwig, MD, F.A.C.E., is board-certified in Endocrinology & Metabolism and is an associate professor of Medicine at The George Washington University School of Medicine & Health Sciences. He also is an adjunct associate professor of Medicine at Georgetown University School of Medicine</p> <p>Dr. Irwig is a general endocrinologist with a particular interest and expertise in transgender care and androgens. He has provided care to over 200 trans and non-binary patients in the Mid-Atlantic region and leads educational efforts on trans care at the GW School of Medicine. He has been appointed to two working groups on the Standards of Care 8 (Hormone Therapy for Adolescents and Adults & Applicability of the Standards of Care to Eunuchs).</p> <p>His research has focused on transgender care, men with persistent sexual and non-sexual side effects of finasteride (Propecia) and men with borderline</p>

	<p>testosterone levels. He has over 30 peer-reviewed publications in multiple journals including Current Opinion in Endocrinology, Diabetes and Obesity, Diabetic Medicine, Endocrine Practice, JAMA Dermatology, Journal of Clinical Endocrinology and Metabolism, Journal of Clinical Psychiatry, Journal of Sexual Medicine, Lancet Diabetes & Endocrinology and Nature Reviews Urology. His research findings have been featured in many national and international mainstream publications and broadcast outlets including: The Today Show, NBC Nightly News, ABC World News, CBS News, MSNBC.com, CNN, Men's Health Magazine, Men's Journal and The Philadelphia Inquirer.</p> <p>Dr. Irwig has presented over 100 lectures at hospitals and medical schools across the world on several topics including male hypogonadism and transgender health. He also serves as a reviewer for over 36 peer-reviewed medical journals.</p> <p>He is the past president of the mid-Atlantic chapter of the American Association of Clinical Endocrinologists (AACE). He serves on national committees for AACE as well as the Endocrine Society, including the Endocrine Self-Assessment Committee (ESAP).</p> <p>Dr. Irwig received his M.D. degree from Cornell University and completed his residency in internal medicine at the University of Virginia. He was a senior fellow in endocrinology, metabolism, and nutrition at the University of Washington in Seattle.</p> <p>USPATH VISION My vision is for USPATH to be the leading organization in North America for improving transgender health through advocacy/policy, raising awareness, educational activities, training opportunities, research and networking.</p>
<p>Isabel Lowell, MD, MBA Family Medicine Physician QMed Atlanta, GA</p>	<p>Trans care should be primary care. However, I recently started a practice exclusively providing hormone therapy, exactly the opposite approach! I hope to go out of business someday soon, because everyone is providing trans care. USPATH can play a huge role in this evolution. I am against certification programs - I think the teaching aspects and guidelines for competency are excellent, but a certificate is a barrier to those who want to do trans care and provides an excuse for those who don't.</p>
<p>Rixt Anna Catharina Luikenaar, MD, FACOG Medical Director Rebirth OB/GYN Holladay, UT</p>	<p>I am a Board Certified ObGyn from The Netherlands who treats over 3700 transgender and gender nonconforming patients in Salt Lake City at my practice "Rebirth Obgyn". I also have an 11 year old transgender son. Besides practicing primary and preventive care, pre- and postoperative care, obstetrics and gynecology we fight</p>

	<p>daily for the rights of transgender and gender nonconforming people, varying from fighting with insurance companies for approvals and authorizations, to name- and gender marker changes, transgender inclusion at the work place and people's reproductive and sexual rights.</p> <p>I am also adjunct faculty at the Department of Obstetrics and Gynecology at the University of Utah and part of the interdisciplinary transgender team they established (finally). Teaching and research are very important, I have presented at several conferences, helped write grant proposals and IRB's and most of all teach local health care providers about excellent transgender health care. I have won numerous (local) awards for my work.</p> <p>I treat adolescents with hormone therapy and puberty blockers, adults all ages with hormone replacement therapy, perform hysterectomy for transgender and gender nonconforming folks and do pre- and post operative care for those that travel out of state for surgeries. I have scrubbed in several "bottom surgeries" with several surgeons to learn about the surgeries and to perform better aftercare.</p> <p>In our current political climate we need an organization as USPATH to continue to fight for universal insurance coverage for transition related medical care (especially in "red" states). While performing postoperative care for women after gender affirming surgeries it is also clear we need an organization as USPATH to oversee the quality of Gender Affirming Surgery and a protocol for pre- and post operative care (now different for each surgeon).</p> <p>With all-round experience in many aspects in transgender health care, living in a conservative state with lots of room for improvement and having a transgender child myself I think I can be of benefit to an organization as USPATH. You can also find my professional information on "LinkedIn" and I can provide a resume per request by email at rixtluikenaar@hotmail.com"</p>
<p>Oscar J. Manrique, MD Co-Director: Surgical Transgender Clinic, Assistant Professor of Surgery Senior Associated Consultant (SAC) Division of Plastic and Reconstructive Surgery Department of Surgery Mayo Clinic Rochester, MN</p>	<p>I'm originally from Bogota, Colombia in South America. I came to the US after completing my medical school back home.</p> <p>Upon transitioning into the medical system and residency here in the US, I learned the hard way how to survive and strive to always give the best of me. I believe that my background gave me the opportunity to learn and accept all the people that works and surrounds me. My goal will be to give the best of me to the WPATH and become an ambassador for our society.</p>
<p>Walter J. Meyer, III, MD Gladys Kempner and R. Lee Kempner Professor in Child Psychiatry</p>	<p>In 1972-1974, I began to work with Dr. John Money, a psychologist at Johns Hopkins Hospital who had done some of the original academic work concerning gender dysphoria. I assisted Dr. Money with the endocrine</p>

<p>Department of Psychiatry and Behavioral Sciences Professor Departments of Pediatrics and Human Biological Chemistry and Genetics The University of Texas Medical Branch Galveston, TX</p>	<p>medical management of gender dysphoria patients. In 1976, I assisted the UTMB Psychiatry Department in recruiting Paul Walker, Ph.D., who was just graduating from Post-Doctoral fellowship with Dr. Money at Johns Hopkins, to head our newly formed gender clinic Dr. Walker, even in those early years of his career was very well known for his work with gender dysphoria patients. Shortly after Dr. Walker came to The University of Texas Medical Branch in early 1976, we opened the Gender clinic at UTMB. During the next five years, we saw several hundred individuals for evaluation and treatment for gender dysphoria. With a team of other MDs, we wrote several papers concerning the long-term clinical outcome of endocrine treatment of gender dysphoria. After Dr. Walker moved to California, the work continued with Dr. Collier Cole, Dr. Evangeline Emory and resulted in other papers. The most significant of which looked at comorbidity. It showed that the comorbidity of psychiatric diagnoses greatly diminished after a patient enters a gender treatment program. In the year 2000, Dr. Evangeline Emory, Dr. Collier Cole and I co-chaired the International Meeting here in Galveston of the Benjamin Society.</p> <p>I continue to be active in this area of gender dysphoria seeing approximately two new patients per month and carrying them in my practice. I have been very much involved in the use of puberty blocking hormone treatment for teen agers with gender identity disorder/gender dysphoria. My most recent gender dysphoria related experience has been organizing and attending a gender dysphoria clinic in the Texas Department of Correction administered clinic for transgender individuals in the prison system. My personal plans are to reduce my practice and spend more time writing about these issues. This should allow plenty to time to serve on the Board of Directors. USPATH should continue to advocate for Trans gender individuals and support research in to the improvement of their care. I believe that adolescents should be supported in their plans to explore and pursue the gender of their choice, wherever it is on the gender spectrum. I am a strong supporter of transgender care in the prison system. The USPATH should continue the struggle to have trans gender services available around the world.</p>
<p>Johanna Olson-Kennedy, MS, MD Medical Director - The Center for Transyouth Health and Development, Division of Adolescent Medicine, Children's Hospital Los Angeles Associate Professor of Clinical Pediatrics - Division of Adolescent Medicine Children's Hospital Los Angeles/USC Keck School of Medicine Los Angeles, CA</p>	<p>Transgender care is a growing field that crosses into multiple domains, and requires professionals within the scope of medicine, psychology, psychiatry, social work, advocacy and legal. The care of youth with gender dysphoria is a particularly dynamic area, and there is much to learn across all the above-mentioned domains. While those in Europe have certainly done the groundbreaking work with transgender youth care, the United States has far larger and more diverse populations, who have different needs that are likely to</p>

	<p>vary between geographical, religious, cultural, political and educational domains. There is an unacceptable disparity across the country in regard to accessibility of care, and the lack of consensus among providers creates additional barriers. While we have moved forward in the number of centers in which care is available, we have slid backwards in the human rights domain, with a significantly problematic surge of anti-transgender legislation from the highest levels of governance. I feel that USPATH can have an important role in changing these recent episodes of de-evolution. I envision the goals of USPATH over the next five years to include the following:</p> <ol style="list-style-type: none"> 1. Create and disseminate a strong position paper challenging the discriminatory legislation that has come to the forefront over the past year 2. Make care practice recommendations that address the specific needs of transgender and gender non-binary identified individuals living in the United States 3. Create and disseminate a position paper with recommendations for professional training institutions to incorporate education about the care of transgender individuals 4. Identify a committee of individuals who can be available for rapid response to media stories, legislation and other events that challenge the authenticity and well-being of transgender lives <p>I see USPATH adopting a progressive outlook toward transgender care, applying clinical expertise partnered with scientific evidence to the difficult decision making that must be undertaken in order for individuals to live authentically in their lives. In those spaces where evidence is not yet available, I hope that USPATH looks to the voices of the transgender community to inform recommendations and encourage research endeavors. This newly created body of experts needs to lead the field by informing care providers, politicians, and insurance companies about the importance of timely and appropriate care.</p>
<p>Brandy A Panunti, MD System Chair, Ochsner Endocrinology Associate Program Director, Ochsner Endocrinology Fellowship Senior Lecturer, Ochsner Clinical School Jefferson, LA</p>	<p>I have been involved with caring for the transgender community since the start of my career. My commitment to transgender medical education is unwavering as evidenced by several publications as well as the many presentations I have given. My vision for USPATH is to be an effective productive branch of WPATH is being the leader devoted to transgender health and education.</p>
<p>Asa Radix, MD, MPH Senior Director of Research and Education Callen-Lorde Community Health Center Clinical Associate Professor of Medicine New York University New York, NY</p>	<p>I have worked in the field of transgender medicine for over 20 years and currently serve on the USPATH Steering committee as well as being a co-chair for the WPATH SOC 8 revision committee. Originally from the West Indies, I trained in internal medicine and infectious disease at the University of Connecticut and obtained postgraduate degrees in epidemiology and</p>

	<p>public health at Cambridge University. For the last decade I have worked at the Callen-Lorde Community Health Center in New York, where I am the Senior Director of Research and Education as well as the Clinical Director of the Transgender Health Program that serves over transgender/gender non-binary 4000 clients. Prior to this I was a Director of Public Health in the Dutch Caribbean, working to improve health care access to LGBT people and expanding health services to people living with HIV. In addition to my role at Callen-Lorde I am a Clinical Associate Professor of Medicine at New York University, involved in training the next generation of healthcare providers to deliver gender affirming and competent health care. I have previous board experience and in addition to the USPATH steering committee I serve on the boards of the American Sexual Health Association, the Medical Advisory Board for the UCSF Center of Excellence for Transgender Health and the American Conference for the Treatment of HIV. I have been invited to participate in numerous international panels and guidelines committees on transgender health for the World Health Organization and the Pan American Health Organization and have participated in writing regional guidelines on transgender health for the Caribbean, Latin America, South Africa and Asia and the Pacific. In these roles I give guidance on how policies impact people of transgender experience. I am an Associate Editor of Transgender Health and serve on the editorial board of the IJT. I am directly involved in creating educational materials and curricula for clinicians as well as health promotion and wellness information to transgender and gender non-binary clients. My vision for USPATH is that it will be a leading organization in transgender health, committed to diversity and inclusion, that will prioritize implementation of ethical guidelines for transgender care, training for health care workers and advocacy on transgender health issues.</p>
<p>Varunee Faii Sangganjanavanich, PhD School of Counseling College of Health Professions The University of Akron Akron, OH</p>	<p>As an advocate for my profession (Professional Counseling), I would like to the USPATH to be recognized as a true inter-professional organization reflected by its membership. That is, all health professions have critical roles and voices in the development of USPATH. I would like to see underrepresented professions such as professional counseling and speech and language pathology become more involved in the USPATH and its BOD to collectively further trans health inter-professional community.</p>
<p>Lee Zhao, MD Assistant Professor, Department of Urology Co-Director, Transgender Reconstructive Surgery Program NYU Langone Health System Director, Male Reconstructive Surgery</p>	<p>I am a reconstructive urologist in academic practice who specializes in treating complications of surgery. My experience with managing complications has taught me the importance of patient centered care. I have observed that many patients who suffer from complications benefit from a better understanding of surgery and its limitations. I have also observed that</p>

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there is frequently a gap between a patient's knowledge and goals, and the care from the provider.

I envision USPATH as an organization that can bridge this gap through promotion of patient education and shared decision making. Educational programs would include organization of conferences, surgical workshops, and creation of educational materials. I also envision USPATH to advance the field of transgender health through sharing of knowledge and encourage collaboration amongst providers.