

Bhutan Symposium Gender Dysphoria Questions and Answers

*Questions concerning gender dysphoria may be submitted to thelinkbhutan@gmail.com. Answers will be requested from the symposium speakers and sent to the attendees, as well as posted to the website (www.thelinkbhutan.org) under seminars. To maintain privacy the names of persons submitting questions will not be reported.

1. I have a question about changing sex in the census. Is it done in the U.S.? Can a trans man change from female to male?

Answer provided by:
Rachel N. Morrison, J.D.
Fellow | HHS Accountability Project
Ethics and Public Policy Center

The 2020 Census was conducted during the Trump administration and did not ask about gender identity. As far as I know, nothing would stop a person from marking an answer for sex different than their biology.

The census website for the 2017 to 2021 American Community Survey says this about sex: <https://www.census.gov/acs/www/about/why-we-ask-each-question/sex/>. It states sex is biological and different from gender identity, but then says “Respondents should respond either “male” or “female” based on how they currently identify their sex.” As you know, the problem with conflating sex (biology) and identity is that it skews results, which can be especially problematic when it comes to the medical field and research.

In 2021, after Biden took office the census added questions about “sex assigned at birth” and “current identity” to the Household Pulse Survey. <https://www.census.gov/library/stories/2021/08/household-pulse-survey-updates-sex-question-now-asks-sexual-orientation-and-gender-identity.html>

2. Do you have time to send a list of the professional groups who support affirmation treatment?

Answer provide by:
Julia Mason, M.S., M.D.
Pediatrician, Gresham, Oregon, USA
Clinical and Academic Advisor, Society
of Evidence Based Gender Medicine

<https://transhealthproject.org/resources/medical-organization-statements/>

Leading medical groups recognize the medical necessity of treatments for gender dysphoria and endorse such treatments. Most of these groups have also explicitly rejected insurance exclusions for transgender-related care.

- [American Academy of Child and Adolescent Psychiatry](#)
- [American Academy of Dermatology](#)
- [American Academy of Family Physicians](#)
- [American Academy of Nursing](#)

- [American Academy of Pediatrics](#)
- [American Academy of Physician Assistants](#)
- [American College Health Association](#)
- [American College of Nurse-Midwives](#)
- [American College of Obstetricians and Gynecologists](#)
- [American College of Physicians](#)
- [American Counseling Association](#)
- [American Heart Association](#)
- [American Medical Association](#)
- [American Medical Student Association](#)
- [American Nurses Association](#)
- [American Osteopathic Association](#)
- [American Psychiatric Association](#)
- [American Psychological Association](#)
- [American Public Health Association](#)
- [American Society of Plastic Surgeons](#)
- [Endocrine Society](#)
- [GLMA: Health Professionals Advancing LGBTQ Equality](#)
- [National Association of Nurse Practitioners in Women's Health](#)
- [National Association of Social Workers](#)
- [National Commission on Correctional Health Care](#)
- [Pediatric Endocrine Society](#)
- [Society for Adolescent Health and Medicine](#)
- [World Medical Association](#)
- [World Professional Association for Transgender Health](#)

3. Dr. Levine, would you share your list 13 statements that are not true that advocates of affirmative care believe?

Answer provided by:

Stephen B. Levine, MD
 Clinical Professor of Psychiatry
 Case Western Reserve University School of Medicine
 Co-Director, Center for Marital and Sexual Health
 Beachwood, Ohio, USA

What is scientifically not true that advocates believe and directly or subtly convey

1. A trans identity is immutable
2. Trans identities are primarily caused by prenatal biological forces
3. Sexual orientation is an entirely independent of gender identity
4. No form of gender identity is abnormal or a symptomatic reflection of some other problem

5. Gender dysphoria is a serious medical condition that requires medical intervention-- if the patient wants it
6. Associated emotional problems are primarily due to living in a discriminatory world
7. No effective alternative approaches to affirmative care exist
8. Attempts to provide psychotherapy are unethical varieties of conversion therapy
9. Affirmative care lastingly improves mental health and social function
10. Affirmative care reduces the rates of suicidal ideation and prevents suicide
11. Young teens know best what will make them happy in the future
12. Meeting diagnostic criteria for a Gender Dysphoria predicts a good outcome to affirmative care
13. Regret and de-transition are rare among these patients