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Research on transgender people must benefit transgender people

As transgender people working in HIV research and public health, we express concern over the exploitation of transgender communities in academic research. Articles published in *The Lancet* have compelled our response, but in the spirit of calling our colleagues in rather than out, we are responding to the broader practice of studying transgender communities as so-called subjects of academic intrigue rather than real people with urgent health needs.

For example, we have observed a trend in public health literature concluding that transgender women partner with cisgender heterosexual men. Perhaps this finding is astonishing to the dominant research establishment, but it is not new information to transgender communities. Methods used to reach this conclusion include HIV-molecular and phylodynamic analyses—methods that are reported to have alarming limitations, questionable ethics, and potentially harmful consequences.^{1–3} Use of potentially dangerous methods to reproduce knowledge that already exists in transgender communities exemplifies a systemic problem in public health research that prioritises so-called scholarship over the wellbeing of study populations who experience discrimination. Transgender people need not be subjected to these methods; knowledge of our partnerships is readily available in our lived experience. Furthermore, presenting this finding as unexpected perpetuates the transphobic notion that transgender women are not real

women, and that heterosexual men's partnerships with transgender women should inspire bewilderment. We remind our colleagues of the serious danger of undermining transgender people's identities.⁴

Researchers have a great responsibility: the creation and production of knowledge. Transgender people (including transgender academics) have to live with the knowledge that is created about us. We ask researchers who study transgender communities to consider the following questions. Who is the research for: the researchers or the study population? Does the project offer any meaningful benefit to transgender communities? Could the research question be reformulated to address more pressing needs among transgender people than what is being investigated? How does the project prioritise the needs of transgender people who are Black, Indigenous, and people of colour, whose health needs are most urgent due to enduring multiple forms of structural oppression? Do the methods include inherent limitations, ethical considerations, or potentially harmful consequences? How might the study portray transgender communities in stigmatising ways?

Over the years, transgender and allied responses to research in transgender populations have been reactive^{5,6} and proactive.^{7–9} We urge researchers studying transgender people to thoughtfully use these resources. Transgender people urgently need research that results in meaningful progress for our communities. We declare that research on transgender people must benefit transgender people.

We declare no competing interests.

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Kuhlmann C, Mayer CK, Claassen M, et al. Breakthrough infections with SARS-CoV-2 omicron despite mRNA vaccine booster dose. Lancet 2022; **399**: 625–26—In this Correspondence, the affiliation details of WA Burgers, R Keeton, and C Riou have been corrected to Institute of Infectious Disease and Molecular Medicine (WAB, RK, CR) and Wellcome Centre for Infectious Diseases Research in Africa (CR), University of Cape Town, Observatory, Cape Town, South Africa. These corrections have been made to the online version as of Feb 10, 2021, and the printed version is correct.