

Who is W.H.O.?

Over three-quarters of the W.H.O. Guideline Development Group 16/20 appear to have intellectual and/or financial conflicts of interest.

13/20 appear to have significant conflicts.

3/20 appear to have possible conflicts.

Significant conflicts of interest must be carefully managed according to [WHO's guideline development handbook](#).

Conflicts of interest interfere with interpretation, decisions or actions when reviewing evidence and making recommendations.

We are NOT saying that it is a conflict of interest to identify as transgender, even if that individual is utilizing the treatment under consideration (hormones) and even if they would be directly affected by the self-id determinations.

It is only when someone expresses strong one-sided positions regarding the promotion of wide access to hormones or legal self ID or are affiliated with an organization that states that their key mission holds an intellectual conflict that it could be reasonably determined that they have a conflict of interest.

“Financial” conflicts were called out if there was reason to believe that an individuals' compensation was tied to promoting a certain point of view in relation to how broad access to hormones should be, or self-id laws.

Based on the analysis below, there is a clear conflict of interest management problem.

The W.H.O. should remove individuals with strong conflicts of interest and add professionals and community who are currently not represented at all- experts in mental health, autism, human development, as well as detransitioners.

The W.H.O. should also acknowledge that self ID can conflict with the human rights of other groups and should add professionals and community who are currently not represented at all- including women's rights groups.

Below we have detailed the conflicts of interest of those currently proposed to serve on the Guideline Development Group.

This information is now available for public release and should be shared with concerned individuals, community groups, and NGOs (non-governmental organizations).

GDG Members with Conflicts of Interest (or appearance of such)

Cianán Russell (Belgium)

- **Financial conflicts:**
 - Employed by ILGA Europe, an advocacy group, as senior policy advisor. *ILGA Europe's key policy focuses is legal gender self-identification.*
 - As such, employment and compensation appear directly related to this guideline's ability to push through a key interest of the group.
- **Intellectual conflicts:**
 - Member of a [GATE](#) Trans Men and HIV Working Group. GATE has a strong intellectual COI found [here](#).
 - Member of ILGA Europe. ILGA has a strong intellectual COI found [here](#)
 - Strong intellectual position for self-id of sex: Argues that biological male convicts who identify as women should be in female prisons and doing otherwise is tantamount to conversion therapy. This contradicts established UN principles that state the [importance of female-only prisons](#).
 - Strong intellectual positions on gender-affirming care and safeguarding youth from harm (per WHO's most recent decision not to promote this for children) is tantamount to "eliminating" trans people (see below).
 - <https://www.wpath.org/media/cms/Documents/SOC%20v8/SOC8%20Full%20Contributor%20List%20-%20FINAL%20UPDATED%2009232021.pdf>
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Cianán B. Russell (they)

@ciabr

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Minimum age limits are not about protecting children from making their own mistakes; they are about ensuring that many trans people don't survive long enough to transition. Anti-trans folks don't want to protect us: they want to eliminate us.

-  [twitter](#)
- Concerns about professionalism. Self-describes as "AFAB faggot, trans-separatist." [X-rated public posting](#).

Gail Knudson (Canada)

- **Financial conflicts:**
 - Receives an annual honorarium for her work with the [WPATH Global Education Institute](#), which promotes medicalization.
 - Her practice consists largely of approving patients for gender-affirming care.
- **Intellectual conflicts:**
 - Former WPATH president; co-author of WPATH SOC 7-8. For WPATH COIs, [see here](#).
 - Author of primary studies on trans healthcare (e.g., [Counselling and Mental Health Care of Transgender Adults and Loved Ones](#));
 - In 2022, she was guest editor in the BC Medical Journal of a series of 6 articles on gender affirmative care. [In response](#) to concerns cited in published letters to the editor

[here](#) and [here](#), Dr. Knudson, along with her co-editors, affirmed the validity of WPATH “Standards of Care” clinical care guideline.

Walter Bockting (USA)

- **Financial conflicts:**
 - [His clinical practice is focused on the provision of gender-affirming hormones.](#)
- **Intellectual conflicts:**
 - Co-author of WPATH guideline “Standards of Care 7” that promoted “informed consent model of care” (no mental health assessments, wide accessibility to hormones). For WPATH COIs, see [here](#).
 - Former editor of the official WPATH journal.
 - [Testified in legal settings](#) that gender identity is biologically predetermined and immutable: “Research indicates that immutable biological and genetic factors influence a person’s gender identity... [it] is wrong to imply that a transgender person’s gender identity is ... less intrinsic or less important than their sex assigned at birth, or that it stands in contrast to ‘biological reality.’” This non-evidence based view is contradicted by the Endocrine Society’s scientific statement on importance of [sex](#).
 - Simultaneously [believes](#) that transgender identification is a form of spiritual awakening, a questionable basis for medical interventions: “A paradigm shift has been gradually occurring over the past decade, in which transgender individuals are affirming their identity and sexuality as distinct from both male and female identity and sexuality. This process can be described as a spiritual discernment or awakening.”
 - Editor of six volumes on gender and sexual health and has published more than one hundred articles in peer-reviewed journals showing clear and firm views regarding the subject that would interfere with objective evidence evaluation.
 - He is currently the Principal Investigator of three large NIH-funded studies: Project AFFIRM, a longitudinal, multi-site study of transgender identity development across the lifespan; Convoy Q, examining the role of social networks in cognitive aging of LGBTQ+ adults and their cisgender, heterosexual counterparts; and a new investigation of the quality of life of trans and gender nonbinary individuals following gender-affirming surgery.

Walter Bouman (UK)

- **Financial conflicts:**
 - Medical doctor at the Nottingham Centre for Transgender Health.
 - His [clinical practice includes provision of gender-affirming care](#), specifically hormones, the subject of forthcoming WHO recommendations.
- **Intellectual conflicts:**
 - Former WPATH president. For WPATH COIs, [see here](#).
 - Author [of SOC8](#) (the Standards of Care 8) were released during his time as president of WPATH. SOC8 leaders were selected only if they were “[Well recognized advocate for WPATH and the SOC](#)”.
 - He is currently working on translating and disseminating SOC8.

Teddy Cook (Australia)

- **Financial conflicts:**
 - Unclear if employment as the executive director of Acon represents a financial COI. [Acon](#) is focused on trans / gender affirming care promotion.
- **Intellectual conflicts:**
 - [VP of AUSPATH](#) (this fact appears to be omitted from the biography). AUSPATH is the Australian chapter of WPATH. For WPATH COI, see [here](#).
 - Strong public statements denying potential risks of hormones, [e.g.](#), “*The actual side effects of gender affirming medical care, for those who can access it, include a*

significantly improved quality of life, significantly better health and wellbeing outcomes, a dramatic decrease in distress, depression and anxiety and a substantial increase of gender euphoria and trans joy... We are not at risk of harm by affirming our gender."

- [As disclosed in the WHO Guideline Development Group biographies](#), "Teddy Cook currently sits on a number of steering and advisory groups, including the Expert Advisory Group and Gender Advisory Board for Private Lives 3 (Australia's largest LGBTIQ health and wellbeing survey) at the Australian Research Center in Sex, Health and Society (ARCSHS), La Trobe University, the Australian Bureau of Statistics Sex, Gender and Sexuality Standard Reference Group, the Facebook Combatting Hate Speech Advisory Council, the National LGBTI Health Alliance Trans Advisory Group, the NSW Criminal Justice System Trans Advisory Council, the Positive Life NSW Trans Advisory Group. He has been an advisor to the NSW Ministry of Health in developing its first LGBTI Health Strategy. Teddy Cook is also a member of the Trans Health Research Group and is Associate Investigator on TRANSform, an Australian longitudinal gender health study. Additionally, Mr Cook led ACON's work developing A Blueprint for Improving the Health and Wellbeing of the Trans & Gender Diverse Community in NSW (2019)," which [argues for legal gender self-identification and easy access to hormones](#).

Elma de Vries (South Africa)

- **Financial conflicts:**
 - Trainer for gender-affirming care affiliated with [Gender Dynamix](#), which is funded by [Arcus](#).
 - Provides 'gender-affirming care' at the Groote Schuur Hospital. [This article describes her work with PATHSA, Gender Dynamix, and the Groote Schuur Hospital Transgender clinic](#).
- **Intellectual conflicts:**
 - [Co-author of SAHCS guidelines](#) that describes 'gender-affirming care' as "safe," eliminates psychological assessments, and promotes the idea that patients should co-write their own trans surgery recommendation letters and doctors should co-sign them (extreme view of patient autonomy and right to bodily changes)
 - [The posted biography](#) discloses that De Vries was part of the Groote Schuur Hospital Transgender clinic team that lobbied the National Department of Health to have gender-affirming hormone treatment included in the Essential Medicines List.
 - She is a founding member and secretary for the board of the Professional Association for Transgender Health in South Africa (PATHSA), the South African branch of WPATH which promotes wide access to medicalization. WPATH conflicts can be found [here](#).

Erika Castellanos (Netherlands)

- **Financial conflicts:**
 - Employed by GATE (Global Action for Trans Equality) as the Executive Director.
 - GATE's significant COIs (including [Arcus](#) funding) can be found [here](#).
- **Intellectual conflicts:**
 - Authored the [GATE values & preferences report](#) commissioned by WHO which appears to be used in these treatment guidelines. The report concluded that legal recognition of self-determined identity, and wide access to hormones are both "required interventions."
 - Authored prior guidelines that are being referenced by WHO as the basis for the current guidelines ([WHO HIV](#) guideline).

Zakaria Nasser (Lebanon)

- **Financial conflicts:** Employed by a trans advocacy organization, Quorras.
- **Intellectual conflicts:** [GATE board member](#) since 2022. GATE's significant COIs (including [Arcus](#) funding) can be found [here](#).

Eszter Kismödi (Switzerland)

- **Financial conflicts:** Visiting professor at Yale whose work is [advertised](#) in relation to their depathologizing of WHO ICD11 related to legal and policy issues.
- **Intellectual conflicts:**
 - She was a board member of advocacy group GATE, Global Action for Trans Equality, between 2014-2021. GATE's significant COIs (including [Arcus](#) funding) can be found [here](#).
 - She worked as a human rights adviser at the World Health Organization (WHO), Department of Reproductive Health and Research for ten years (2002-2012)
 - Her present work includes the contribution to the reclassification of gender expression and other sexuality related matters regarding the WHO ICD 11 (International Classification Diseases) process, in particular related to legal, policy and human rights matters. Her work focuses on a review and analysis of legal and policy issues that affect the provision and utilization of health services by affected populations, and the exploration of the interactions and relationships of present classifications with health care, administrative, civil laws, criminal and insurance laws and policies, as they impact the provision of and access to health services.

Alicia Krüger (Brazil)

- **Financial conflicts:**
 - Works as for the Brazilian government a [Pharmaceutical consultant for Conselho Federal de Farmácia's](#) Pharmaceutical Care Working Group for the LGBTQIAPN+ population. "Unprecedented position at the Ministry of Health. She is part of the Inclusion, Diversity and Equity in Health Policy Advisory, whose mission will be to equate access and care in the health system to all Brazilians."
 - WHO's recommendation for access to hormones will have direct implications on this individual's employment.
- **Intellectual conflicts:**
 - Co-founder and former president of BRPATH (Brazilian branch of WPATH). For WPATH COI, see [here](#).

Chris McLachlan (South Africa)

- **Financial conflicts:**
 - Has a clinical practice that includes hormones and surgeries as part of "gender-affirming care."
- **Intellectual conflicts:**
 - WPATH SOC8 co-author; all SOC8 authors had to take the pledge to promote hormonal and medical treatments as a condition for authorship. Also see more general [WPATH affiliation COIs](#)
 - Chairperson of the Sexuality and Gender Division of the Psychological Society of South Africa and the Professional Association of Transgender Health, South Africa (PATHSA). The organization promotes access to hormones without barriers and w/o any mental health assessments.

[Ayouba El Hamri \(Morocco\)](#)

- **Financial conflicts:**
 - Unclear. May be present if the position below is compensated.
- **Intellectual conflicts:**
 - Steering committee member for African Trans Network. [Specifically works on laws around gender identity, conflict of interest for WHO's gender-self-identification provisions.](#)
 - Program Officer at Transat, the first trans and trans-specific group in the Southwest Asia and North Africa (SWANA) region.

[Sanjay Sharma \(India\)](#)

- **Financial conflicts:** unclear
- **Intellectual conflicts:**
 - Founding director for [Association for Transgender Health in India](#) (WPATH-affiliated), which promotes medicalization and board member at large for WPATH.
 - [Contributor](#) to first standards of care for transgender health in India and online certification courses on gender education.
 - Has a transitioned child and [advocates for expanded hormone access.](#)
 - [this member needs to be balanced with parents concerned with expanded access.]

[Shobini Rajan \(India\)](#)

- **Financial conflicts:** unclear
- **Intellectual conflicts:**
 - Cowrote a [White Paper](#) on “Comprehensive Health related Services for Transgender Health” where she expressed a strong view: “*The unanimous opinion of the medical fraternity, based on the strength of evidence emanating from research carried out and scientific advances made, stands in support of affirmative care.*” This view demonstrates that she already made up her mind about the evidence subject to the review, and in fact it contradicts known systematic reviews of evidence.
 - Spoke at the Second National Symposium on LGBTQI+ Health hosted by the United Nations Development Programme ([UNDP](#)). One of her sessions “emphasized the need to provide [an] uninterrupted supply of ... medical [hormone therapy] and gender-affirmative surgeries for trans people.”

[Rena Janamnuaysook \(Thailand\)](#)

- **Financial COIs:** leads [transgender health clinic](#)
- **Intellectual conflicts:** Co-founded the [Thai Transgender Alliance.](#)

[Apako Williams \(Uganda\)](#)

- **Financial COIs**
 - Works as a [sexual diversity consultant](#)
- **Intellectual/professional conflicts:**
 - Executive Director of Tranz Network Uganda
 - Holds a strong view that gender incongruence is [never pathological.](#)

Additional background information can be provided upon request.
Send request to LGBTCourageCoalition@icloud.com