EXHIBIT 187 REDACTED

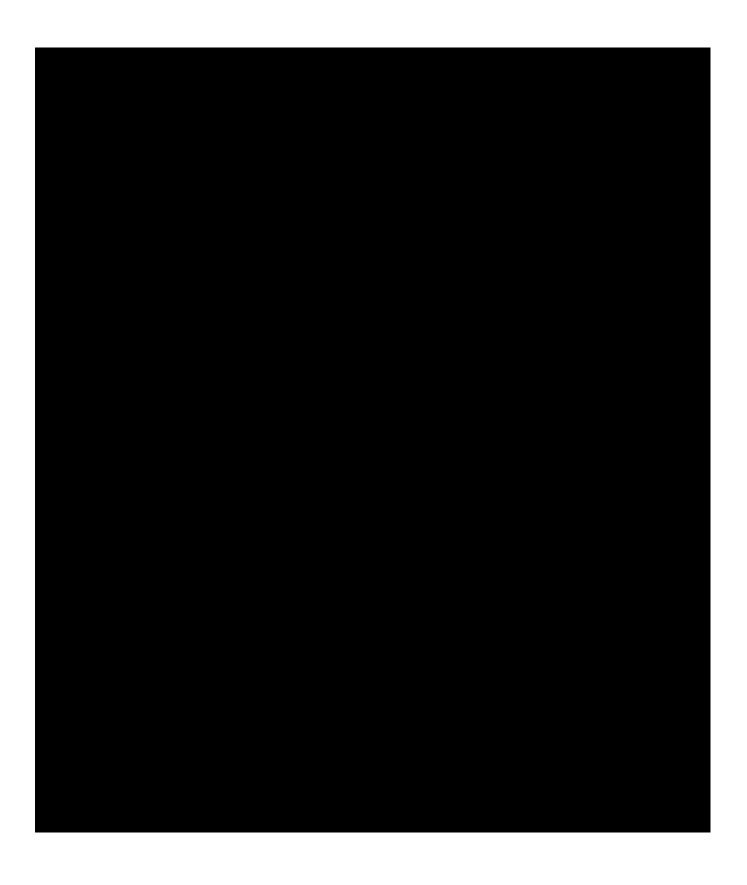


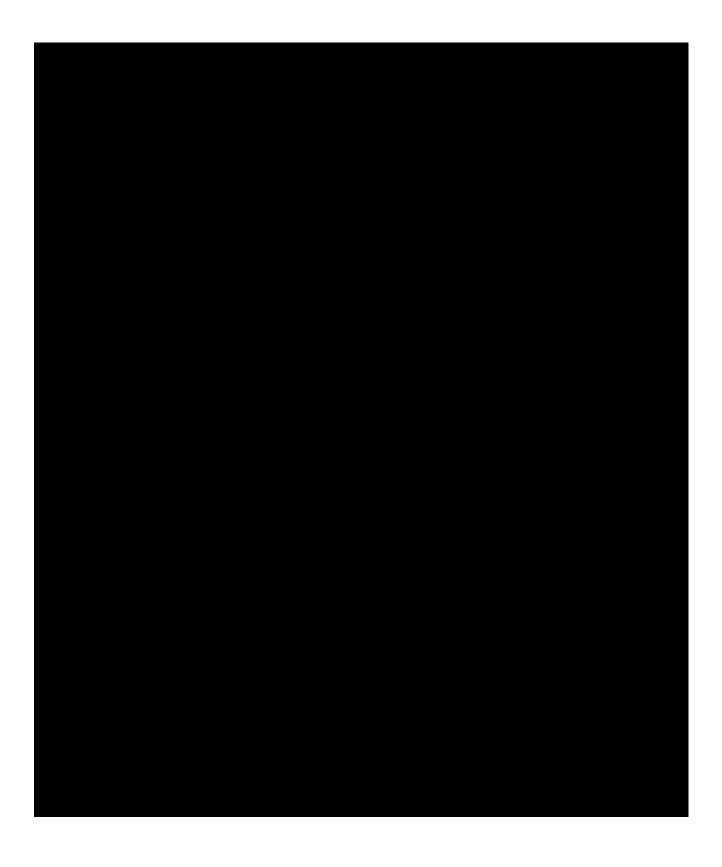




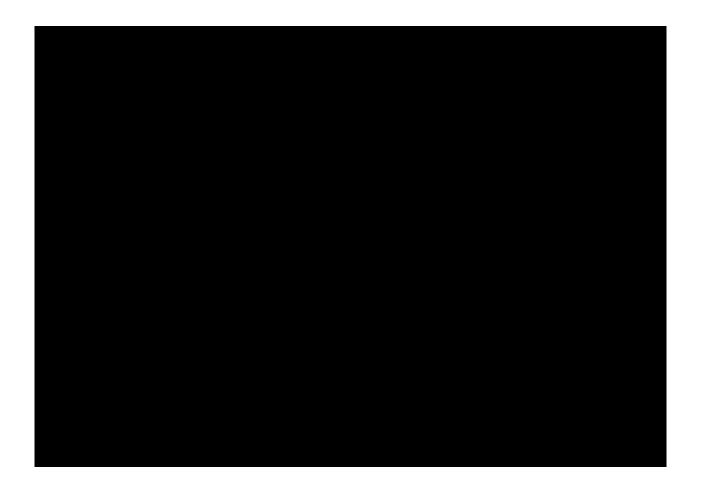
















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American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN®

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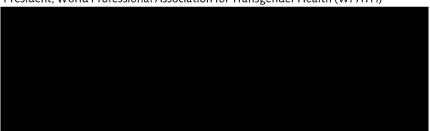
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September 8, 2022

Walter Pierre Bouman MD, MA, MSc, UKCPreg, PhD
President, World Professional Association for Transgender Health (WPATH)



Dear Dr Bouman and

Thank you for providing the American Academy of Pediatrics (AAP) with an opportunity to review Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC 8). We value the shared commitment to ensuring that transgender and gender diverse children and adolescents have access to evidence-based, medically necessary care in the United States and around the world.

AAP experts from the Section on LGBT Health and Wellness and the Section on Endocrinology recently completed a review of SOC 8. AAP experts reviewed the following pediatric focused chapters: Chapter 6-Adolescents, Chapter 7-Children, and Chapter 12-Hormone Therapy. While many areas of SOC 8 align with AAP policy (Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents), there are some portions of the final version that raise concerns for our clinical experts. While the attached PDF contains more detailed comments, we have highlighted a few specific issues for your consideration:

Chapter 6 Adolescents

- SOC 8 recommendations for gender-affirming surgery do not align with AAP policy.
 The AAP does not recommend surgery for minors except on an individualized, case-by-case basis with parental involvement and consent. Additionally, AAP experts agree SOC 8 lacks the evidence to justify the recommended surgery ages.
- Chapter 6 includes several anti-transgender arguments, such as social contagion, rapid onset gender dysphoria, desistence/persistence, and others, perhaps intended to demonstrate the lack of research and evidence behind these conclusions. However, our experts believe including these discussions/arguments will achieve the opposite effect. The AAP reviewers believe that the current framing of this section implies that WPATH, while not endorsing these arguments, gives validity to them and does so without the necessary supporting evidence. As written, the discussions about persistence/desistence support a view for social contagion because gender development is discussed from a social cognitive lens rather than citing data and other scientific evidence needed to consider these conditions.

As written, this section creates confusion and obscures the need to consider external factors that play a role in each patient's care, and that gender dysphoria is different for every child/adolescent. The AAP recommends the removal of theories or unsubstantiated claims that do not have sufficient evidence to be conclusions.

• The discussions on family involvement and support in gender-affirming care in Chapter 6 are crucial albeit not well-defined. Chapter 7 provides a framework for Chapter 6 to follow as it relates to family involvement and support. Chapter 7 clearly discusses complex gender expression in young children and consistent messaging about this care being developmentally mindful, family centered, and individualized while also discussing developmental trauma, culture, and stigma that may affect transgender and gender-diverse children. AAP recommends that Chapter 6 be reframed to better align with Chapter 7.

The AAP and WPATH share a common goal in ensuring that gender-affirming care is accessible and evidence-based, and that transgender and gender-diverse youth can lead healthy, fulfilling lives as their true selves. To that end, we are committed to working with WPATH and would request the opportunity for our subject-matter experts to meet with you to discuss these important matters upon receipt of this communication.

Thank you for your consideration.

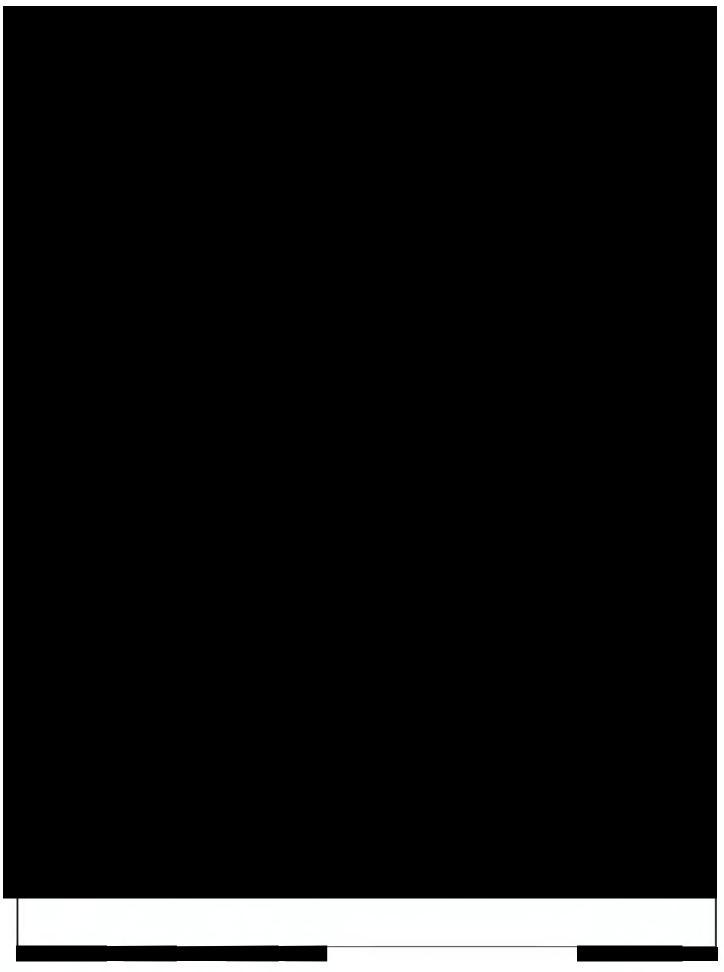
Sincerely,

Moira A. Szilagyi, MD, PhD, FAAP

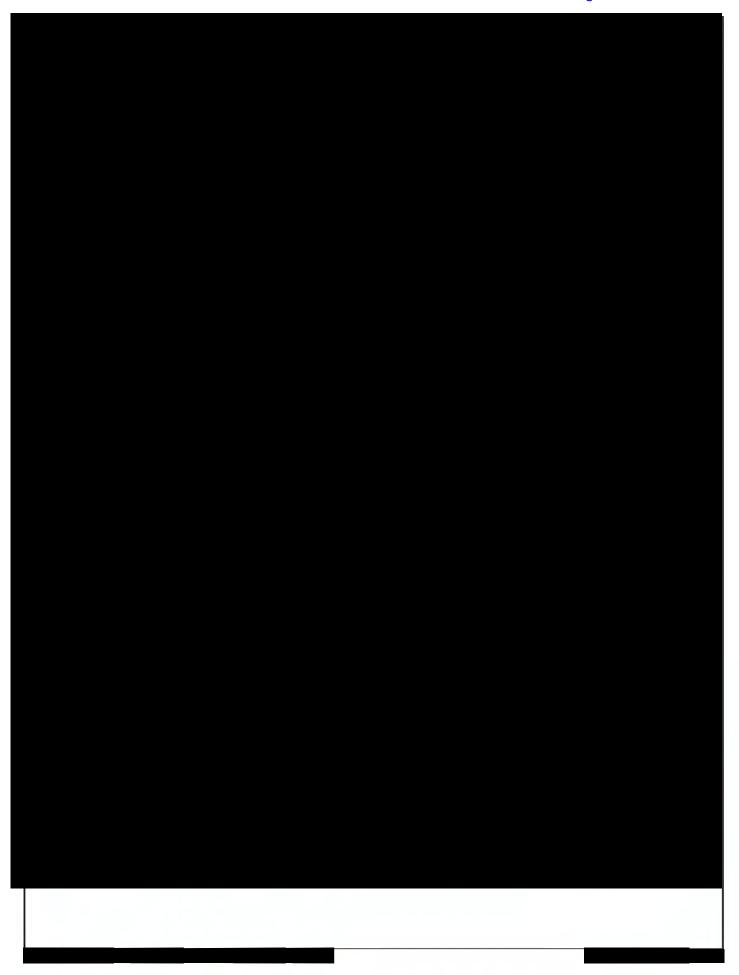
Moira Spagyimo

President

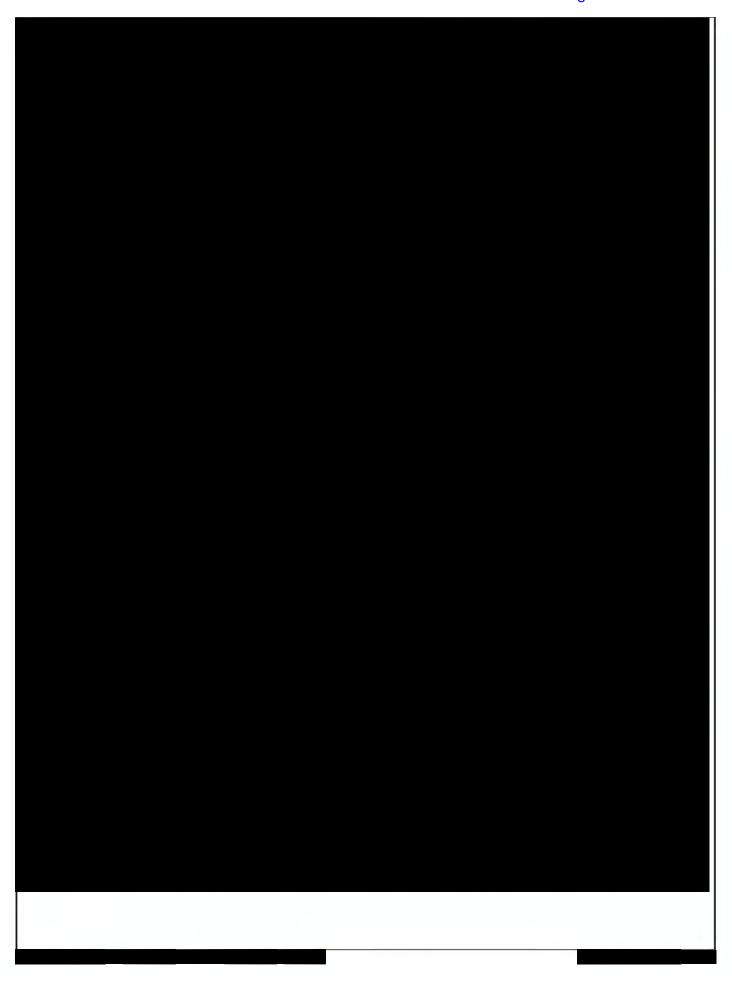
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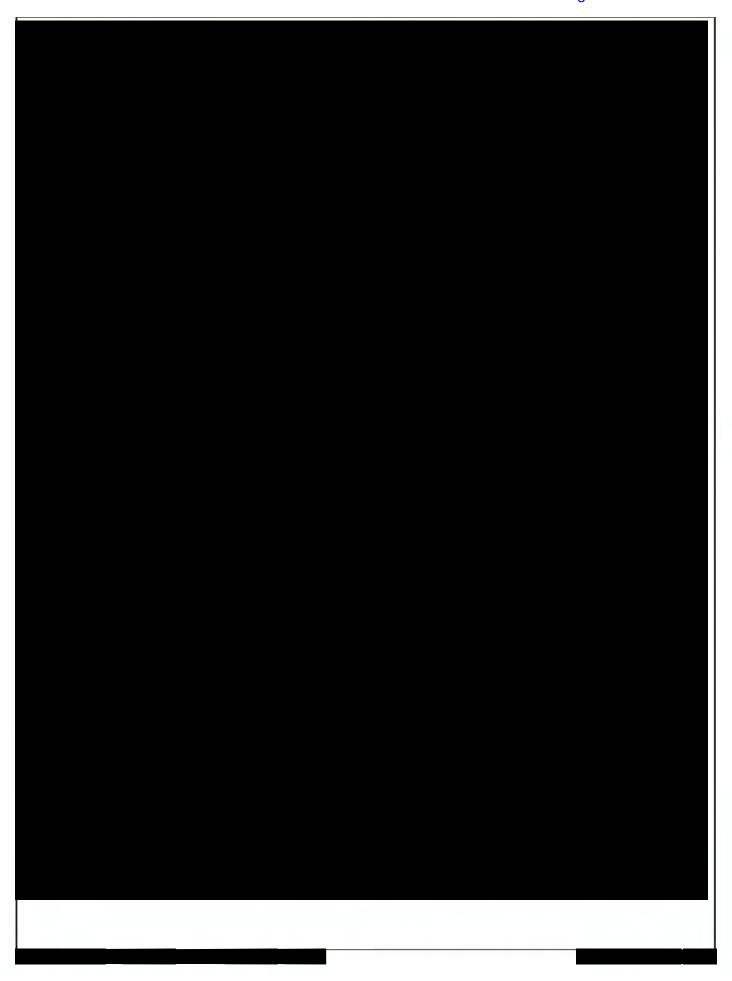




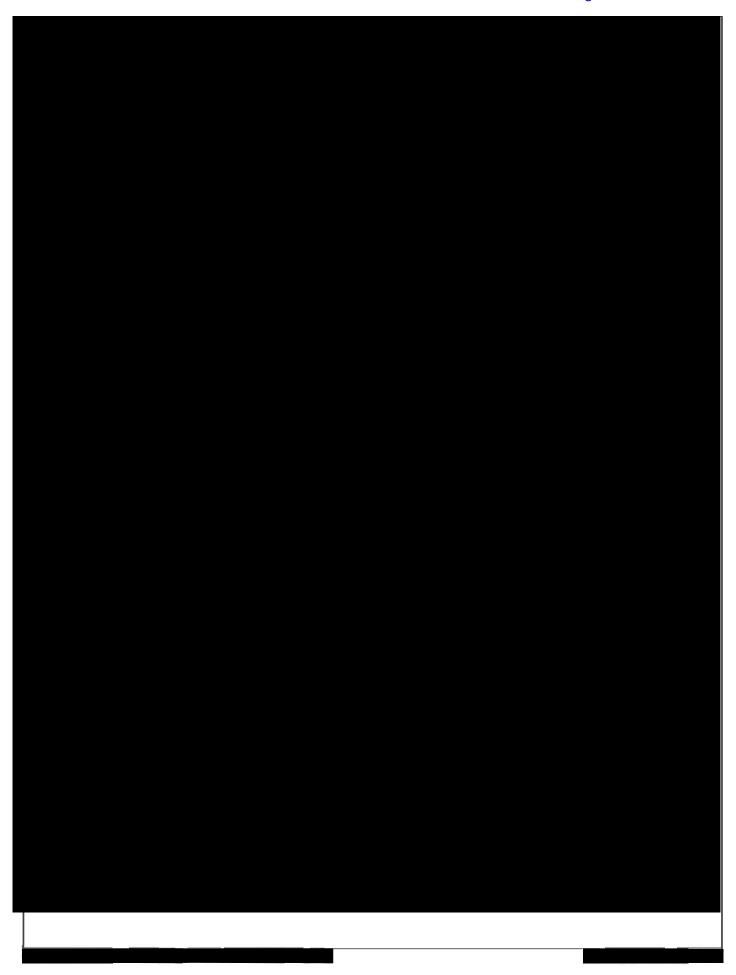


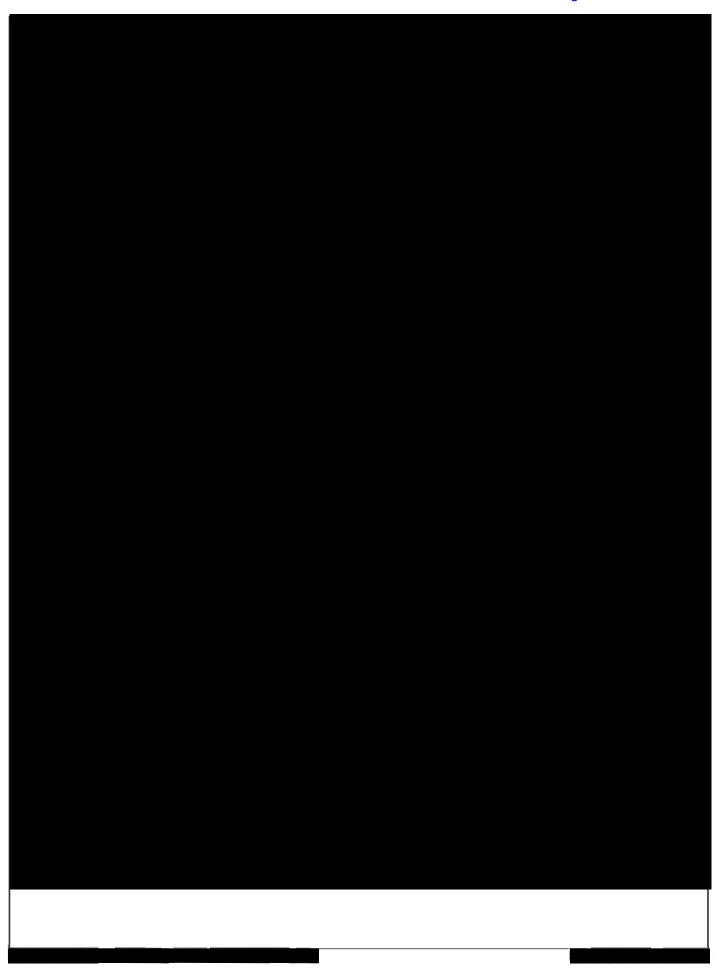


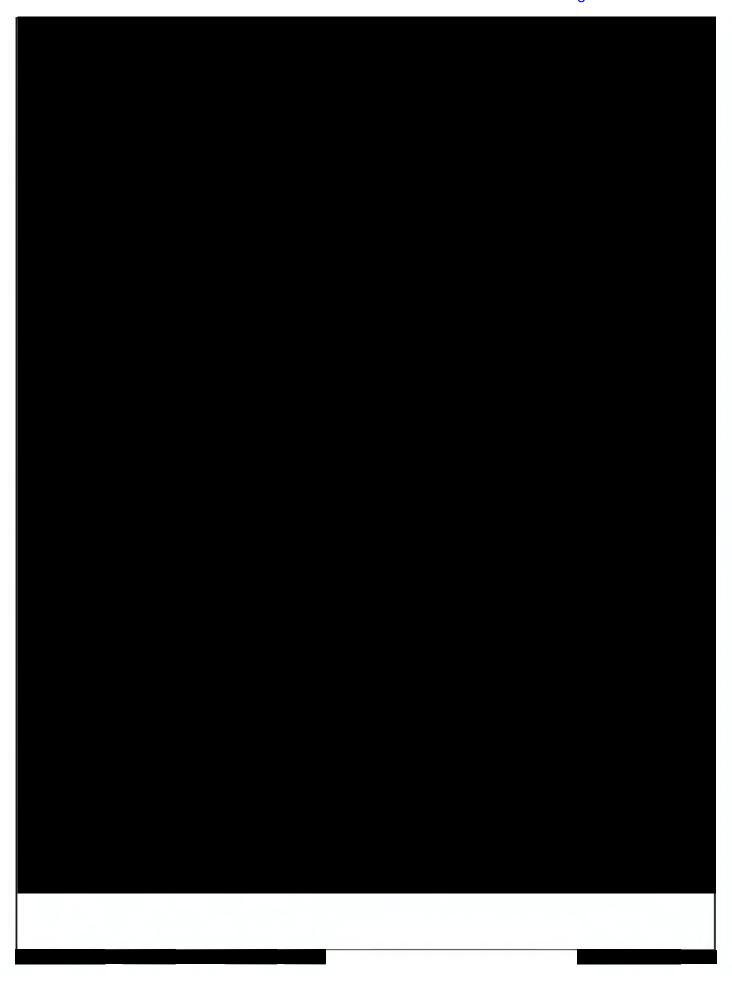




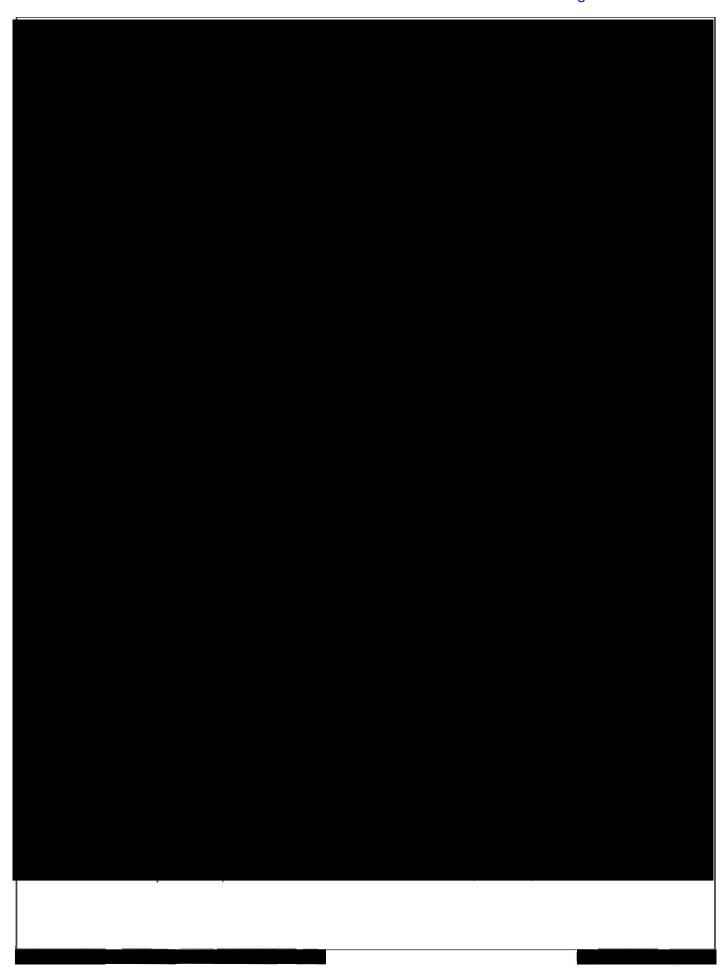




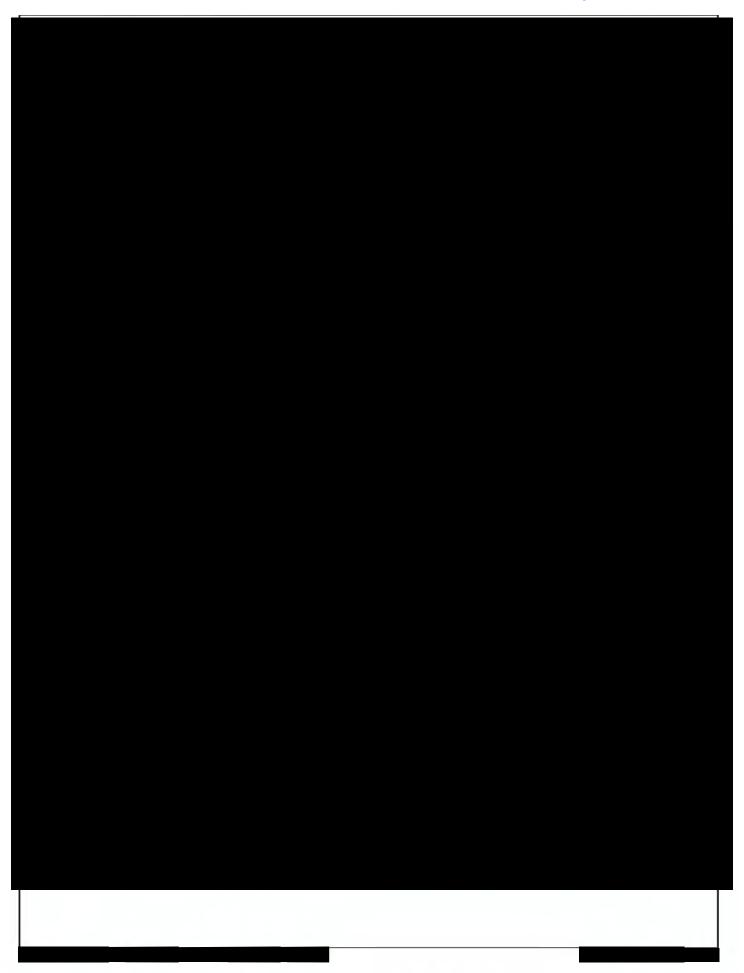




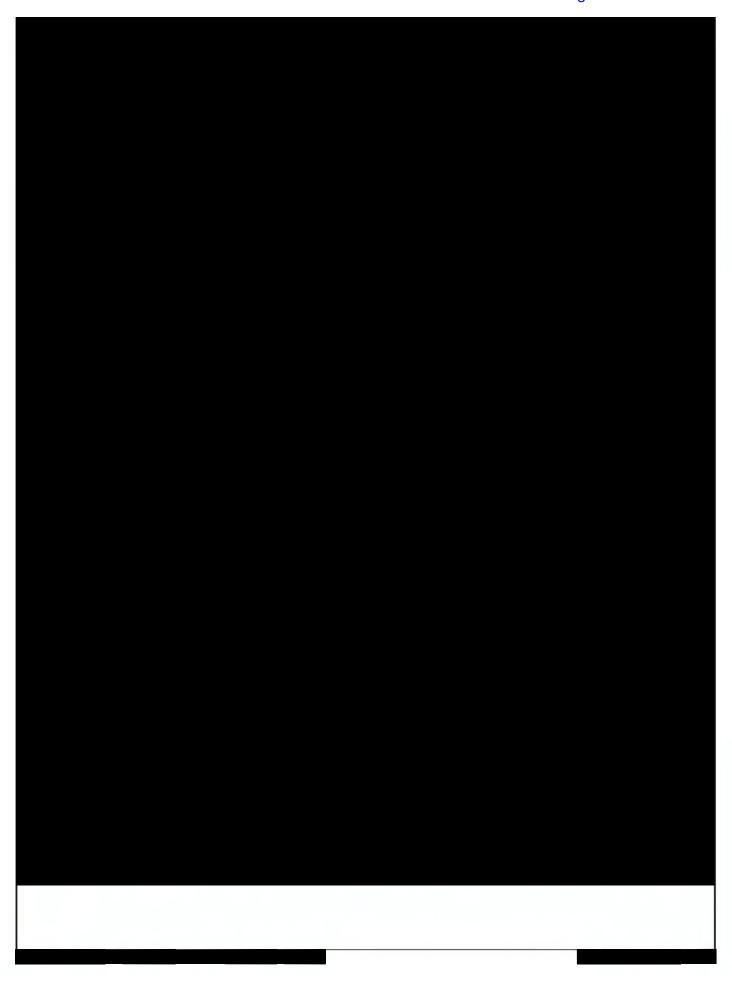


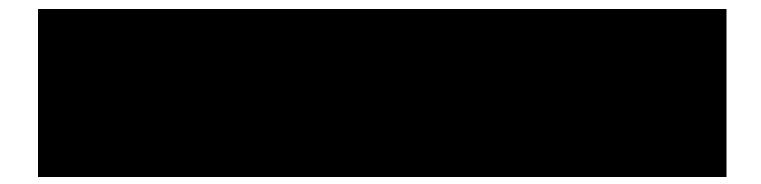


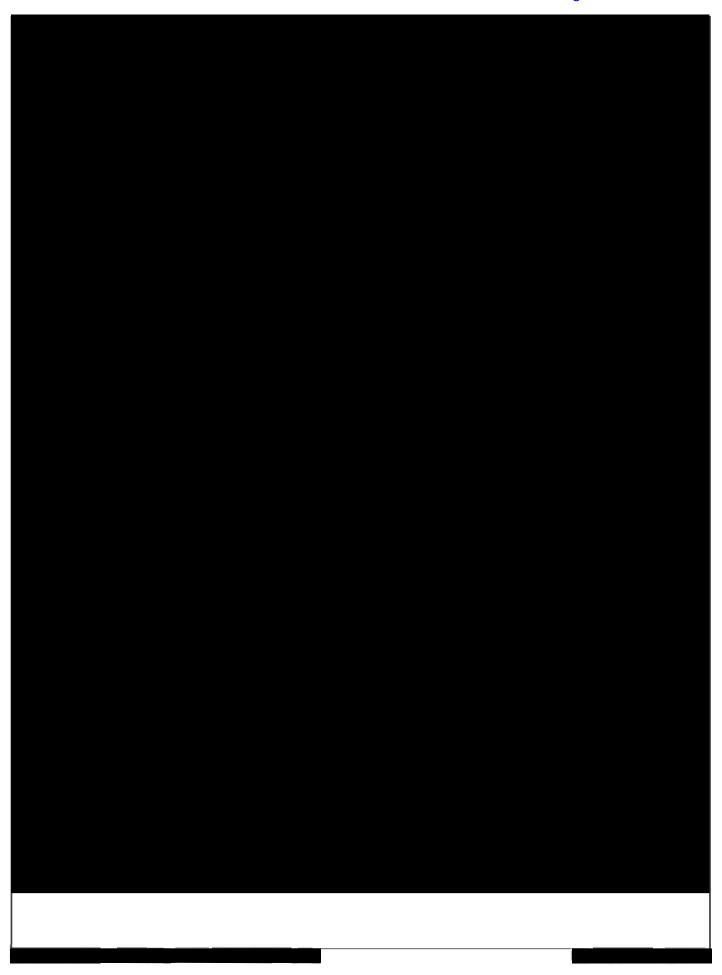




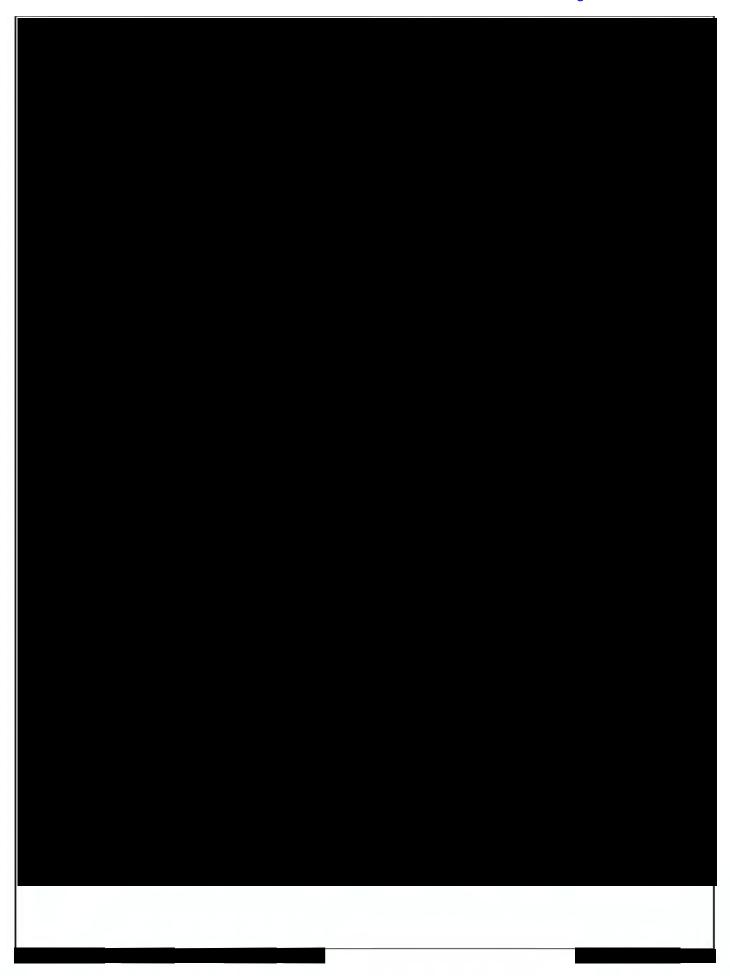


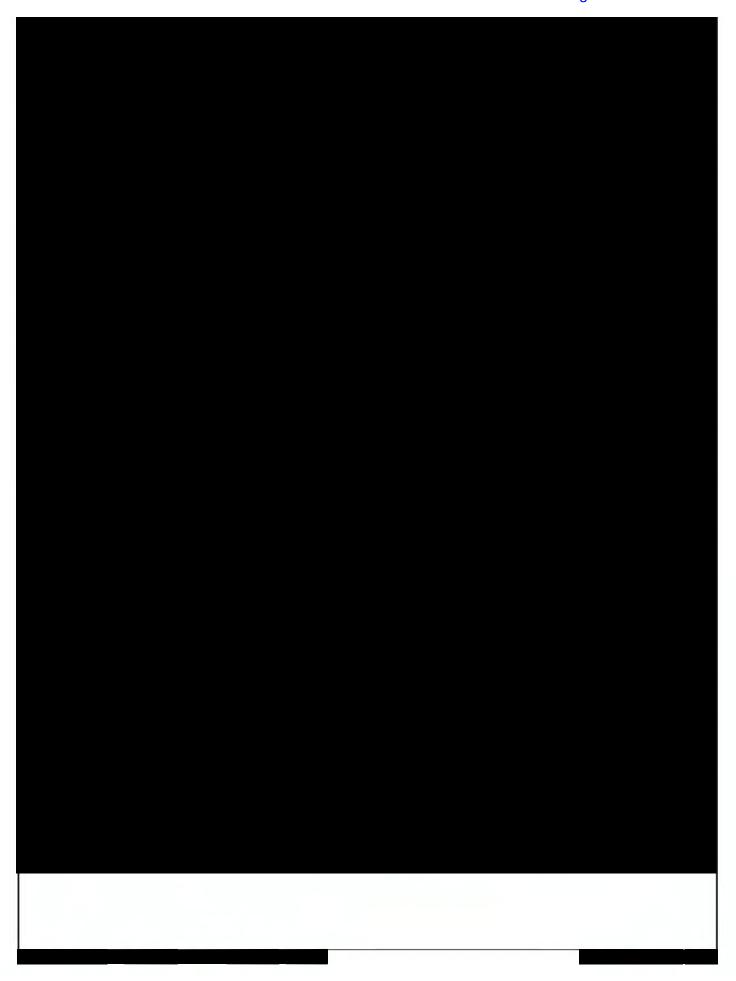








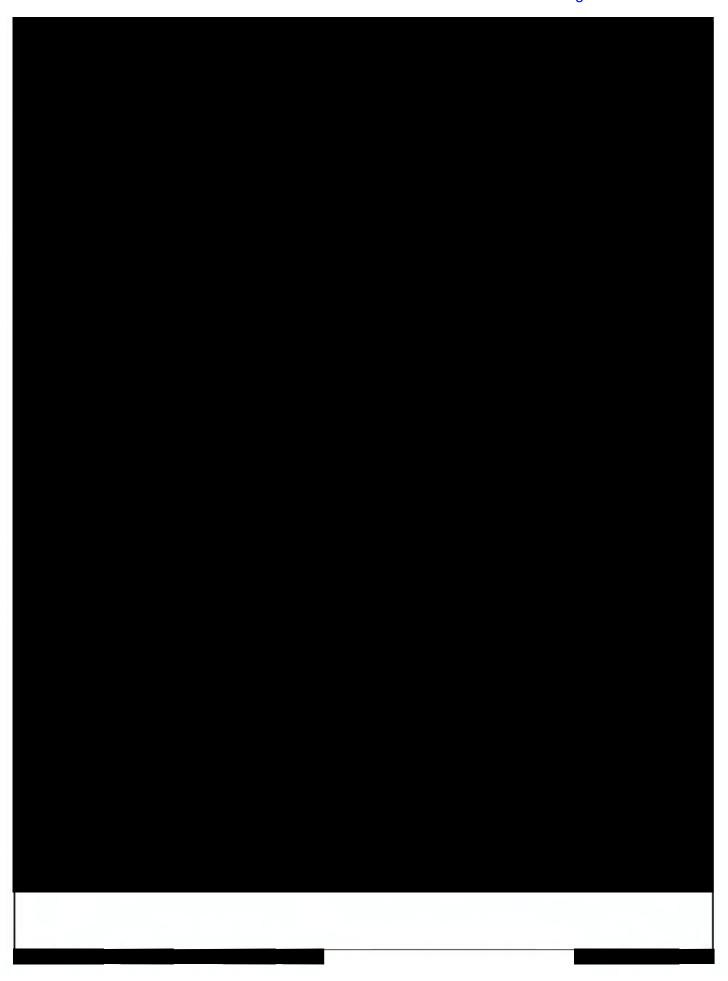










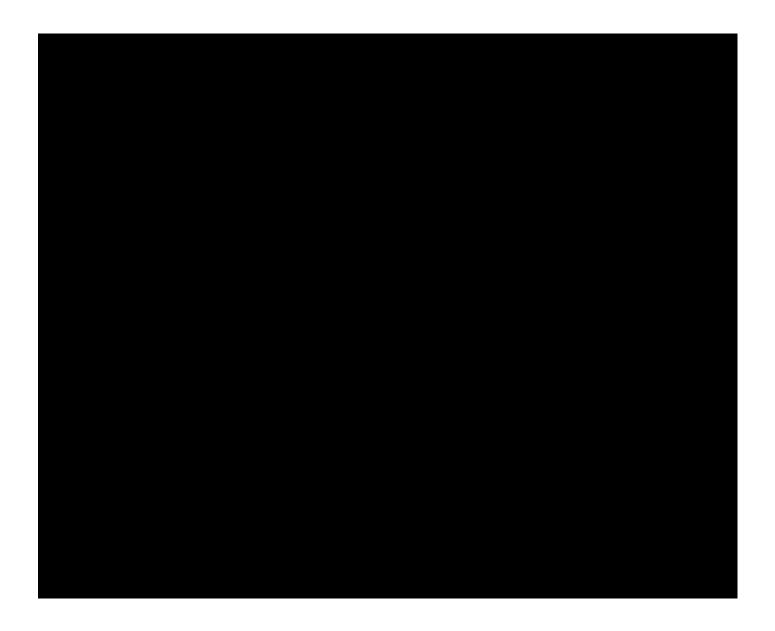


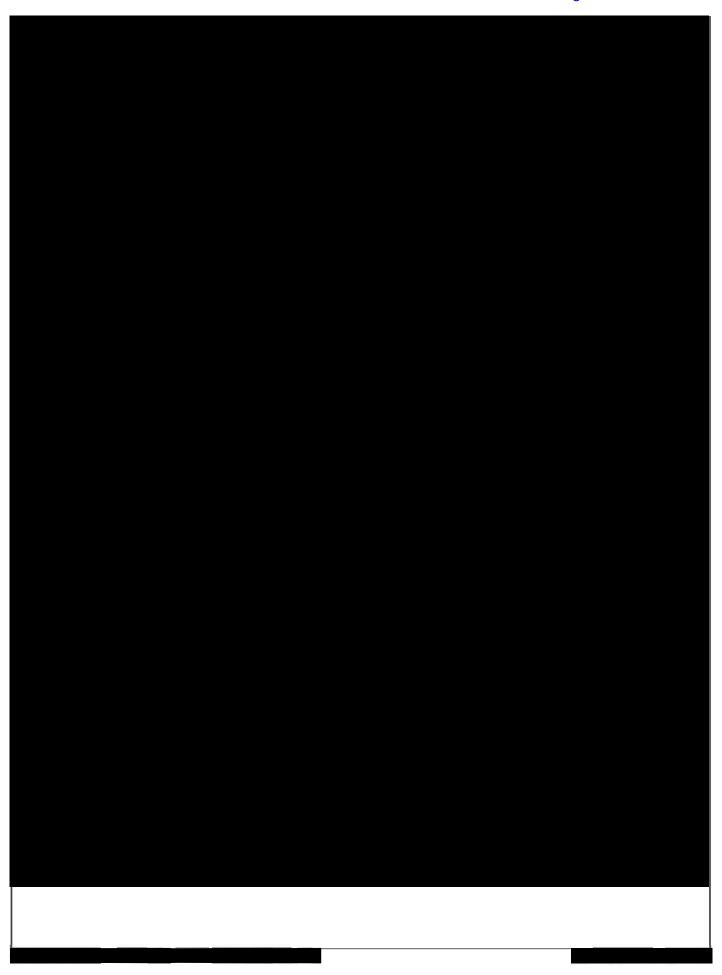








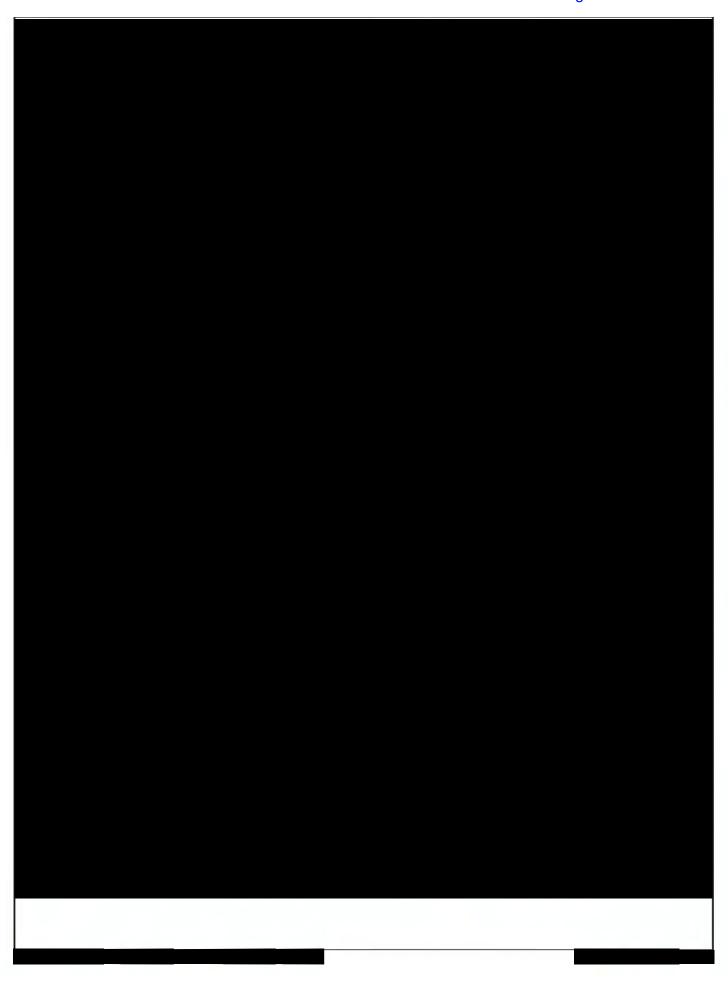


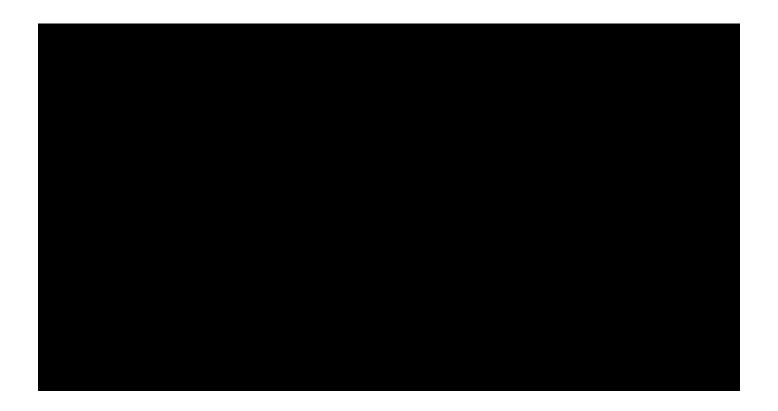


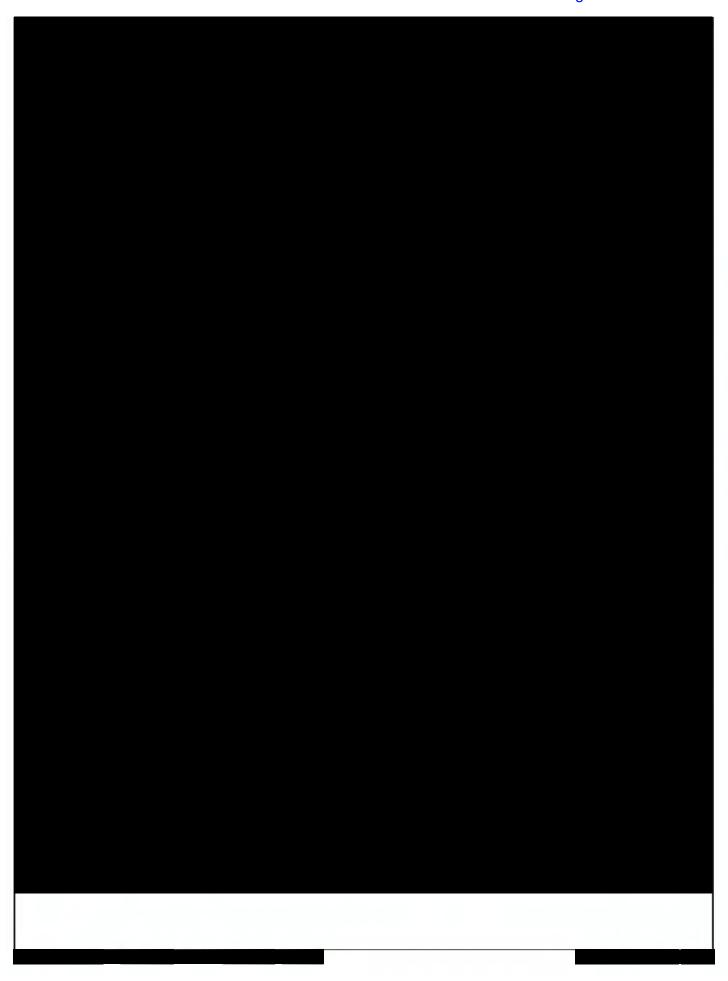


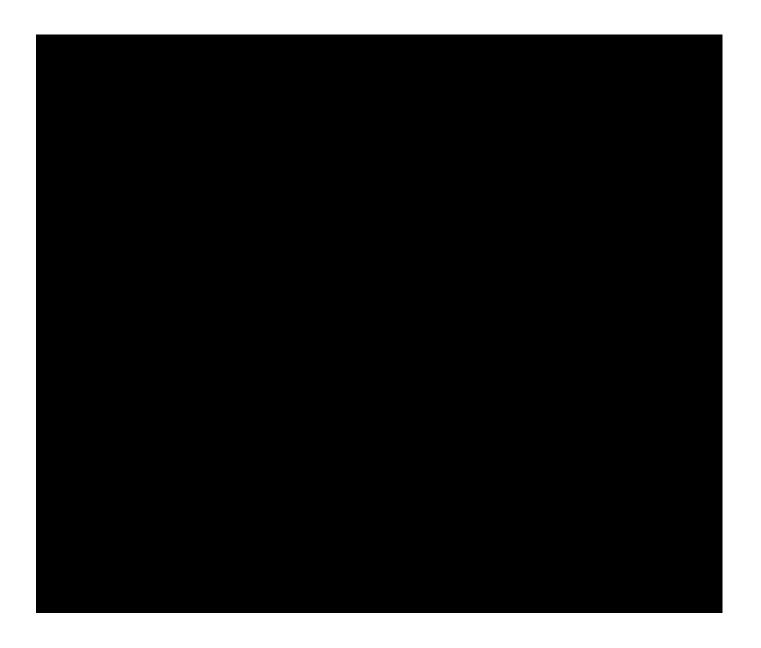






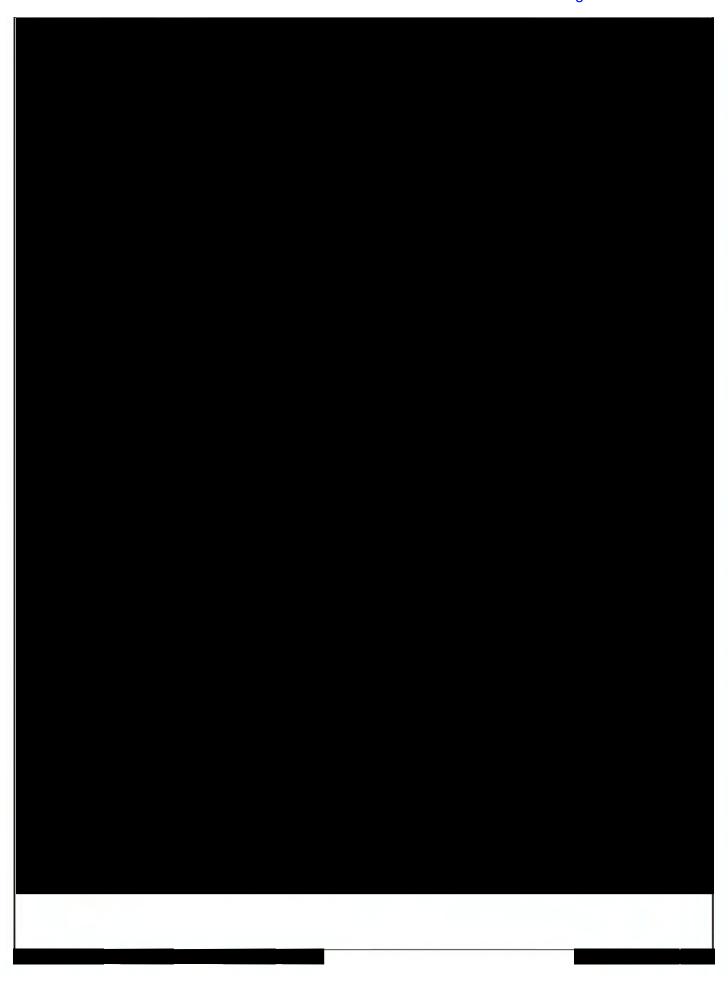


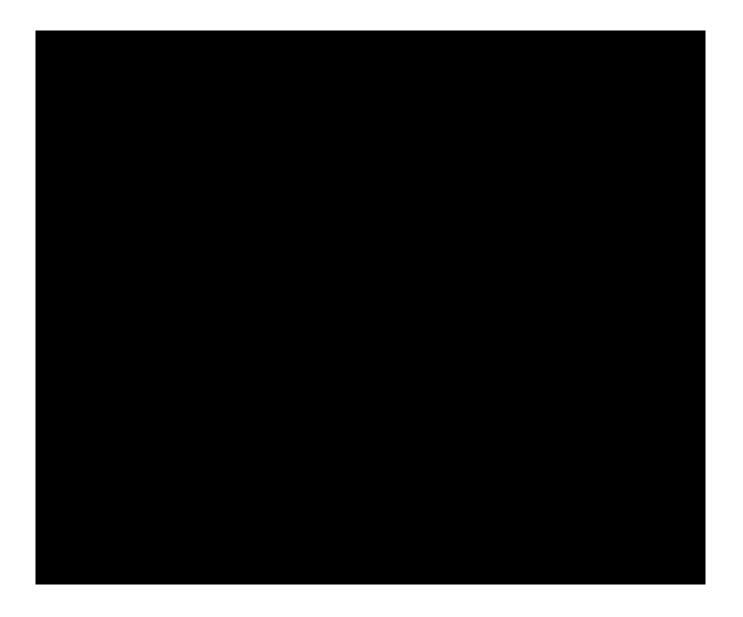


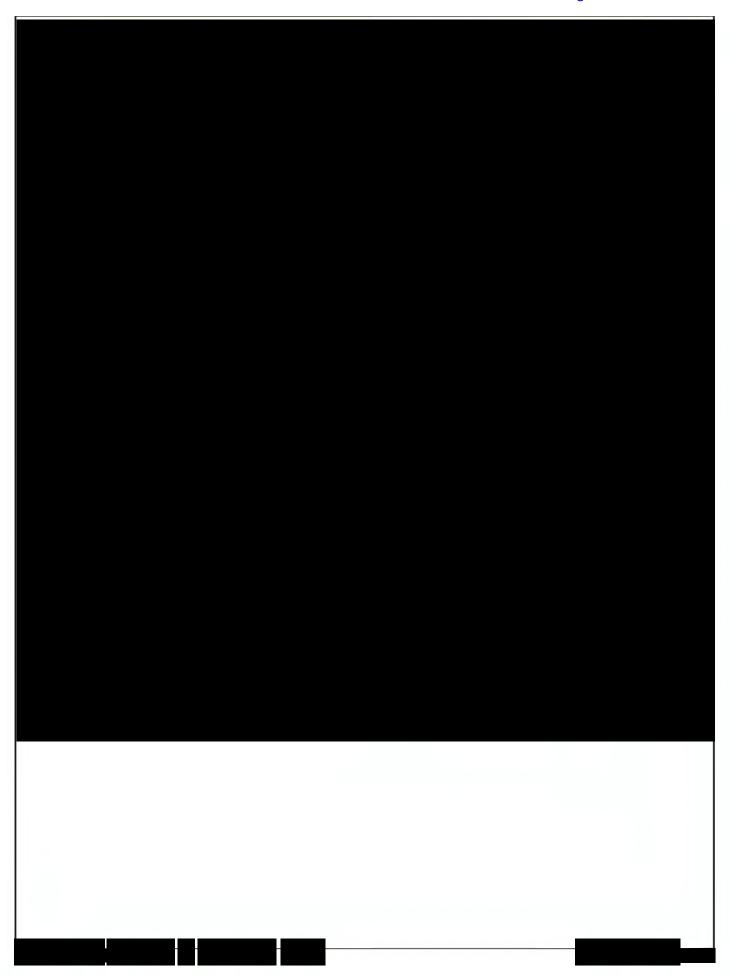




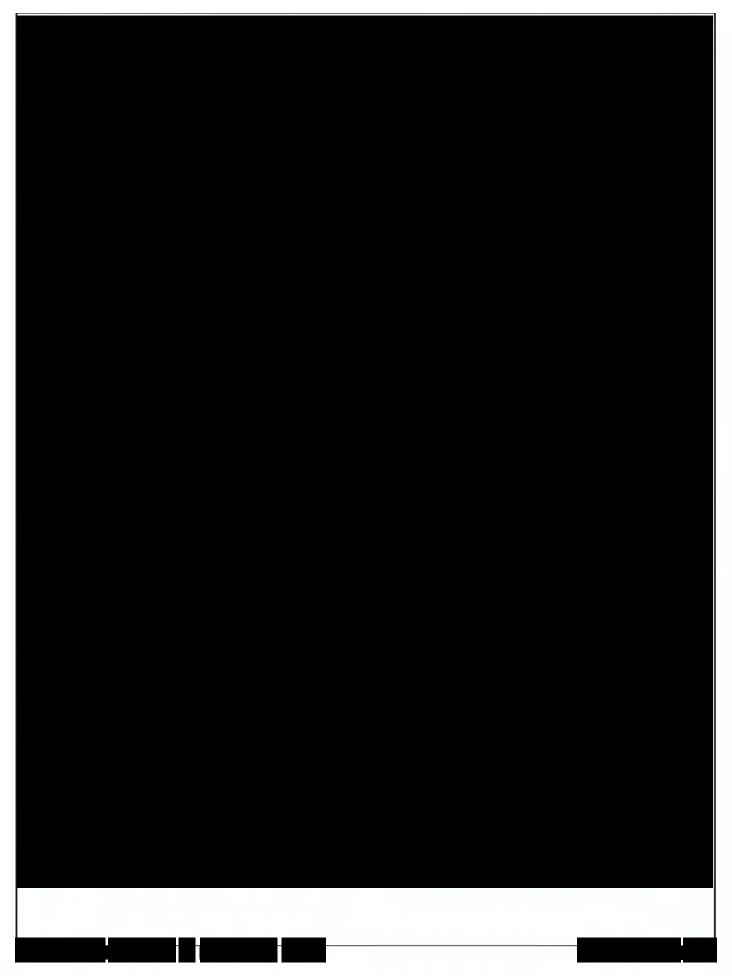








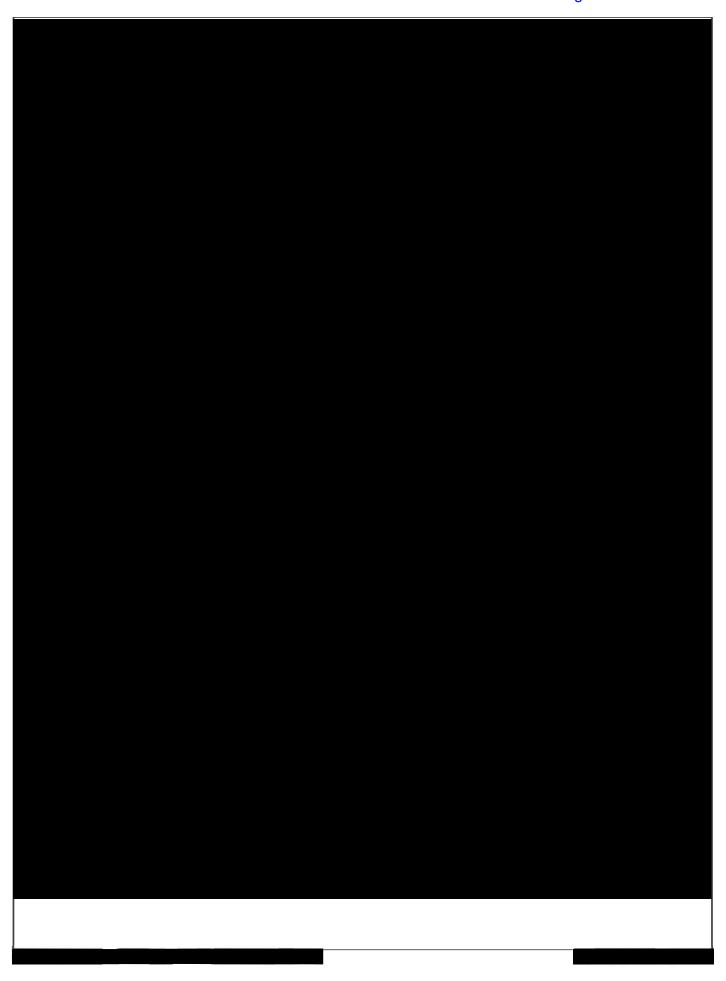












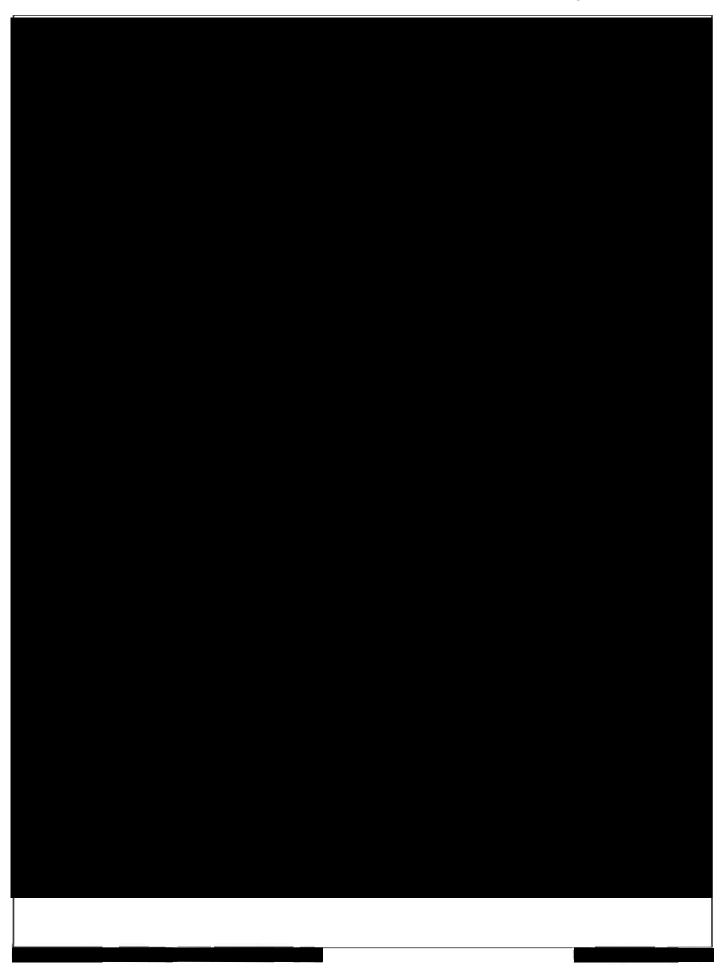




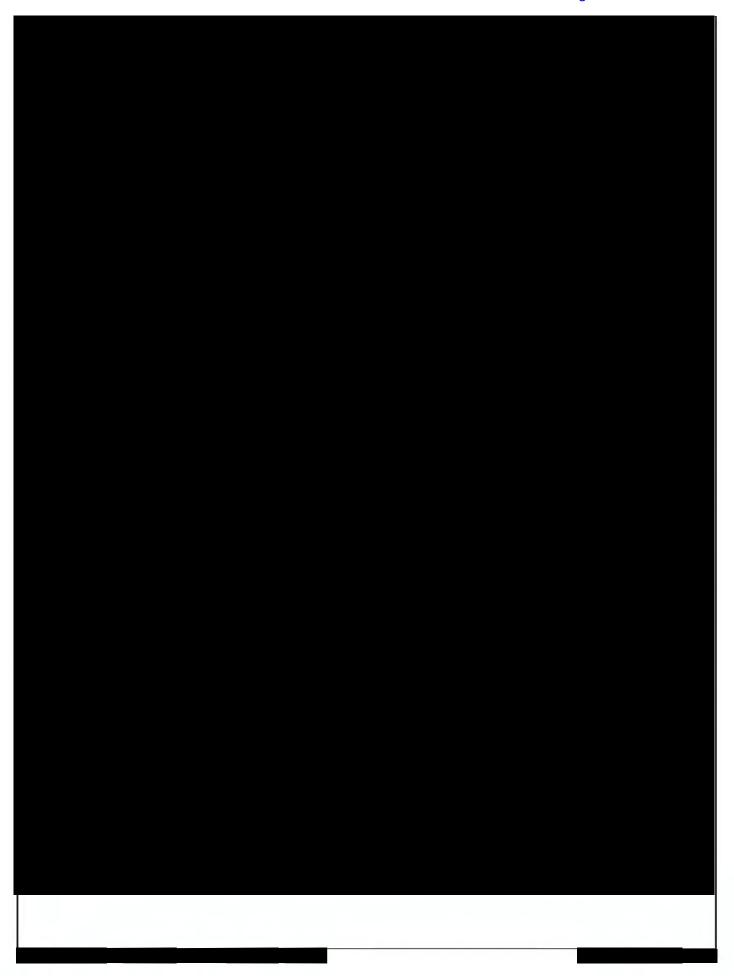




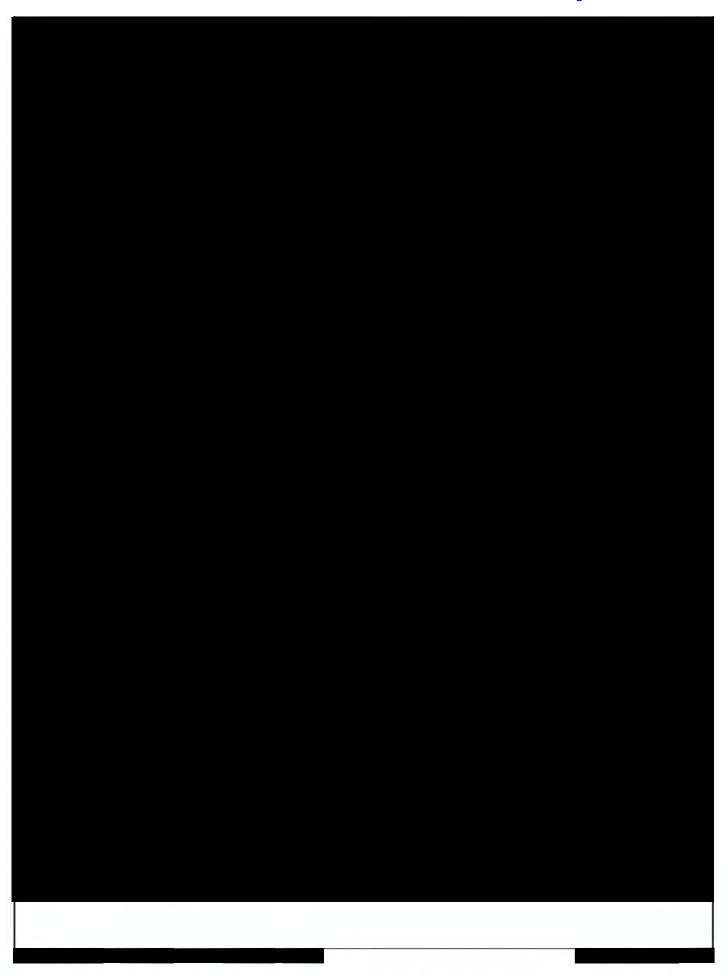




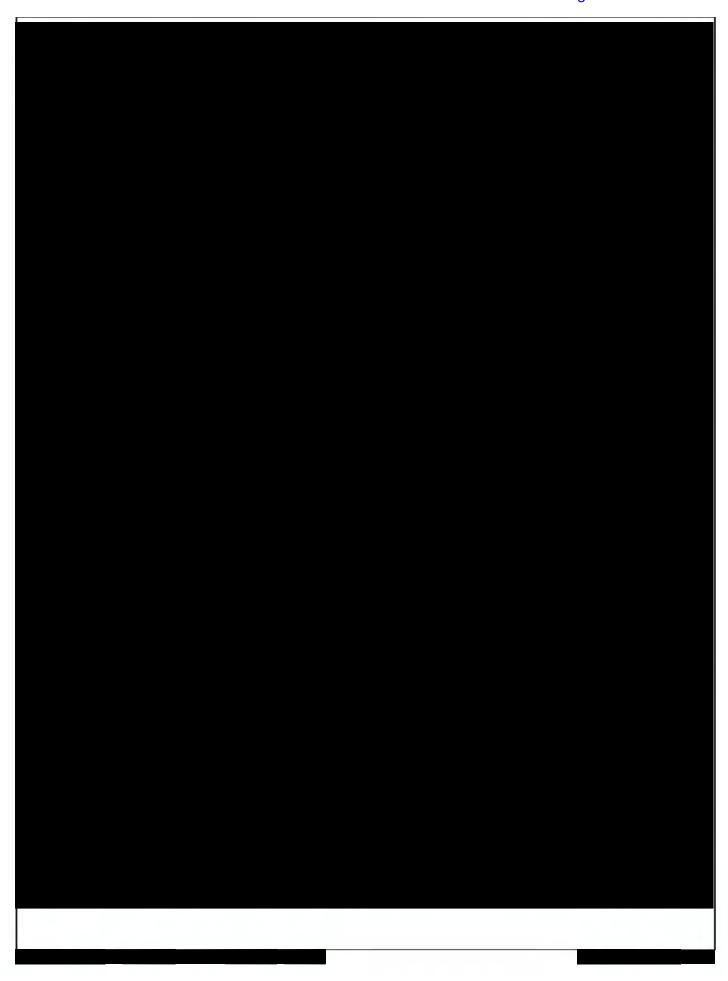


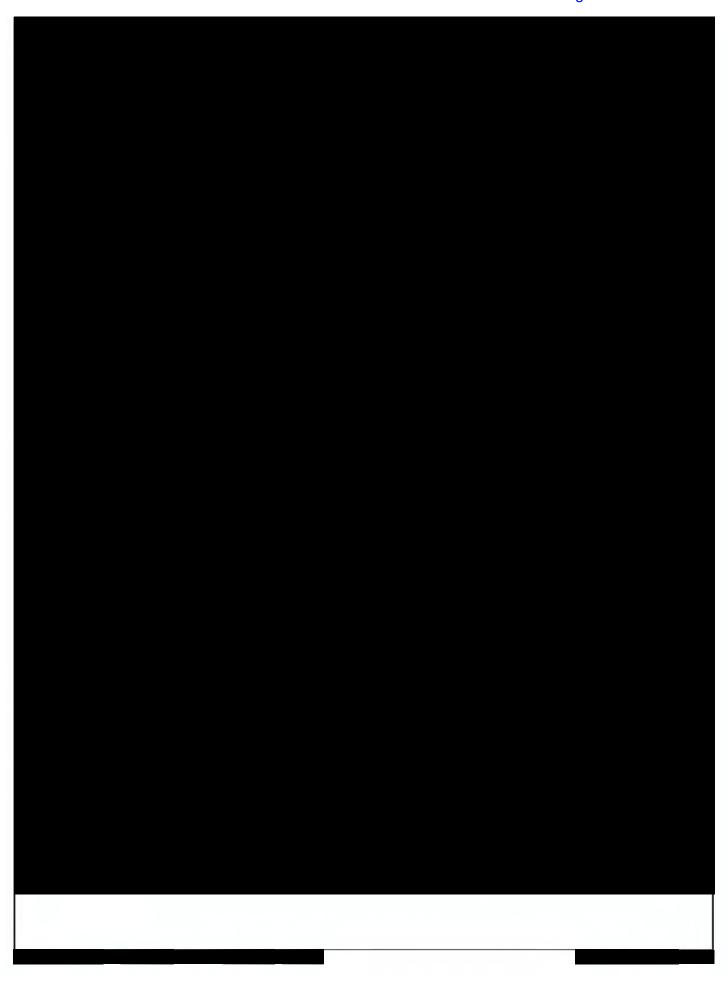


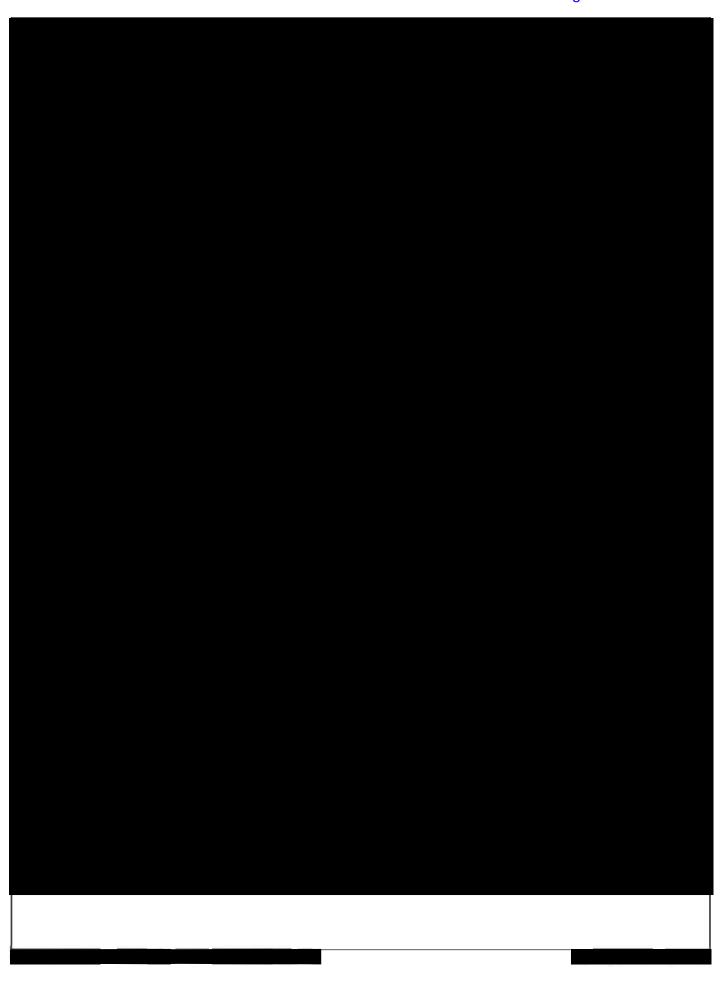


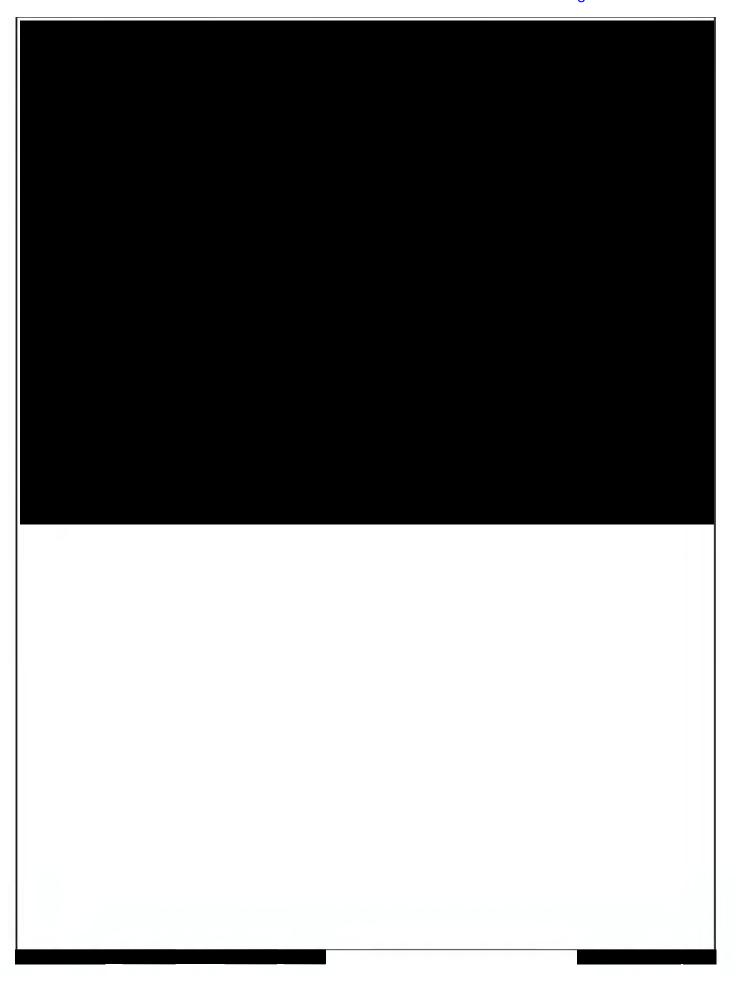










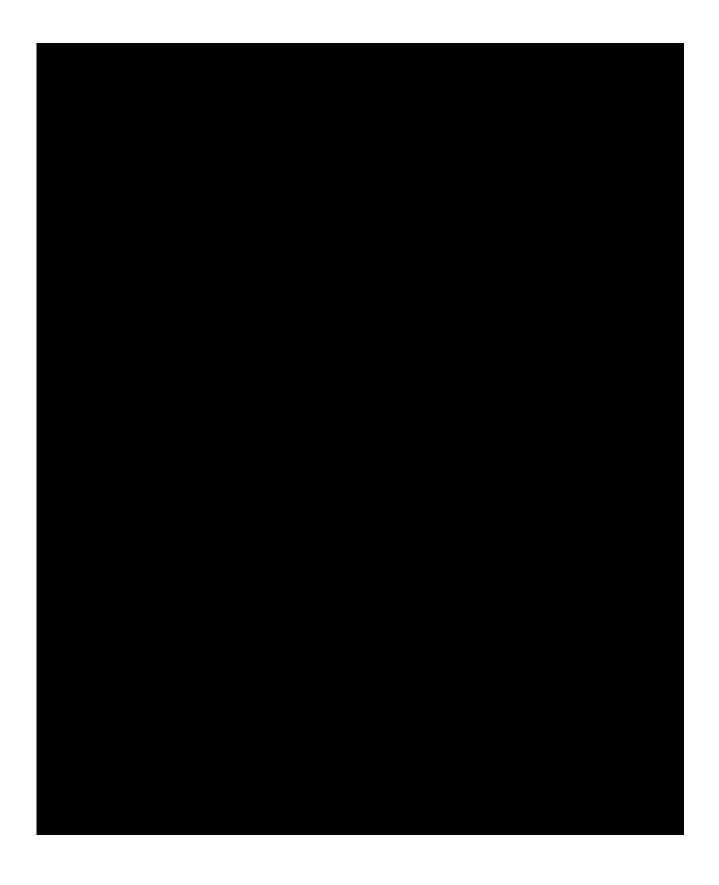


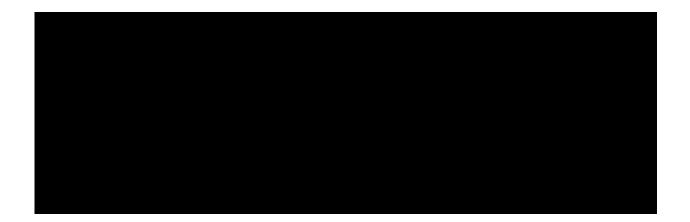








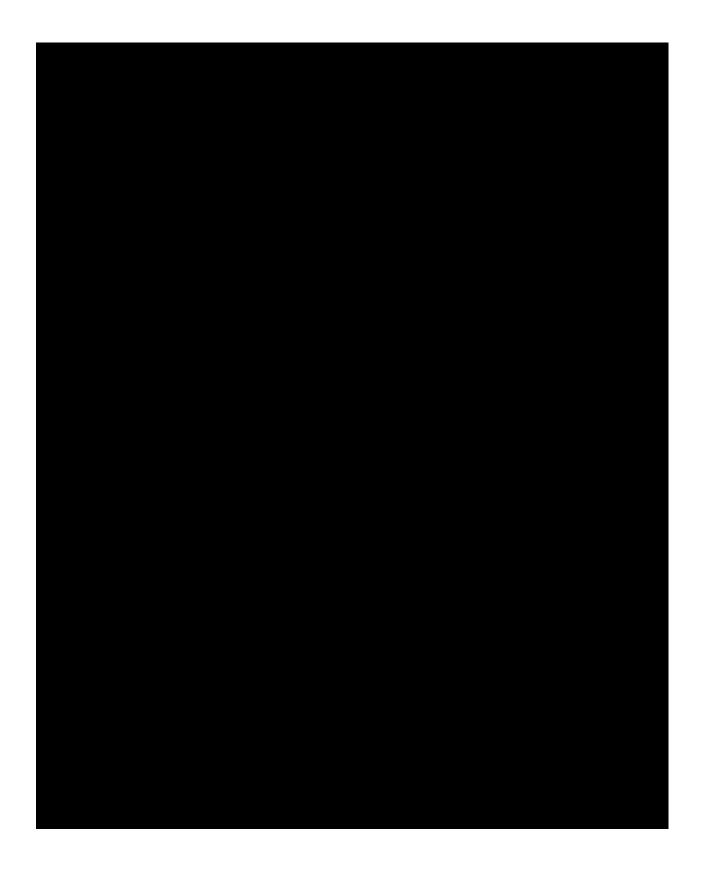


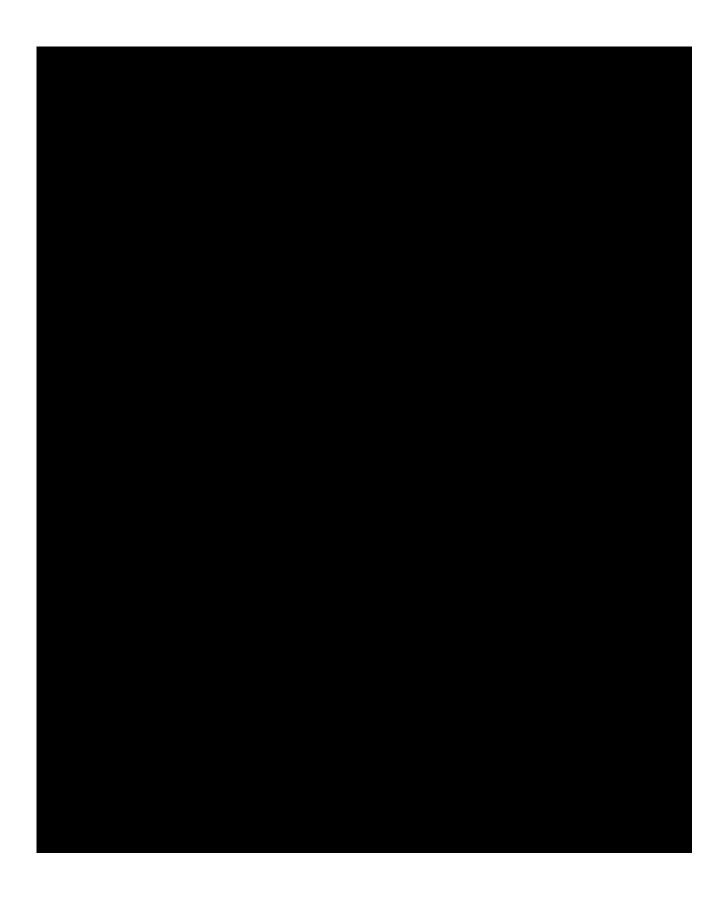


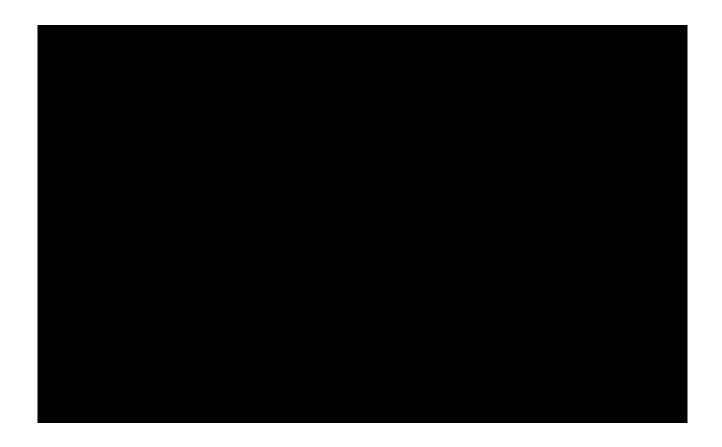
























Re: CONFIDENTIAL - FW: AAP Communication to WPATH (Confidential)

From: Jon Arcelus

To:
Cc: asa radix Eli Coleman WPATH EC 2022

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Annelou de Vries walterbouman

Date: Fri, 09 Sep 2022 04:50:13 -0400

Attachments: Letter to WPATH.pdf (106.7 kB); WIJT 23(S1) FINAL (AAP Comments).pdf (12.49

MB)

Dear all

You may have had some time to read and think about the comments from the AAP. I hope so.

The letter asks for modifications in 3 sections, but when you look at the comments in pdf there are many changes that they are requested. As far as I can see they are asking for us to remove anything that it does not fit into their narrative, most of this is part of the introduction in the chapter.

We need to focus as to what the SOC8 is about and the strong methodology we have. In the last few days I have heard from Marci that the ages don't have any scientific backup. Our guidelines are not only evidence based but they are primarily consensus based. There are many recommendations in the SOC that don't have direct evidence (most of the direct evidence is in the hormone chapter) but they have background evidence. This is why we have Delphi. Having evidence based and Delphi within our methodology makes our guidelines as strong as possible and unique. The AAP guidelines that they mentioned so many times have a very weak methodology, written by few friends who think the same.

Regarding ages, in view of the weak evidence, they are not recommendations but suggestions, as it is agreed by the methodology and it was approved by more that 75% of the over 100 that voted via Delphi.

I would like to ask people to think what will it really mean to remove ages. If we don't have any suggested ages, some clinicians will still use SOC7 (age of majority) and others will be able to refer people at any age (for genital at 15 or 16). That will make things very confusing and I have no doubt that if we remove age, we will have to write an amendment to the Soc8 to avoid this confusion very soon. That will look terrible for WPATH and the SOC.

In addition, having the age of, chest for sample, as age of majority, is in my view unethical. This will mean to leave a young trans man on testosterone from 15 years but force to live with their chest (breast) maybe hairy for at least 3 more years. That will affect the mental health of the person terribly and I will not agree to that.

The AAP comments asked us to remove age as it does not fit to their AAP, and they say that they want us to have "case by case" following a good MDT assessment, but we are asking for everyone to have a comprehensive MDT assessment, including with a mental health worker to reach a decision. That is the same thing.

My view is that we should not remove "ages" they are a suggestion, they have as much background evidence as many suggested statements, and they have been approved via Delphi and approved by the WPATH board.

We can't not write a document that looks like theirs, as it has a one sided narrative, extremely biased. I will be surprised in their guidelines are used at all. Looking at the AAP people in Google they clearly see a group of trans people that I don't recognise, where gender identity appear always at childhood, that is not my experience.

Personally, as an academic Trans specialist, who is a child and adolescent psychiatrist as well as a general practitioner and hormone prescriber, I think it will not be in the benefit of our community to remove ages as an suggestion and to make any of the changes that they are recommending. This will make a joke of our methodology and will see us as weak.

I do really wonder whether a meeting is needed at all, as we are not going to reach any decision that will satisfy them. We may want to put an explanatory letter as they did to us, and explain our rational and thank them for the time they put on it, they may want to get involved in SCO9.

But the most important thing, is that we all...everyone in the board and in SOC8, need to talk with one voice that ages are suggestions, consented via Delphi and back up by a limited background literature. They may become recommendations and not suggestion in the SOC9 if we have enough evidence. We need to believe that we are the experts and we know what we are saying and no being shaken by others.

I am happy to have a meeting today to agree our next step. But I will oppose any other changes in the document.

I still think the chapter that Scott and Annelou lead in writing is beautifully written and they provide a balance view which is exactly what guidelines should be about.

Kind regards

Jon

Prof. Jon Arcelus Alonso, MD, PhD(Pronouns: He/Him)
Professor Emeritus of Mental Health and Wellbeing

Director of Research, Nottingham Centre for Transgender Health Network, UK

School of Medicine, University of Nottingham, Nottingham, United Kingdom Bellvitge Biomedical Research Institute (IDIBELL), University of Barcelona, Spain

Editor of the International Journal of Transgender Health (IF 5.33)

Co-Chair of the Standards of Care 8th Edition (World Professional Association of Transgender Health-WPATH)

https://www.nottingham.ac.uk/medicine/people/jon.arcelus

On 8 Sep 2022, at 21:54,

Dear Asa, Eli, Jon

Please see attached from the AAP, it looks to me like a call is in order, please advise best days/times over the next few days so we can schedule, if that's what you would like to do.



Best Regards



From: Hudson, Jeff < Sent: Thursday, September 8, 2022 4:45 PM

To: walterbouman

Cc: Eli Coleman

Co: Eli Coleman

Subject: AAP Communication to WPATH (Confidential)

Importance: High

Dr Bouman

Please see the attached letter from the American Academy of Pediatrics. Additionally, please see the attached SOC 8 version with AAP expert comments.

I look forward to continuing our dialogue and please let me know next steps.

Best, Jeff

From: Walter Bouman <
Sent: Monday, September 5, 2022 1:56 PM
To: Hudson, Jeff <
Cc: Coleman, Eli <

Jon Arcelus

Subject: Re: FINAL DRAFT SOC8

Importance: High

Dear Jeff,

It was good to meet with you today and thank you for being available at such short notice (on a public holiday!).

I am very grateful that you want to help us with a short and efficient turnaround of whichever the issues your expert panel feel are the issues with the current version of the SOC8. As Eli Coleman, the SOC8 said: there may have to be compromises, but first and foremost, as clinicians who provide trans health care to adolescents, we must not fail our young people to receive the care they need; and, also, our guidelines serve tens of millions of TGD people globally, so there needs to be perspective and empathy towards other people who live outside the US too.

Looking forward to working with you,

Walter

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 2022-09-05 17:13,

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Hi

Jeff<https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fepath.eu%2Fconference-2019%2Fcall-for-

Please see attached, looking forward to speaking with

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Best

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Re: CONFIDENTIAL - FW: AAP Communication to WPATH (Confidential)

From: Scott Leibowitz <

Eli Coleman To: walterbouman Jon Arcelus Cc:

asa.radix

wrote:

WPATH EC 2022 <wpathec2022@wpath.org>, Annelou de Vries

Fri, 09 Sep 2022 10:53:25 -0400 Date:

I admittedly haven't had the time to read this chain in its entirety, nor the feedback from aap (I've been clinical all morning starting at 8am), and so I am simply responding to Eli's email, seeing a vote is being proposed.

A missing step has been having a conversation with those of us in the pediatric realm, including two pediatricians on our chapter workgroup, with Rachel Levine and whoever in AAP is reviewing and making recommendations.

Have they consulted their light and adolescent health sections on this? Have we leveraged WPATH members who are involved in AAP activities (Aron Janssen sits as liaison from AACAP to aap) to be involved.

The conversations need to happen at a level of pediatric provider to pediatric provider.

Sent from my iPhone

On Sep 9, 2022, at 9:37 AM, Eli Coleman wrote:

Before you take this to a vote. I would like the chairs to consider this feedback and consider Scott and Annalou's input as well. We are suppose to have a meeting this morning to review the input from AAP - and the board might appreciate our recommendation. But of course the BOD is in charge.

Best,

Eli

On Fri, Sep 9, 2022 at 5:24 AM Walter Bouman

Dear Jon.

Thank you for this.

I have also read all the comments from the AAP and struggle to find any sound evidencebased argument(s) underpinning these. I am seriously surprised that a "reputable" association as the AAP is so thin on scientific evidence.

We certainly can not revert to age of majority for all surgeries as this would be grossly unethical for all the obvious reasons.

May I remind everyone that the entire BOD has signed the SOC8 off as it is, so what I would like the SOC8 leadership to do today is to make a decision as to whether:

- 1. any changes are needed to be made to the SOC8: yes/no
- 2. if yes, make those changes to the document (in collaboration with Scott and Annelou and their Working Group); and then
- 3. ask the entire BOD whether they are still willing to support the SOC8 with those revisions with a yes/no voice

The alternatives to the above are self explanatory.

Warmest.

Walter

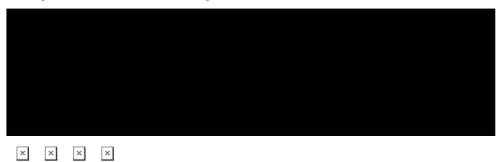
Dr Walter Pierre Bouman MD MA MSc UKCPreg PhD

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 2022-09-09 09:50, Jon Arcelus wrote:

Dear all

You may have had some time to read and think about the comments from the AAP. I hope so.

The letter asks for modifications in 3 sections, but when you look at the comments in pdf there are many changes that they are requested. As far as I can see they are asking for us

to remove anything that it does not fit into their narrative, most of this is part of the introduction in the chapter.

We need to focus as to what the SOC8 is about and the strong methodology we have. In the last few days I have heard from Marci that the ages don't have any scientific backup. Our guidelines are not only evidence based but they are primarily consensus based. There are many recommendations in the SOC that don't have direct evidence (most of the direct evidence is in the hormone chapter) but they have background evidence. This is why we have Delphi. Having evidence based and Delphi within our methodology makes our guidelines as strong as possible and unique. The AAP guidelines that they mentioned so many times have a very weak methodology, written by few friends who think the same.

Regarding ages, in view of the weak evidence, they are not recommendations but suggestions, as it is agreed by the methodology and it was approved by more that 75% of the over 100 that voted via Delphi.

I would like to ask people to think what will it really mean to remove ages. If we don't have any suggested ages, some clinicians will still use SOC7 (age of majority) and others will be able to refer people at any age (for genital at 15 or 16). That will make things very confusing and I have no doubt that if we remove age, we will have to write an amendment to the Soc8 to avoid this confusion very soon. That will look terrible for WPATH and the SOC.

In addition, having the age of, chest for sample, as age of majority, is in my view unethical. This will mean to leave a young trans man on testosterone from 15 years but force to live with their chest (breast) maybe hairy for at least 3 more years. That will affect the mental health of the person terribly and I will not agree to that.

The AAP comments asked us to remove age as it does not fit to their AAP, and they say that they want us to have "case by case" following a good MDT assessment, but we are asking for everyone to have a comprehensive MDT assessment, including with a mental health worker to reach a decision. That is the same thing.

My view is that we should not remove "ages" they are a suggestion, they have as much background evidence as many suggested statements, and they have been approved via Delphi and approved by the WPATH board.

We can't not write a document that looks like theirs, as it has a one sided narrative, extremely biased. I will be surprised in their guidelines are used at all. Looking at the AAP people in Google they clearly see a group of trans people that I don't recognise, where gender identity appear always at childhood, that is not my experience.

Personally, as an academic Trans specialist, who is a child and adolescent psychiatrist as well as a general practitioner and hormone prescriber, I think it will not be in the benefit of our community to remove ages as an suggestion and to make any of the changes that they are recommending. This will make a joke of our methodology and will see us as weak.

I do really wonder whether a meeting is needed at all, as we are not going to reach any decision that will satisfy them. We may want to put an explanatory letter as they did to us, and explain our rational and thank them for the time they put on it, they may want to get involved in SCO9.

But the most important thing, is that we all...everyone in the board and in SOC8, need to talk with one voice that ages are suggestions, consented via Delphi and back up by a limited background literature. They may become recommendations and not suggestion in the SOC9 if we have enough evidence. We need to believe that we are the experts and we know what we are saying and no being shaken by others.

I am happy to have a meeting today to agree our next step. But I will oppose any other changes in the document.

I still think the chapter that Scott and Annelou lead in writing is beautifully written and they provide a balance view which is exactly what guidelines should be about.

Kind regards

Jon

Prof. Jon Arcelus Alonso, MD, PhD(Pronouns: He/Him)
Professor Emeritus of Mental Health and Wellbeing
Director of Research, Nottingham Centre for Transgender Health Network, UK

School of Medicine, University of Nottingham, Nottingham, United Kingdom Bellvitge Biomedical Research Institute (IDIBELL), University of Barcelona, Spain

Editor of the International Journal of Transgender Health (IF 5.33) Co-Chair of the Standards of Care 8th Edition (World Professional Association of Transgender Health-WPATH) https://www.nottingham.ac.uk/medicine/people/jon.arcelus

On 8 Sep 2022, at 21:54, wrote:

Dear Asa, Eli, Jon

Please see attached from the AAP, it looks to me like a call is in order, please advise best days/times over the next few days so we can schedule, if that's what you would like to do.



Best Regards



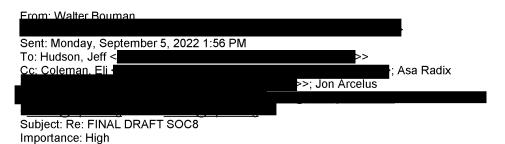


Please see the attached letter from the American Academy of Pediatrics. Additionally, please see the attached SOC 8 version with AAP expert comments.

I look forward to continuing our dialogue and please let me know next steps.

Best, Jeff

Dr Bouman and



Dear Jeff,

It was good to meet with you today and thank you for being available at such short notice (on a public holiday!).

I am very grateful that you want to help us with a short and efficient turnaround of whichever the issues your expert panel feel are the issues with the current version of the SOC8. As Eli Coleman, the SOC8 said: there may have to be compromises, but first and foremost, as clinicians who provide trans health care to adolescents, we must not fail our young people to receive the care they need; and, also, our guidelines serve tens of millions of TGD people globally, so there needs to be perspective and empathy towards other people who live outside the US too.

Looking forward to working with you,

Walter

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 2022-09-05 17:13,

wrote:<https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fepath.eu%2Fconference-2019%2Fcall-for-

Hi

Jeffhttps://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fepath.eu%2Fconference-2019%2Fcall-for-

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Please see attached, looking forward to speaking with

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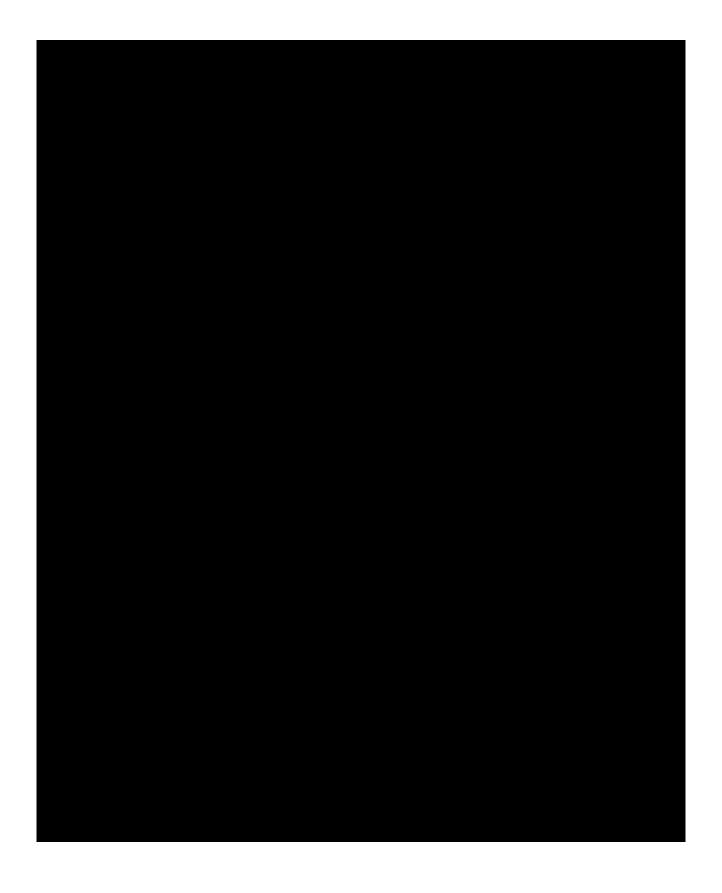


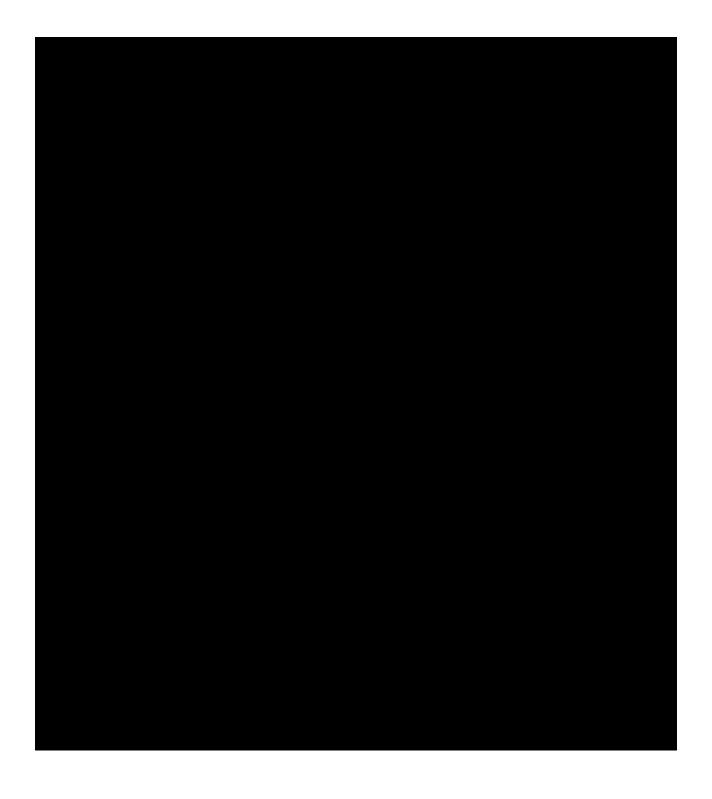
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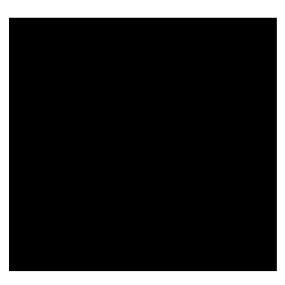
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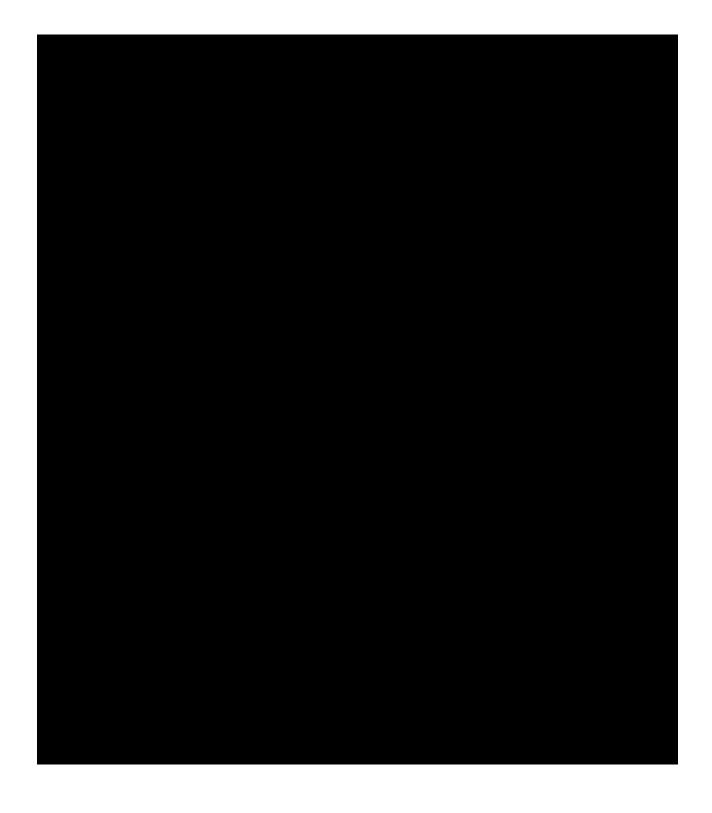








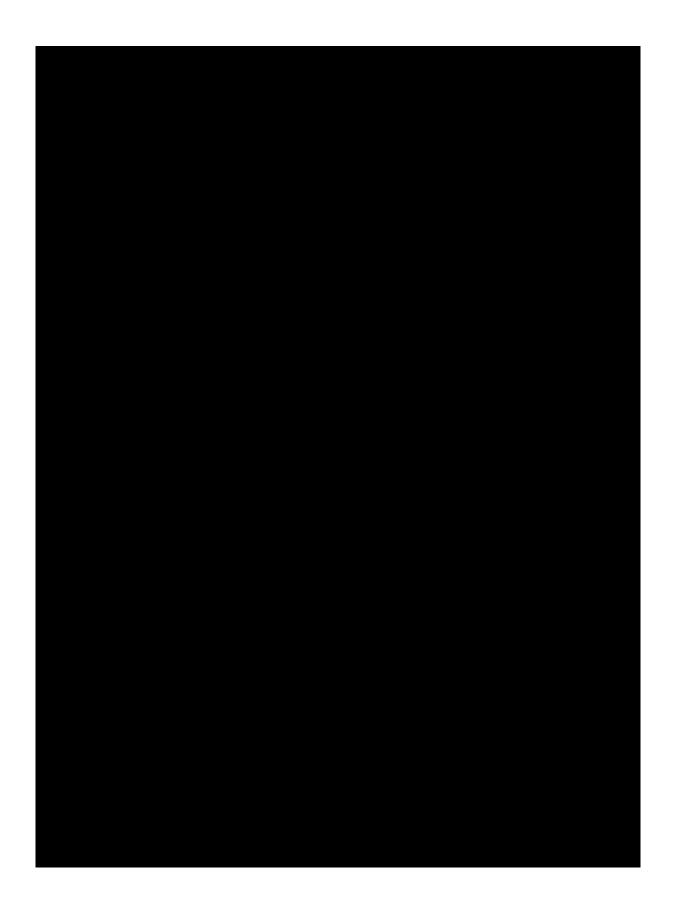




















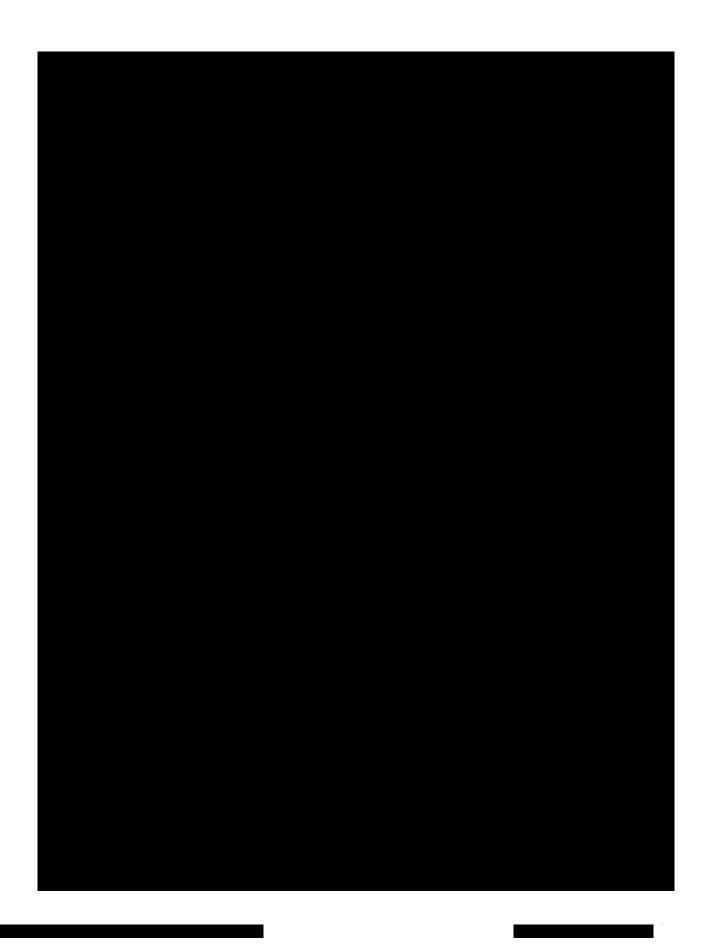








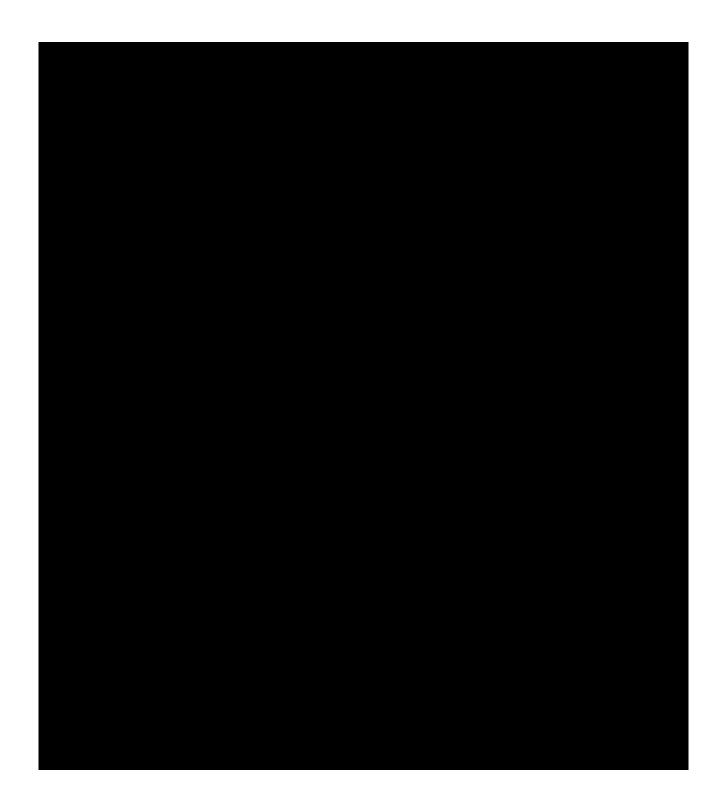


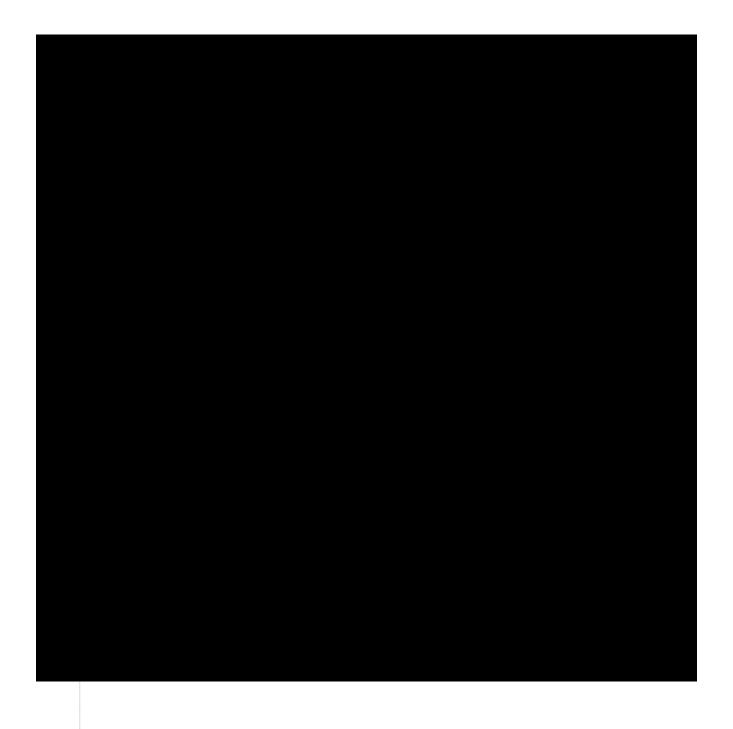


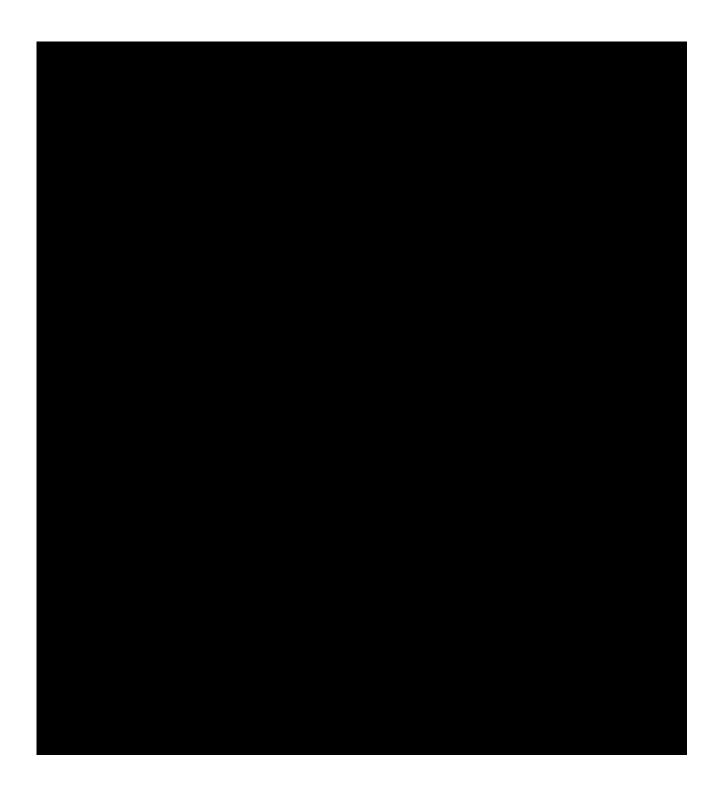




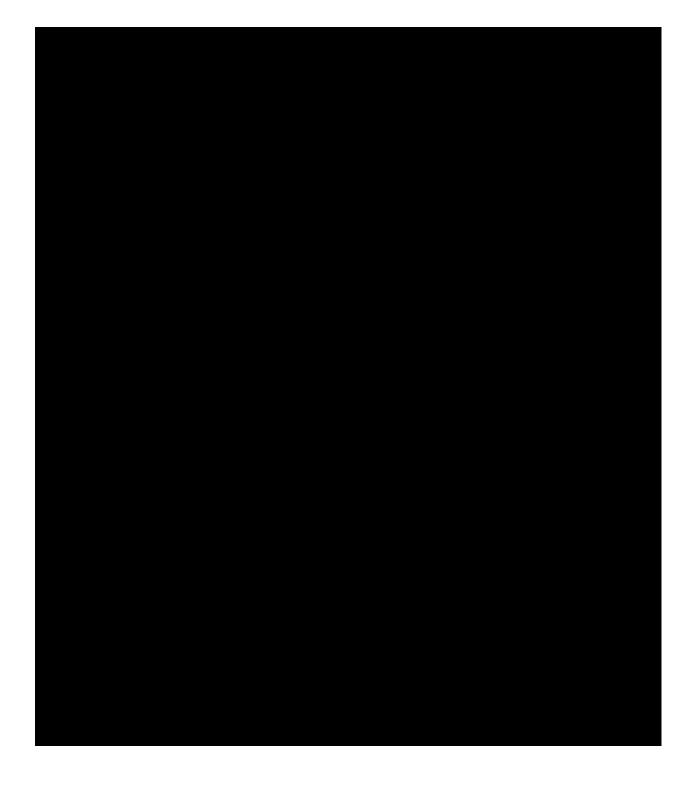


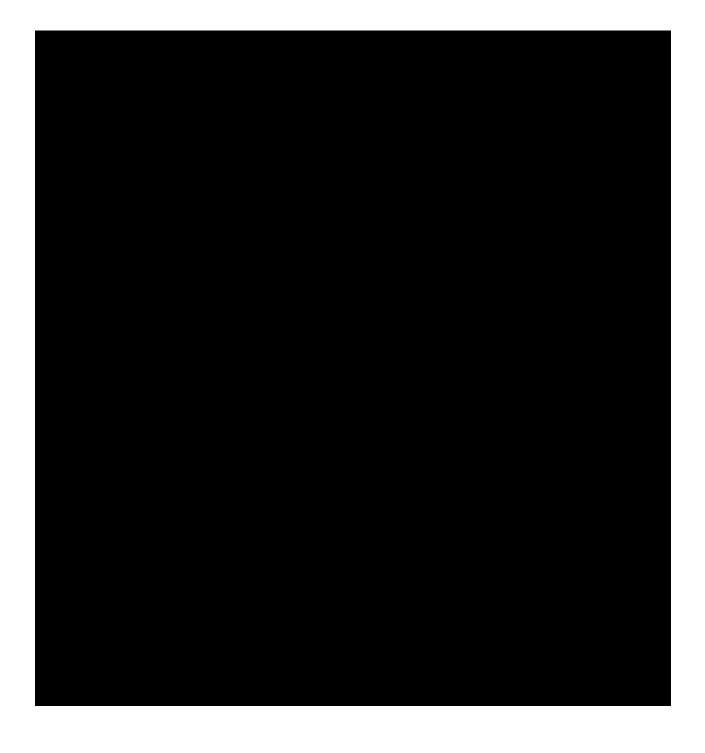




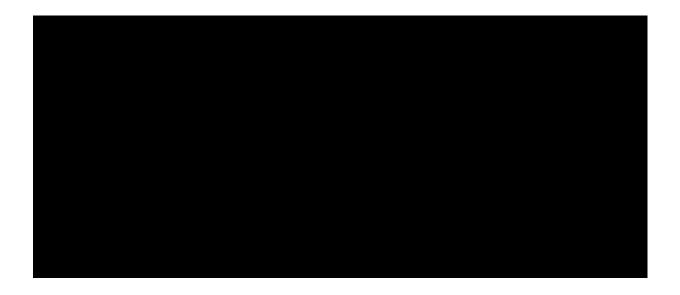


















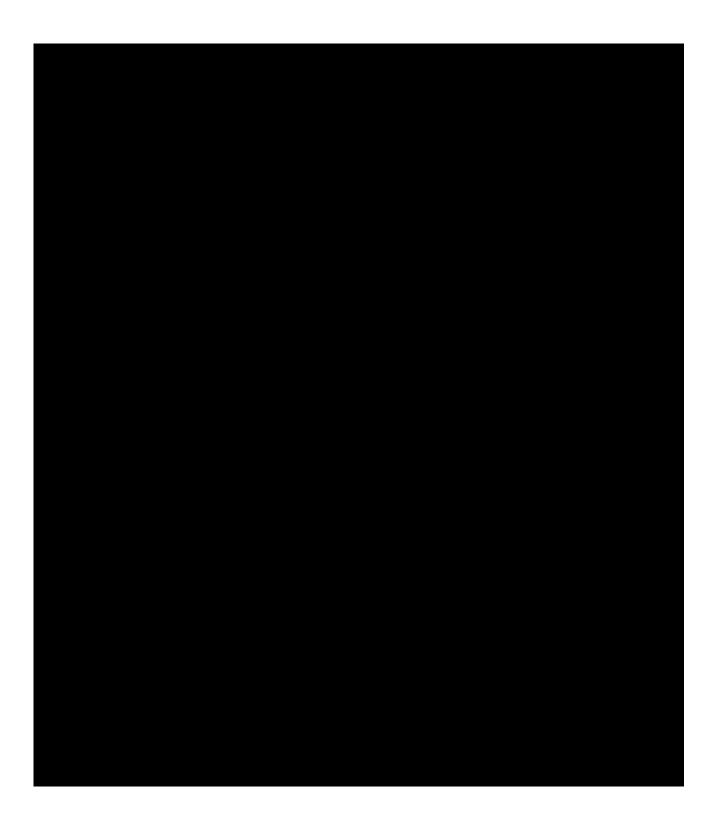












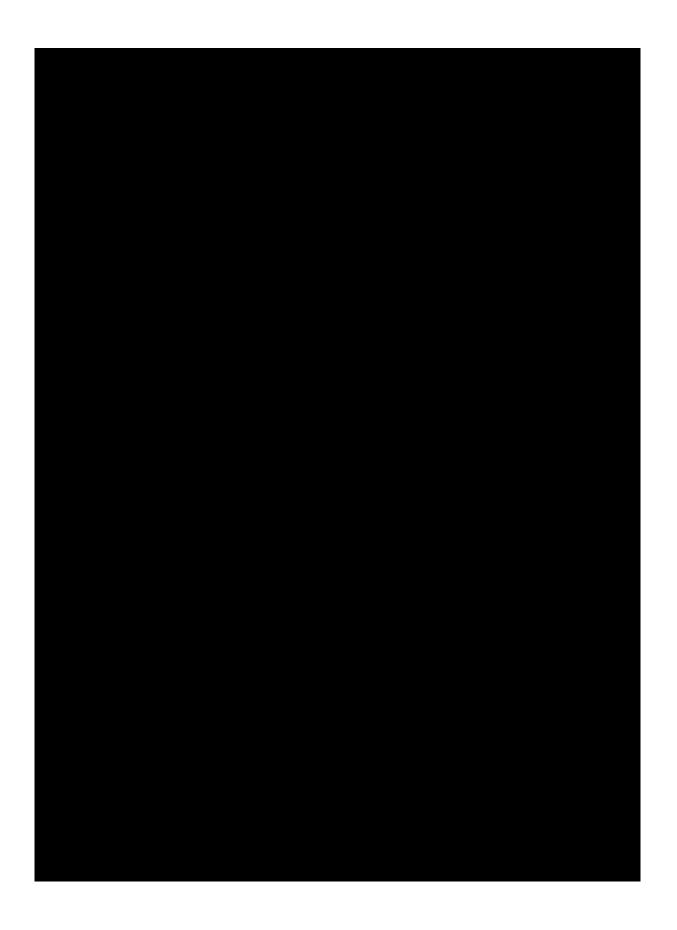


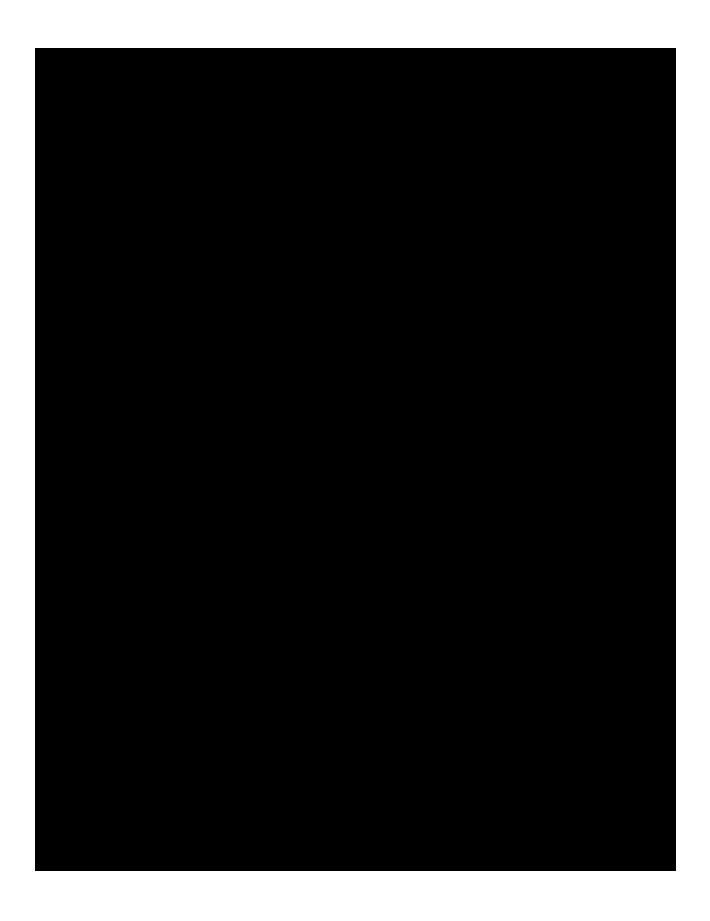






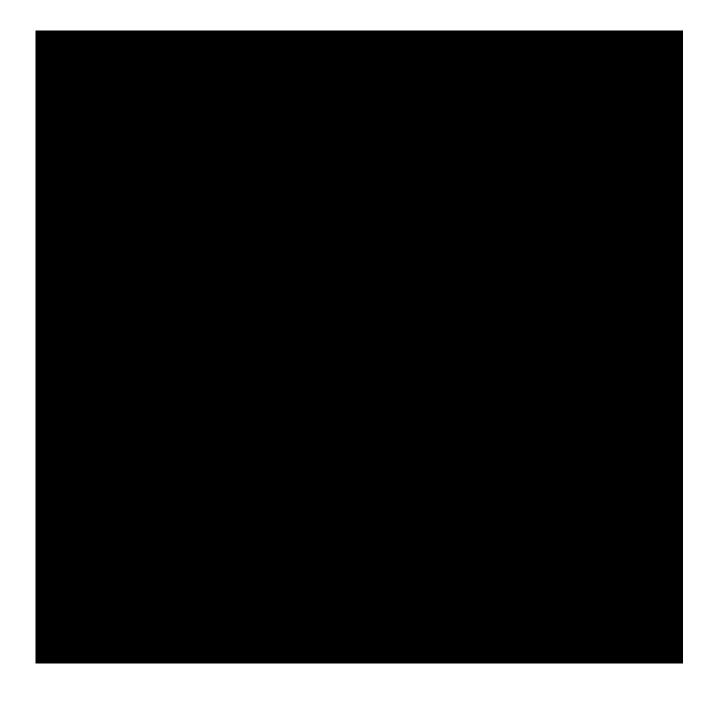






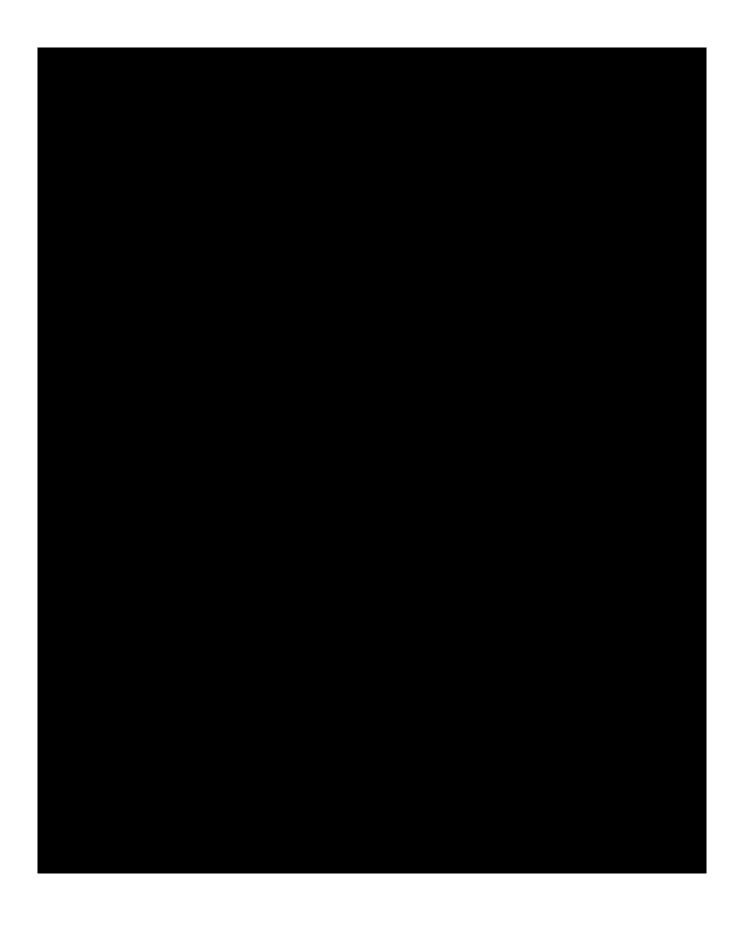


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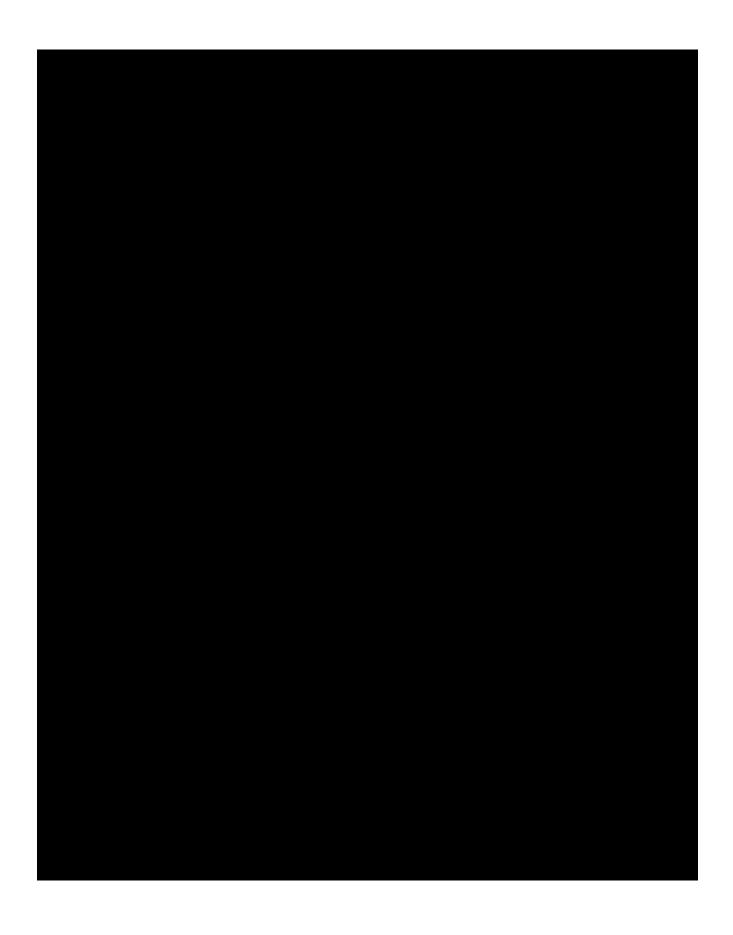


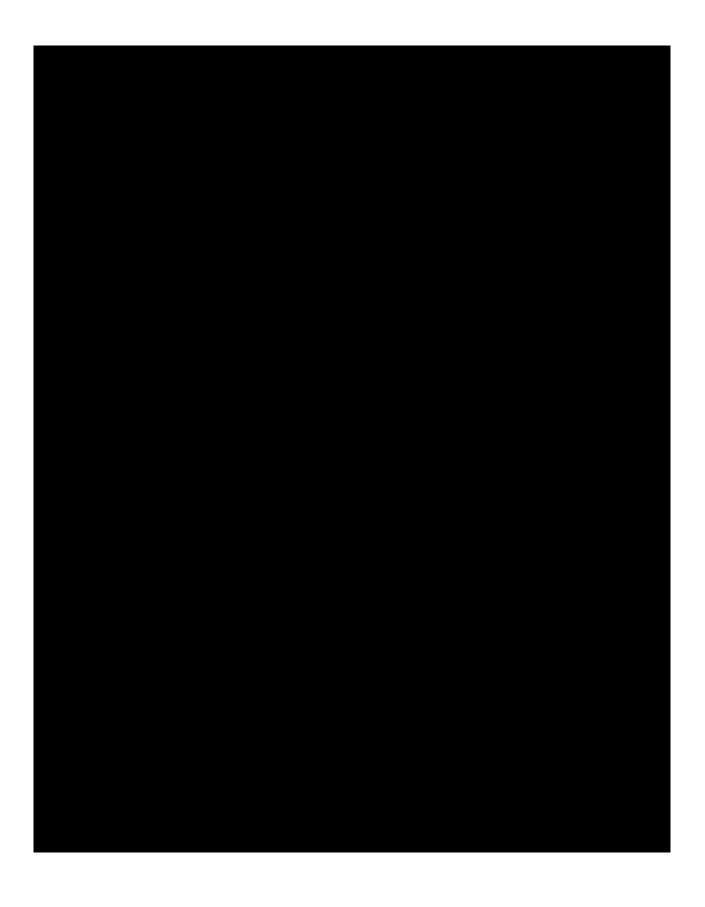












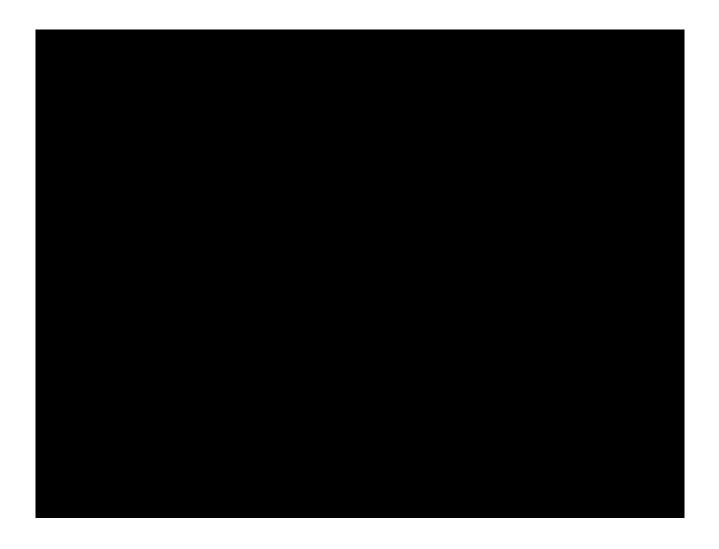






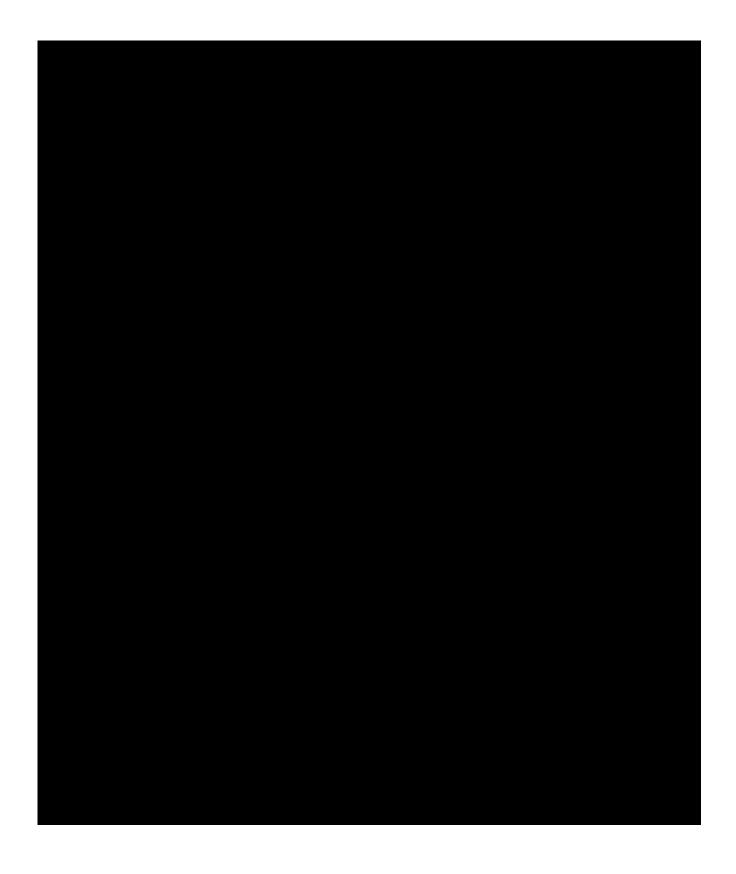






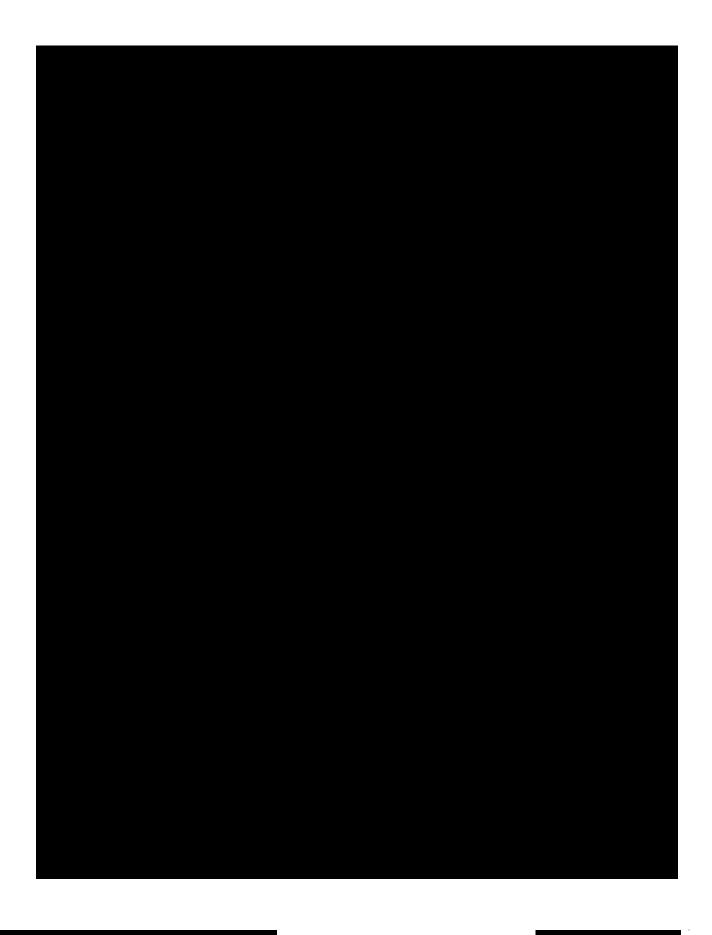






















Fwd: ages and treatment

From:	
To:	

Date: Fri, 09 Sep 2022 14:21:37 -0400

Attachments: Ages for gender affirming medical and surgical treatment for adolescents.docx (18.61

kB)

Here are edits removing ages. This looks terrific, in my opinion. Having a later insurance supplement is a good idea, thanks

From:

Date: Tue, Sep 6, 2022, 5:09 AM Subject: ages and treatment

Dear Both

Following yesterdays conversation and in view that it is likely that we will have to remove "ages" from the document, I include the section of the SOC8 that talks about ages in the adolescent chapter. would like to have this ready as much as possible and as soon as possible so we can make changes as soon as we can. I have highlighted in yellow the sections that we think they need to be remove, and add some words and a sentence. Can you please look at it and see if there is anything else that needs to be removed or added and send it to me? This comes at the end of the adolescent chapter. We are keen not to remove many references or make any major changes if at all possible.

Regards





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Re: SOC delay- URGENT taskforce

To: Eli Coleman
Cc:

Date: Fri, 09 Sep 2022 16:36:49 -0400

is indeed, Eli.
Ok, I'm saying nothing to until we have resolution and we have our messaging clear.
Later we can let her know you're interested in the deck she made.

On Fri, Sep 9, 2022 at 4:12 PM Eli Coleman wrote

is the powerpoint queen!

I'd love to see those.

I would not alert her - as it is unnecessary now.

All of this will mean some minor modification of her slides or anyone else's that we can communicate with when resolved.

Let's keep this highly confidential till resolution.

Thanks!

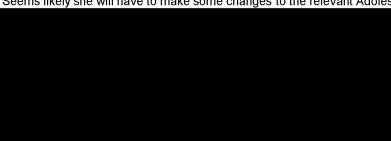
On Fri, Sep 9, 2022 at 3:06 PM wrote

Hey Eli,

Heads up on a problem—has made fantastic slides of ALL the SOC8 statements to scroll during breaks in the GEI courses.

Shall I tell her about this issue now? (Or a limited version of this situation?) Or wait till we have a resolution?

Seems likely she will have to make some changes to the relevant Adolescent slides.





On Fri, Sep 9, 2022 at 3:55 PM

wrote:

Well hello friends. I'm writing this email confidentially and urgently. I've also now touched base with each of you (or have attempted to do so) to discuss a matter of great importance related to the SOC8 release. This is time-sensitive.

In a nutshell, you likely saw the email that the SOC8 was going to be released by the biennial meeting (next week) in Montreal, particularly since we have GEI sessions and other sessions designed to train attendees on its release. Then you saw another email regarding an inadvertent delay in the release. I'm writing about the reason why and this is top-level confidential, as you will see.

The American Academy of Pediatrics (AAP)- a MAJOR organization in the United States that is typically very pro-transhealth/gender affirming care- voiced its *opposition* to the SOC8, specifically due to aspects of the Adolescent chapter. Not only did they say they would not endorse the SOC, they indicated that they would *actively publicly oppose it*. They had several concerns, one of which was the age criteria for minors (they believe that surgery of any type should not happen until the patient is age of majority). They also disagree with verbiage on social factors and adolescent identity development. They were tasked with providing feedback, which they did. We actually know some of the pediatricians who provided this feedback, which makes it rather shocking.

Clearly, if AAP were to publicly oppose the SOC8, it would be a major challenge for WPATH, SOC8, and trans youth access to care in the U.S.

You have been identified by me as someone to be a part of an urgent taskforce to figure out next steps. WPATH leadership has already proposed certain changes (removing of ages verbiage), however, we need to do the following: 1) Review the AAP feedback; 2) Review suggestions from SOC8 co-chairs; 3) Meet tomorrow (Saturday) at some point between 12-3 PM EST to discuss our thoughts on the subject and come up with a united approach; and 4) Meet with AAP colleagues at some point shortly thereafter (potentially Sunday depending on availability) to make sure we can come to an agreement to obtain their endorsement.

Can you all please reply with your ability to meet tomorrow and participate in this very important collaborative effort? I realize this might evoke some emotion and we'll have time to navigate that when in person over beverages in Montreal- so let's try to compartmentalize that for now and get our hard work efforts across the finish line. This is too important

Many thanks,





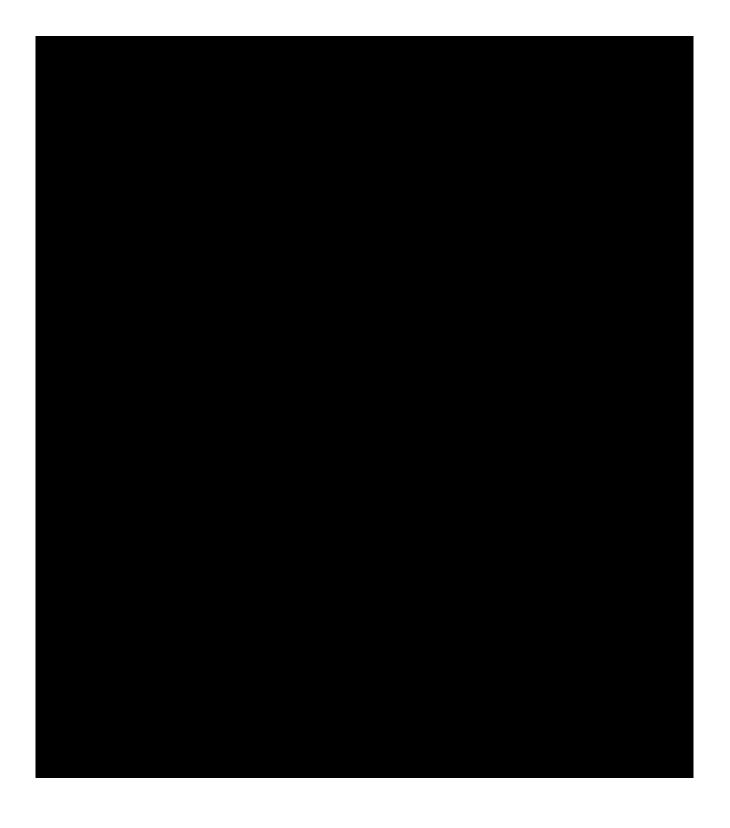
X

Eli Coleman, PhD.

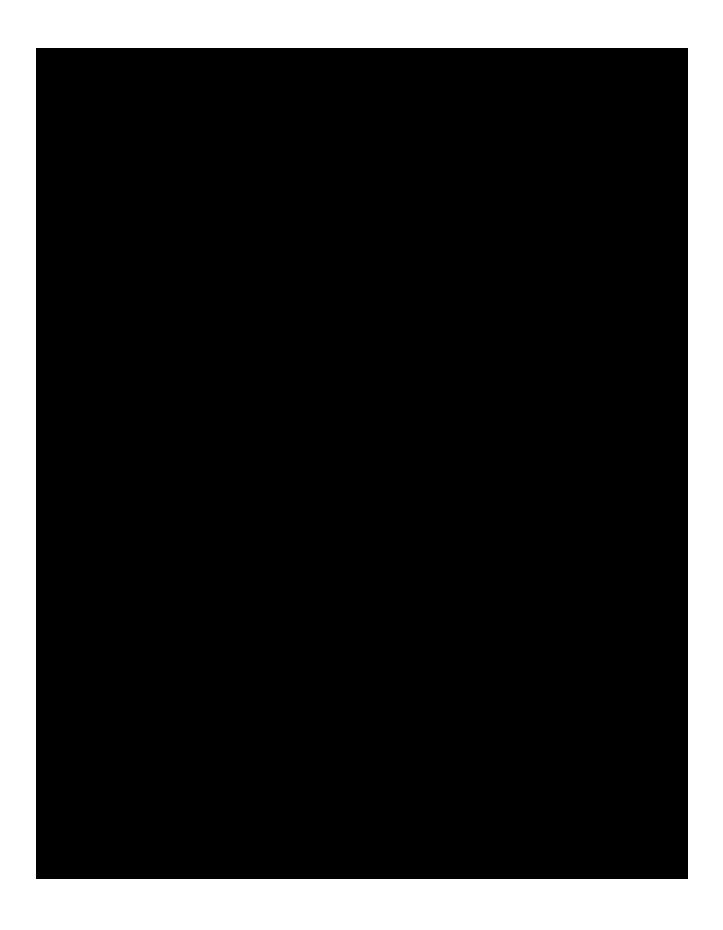
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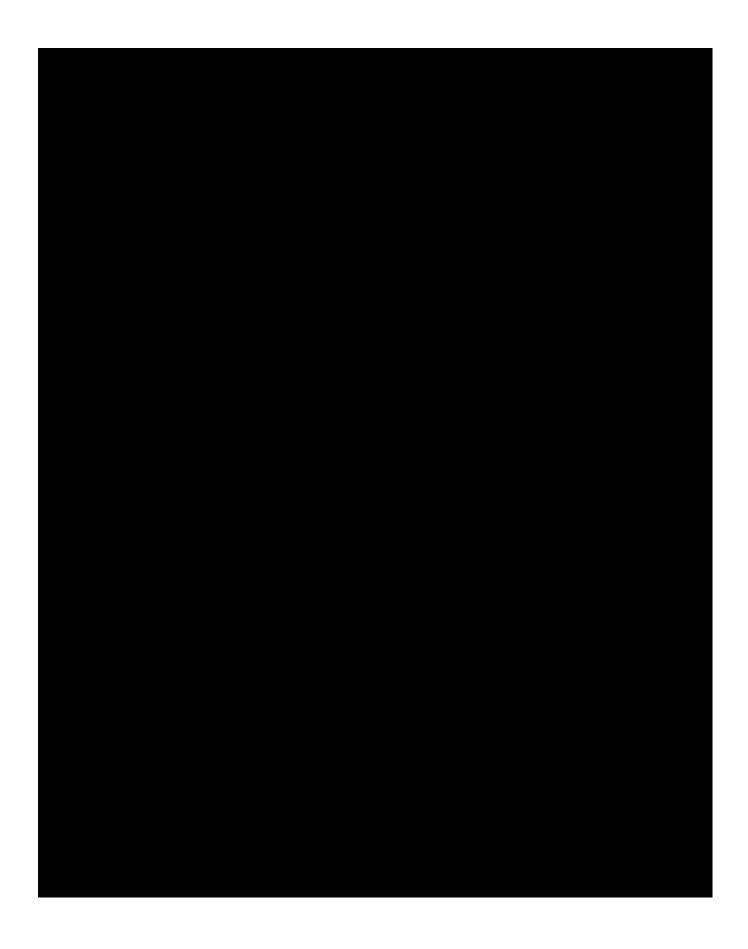
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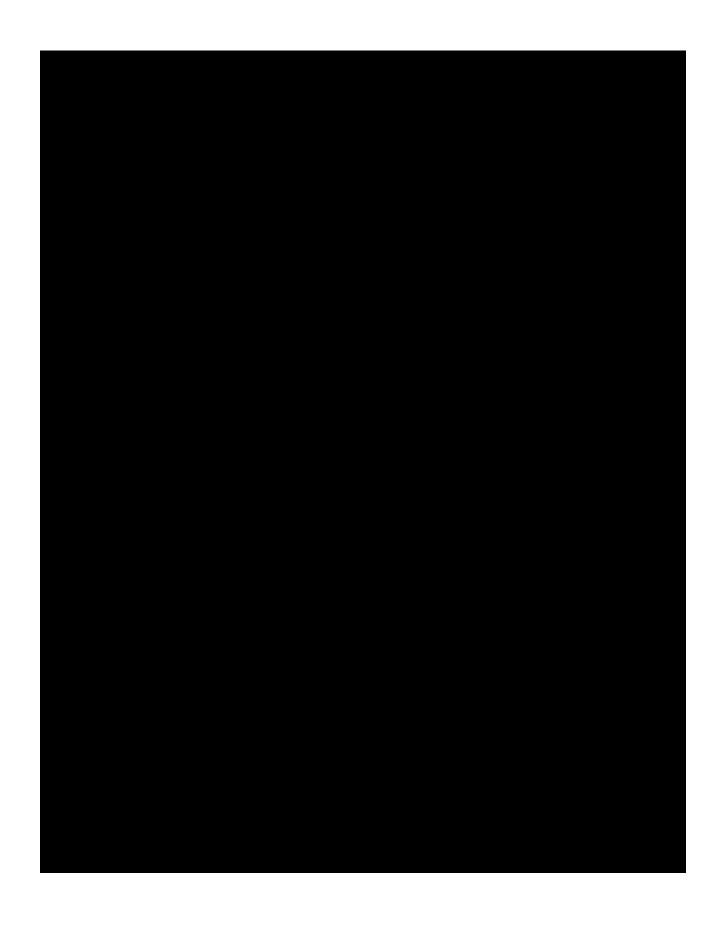










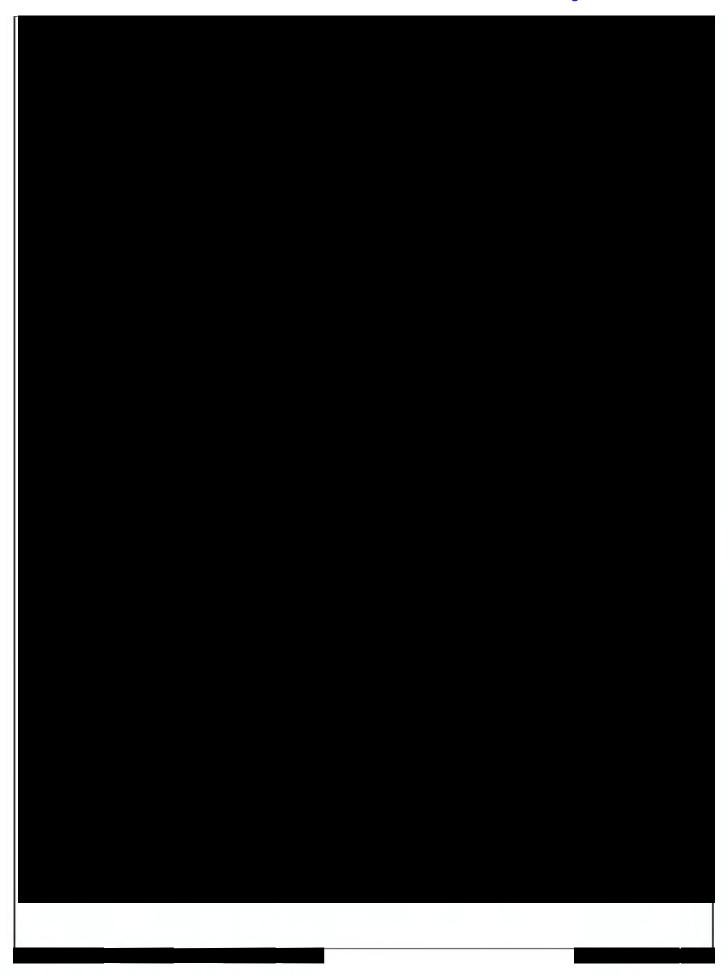


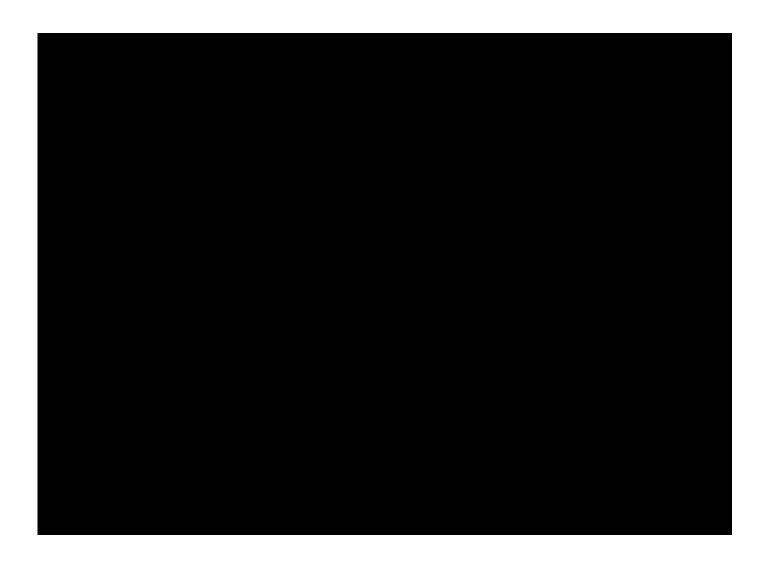




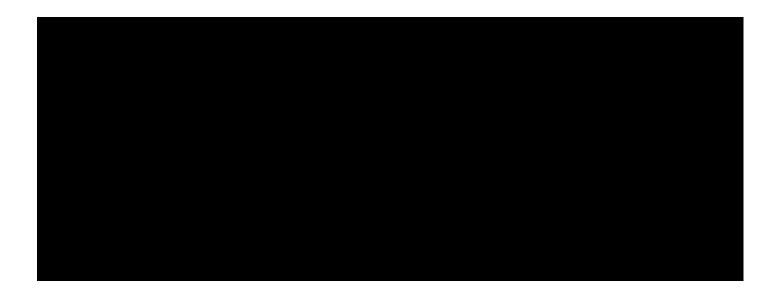


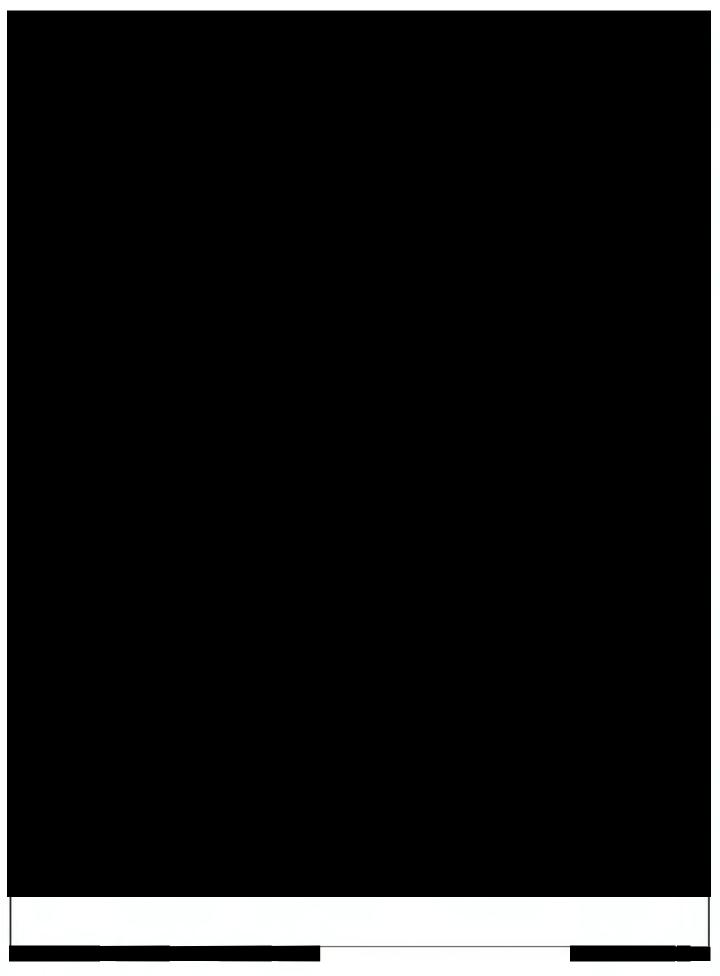




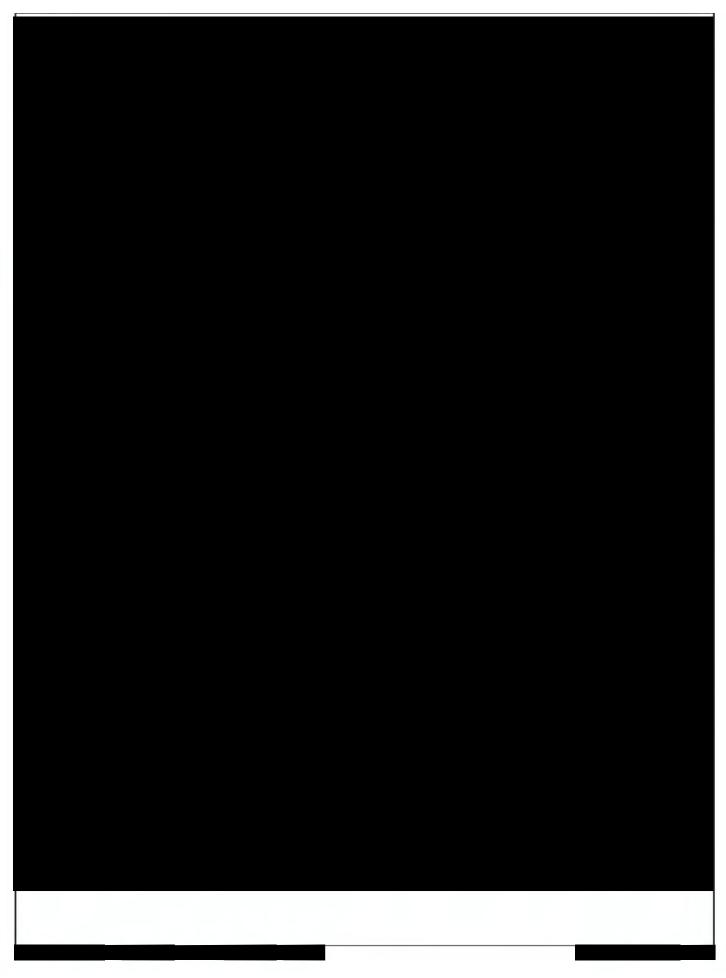








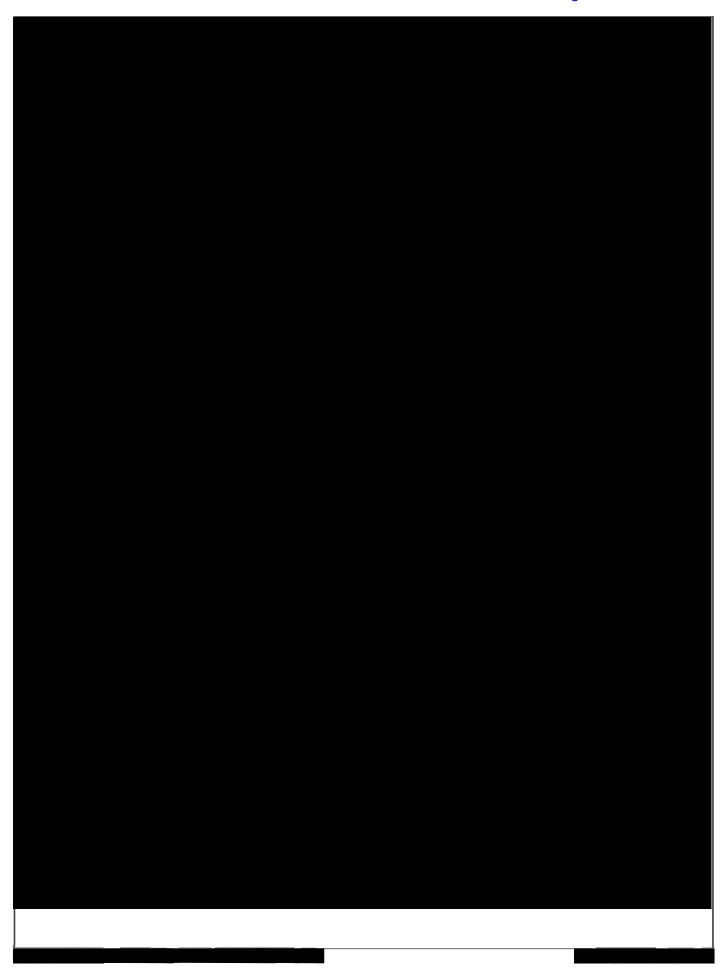


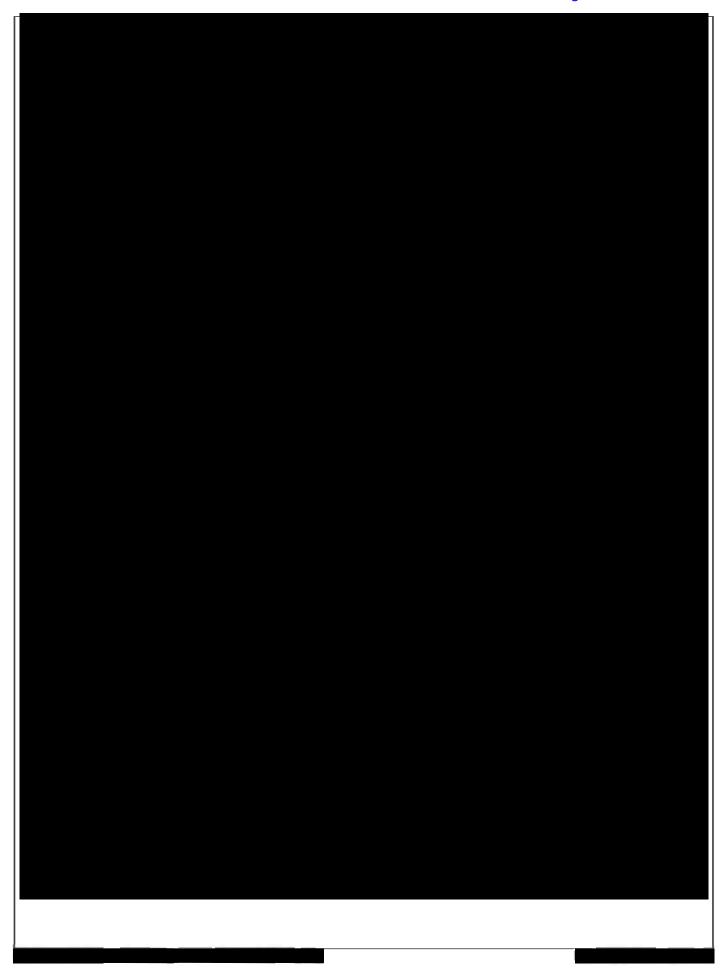


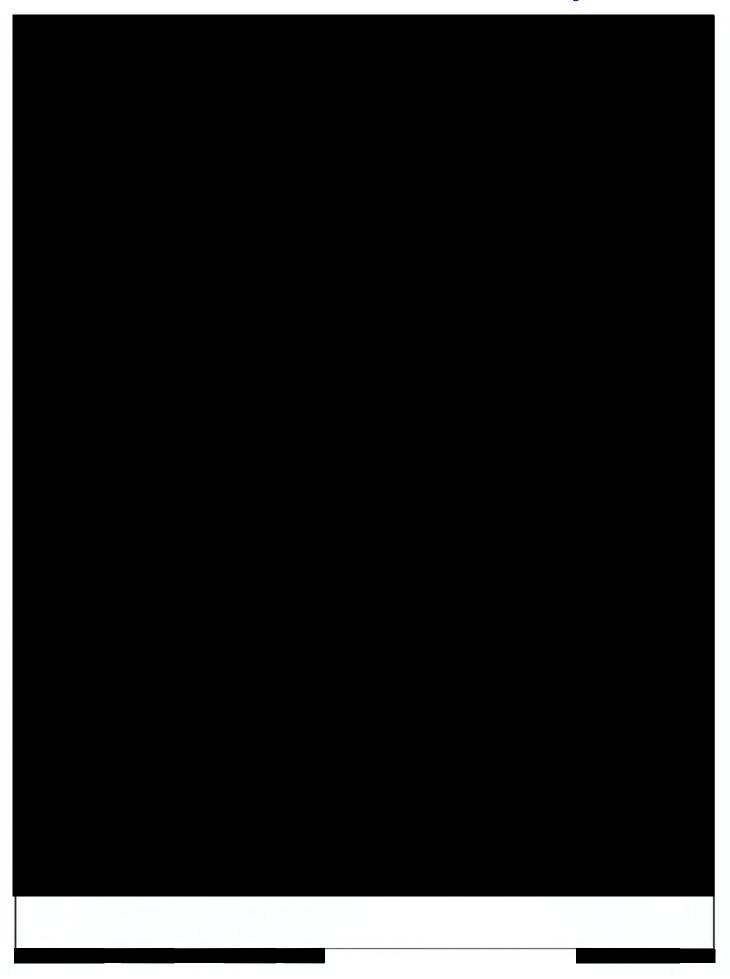




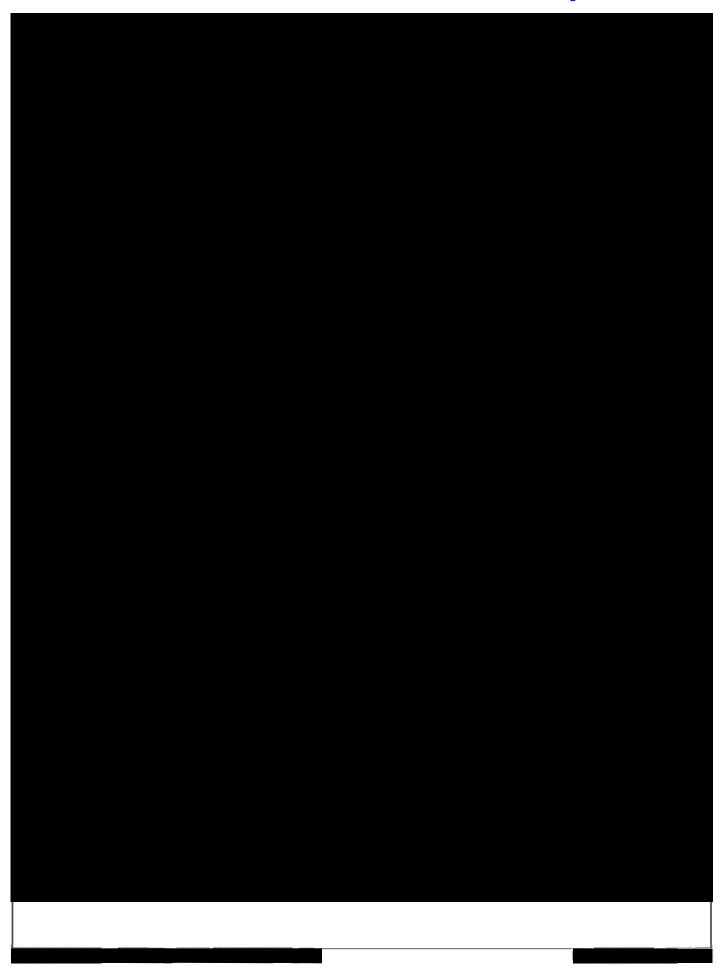






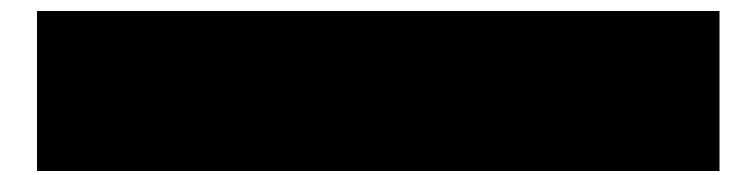


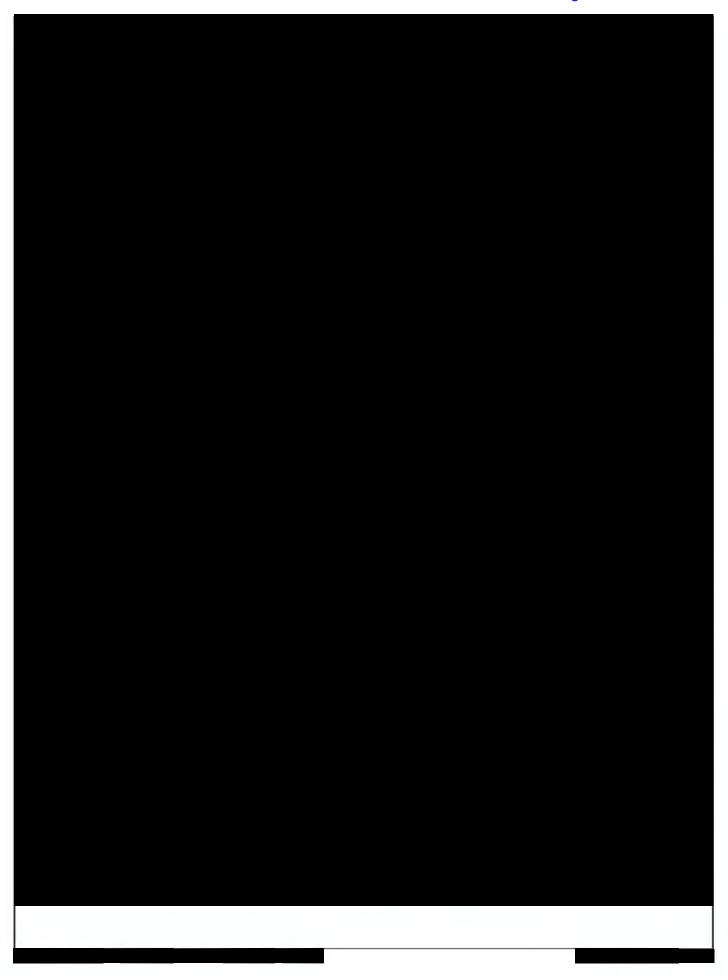




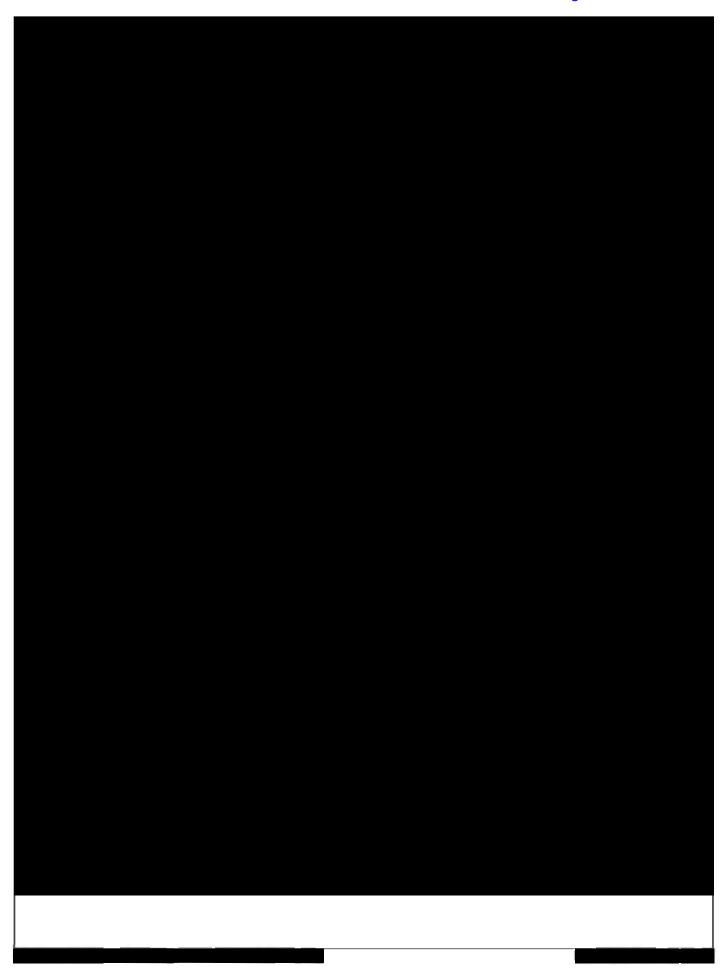


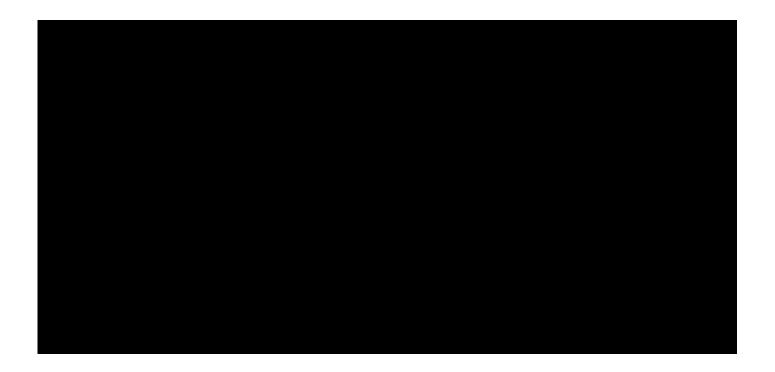




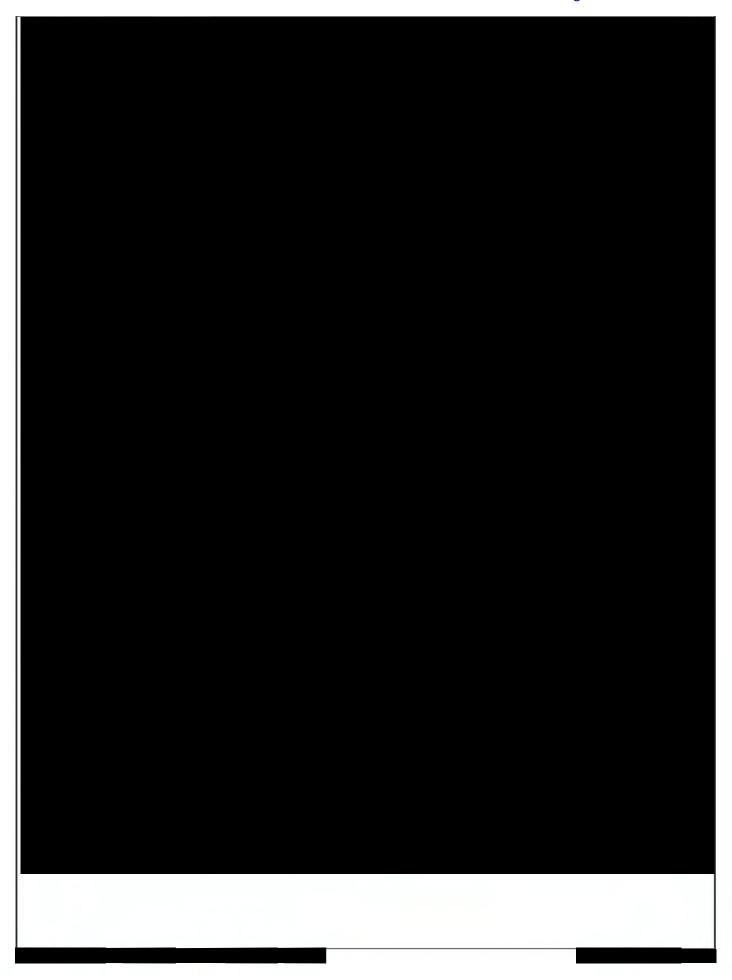


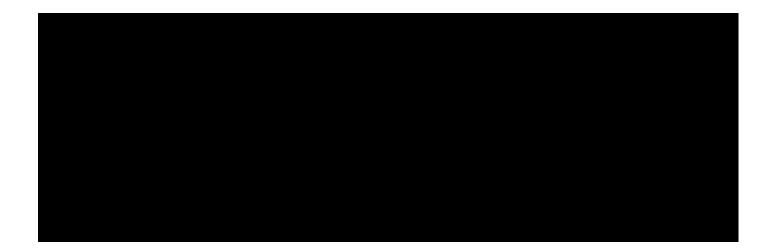


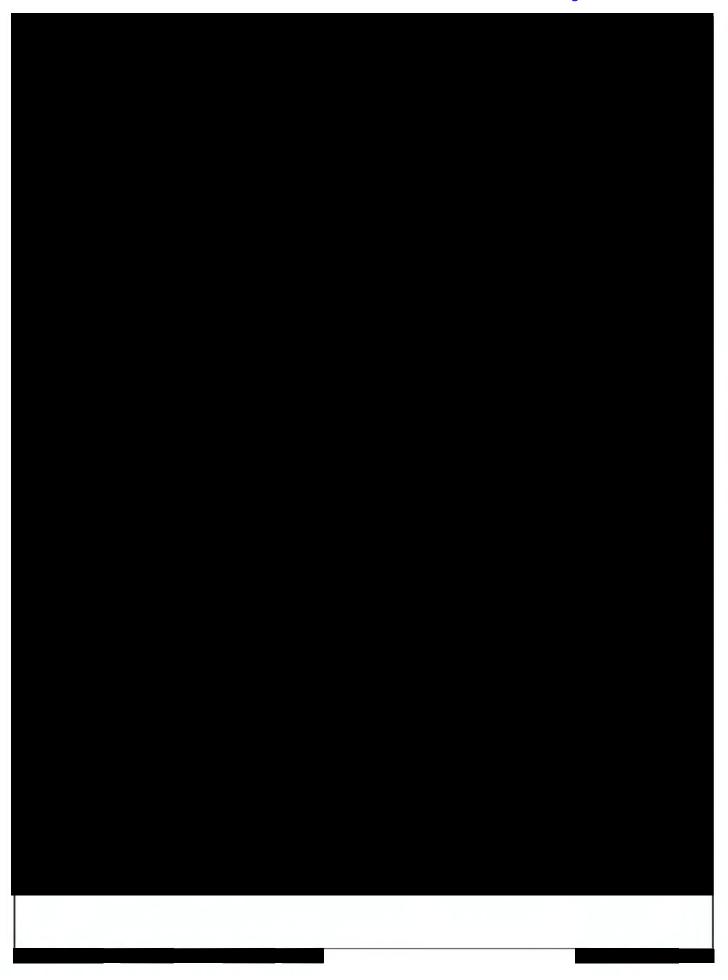




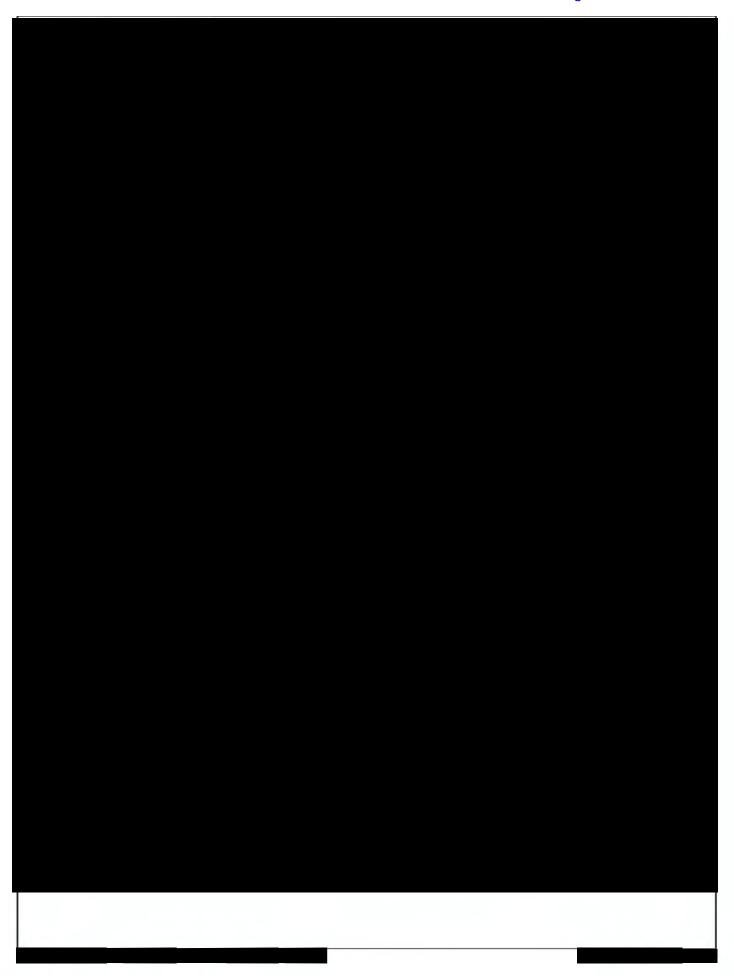








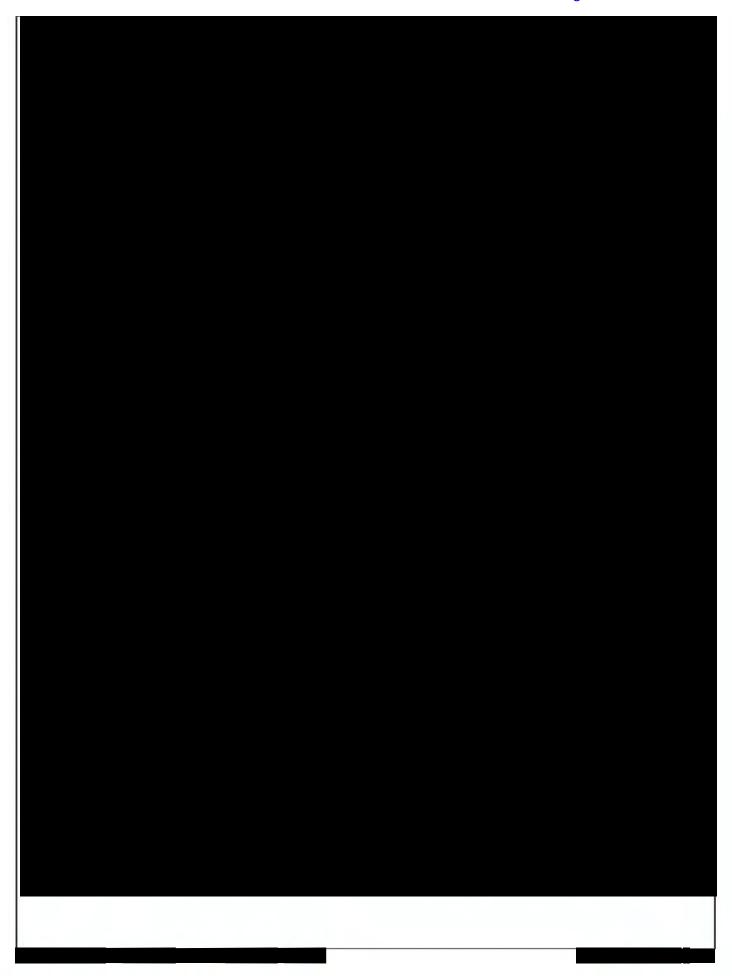


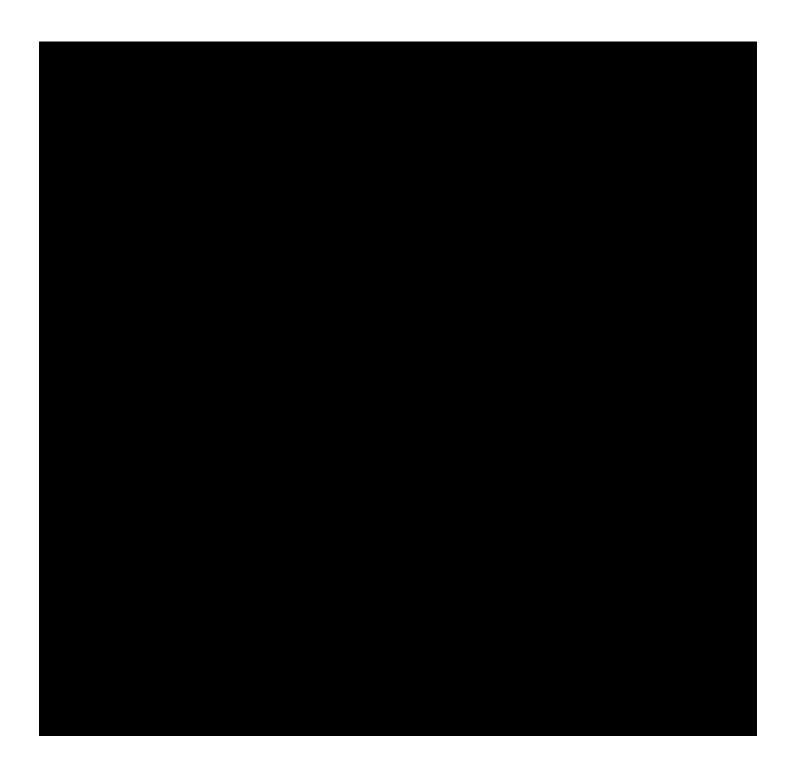


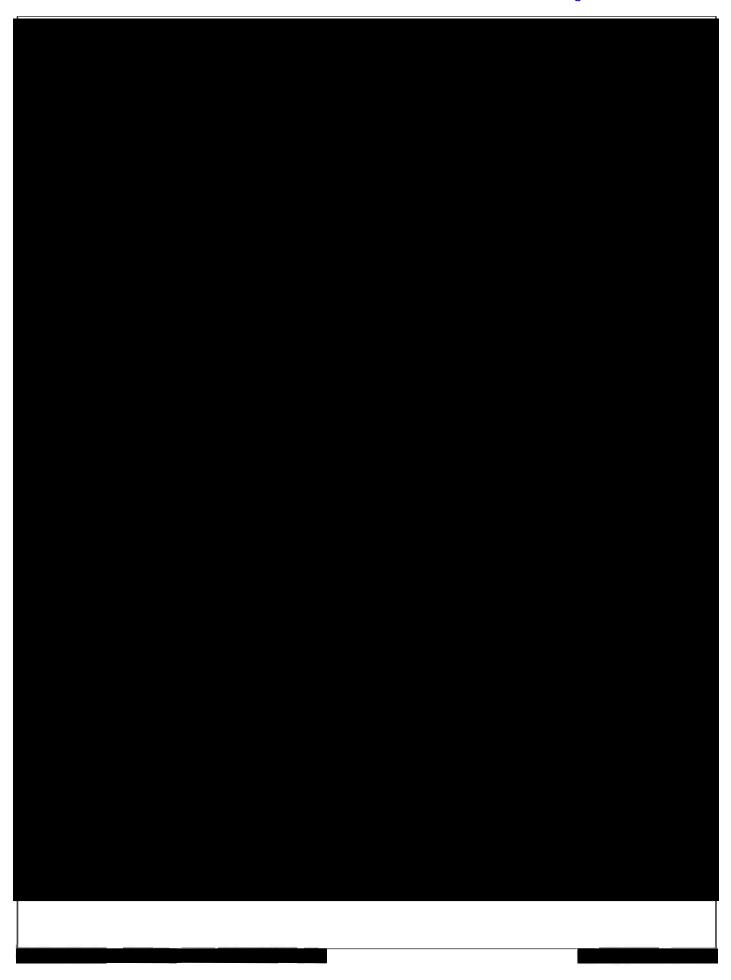




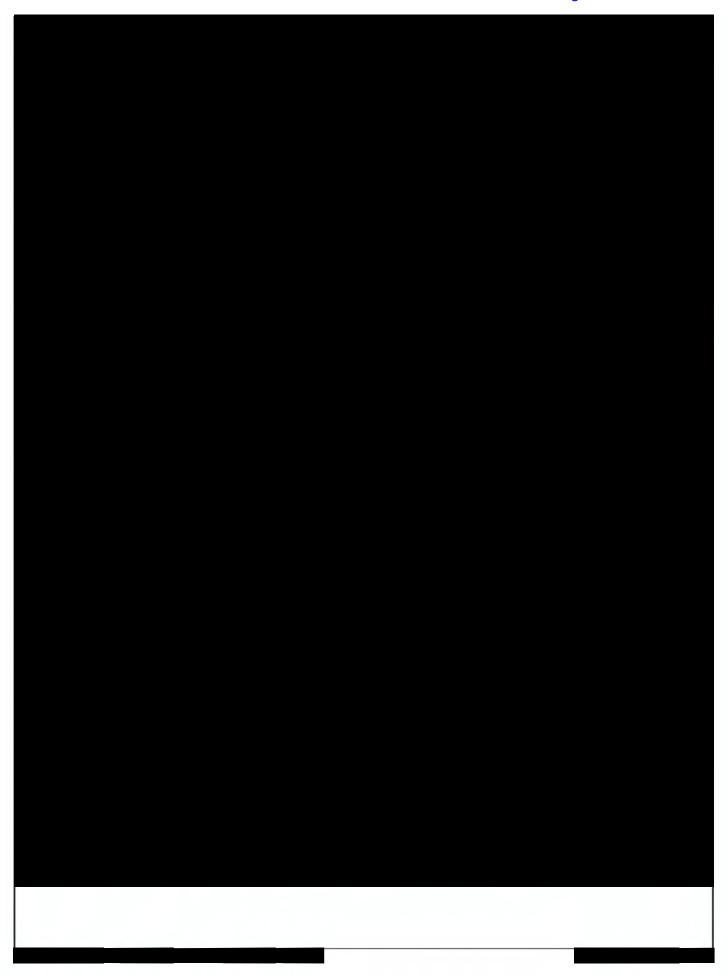




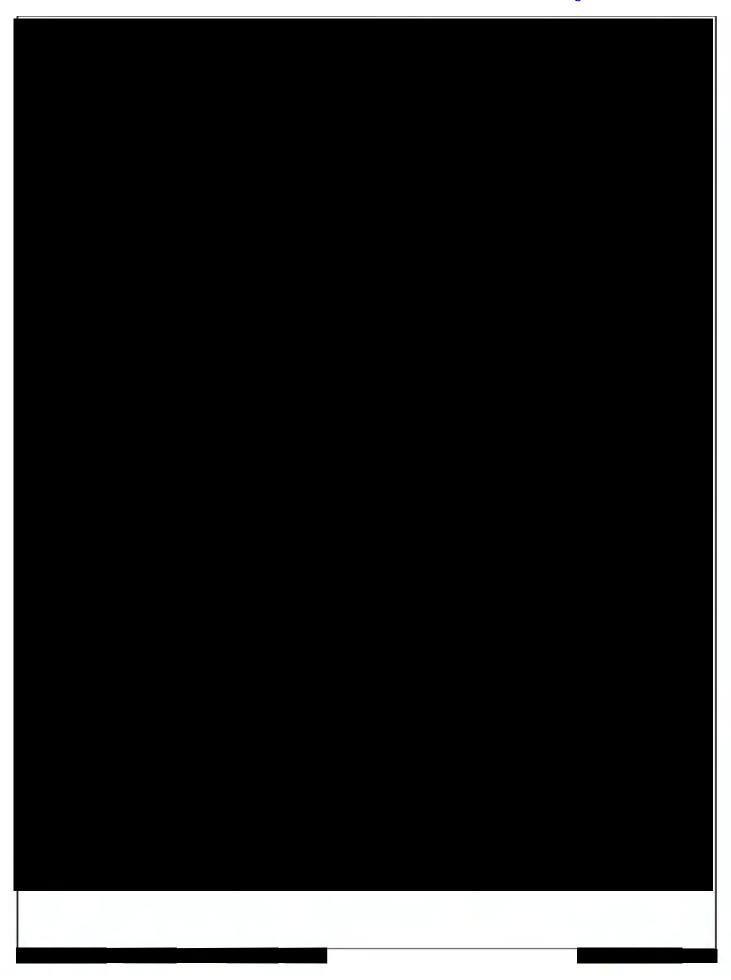












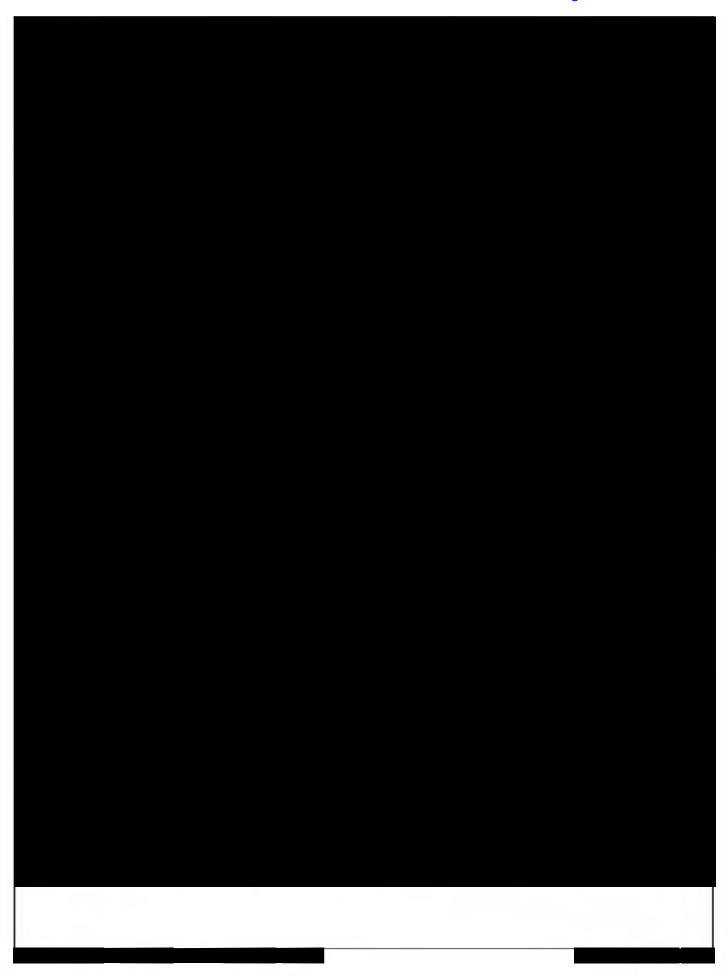




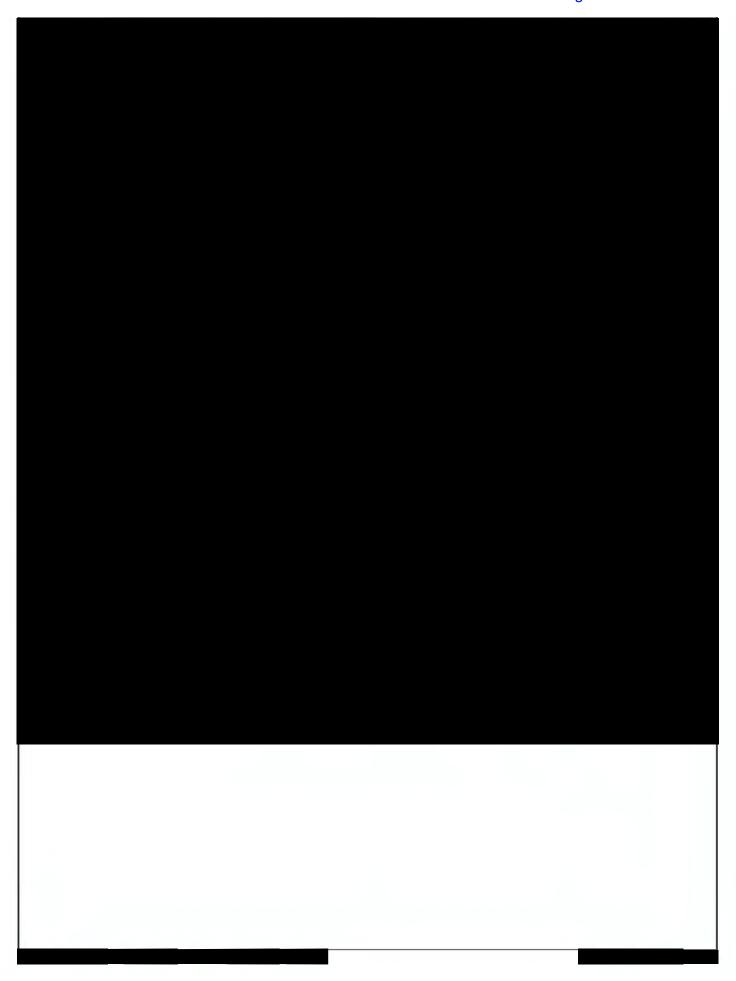


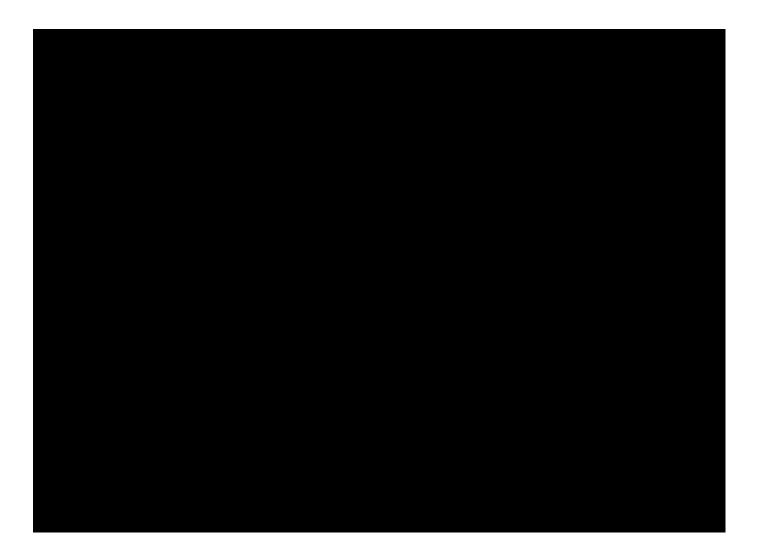


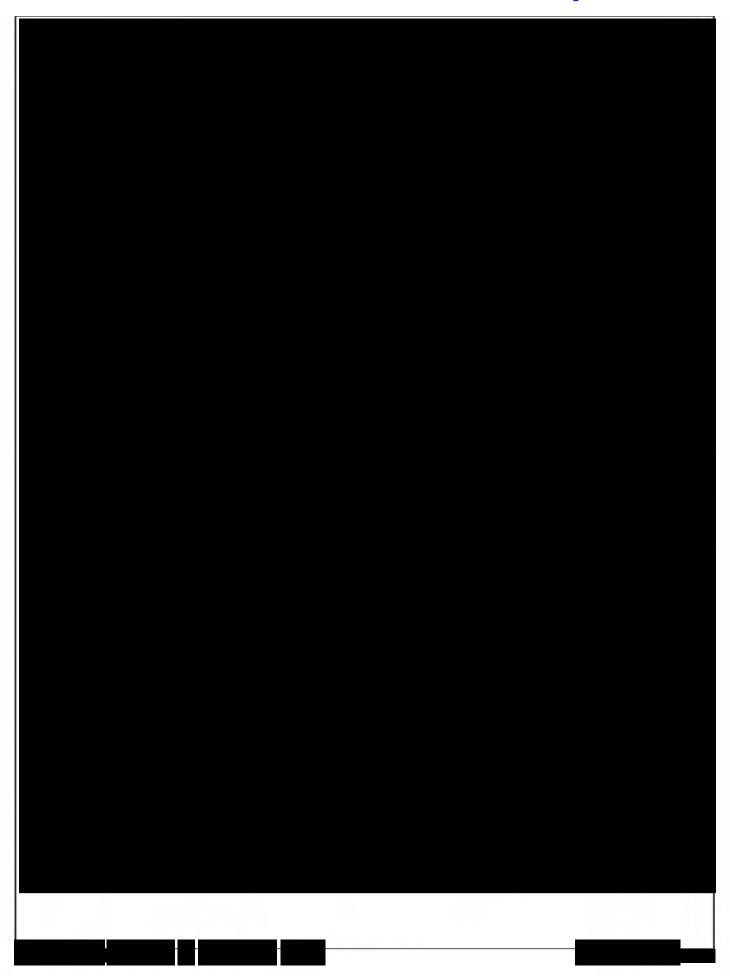




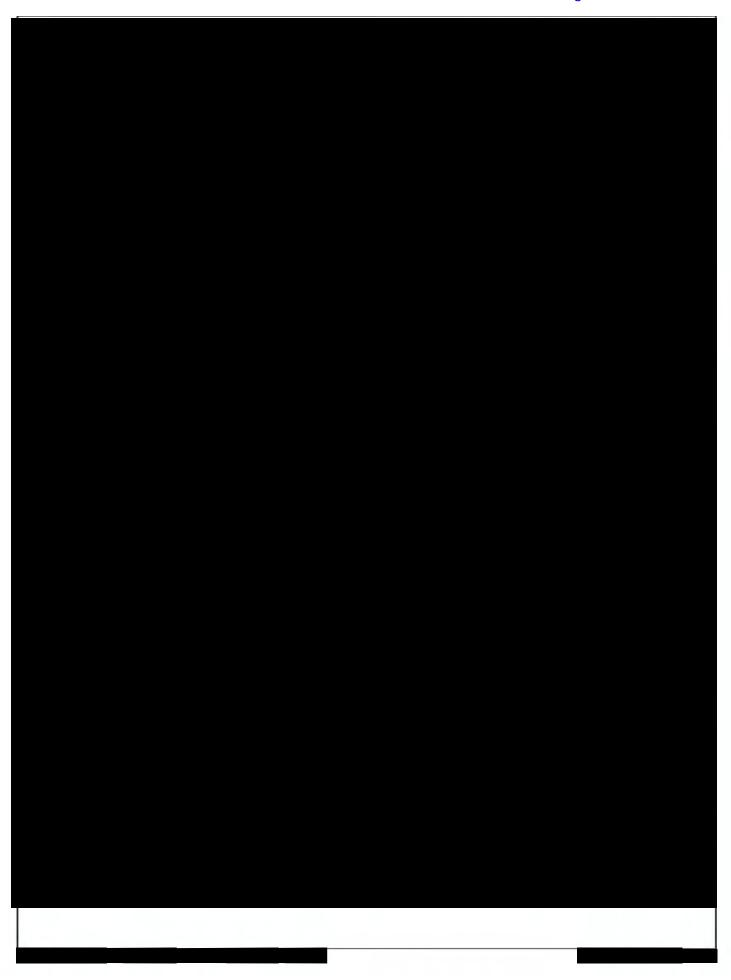




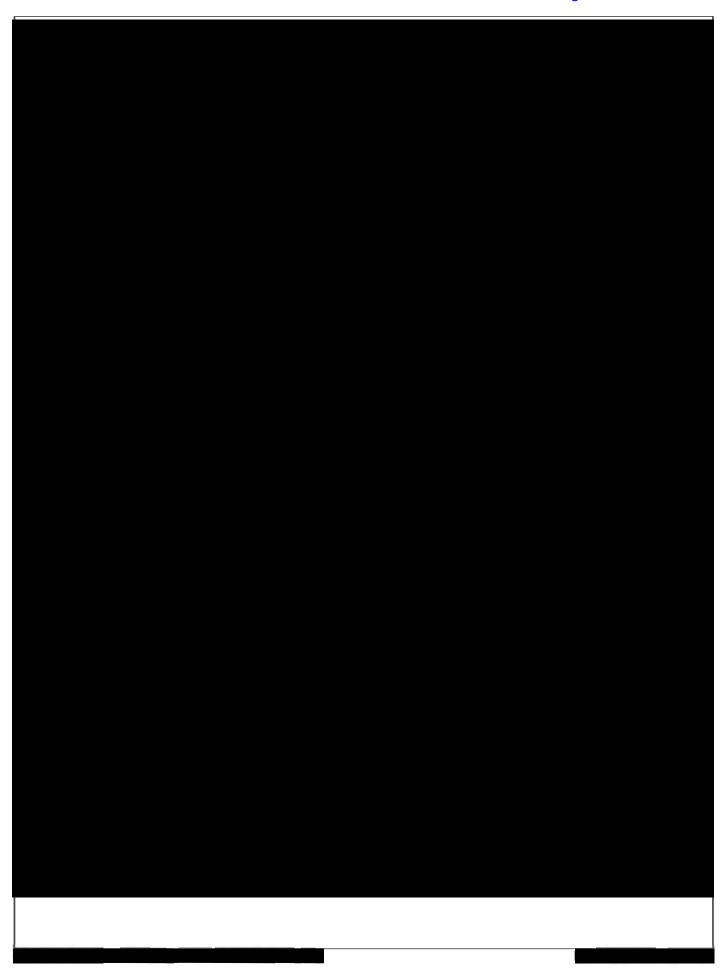




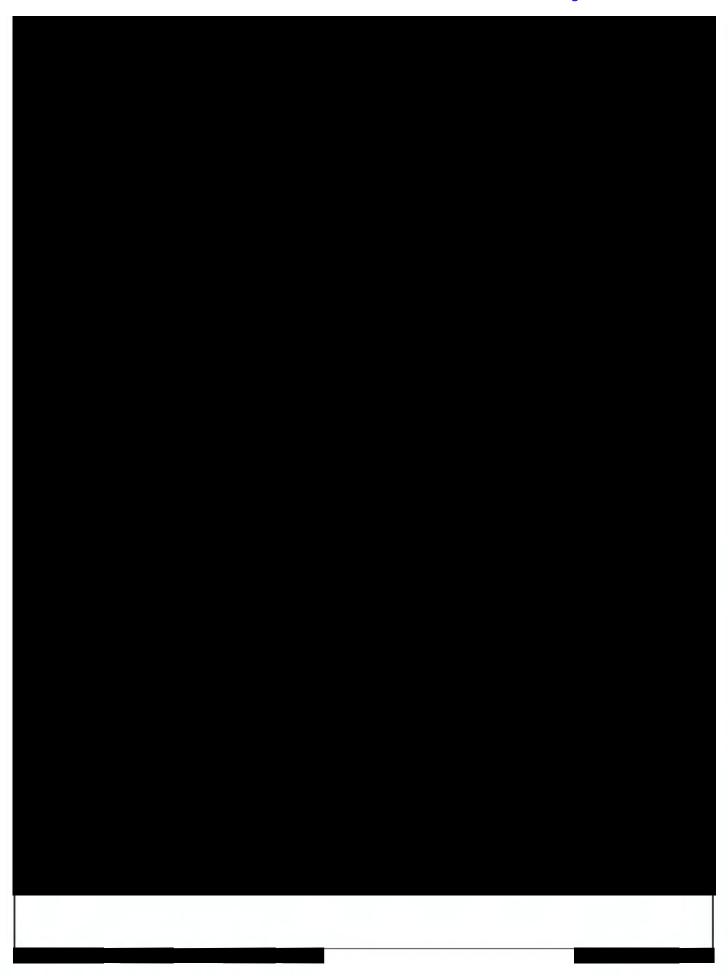


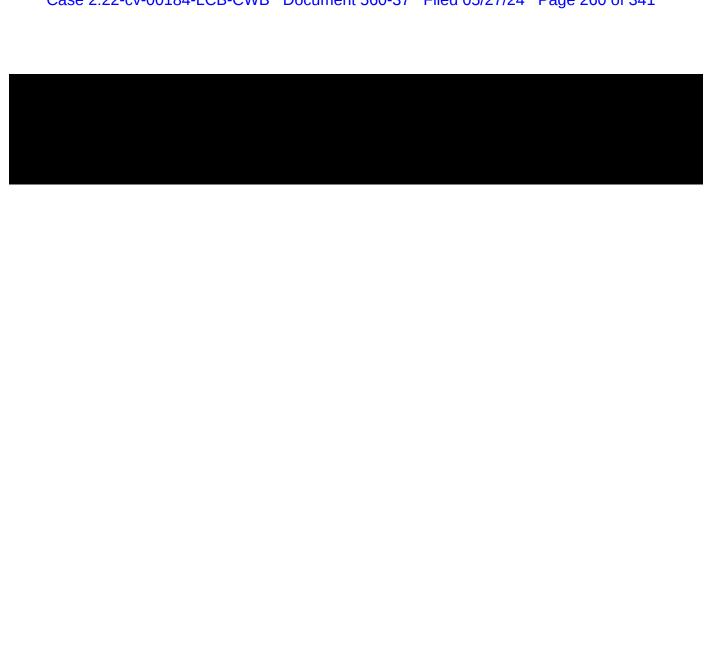


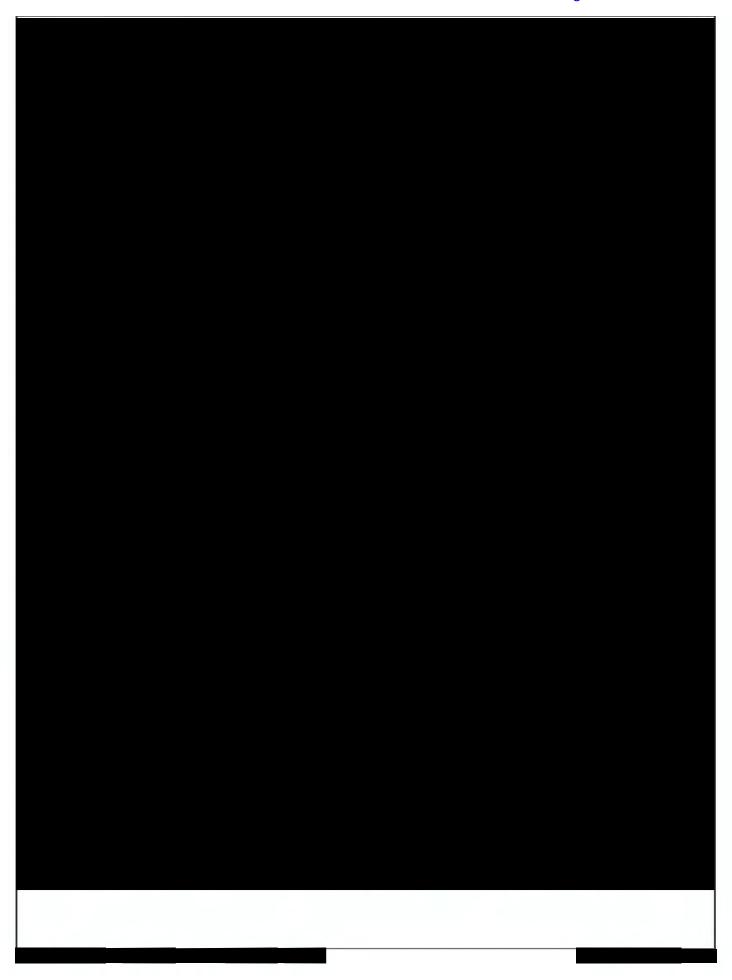




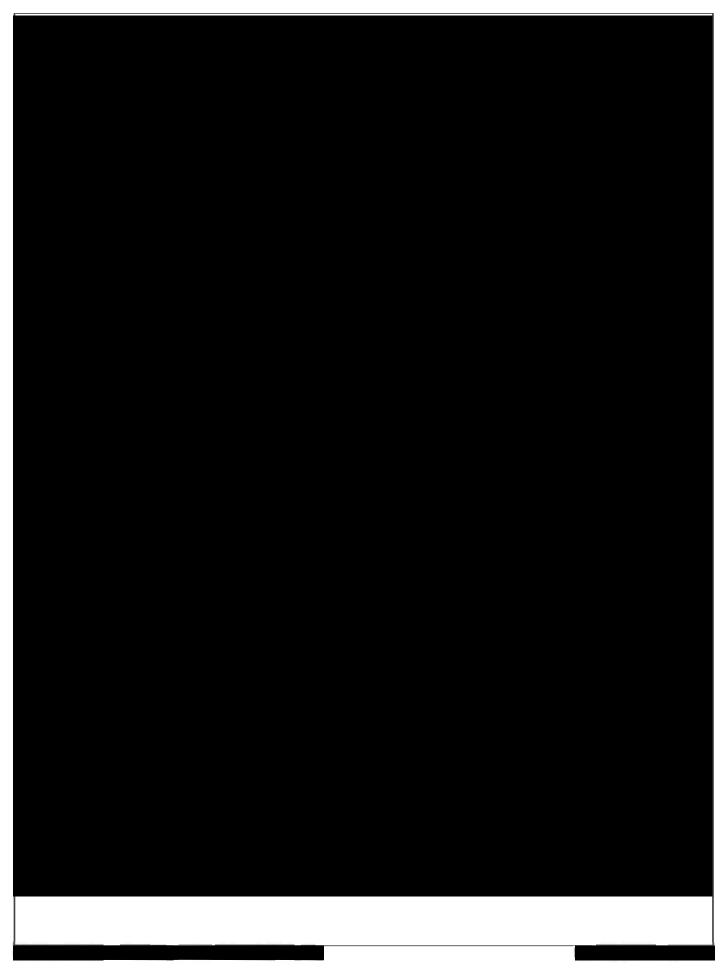


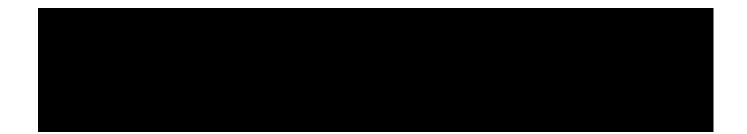






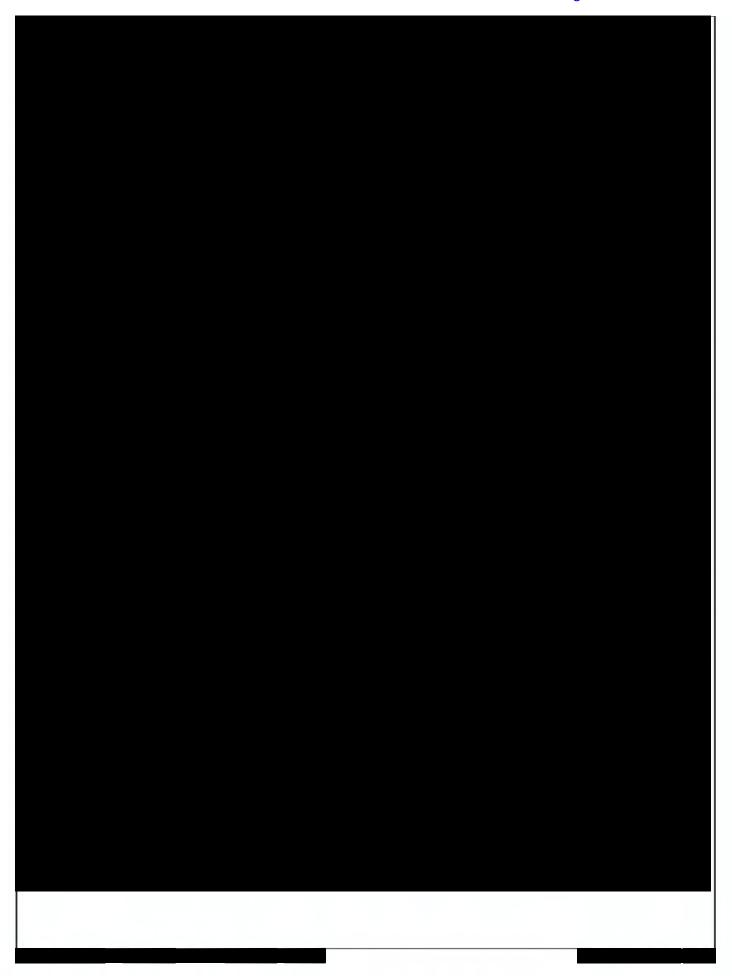


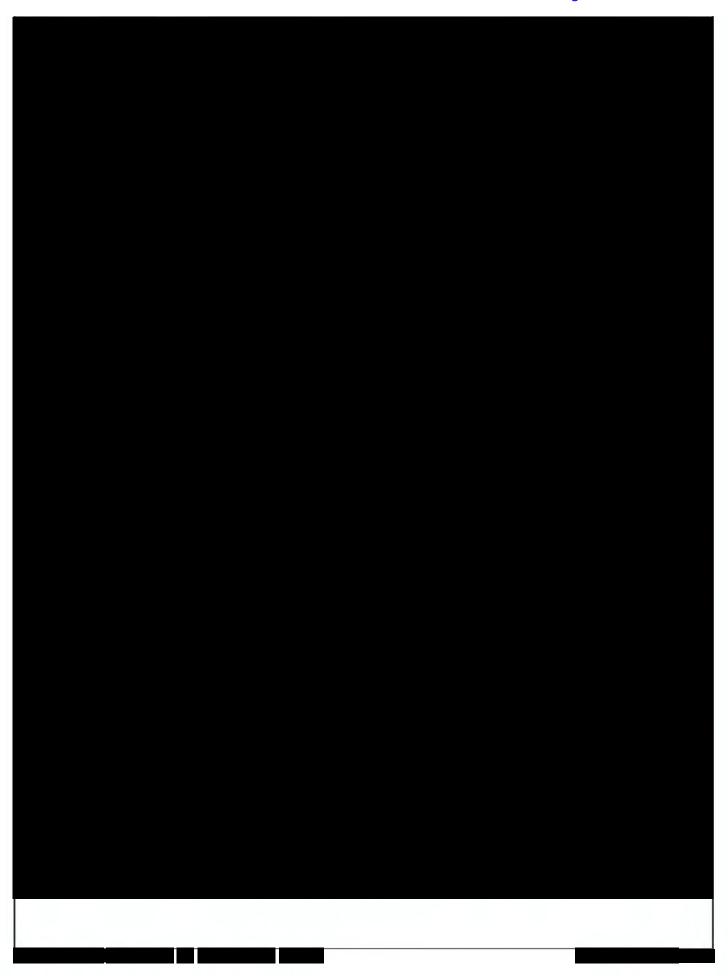


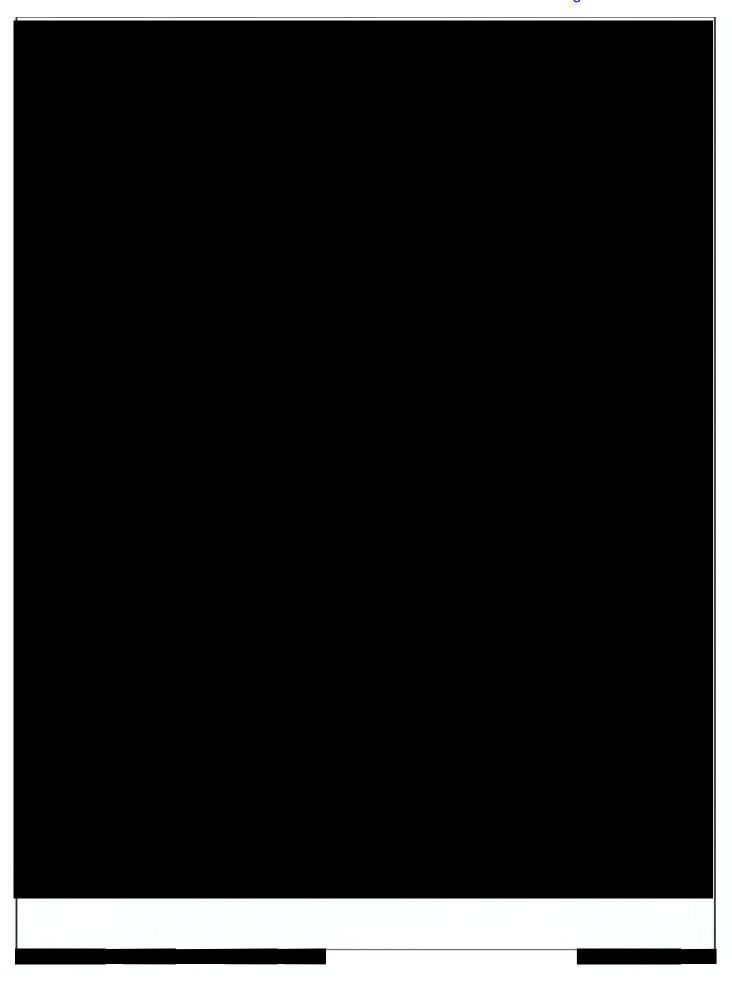


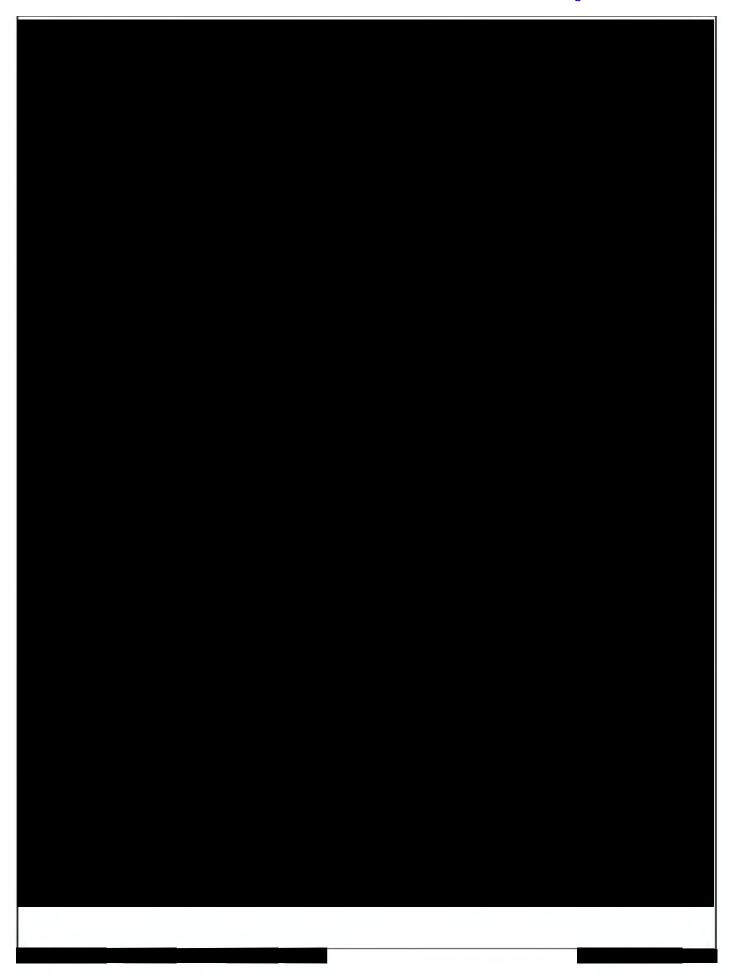


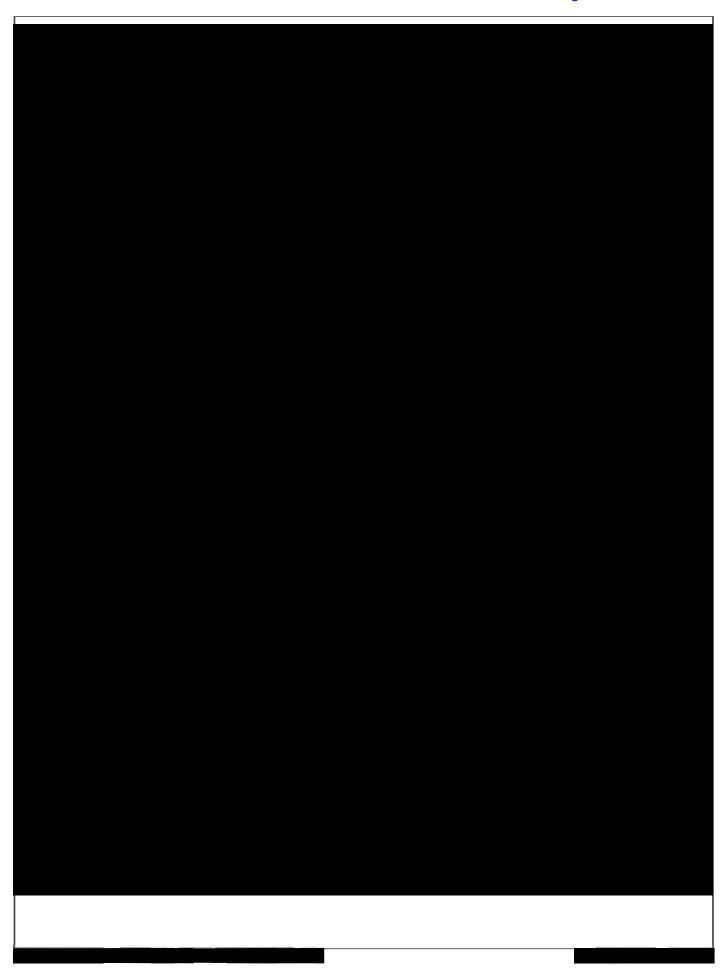


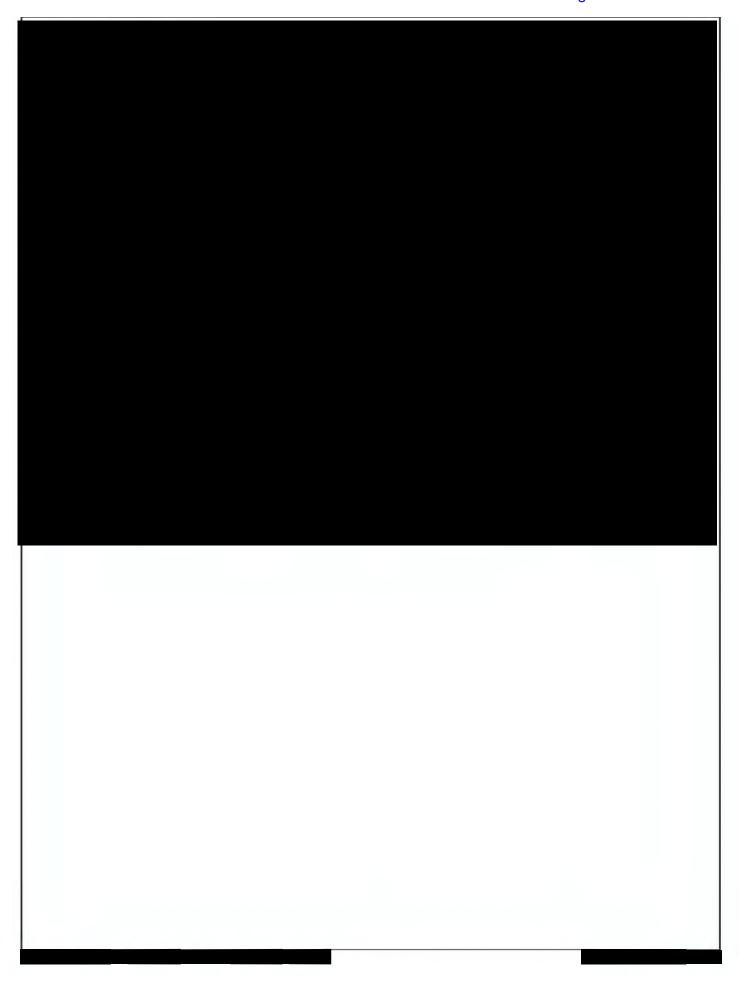




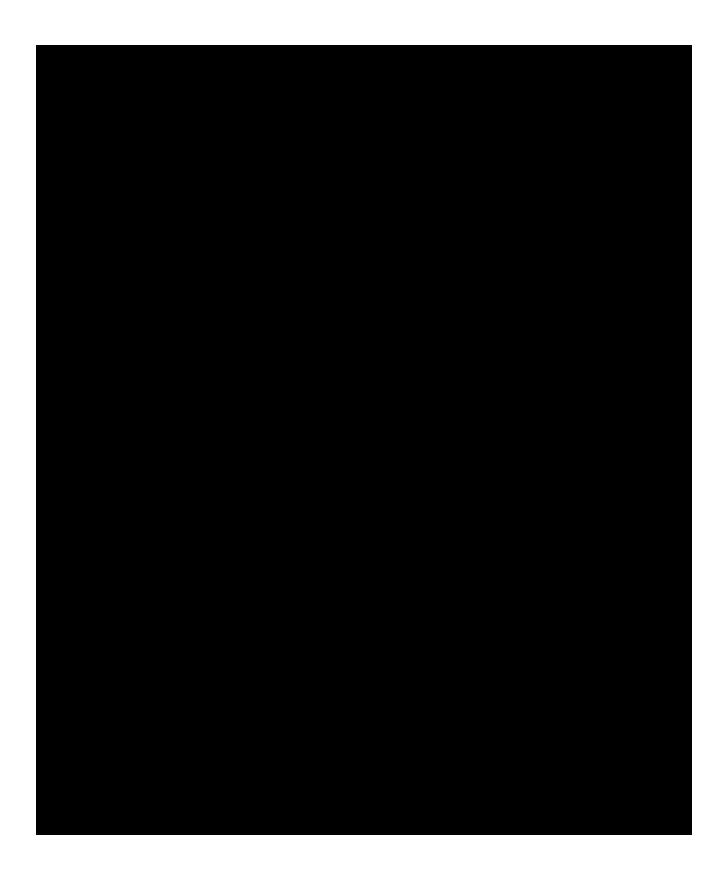








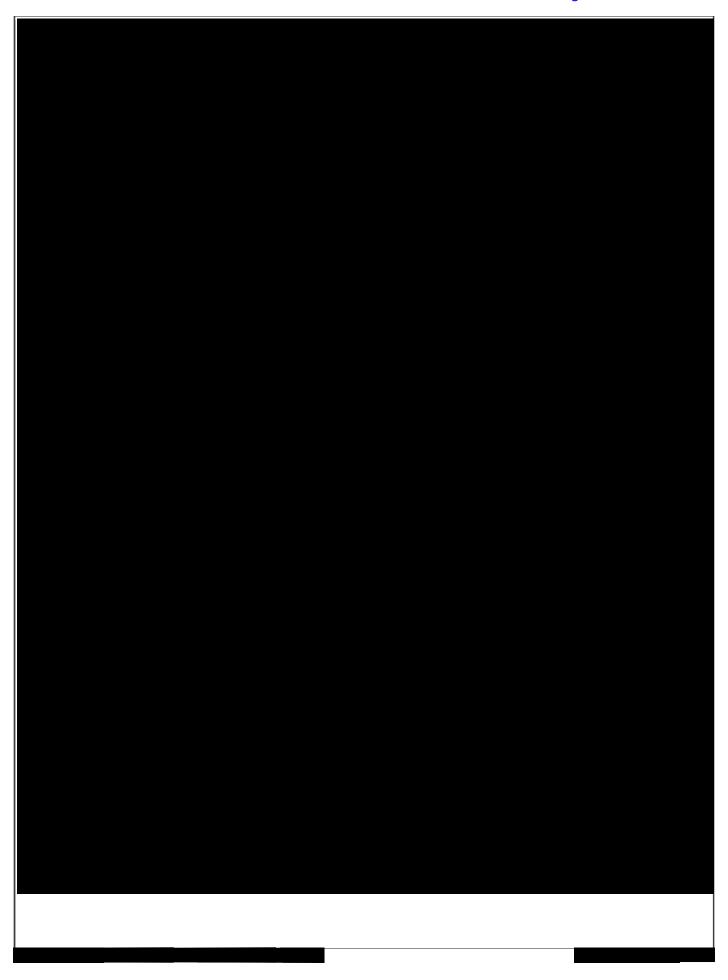


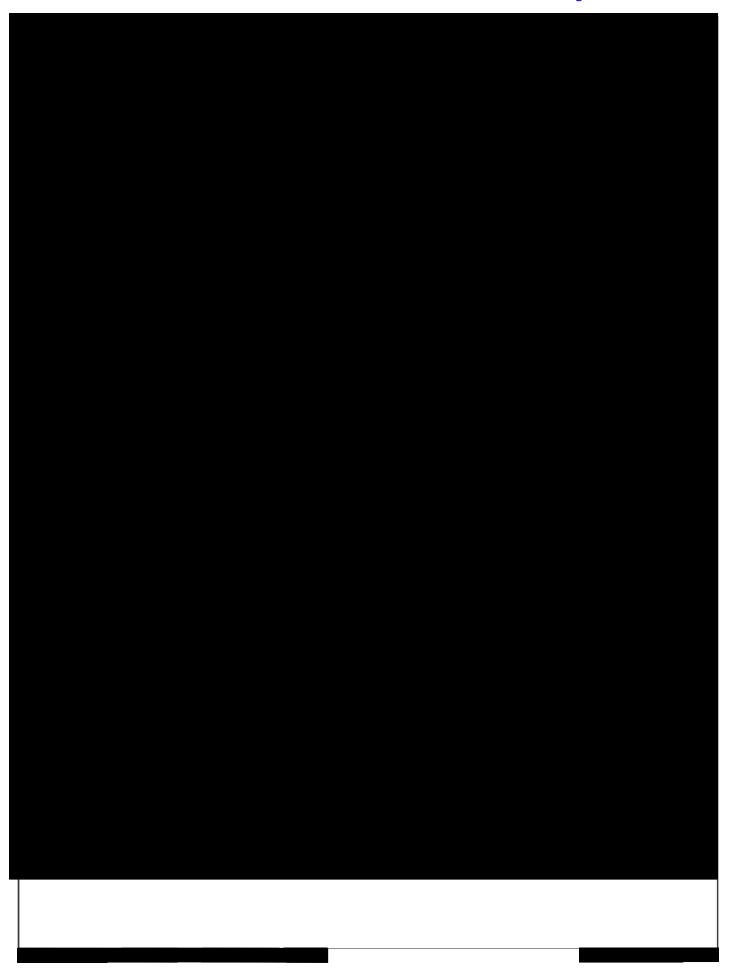


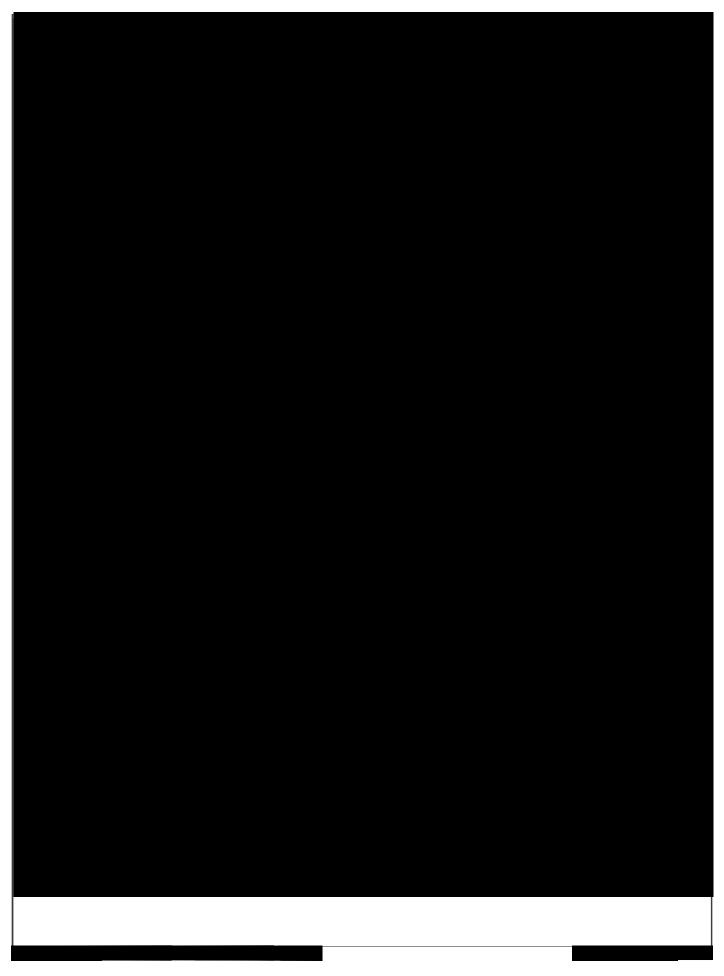




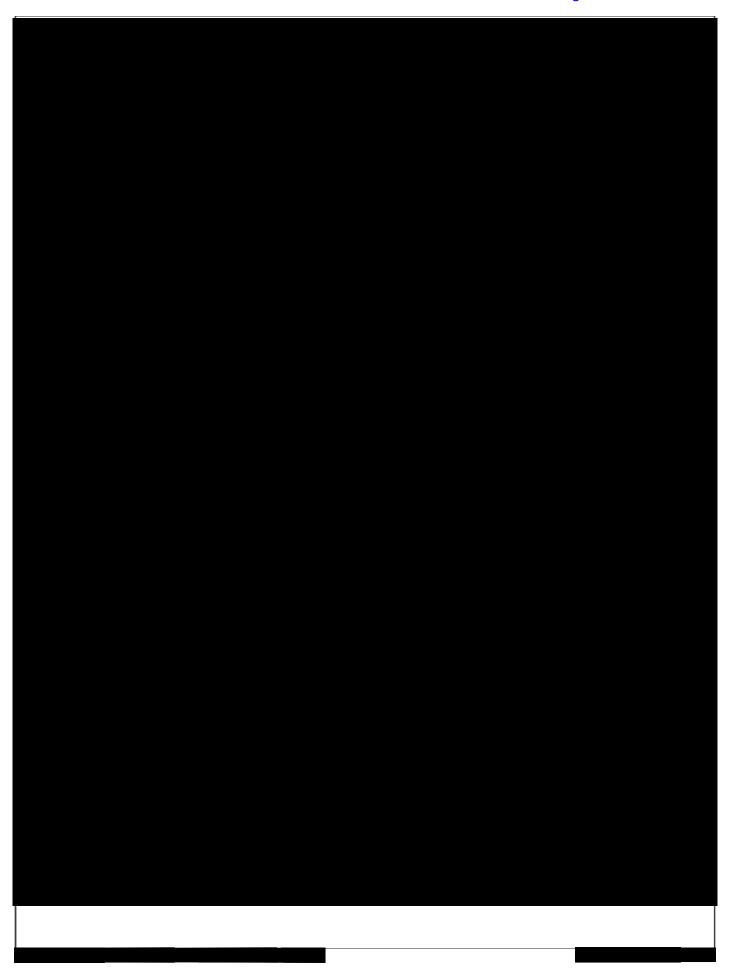




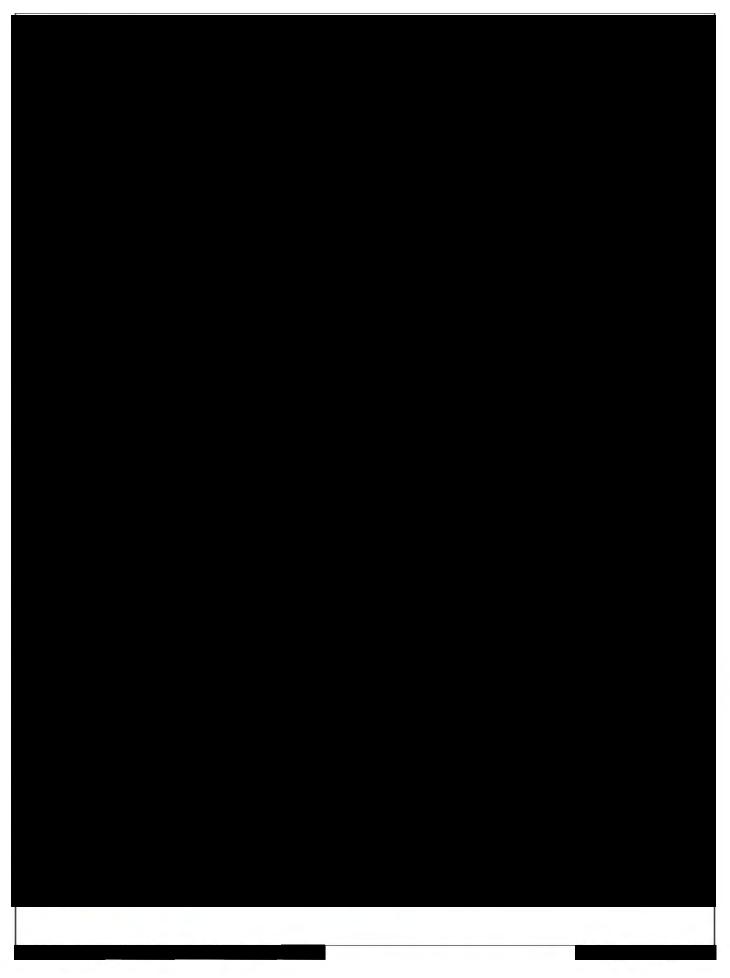




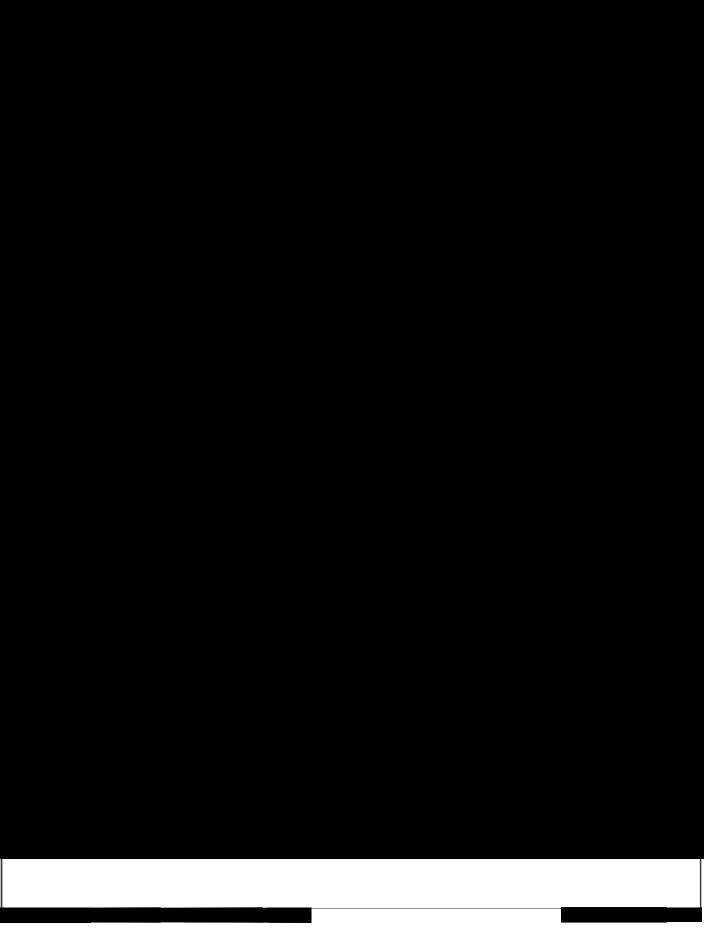


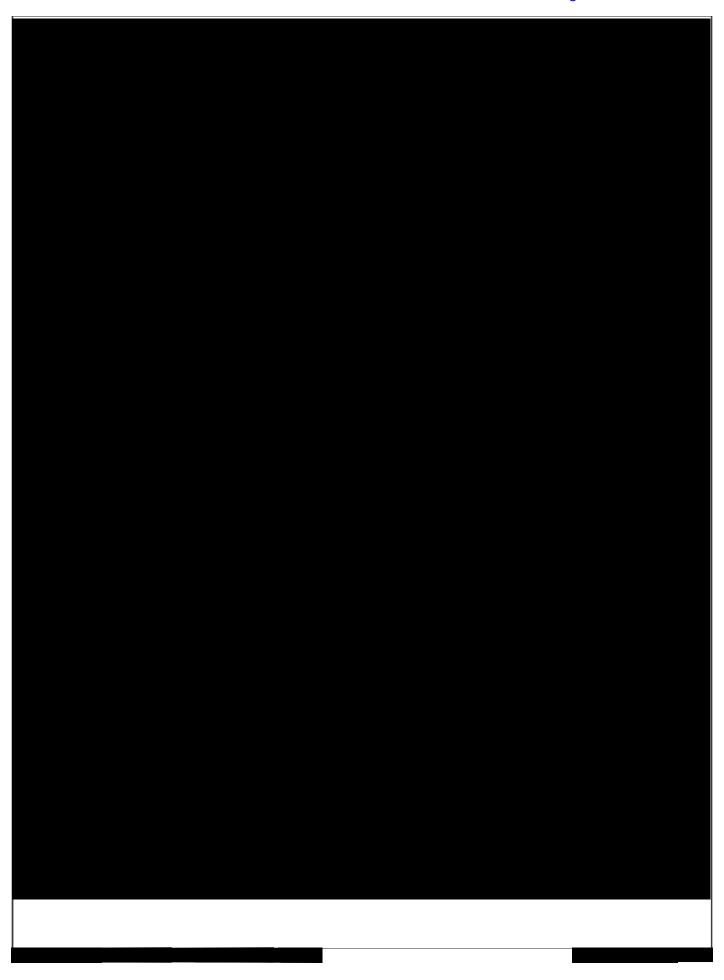


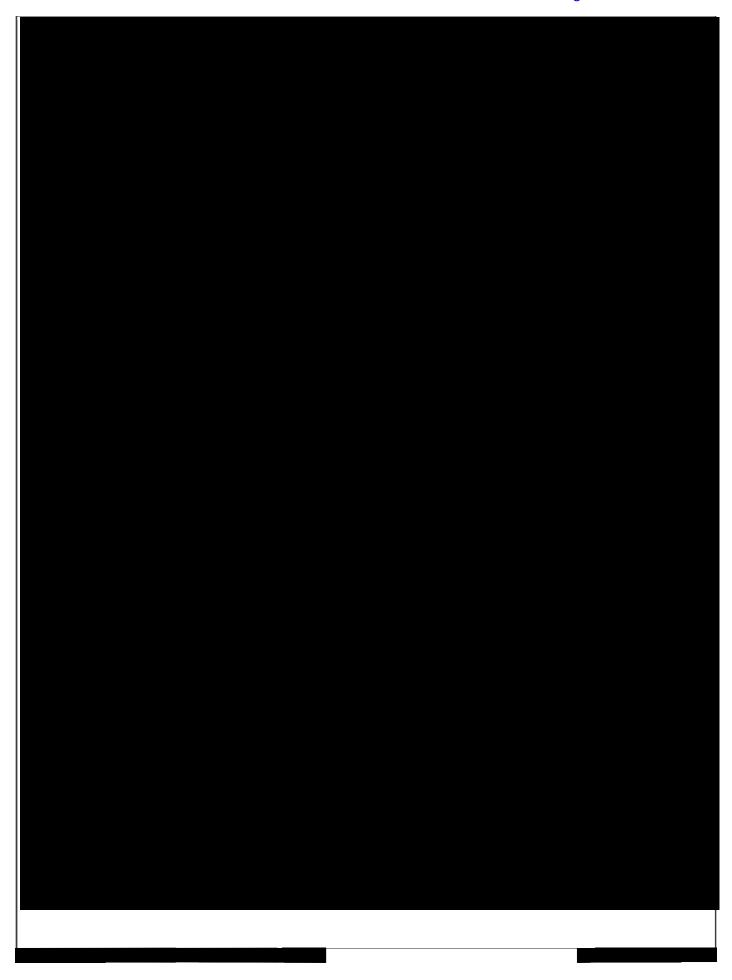


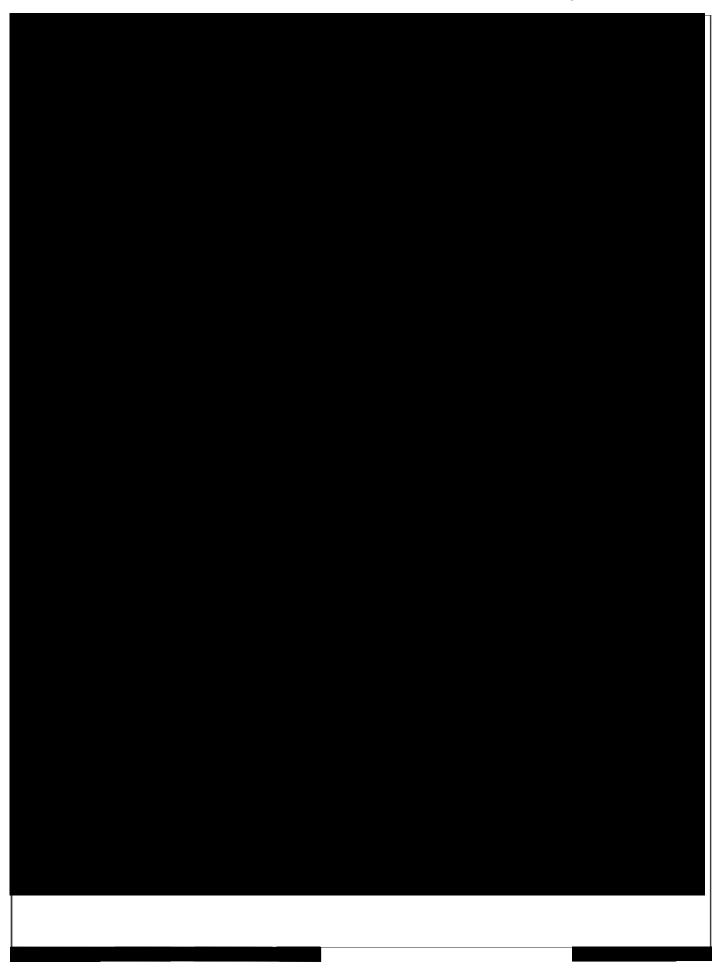


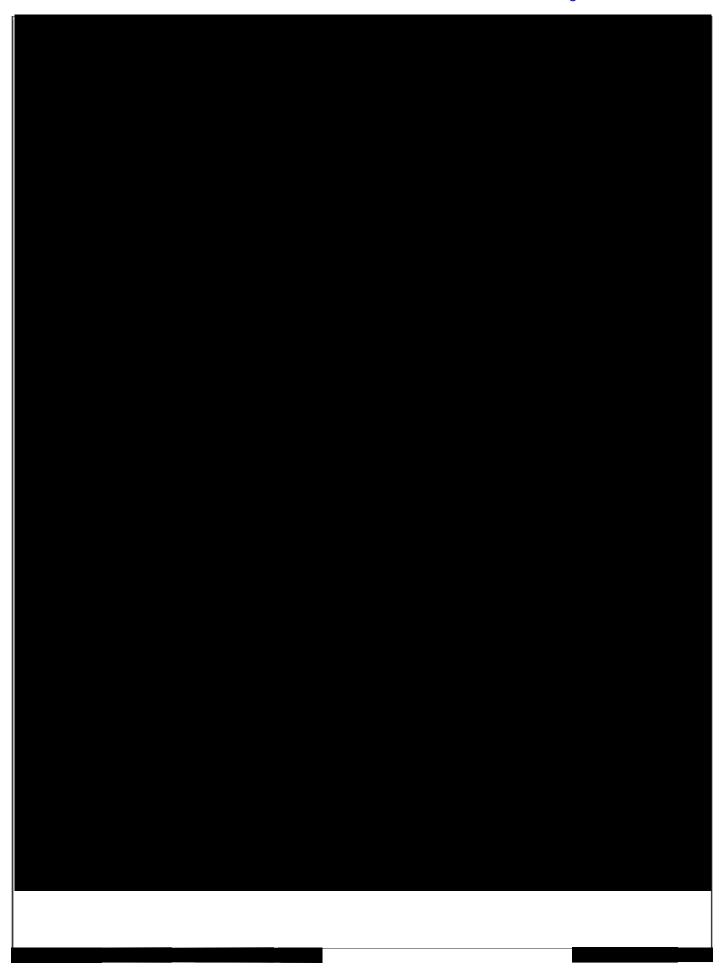


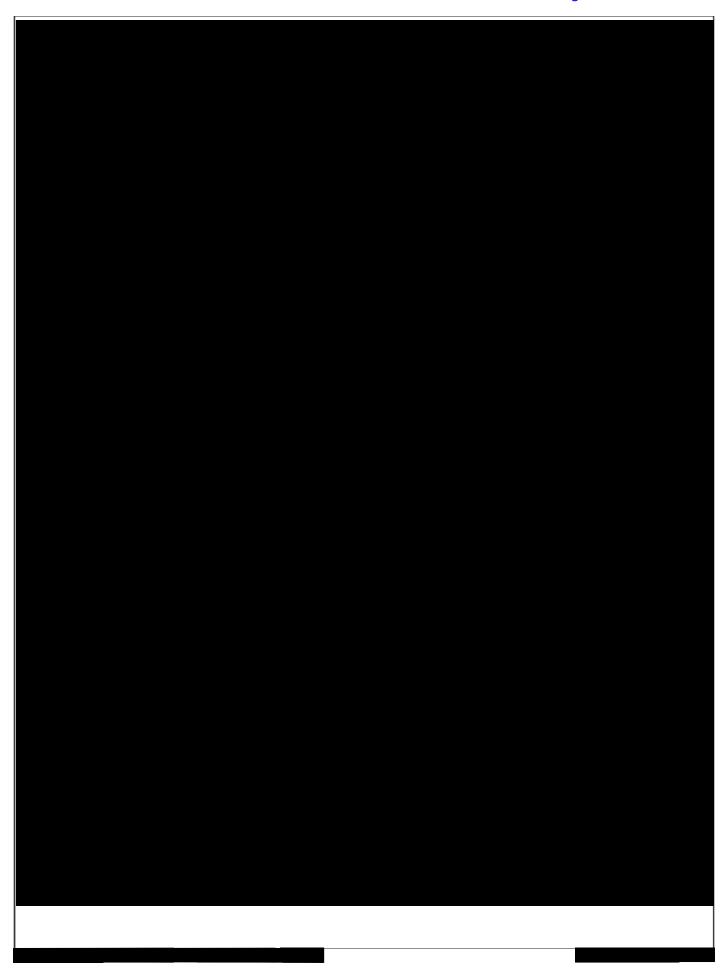


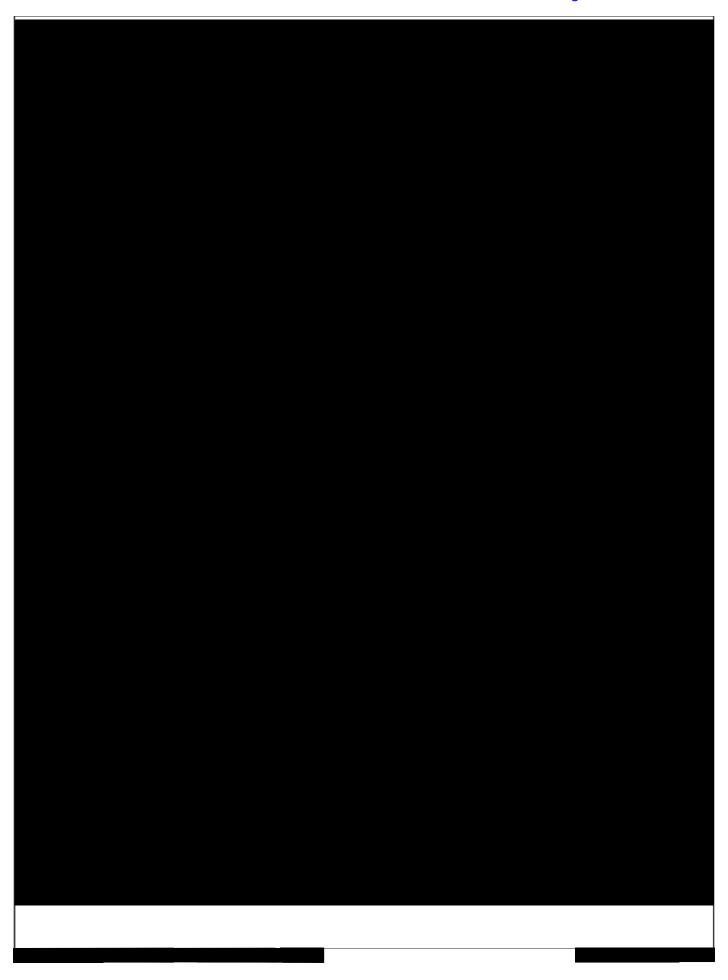


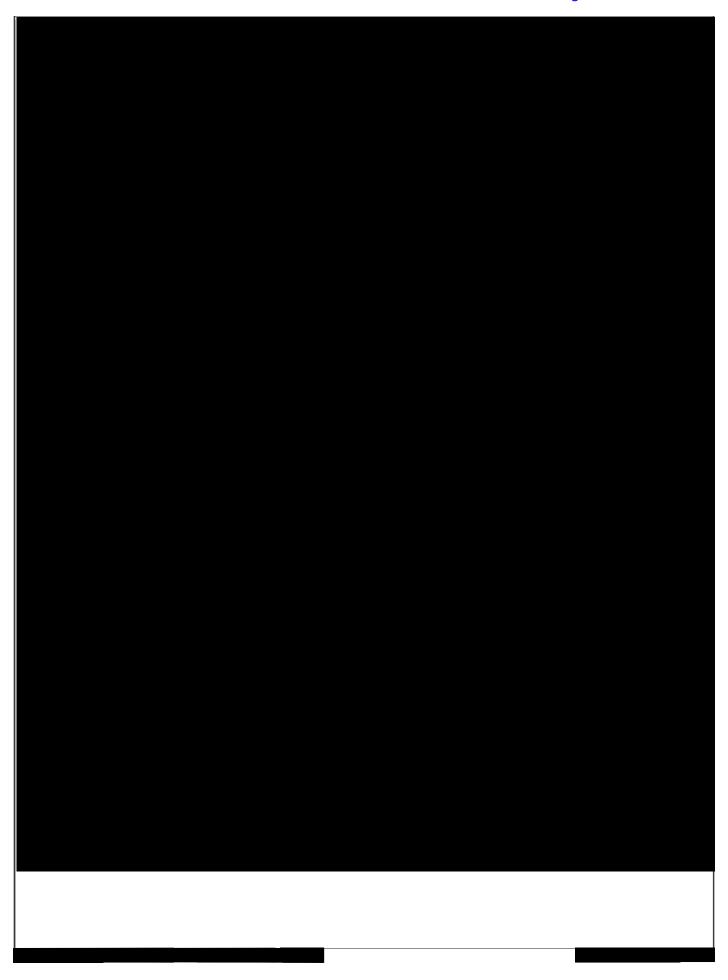


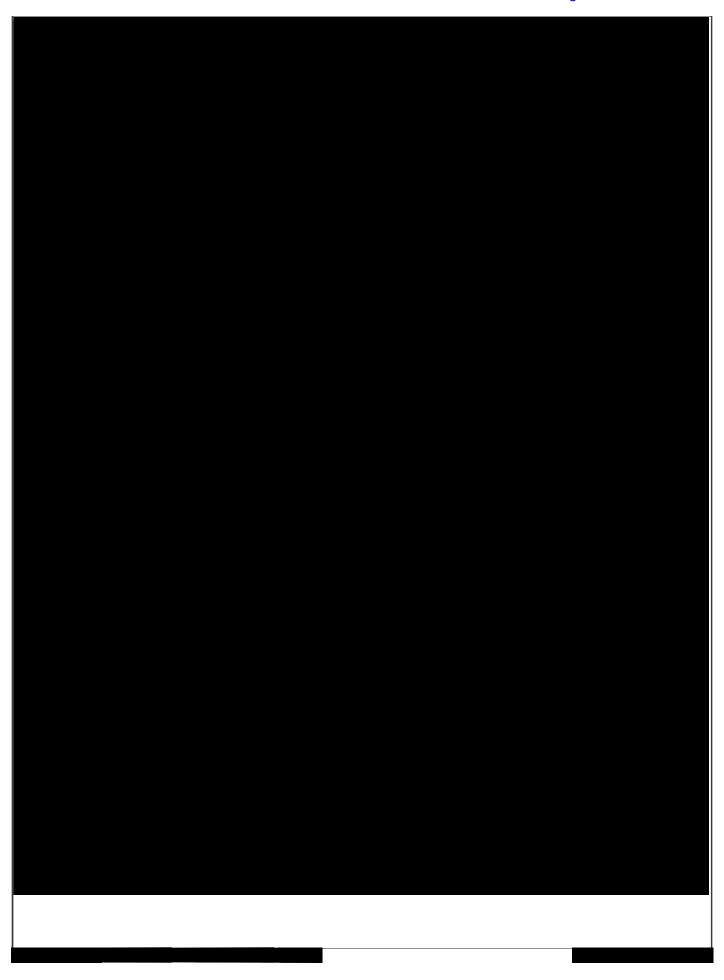


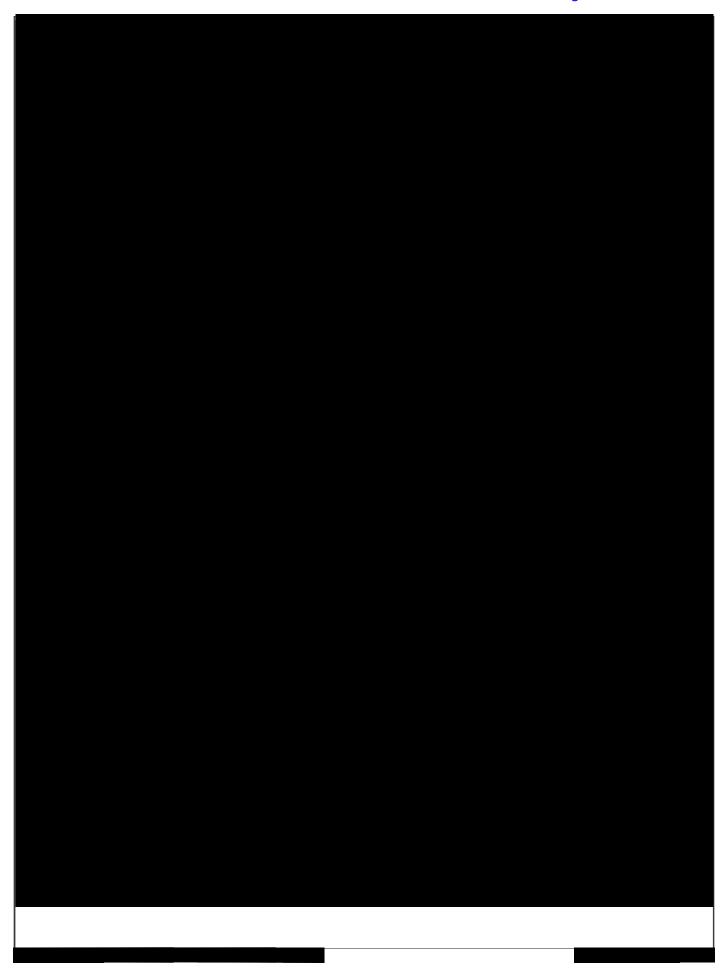








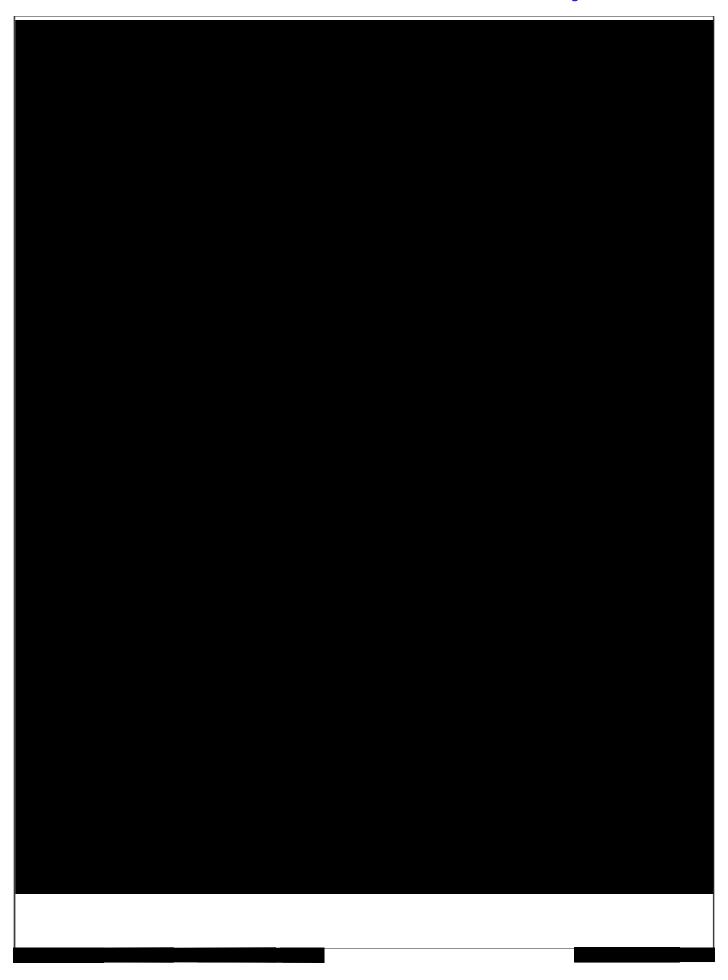


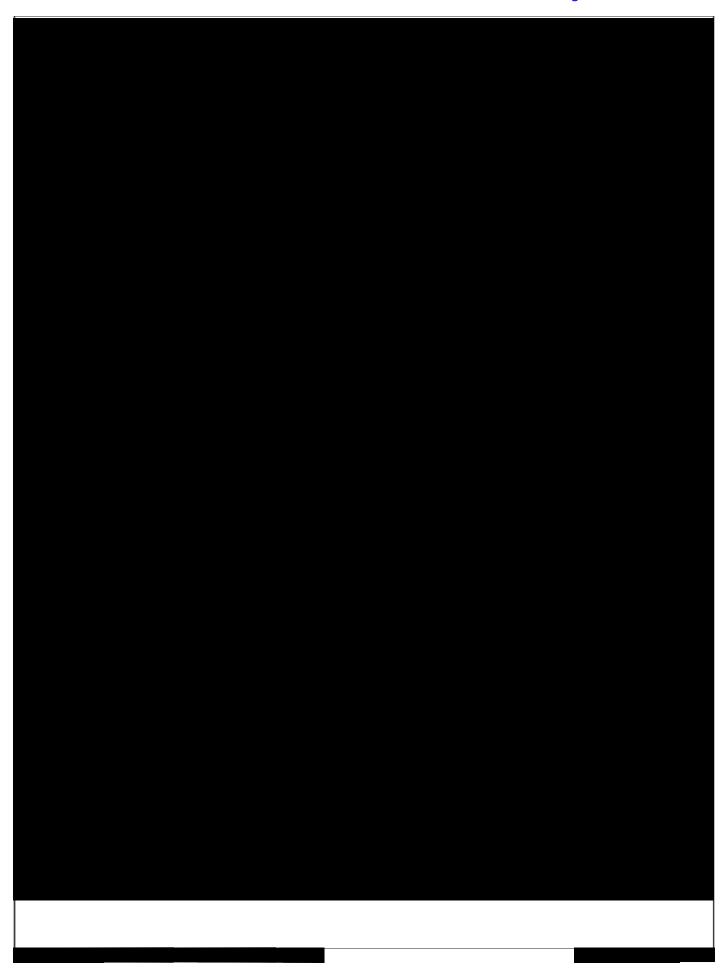


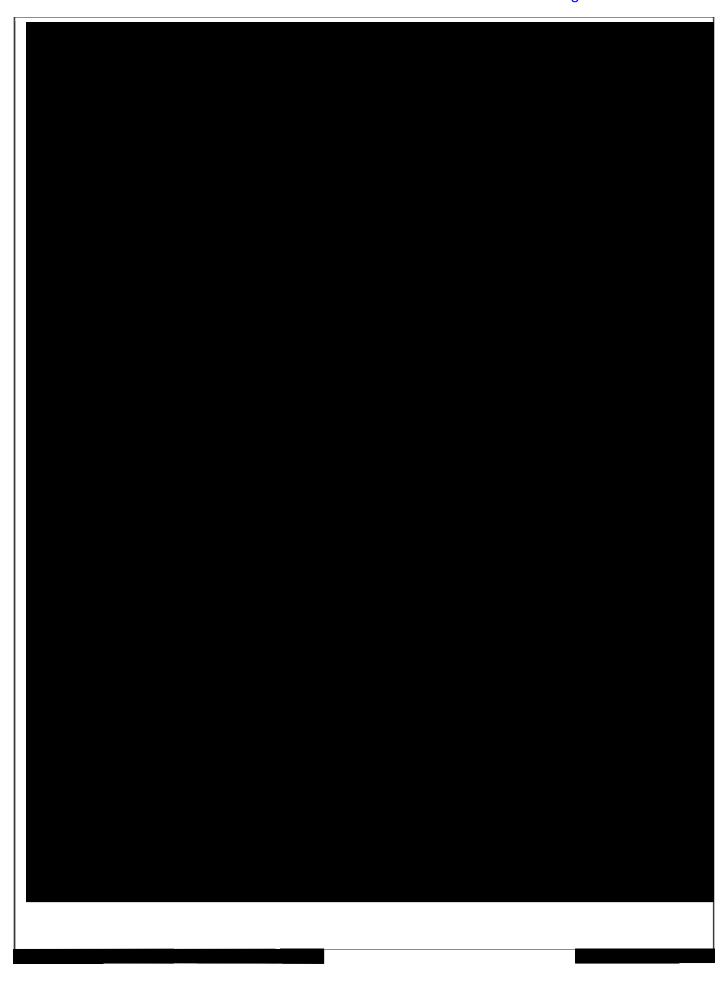


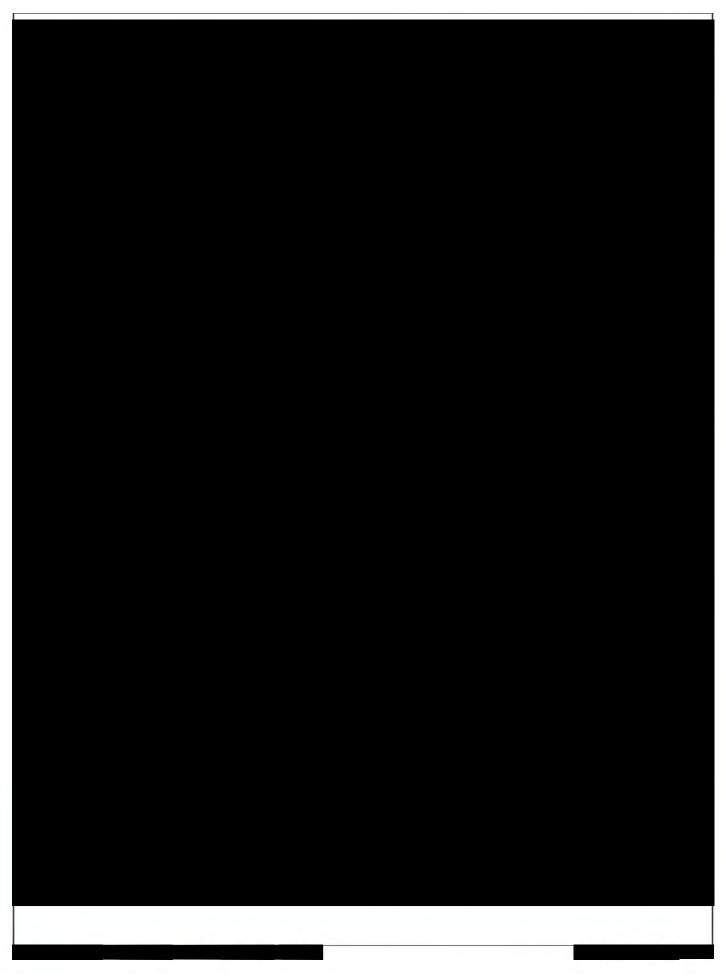




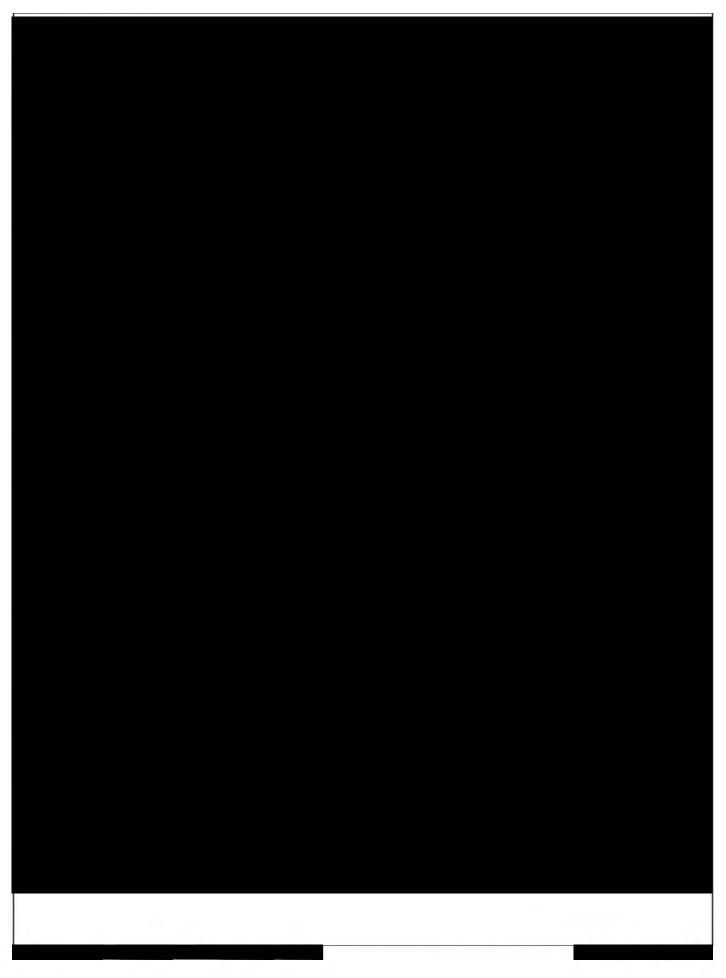




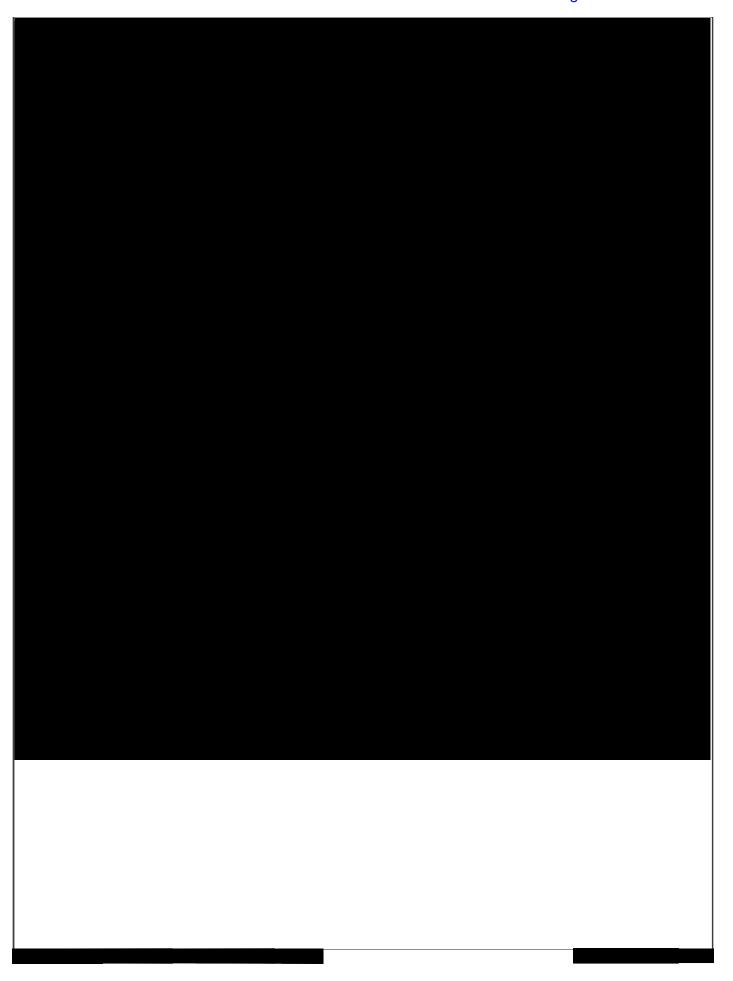


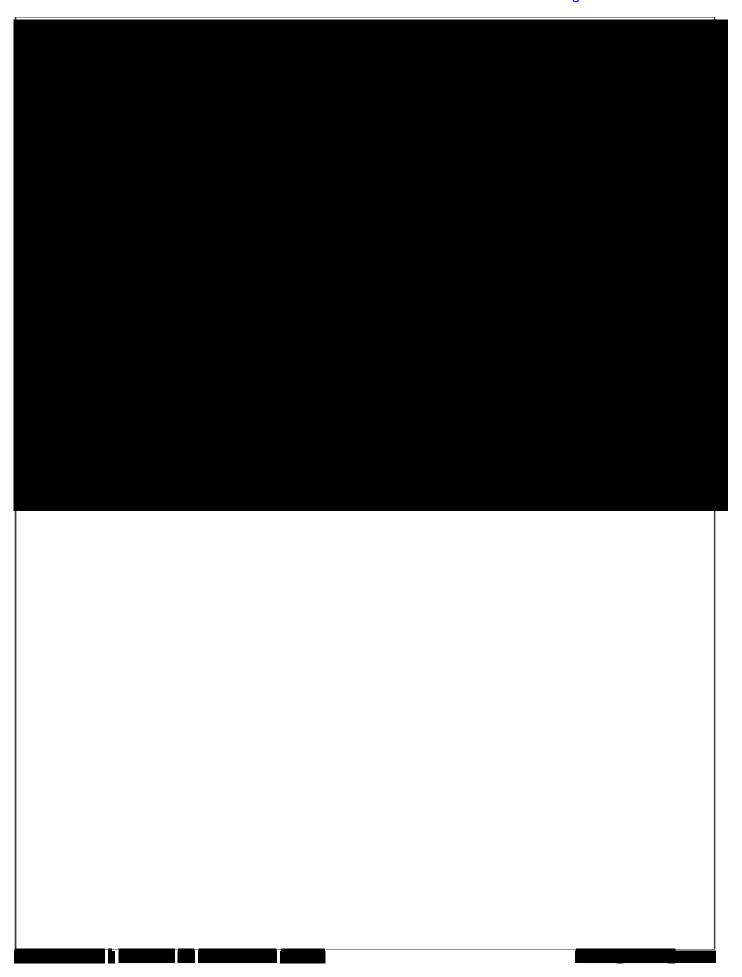




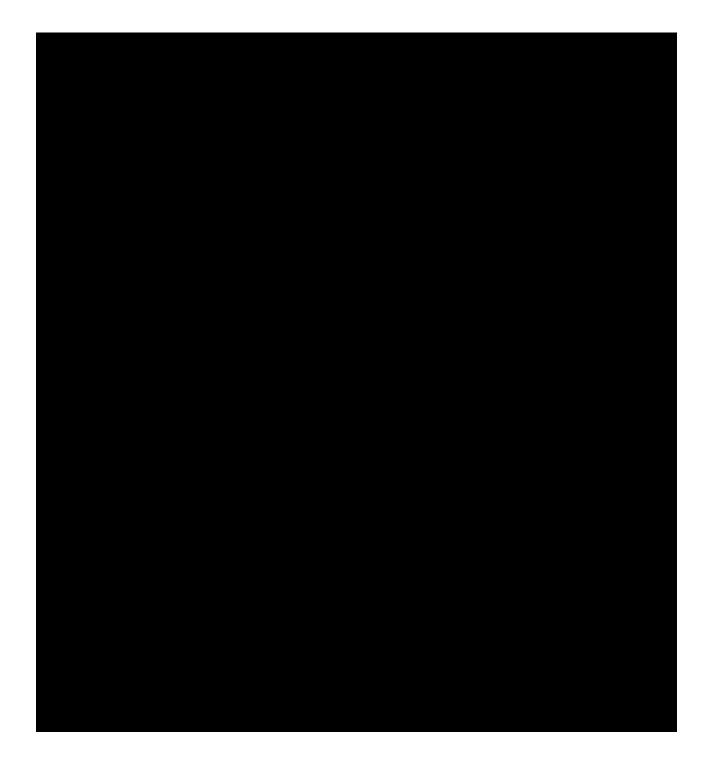








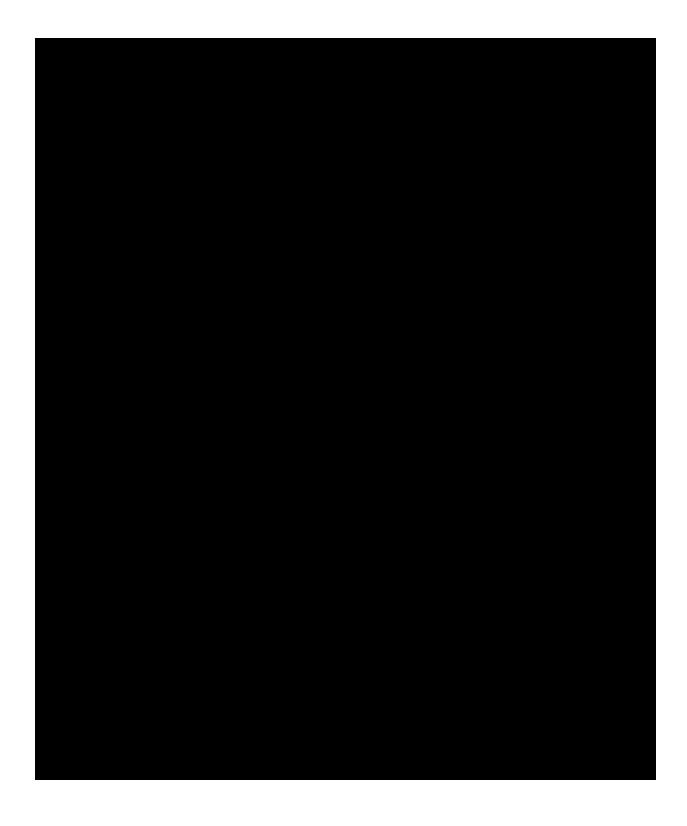








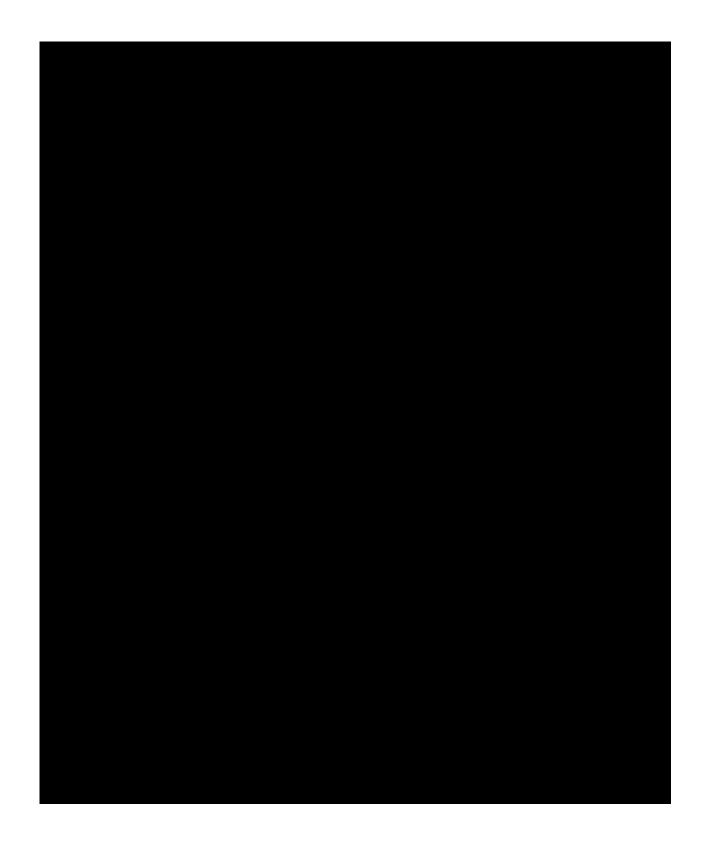




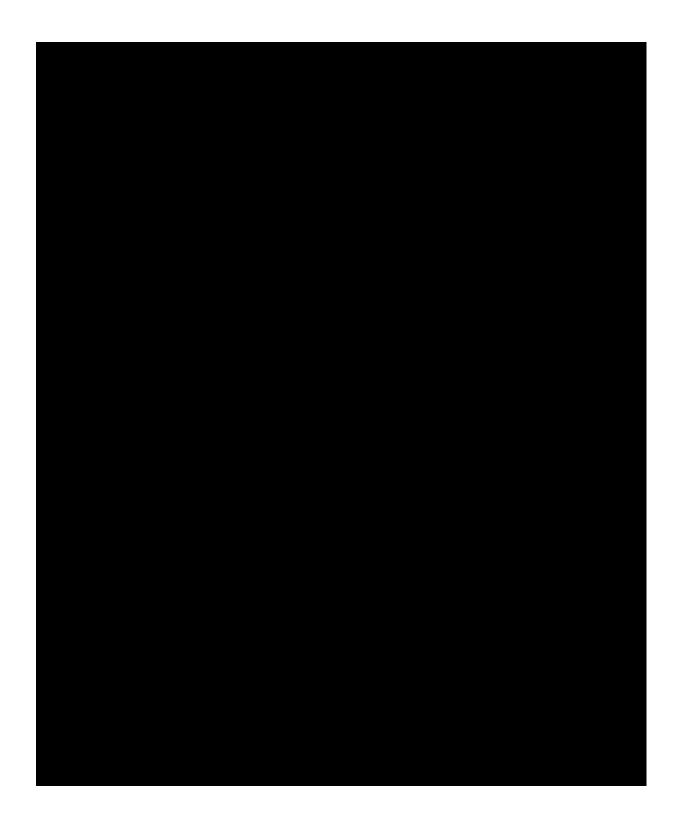




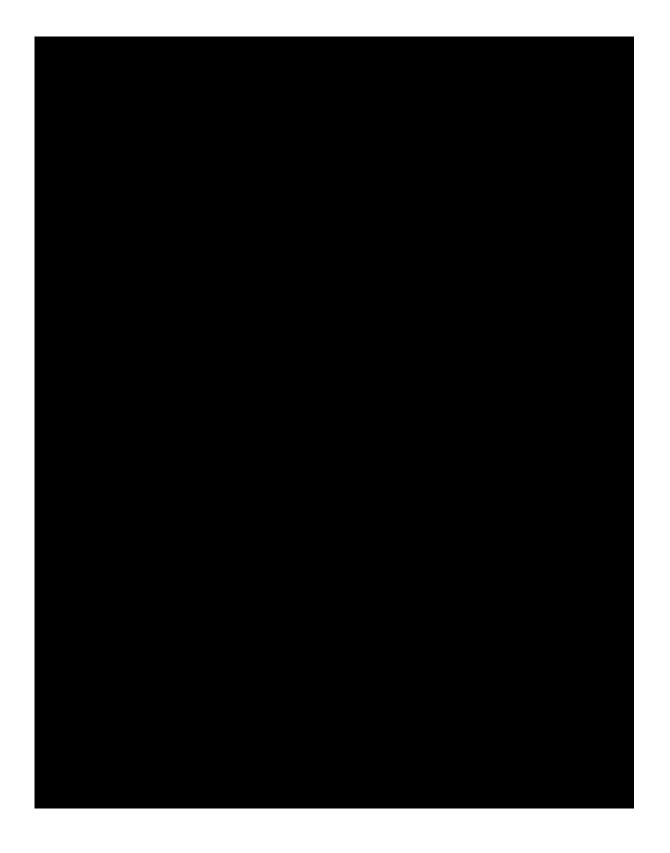








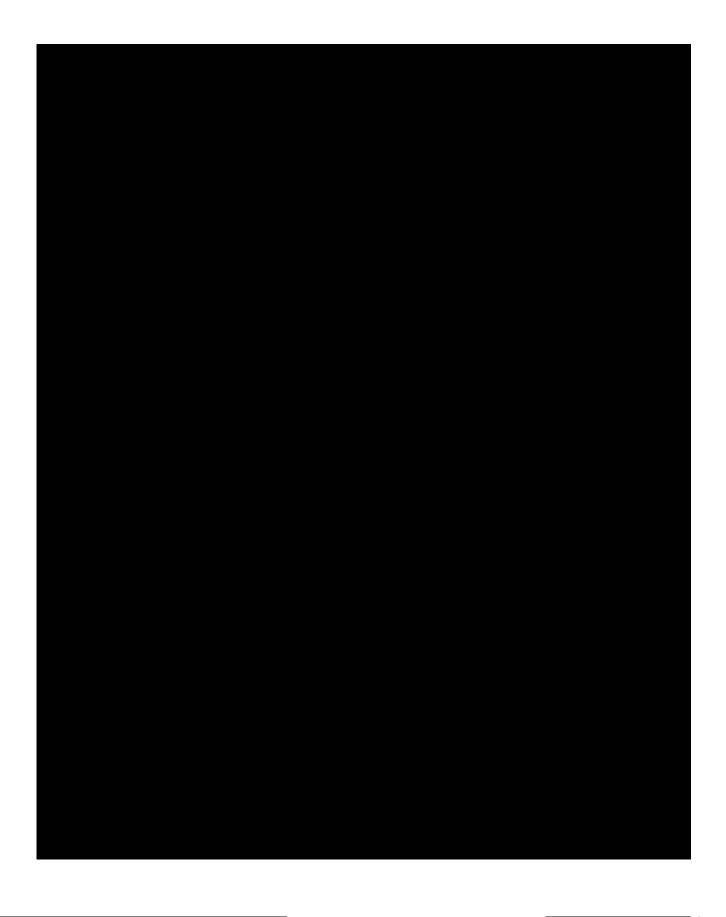




















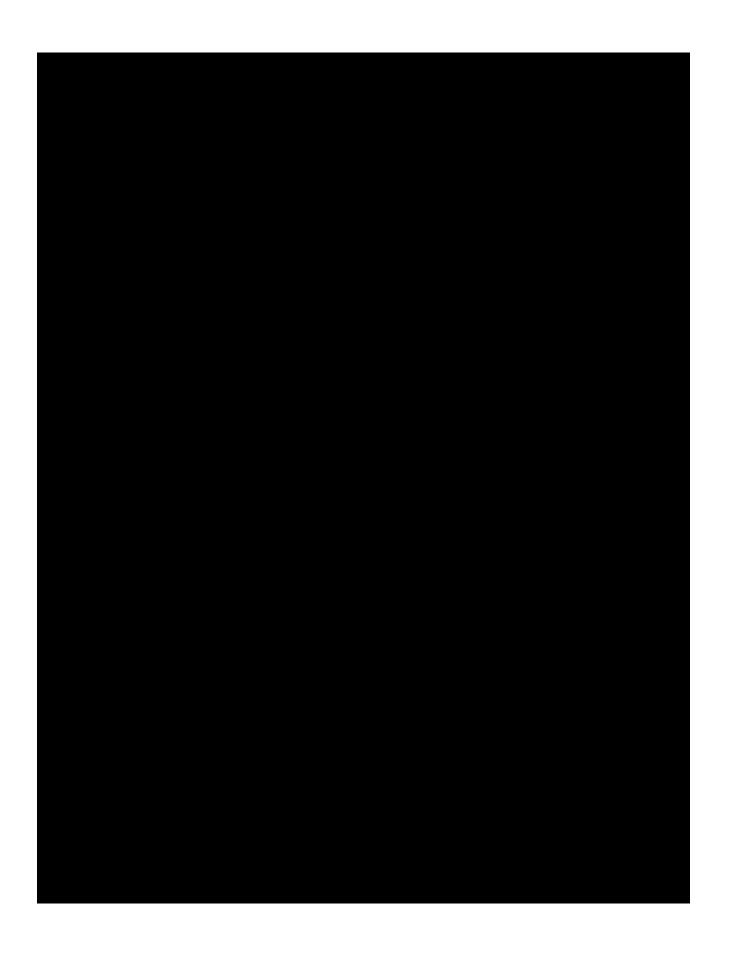






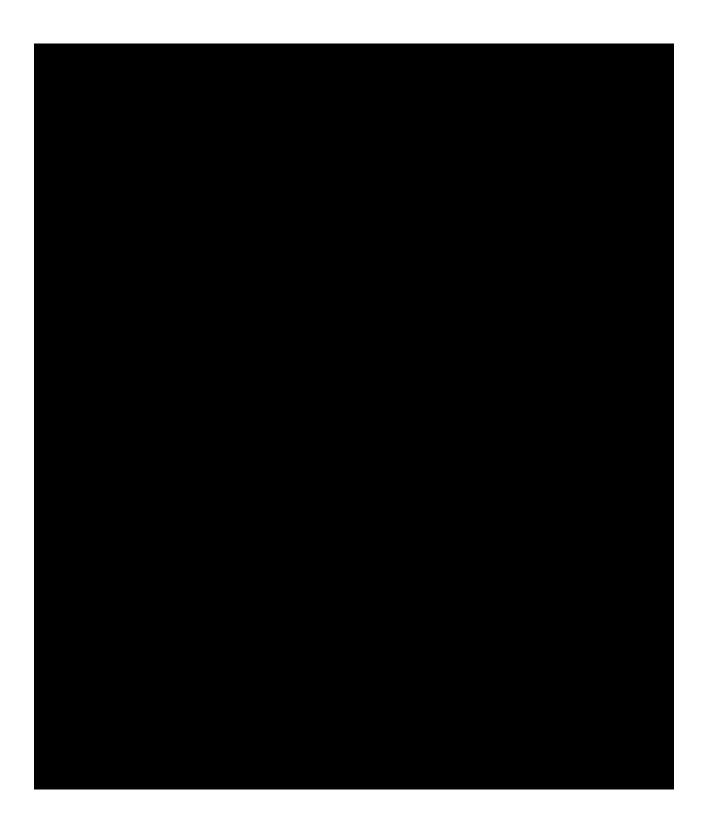












Re: last version with changes

From:

"Hudson, Jeff" < To:

Cc: Date:

Sat, 10 Sep 2022 13:10:08 -0400

Attachments: 06.09.22 SOC8 Final edit as agreed with adolescent chapter.pdf (12.5 MB)

Dear jeff,

Thank you very much for todays meeting and the support through this process.

We have just finished our meeting and we have agreed to remove the ages and to add the sentence we agreed. I hope that by doing this AAP will be able to endorse the SOC8 or at least to support it.

I am including the version that has been agreed with the adolescent chapter team and the chairs.

Kind regards



From: Hudson, Jeff <

Date: Saturday, 10 September 2022 at 16:35

To Cc

Subject: RE: meeting

Friends,

I can hop back on zoom now-will do right now.

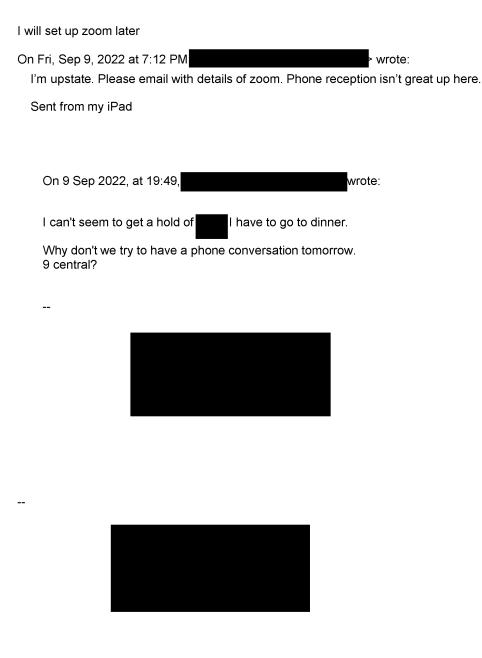
From: Sent: Friday, September 9, 2022 7:38 PM

Cc: Hudson, Jeff <

Subject: Re: meeting

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BOEAL_WPATH_080864

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