

# The War Within: CAMH battles notorious reputation of Zucker's and Blanchard's gender clinics with scathing report

## **Investigative report by Lynn Conway**

April 30, 2009 [V 4-30-09] [A report in progress]

**Abstract:** By 2007, CAMH's Ken Zucker had been widely exposed as a trans-reparatist who claimed to be able to cure gender variant children, while CAMH's Ray Blanchard openly ridiculed transsexual women as being men without penises. The resulting outrage all across the transgender community became so intense that CAMH launched a study to consider the complaints. The study led to stinging indictments of CAMH's gender clinics, and made well-reasoned recommendations on how to alleviate the problems. In response, Zucker and Blanchard have if anything intensified their ongoing 'war on transgenders', and are now apparently engaging in a war within CAMH to sidestep the recommendations of the study.

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### **Introduction:**

The [Centre for Addiction and Mental Health](#) (CAMH) in Toronto operates the most notoriously regressive clinic in the world for transgender people. They force gender-variant children into reparative therapy and have in the past rejected over 90% of people seeking health services – as discussed in depth in [Andrea James website](#).

By 2007, CAMH's [Ken Zucker](#) had been widely exposed as running a trans-reparatist clinic[1], while CAMH sexologist [Ray Blanchard](#) had openly ridiculed transsexual women in national media as being men without penises [2], generating outrage across the international trans community and leading to bitter protests of their clinics by local trans activists [3].

When facing such 'image-problems', most large institutions strive to appease and silence outside critics while dealing in secrecy with the problems within. Rarely if ever do such institutions admit that rogue internal groups are tarnishing their reputations.

However, public condemnation of Zucker's and Blanchard's activities finally became so intense that CAMH launched a study to consider the many complaints – and as we'll see that study led to stinging indictments of CAMH's gender clinics.

### **The CAMH/DPO study:**

In the fall of 2007, CAMH's Diversity Programs Office (DPO) began an investigation to learn more about GLBT community grievances, focusing especially on the many complaints about CAMH's gender clinics. The study was organized by [Annemarie Shrouder](#), an independent diversity and inclusion expert, and was announced in e-mail messages (see Appendix A) sent to local GTA (greater Toronto area) GLBT organizations:

“We at CAMH recognize that significant issues exist between parts of our organization and LGBTTTTQI communities. We have had several opportunities to hear the frustrations, desires, needs, concerns and hopes about and for mental health and addictions programs and services. And we have been listening.

We are committed to improving our service to and care of LGBTTTTQI clients. We recognize that in order for us to do this well, we must first bridge the gaps and build our relationships with LGBTTTTQI communities by making internal and external changes.

A crucial component of this commitment as an organization is to develop a strategy based on the feedback we have received over the years. And a crucial component of our strategy development is your input.”

– Annemarie Shrouder, November 14, 2007 (see App. A)

A series of focus group meetings were conducted to obtain feedback regarding Zucker's Gender Identity Disorder Service for gender variant children (the 'GIDS') and Blanchard's Gender Identity Clinic for adults (the 'GIC'), as follows [4, 5]:

Nov. 27 – Sherbourne Health Centre, re: GIC  
 Dec. 4 – 519 Community Centre, for Community Organizations  
 Dec. 4 – YMCA, re: GIDS  
 Dec. 5 – College St. Site, re: GIC  
 Dec. 11 – Queen St. Site, for clients

The findings and recommendations of the study were compiled as a CAMH/DPO report during the spring and summer of 2008, and published internally on August 11, 2008 [4, 5]. However, the report was apparently not mentioned to or released to focus group participants at that time (we are still investigating this point).

At some time after its initial internal publication, the Diversity Programs Office posted the report on the internet at the following links:

“Strategy to Build Relationships and Partnerships with LGBTTTTQI Communities” [4, 5]:  
[http://www.camh.net/About\\_CAMH/Diversity\\_Initiatives/final%20LGBTQ%20strategy.pdf](http://www.camh.net/About_CAMH/Diversity_Initiatives/final%20LGBTQ%20strategy.pdf)  
[http://www.camh.net/About\\_CAMH/Diversity\\_Initiatives/final%20Exec%20summary.pdf](http://www.camh.net/About_CAMH/Diversity_Initiatives/final%20Exec%20summary.pdf)

Some months later, in an update of Nov. 10, 2008, the report was openly linked-to from CAMH/DPO's "Diversity Initiatives" webpage:

[http://www.camh.net/About\\_CAMH/Diversity\\_Initiatives/index.html](http://www.camh.net/About_CAMH/Diversity_Initiatives/index.html)

The open internet posting was done quietly and without fanfare. It appears that neither focus groups nor members of the larger transgender community were notified (we're still investigating this point). It languished on the DPO page, unread by those most concerned about its results – until one of our correspondents stumbled on it and alerted us to it in April 2009.

## Findings of the CAMH/DPO report:

The Executive Summary of the report provides a rationale for the study as follows:

“While CAMH is considered a leader in diversity within the health sector in the GTA, there are still many gaps in CAMH’s diversity work and programming externally and internally. One of the goals of the CAMH Diversity Policy is to “provide an environment that is supportive, accessible, welcoming, safe, and free of stigma, harassment and discrimination for all our stakeholders, particularly for those stakeholders who identify as members of a CAMH designated group.””

– Exec. Summary, CAMH/DPO Report [5, p.1]

The Executive Summary goes on to note that in spite of past diversity program efforts:

“Still,

1. Homophobia, racism and ableism have been cited as important internal concerns
2. Although there are Queer & Trans-specific services in the Addictions program, these have not been offered in Mental Health
3. LGBTTTTQI priorities have not been part of the cultural competency practice framework for clinical staff

In addition,

4. The Gender Identity Clinic (GIC) and the Gender Identity Disorder Service (GIDS) have not been well regarded by some members of LGBTTTTQI communities due to negative experiences, underlying operational theories, approach, and treatment philosophy.”

– Exec. Summary, CAMH/DPO Report [5, p.2]

The Executive Summary then summarizes the main findings of the study concerning Blanchard’s GIC and Zucker’s GIDS – concerns based on the various CAMH/DPO s focus groups conducted in the fall of 2007. We highlight the main findings here in RED, for emphasis – and we encourage readers to cite these findings in future reports and essays:

“In Focus Groups and individual interviews with LGBTTTTQI community members, the Gender Identity Clinic and Gender Identity Disorder Service were cited as the main concerns. . . These experiences have resulted in negative feelings and perceptions – which have impacted CAMH’s reputation in broader LGBTTTTQI communities within the GTA and beyond.

Issues raised in particular, are that the clinics have:

### GIC

- Used the Medical Model (pathologized)
- A greater priority on research, relative to care
- Demonstrated a lack of willingness to engage with LGBTTTTQI communities and engage in dialogue
- Exhibited poor therapeutic communication and engagement. Some identify dismissive, condescending and authoritarian attitudes of staff
- Used a surgery-only track
- Supported and promoted the theories of Homosexual Transsexualism and Autogynephelia
- Used guidelines that are four-times (for hormones) and double (for the real life experience) the current WPATH Standards of Care

### Gender Identity Disorder Service:

- Used the Medical Model (pathologizing)

- Focused on removing cross-gender behaviour
- Demonstrated a lack of willingness to engage with LGBTTTTQI communities and engage in dialogue
- Exhibited poor therapeutic communication and engagement. Some identify dismissive, condescending and authoritarian attitudes of staff”

– Exec. Summary, CAMH/DPO Report [5, p.3]

The report went on to provide some perspective on events unfolding elsewhere, leading to further indictments of GIC and GIDS practices:

“LGBTTTTQI communities (particularly the Trans communities) have evolved over the last few decades, as have the standards of care for treatment of Gender Identity Disorder. There is a perception among some LGBTTTTQI community members that the Gender Identity Clinic and the GIDS have not reflected the evolutions within LGBTTTTQI communities in theory and practice.

There are many examples (locally, nationally, and internationally) of treatment and care for transgender adolescents and adults that are client-centred and rooted in an informed consent approach. Similarly, there are different clinical perspectives about children who exhibit cross-gender behaviour, as evidenced by the different term – Children with Gender Variant Behaviour (rather than children who have Gender Identity Disorder). 3 Since 70%-90% of children who exhibit cross-gender behaviour later come out as Lesbian, Gay, or Bisexual, it is argued that labeling this behaviour as pathological has negative consequences to self-esteem and self-acceptance of LGBTTTTQI individuals.”

– Exec. Summary, CAMH/DPO Report [5, p.4]

We were amazed to read these many indictments of Blanchard’s and Zucker’s clinics on the CAMH website. But there they are, for all to see.

### **Recommendations of the CAMH/DPO report:**

The DPO report went on to discuss a strategy that would “ultimately improve CAMH’s reputation and the organization’s service provision to these populations” [5, p.4].

The strategy involved “acknowledging the current situation”, “understanding the issues from multiple perspectives”, “examining and building internal capacity”, “engaging LGBTTTTQI communities”, and “working together with LGBTTTTQI communities to create change” [5, p.4].

The report then discussed a number of specific Recommendations and Action Items in order to implement this strategy.

The Recommendations included:

Acknowledge the concerns of individuals and communities regarding CAMH practices; re-implement and strengthening Program Advisory Committees for the GIC and GIDS; zero tolerance for homophobia, transphobia and heterosexism; engage in data collection to assess the strategy’s progress. [5, p.6]

Of particular significance was a recommendation to “examine and integrate LGBTTTTQI-affirming practices and informed consent approaches for clinical care into current treatment modalities in mental health, and at the GIC and Gender Identity Disorder Service.” [5, p.7]

The Action Items included:

Build on dialogue created with LGBTTTTQQI communities, organize yearly CAMH-sponsored community events - at CAMH or in the community; continue internal conversations with CAMH leadership re: options and possibilities for the GIC and the GIDS; find innovative solutions to include an LGBTQ- and trans-positive therapeutic model at the GIC and GIDS – with community input. [5, p.7]

Of interest was a recommendation that “CAMH to take an active role in education & advocacy re: homophobia, transphobia and heterosexism as social determinants of health – within LGBTTTTQQI communities and in the broader mental health & addictions community” [5, p.7].

These recommendations and action items have deep implications for the mission, oversight, leadership and operation of the GIC and GIDS. Only time will tell whether any are carried out.

### **Zucker’s and Blanchard’s notoriety escalates while the study was underway:**

As the DPO study moved forward into 2008, Zucker and Blanchard stumbled onward into ever-increasing controversy.

Even though long known as a trans-reparatist, [Zucker was selected on May 1, 2008](#) [7 ] to lead the revisions of the [American Psychiatric Association's](#) pronouncements on 'sexual and gender identity disorders' in the [Diagnostic and Statistical Manual of Mental Disorders](#) (DSM) [8], and Blanchard was selected as a member of Zucker’s committee.

With Zucker and Blanchard thus empowered, it became clear that chances for removal of GID from the DSM were slim to none, and trans people are likely to be stigmatized as ‘mentally ill’ for another decade or more.

Then on May 8-9, 2008, [National Public Radio broadcast a heartbreaking documentary](#) [9 ] contrasting Zucker's [decades-old reparatist methods](#) [10] to more modern treatment methods, such as those of [Norman Spack, M.D. of Boston](#) [11]. The *Torontoist* followed up on May 9, 2009 by exposing Zucker's reparatist treatment of gender-variant children, in an article entitled "[But For Today I Am A Boy](#)" [12].

These events set off a storm of protest in the trans community – a protest made visible in a [petition against Zucker's DSM selection](#) [13] that gained over 9,500 signatures. This was followed by a petition [“Against human rights violations of apparently gender variant children and adults”](#) [14]. On May 28, 2008, [the National Gay and Lesbian Task Force \(NGLTF\) issued a press release](#) [15] protesting Zucker's and Blanchard’s selection.

To make things even worse, Zucker’s close confidant [Alice Dreger](#) attempted to prevent a panel critical of Zucker and his colleagues from being held at a National Women’s Studies Association conference in the spring of ‘08. [Dreger’s noisy efforts failed to stop the panel](#), and only served to reveal the Machiavellian maneuverings of Zucker’s clique against their critics [16].

As a result of these events, CAMH became even more widely known as a world-center of repressive, stigmatizing, pathologizing, reparatist treatment of transgender people – undoubtedly blindsiding the well-intentioned DPO study which had just gotten underway.

### **Zucker's actions following the publication of the report:**

Following the internal publication of the CAMH/DPO report, Zucker himself began making highly personal attacks against his critics.

On September 19, 2008, Peter Jacobsen, an attorney for CAMH, Zucker and Blanchard, wrote an e-letter to Rosalyn Forrester threatening her with legal action for posting the petition "[Against human rights violations of apparently gender variant children and adults](#)" [14], even though that petition was a fair exercise in free speech. When the letter failed to reach Ms. Forrester, Jacobsen followed up with an [e-letter on Nov. 24, 2008, reiterating his threat of legal action](#) [17].

The letter to Ms. Forrester was clearly an attempt at intimidation, and one without foundation. Zucker had no grounds for the threatened lawsuit and did not follow-up with any legal action.

On January 27, 2009, Zucker went a step further, by falsely accusing Lynn Conway of libel in a [letter sent by CAMH attorney Peter Jacobsen to Lynn and to her university](#) [18] – in a clear attempt to suppress Lynn's website on the eve of [an IFGE workshop that would prove additionally embarrassing to Zucker](#) [19].

News of Zucker's bizarre attack quickly spread, as in a *Queerty* article entitled "[Dr. Kenneth Zucker's War on Transgenders](#)" [20]. Lynn documented what had happened in a report in her website entitled "Lynn Conway's Trans News Updates: The webpage Zucker attempted to suppress" [21]. Lynn went on to uncover evidence that [Zucker had a habit of threatening his critics with legal action](#) [22] and that he used a CAMH-paid attorney to make these threats.

Zucker's unfounded attack on Lynn was further documented in an interview on [CBS-News/LOGO-TV](#), and reported in [365GayNews.com](#) [23, 24, 25]

We've often wondered what provoked Zucker into rashly taking such an ill-conceived, unprofessional and highly unethical action.

"What is truly malicious is this threat of litigation against Lynn Conway and by implication against all who voice dissent with CAMH policies and gender-reparative treatments. Dr. Zucker's reputation might be better served if he and CAMH reconsidered the extreme conflict of interest that would ensue if a DSM-V Work Group chairman were in the business of litigation for monetary judgment against the very people whose lives and civil liberties were impacted."

– Kelley Winters, Ph.D. [26]

Could the open posting of the DPO report in November 2007 have had something to do with it? Was Zucker concerned that the upcoming IFGE Workshop [19] would further embarrass him? Could these things have combined in his mind – provoking Zucker into lashing out at Lynn Conway as if she were the cause of all his troubles?

Or could that threat and the threat sent to Rosalyn Forrester been meant to intimidate others in the trans community – to show them what might happen to them – if they dared to criticize Zucker.

Whatever his reasons, Zucker was certainly not making paying attention to or making any efforts to implement the recommendations of the CAMH/DPO report. Instead he seemed in complete denial of the report's indictments, and bent on personally attacking his critics at every possible opportunity – using the full power of CAMH as an institution to do so.

### **Cantor's edit warring on Wikipedia:**

In parallel with these events, CAMH employee [James Cantor](#) was engaging in an editing rampage on Wikipedia – editing topics in sexuality so as to bring them in line with Zucker's and Blanchard's reactionary teachings.\*

As Zucker's junior colleague and political operative, Cantor initially edited under the pseudonym "Marion the Librarian." However, he outed himself by accident – thus revealing himself to be yet another Zucker surrogate – and has had to edit under his real name since then.

In the process, Cantor and several anonymous [Bailey-Blanchard-Lawrence](#) defenders engaged in personal attacks on Zucker's and Blanchard's critics in the Wikipedia "talk pages," where they could say almost anything they wished – such as snickering at critics' appearances, making up false statements about critics' personal histories, diagnosing critics as 'autogynephiles', etc.

When pressed, Cantor began defending his edits and suppressing alternative views by claiming that the only valid sources of 'scientific' information on transsexualism were articles published in 'peer reviewed sexology journals', namely the *Archives of Sexual Behavior* edited by Zucker.

Could Cantor's obsessive effort have been motivated out of loyalty to his superior and mentor Zucker? And out of an urgent need to counter the findings of the CAMH/DPO study? Could this have led him into fabricating online 'evidence' suggesting that the world thought highly of Zucker's and Blanchard's teachings?

Whatever the reason, Cantor has left permanent tracks all over Wikipedia, tracks that reveal just how far Zucker's operatives will go to suppress any criticism of their leader's work.

\*An investigative report on James Cantor's Wikipedia rampage will be posted and cited soon.

### **Reflections on the report:**

By all appearances, the CAMH/DPO study was a sincere and well-intentioned effort by concerned CAMH staff members to gather input and ideas from external communities regarding how to improve their relations with CAMH.

Some might suspect the study to be 'window-dressing', i.e., an effort to simply appease transgender critics – but this seems unlikely given the indictments issued in the final report.

The final report identified very serious problems regarding Zucker's GIDS and Blanchard's GIC, and made well-founded recommendations on how to alleviate those problems.

However, we see no evidence that Zucker, Blanchard or their staff members have made any effort whatsoever to respond to the recommendations of the CAMH/DPO report.

If anything, they have intensified their 'war on transgenders' since the study got underway, and are apparently engaging in a war within CAMH to sidestep the recommendations of the report.

We call on CAMH to renew its commitment to diversity, public service and human rights by implementing in full the recommendations and action items of the DPO report – whether Zucker and Blanchard like it or not.

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## Appendix A:

### Example e-mail announcing focus group meeting:

To: [transhealthlobbyrhn@yahoogroups.com](mailto:transhealthlobbyrhn@yahoogroups.com)

From: [transhumanrightscampaign@yahoo.ca](mailto:transhumanrightscampaign@yahoo.ca)

Date: Wed, 14 Nov 2007 14:16:08 -0500

Subject: [TransHealthLobbyRHN] CAMH's Draft LGBTTTTQI Strategy

Are you:

Lesbian, Gay, Bisexual, Trans, Two-Spirited, Intersex,  
Queer or Questioning?

Have you:

Received services at CAMH's Gender Identity Clinic?

We'd like your feedback on

CAMH's Draft LGBTTTTQI Strategy

Tuesday, November 27th 5:30 - 7:30pm

@ Sherbourne Health Centre (room 2007)

We at CAMH recognize that significant issues exist between parts of our organization and LGBTTTTQI communities. We have had several opportunities to hear the frustrations, desires, needs, concerns and hopes about and for mental health and addictions programs and services. And we have been listening.

We are committed to improving our service to and care of LGBTTTTQI clients. We recognize that in order for us to do this well, we must first bridge the gaps and build our relationships with LGBTTTTQI communities by making internal and external changes.

A crucial component of this commitment as an organization is to develop a strategy based on the feedback we have received over the years. And a crucial component of our strategy development is your input.

We are inviting you to join a focus group on Tuesday, November 27th from 5:30pm - 7:30pm at Sherbourne Health Centre so that we can share the (draft) framework for this Strategy as it relates to the G.I.C., and receive your feedback.

If you plan to attend, please RSVP to Annemarie by Nov. 25th at:

[annemarie\\_shrouder@camh.net](mailto:annemarie_shrouder@camh.net) or 416 535 8501 x 3418