UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WISCONSIN

CODY FLACK and SARA ANN MAKENZIE, Plaintiffs, v. WISCONSIN DEPARTMENT OF HEALTH SERVICES and LINDA SEEMEYER, in her official capacity as Secretary of the Wisconsin Department of Health Services, Defendants.	Case No. 3:18-cv-00309-wmc Judge William Conley

EXPERT WITNESS DECLARATION OF JACLYN WHITE HUGHTO, PhD, MPH

I, Jaclyn White Hughto, PhD, MPH, declare as follows:

1. My name is Jaclyn White Hughto, PhD, MPH. I am a public health scholar focusing on transgender health. I am a faculty member at Brown University and an affiliated investigator at The Fenway Institute, of Fenway Health in Boston, one of the leading LGBT health centers and research institutions in the world.

2. I have been retained by counsel for Plaintiffs in the above-captioned matter to provide an expert witness declaration providing my professional opinion on the harms to individuals with gender dysphoria (including Plaintiffs Cody Flack and Sara Ann Makenzie) related to, and the public health implications of, categorical exclusions of Medicaid coverage for medically necessary treatments for gender dysphoria.

3. I have actual knowledge of the matters stated in this declaration.

Background and Qualifications

4. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae, a true and correct copy of which is attached as Exhibit B to this declaration.

5. I received my PhD in Chronic Disease Epidemiology from Yale University with a focus on the social determinants driving health inequities for Lesbian, Gay, Bisexual, and Transgender (LGBT) populations. I also earned a Masters in Public Health in Behavioral Science and Health Education from Emory University. I am a faculty investigator at the Brown University School of Public Health in the Departments of Epidemiology and Behavioral and Social Sciences and a faculty member at Brown's Center for Health Equity Research. Additionally, I am an affiliated investigator at The Fenway Institute of Fenway Health in Boston, where I have conducted epidemiological and bio-behavioral intervention research with LGBT communities since 2010. My research focuses on identifying the individual, interpersonal, structural, and geographic risk factors that place LGBT persons at disproportionate risk for poor health relative to the general population; and developing multilevel interventions to improve the health of marginalized and at-risk populations.

6. For the past 10 years I have worked directly with hundreds of adolescents and adults whose assigned sex at birth is incongruent with their gender identity (hereafter referred to as transgender or trans individuals). My work with transgender populations first began as a Project Director at The Fenway Institute, and later continued as a Principal Investigator at The Fenway Institute, Yale University, and now Brown University. In these roles, I have worked alongside transgender and non-transgender (herein referred to as cisgender) colleagues, patients, research participants, and community members to understand and improve the health of the

transgender community. In addition to conducting research, I have been involved in programmatic work to improve transgender individuals' access to necessary health services including insurance coverage for transgender care and training of healthcare providers to increase their cultural and clinical competence to care for transgender patients. I have also utilized my research to advance policy efforts to ensure the inclusion of transgender identity in state non-discrimination laws.

7. I have published 48 peer-reviewed journal articles and a book chapter, with the majority of these focusing on transgender populations. The majority of these publications focus on the health of transgender people, including the impact of structural forms of stigma such as laws and policies that restrict access to medically necessary care for transgender people and contribute to poor health outcomes; geographical variation in access to care for transgender people; and the psychological and quality of life benefits of access to cross-sex hormones and gender affirmation surgery (also known as gender confirmation surgery or transition-related surgery) for this population.

8. I have presented my work via 63 scientific/academic presentations internationally, nationally, and locally; the majority of these presentations have focused on the health of transgender people.

9. I have conducted and analyzed research with over 20,000 transgender individuals. I am currently the Principal Investigator of a study of 1,000 transgender individuals that looks to examine facilitators and barriers to engagement in care for HIV-infected and at-risk transgender patients with a focus on identifying the influence of state-level policies on the health of transgender patients. I am also Co-Investigator on a study that examines the healthcare utilization of more than 14,000 transgender patients using insurance claims data from a representative

sample of commercially insured and Medicare Advantage insured persons in the U.S. This study also aims to begin the process of developing performance measures for the delivery of quality care for transgender patients. Additionally, I am Co-Investigator on a longitudinal study that examines the long-term health outcomes of medical gender affirmation among transgender patients at two clinical care sites in the U.S. I was previously a Principal Investigator of a pilot intervention study that aimed to improve incarcerated transgender people's access to gender-affirming care through the delivery of an interactive training to increase correctional healthcare providers' cultural and clinical competence to care for transgender patients.

10. I am a member of the Lesbian, Gay, Bisexual, and Transgender Caucus of Health Professionals within the American Public Health Association (APHA) (of which I am also a member). The LGBT Caucus is charged with ensuring that the most relevant and up-to-date research regarding LGBT individuals is disseminated to the full membership of APHA. The Caucus is an advocate for equal justice and rights for all individuals, regardless of their ethnicity, race, creed, sex, sexual orientation or gender identity, and is committed to combating discriminatory practices in health organizations and systems. The Caucus provides programming at the annual APHA convention to disseminate cutting-edge epidemiological and intervention research as well as innovations in public health programming and practice with LGBT individuals.

11. I have been nominated and received several awards for my expertise and research with transgender individuals. I was recently nominated for the 2018 National Institutes of Health Early Career Award for work with Sexual and Gender Minority (SGM) populations. I was also awarded a Doctoral Student Research Award at the 2015 APHA conference for my research involving the mental health effects of stigma for transgender adults and well as the Excellence in

Abstract Submission Award at the 2014 APHA conference for my research identifying geographical risk factors for HIV infection for transgender adults. My dissertation research, which examined barriers to care and developed an intervention to overcome barriers to care for criminally-justice involved transgender persons, was awarded distinction from Yale University. I am being compensated at an hourly rate of $150/hour for actual time devoted for my expert services and testimony in this case, as well as expenses and costs. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

12. I have not testified at deposition or trial in any case in the last four years.

Basis for Opinions and Documents Reviewed

13. My opinions contained in this report are based on the following sources: (1) my personal experience witnessing transgender patients, research participants, and colleagues face challenges accessing medically necessary care, including insurance coverage for gender-affirming surgeries; (2) my own research with more than 20,000 transgender participants exploring social determinants of health for this population, including the physical and mental health consequences of transgender stigma; (3) a thorough review of the peer-reviewed research on the etiology and treatment of gender dysphoria, including the medical necessity of gender affirmation surgery for transgender people as cited in the list of references to this report; and (4) the governing standards of care within the field of transgender medicine from the World Professional Association of Transgender Health, The Endocrine Society, the American Psychiatric Association, and The American Medical Association, all of which issue guidelines outlining the medical treatment of gender dysphoria.

14. In preparing this declaration, I reviewed the factual allegations contained in the Complaint filed in this case regarding the experiences of Cody Flack and Sara Ann Makenzie, and, for the purposes of this declaration, assume those allegations to be true.

15. In preparing this declaration, I also reviewed Wisconsin's categorical exclusion of transition-related surgeries and medical treatments contained in Wis. Adm. Code § DHS 107.03(23)-(24).

Gender Identity, Sex, and Gender Dysphoria

16. "Gender identity" is a psychological and medical term used to define a person's internal sense of being a man, woman, or another gender. Gender identity is innate and possessed by all human beings. For most human beings, awareness of one's gender identity develops around age 3, although for transgender individuals, this may occur later in life.

17. "Sex" is a term used to categorize individuals as male or female. Sex is assigned to individuals at birth by a medical provider based on the presence of specific physical characteristics and chromosomes. Infants are typically assigned a female sex at birth if they are born with external genitalia that includes a vagina, clitoris, and vulva; internal reproductive organs that include ovaries and a uterus; and XX chromosomes. Similarly, the majority of infants born with a penis, testes, and XY chromosomes are assigned a male sex at birth. Infants born with the anatomy of both sexes are considered to be intersex. For intersex infants, healthcare providers generally conduct a series of hormonal, genetic, and radiological tests, and together with parents, assign these infants a preliminary sex based on which gender they anticipate the child will feel later in life (ISNA, 2018). Intersex individuals not only represent the variability in human sexuality and development but also provide evidence that sex is a category assigned to an

individual based on a collection of traits that do not always fit within the typical sex/gender binary of male/man or female/woman.

18. The majority of individuals assigned a female sex at birth will experience themselves as female and identify as women, while the majority of individuals assigned a male sex at birth will experience themselves as male and identify as men. While there is considerable variability in who falls under the transgender umbrella, it is estimated that approximately 1.4 million U.S. adults, or 0.06% of the U.S. adult population, are transgender (Flores, Herman, Gates, & Brown, 2016).

19. "Gender dysphoria" describes the psychological distress associated with having an incongruent gender identity and assigned birth sex (American Psychiatric Association, 2013). Many transgender people receive a formal diagnosis of gender dysphoria as listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the World Health Organization's International Classification of Diseases (ICD-10) (under the now-outdated name "gender identity disorder"). Individuals with gender dysphoria present with a variety of symptoms, including extreme emotional distress and intense desires to be seen and validated in accordance with their innate gender identity.

20. The criteria for identifying gender dysphoria in adults under section 302.85 of the DSM-5 include:

a. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least 2 of the following:

i. A marked incongruence between one's experienced/expressed gender and primary and or/secondary sex characteristics;

ii. A strong desire to be rid of one's primary and/or secondary sex characteristics (in order to align one's physical gender presentation with one's identified gender);

iii. A strong desire for the primary and/or secondary sex characteristics of the "other" gender (i.e., identified gender);

iv. A strong desire to be of the "other" gender (i.e., identified gender);

v. A strong desire to be treated as the "other" gender (i.e., identified gender); and

vi. A strong conviction that one has the typical feelings and reactions of the "other" gender (i.e., identified gender).

Standards of Care

21. The treatment for gender dysphoria is outlined in the Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People – the authoritative clinical guidelines for transgender care in the U.S. and internationally. The SOC is published by the World Professional Association of Transgender Health (WPATH), an international, interdisciplinary professional and educational organization devoted to disseminating evidence-based care, education, research, advocacy, and public policy to promote the highest standards of healthcare for transgender individuals. Since 1979, the SOC has outlined clinical guidelines for the care of transgender individuals. The treatments outlined in the SOC are endorsed and recommended by the leading medical and mental health organizations in the U.S. and including, the American Medical Association; the Endocrine Society, the American Psychiatric Association; and the American Psychological Association.

22. The SOC is based on the best available science and expert professional consensus (Coleman et al., 2012). The overall goal of the SOC is to provide clinical guidance for health professionals to assist transgender people with safe and effective pathways to alleviate gender dysphoria and maximize their physical and psychological health and well-being. The SOC recommends several treatments to alleviate gender dysphoria. While the specific treatments transgender individuals may desire and ultimately access often vary based on the psychological, physiological, and situational needs of each individual, gender-affirming treatments generally consist of one or more social, psychological, and/or medical component that allows the individual to be authentically seen and live as their innate gender identity.

23. Under the SOC, the process of socially affirming one's gender, also called social transition, involves changing one's social identity and presentation to align with one's gender identity. Social gender affirmation can include disclosing one's gender identity to others (e.g., "coming out") as well as changing one's mannerisms, dress, name, and/or pronoun to align with one's gender identity. Medical gender affirmation, also known as medical transition or gender confirmation, involves the use of cross-sex hormone therapy and/or surgery (e.g., chest surgery, genital surgery) to masculinize or feminize the body. According to the SOC, these social and medical processes serve to alleviate gender dysphoria by aligning one's social and physical gender expression with one's gender identity thereby eliminating gender incongruence and associated distress (Coleman et al., 2012).

24. Social and medical gender affirmation have been used for more than 60 years to alleviate gender dysphoria and are considered safe and effective (Coleman et al., 2012; Spade, 2010). Further, two systematic reviews, based on more than 32 research studies from across the world establish the benefit of these social and medical processes on the mental health of

transgender people (Murad et al., 2010; White Hughto & Reisner, 2016). Specifically, these reviews overwhelmingly find a positive relationship between hormone therapy and surgery and improvements in gender dysphoria, psychological symptoms (e.g., depression and anxiety), and overall quality of life for transgender individuals who had socially affirmed their gender and were able to access gender-affirming medical therapies (Murad et al., 2010; White Hughto & Reisner, 2016). Conversely, several studies have found that denied access to hormones and surgery is associated with poor mental health, suicidality, and non-suicidal self-injury for transgender individuals (e.g., Brown, 2010; Cole, O'Boyle, Emory, & Meyer III, 1997; Rotondi et al., 2013). Thus, across clinical care guidelines, hormone therapy and surgery are considered medically necessary for transgender people.

25. Consistent with the medical necessity of hormone therapy and surgery, 18 U.S. states and the District of Columbia have instituted Medicaid policies that explicitly cover healthcare related to medical gender affirmation (MAP, 2018). Under these policies, transgender people cannot be denied Medicaid coverage for hormone therapy or surgery that is medically necessary to treat gender dysphoria. Additionally, under these policies, transgender individuals who demonstrate the medical necessity of hormones and/or surgery according to current clinical care guidelines, are eligible to receive Medicaid coverage for these procedures. Despite recognition of the medical necessity of hormones and surgery by nearly half the states in the U.S., 22 states do not have an explicit Medicaid policy regarding transgender healthcare coverage; and 10 states have a Medicaid policy that explicitly excludes transgender healthcare coverage. The states with exclusionary policies include: Alaska, Georgia, Iowa, Maine, Missouri, Nebraska, Ohio, Tennessee, Wyoming, and Wisconsin.

26. In my professional opinion, the states with exclusionary Medicaid policies are in direct opposition to the transgender clinical care guidelines set forth by the leading medical organizations in the U.S. that recommend that these safe and effective treatments be made available to transgender individuals as a means to alleviate gender dysphoria. Exclusionary state Medicaid policies not only create inequitable access to needed care for transgender Medicaid recipients in these states, but as discussed in-depth below, such policies also have the potential to exacerbate gender dysphoria and place affected transgender individuals at risk for a variety of negative health outcomes including intense emotional suffering, anxiety and depression, suicidality, and thoughts or acts of self- harm.

Stigma Associated with Being Transgender

Multilevel Sources of Transgender Stigma

27. Stigma is the social process of labeling, stereotyping, and rejecting human difference as a form of social control (Link & Phelan, 2001; Phelan, Link, & Dovidio, 2008). Central to stigma is power, which is used by the stigmatizing majority to exclude and marginalize those who are different.

28. In the U.S., transgender individuals are often considered deviant for having a gender identity that is discordant with the gender typically associated with their assigned birth sex and experience widespread stigma as a result (Bockting, Miner, Romine, Hamilton, & Coleman, 2013; Grant et al., 2011; James et al., 2016; Lombardi, Wilchins, Priesing, & Malouf, 2002; White Hughto, Reisner, & Pachankis, 2015).

29. Transgender individuals often experience stigma through diverse and multi-level mechanisms (White Hughto et al., 2015). *Interpersonal* stigma refers to direct or enacted forms of stigma including verbal harassment, discriminatory practices such as refusal of care by a

healthcare provider, physical violence, and sexual assault due to one's gender identity. *Individual* stigma includes the negative feelings transgender people hold about themselves or the beliefs they perceive others to hold about them that may shape future behavior such as the avoidance of health-promoting resources as a means of minimizing distress. Finally, s*tructural* stigma refers to the societal norms, governmental laws, and institutional policies that constrain access to health-promoting resources such as employment, housing, and healthcare. Here I describe the primary pathways through which each form of stigma contributes to poor health for transgender people.

The Effects of Interpersonal Stigma on the Health of Transgender People

30. Societal norms and beliefs often translate into enacted stigma at the interpersonal level, which can produce negative consequences for transgender people. Goffman (1963), an early and influential theorist in the field of stigma, described those with visible stigmas as the "discredited," as their stigmatized condition is readily apparent and therefore more susceptible to mistreatment. Conversely, the "discreditable" are those whose stigma is invisible but who would experience stigma should their stigma become known to others. To that end, transgender people with low visual gender conformity, such that other people can tell they are transgender, experience more discrimination and worse health outcomes than those with high visual gender conformity (Grant et al., 2011; Reisner, Hughto, et al., 2015; Reisner et al., 2016). Transgender individuals who are unable to access gender affirmation procedures due to cost and lack of insurance coverage are, therefore, at risk of experiencing enacted forms of stigma as their gender nonconforming appearance is visible to others (White Hughto et al., 2015).

31. In the 2015 U.S. Transgender Survey, a national study of more than 27,000 transgender people, 46% of the sample were verbally harassed and 9% were physically attacked for being transgender in the past year alone (James et al., 2016). A review of violence against

U.S. transgender people found that the prevalence of lifetime physical assault due to gender identity ranged from 33–53% (Stotzer, 2009). Sexual assault has also been shown to be common among transgender people. In the U.S. Transgender Survey, 47% of the sample had been sexually assaulted at some point in their lifetime and 1 in 10 were sexually assaulted in the past year (James et al., 2016). Violence at the hands of intimate partners was also particularly common, with 54% of the sample experiencing some form of coercive control and physical harm and nearly a quarter (24%) experiencing severe physical violence by an intimate partner in their lifetime.

32. It is theorized that gender nonconformity causes perpetrators of violence to become anxious and angry, ultimately enacting violence against transgender people as a means of rejecting and diminishing that which they fear (Westbrook & Schilt, 2013). In the case of sexualized interactions between cisgender men and transgender women, it has been argued that cisgender men feel threatened when they learn a woman is transgender, and react violently in an effort to prove their heterosexuality and reclaim their masculinity and power (Schilt & Westbrook, 2009). Studies also show high levels of reported violence among young and low-income transgender people (Stotzer, 2009), suggesting that violence on the basis of transgender identity often affects the most marginalized transgender subpopulations.

33. Research finds that individuals with physical appearances that do not align with their gender identity, for example, the presence of breasts in a transgender man or the absence of breasts in a transgender woman, are at heightened risk for interpersonal forms of mistreatment (Reisner, Hughto, et al., 2015; White Hughto, Rose, Pachankis, & Reisner, 2017). Interpersonal stigma related to a transgender person's physical characteristics can carry direct costs via

physical violence as well as through the emotional distress that results from identity-based mistreatment.

34. Additionally, experimental studies among diverse populations show that stigma-related stress has an immediate effect on the body including diastolic blood pressure reactivity, increased cortisol output, and elevated cardiometabolic risk (Guyll, Matthews, & Bromberger, 2001; Hatzenbuehler, Slopen, & McLaughlin, 2014; Townsend, Major, Gangi, & Mendes, 2011). Chronic activation of the body's stress response system can compromise health over time, a phenomenon termed "allostatic load" (McEwen & Stellar, 1993). For many, chronic stress is associated with adverse health outcomes, such as hypertension, diabetes, and even death (Anderson, 1989; Hatzenbuehler, Bellatorre, et al., 2014; Taylor et al., 2006). Persistent stress has also been linked to anxiety, depression, suicidality, and substance use to cope in transgender populations (Clements-Nolle, Marx, & Katz, 2006; Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Reisner, Greytak, Parsons, & Ybarra, 2014).

35. While a dearth of research has explored the long-term physical health effects of stigma-related stress in transgender people, studies among other stigmatized groups reveal that stigma can affect health over the life-course, as middle age Black women in one study, were found to be 7.5 years biologically older than their white peers (Geronimus et al., 2010). Given that transgender people experience stigma in numerous contexts throughout their lives, it is likely that these experiences take a similarly additive toll on their health. Further, adults with multiple disadvantaged statuses (e.g., physical and mental health disabilities, low income) are more likely to experience poor physical and mental health than those with a single stigmatized identity (Grollman, 2014). Transgender individuals with multiple disadvantaged statuses may be at

particularly increased risk of poor health due the chronic stress associated with experiencing stigma through multiple pathways.

36. Based on the Complaint in this case, both Cody Flack and Sara Ann Makenzie have been mistreated because of gender nonconforming physical traits (for Cody, the presence of breasts, and for Sara, the past underdevelopment of breasts). Their experiences, and the harms to their health and well-being, are consistent with the research described above. Moreover, because both Cody and Sara have multiple disadvantaged and stigmatized statuses—including living with disabilities and having limited incomes—it is reasonable to assume that they are at even greater risk for experiencing discrimination, violence, and other forms of interpersonal stigma which, in turn places, them at heightened risk for poor physical and mental health.

The Effects of Individual Stigma on the Health of Transgender People

37. Experiencing stigma at the interpersonal level can affect how transgender people evaluate and approach future situations at the individual level. Anxiously expecting discrimination can lead to avoidance of interpersonal situations, which can take a toll on one's mental and physical health (Reisner, Hughto, et al., 2015; Reisner et al., 2016; White Hughto, Pachankis, Willie, & Reisner, 2017). For example, many transgender people report experiencing mistreatment in healthcare settings, which is associated with postponing necessary care and the development of otherwise preventable conditions that ultimately require emergency care (Cruz, 2014; Dewey, 2008; Grant et al., 2011; Reisner, White Hughto, et al., 2015; Xavier et al., 2013). Transgender individuals' avoidance of social interactions due to past and anticipated mistreatment supports the stigma-based rejection sensitivity model (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002) in which stigmatized individuals nervously anticipate (hypervigilance), routinely observe (perceived stigma), and anxiously react to rejection with

important health costs (e.g., the onset of otherwise preventable health conditions) (Hughto, Pachankis, & Reisner, In Press).

38. The internalization of stigma can also impact an individual's ability to cope with external stressors, erode self-efficacy for enacting health-promoting behaviors, and eventually diminish an individual's ability to remain resilient in the face of negative events (Hendricks & Testa, 2012; Mizock & Mueser, 2014). In fact, high levels of internalized transgender stigma is associated with increased probability of lifetime suicide attempts (Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015). Additionally, internalized stigma has been shown to reduce self-care and help-seeking behaviors for mental health problems resulting in a failure to access mental health services when needed (Hellman & Klein, 2004).

39. As alleged in the Complaint, both Cody and Sara report avoiding social interactions due to the distress associated with having a non-conforming gender identity. For Cody, the avoidance of social situations is driven by the desire to prevent future mistreatment, which intensifies his feelings of gender dysphoria. For Sara, the avoidance of sexual activity with her fiancée is driven by feelings of gender dysphoria that are exacerbated by the sight of her gender identity incongruent genitalia. Cody's experiences are consistent with prior research showing that transgender people who have experienced mistreatment may develop a heightened awareness and fear of future stigma, leading to anxious behavioral reactions including the avoidance of social situations as a means of reducing the threat of stigma (Hughto et al., In Press; White Hughto et al., 2015). Similarly, Sara's avoidant behaviors are supported by research showing that transgender people may avoid social interactions in which their incongruent genitalia is visible to others (e.g., sexual or healthcare encounters) as these experiences often serve to invalidate their gender identity and heighten feeling of gender dysphoria (Reisner et al.,

2017). The behavioral avoidance of social interactions can carry both direct and indirect social and health-related costs for transgender people. For example, as Sara personally experienced, the avoidance of sexual interactions can directly contribute to relationship problems and also prevent transgender people from benefiting from health-promoting resources such as physical affection and emotional support (White Hughto et al., 2015). The avoidance of social interactions may also indirectly contribute to poor health, as the avoidance of social interactions can prevent transgender individuals from receiving other health-promoting resources such as healthcare (White Hughto et al., 2015).

40. In my professional opinion, providing access to gender-affirming therapies that allow Cody, Sara, and other transgender individuals to align their physical gender expression with their internal gender identity can, therefore, reduce gender dysphoria, prevent mistreatment from others, and ultimately allow individuals to benefit from health-promoting social interactions and resources.

The Effects of Structural Stigma on the Health of Transgender People

41. Distal forms of structural stigma codified in governmental laws and organizational policies can carry dire health consequence for transgender people.

42. Structural stigma is perhaps best evidenced by the limited availability of insurance coverage for transgender care. Research finds that many transgender people lack insurance, which may be due in part to employment discrimination and resulting high levels of unemployment for transgender people relative to cisgender people (Conron, Scott, Stowell, & Landers, 2012; Grant et al., 2011; James et al., 2016). Although, even when transgender people are insured, barriers to accessing medically necessary hormones and surgery persist as some insurance policies, including some state-level Medicaid laws, exclude coverage for gender-

affirming medical interventions claiming these procedures are "cosmetic" or "medically unnecessary" (MAP, 2018). These exclusionary insurance policies are considered a form of structural stigma as they serve to restrict transgender people's access to medically necessary health resources that are otherwise routinely provided to cisgender people. This inequitable access to needed medical care is common among transgender individuals and ultimately serves to harm the health of this population.

43. In the 2015 U.S. Transgender Survey, 55% of those who sought coverage for medical gender affirmation surgery in the past year were denied (James et al., 2016). Transgender people who do not have access to insurance for transgender-specific care are forced to pay out of pocket for medical gender affirmation procedures, which can be cost-prohibitive for many people, particularly those living in poverty or who are unable to work due to disability (Gonzales & Henning‐Smith, 2017; James et al., 2016; Khan, 2013; White Hughto et al., 2015). Faced with an inability to access needed medical care, transgender people are at risk of experiencing poor physical and mental health.

44. In a study of transgender individuals in Massachusetts conducted before the implementation of State's comprehensive gender-identity-related protections, 65% of the sample reported being discriminated against in healthcare settings in the past year and nearly a quarter (23.6%) of those who sought medical gender affirmation reported being unable to access this care (Reisner, Hughto, et al., 2015; White Hughto, Rose, et al., 2017). Further, individuals who were unable to access gender affirmation-related care were more likely to experience poor physical and mental health, including a gastrointestinal-related diagnosis and depression than those who were able to access such care in the past year (White Hughto & Reisner, 2018).

45. Unable to access needed medical gender affirmation procedures, some transgender people have been found to self-perform needed surgeries (e.g., mastectomy, auto-castration) (Brown, 2010; Cole, O'boyle, Emory, & Meyer III, 1997; Rotondi et al., 2013). Reports also document suicide attempts by transgender individuals who desire surgery but are unable to access medically necessary care (Cole et al., 1997; Haas, Rodgers, & Herman, 2014). Indeed, a national study of transgender adults found that the high and highest prevalence of suicide attempts were found among respondents who said that they wanted chest or genital surgery, respectively, suggesting that desiring these procedures but not yet having them may exacerbate transgender individuals' distress related to the incongruence between their gender identity and physical appearance (Haas et al., 2014). These life-threatening behaviors highlight the overwhelming desperation of many transgender individuals to alleviate their gender dysphoria.

46. As alleged in the Complaint, both Cody and Sara report elevated negative mental health symptoms, suicidality, financial strain, and ongoing engagement in self-harm behaviors as a result of being denied coverage for chest surgery and genital reconstruction—procedures that their medical providers deem essential to reducing their extreme feelings of gender dysphoria. In my professional opinion, the adverse physical and mental health symptoms experienced by Cody and Sara are consistent with the above referenced research linking the structural denial of needed care to poor health in transgender individuals. The morbidity and mortality associated with the denial of medically necessary transgender care underscores the importance of ensuring that transgender individuals have access to medically necessary, gender-affirming care.

Geographic Variation in Medicaid Coverage for Transgender Care and Implications for the Health of Transgender People

47. Research shows that regional differences in structural stigma correspond to differential health outcomes for transgender persons. In a nation-wide study of transgender adults, participants living in states with more structural stigma (i.e., states with a more conservative social climate), were more likely to report having been refused healthcare than individuals living states with less structural stigma (White Hughto, Murchison, Clark, Pachankis, & Reisner, 2016). Similarly, in another national study, transgender individuals living in a state with more structural stigma (i.e., states with a higher prevalence of stigmatizing social attitudes and discriminatory policies), were more likely to have attempted suicide than transgender individuals living in a state with less structural stigma (Perez-Brumer et al., 2015).

48. Extending these findings to transgender individuals who require gender-affirming surgery and are insured under Medicaid in the State of Wisconsin, it is my professional opinion that it is highly likely that the stigma codified in the exclusionary Wisconsin Medicaid policies not only place these individuals at increased risk for the denial of needed medical services but could contribute to heightened morbidity and mortality for this already vulnerable and underserved population.

Estimation of Wisconsin's Transgender Population at Risk for Poor Health under the State's Exclusionary Medicaid Policies

49. In Wisconsin, 0.43% of the state's 4.5 million adult population, or approximately 19,363 people, were estimated to be transgender as of the end of 2017. In a nationally representative study of transgender people receiving inpatient care, 27.6% of transgender patients were insured through Medicaid, compared to approximately 18% of the general population (Canner et al., 2018). This data suggests that transgender people are

disproportionately represented among Medicaid beneficiaries. With just under 1.2 million children and adults on Medicaid in Wisconsin (Healthcare Enrollment (Wisconsin Medicaid), 2018), and extrapolating the data referenced above, I estimate that at least 5,000 Wisconsin Medicaid recipients are transgender adults who may be affected by the surgical exclusion at some point in their lives. Although not all of those adults may be seeking gender-affirming surgeries at this time, it is my opinion that Wisconsin's categorical policy barring access to gender-affirming care has harmful health implications for those who currently require such care as well as those who will require this care in the future. Given the number of people in Wisconsin affected by the transgender Medicaid exclusions, and the public health harms of healthcare denial, it is my professional opinion that policy changes are urgently needed to increase access to medically necessary care for transgender individuals living in Wisconsin in order to improve health outcomes and prevent future harms to this population.

Conclusions

50. In sum, based on the available research, transgender clinical care guidelines, and my personal encounters with transgender individuals who have struggled to receive the healthcare they need, it is my professional opinion that Medicaid exclusions of gender-affirming surgeries and related medical care, including the State of Wisconsin's categorical exclusion on Medicaid coverage for such care, have a harmful effect on the mental and physical health of transgender people who are denied access to this care. Specifically, this form of structural stigma creates inequitable access to care and prevents transgender people from being able to obtain health-promoting and medically necessary resources. The denied access to care not only increases transgender people's risk for anxiety, depression, and suicidality but also places this

vulnerable community at risk for experiencing verbal harassment and physical and sexual assault at the hands of others due to their visual gender non-conformity.

51. In contrast, it is my professional opinion that the policies of the 18 states plus the District of Columbia that affirmatively provide Medicaid coverage for gender-affirming care are consistent with sound public health practices and likely contribute to the lower morbidity and mortality observed among transgender individuals in these states relative to individuals in states with exclusionary policies like Wisconsin. The implementation of protective policies equates to a structural-level intervention that dismantles the stigma codified in state insurance policies by providing equitable access to care for all people, regardless of gender identity.

52. It is my professional opinion that ending the elimination of Wisconsin's categorical exclusion on Medicaid coverage for gender-affirming care and providing access to medically-necessary care has the potential to alter societal attitudes toward transgender people and, in turn, diminish enacted forms of stigma towards transgender people by establishing transgender people as equal under the law and deserving of the same rights, privileges and resources afforded to cisgender people. It is, therefore, my professional opinion that removing Medicaid exclusions and instituting Medicaid protections for transgender people would yield significant public health benefits to transgender Medicaid enrollees in the state.

53. It is my professional opinion that the social, psychological, and physical harms reported by Cody Flack and Sara Ann Makenzie as a result of being denied medically necessary surgery, as alleged in their Complaint, is consistent with the public health literature linking multiple forms of transgender stigma to poor health in transgender populations. Specifically, the heightened levels of gender dysphoria, anxiety, depression, and suicidal ideation, the behavioral avoidance of social interactions that increase feeling of distress, the strained relationships and

social costs that result from avoidant behaviors, and the financial burden of accessing care not covered by insurance are common consequences of interpersonal and structural stigma for transgender individuals. Notably, these costs can be alleviated by safe and effective treatments that serve to reduce gender dysphoria and the likelihood of experiencing interpersonal mistreatment due to having a gender non-conforming physical appearance; however, such treatments must be made available to Cody and Sara for them to experience the health benefits of these therapies. It is therefore my professional opinion that Cody and Sara should be provided with Medicaid coverage to receive their medically necessary surgeries in order to arrest the multitude of physical, mental, social, and financial costs they continue to experience and prevent any further harm to these individuals.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 17 day of May, 2018.

Jaclyn White Hughto, PhD, MPH

EXHIBIT A

References

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, (DSM-5)*: American Psychiatric Association.

Anderson, N. B. (1989). Racial differences in stress-induced cardiovascular reactivity and hypertension: current status and substantive issues. *Psychological Bulletin, 105*(1), 89-105.

Bockting, W. O., Miner, M. H., Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943-951.

Brown, G. R. (2010). Autocastration and autopenectomy as surgical self-treatment in incarcerated persons with gender identity disorder. *International Journal of Transgenderism, 12*(1), 31-39.

Canner, J. K., Harfouch, O., Kodadek, L. M., Pelaez, D., Coon, D., Offodile, A. C., . . . Lau, B. D. (2018). Temporal trends in gender-affirming surgery among transgender patients in the United States. *JAMA Surgery, Ahead of print.*

Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality, 51*(3), 53-69.

Cole, C. M., O'boyle, M., Emory, L. E., & Meyer III, W. J. (1997). Comorbidity of gender dysphoria and other major psychiatric diagnoses. *Archives of Sexual Behavior, 26*(1), 13-26.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., . . . Meyer, W. J. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *Int J Transgenderism, 13*(4), 165-232.

Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health, 102*(1), 118-122.

Cruz, T. M. (2014). Assessing access to care for transgender and gender nonconforming people: A consideration of diversity in combating discrimination. *Social Science and Medicine, 110*(0), 65-73.

Dewey, J. M. (2008). Knowledge legitimacy: How trans-patient behavior supports and challenges current medical knowledge. *Qualitative Health Research, 18*(10), 1345-1355.

Flores, A. R., Herman, J. L., Gates, G. J., & Brown, T. N. T. (2016). How many adults Identify as transgender in the United States? Los Angeles, CA: The Williams Institute. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf

Geronimus, A. T., Hicken, M. T., Pearson, J. A., Seashols, S. J., Brown, K. L., & Cruz, T. D. (2010). Do US black women experience stress-related accelerated biological aging? *Human Nature, 21*(1), 19-38.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.

Gonzales, G., & Henning‐Smith, C. (2017). Barriers to care among transgender and gender nonconforming adults. *The Milbank Quarterly, 95*(4), 726-748.

Grant, J. M., Mottet, L. A., Tanis, L. A., Harrison, J., Herman, J. L., & Keisling, M. (2011). Injustice at every turn: A report of the National Transgender Discrimination Survey.

Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force. Retrieved from http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

Grollman, E. A. (2014). Multiple disadvantaged statuses and health the role of multiple forms of discrimination. *Journal of Health and Social Behavior, 55*(1), 3-19.

Guyll, M., Matthews, K. A., & Bromberger, J. T. (2001). Discrimination and unfair treatment: relationship to cardiovascular reactivity among African American and European American women. *Health Psychology, 20*(5), 315-325.

Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). Suicide attempts among transgender and gender non-conforming adults. Los Angeles, CA: The Williams Institute. Retrieved from https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf

Hatzenbuehler, M. L., Bellatorre, A., Lee, Y., Finch, B. K., Muennig, P., & Fiscella, K. (2014). Structural stigma and all-cause mortality in sexual minority populations. *Social Science and Medicine, 103*, 33-41.

Hatzenbuehler, M. L., Nolen-Hoeksema, S., & Erickson, S. J. (2008). Minority stress predictors of HIV risk behavior, substance use, and depressive symptoms: results from a prospective study of bereaved gay men. *Health Psychology, 27*(4), 455-462.

Hatzenbuehler, M. L., Slopen, N., & McLaughlin, K. A. (2014). Stressful life events, sexual orientation, and cardiometabolic risk among young adults in the United States. *Health Psychology, 33*(10), 1185-1194.

Healthcare Enrollment (Wisconsin Medicaid). (2018). Wisconsin Department of Health Services. Retrieved from https://www.forwardhealth.wi.gov/wiportal/Content/Member/caseloads/enrollment/enrollment.htm.spage

Hellman, R. E., & Klein, E. (2004). A program for lesbian, gay, bisexual, and transgender individuals with major mental illness. *Journal of Gay & Lesbian Psychotherapy, 8*(3-4), 67-82.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Prof Psychol Res Pr, 43*(5), 460-467.

Hughto, J., Pachankis, J., & Reisner, S. (In Press). Healthcare mistreatment and avoidance in trans masculine adults: The mediating role of rejection sensitivity. *Psychol Sex Orientat Divers*.

ISNA. (2018). How can you assign a gender (boy or girl) without surgery? Intersex Society of North America. Retrieved from http://www.isna.org/faq/gender_assignment

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality. Retrieved from http://www.ustranssurvey.org/report/

Khan, L. (2013). Transgender health at the crossroads: Legal norms, insurance markets, and the threat of healthcare reform. *Yale Journal of Health Policy, Law, and Ethics, 11*(2), 375-418.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 363-385.

Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2002). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality, 42*(1), 89-101.

MAP. (2018). Healthcare laws and policies: Medicaid coverage for transition-related care. Movement Advancement Project. Retrieved from https://www.lgbtmap.org/img/maps/citations-medicaid.pdf

McEwen, B. S., & Stellar, E. (1993). Stress and the individual: Mechanisms leading to disease. *Archives of Internal Medicine, 153*(18), 2093-2101.

Mendoza-Denton, R., Downey, G., Purdie, V. J., Davis, A., & Pietrzak, J. (2002). Sensitivity to status-based rejection: Implications for African American students' college experience. *Journal of Personality and Social Psychology, 83*(4), 896-918.

Mizock, L., & Mueser, K. T. (2014). Employment, mental health, internalized stigma, and coping with transphobia among transgender individuals. *Psychol Sex Orientat Divers, 1*(2), 146-158.

Murad, M. H., Elamin, M. B., Garcia, M. Z., Mullan, R. J., Murad, A., Erwin, P. J., & Montori, V. M. (2010). Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. *Clinical Endocrinology, 72*(2), 214-231.

Perez-Brumer, A., Hatzenbuehler, M. L., Oldenburg, C. E., & Bockting, W. (2015). Individual- and structural-level risk factors for suicide attempts among transgender adults. *Behavioral Medicine, 41*(3), 164-171.

Phelan, J. C., Link, B. G., & Dovidio, J. F. (2008). Stigma and prejudice: One animal or two? *Social Science and Medicine, 67*(3), 358-367.

Reisner, S. L., Greytak, E. A., Parsons, J. T., & Ybarra, M. L. (2014). Gender minority social stress in adolescence: Disparities in adolescent bullying and substance use by gender identity. *Journal of Sex Research, 52*(3), 243-256.

Reisner, S. L., Hughto, J. M., Dunham, E. E., Heflin, K. J., Begenyi, J. B., Coffey-Esquivel, J., & Cahill, S. (2015). Legal protections in public accommodations settings: A critical public health issue for transgender and gender-nonconforming people. *Milbank Quarterly, 93*(3), 484-515.

Reisner, S. L., Randazzo, R. K., Hughto, J. M. W., Peitzmeier, S., DuBois, L. Z., Pardee, D. J., . . . Potter, J. (2017). Sensitive health topics with underserved patient populations: Methodological considerations for online focus group discussions. *Qualitative Health Research, Ahead of print*, 1-16.

Reisner, S. L., White Hughto, J., Dunham, E., Heflin, K., Begenyi, J., Coffey-Esquivel, J., & Cahill, S. (2015). Legal protections in public accommodations settings: A critical public health issue for gender minority people. *Milbank Quarterly, 93*(3), 1–32.

Reisner, S. L., White Hughto, J. M., Gamarel, K. E., Keuroghlian, A. S., Mizock, L., & Pachankis, J. E. (2016). Discriminatory experiences associated with post-traumatic stress disorder symptoms among transgender adults. *Journal of Counseling Psychology, 63*(5), 509-519.

Rotondi, N. K., Bauer, G. R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2013). Nonprescribed hormone use and self-performed surgeries:"do-it-yourself" transitions in transgender communities in Ontario, Canada. *American Journal of Public Health, 103*(10), 1830-1836.

Schilt, K., & Westbrook, L. (2009). Doing gender, doing heteronormativity "gender normals," transgender people, and the social maintenance of heterosexuality. *Gender & Society, 23*(4), 440-464.

Spade, D. (2010). Medicaid policy & gender-confirming healthcare for trans people: An interview with advocates. *Seattle Journal for Social Justice, 8*(2), 4.

Stotzer, R. L. (2009). Violence against transgender people: A review of United States data. *Aggression and Violent Behavior, 14*(3), 170-179.

Taylor, C. B., Conrad, A., Wilhelm, F. H., Neri, E., DeLorenzo, A., Kramer, M. A., . . . Cooke, J. P. (2006). Psychophysiological and cortisol responses to psychological stress in depressed and nondepressed older men and women with elevated cardiovascular disease risk. *Psychosomatic Medicine, 68*(4), 538-546.

Townsend, S. S., Major, B., Gangi, C. E., & Mendes, W. B. (2011). From "in the air" to "under the skin": Cortisol responses to social identity threat. *Personality and Social Psychology Bulletin, 37*(2), 151-164.

Westbrook, L., & Schilt, K. (2013). Doing gender, determining gender transgender people, gender panics, and the maintenance of the sex/gender/sexuality System. *Gender & Society, 28*(1), 32-57

White Hughto, J. M., Murchison, G., Clark, K., Pachankis, J. E., & Reisner, S. L. (2016). Geographic and individual differences in healthcare access for U.S. transgender adults: A multilevel analysis. *LGBT Health, 3*(6), 424-433.

White Hughto, J. M., Pachankis, J. E., Willie, T. C., & Reisner, S. L. (2017). Victimization and depressive symptomology in transgender adults: The mediating role of avoidant coping. *Journal of Counseling Psychology, 64*(1), 41-51.

White Hughto, J. M., & Reisner, S. L. (2016). A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. *Transgend Health, 1*(1), 21-31.

White Hughto, J. M., & Reisner, S. L. (2018). Association between carriers to accessing gender-affirming care and poor health among transgender adults in Massachusetts. *Unpublished Analysis from Project VOICE*.

White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science and Medicine, 147*, 222–231.

White Hughto, J. M., Rose, A. J., Pachankis, J. E., & Reisner, S. L. (2017). Barriers to gender transition-related healthcare: Identifying underserved transgender adults in Massachusetts. *Transgender Health, 2*(1), 107-118.

Xavier, J., Bradford, J., Hendricks, M., Safford, L., McKee, R., Martin, E., & Honnold, J. A. (2013). Transgender health care access in Virginia: A qualitative study. *International Journal of Transgenderism, 14*(1), 3-17.

EXHIBIT B

C.V. of Jaclyn White Hughto, PhD, MPH

Jaclyn M. White Hughto, PhD, MPH

Brown University School of Public Health
Center for Health Equity Research
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Providence, RI 02903
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Jaclyn_Hughto@Brown.edu

EDUCATION

2014-2017 **Yale School of Public Health, Yale University**, New Haven, CT
PhD *Chronic Disease Epidemiology*

2008-2010 **Rollins School of Public Health, Emory University**, Atlanta, GA
MPH *Behavioral Science & Health Education*

2002-2006 **Boston University**, Boston, MA
BA *Psychology*

RESEARCH INTERESTS

- Sexuality, Gender, and Human Rights Research and Advocacy
- Health Disparity Research and Prevention in Sexual, Gender, and Racial Minority Populations
- Epidemiology and Prevention of HIV/AIDS, STIs, Mental Illness, and Substance Abuse
- Quantitative and Qualitative Research Methodology, Measurement, and Analysis

RESEARCH GRANTS

2017-Present **Exploring Quality Measures for the Care of Transgender Persons**
National Institute on Minority Health Disparities: 1R21MD012371-01
MPI: Guneet K. Jasuja & Adam J. Rose, MD, MSc
Role: Co-Investigator

2016-2018 **Intervention to Overcome Mental Health Disparities in Criminally-Justice Involved Transgender Women**
National Institute on Minority Health Disparities: F31MD011203-01
PI: Jaclyn White Hughto, MPH
Role: Principal Investigator

2016-2017 **Understanding Correctional and Community Healthcare Providers Experience Working with Transgender Patients**
Clara Mayo, American Psychological Society
PIs: Kirsty Clark, MPH & Jaclyn White Hughto, MPH
Role: Co-Principal Investigator

2014-2018 **Preventive Sexual Health Screening among FTM Transgender Adults**
Patient-Center Outcomes Research Institute: CER-1403-12625
PI: Sari Reisner, ScD, MA
Role: Research Analyst

2015-2017 **Gay Community Stressors Among Gay, Bisexual, and Queer Men**
Yale School of Public Health
PI: John Pachankis, PhD
Role: Pre-Doctoral Fellow

2014-2016 **Understanding the Prison Experience of Formerly Incarcerated Transgender Women ("Project T-TIME")**
Fund for Gay and Lesbian Studies at Yale University
PI: Jaclyn White Hughto, MPH
Role: Principal Investigator

2014-2016 **Interdisciplinary HIV Prevention Training Program at Yale University's Center for Interdisciplinary Research on AIDS**
National Institutes of Mental Health: T32MH020031-16A1
PI: Trace Kershaw, PhD
Role: Pre-Doctoral Fellow

2014-2016 **HIV Prevention Needs among MSM in Small Urban Areas**
Center for Interdisciplinary Research on AIDS at Yale University
PIs: John Pachankis, PhD & Danya Keene, PhD
Role: Pre-Doctoral Fellow

2013-2014 **Stress and Health: A Needs Assessment of Transgender and Gender Nonconforming Adults in Massachusetts**
Miller Foundation
PI: Sari Reisner, ScD, MA
Role: Co-Investigator

2013-2014 **LifeSkills for Men: HIV Prevention with Young Transgender Men**
National Institutes of Mental Health: R01MH094323-03S1
PIs: Matthew Mimiaga, ScD, MPH & Robert Garofalo, MD
Role: Project Manager

2013-2014 **CVCTPlus: A Couples-Based Approach to Linkage to Care and ARV Adherence**
National Institutes of Child Health and Human Development: R01MH094323-03S1
PIs: Robert Stephensen, PhD, Matthew Mimiaga, ScD, MPH & Robert Garofalo, MD
Role: Project Manager

2012-2014 **HIV Prevention Intervention for Young Transgender Women ("LifeSkills")**
National Institutes of Mental Health: R01 MH094323-01A
PIs: Matthew Mimiaga, ScD, MPH & Robert Garofalo, MD
Role: Project Director

2011-2014 **Behavioral Activation and HIV Risk Reduction for MSM with Crystal Meth Abuse ("Project IMPACT")**
National Institutes of Drug Abuse: R34 DA031028-01
PI: Matthew Mimiaga, ScD, MPH
Role: Project Director

2011-2012 **Impact of Web Content on the Experience, Perceptions and HIV Sexual Risk Behavior of Black MSM ("Project WEB")**
The Fenway Institute, Fenway Health
PI: Matthew Mimiaga, ScD, MPH
Role: Co-Investigator

2011-2012 **Acceptability and Feasibility of a Behavioral Intervention to Reduce HIV Sexual Risk Behavior among MSM who Attend Sex Parties in Massachusetts ("Project PARTY")**
Massachusetts Department of Public Health
PI: Matthew Mimiaga, ScD, MPH
Role: Project Manager

2010-2012 **Assessing Provider Knowledge, Attitudes, and Beliefs about HIV Prevention Modalities**
Gilead: IN-US-164-0417
PI: Kenneth Mayer, MD
Role: Study Coordinator

2009-2010 **Explaining Differences in HIV Prevalence and Incidence in Black and White MSM**
National Institutes of Health: 5R01MH085600-03
PI: Patrick Sullivan, PhD, DVM
Role: Graduate Research Assistant

TEACHING EXPERIENCE

Spring 2017 **Teaching Fellow**
Questionnaire Development, Yale School of Public Health
- Responsible for grading homework and papers, leading student work sessions, delivering guest lectures, and providing writing, editing, and data analysis support to 25 students.
- Professor: Marney White, PhD, MPH

2015 & 2016 **Teaching Fellow**
Stigma and Health, Yale School of Public Health
- Responsible for grading homework and exams, delivering guest lectures, and providing writing and editing support to 28-30 students.
- Professor: John Pachankis, PhD

Spring, 2016 **Teaching Fellow**
Qualitative Methods, Yale School of Public Health
- Responsible for leading in-class workshops, grading homework and exams, and providing support to a class of 21 students
- Professor: Danya Keene, PhD

Fall, 2013 **Teaching Fellow**
Introduction to Epidemiology, Boston University School of Public Health
- Responsible for leading in-class workshops and review sessions, grading homework and exams, and providing support to a class of 73 students
- Professors: Lisa Fredman, PhD, MSPH and Katie Biello, PhD, MPH

INVITED LECTURES & TRAININGS

1. **White Hughto, J.M.** (2018, January 24). Designing and Evaluating Public Health Interventions. *Guest Lecturer, Brown University School of Public Health* (Invited by Matthew Mimiaga, ScD, MPH).

2. **White Hughto, J.M.,** Hatzenbuehler, M., Pachankis, J.E. (2017, June 14). Advances in the Science of LGBTQ Mental Health: From Policy Impact to Clinical Practice. *Presenter, The Yale Club of New York* (Invited by Sten Vermund, MD, PhD).

3. **White Hughto, J.M.** (2016, November 8). Intervention to Overcome Mental Health Disparities in Criminally Justice Involved Transgender Women: Formative Research and Next Steps. *Presenter, Yale Clinical & Community Research* (Invited by Frederick Altice, MD).

4. **White Hughto, J.M.** (2016, November 1). Is Leaning in Enough? The Role of Intersectionality, Gender and Public Health Leadership. *Panelist, Women in Global Health, American Public Health Association, Global Health Council.* (Invited by Kelly Thompson).

5. **White Hughto, J.M.** (2016, September 21). Transgender Stigma and Health: A Review of Stigma Determinants, Mechanisms and Interventions across Settings. *Guest Lecturer, Yale School of Public Health, Stigma and Health* (Invited by John Pachankis, PhD).

6. **White Hughto, J.M.** (2016, September 14). Transgender Cultural and Clinical Competency for Mental Health Providers. *Trainer, Yale University, Department of Psychology, Clinical Psychology Program Training* (Invited by Mary O'Brien, PhD).

7. **White Hughto, J.M.** & Clark, K.A. (2016, August 3). Transgender Cultural and Clinical Competency for Correctional Healthcare Providers. *Trainer, UConn Correctional Managed Healthcare, Medical Prescriber Training* (Invited by Johnny Wu, MD, FACP, CCHP).

8. **White Hughto, J.M.** (2016, July 7). Transgender Cultural and Clinical Competency for Correctional Staff. *Trainer, Suffolk County Department of Corrections, Healthcare and Custody Staff Training* (Invited by Melanie Robfindlay, MSW).

9. **White Hughto, J.M.** (2016, June 13). Transgender Cultural and Clinical Competency for Correctional Healthcare Providers. *Trainer, UConn Correctional Managed Healthcare, Nurse Supervisor Training* (Invited by Connie Weiskopf, PhD, APRN).

10. **White Hughto, J.M.** (2016, April 15). Qualitative Methods in Practice: Findings from T-TIME -Transgender women Talking about Incarceration Memories and Experiences. *Guest Lecturer, Yale School of Public Health, Qualitative Methods* (Invited by Danya Keene, PhD).

11. **White Hughto, J.M.** & Clark, K.A. (2016, April 6). Healthcare Access, Quality, and Experiences among Incarcerated Transgender People. *Presenter, Yale School of Public Health, Queer Queries* (Invited by John Pachankis, PhD).

12. **White Hughto, J.M.** (2016, March 3). Transgender Stigma and Health: A Review of Stigma Determinants, Mechanisms, and Interventions. *Presenter, Yale University: Center for Interdisciplinary Research on AIDS, Pecha Kutcha Series* (Invited by Jim Pettinelli).

13. **White Hughto, J.M.,** Clark, K.A., & Ruff, N., (2016, January 27). Transgender 101 & Beyond. *Trainer, York Correctional Institution Training, Second Shift Mental Health Providers* (Invited by Julie Wright, PsyD).

14. **White Hughto, J.M.** (2015, December 8). Transgender Stigma and Health: Social Determinants, Mechanisms, and Implications for Intervention. *Guest Lecturer, Brown University School of Public Health, Institute for Community Health Promotion* (Invited by Matthew Mimiaga, ScD, MPH).

15. **White Hughto, J.M.** Clark, K.A., & Ruff, N. (2016, December 7). Transgender 101 & Beyond. *Trainer, York Correctional Institution Training, First Shift Mental Health Providers* (Invited by Amy Smoyer, PhD).

16. **White Hughto, J.M.** (2015, November 18). Stigma in Correctional Settings: Results from T-TIME - Transgender women Talking about Incarceration Memories and Experiences. *Guest Lecturer, Yale School of Public Health, Stigma and Health* (Invited by John Pachankis, PhD).

17. Keene, D., **White Hughto, J.M.,** Eldahan, A., & Pachankis, J. (2015, October 26). Small City Gay and Bisexual Life: Stigma, Technology, and Movement. *Presenter, Center for Interdisciplinary Research on AIDS, Community Research and Implementation Core* (Invited by David Fiellin, MD).

18. **White Hughto, J.M.,** Reisner, S.R., Dunham, E., Pardee, D., & Makadon, H. (2014, May 22). Advancing Transgender Health Education and Research. *Presenter, The Fenway Institute, Fenway Health* (Invited by Rodney Vanderwarker, MPH).

19. **White Hughto, J.M.** & Reisner, S.R. (2013, July 11). HIV Prevention with Transgender Women. *Presenter, Harbor Health, Mental Health Staff* (Invited by Ryan Ribeiro, MA).

RESEARCH EXPERIENCE

2018-Present **Investigator (Faculty)**
Epidemiology and Behavioral and Social Sciences, Brown University School of Public Health, Providence RI

- Writes research grants for expansion of program of research with sexual and gender minorities
- Utilizes advanced methods to analyze qualitative and quantitative data for conference abstracts and publications
- Authors manuscripts for publication in peer-reviewed journals
- Provides mixed methods analysis training to master's students, post-doctoral fellows, and study staff
- Guest lectures courses in epidemiology and social and behavioral sciences
- Supports implementation of research studies including development of survey instruments, creation and oversight of data management systems and participant recruitment

2018-Present **Adjunct Faculty**
RAND Corporation, Boston, MA

- Responsible for designing and implementing an NIMHD R21 to explore the health of transgender populations
- Analyzes Optum Labs Data Warehouse claims data to assess the health and healthcare utilization of transgender individuals
- Assembles a national team of transgender health experts and collaboratively interprets transgender patient health and healthcare utilization findings
- Develops preliminary performance measures to standardize and improve healthcare delivery for transgender patients

2014-Present **Research Analyst**
Epidemiology, The Fenway Institute, Fenway Health, Boston, MA

- Develops and maintains data collection systems and ensures data quality
- Utilizes advanced epidemiologic methods to analyze data in SAS, SPSS, & AMOS for conference abstracts and publications
- Authors manuscripts for publication in peer-reviewed journals

2011-2014 **Director of Epidemiology Projects**
Epidemiology, The Fenway Institute, Fenway Health, Boston, MA

- Responsible for the implementation of 7 federally-funded research protocols, including leading the development of study materials according to IRB, NIH and sponsor guidelines
- Supervised a research team of 9 employees across multiple projects, providing trainings on research methods, survey development and administration, participant recruitment, group facilitation and intervention delivery, statistical methods and other areas of study design, implementation and data analysis
- Provided administrative management support across the epidemiology team, assisting with the development of research grants, creating and managing of study budgets, vetting and hiring research staff and serving as a liaison between investigators, organization management and study funders

2010-2011 **Research Associate**
Epidemiology, The Fenway Institute, Fenway Health, Boston, MA
- Coordinated a pre/post, online, quantitative study assessing Massachusetts-based providers' knowledge, attitudes and beliefs about Pre-Exposure Prophylaxis (PrEP) and other HIV prevention modalities
- Led all aspects of study implementation, data collection and analysis and dissemination of research findings, including the development of conference abstracts and presentations and peer-reviewed publications
- Trained research assistants and other staff in survey administration, HIV counseling and testing, IRB procedures and data analysis in SPSS and SAS

2009-2010 **Graduate Research Assistant**
Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA
- Recruited subjects for MSM focus groups and transcribed recorded sessions
- Developed and edited study materials including the online survey instrument, recruitment protocol and IRB approval documentation
- Completed 100 hours of rapid HIV testing and risk reduction counseling at local AIDS service location, AID Atlanta

Fall, 2009 **Program Evaluator**
Da CRIBB, National AIDS Education & Services for Minorities, Atlanta, GA
- Conducted summative evaluation, developing research and evaluation plans to assess the client-level impact of Da CRIBB (Creating, Responsible, Intelligent, Black Brothas) programs and activities
- Evaluation including the conducting of key informant interviews and site observations, the design and administration of the quantitative survey, analyzing of data in SPSS, and the development and dissemination of the Da CRIBB Impact Evaluation Report to program stakeholders

Fall, 2009 **Community Needs Evaluator**
Southern REACH Grant Program, National AIDS Fund, Atlanta, GA
- Conducted community needs assessment to determine policy and advocacy needs at National AIDS Fund (NAF) Southern REACH organizations
- Needs assessment included completing extensive community mapping procedures, conducting key informant interviews, designing and administering the survey and drafting and disseminating the final report
- Developed comprehensive community needs assessment report, analyzing data, identifying priorities and developing recommendations

Summer, 2009 **Risk Assessment Intern**
Da CRIBB, National AIDS Education & Services for Minorities, Atlanta, GA
- Conducted comprehensive risk assessments, working with clients to develop strategies for personal risk reduction
- Developed and led "Real Talk" workshops, providing clients with interactive, educational discussions addressing the interpersonal and environmental factors driving HIV risk among adolescent, African American MSM

PEER REVIEWED PUBLICATIONS

Published/In-Press:

1. **White Hughto, J.M**., Pachankis, J.E., & Reisner, S.L. (In Press) Healthcare mistreatment and avoidance in trans masculine adults: The mediating role of rejection sensitivity. *Psychology of Sexual Orientation and Gender Identity.*

2. **White Hughto, J.M**. & Clark, K.A. (In Press) Designing a transgender health training for correctional healthcare providers: A feasibility study. *The Prison Journal.*

3. **White Hughto, J.M**., Clark, K.A., Reisner, S.L., Kershaw, T.S., Altice, F.L., & Pachankis, J.E. (In Press) Creating, reinforcing, and resisting the gender binary: A qualitative study of transgender women's healthcare experiences in sex-segregated jails and prisons. *International Journal of Prisoner Health.*

4. Agenor, M., **White Hughto, J.M.,** Peitzmeier, S.M., Potter, J., Deutsch, M., Pardee, D.J. & Reisner, S.L. (In Press) Gender identity and cervical cancer screening among transmasculine individuals. *Journal of General Internal Medicine*.

5. **White Hughto, J.M**., Reisner, S.L., Kershaw, T.S., Altice, F.L., Biello, K., Mimiaga, M.J., Garofalo, R., Kuhns, L.M., & Pachankis, J.E. (2018) A multisite, longitudinal study of risk factors for incarceration and impact on mental health and substance use among young transgender women in the USA. *Journal of Public Health,* Ahead of print.

6. Diemer, E., **White Hughto, J.M**. Gordon, A., Guss, C., Austin, S.B., & Reisner, S.L. (2018) Beyond the binary: Differences in eating disorder prevalence by gender identity in a transgender sample. *Transgender Health, 3*(1), 17-24.

7. Reisner, S.L., Deutsch, M.B., Peitzmeier, S., **White Hughto, J.M.**, Cavanaugh, T., Pardee, D.J., McLean, S., Panther, L.A., Gelman, M., Mimiaga, M.J., & Potter, J., (2018) Test performance and acceptability of self- versus provider-collected swabs for high-risk HPV DNA testing in female-to-male trans masculine patients. *PloS One.* 13(3): e0190172.

8. **White Hughto, J.M**., Clark, K.A., Altice, F.L., Reisner, S.L., Kershaw, T.S., & Pachankis, J.E. (2017) Improving correctional healthcare providers' ability to care for transgender patients: Evaluation of a theory-driven cultural and clinical competence intervention. *Social Science & Medicine*, Ahead of print.

9. **White Hughto, J.M**., Pachankis, J.E., Willie, T.C., & Reisner, S.L. (2017) Victimization and depressive symptomology in transgender adults: The mediating role of avoidant coping. *Journal of Counseling Psychology*, *64*(1), 41-51.

10. **White Hughto, J.M.**, Rose, A.J., Pachankis, J.E., & Reisner, S.L. (2017). Barriers to gender transition-related healthcare: Identifying underserved transgender adults in Massachusetts. *Transgender Health*, *2*(1), 107-118.

11. Clark, K.A., **White Hughto, J.M**., & Pachankis, J.E. (2017) "What's the right thing to do?": Correctional healthcare providers' knowledge, attitudes, and experiences caring for transgender inmates. *Social Science & Medicine, 193*(Supplement C), 80-89.

12. Wang, K., **White Hughto, J.M**., Biello, K., O'Cleirigh, C., Mayer, K., Rosenberg, J., Novak, D., & Mimiaga, M.J. (2017) The role of distress intolerance in the relationship between childhood sexual abuse and problematic alcohol use among Latin American MSM. Submitting to *Drug & Alcohol Dependence, 175,* 151-156.

13. Reisner, S.L., Jadwin-Cakmak, L., **White Hughto, J.M.**, Martinez, M., Salomon, L., & Harper, G.W. (2017) Characterizing the HIV prevention and care continua in a sample of transgender youth in the U.S. *AIDS & Behavior*, Ahead of print.

14. Reisner, S.L., Randazzo, R. **White Hughto, J.M.** Peitzmeizer, S., DuBois, Z., Pardee, D., Marrow, E., & Potter, J. (2017) Sensitive health topics with underserved patient populations: Methodological considerations for online focus group discussions. *Qualitative Health Research,* Ahead of print.

15. Willie, T.C., Chakrapani, V., **White Hughto, J.M.**, & Kershaw, T.S. (2017) Victimization and human immunodeficiency virus-related risk among transgender women in India: A latent profile analysis. *Violence & Gender,* Ahead of print.

16. Reisner, S.L., Deutsch, M., Peitzmeizer, S., **White Hughto, J.M.**, Cavanaugh, T., Pardee, D., McClean S., Marrow, E., Mimiaga, M.J., Panther, L., Gelman, M., Green, J., & Potter, J. (2017) Comparing self- and provider-collected swabbing for HPV DNA testing in female-to-male transgender adult patients: A mixed-methods biobehavioral study protocol. *BMC Infectious Diseases*, 17(1), 444-454.

17. Vijay, A., Wickersham, J.A., Earnshaw, V.A., Tee, Y.C., Pillai, V., **White Hughto, J.M**., Clark, K.A., Kamarulzaman, A., & Altice, F.L. (2017) Factors associated with medical doctors' intention to discriminate against transgender patients in Kuala Lumpur, Malaysia. *LGBT Health,* Ahead of print.

18. **White Hughto, J.M**., Murchison, G., Clark, K.A., Pachankis, J.E., & Reisner, S.L. (2016) Geographic and individual differences in healthcare access for U.S. transgender adults: A multilevel analysis. *LGBT Health*, *3*(6), 424-433.

19. **White Hughto, J.M.**, Pachankis, J.E., Edlahan, A.I., & Keene, D.E. (2016) "You can't just walk down the street and meet someone:" The intersection of social-sexual networking technology, stigma, and health among gay and bisexual men in the small city. *American Journal of Men's Health*, Ahead of print.

20. **White Hughto, J.M.**, Biello, K.B., Reisner, S.L., Perez-Brumer, A., Heflin, K.J., & Mimiaga, M.J. (2016) Health risk behaviors in a representative sample of bisexual and heterosexual female high school students in Massachusetts. *Journal of School Health, 86*(1), 61-71.

21. **White Hughto, J.M.**, Robertson, A.M., Hilalgo, A., Reisner, S.L., Rowley, B.R., & Mimiaga, M.J. (2016) Indicators of HIV-risk resilience among men who have sex with men: A content analysis of online profiles. *Sexual Health,* Ahead of print.

22. **White Hughto, J.M.** & Reisner, S.L. (2016) Social context of depressive distress in aging transgender adults. *Journal of Applied Gerontology*, Ahead of print.

23. **White Hughto, J.M.** & Reisner, S.L. (2016) A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. *Transgender Health, 1*(1), 21-31.

24. Reisner, S.L., **White Hughto, J.M.**, Gamarel, K.E., Mizock, L., Keuroghlian, A.S., & Pachankis, J.E. (2016) Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults. *Journal of Counseling Psychology, 63*(5), 509-519.

25. Reisner S.L., **White Hughto, J.M.**, Pardee, D.J., Kuhns, L., Garofalo, R., & Mimiaga, M.J. (2016). LifeSkills for Men (LS4M): Pilot evaluation of a gender-affirmative HIV and STI prevention intervention for young adult transgender men who have sex with men. *Journal of Urban Health*. *93*(1), 189-205.

26. Reisner, S.L., Biello, K.B., **White Hughto, J.M.**, Kuhns, L., Mayer, K.H., Garofalo, R., & Mimiaga, M.J. (2016) Psychiatric diagnoses and comorbidities in a diverse, multicity cohort of young transgender women: Baseline findings from Project LifeSkills. *JAMA Pediatrics*, 170(5), 481-486.

27. Gordon, A., Austin, B., Krieger, N., **White Hughto, J.M.**, & Reisner, S. (2016). "I have to constantly prove to myself, to people, that I fit the bill": Perspectives on weight and shape control behaviors among low-income, ethnically diverse young transgender women. *Social Science & Medicine,* 165, 141-149.

28. Katz-Wise, S.L., Reisner, S.L., **White Hughto, J.M.**, & Budge, S. (2016) Self-reported changes in attractions and social determinants of mental health in transgender adults. *Archives of Sexual Behavior,* 1-15.

29. Keene, D.E., Eldahan, A.I., **White Hughto, J.M**., & Pachankis, J.E. (2016). 'The big ole gay express': sexual minority stigma, mobility and health in the small city. *Culture, Health & Sexuality*, 1-14.

30. **White Hughto, J.M.**, Reisner, S.L., & Mimiaga, M.J. (2015) Characteristics of transgender residents of Massachusetts' cities with high HIV prevalence. *American Journal of Public Health*, *105*(12), e14–e18.

31. **White Hughto, J.M.,** Reisner, S.L., & Pachankis, J.E. (2015) Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social, Science & Medicine,* 147, 222–231.

32. **White, J.M.**, Dunham, E., Rowley, B.R., Reisner, S.L., & Mimiaga, M.J. (2015) Sexually explicit racialised media targeting men who have sex with men online: A content analysis of high-risk behaviour depicted in online advertisements. *Culture, Health & Sexuality, 17*(8), 1-14.

33. Reisner, S.L., **White Hughto, J.M.**, Dunham, E., Heflin, K.H., Begenyi, J.B.G., Coffey-Esquivel, J., & Cahill, S. (2015) Legal protections in public accommodations settings: A critical public health issue for gender minority people. *Milbank Quarterly*. *93*(3), 1–32.

34. Reisner, S.L., **White Hughto, J.M.**, Pardee, D., & Sevelius, J. (2015) Syndemics and gender affirmation: HIV sexual risk in female-to-male trans masculine adults reporting sexual contact with cisgender males. *International Journal of STD & AIDS*, *27*(11), 955–966.

35. Katz-Wise, S.L., Reisner, S.L., **White Hughto, J.M.**, & Keo-Meier, S.C. (2015) Differences in sexual orientation diversity and sexual fluidity in attractions among gender minority adults. *Journal of Sex Research*, *53*(1), 74-84.

36. Keuroghlian, A.S., Reisner, S.L., **White, J.M.**, & Weiss, R. (2015) Substance use and treatment of substance use disorders in a community sample of transgender adults. *Drug & Alcohol Dependence, 1*52, 139-146.

37. Reisner, S.L., Vetters, R., **White, J.M.**, Cohen, E.L., LeClerc, M., Zaslow, S. Wolfrum, S., & Mimiaga, M.J. (2015) Laboratory-confirmed HIV and sexually transmitted infection seropositivity and risk behavior among sexually active transgender patients at an adolescent and young adult urban community health center. *AIDS Care*, *27*(8), 1031-1036.

38. Reisner, S.L., Pardo, S.T., Gamarel, K.E., **White Hughto, J.M.**, Pardee, D.J., & Keo-Meier, C.L. (2015). Substance use to cope with stigma in healthcare among US female-to-male trans masculine adults. *LGBT Health*, *1*(3), 177-184.

39. **White, J.M.**, Gordon, J., & Mimiaga, M.J. (2014) The role of substance use and mental health problems in medication adherence among HIV-infected MSM. *LGBT Health, 1*(4), 319-322.

40. **White, J.M.**, Reisner, S.L., Dunham, E., & Mimiaga, M.J. (2014). Race-based sexual preferences in a sample of online profiles of urban men seeking sex with men. *Journal of Urban Health*, *91*(4), 768-775.

41. Reisner, S.L., **White, J.M.,** Bradford, J.B., & Mimiaga, M.J. (2014) Transgender health disparities: Comparing full cohort and nested matched-pair study designs in a community health center. *LGBT Health*, *1*(3): 177-184.

42. Mimiaga, M.J., **White, J.M.**, Krakower, D.S., Biello, K.B., & Mayer, K.H. (2014) Suboptimal awareness and comprehension of published pre-exposure prophylaxis efficacy results among Massachusetts physicians. *AIDS Care, 26*(6), 684-693.

43. Reisner, S.L., **White, J.M.,** Mayer, K.H., & Mimiaga, M.J. (2014) Sexual risk behaviors and psychosocial health concerns of female-to-male transgender men screening for STDs at an urban community health center. *AIDS Care, 26*(7), 857-864.

44. **White, J.M.**, Mimiaga, M.J., Reisner, S.L., & Mayer, K. H. (2013). HIV sexual risk behavior among black men who meet other men on the internet for sex. *Journal of Urban Health*, *90*(3), 464-481.

45. **White, J.M.**, Mimiaga, M.J., Krakower, D.S., & Mayer, K.H. (2012). Evolution of Massachusetts physician attitudes, knowledge and experience regarding the use of antiretrovirals for HIV prevention. *AIDS Patient Care & STDs*, *26*(7), 395-405.

46. Krakower, D., Mimiaga, M.J., Rosenberger, J., Novak, D., Mitty, J., **White, J.M.**, & Mayer, K.H. (2012). Limited awareness and low immediate uptake of pre-exposure prophylaxis among men who have sex with men using an internet social networking site. *PloS One*, *7*(3), e33119.

47. Bland, S.E., Bland, S. E., Mimiaga, M.J., Reisner, S.L., **White, J.M.**, Driscoll, M.A., Isenberg, D., Cranston, K., & Mayer, K.H. (2012). Sentencing risk: History of incarceration and HIV/STD transmission risk behaviours among black men who have sex with men in Massachusetts. *Culture, Health & Sexuality*, *14*(3), 329-345.

48. Rajasingham, R., Mimiaga, M.J., **White, J.M.**, Pinkston, M.M., Baden, R.P., & Mitty, J.A. (2012). A systematic review of behavioral and treatment outcome studies among HIV-infected men who have sex with men who abuse crystal methamphetamine. *AIDS Patient Care & STDs*, *26*(1), 36-52.

Under Review:

49. Cai, X., **White Hughto, J.M.**, Reisner, S.L., Pachankis, J.E., & Levy, B. (Under Review) Stigma transition advantage of older age for medical gender-affirmation treatment. *American Journal of Public Health.*

50. Peitzmeier, S., **White Hughto, J.M.**, Potter, J., & Reisner, S.L. (Under Review) Development of a novel tool to assess intimate partner violence against transgender individuals. *Journal of Interpersonal Violence.*

51. McDowell, M. **White Hughto, J.M.**, & Reisner, S.L. Protective and risk factors for mental illness in gender minority patients: A biobehavioral-based study. *BMC Psychiatry.*

52. Clark, B., **White Hughto, J.M.**, Charlton, B.M., & Reisner, S.L. The contraceptive and reproductive history and planning goals of trans masculine adults: A mixed methods study. *The Green Journal*.

53. Fu, E., White, M., **White Hughto, J.M.**, Kotlyar, B., & Willis, E. (Under Review) Development and reliability of the physical activity tracking preference questionnaire. *International Journal of Exercise Science.*

54. Pachankis, J.E., Clark, K.A., Burton, C.M., **White Hughto, J.M**., & Keene, D. (Under Review) Sex, status, competition, and exclusion: Intra-minority stress from within the gay community and sexual minority men's mental-health. *Journal of Personality and Social Psychology.*

55. Mimiaga, M.J., Pantalone, D., Biello, K., **White Hughto, J.M**., Frank, J., O'Cleirigh, C., Reisner, S.L., Mayer, K., & Safren, S. (Under Review) Behavioral activation integrated with sexual risk reduction counseling for high-risk MSM with crystal methamphetamine dependence: An initial randomized controlled trial. *Archives of Sexual Behavior*.

BOOK CHAPTERS AND OTHER PUBLICATIONS

1. **White, J.M.**, Gordon, J., & Mimiaga, M.J. (2017) HIV-infected gay men and adherence to HIV antiretroviral therapies. In Leo Wilton (Ed.), *Understanding Prevention for HIV Positive Gay Men* (pp. 151-192). New York, NY: Springer.

2. Reisner, S.L., **White, J.M.**, Dunham, E., Helfin, K.H., Bengini, J., & Cahill, S. (2014) Project VOICE policy report. Fenway Health. Boston, MA. http://fenwayfocus.org/wp-content/uploads/2014/07/The-Fenway-Institute-MTPC-Project-VOICE-Report-July-2014.pdf

3. **White, J.M.** & Mimiaga, M.J. (2011) Intervention development for HIV sexual risk reduction among high-risk men who have sex with men. *Acção & Tratamentos*, (26).

CONFERENCE AND SYMPOSIA PRESENTATIONS

1. **Hughto, J.M.W.,** Deutsch, M., Peitzmeier, S., Potter, J., Mimiaga, M., & Reisner, S.L. High awareness but low uptake of Pre-Exposure Prophylaxis (PrEP) in a community sample of trans masculine adults. Abstract submitted to the 146th American Public Health Association Conference, San Diego, CA.

2. **Hughto, J.M.W.,** Rood, B.A., & Pantalone, D.W. Gender affirmation and mental health: Findings from a U.S. national sample of transgender adults. Abstract submitted to the 146th American Public Health Association Conference, San Diego, CA.

3. **White Hughto, J.M.**, Clark, K.A., Pachankis, J.E. (2017, November) Correlates of transgender cultural and clinical competency among healthcare providers in Massachusetts. Oral presentation at the 145th American Public Health Association Conference, Atlanta, GA.

4. Peitzmeier, S.M., **White Hughto, J.M.**, Potter, J., Deutsch, M. Reisner, S.L. (2017, September) Development of a novel tool to assess intimate partner violence against transgender individuals. Oral presentation at the Gay and Lesbian Medical Association 35th Annual *Conference* on LGBT Health, Philadelphia, PA.

5. Clark, K.A. & **White Hughto, J.M.** (2017, February) Development and psychometric evaluation of the Transgender Knowledge, Attitudes, and Beliefs (T-KAB) scale. Oral presentation at the World Professional Association of Transgender Health Conference. Los Angeles, CA.

6. Clark, K.A. & **White Hughto, J.M.*** (2016, October) "We are Guests in Their House": A qualitative analysis of correctional healthcare providers' knowledge, attitudes, and experiences caring for transgender inmates. Oral presentation at the 2016 American Society of Criminology Conference. New Orleans, LA. * Co-Presenter

7. **White Hughto, J.M.** & Clark, K.A. (2016, October) Development and pilot testing of transgender knowledge intervention for correctional healthcare providers. Oral presentation at the 144th American Public Health Association Conference, Denver, CO.

8. Hereth, J., Kuhns, L.M., Reisner, S.L., **White Hughto, J.M.**, Mimiaga, M.J., Garofalo, R., and the Project Lifeskills Team. (2016, October) Social and structural marginalization are highly associated with a history of arrest among young transgender women. Oral presentation at the 144th American Public Health Association Conference, Denver, CO.

9. **White Hughto, J.M.,** Clark, K.A., Michelson, L., Reisner, S.L., & Pachankis, J.E. (2016, October). "They're Not Addressing Trans Needs": A qualitative analysis of transgender women's healthcare access and experiences while incarcerated. Poster presented at the 144th American Public Health Association Conference, Denver, CO.

10. **White Hughto, J.M.,** Reisner, S.L., & Pachankis, J.E. (2016, July) Understanding the consequences of the U.S. Prison Rape Elimination Act (PREA) for transgender women's sexual assault and HIV transmission. Poster presented at the 2016 International AIDS Society Conference, Durban, South Africa.

11. Reisner, S.L., Deutsch, M., Cavanaugh, T., **White Hughto, J.M.**, Peitzmeier, S., Pardee, D.J., McLean, S., Mimiaga, M.J., Panther, L., & Potter, J. (2016, June) Assessing the non-inferiority, acceptability, and feasibility of a frontal/vaginal self-swab for HPV DNA compared to provider-collected cervical cytology and HPV DNA/mRNA among female-to-male (FTM) trans masculine patients. Oral presentation at the World Professional Association of Transgender Health Bi-Annual Conference, Amsterdam, Netherlands.

12. Reisner, S.L., Deutsch, M., Cavanaugh, T., Pardee, D.J., **White Hughto, J.M.**, Peitzmeier, S., McLean, S., Mimiaga, M.J., Panther, L., & Potter, J. (2016, June) Best practices for obtaining a sexual health history with trans masculine individuals: Lessons learned from self-administered surveys and provider-collected clinical interview data. Oral presentation at the World Professional Association of Transgender Health Bi-Annual Conference, Amsterdam, Netherlands.

13. **White Hughto, J.M.** & Reisner, S.L. (2015, November) Aging transgender adults in Massachusetts: Social stress, mental health, and physical health indicators. Oral presentation at the 143rd American Public Health Association Conference, Chicago, IL.

14. **White Hughto, J.M.**, Reisner, S.L., Dunham, E., & Pachankis, J.E. (2015, November) Barriers to transition-related healthcare among transgender adults in Massachusetts. Oral presentation at the 143rd American Public Health Association Conference, Chicago, IL.

15. Dunham, E., **White, J.M.**, & Reisner, S.L. (2015, November) Transgender students attending public and private schools in Massachusetts: Implications of policy and health differences. Poster presented at the 143rd American Public Health Association Conference, Chicago, IL.

16. Gordon, A.R., Austin, S.B., Okechukwu, C., Krieger, N., **White, J.M.**, & Reisner, S.L. (2015, November) Weight and shape control behaviors among young transgender women: Findings from Project Body Talk. Poster presented at the 143rd American Public Health Association Conference, Chicago, IL.

17. Smoyer, A. & **White Hughto, J.M.*** (2015, November) Separate but equal? Contesting transgender prison spaces. Oral presentation at the 2015 American Society of Criminology Conference. Washington, DC. * Co-Presenter

18. Gordon, A.R., **White, J.M.**, Austin, S.B., Reisner, S.L. (2015, June) "Not only do you deal with the bullshit from society, but also having to accept yourself and be happy with yourself can be really hard": Body image and weight and shape control among young trans women. Oral presentation at the 11th Annual Philadelphia Trans Health Conference, Philadelphia, PA.

19. **White, J.M**., Murchison, G. & Reisner, S.L. (2015, April) Access to care barriers among transgender people in the US: Findings from the U.S. National Transgender Discrimination Survey. Oral presentation at the 2015 National Transgender Health Summit, Oakland, CA.

20. **White, J.M.**, Reisner, S.L., & Mimiaga, M.J. (2014, October) Location matters: Correlates of HIV risk behaviors and HIV "hot spots" among transgender residents of Massachusetts. Oral presentation at the 142nd American Public Health Association Conference, New Orleans, LA.

21. Reisner, S.L., **White, J.M.**, Dunham, E., Begenyi, J., Heflin, K., & Cahill, S. (2014, October) Legal protections in public accommodations settings: A critical public health issue for transgender adults in Massachusetts. Oral presentation at the 142nd American Public Health Association Conference, New Orleans, LA.

22. Reisner, S.L., Pardo, S., Gamarel, K., **White, J.M.**, Pardee, D., & Meier, C. (2014, October) Experiences of stigma in healthcare among U.S. trans masculine adults: A gender minority stress model of substance use to cope with mistreatment. Oral presentation at the 142nd American Public Health Association Conference, New Orleans, LA.

23. Reisner, S.L. & **White, J.M.*** (2014, February) U.S. National Transgender Discrimination Study (NTDS) stress and health among FTMs: A gender minority stress model of health disparities. Oral presentation at the 2014 World Professional Association of Transgender Health Conference, Bangkok, Thailand. *Presenter

24. Perez-Brumer, A., **White, J. M.**, Pantalone, D., Garber, M., Safren, S. A., & Mimiaga, M. J. (2013, November). High rates of co-occurring mental health and substance use problems in men who have sex with men (MSM) screening for a behavioral intervention to reduce crystal methamphetamine use and HIV risk behaviors. Poster presented at the 141st American Public Health Association Conference, Boston, MA.

25. Dunham, E., & **White, J.M.** (2013, May) Project LifeSkills: Engaging young transgender women in HIV prevention research and public health practice. Oral presentation at the 2013 National Transgender Health Summit, Oakland, CA.

26. Dunham, E., Love, V. & **White, J.M.** (2013, April) Engaging youth in transgender projects and programs: A presentation by LifeSkills project staff at Fenway Health. Oral presentation at the 7th Annual Transgender Lives Conference, Farmington, CT. *Co-Presenter

27. **White, J.M.**, Taller, A., Love, V., Rash, N., & Hidalgo, A. (2013, March) From knowledge to action: Your voice in LGBTQ research. Oral presentation at the 2013 Gay Lesbian and Straight Education Network Conference, Boston, MA.

28. **White, J.M.**, Reisner, S.L., & Mimiaga, M.J. (2012, October) A population-based study of sexual risk behaviors among sexually active adolescent females: A comparison of behaviorally bisexual to behaviorally heterosexual high school students in Massachusetts. Oral presentation at the 140th American Public Health Association Conference, San Francisco, CA.

29. **White, J.M.**, Reisner, S.L., Pantalone, D., & Mimiaga, M.J. (2012, October) Association between race-based preferences and desired sexual practices among men seeking men for sex on the Internet: Implications for sexual health. Oral presentation at the 140th American Public Health Association Conference, San Francisco, CA.

30. **White, J.M.**, Reisner, S.L., Mimiaga, M.J. (2012, October) Racial preferences and sexual partnering: A content analysis of the online profiles of men seeking sex with men on the Internet. Poster presented at the 140th American Public Health Association Conference, San Francisco, CA.

31. Krakower, D., Mimiaga, M., Rosenberger, J., Novak, D., Mitty, J., **White, J.**, & Mayer, K. (2012, July) Anticipated risk compensation with pre-exposure prophylaxis use among North American men who have sex with men using an internet social network. Oral presentation at the XIX International AIDS Society Conference, Washington, DC.

32. **White, J.M.**, Reisner, S.L., & LifeSkills Study Team. (2012, May) Group-delivered HIV prevention with young trans women: Strategies for community engagement, delivery and dissemination. Oral presentation at the 11th Annual Philadelphia Trans Health Conference, Philadelphia, PA.

33. **White. J.M.** (presented on behalf of M. Mimiaga) Mimiaga, M., Crane, H., Wilson, J., Grasso, C., & Safren, S. (2012, April) Negative affect moderates the association between at-risk sexual behaviors and substance use during sex: Findings from a large cohort study of HIV-infected males engaged in primary care in the US. Oral presentation at the 2012 Society of Behavioral Medicine Conference, New Orleans, LA.

34. **White, J.M.**, Mimiaga, M.J., Reisner, S.L., & Mayer, K.H. (2012, April) Pilot RCT of a group-based HIV risk reduction intervention for HIV-uninfected urban MSM attending sex parties. Poster presented at the 33rd Meeting & Scientific Sessions of the Society of Behavioral Medicine. New Orleans, LA.

35. Mayer, K. H., Krakower, D. S., Rosenberger, J.G., Novak, D.S., **White, J. M.**, & Mimiaga, M. J. (2012, April) Pill or gel: Preferences of at risk Canadian and American men who have sex with men recruited via a social network site regarding oral or topical chemoprophylaxis. Oral presentation at the 2012 International Microbicides Conference, Sydney, Australia.

36. Mayer, K.H., **White, J.M.**, Krakower, D.S., & Mimiaga, M.J (2011, October) The evolution of Massachusetts physician attitudes, knowledge and experience with antiretroviral chemoprophylaxis before and after the release of the iPrEx data. Poster presented at the 49th Meeting of the Infectious Diseases Society of America, Boston, MA.

37. **White, J.M.**, Mimiaga, M.J., & Mayer, K.H. (2011, August) Engagement of Massachusetts physicians in HIV prevention: Results of an online survey. Oral presentation at the 2011 National HIV Prevention Conference. Atlanta, GA.

38. Mimiaga, M.J., **White, J.M.**, Reisner, S.L., & Mayer, K.H. (2011, August). High prevalence of depression and loneliness exacerbate HIV risk among urban MSM attending sex parties. Oral presentation at the 2011 National HIV Prevention Conference. Atlanta, GA.

39. Rowley, B., Mimiaga, M.J., **White, J.M.**, Reisner, S.L., & Mayer, K.H. (2011, August). Sex party attendance and HIV risk among MSM in Massachusetts: Results from Project PARTY screening. Oral presentation at the 2011 National HIV Prevention Conference. Atlanta, GA.

40. **White, J.M.**, Mimiaga, M.J., Reisner, S.L., & Mayer, K.H. (2011, August) Self-perception of HIV risk and sexual risk behavior among MSM who attend sex parties. Poster presented at the 2011 National HIV Prevention Conference, Atlanta, GA.

41. Mayer, K.H., **White, J.M.,** Krakower, D.S., & Mimiaga, M.J. (2012, April) Pills or gel: Massachusetts physicians' recent antiretroviral chemoprophylactic preferences. Poster presented at the 2012 International Microbicides Conference, Sydney, Australia.

42. Mayer, K.H., **White, J.M.**, Krakower, D.S., Mimiaga, M.J. (2011, February) Preparing for "PrEP": What Massachusetts physicians know and believe about oral and topical chemoprophylaxis: Circa September, 2010. Poster presented at the 18th Conference on Retroviruses and Opportunistic Infections, Boston, MA.

43. **White, J.M.**, Mimiaga, M.J., Perkins, B.D., Reisner S.L., Driscoll, M., & Cranston, K. (2010, November) Motivations for using the internet to meet sexual partners and HIV risk behavior among black men who have sex with men (MSM) in Massachusetts. Poster presented at the Harvard Center for AIDS Research: The Forgotten Epidemic, Boston, MA.

REVIEWER (SELECTED JOURNALS)

2018-Present *Journal of General Internal Medicine*
2018-Present *Social Science and Medicine*
2017-Present *Health Equity*
2017-Present *Journal of Applied Gerontology*
2017-Present *Sexual Health*
2017-Present *Transgender Health*
2016-Present *Journal of Affective Disorders*
2016-Present *Stigma and Health*
2015-Present *Behavioral Medicine*
2014-Present *BMC Infectious Disease*

2014-Present *JAIDS*
2014-Present *Sex Roles*
2014-Present *AIDS Care*
2014-Present *Global Public Health*
2014-Present *LGBT Health*
2013-Present *AIDS and Behavior*

OTHER PROFESSIONAL EXPERIENCE

2006-2008 **Associate Account Executive**
Public Affairs Practice, Ketchum, Washington DC and Atlanta, GA

Summer 2006 **Harold Burson Summer Intern**
Corporate Practice, Burson-Marsteller, New York, NY

Spring 2005 **Legal Assistant**
Boston University Internship Program, Okoshken Law Offices, Paris, France

2001-2002 **Campaign Intern**
2002 Worcester County District Attorney Campaign, Worcester, MA

VOLUNTEER AND COMMUNITY SERVICE

2015-2016 **Transgender Health Educator**
Connecticut Department of Corrections/UConn Correctional Managed Health Care, State of Connecticut

2012-2015 **Research Consultant**
Massachusetts Transgender Political Coalition, Boston, MA

2011-2013 **Fundraising Volunteer**
Crystal Ball Planning Committee, Stepping Stones Foundation, Boston, MA

2009-2010 **Volunteer HIV Tester and Counselor**
AID Atlanta, Atlanta, GA

2002-2006 **Website Developer and Events Coordinator**
F.O.R. Special Friends, Shrewsbury, MA

2003-2005 **Events Volunteer**
Service for Sight, Boston, MA

CLINICAL CERTIFICATIONS

2013 **Narcan Administration, State Certification**
AIDS Action Committee, Boston, MA

2012 **Mini International Neuropsychiatric Interview 6.0, Interviewer Certification**
Massachusetts General Hospital, Boston, MA

2011 **OraQuick Rapid HIV Testing, Massachusetts State Certification**
JRI Health, Boston, MA

2010 **Fundamentals of HIV, Hepatitis and STIs, Massachusetts State Certification**
JRI Health, Boston, MA

2010 **Behavioral Risk Assessment and Reduction, Massachusetts State Certification**
JRI Health, Boston, MA

2010 **HIV Counseling & Testing, Massachusetts State Certification**
JRI Health, Boston, MA

2010 **Mental Health Certificate, Rollins School of Public Health**
Emory University, Atlanta, GA

2009 **OraQuick Rapid Testing, Georgia State Certification**
Emory University, Atlanta, GA

AWARDS

2015 **Retirement Research Foundation Doctoral Student Research Award $1,000**
143rd American Public Health Association Conference, Chicago, IL

2014 **Excellence in Abstract Submission among All Presenters - HIV/AIDS Section**
142nd American Public Health Association Conference, New Orleans, LA

PROFESSIONAL MEMBERSHIP

2015-Present **American Society of Criminology**

2013-Present **American Public Health Association**
HIV/AIDS Caucus, LGBT Caucus, Aging Caucus

ADVANCED COMPUTER SKILLS

Data Analysis
SAS, SPSS, AMOS, MPlus, ArcGIS, NVivo, Atlas.ti, Dedoose

Survey Design and Administration and Data Management
REDCap, Qualtrics, Survey Gizmo, Lime Survey, Survey Monkey

Research and Media Databases and Tools
IRBNet, Endnote, RevMan, Lexis-Nexis, Factiva, Cision Media Source Premium, Critical Mention