

**IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JANE DOE et al.,

Plaintiffs,

v.

JOSEPH A. LADAPO et al.,

Defendants.

Civil No. 4:23-cv-00114-RH-MAF

**PLAINTIFFS’ MOTION FOR PRELIMINARY INJUNCTION**

Pursuant to Rule 65 of the Federal Rules of Civil Procedure, Plaintiffs move for a preliminary injunction preventing enforcement of the restrictions on medical care for adult transgender Floridians in Senate Bill 254, an “act relating to treatments for sex reassignment” (“SB 254”).<sup>1</sup>

SB 254 mandates new informed consent criteria for adult transgender patients. Under these criteria, for a patient over 18 years old to receive transition treatments,<sup>2</sup> the patient’s physician must obtain informed consent (i) by being physically present with the patient while (ii) the patient signs a form adopted by the Florida Boards of Medicine and Osteopathic Medicine (the “Boards”). The Boards have issued three

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<sup>1</sup> SB 254, Section 5, creates Fla. Stat. § 456.52, titled “Sex-reassignment prescriptions and procedures; prohibitions; informed consent.”

<sup>2</sup> Defined in SB 254, Section 4(9)(a)(1)-(3) (Fla. Stat. § 456.001(9)(a)(1)-(3)).

consent forms: two for hormone therapy (one for masculinizing and one for feminizing treatment) (together, the “Hormone Therapy Consent Forms”) and one for surgery (collectively, the “Informed Consent Forms”). SB 254 mandates that only licensed physicians can provide transition care and patients must sign the same form any time they receive a new prescription. Physicians who violate these requirements may face disciplinary action or criminal prosecution. Fla. Stat. § 456.52(5)(c).

Each of the Adult Plaintiffs has been diagnosed with gender dysphoria and requires ongoing transition-related care, but SB 254 bars them from receiving treatment in a timely way, or in some cases, at all.

The Adult Plaintiffs are likely to succeed on the merits of their equal protection claim. SB 254 singles out transgender individuals and creates arbitrary, harmful, and medically unjustified restrictions that deter them from obtaining needed medical care. Defendants cannot meet their burden to justify this disparate treatment. SB 254’s targeting of transgender adults is not substantially related to any important governmental interest. SB 254’s restrictions on transgender adults’ ability to obtain care, and those in the Informed Consent Forms, are not even rational. Rather than fostering any interests in health or safety, they undermine them.

Without the requested relief, SB 254 will cause irreparable harm to the Adult Plaintiffs, who will suffer numerous mental and physical injuries. The Adult Plaintiffs have no adequate remedy at law.

The balance of equities and public interest tip sharply in favor of the Adult Plaintiffs. A preliminary injunction would enable transgender individuals to obtain medically needed care on the same terms as other patients, without facing arbitrary barriers. Defendants face no burden from a preliminary injunction that would maintain the status quo prior to the passage of SB 254.

Plaintiffs respectfully request that the Court exercise its discretion to waive the Federal Rule of Civil Procedure 65(c) security requirement. *BellSouth Telecomm., Inc. v. MCIMetro Access Transmission Servs., LLC*, 425 F.3d 964, 971 (11th Cir. 2005). Public interest litigation is a recognized exception to the bond requirement.

**WHEREFORE**, the Adult Plaintiffs respectfully request an order preliminarily enjoining Defendants from enforcing SB 254, Section 5(2)–(5) (Fla. Stat. § 456.52(2)–(5)).

**SOUTHERN LEGAL COUNSEL**

*By: /s/ Simone Chriss*

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\* Admitted by *pro hac vice*

*Counsel for Plaintiffs*

**CERTIFICATE OF SERVICE**

I hereby certify that, on July 24, 2023, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system. I further certify that I served by process server the foregoing on the following non-CM/ECF participants:

William Gladson  
Office of the State Attorney  
Citrus County Courthouse  
110 North Apopka Ave.  
3rd Floor RM 2-372  
Inverness, FL 34450-4293

*/s/ Simone Chriss* \_\_\_\_\_

**Simone Chriss**  
Counsel for Plaintiffs

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE, individually and on behalf  
of her minor daughter, SUSAN DOE,  
et al.,

*Plaintiffs,*

v.

JOSEPH A. LADAPO, M.D., *in his  
official capacity as Florida's Surgeon  
General of the Florida Department of  
Health,* et al.,

*Defendants.*

Case No. 4:23-cv-00114-RH-MAF

**DECLARATION OF KAI POPE IN SUPPORT OF  
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, Kai Pope, hereby declare and state as follows:

1. I am over the age of 18, of sound mind, and in all respects competent to testify. I have personal knowledge of the information contained in this Declaration and would testify completely to those facts if called to do so.
2. I am 51 years old, and I am a plaintiff in this Action.
3. I am a Florida resident. I live in Palm Harbor, Florida. I am a physician with Hospice. I have been a Hospice physician for the past 20 years, and have been practicing in Florida for the past 11 years.

4. I am a man and I am also transgender. Although I was incorrectly assigned the sex female at birth, my gender identity is male. I experience and have been diagnosed with gender dysphoria due to the significant distress caused by the disconnect between my sex assigned at birth and my gender identity.

5. I have legally changed my name and my gender marker on my government-issued identification documents, and am legally recognized as male by the state and federal government.

6. I have been prescribed testosterone, which has allowed me to bring my body into alignment with my male gender identity. I receive my medical care from Dr. Miranda Giusti, D.O., who has a private practice in the Tampa area. I have seen Dr. Giusti for many years.

7. I underwent top surgery (a bilateral mastectomy) in December of 2021, which further helped to bring my body into alignment with my gender identity. I have experienced a tremendous improvement in quality of life due to being on testosterone and having top surgery.

8. In preparation for a phalloplasty, I obtained a hysterectomy in March of 2023.

9. I feel very privileged that I have had access to the medical care that I need and have not had the same obstacles and barriers to accessing transition-related healthcare that many transgender Floridians experience. Being a physician has

afforded me greater knowledge of, and access to, the healthcare system, and that has allowed me to navigate my transition pretty seamlessly. That all changed, however, on Thursday, July 13<sup>th</sup> during a phone call in which my surgeon informed me that due to SB 254, my phalloplasty surgery was cancelled.

10. It took over a year to schedule the phalloplasty, but I finally had my surgery scheduled for September 14<sup>th</sup>, 2023 at the University of Miami. The surgery has been deemed medically necessary for the treatment of my gender dysphoria, I meet the criteria under the WPATH standards of care, and I provided two letters attesting to my readiness for surgery from my mental health providers. I have already scheduled to take time off work, made arrangements for support and caretaking after my surgery, obtained the prerequisite care, including a hysterectomy, and received prior authorization from my health insurance provider for the surgery.

11. When I received the phone call from my surgeon informing me that my surgery had been cancelled due to SB 254, I felt completely blindsided. First, I felt confused, and then the confusion was replaced by devastation, as it had taken so much time and effort to get to this point, and I am less than two months out from my scheduled procedure. Without that surgery, I will continue to experience medical injury from my gender dysphoria and cannot receive the full treatment prescribed for me.

12. Each day since the phone call, I wake up feeling like this is a nightmare. I have been prescribed treatment that my physician, my surgeon, and my mental health provider have all deemed medically necessary for me, the surgeon stands ready to provide it, and I cannot receive it exclusively because of barriers created by state law. It is frustrating and alarming to me that the government is dictating who can and cannot receive essential medical care.

13. As a physician, I am well versed in the practice of medicine, the regulation of the medical profession, the adherence by medical providers to the authoritative Standards of Care for the treatment of conditions, and the informed consent model. The restrictions put in place by the state have no legitimate or rational purpose. They cause harm to me and other transgender people like me.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 24th day of July, 2023.

Respectfully Submitted,

DocuSigned by:  
  
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Kai Pope

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE, individually and on behalf  
of her minor daughter, SUSAN DOE,  
et al.,

*Plaintiffs,*

v.

JOSEPH A. LADAPO, M.D., *in his  
official capacity as Florida’s Surgeon  
General of the Florida Department of  
Health,* et al.,

*Defendants.*

Case No. 4:23-cv-00114-RH-MAF

**DECLARATION OF LUCIEN HAMEL IN SUPPORT OF  
PLAINTIFFS’ MOTION FOR PRELIMINARY INJUNCTION**

I, Lucien Hamel, hereby declare and state as follows:

1. I am over the age of 18, of sound mind, and in all respects competent to testify. I have personal knowledge of the information contained in this Declaration and would testify completely to those facts if called to do so.

2. I am 27 years old, and I am a plaintiff in this Action.

3. I am a Florida resident. I live in Indian River County with my wife and my child. I am a manager at a CVS store and I work full time to provide for my son.

4. I am a man and I am also transgender. Although I was incorrectly assigned the sex female at birth, my gender identity is male. I experience and have

been diagnosed with gender dysphoria due to the significant distress caused by the disconnect between my sex assigned at birth, along with some of my primary and secondary sex characteristics, and my gender identity.

5. I have known that I was male since I was six years old. I did not have the words to describe my experience for many years, and once I did, it didn't feel safe to explore that aspect of my identity given the hostility towards transgender people in our country. Though I always wore male clothing, four years ago I finally began receiving transition-related medical care.

6. I initiated my transition with a pediatric endocrinologist, who I was referred to by my psychiatrist at the time. My psychiatrist diagnosed me with gender dysphoria, and wrote a letter regarding my readiness to initiate testosterone hormone treatment. I met with the pediatric endocrinologist three or four times before being prescribed any medication. He was very thorough and careful, and eventually started me on a very low dose of testosterone, and we did a lot of monitoring and follow up and labs, adjusting the dose slowly to ensure I was doing well.

7. Because I was an adult, the pediatric endocrinologist had to refer me to an adult provider to continue my transition-related care, as his practice would not allow him to continue treating adult patients. I was referred to a nurse practitioner who is licensed as an Autonomous Practice Nurse Practitioner at Spektrum Health who has substantial expertise and experience in the treatment of gender dysphoria. I

have received both my primary care and my gender-affirming care from Spektrum Health since that time.

8. I have had a tremendously positive experience with hormone therapy. Being able to obtain testosterone injections has allowed me to bring my body into alignment with who I know myself to be. Last year, I had top surgery. Receiving medically necessary testosterone therapy and top surgery has provided me desperately needed relief and comfort in my own skin.

9. Because of SB 254, I am currently unable to get the hormone therapy that I need. I took my last testosterone shot on June 28<sup>th</sup>, and I have been without medication since that time. I have asked my NP at Spektrum Health if he could send in a refill and he said he cannot do so without breaking the law. I asked my former pediatric endocrinologist if he could prescribe my testosterone, and he said that he cannot, as his practice will not permit him to treat adults. I have sought out other M.D.s and D.O.'s in the state, but I have not been able to get an appointment to see any to continue my medically necessary treatment.

10. I have reached out to out of state providers, but receiving care from them would require me to travel out of state, and I cannot afford to do so. I am the parent of a seven-year-old child and I work full time. It was already a hardship to travel to Melbourne every few months to Spektrum Health for the required

monitoring and lab work associated with my hormone treatment. Traveling out of state is not an option for me.

11. I would love to move out of the hostile state of Florida to a state where I could receive the medical care that I need. I cannot do this, however, because it would uproot and disrupt my son's entire life – his other parent lives in Florida, as do his grandparents and his friends, and he loves his school here. Further, it would require my son's other parent to either move to the new state with us, or I would have to give up my custody rights over my child, which I could never do. Ultimately, neither myself nor my son's other parent have the means or resources to move to a new state. Thus, we are stuck in a state where I cannot obtain essential medical care.

12. Being forced to go without testosterone has had, and will continue to have, devastating consequences for me physically, emotionally, and psychologically. Because of being unable to obtain care, I experience debilitating fear, anxiety, self-loathing, and despair.

13. SB 254 prevents me from getting care that I need. Even if I can get an appointment with an M.D. or a D.O. in Florida – which I have not yet been able to do – I will be unable to continue seeing the medical provider at Spektrum Health whom I trust and with whom I have developed a good relationship.

14. The barriers to accessing care that were created by SB 254, and the Boards' Emergency Rules and Informed Consent forms stemming from SB 254,

have created an all-out bar to accessing care for myself and for so many others. My chosen, trusted medical provider cannot prescribe my testosterone without being criminalized, there is not an M.D. or D.O. who can prescribe my testosterone, and I cannot afford to travel out of state to obtain my testosterone. Thus, I am trapped in a state that is denying me access to critical medical care that I need to live and thrive.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 24th day of July, 2023.

Respectfully Submitted,

DocuSigned by:  
  
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Lucien Hamel

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE, individually and on behalf  
of her minor daughter, SUSAN DOE,  
et al.,

*Plaintiffs,*

v.

JOSEPH A. LADAPO, M.D., *in his  
official capacity as Florida’s Surgeon  
General of the Florida Department of  
Health,* et al.,

*Defendants.*

Case No. 4:23-cv-00114-RH-MAF

**DECLARATION OF OLIVIA NOEL IN SUPPORT OF  
PLAINTIFFS’ MOTION FOR PRELIMINARY INJUNCTION**

I, Olivia Noel,<sup>1</sup> hereby declare and state as follows:

1. I am over the age of 18, of sound mind, and in all respects competent to testify. I have personal knowledge of the information contained in this Declaration and would testify completely to those facts if called to do so.

2. I am 26 years old, I am a Florida resident, and I am a plaintiff in this Action.

3. I am a woman and I am also transgender. Although I was incorrectly assigned the sex male at birth, my gender identity is female. I experience and have

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<sup>1</sup> My legal name is Jae Olivia Noel, but Olivia is the name that I use.

been diagnosed with gender dysphoria due to the significant distress caused by the disconnect between my sex assigned at birth, along with some of my primary and secondary sex characteristics, and my gender identity.

4. I began receiving transition-related care in May of 2016, when I was 19 years old. I initiated care at the UF Health multi-disciplinary youth gender clinic with Dr. Janet Silverstein, M.D., the pediatric endocrinologist leading the clinic at that time. I had multiple appointments prior to being prescribed any medication as treatment for my gender dysphoria, and during the appointments I met with a mental health provider, an endocrinologist, and other members of their treatment team.

5. Prior to starting me on hormone therapy, I was required to meet with a mental health provider who did a full assessment to determine my readiness for hormone therapy treatment.

6. I continued to receive my care from the UF Health youth gender clinic until I was 21 years old, at which time I was referred to another UF Health endocrinologist who specializes in adult care, Dr. Srihari.

7. I then moved to Seattle, Washington and continued my treatment with a provider there during 2022.

8. When I moved back to Florida in March of this year, after being on estrogen for seven years, I established care at Planned Parenthood with a nurse

practitioner. I also established mental health care with a physician assistant – Certified (PA-C).

9. I recently learned that my chosen and trusted provider at Planned Parenthood would no longer be able to provide my care, due to SB 254.

10. I have less than one month left of my estrogen, and I am unable to get an appointment with a physician to prescribe my necessary care once that runs out. I am concerned about my health and wellbeing if I am forced to go without my hormones. Estrogen is an essential part of the medical treatment for my gender dysphoria. Without it, I will experience the clinically significant distress that disrupts my daily life.

11. As set forth, I will run out of estrogen within a month's time. I know that the nurse practitioner at Planned Parenthood included refills as part of my last prescription. However, I believe that because of Florida law, I will be unable to get them because pharmacies in Florida are refusing to fill scripts written by nurse practitioners.

12. I have not been able to establish care with a physician, and I recently lost my job and my health insurance coverage, which was provided by my employer. Without health insurance, Planned Parenthood is the only place I am aware of where I can afford to receive my gender transition-related care. I have asked Planned

Parenthood and they have told me very clearly that they will not continue providing my needed care.

13. I tried but was unable to make an appointment with my former endocrinologist at UF Health. He also informed me that SB 254 was impacting his practice because, like my current provider, it functions primarily through nurse practitioners.

14. I also reached out to my former medical provider in Seattle, Washington to see if I could continue to receive my transition-related care from them. They said I could not unless I travel to Washington, which I cannot afford.

15. I am scared and concerned that I will imminently not be able to receive the health care that I need. I moved back to Florida because this is where my whole life is – my family my friends, my school - I've always considered Florida to be my home. I am afraid to stay here if I cannot access my needed medical care, but I also cannot leave at this time. Hormone therapy enables me to comfortably live as a woman, which I have done throughout my adulthood. Without it, I will experience the debilitating effects of untreated gender dysphoria and face serious disruption in my life.

16. Even if I could establish a relationship with a medical provider, which I have been unable to do, the barriers that the Boards of Medicine put in place with the new required consent forms will be an additional obstacle to accessing the care

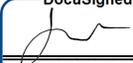
I need. I do not have health insurance, and some of the requirements will be impossible for me to meet. For example, the requirement that the psychological and social evaluation be “performed by a Florida licensed board-certified psychiatrist or a Florida licensed psychologist” creates a hurdle to care for me that I cannot overcome. Further, I worry that providers could use my diagnoses of anxiety, depression, and ADHD as a basis to deny me care, due to the language about “psychological comorbidities that interferes with the diagnostic work-up or treatment” creating barriers to care. I also cannot meet the criteria in the new consent forms that “may be recommended” by a prescribing physician, such as suicide risk assessments, bone density (DEXA) scans, annual mental health assessments by a board-certified Florida licensed psychiatrist or psychologist, and more because I do not have doctors to provide them and I cannot afford them if I did. Even if I had health insurance, these burdensome requirements are beyond what is covered by my prior health insurance plans, and would result in me being unable to access care.

17. SB 254, and the Boards’ Emergency Rules and Informed Consent forms stemming from SB 254, have created significant obstacles to accessing care for me and for so many others. My chosen, trusted medical provider cannot prescribe my estrogen without being criminalized and there is not a Florida M.D. or D.O. who will prescribe my needed medical care. This feels cruel and inhumane.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 24th day of July, 2023.

Respectfully Submitted,

DocuSigned by:  
  
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Jae Olivia Noel

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE, individually and on behalf  
of her minor daughter, SUSAN DOE,  
et al.,

*Plaintiffs,*

v.

JOSEPH A. LADAPO, M.D., *in his  
official capacity as Florida’s Surgeon  
General of the Florida Department of  
Health,* et al.,

*Defendants.*

Case No. 4:23-cv-00114-RH-MAF

**DECLARATION OF REBECCA CRUZ EVIA IN SUPPORT OF  
PLAINTIFFS’ MOTION FOR PRELIMINARY INJUNCTION**

I, Rebecca Cruz Evia, hereby declare and state as follows:

1. I am over the age of 18, of sound mind, and in all respects competent to testify. I have personal knowledge of the information contained in this Declaration and would testify completely to those facts if called to do so.
2. I am 40 years old, and I am a plaintiff in this Action.
3. I am a Florida resident. I live in St. Lucie County.
4. I am a woman and I am also transgender. Although I was incorrectly assigned the sex male at birth, my gender identity is female. I experience and have been diagnosed with gender dysphoria due to the significant distress caused by the

disconnect between my sex assigned at birth, along with some of my primary and secondary sex characteristics, and my gender identity.

5. I have been prescribed estrogen, which has allowed me to bring my body into alignment with my female gender identity. I began receiving hormone therapy at Care Resources in Miami, Florida, and I currently receive my medical care from physicians at the University of Miami Health System.

6. I have legally changed my name and my gender marker on my government-issued identification documents, and am legally recognized as female by the state and federal government.

7. I underwent a breast augmentation procedure in 2020, which further helped to bring my body into alignment with my gender identity.

8. I have experienced significant improvement in my quality of life due to being on hormone therapy and receiving surgery, both of which help to ameliorate some of the effects of my gender dysphoria.

9. I was scheduled to have surgery at the University of Miami on August 15, 2023, with a pre-op consultation scheduled for August 4, 2023. The surgery is a vaginoplasty and it has been deemed medically necessary for the treatment of my gender dysphoria. I meet the criteria under the WPATH standards of care, and I provided the surgeon with two letters attesting to my readiness for surgery, including from my mental health provider.

10. I received a phone call from my surgeon at the University of Miami informing me that my surgery has been cancelled due to SB 254. This news was devastating and shocking, as I am mere weeks away from my scheduled procedure, and I have already made the necessary arrangements to undergo this needed medical procedure.

11. I have sought out other alternatives for receiving the medically necessary procedure, but I have no other options for obtaining this surgery.

12. Without access to the procedure, I will continue to experience harm related to my gender dysphoria. As an adult, I should be able to make decisions about my own health and my own body, but because of SB 254, I am being denied the treatment prescribed for me by my treating medical providers.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 24th day of July, 2023.

Respectfully Submitted,

DocuSigned by:  
  
29088F4E8CC5462...

Rebecca Cruz Evia

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE et al.,

*Plaintiffs,*

v.

JOSEPH A. LADAPO, M.D. et al.,

*Defendants.*

Case No. 4:23-cv-00114-RH-MAF

**EXPERT DECLARATION OF DAN H. KARASIC, M.D.**

I, Dan H. Karasic, M.D., hereby state as follows:

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.

2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

**I. BACKGROUND AND QUALIFICATIONS**

**A. *Qualifications***

3. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae (“CV”). A true and correct copy of my most up-to-date CV is attached as **Exhibit A**.

4. I am a Professor Emeritus of Psychiatry at the University of California – San Francisco (UCSF) Weill Institute for Neurosciences. I have been on faculty at UCSF since 1991. I have also had a telepsychiatry private practice since 2020.

5. I received my Doctor of Medicine (M.D.) degree from the Yale Medical School in 1987. In 1991, I completed my residency in psychiatry at the University of California – Los Angeles (UCLA) Neuropsychiatric Institute, and from 1990 to 1991, I was a postdoctoral fellow in a training program in mental health services for persons living with AIDS at UCLA.

6. For over 30 years, I have worked with patients with gender dysphoria.

7. I am a Distinguished Life Fellow of the American Psychiatric Association and the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, as well as the sole author of the chapter on transgender care in the American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition.

8. Over the past 30 years, I have provided care for thousands of transgender patients. For 17 years, I was the psychiatrist for the Dimensions Clinic, for transgender youth ages 12–25 years old, in San Francisco.

9. I previously sat on the Board of Directors of the World Professional Association for Transgender Health (WPATH) and am lead author of the Mental Health chapter of WPATH's *Standards of Care for the Health of Gender Diverse and Transgender People* Version 8 (WPATH SOC 8), which are the internationally accepted guidelines designed to promote the health and welfare of transgender, transsexual, and gender variant persons. I was also a co-author of WPATH SOC 7.

10. As a member of the WPATH Global Education Initiative, I helped develop a specialty certification program in transgender health and helped train over

2,000 health providers. At UCSF, I developed protocols and outcome measures for the Transgender Surgery Program at the UCSF Medical Center. I also served on the Medical Advisory Board for the UCSF Center of Excellence for Transgender Care and co-wrote the mental health section of the original *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* and the revision in 2016.

11. I have worked with the San Francisco Department of Public Health, having helped develop and implement their program for the care of transgender patients and for mental health assessments for gender-affirming surgery. I served on the City and County of San Francisco Human Rights Commission's LGBT Advisory Committee, and I have been an expert consultant for California state agencies and on multiple occasions for the United Nations Development Programme on international issues in transgender care.

12. I have held numerous clinical positions concurrent to my clinical professorship at UCSF. Among these, I served as an attending psychiatrist for San Francisco General Hospital's consultation-liaison service for AIDS care, as an outpatient psychiatrist for HIV-AIDS patients at UCSF, as a psychiatrist for the Transgender Life Care Program and the Dimensions Clinic at Castro Mission Health Center, and as the co-founder and co-lead of the UCSF Alliance Health Project's Transgender Team. In these clinical roles, I specialized in the evaluation and treatment of transgender, gender dysphoric, and HIV-positive patients. I also

regularly provide consultation on challenging cases to psychologists and other psychotherapists working with transgender and gender dysphoric patients. I have been a consultant in transgender care to the California Department of State Hospitals and the California Department of Corrections and Rehabilitation.

13. As part of my psychiatric practice treating individuals diagnosed with gender dysphoria and who receive medical and surgical treatment for that condition, as well as a co-author of the WPATH Standards of Care and UCSF's *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*, I am and must be familiar with additional aspects of medical care for the diagnosis of gender dysphoria, beyond mental health treatment, assessment, and diagnosis.

14. In addition to this work, I have done research on the treatment of depression. I have authored many articles and book chapters and edited the book *Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation*.

15. Since 2018, I have performed over 100 independent medical reviews for the State of California to determine the medical necessity of transgender care in appeals of denial of insurance coverage.

**B. Compensation**

16. I am being compensated for my work on this matter at a rate of \$400.00 per hour for preparation of declarations and expert reports. I will be compensated

\$3,200.00 per day for any deposition testimony or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

**C. Previous Testimony**

17. Over the past four years, I have given expert testimony at trial or by deposition in the following cases: *C.P. v. Blue Cross Blue Shield of Illinois*, No. 3:20-cv-06145-RJB (W.D. Wash.); *Kadel v. Folwell*, No. 1:19-cv-00272 (M.D.N.C.); *Fain v. Crouch*, 3:20-cv-00740 (S.D.W. Va.); *Brandt v. Rutledge*, No. 4:21-cv-00450 (E.D. Ark.); *K.C. et al. vs Individual Members of the Indiana Licensing Board, et al.*, and *Dekker, et al. v. Weida, et al.*, No. 4:22-cv-00325-RH-MAF. To the best of my recollection, I have not given expert testimony at a trial or at a deposition in any other case during this period.

**D. Bases for Opinions**

18. In preparing this declaration, I have relied on my training and years of research and clinical experience, as set out in my curriculum vitae, and on the materials listed therein, as documented in my curriculum vitae, which is attached hereto as **Exhibit A**.

19. I have also reviewed the materials listed in the bibliography attached hereto as **Exhibit B**. The sources cited therein include authoritative, scientific peer-reviewed publications. They include the documents specifically cited as supportive examples in particular sections of this report.

20. Additionally, I reviewed the text of Florida Senate Bill 254, and the text of the emergency rule adopted by the Florida Boards of Medicine and Osteopathic Medicine entitled “Mandatory Standardized Informed Consent for Sex-reassignment Prescriptions or Procedures in Adults” (64B15ER23-10), along with the informed consent forms that the rule incorporates by reference.

21. The materials I have relied upon in preparing this report are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes available in the future, including as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

22. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes available in the future, including as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise. I may also further supplement these opinions in response to information produced by Defendants in discovery and in response to additional information from Defendants’ designated experts.

**II. THE BOARDS’ INFORMED CONSENT FORMS UNDERMINE INFORMED CONSENT BECAUSE THEY ARE RIDDLED WITH FALSE AND MISLEADING STATEMENTS.**

23. The “informed consent” forms required by SB 254 for feminizing

hormones, masculinizing hormones, and sex-reassignments surgeries are riddled with false and misleading statements. All three forms state the following: “Medical treatment of people with gender dysphoria is based on very limited, poor-quality research with only subtle improvements seen in some patient’s psychological functioning in some, but not all, research studies. This practice is purely speculative, and the possible psychological benefits may not outweigh the substantial risks of medical treatments and, in many cases, the need for lifelong medical treatments.”

24. The forms undermine informed consent because these statements are false. Substantial research has confirmed that transgender patients derive significant benefit from hormone therapy and surgeries.

25. Gender-affirming medical and surgical interventions in accordance with the WPATH SOC 7 and Endocrine Society Guidelines are widely recognized in the medical community as safe, effective, and medically necessary for many transgender people with gender dysphoria. (*See American Academy of Pediatrics, 2018; the American Medical Association, 2021; the Endocrine Society, 2020, the Pediatric Endocrine Society, 2021; the American Psychiatric Association, 2018; the American Psychological Association, 2021; the American Congress of Obstetricians and Gynecologists, 2021; the American Academy of Family Physicians, 2020; WPATH, 2012*).

26. There is substantial evidence that gender-affirming medical and surgical care is effective in treating gender dysphoria. This evidence includes scientific studies

assessing mental health outcomes for transgender people who are treated with these interventions, including adolescents, and decades of clinical experience.

27. The research and studies supporting the necessity, safety, and effectiveness of medical and surgical care for gender dysphoria are the same type of evidence-based data that the medical community routinely relies upon when treating other medical disorders.

28. Medical treatment for gender dysphoria has been studied for over half a century, and there is substantial evidence that it improves quality of life and measures of mental health. (Almazan, et al., 2021; Baker et al., 2021; Murad, et al., 2010; Nobili et al., 2018; Pfafflin & Junge, 1998; T’Sjoen et al., 2019; van de Grift et al., 2018; White Hughto and Reisner, 2016; Wierckx et al., 2014).

29. A systematic review of 20 studies showed improved quality of life, decreased depression, and decreased anxiety with hormonal treatment in transgender people. (Baker, et al., 2021). Another systematic review showed improvement in mental health and quality of life measures in transgender people with hormonal treatment (White Hughto and Reisner, 2016).

30. In a secondary analysis of data from the U.S. Transgender Survey, having had genital surgery was associated with decreased psychological distress and suicidal ideation. (Almazan, et al., 2021). In transgender patients followed 4–6 years after surgery, satisfaction was very high (over 90%) and regret was low. (van de Grift et al., 2018). The Cornell “What We Know” systematic review of 55 studies from

1991-2017 strongly supported that gender-affirming hormone and surgical treatment improved the wellbeing of transgender individuals. (What We Know, 2018). Regret rates after surgery in the largest systematic review (Bustos, et al, 2021) were 1%.

31. The studies on gender-affirming medical care for treatment of dysphoria are consistent with decades of clinical experience of mental health providers across the U.S. and around the world. At professional conferences and other settings in which I interact with colleagues, clinicians report that gender affirming medical care, for those for whom it is indicated, provides great clinical benefit. In my over 30 years of clinical experience treating gender dysphoric patients, I have seen the benefits of gender-affirming medical care on my patients' health and well-being. I have seen many patients show improvements in mental health, as well as in performance in school, in social functioning with peers, and in family relationships when they experience relief from gender dysphoria with gender affirming medical care.

32. Both cross-sex hormone forms state that "psychological therapy with a mental health provider" is an "option" for patients who do not wish to start or continue hormone therapy. This statement is false insofar as it suggests that psychological therapy is an effective alternative treatment for transgender people for whom hormone therapy is medically indicated. While psychological therapy can be beneficial for many people, including transgender people, there is no evidence that psychological therapy can alleviate gender dysphoria in those for whom gender

affirming medical care is indicated.

33. Both cross-sex hormone forms also state: “Treatment with feminizing [or masculinizing] medications will not prevent serious psychiatric events, including suicide.” This statement is false insofar as it suggests that hormone therapy does not or is not likely to have a positive impact on a transgender patient’s mental health, including the reduction of suicidality. In fact, as described above, substantial research shows that hormone therapy likely improves gender dysphoria, psychological function, comorbidities (e.g., depression, anxiety, and suicidality), and overall quality of life. While no treatment can provide an absolute guarantee against “psychiatric events, including suicide,” it is false to suggest that hormone therapy is ineffective in improving psychological health, including reducing suicidality.

34. In addition to conveying false and misleading information, the consent forms also undermine informed consent by forcing providers to give patients information about medications that the patient is not being prescribed. To be effective, consent must be specific to what is being prescribed. For example, if a patient is being prescribe a specific drug to treat cardiovascular disease or depression, the provider does not give them a list of all cardiovascular medications or all medications used to treat depression, which would defeat the purpose of informed consent. Providing such a laundry list would be confusing and stifles the critical back and forth that is integral to securing informed consent, which requires a provider to engage in discussion with the patient about the specific drug. The “laundry list” approach mandated by these

forms contradicts medical practice and impedes providers from fulfilling their professional responsibilities. It is not only ineffective, but harmful—because it makes it far less likely that the provider is transmitting the information the patient needs. Most people do not absorb everything that is stated on informed consent forms upon initial reading; that is why it is important to focus on what is prescribed and allow for further discussion between patient and provider about the specific drug.

**III. THE BOARDS' INFORMED CONSENT FORMS IMPOSE ARBITRARY AND UNNECESSARY MENTAL HEALTH REQUIREMENTS THAT CONTRADICT THE STANDARDS OF CARE AND HAVE NO MEDICAL BASIS.**

35. Both cross-sex hormone forms require transgender patients to undergo a psychological and social evaluation by a Florida licensed board-certified psychiatrist or a Florida licensed psychologist before beginning hormone therapy and “every two years thereafter.” There is no medical basis for these requirements. The WPATH Standards of Care states that a wide range of health care professionals are qualified to evaluate an adult transgender patient for hormone replacement therapy (HRT).

36. WPATH Standards of Care Version 8 states that health professionals providing the initial assessment for adults should be knowledgeable in performing this assessment, and adults can be assessed either by the provider providing the gender affirming medical care, or by another knowledgeable health professional, including mental health professionals. Primary care providers have safely assessed patients for hormones and prescribed hormones for over 30 years (Deutsch, 2012). Many primary

care providers are nurse practitioners or physician assistants, and many mental health providers are licensed clinical social workers or other licensed therapists. These care providers are allowed to work with non-transgender patients, and for many patients are the only available care providers. Restricting care provision to psychiatrists and psychologists is without evidence base, and appears to serve no purpose other than to limit access to care.

37. In addition, there is no evidence base for a requirement that a transgender patient undergo an additional evaluation or re-evaluation by a psychiatrist or psychologist “every two years.” The health provider prescribing the medications sees their patient regularly, and can refer them to a mental health provider if necessary. Primary care providers treat 60% of cases of depression in the US and provide 79% of antidepressants prescribed. (Barkil-Oteo, 2013). With these patients, primary care providers are screening for suicidality and referring to mental health professionals when appropriate. To require a psychiatrist or psychologist to do this periodic screening serves only the purpose of limiting care.

38. The forms require that transgender patients undergo ongoing, lifelong psychotherapy regardless of whether they have any individualized need for such therapy or not. There is no medical basis for this incredibly invasive and burdensome requirement, which will effectively bar any ability to obtain care for many transgender people. These requirements also stigmatize transgender people as inherently psychologically unstable or mentally ill, despite the consensus of mental health

organizations and experts that being transgender is a normal variation of human identity and is not a mental illness or disorder. There is no more reason to require transgender people to undergo repeated mental health evaluations or lifelong psychotherapy than any other group, and doing so serves only to increase the social stigma and negative stereotypes that transgender people already experience.

39. Both cross-sex hormone forms state: “HRT, the use of androgen blockers and antiandrogens, and the treatment process can affect your mood. Therefore, you must be under the care of a licensed mental health care professional while undergoing treatment.” This requirement contradicts the Standards of Care and has no medical basis. There is no need for every transgender person using hormone therapy to be under the care of a licensed mental health professional.

40. This requirement also singles out transgender patients for no legitimate reason. The same medications prescribed for gender-affirming care are commonly prescribed for other purposes to non-transgender patients, with no requirement for being under the care of a mental health professional. For example, men with prostate cancer are often prescribed anti-androgens and many post-menopausal women receive hormone replacement therapy, yet neither are required to see a licensed mental health professional.

41. Many other medications (such as beta blockers or birth control pills) can also affect mood, but none are subject to a similar requirement that an adult patient be under the care of a licensed mental health professional for that reason. Prescribed

opioids led to over 16,000 overdose deaths in 2021, but have no requirement for mental health monitoring. (National Institute on Drug Overdose).

42. The cross-sex hormone forms also falsely state that because the Food and Drug Administration (FDA) has not specifically approved HRT for treating gender dysphoria, this means that these medications are “not being used for their intended purposes.” That statement is grossly misleading, as the off-label use of FDA-approved medications is extremely common and in no way medically inappropriate. This statement (like many others in these forms) seems designed to engender irrational fear and deter transgender patients from seeking medical care, rather than convey useful or accurate information.

#### **IV. ADDITIONAL REQUIREMENTS IMPOSED BY THE LAW ARE HARMFUL, UNNECESSARY, AND HAVE NO MEDICAL BASIS.**

43. SB 254 also prohibits advanced practice registered nurses (APRNs) from prescribing and administering hormone therapy for transgender patients. There is no medical reason for this restriction, which will only harm transgender patients by artificially curtailing the pool of available providers. This requirement does not protect the health, safety, or well-being of transgender people.

44. SB 254 also requires physicians to be physically present while obtaining a transgender patient’s informed consent. There is no medical justification for this restriction. Obtaining informed consent involves a conversation with patients, not a physical exam. This requirement is irrational and arbitrary and seems designed

only to deter transgender patients from obtaining care.

## V. CONCLUSION

45. Florida's informed consent requirements is contrary to widely accepted medical protocols for the treatment of transgender people with gender dysphoria that are recognized by major medical and mental health professional associations in the United States.

46. Decades of medical research and clinical experience have demonstrated that the medical treatments Florida seeks to limit are safe, effective, and medically necessary to relieve gender dysphoria for transgender people. Any conclusion otherwise is not supported by medical evidence or consensus.

47. Placing substantial burdens on access to gender-affirming medical care to transgender people for whom it is medically indicated puts them at risk of significant harm to their health and wellbeing, including heightened risk of depression and suicidality.

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

Executed this 24th day of July 2023.



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Dan H. Karasic, M.D.

EXHIBIT A  
*Curriculum Vitae*

**University of California, San Francisco**  
**CURRICULUM VITAE**

**Name:** Dan H. Karasic, MD

**Position:** Professor Emeritus  
 Psychiatry  
 School of Medicine

Voice: 415-935-1511

Fax: 888-232-9336

**EDUCATION**

1978 - 1982	Occidental College, Los Angeles	A.B.; Summa Cum Laude	Biology
1982 - 1987	Yale University School of Medicine	M.D.	Medicine
1987 - 1988	University of California, Los Angeles	Intern	Medicine, Psychiatry, and Neurology
1988 - 1991	University of California, Los Angeles; Neuropsychiatric Institute	Resident	Psychiatry
1990 - 1991	University of California, Los Angeles; Department of Sociology	Postdoctoral Fellow	Training Program in Mental Health Services for Persons with AIDS

**LICENSES, CERTIFICATION**

1990	Medical Licensure, California, License Number G65105
1990	Drug Enforcement Administration Registration Number BK1765354
1993	American Board of Psychiatry and Neurology, Board Certified in Psychiatry

**PRINCIPAL POSITIONS HELD**

1991 - 1993	University of California, San Francisco	Health Sciences Psychiatry Clinical Instructor
1993 - 1999	University of California, San Francisco	Health Sciences Psychiatry Assistant Clinical Professor

1999 - 2005	University of California, San Francisco	Health Sciences Psychiatry Associate Clinical Professor
2005 - present	University of California, San Francisco	Health Sciences Psychiatry Clinical Professor

**OTHER POSITIONS HELD CONCURRENTLY**

1980 - 1980	Associated Western Universities / U.S. Department of Energy	Honors Undergraduate Research Fellow	UCLA Medicine
1981 - 1981	University of California, Los Angeles; Medicine American Heart Association, California Affiliate	Summer Student Research Fellow	UCLA
1986 - 1987	Yale University School of Medicine; American Heart Association, Connecticut Affiliate	Medical Student Research Fellow	Psychiatry
1990 - 1991	University of California, Los Angeles	Postdoctoral	Sociology Fellow
1991 - 2001	SFGH Consultation-Liaison Service; AIDS Care	Attending Psychiatrist	Psychiatry
1991 - 2001	AIDS Consultation-Liaison Medical Student Elective	Course Director	Psychiatry
1991 - present	UCSF Positive Health Program at San General Hospital (Ward 86)	HIV/AIDS Outpatient Psychiatrist	Psychiatry Francisco
1991 - present	UCSF AHP (AIDS Health Project/Alliance Health Project)	HIV/AIDS Outpatient Psychiatrist	Psychiatry
1994 - 2002	St. Mary's Medical Center CARE Unit. The CARE Unit specializes in the care of patients with AIDS dementia.	Consultant	Psychiatry
2001 - 2010	Depression and Antiretroviral Adherence Study (The H.O.M.E. study: Health Outcomes of Mood Enhancement)	Clinical Director	Psychiatry and Medicine
2003 - 2020	Transgender Life Care Program and Clinic, Castro Mission Health	Psychiatrist Clinic Center	Dimensions Dimensions
2013 - 2020	UCSF Alliance Health Project, Co-lead, Transgender Team	Co-Lead and Psychiatrist	Psychiatry

**HONORS AND AWARDS**

1981	Phi Beta Kappa Honor Society	Phi Beta Kappa
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1990	NIMH Postdoctoral Fellowship in Health Services for People with AIDS (1990-1991)	National Institute of Mental Health Mental Health Services for People with AIDS (1990-1991)
2001	Lesbian Gay Bisexual Transgender Leadership Award, LGBT Task Force of the Cultural Competence and Diversity Program	SFGH Department of Psychiatry
2006	Distinguished Fellow	American Psychiatric Association
2012	Chancellor's Award for Leadership in LGBT Health	UCSF
2023	Alumni Seal Award for Achievement	Occidental College Professional

**MEMBERSHIPS**

- 1992 - present Northern California Psychiatric Society
- 1992 - present American Psychiatric Association
- 2000 - 2019 Bay Area Gender Associates (an organization of psychotherapists working with transgendered clients)
- 2001 - present World Professional Association for Transgender Health

**SERVICE TO PROFESSIONAL ORGANIZATIONS**

- 1981 - 1982 The Occidental News Editor
- 1984 - 1985 Yale University School of Medicine Class President
- 1989 - 1991 Kaposi's Sarcoma Group, AIDS Project Los Angeles Volunteer Facilitator
- 1992 - 1996 Early Career Psychiatrist Committee, Association of Gay and Lesbian Psychiatrists Chair and
- 1992 - 1996 Board of Directors, Association of Gay and Lesbian Psychiatrists Member Psychiatrists
- 1993 - 1993 Local Arrangements Committee, Association of Gay and Lesbian Psychiatrists Chair Lesbian Psychiatrists
- 1994 - 1995 Educational Program, Association of Gay and Lesbian Psychiatrists, 1995 Annual Meeting Director
- 1994 - 1998 Board of Directors, BAY Positives Member
- 1994 - 2020 Committee on Lesbian, Gay, Bisexual and Transgender Issues, Northern California Psychiatric Society Member
- 1995 - 1997 Board of Directors, Bay Area Young Positives. BAY President

Positives is the nation's first community-based organization providing psychosocial and recreational services to HIV-positive youth

1995 - 1997	Executive Committee, Bay Area Young Positives.	Chair
1996 - 2004	Committee on Lesbian, Gay, Bisexual and Transgender Northern California Psychiatric Society	Chair Issues,
1998 - 2002	City of San Francisco Human Rights Commission, Gay Bisexual Transgender Advisory Committee	Member Lesbian,
2000 - 2004	Association of Gay and Lesbian Psychiatrists. the organization's educational programs	Vice President Responsible for
2004 - 2005	Association of Gay and Lesbian Psychiatrists	President-elect
2005 - 2007	Caucus of Lesbian, Gay, and Bisexual Psychiatrists of the Chair American Psychiatric Association	
2005 - 2007	Association of Gay and Lesbian Psychiatrists	President
2007 - 2009	Association of Gay and Lesbian Psychiatrists	Immediate Past President
2009 - 2010	Consensus Committee for Revision of the Sexual and Gender Identity Disorders for DSM-V, GID of Adults subcommittee. (Wrote WPATH recommendations as advisory body to the APA DSM V Committee for the Sexual and Gender Identity Disorders chapter revision.)	Member
2010 - 2011	Scientific Committee, 2011 WPATH Biennial Symposium, Member Atlanta	
2010 -2022	World Professional Association for Transgender Care Standards of Care Workgroup and Committee (writing seventh and eighth revisions of the WPATH Standards of Care, which is used internationally for transgender care.)	Member
2010 - 2018	ICD 11 Advisory Committee, World Professional Association for Transgender Health	Member
2012 - 2014	Psychiatry and Diagnosis Track Co-chair, Scientific 2014 WPATH Biennial Symposium, Bangkok	Member Committee,
2014 - 2016	Scientific Committee, 2016 WPATH Biennial Symposium, Member Amsterdam	
2014 - 2018	Board of Directors (elected to 4 year term), World Association for Transgender Health	Member Professional
2014 - 2018	Public Policy Committee, World Professional Association Chair for Transgender Health	
2014 - 2018	WPATH Global Education Initiative: Training providers and specialty certification in transgender health	Trainer and Steering Committee Member

2014 - 2016 American Psychiatric Association Workgroup on Gender Member Dysphoria  
 2016 - present American Psychiatric Association Workgroup on Gender Chair Dysphoria  
 2016 USPATH: Inaugural WPATH U.S. Conference, Los Angeles, 2017 Conference Chair

**SERVICE TO PROFESSIONAL PUBLICATIONS**

2011 - present Journal of Sexual Medicine, reviewer  
 2014 - present International Journal of Transgenderism, reviewer  
 2016 - present LGBT Health, reviewer

**INVITED PRESENTATIONS - INTERNATIONAL**

2009 World Professional Association for Transgender Health, Oslo, Norway Plenary Session Speaker  
 2009 World Professional Association for Transgender Health, Oslo, Norway Symposium Speaker  
 2009 Karolinska Institutet, Stockholm Sweden Invited Lecturer  
 2012 Cuban National Center for Sex Education (CENESEX), Cuba Invited Speaker Havana,  
 2013 Swedish Gender Clinics Annual Meeting, Stockholm, Sweden Keynote Speaker  
 2013 Conference on International Issues in Transgender care, United Nations Development Programme - The Lancet, Beijing, China Expert Consultant  
 2014 World Professional Association for Transgender Health, Thailand Track Chair Bangkok,  
 2014 World Professional Association for Transgender Health, Bangkok, Thailand Invited Speaker  
 2014 World Professional Association for Transgender Health, Bangkok, Thailand Invited Speaker  
 2015 European Professional Association for Transgender Health, Ghent, Belgium Invited Speaker Health,  
 2015 European Professional Association for Transgender Health, Ghent, Belgium Symposium Chair  
 2015 Israeli Center for Human Sexuality and Gender Identity, Tel Aviv Invited Speaker  
 2016 World Professional Association for Transgender Health, Amsterdam Symposium Chair  
 2016 World Professional Association for Transgender Health, Amsterdam Invited Speaker  
 2016 World Professional Association for Transgender Health, Invited Speaker

Amsterdam 2017  
 Brazil Professional  
 Association for Transgender  
 Health, Sao Paulo

- 2017 Vietnam- United Nations Development Programme Asia  
Transgender Health Conference, Hanoi
- 2018 United Nations Development Programme Asia Conference on  
Transgender Health and Human Rights, Bangkok
- 2018 World Professional Association for Transgender Health, Invited Speaker Buenos  
Aires
- 2021 Manitoba Psychiatric Association, Keynote Speaker
- 2022 World Professional Association for Public Health, invited speaker, Montreal

**INVITED PRESENTATIONS - NATIONAL**

- 1990 Being Alive Medical Update, Century Cable Television Televised Lecturer
- 1992 Institute on Hospital and Community Psychiatry, Toronto Symposium Speaker
- 1992 Academy of Psychosomatic Medicine Annual Meeting, San Diego Symposium  
Speaker
- 1994 American Psychiatric Association 150th Annual Meeting, Workshop Chair  
Philadelphia
- 1994 American Psychiatric Association 150th Annual Meeting, Workshop Speaker  
Philadelphia
- 1994 American Psychiatric Association 150th Annual Meeting, Paper Session Co-  
Philadelphia chair
- 1995 Spring Meeting of the Association of Gay and Lesbian Psychiatrists, Miami Beach Symposium Chair
- 1996 American Psychiatric Association 152nd Annual Meeting, Workshop Speaker  
New York
- 1997 American Psychiatric Association Annual Meeting, San Diego Workshop Speaker
- 1997 Gay and Lesbian Medical Association Annual Invited Speaker Symposium
- 1998 American Psychiatric Association Annual Meeting, Toronto Workshop Chair
- 1998 American Psychiatric Association Annual Meeting, Toronto Workshop Chair
- 1998 American Psychiatric Association Annual Meeting, Media Session

	Toronto	Chair
1998	American Psychiatric Association Annual Meeting, Toronto	Media Session Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Presenter
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Workshop Chair
2000	American Psychiatric Association Annual Meeting, Chicago	Workshop Chair
2000	National Youth Leadership Forum On Medicine, University of California, Berkeley	Invited Speaker
2001	American Psychiatric Association Annual Meeting, New Orleans	Workshop Chair
2001	American Psychiatric Association Annual Meeting, New Orleans	Media Program Chair
2001	Association of Gay and Lesbian Psychiatrists	Chair Symposium, New Orleans
2001	Harry Benjamin International Gender Dysphoria Association Biennial Meeting, Galveston, Texas	Invited Speaker
2002	American Psychiatric Association Annual Meeting, Philadelphia	Media Program Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair
2003	Association of Gay and Lesbian Psychiatrists CME	Chair Conference
2003	American Psychiatric Association Annual Meeting, San Francisco	Symposium Chair
2003	American Psychiatric Association Annual Meeting, San Francisco	Symposium Co-Chair
2003	American Psychiatric Association Annual Meeting, San Francisco	Workshop Chair
2003	American Public Health Association Annual Meeting, San Francisco	Invited Speaker
2004	Mission Mental Health Clinic Clinical Conference	Invited Speaker
2004	Association of Gay and Lesbian Psychiatrists	Co-Chair

	Conference, New York	
2004	Mental Health Care Provider Education Program: Los Angeles. Sponsored by the American Psychiatric Association Office of HIV Psychiatry	Invited Speaker
2005	American Psychiatric Association Annual Meeting, Atlanta	Workshop Speaker
2005	Association of Gay and Lesbian Psychiatrists Saturday Symposium	Invited Speaker
2008	Society for the Study of Psychiatry and Culture, San Francisco	Invited Speaker
2009	American Psychiatric Association Annual Meeting, San Francisco	Symposium Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Chair
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Speaker
2011	World Professional Association for Transgender Health Conference, Atlanta, GA	Invited Speaker Biennial
2011	World Professional Association for Transgender Health Conference, Atlanta, GA	Invited Speaker Biennial

		Invited Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	
2011	Institute on Psychiatric Services, San Francisco	Invited Speaker
2012	Gay and Lesbian Medical Association Annual Meeting	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	American Psychiatric Association Annual Meeting, San Francisco	Invited Speaker
2013	Gay and Lesbian Medical Association, Denver, CO	Invited Speaker
2014	American Psychiatric Association Annual Meeting, New York	Invited Speaker
2014	Institute on Psychiatric Services, San Francisco	Moderator
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	American Psychiatric Association Annual Meeting, Toronto	Workshop Speaker
2015	American Psychiatric Association Annual Meeting, Toronto	Course Faculty
2016	American Psychiatric Association Annual Meeting	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Atlanta	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Springfield, MO	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Fort Lauderdale, FL	Course Faculty
2017	World Professional Association for Transgender Health, GEI, Los Angeles	Course Faculty
	World Professional Association for Transgender Health	

Surgeon's Training, Irvine, CA Course Faculty

- 2017 American Urological Association Annual Meeting, San Francisco CA  
Invited Speaker
- 2018 World Professional Association for Transgender Health GEI, Portland OR,  
Course Faculty
- 2018 World Professional Association for Transgender Health GEI, Palm Springs,  
Course Faculty
- 2019 American Society for Adolescent Psychiatry Annual Meeting, San Francisco,  
Speaker
- 2019 American Psychiatric Association Annual Meeting, San Francisco, Session  
Chair
- 2020 Psychiatric Congress, Invited Speaker
- 2022 World Professional Association for Transgender Health, Montreal, invited  
speaker
- 2023 National Transgender Health Summit, San Francisco, invited speaker
- 2023 American Psychiatric Association Annual Meeting, San Francisco, invited  
speaker

**INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS**

- 1990 Advanced Group Therapy Seminar, UCLA Invited Lecturer  
Neuropsychiatric Institute
- 1991 Joint Project of the Southern California AIDS Interfaith Symposium  
Council and UCLA School of Medicine Speaker
- 1991 Joint Project of the Southern California AIDS Interfaith Workshop Panelist  
Council and UCLA School of Medicine
- 1992 Advanced Group Therapy Seminar, UCLA Invited Lecturer  
Neuropsychiatric Institute
- 1993 UCSF School of Nursing Invited Lecturer
- 1995 UCSF/SFGH Department of Medicine Clinical Care Invited Speaker  
Conference
- 1996 UCSF School of Nursing Invited Speaker
- 1996 Psychopharmacology for the Primary Care AIDS/Clinician, Invited Lecturer  
series of four lectures, UCSF Department of Medicine

		Invited Speaker
1996	UCSF AIDS Health Project Psychotherapy Internship Training Program	
1996	UCSF/SFGH Department of Medicine AIDS Quarterly Update	Invited Speaker
1996	San Francisco General Hospital, Division of Addiction Medicine	Invited Speaker
1996	UCSF Langley Porter Psychiatric Hospital and Clinics Rounds	Invited Speaker Grand
1997	UCSF School of Nursing	Invited Speaker
1997	UCSF Department of Medicine AIDS Program	Invited Speaker
1997	Northern California Psychiatric Society Annual Meeting, Monterey	Workshop Speaker
1997	San Francisco General Hospital Department of Psychiatry	Invited Speaker Grand Rounds
1997	San Francisco General Hospital Department of Psychiatry	Invited Speaker Grand Rounds
1997	Northern California Psychiatric Society LGBT Committee	Chair Fall Symposium
1997	Progress Foundation, San Francisco	Invited Speaker
1998	San Francisco General Hospital Department of Psychiatry	Invited Speaker Grand Rounds
1999	Northern California Psychiatric Society Annual Meeting,	Invited Speaker Santa Rosa
1999	Northern California Psychiatric Society Annual Meeting,	Invited Speaker Santa Rosa
1999	University of California, Davis, Department of Psychiatry	Invited Speaker Grand Rounds
1999	California Pacific Medical Center Department of	Invited Speaker Psychiatry Grand Rounds
1999	San Francisco General Hospital Department of Psychiatry	Discussant Departmental Case Conference
2000	Langley Porter Psychiatric Hospital and Clinics	Invited Speaker Consultation Liaison Seminar
2000	San Francisco General Hospital, Psychopharmacology	Invited Speaker Seminar
2000	UCSF Transgender Health Conference, Laurel Heights	Invited Speaker Conference Center

2000	Psychiatry Course for UCSF Second Year Medical Students	Invited Lecturer
2000	Community Consortium Treatment Update Symposium, California Pacific Medical Center, Davies Campus	Invited Speaker
2000	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
2001	Psychiatry Course for UCSF Second Year Medical Students	Invited Lecturer
2003	Tom Waddell Health Center Inservice	Invited Speaker
2003	San Francisco Veterans Affairs Outpatient Clinic	Invited Speaker
2004	San Francisco General Hospital Psychiatric Emergency Service Clinical Conference	Invited Speaker
2004	South of Market Mental Health Clinic, San Francisco	Invited Speaker
2005	Northern Psychiatric Society Annual Meeting	Invited Speaker
2005	Equality and Parity: A Statewide Action for Transgender Prevention and Care, San Francisco	Invited Speaker HIV
2005	San Francisco General Hospital Department of Psychiatry Grand Rounds.	Invited Speaker
2006	SFGH/UCSF Department of Psychiatry Grand Rounds	Invited Speaker
2007	UCSF Department of Medicine, HIV/AIDS Grand Rounds, Positive Health Program	Invited Speaker
2007	California Pacific Medical Center LGBT Health, San Francisco LGBT Community Center	Invited Speaker Symposium,
2007	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco	Invited Speaker
2008	UCSF Department of Medicine, Positive Health Program, HIV/AIDS Grand Rounds	Invited Speaker
2008	San Francisco General Hospital Psychiatry Grand Rounds	Invited Speaker
2008	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco	Invited Speaker
2010	Northern California Psychiatric Society Annual Meeting, Monterey, CA	Invited Speaker
2011	Transgender Mental Health Care Across the Life Span, Stanford University	Invited Speaker
2011	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
2012	UCSF AIDS Health Project Veterans Affairs Medical Center.	Invited Speaker 2012 San Francisco

2013	Association of Family and Conciliation Courts Conference, Los Angeles, CA	Invited Speaker
2014	UCSF Transgender Health elective	Invited Speaker
2014	UCSF Department of Psychiatry Grand Rounds	Invited Speaker
2014	California Pacific Medical Center Department of Grand Rounds	Invited Speaker Psychaitry
2014	UCLA Semel Institute Department of Psychiatry Grand	Invited Speaker Rounds
2015	UCSF Transgender Health elective	Invited Speaker
2015	Fenway Health Center Boston, MA (webinar)	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Co-Chair
2015	Santa Clara Valley Medical Center Grand Rounds	Invited Speaker
2016	UCSF School of Medicine Transgender Health elective	Invited Speaker
2016	Langley Porter Psychiatric Institute APC Case Conference	Invited Speaker (2 session series)
2016	Zuckerberg San Francisco General Department of Psychiatry Grand Rounds	Invited Speaker
2016	UCSF Mini-Medical School Lectures to the Public	Invited Speaker
2021	Los Angeles County Department of Mental Health,	Invited Speaker

### **CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT ACTIVITIES**

2005	Northern California Psychiatric Society
2005	Northern California Psychiatric Society Annual Meeting, Napa
2005	Association of Gay and Lesbian Psychiatrist Annual Conference
2006	Annual Meeting, American Psychiatric Association, Atlanta
2006	Annual Meeting, American Psychiatric Association, Toronto
2006	Institute on Psychiatric Services, New York
2007	Association of Gay and Lesbian Psychiatrists Annual Conference
2007	American Psychiatric Association Annual Meeting, San Diego
2007	The Medical Management of HIV/AIDS, a UCSF CME Conference

2008 Society for the Study of Psychiatry and Culture, San Francisco  
2009 American Psychiatric Association, San Francisco  
2009 World Professional Association for Transgender Health, Oslo, Norway  
2010 Annual Meeting of the Northern California Psychiatric Society, Monterey, CA  
2011 Transgender Mental Health Care Across the Life Span, Stanford University  
2011 National Transgender Health Summit, San Francisco  
2011 American Psychiatric Association Annual Meeting, Honolulu, HI  
2011 World Professional Association for Transgender Health Biennial Conference, Atlanta, GA  
2011 Institute on Psychiatric Services, San Francisco  
2012 Gay and Lesbian Medical Association Annual Meeting, San Francisco  
2013 National Transgender Health Summit, Oakland, CA  
2013 American Psychiatric Association Annual Meeting, San Francisco  
2013 Gay and Lesbian Medical Association, Denver, CO  
2014 American Psychiatric Association Annual Meeting, New York  
2014 Institute on Psychiatric Services, San Francisco  
2015 European Professional Association for Transgender Health, Ghent, Belgium  
2015 National Transgender Health Summit, Oakland  
2015 American Psychiatric Association Annual Meeting, Toronto  
2016 American Psychiatric Association Annual Meeting, Atlanta  
2016 World Professional Association for Transgender Health, Amsterdam

**GOVERNMENT AND OTHER PROFESSIONAL SERVICE**

1998 - 2002 City and County of San Francisco Human Rights Member Commission LGBT  
Advisory Committee

I am the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, which developed a CME course for the 2015 and 2016 APA Annual Meetings, and has an larger educational mission to train American psychiatrists to better care for transgender patients. I have been leading education efforts in transgender health at APA meetings since 1998. On the APA Workgroup on Gender Dysphoria, I am a co-author of a paper of transgender issues that has been approved by the American Psychiatric Association as a resource document and is in press for the American Journal of Psychiatry. I am also the sole author of the chapter on transgender care in the American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition.

I have been active internationally in transgender health through my work as a member of the Board of Directors of the World Professional Association for Transgender Health. I am an author of the WPATH Standards of Care, Version 7, and am Chapter Lead for the Mental Health Chapter of SOC 8.

I chaired of the WPATH Public Policy Committee and was a member of the Global Education Initiative, which developed a specialty certification program in transgender health. I helped plan the 2016 WPATH Amsterdam conference, and was on the scientific committee for the last four biennial international conferences. I was on the founding committee of USPATH, the national affiliate of WPATH, and I chaired the inaugural USPATH conference, in Los Angeles in 2017. As a member of the steering committee of the WPATH Global Educational Initiative, I helped train over 2000 health providers in transgender health, and helped develop a board certification program and examination in transgender health.

#### **UNIVERSITY SERVICE UC SYSTEM AND MULTI-CAMPUS SERVICE**

1991 – 2003	HIV/AIDS Task Force	Member
1992 - 1993	HIV Research Group	Member
1992 - 1997	Space Committee	Member
1992 - 2003	Gay, Lesbian and Bisexual Issues Task Force	Member
1994 - 1997	SFGH Residency Training Committee	Member
1996 - 1997	Domestic Partners Benefits Subcommittee.	Chair
1996 - 2000	Chancellor's Advisory Committee on Gay, Lesbian, and Transgender Issues.	Member Bisexual
1996 - 2003	HIV/AIDS Task Force	Co-Chair
1996 - 2003	Cultural Competence and Diversity Program	Member
2009 - present	Medical Advisory Board, UCSF Center of Excellence for Health	Member Transgender
2010 - 2013	Steering Committee, Child Adolescent Gender Center	Member
2011 – 2017	Mental Health Track, National Transgender Health Summit	Chair

## DEPARTMENTAL SERVICE

- 1991 - 2003 San Francisco General Hospital, Department of Psychiatry, Member HIV/AIDS Task Force
- 1992 - 1993 San Francisco General Hospital, Department of Psychiatry, Member HIV Research Group
- 1992 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Space Committee
- 1992 - 2003 San Francisco General Hospital, Department of Psychiatry, Member GLBT Issues Task Force
- 1994 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Residency Training Committee
- 1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Member Cultural Competence and Diversity Program
- 1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Co-Chair HIV/AIDS Task Force
- 2012 - 2020 San Francisco Department of Public Health Gender Member Competence Trainings Committee
- 2013 - 2020 San Francisco Department of Public Health Transgender Member Health Implementation Task Force
- 2014 - 2020 San Francisco General Hospital, Department of Psychiatry, Member Transgender Surgery Planning Workgroup

## PEER REVIEWED PUBLICATIONS

1. Berliner JA, Frank HJL, **Karasic D**, Capdeville M. Lipoprotein-induced insulin resistance in aortic endothelium. *Diabetes*. 1984; 33:1039-44.
2. Bradberry CW, **Karasic DH**, Deutch AY, Roth RH. Regionally-specific alterations in mesotelencephalic dopamine synthesis in diabetic rats: association with precursor tyrosine. *Journal of Neural Transmission. General Section*, 1989; 78:221-9.
3. Targ EF, **Karasic DH**, Bystritsky A, Diefenbach PN, Anderson DA, Fawzy FI. Structured group therapy and fluoxetine to treat depression in HIV-positive persons. *Psychosomatics*. 1994; 35:132-7.
4. Karasic DH. Homophobia and self-destructive behaviors. *The Northern California Psychiatric Physician*. 1996; 37 Nov.-Dec. Reprinted by the Washington State Psychiatric Society and the Southern California Psychiatric Society newsletters.
5. Karasic D. Anxiety and anxiety disorders. *Focus*. 1996 Nov; 11(12):5-6. PMID: 12206111
6. Polansky JS, **Karasic DH**, Speier PL, Hastik KL, Haller E. Homophobia: Therapeutic and training considerations for psychiatry. *Journal of the Gay and Lesbian Medical Association*. 1997 1(1) 41-47.

7. Karasic DH. Progress in health care for transgendered people. Editorial. Journal of the Gay and Lesbian Medical Association, 4(4) 2000 157-8.
8. Perry S, **Karasic D**. Depression, adherence to HAART, and survival. Focus: A Guide to AIDS Research and Counseling. 2002 17(9) 5-6.
9. Fraser L, **Karasic DH**, Meyer WJ, Wylie, K. Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adults. International Journal of Transgenderism. Volume 12, Issue 2. 2010, Pages 80-85.
10. Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W., Monstrey, S., **Karasic D** and 22 others. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version. International Journal of Transgenderism, 13:165-232, 2011
11. Tsai AC, **Karasic DH**, et al. Directly Observed Antidepressant Medication Treatment and HIV Outcomes Among Homeless and Marginally Housed HIV-Positive Adults: A Randomized Controlled Trial. American Journal of Public Health. February 2013, Vol. 103, No. 2, pp. 308-315.
12. Tsai AC, Mimmiaga MJ, Dilley JW, Hammer GP, **Karasic DH**, Charlebois ED, Sorenson JL, Safren SA, Bangsberg DR. Does Effective Depression Treatment Alone Reduce Secondary HIV Transmission Risk? Equivocal Findings from a Randomized Controlled Trial. AIDS and Behavior, October 2013, Volume 17, Issue 8, pp 2765-2772.
13. **Karasic DH**. Protecting Transgender Rights Promotes Transgender Health. LGBT Health. 2016 Aug; 3(4):245-7. PMID: 27458863
14. Winter S, Diamond M, Green J, **Karasic D**, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. Lancet. 2016 Jul 23;388(10042):390-400. doi: 10.1016/S0140-6736(16)00683-8. Review./> PMID: 27323925
15. Grelotti DJ, Hammer GP, Dilley JW, **Karasic DH**, Sorensen JL, Bangsberg DR, Tsai AC. Does substance use compromise depression treatment in persons with HIV? Findings from a randomized controlled trial. AIDS Care. 2016 Sep 2:1-7. [Epub ahead of print]/> PMID: 27590273
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23. Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists. *Focus (Am Psychiatr Publ)*. 2020 Jul; 18(3):336-350. Byne W, **Karasic DH**, Coleman E, Eyler AE, Kidd JD, Meyer-Bahlburg HFL, Pleak RR, Pula J. PMID: 33343244; PMCID: [PMC7587914](#).
24. WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. E. Coleman, A. E. Radix, W. P. Bouman, G. R. Brown, A. L. C. de Vries, M. B. Deutsch, R. Ettner, L. Fraser, M. Goodman, J. Green, A. B. Hancock, T. W. Johnson, **D. H. Karasic**... J. Arcelus (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, *International Journal of Transgender Health*, 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644

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1. **Karasic DH**, Dilley JW. Anxiety and depression: Mood and HIV disease. In: *The UCSF AIDS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention, and Therapeutic Practice*. Dilley JW and Marks R, eds. Jossey-Bass. San Francisco, 1998, pp.227-248.
2. **Karasic DH**, Dilley JW. Human immunodeficiency-associated psychiatric disorders. In: *The AIDS Knowledge Base, Third Edition*. Cohen PT, Sande MA, Volberding PA, eds. Lippincott-Williams & Wilkins, Philadelphia, 1999, pp. 577-584.

3. **Karasic DH** and Drescher J. eds. Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation. 2005. Haworth Press, Binghamton, NY. (Book Co-Editor)
4. **Karasic DH**. Transgender and Gender Nonconforming Patients. In: Clinical Manual of Cultural Psychiatry, Second Edition. Lim RF ed. pp 397-410. American Psychiatric Publishing, Arlington VA. 2015.
5. **Karasic DH**. Mental Health Care of the Transgender Patient. In: Comprehensive Care of the Transgender Patient, Ferrando CA ed. pp. 8-11. Elsevier, 2019.
6. **Karasic DH**. The Mental Health Assessment for Surgery. In: Gender Confirmation Surgery – Principles and Techniques for an Emerging Field. Schechter L ed. Springer Nature, in press 2019.

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2. **Karasic DH**, Dilley JW. HIV-associated psychiatric disorders: Clinical syndromes and diagnosis. In: Cohen P, Sande MA, Volberding P, eds., The AIDS Knowledge Base, Second Edition. Waltham, MA: The Medical Publishing Group/Massachusetts Medical Society. 1994 pp. 5.30-1-5.
3. **Karasic DH**. A primer on transgender care. In: Gender and sexuality. The Carlat Report Psychiatry. April 2012. Vol 10, Issue 4.
4. **Karasic D and Ehrensaft D**. We must put an end to gender conversion therapy for kids. Wired. 7/6/15.

### **EXPERT WITNESS AND CONSULTATION ON TRANSGENDER CARE AND RIGHTS**

2008 Consultant, California Department of State Hospitals

2012 Dugan v. Lake, Logan UT

2012 XY v. Ontario <http://www.canlii.org/en/on/onhrt/doc/2012/2012hrto726/2012hrto726.html>

2014 Cabading v California Baptist University

2014 CF v. Alberta

<http://www.canlii.org/en/ab/abqb/doc/2014/2014abqb237/2014abqb237.html>

2017 United Nations Development Programme consultant, transgender health care and legal rights in the Republic of Vietnam; Hanoi.

2017- Forsberg v Saskatchewan; Saskatchewan Human Rights v Saskatchewan

2018 <https://canliiconnects.org/en/summaries/54130>  
<https://canliiconnects.org/en/cases/2018skqb159>

2018 United Nations Development Programme consultant, transgender legal rights in Southeast Asia; Bangkok.

2018 Consultant, California Department of State Hospitals

2019, 2021 Consultant/Expert, Disability Rights Washington

2019, 2021 Consultant/Expert, ACLU Washington

2021 Consultant, California Department of Corrections and Rehabilitation

2021 Expert, Kadel v. Folwell, 1:19-cv-00272 (M.D.N.C.).

2021 Expert, Drew Glass v. City of Forest Park - Case No. 1:20-cv-914 (Southern District Ohio)

2021-2022 Expert, Brandt et al v. Rutledge et al. 4:21-cv-00450 (E.D. Ark.)

2021-2022 Expert, Fain v. Crouch, 3:20-cv-00740 (S.D.W. Va.)

2022-3 Expert *Dekker, et al. v. Weida, et al.*, No. 4:22-cv-00325-RH-MAF

2023 K.C. et al. vs Individual Members of the Indiana Licensing Board, et al

EXHIBIT B  
*Bibliography*

## DAN H. KARASIC, M.D. BIBLIOGRAPHY

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American College of Obstetricians and Gynecologists. (2021, February 18). Committee Opinion No. 823: Health Care for Transgender and Gender Diverse Individuals. Available at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>.

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Bustos, V. P., Bustos, S. S., Mascaro, A., Del Corral, G., Forte, A. J., Ciudad, P., Kim, E. A., Langstein, H. N., & Manrique, O. J. (2021). Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence. *Plastic and reconstructive surgery-Global open*, 9(3), e3477. Available at: <https://doi.org/10.1097/GOX.0000000000003477>.

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE et al.,

Plaintiffs,

v.

JOSEPH A. LADAPO et al.,

Defendants.

Civil No. 4:23-cv-00114-RH-MAF

**EXPERT DECLARATION OF DANIEL SHUMER, M.D.**

I, Daniel Shumer, M.D., hereby declare and state as follows:

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

**I. BACKGROUND AND QUALIFICATIONS**

**A. Qualifications**

3. I am a Pediatric Endocrinologist, Associate Professor of Pediatrics, and the Clinical Director of the Child and Adolescent Gender Clinic at Mott Children's Hospital at Michigan Medicine. I am also the Medical Director of the

Comprehensive Gender Services Program at Michigan Medicine, University of Michigan which coordinates care the provided to adult patients across our health system.

4. I am Board Certified in Pediatrics and Pediatric Endocrinology by the American Board of Pediatrics and licensed to practice medicine in the state of Michigan.

5. I received my medical degree from Northwestern University in 2008. After completing a Residency in Pediatrics at Vermont Children's Hospital, I began a Fellowship in Pediatric Endocrinology at Harvard University's Boston Children's Hospital. As a Fellow at Harvard, I trained at the Gender Management Services Clinic (GeMS) at Boston Children's Hospital where I became a clinical expert in the field of transgender medicine within Pediatric Endocrinology and began conducting research on gender identity, gender dysphoria, and the evaluation and management of gender dysphoria in children, adolescents, and young adults. Concurrent with the Fellowship, I completed a Master of Public Health from Harvard's T.H. Chan School of Public Health. I completed both the Fellowship and the MPH degree in 2015.

6. I have extensive experience in working with and treating children, adolescents, and young adults with endocrine conditions including differences in sex development (DSD) (also referred to as intersex conditions), gender dysphoria, type 1 diabetes, thyroid disorders, growth problems, and delayed or precocious puberty. I have been treating pediatric and young adult patients with gender dysphoria since

2015.

7. A major focus of my clinical, teaching, and research work pertains to the assessment and management of transgender adolescents and young adults.

8. I have published extensively on the topic of gender identity and the treatment of gender dysphoria, as well as reviewed the peer-reviewed literature concerning medical treatments for gender dysphoria, the current standards of care for the treatment of gender dysphoria, and research articles on a variety of topics with a focus on mental health in transgender adolescents and young adults.

9. I am involved in the education of medical trainees. I am the Course Director for a medical student elective in Transgender Medicine. My additional academic duties as an Associate Professor include teaching several lectures, including those entitled “Puberty,” “Transgender Medicine,” and “Pediatric Growth and Development.”

10. Based on my work at GeMS, I was recruited to establish a similar program assessing and treating gender diverse and transgender children and adolescents at the C.S. Mott Children’s Hospital in Ann Arbor. In October 2015, I founded the hospital’s Child and Adolescent Gender Services Clinic.

11. The Child and Adolescent Gender Services Clinic has treated over 600 patients since its founding. The clinic provides comprehensive assessment, and when

appropriate, treatment with pubertal suppression and hormonal therapies, to patients diagnosed with gender dysphoria. I have personally evaluated and treated over 400 patients with gender dysphoria. Most of the patients receiving care range between 10 and 24 years old. Most patients attending clinic live in Michigan or Ohio. As the Clinical Director, I oversee the clinical practice, which currently includes 4 physicians (including 1 psychiatrist), 1 nurse practitioner, 2 social workers, 1 research coordinator, as well as nursing and administrative staff. I also actively conduct research related to transgender medicine, gender dysphoria treatment, and mental health concerns specific to transgender youth.

12. I also provide care in the Differences/Disorders of Sex Development (DSD) Clinic at Michigan Medicine at Mott Children's Hospital. The DSD Clinic is a multidisciplinary clinic focused on providing care to infants and children with differences in the typical path of sex development, which may be influenced by the arrangement of sex chromosomes, the functioning of our gonads (i.e. testes, ovaries), and our bodies' response to hormones. The clinic is comprised of members from Pediatric Endocrinology, Genetics, Psychology, Urology, Gynecology, Surgery, and Social Work. In this clinic I have assessed and treated over 100 patients with DSD. In my role as Medical Director of the Comprehensive Gender Services Program (CGSP), I lead Michigan Medicine's broader efforts related to transgender services. CGSP is comprised of providers from across the health system including pediatric care, adult

hormone provision, gynecologic services, adult surgical services, speech/language therapy, mental health services, and primary care. I run monthly meetings with representatives from these areas to help coordinate communication between Departments. I coordinate strategic planning aimed to improve care within the health system related to our transgender population. I also serve as the medical representative for CGSP in discussions with health system administrators and outside entities.

13. I have authored numerous peer-reviewed articles related to treatment of gender dysphoria. I have also co-authored chapters of medical textbooks related to medical management of transgender patients. I have been invited to speak at numerous hospitals, clinics, and conferences on topics related to clinical care and standards for treating transgender children and youth.

14. The information provided regarding my professional background, experiences, publications, and presentations is detailed in my curriculum vitae, a true and correct copy of the most up-to-date version of which is attached as **Exhibit A**.

### **B. Prior Testimony**

15. In the past four years, I have been retained as an expert and provided testimony at trial or by deposition in the following cases: *Dekker v. Weida*, No. 4:22-cv-00325 (N.D. Fla.); *K.C. v. The Individual Members of the Medical Licensing Board of Indiana*, No. 1:23-cv-00595 (S.D. Ind.); *Boe v. Marshall*, No. 2:22-cv-184 (M.D. Ala.); *Roe et al v. Utah High School Activities Association et al* (Third District Court

in and for Salt Lake County, UT); *Menefee v. City of Huntsville Bd. of Educ.*, No. 5:18-cv-01481 (N.D. Ala.); and *Cooper v. USA Powerlifting and Powerlifting Minnesota*, No. 62-CV-21-211 (Ramsey Cnty. Dist. Ct., Minn.). I also provided expert witness testimony on behalf of a parent in a custody dispute involving a transgender child in the following case: *In the Interest of Younger*, No. DF-15-09887 (Dallas County, Texas).

### **C. Compensation**

16. I am being compensated at an hourly rate for the actual time that I devote to this case, at the rate of \$325 per hour for any review of records, preparation of reports, declarations, and deposition and trial testimony. My compensation does not depend on the outcome of this litigation, the opinions that I express, or the testimony that I provide.

### **D. Bases for Opinions**

17. In preparing this declaration, I reviewed the text of documents adopted by the Florida Board of Medicine titled, “Masculinizing Medications for Patients with Gender Dysphoria: Patient Information and Informed Consent” (DH5082-MQA, Rev. 06/23) and “Feminizing Medications for Patients with Gender Dysphoria: Patient Information and Informed Consent” (DH5083-MQA, Rev. 06/23).

18. I have also reviewed the materials listed within my curriculum vitae, which is attached as **Exhibit A** to this report, as well as the materials listed in the

bibliography attached as **Exhibit B**. The sources cited therein include authoritative, scientific peer-reviewed publications. They include the documents specifically cited as supportive examples in particular sections of this report. I may rely on these materials as additional support for my opinions.

19. In addition, I have relied on my scientific education, training, and years of clinical and research experience, and my knowledge of the scientific literature in the pertinent fields.

20. The materials I have relied upon in preparing this report are the same types of materials that experts in my field of study regularly rely upon when forming opinions on these subjects.

21. To the best of my knowledge, I have not met or spoken with the Plaintiffs in related litigation. My opinions are based solely on my extensive background and experience treating transgender patients.

22. I may wish to supplement or revise these opinions or the bases for them due to new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

**II. THE BOARD'S INFORMED CONSENT DOCUMENTS ARE MEDICALLY INACCURATE, IMPOSE MEDICALLY UNWARRANTED AND HARMFUL REQUIREMENTS, AND UNDERMINE RATHER THAN FACILITATE INFORMED CONSENT**

23. The consent forms created by the Florida Board of Medicine are

inappropriate because they provide incorrect information, mandate inappropriate restrictions on care, and create harmful barriers to patients getting the care they need.

24. Health care professionals have both a legal and ethical obligation to ensure that patients receive accurate information about medical treatments they are prescribed. This includes a discussion of the medical condition being treated, potential treatment options, and potential risks and benefits of those treatment options. Providers must ensure that patients have the capacity to understand these discussions and that they agree to the treatment plan. Because the forms state inaccurate information, require unnecessary restrictions on care, and falsely describe the risk/benefit ratio, these forms undermine the process of informed consent rather than facilitate it.

25. How health care professionals undertake the informed consent process is tailored to the medical context and the individual patient-provider relationship. Most medical decision making does not involve signing a consent form. For example, when a patient is diagnosed with diabetes, very few if any endocrinologists utilize an informed consent document prior to starting insulin even though there are significant risks associated with insulin in management of diabetes. That said, physicians may use written consent forms in a situation where they believe the form will facilitate discussion of a complex medical decision, enhance patient understanding of the intervention, or provide formal documentation that the material was reviewed with the patient. There may be, for example, providers in Florida who will decide to employ a

written consent form prior to prescribing masculinizing or feminizing hormonal therapy. In so doing, they are using the consent form as a tool to improve patient care.

26. When a regulatory agency interferes with the informed consent process to require doctors to misstate information, impose medically unsupported requirements, and create unnecessary barriers to ongoing care, the process is corrupted and patient autonomy is undermined. Nowhere is this more apparent than in the consent form itself: *“The Florida Board of Medicine or the Florida Board of Osteopathic Medicine requires that your prescribing physician provide this form in accordance with section 456.54, F.S. This form contains information required to be disclosed to you by Florida law and does not necessarily reflect the views or opinions of your physician.”* The layman’s translation: the Florida legislature wants to let you know that we disagree with the decision you and your doctor are making together.

27. The consent forms are intended for use in patients with gender dysphoria considering a hormonal intervention. The goal of any intervention for gender dysphoria is to reduce dysphoria and improve functioning. Clinical practice guidelines have been published by several long-standing and well-respected medical bodies: the World Professional Association for Transgender Health (WPATH) and the Endocrine Society (Coleman, et al., 2022; Coleman, et al., 2012; Hembree, et al., 2017; Hembree, et al., 2009), as well as the UCSF Center for Excellence in Transgender Health (Deutsch (ed.), 2016). The clinical practice guidelines and standards of care published

by these organizations provide a medically sound, evidence-based framework for treatment of gender dysphoria in adults. These resources provide the context for my more specific comments related to the content of the consent forms.

### **III. THE “MASCULINIZING MEDICATIONS” FORM**

28. Prior to a line-item discussion, it is important to point out that in several instances this form describes certain requirements which are medically inappropriate, have no utility, and serve only as a barrier to care. I will point these examples out alongside my discussion of other problems.

29. The statement in the informed consent forms that says when hormone therapies are prescribed for gender dysphoria they are not being “used for their intended purpose” is inaccurate, misleading and is likely to confuse patients. Off-label use is common. The FDA itself has said that once FDA has approved medications, doctors can prescribe such medications if they judge them to be appropriate for their patients. Many medications are prescribed for off-label uses. That does not mean “they are not being used for their intended purposes.”

30. Page 1, Paragraph 4 (Medical treatment...): This paragraph undermines the patient’s ability to make an informed decision by giving the patient incorrect and biased information. Describing medical treatment of gender dysphoria as being based on very limited, poor-quality research is incorrect and misleading. Medical evidence supports the treatment of gender dysphoria with hormonal care when appropriate, as I

have testified to extensively before this court in *Dekker v. Weida*. In addition, far from being “purely speculative,” this care is well-established and based on substantial data and decades of clinical experience.

31. Page 3, Paragraph 2 (Before beginning...): The requirement to undergo evaluation by a Florida licensed psychiatrist or psychologist prior to starting hormone replacement therapy (HRT) and every two years after demonstrates a profound lack of understanding of gender identity and dysphoria and of how health care is provided in our country; there is no medical justification for this requirement, which serves only as an unnecessary and potentially insurmountable barrier to care. The health care professional most appropriate to assess a patient’s readiness for HRT is one who has clinical expertise and experience working with gender diverse patients. As the WPATH Standards of Care recognize, this may very well be a psychiatrist or psychologist, but may also be a therapist or social worker, a primary care physician, or another health care professional fluent in these topics and available to meet with the patient to have detailed discussion of their experience with gender.

32. In Ann Arbor where I practice, for example, I know of no psychiatrist or psychologist that performs these types of assessments. The assessment of gender dysphoria is primarily the role of therapists and social workers. If every transgender adult in Michigan (and I would presume, in Florida) required a visit with a psychiatrist or psychologist every two years, there would be no logistical way for this to occur due

to lack of access. It is also not medically necessary. Psychiatrists, since they can prescribe psychotropic medications, are critical for patients with mental health problems requiring psychotropic drugs. I would refer a transgender patient to a psychiatrist, for example, if they needed assessment and management of bipolar disorder. But there is no similar medical justification for requiring a psychiatrist to approve the use of HRT.

33. As outlined above, mandating that a transgender patient be evaluated by a psychiatrist or psychologist before starting HRT is inappropriate, but requiring the patient to undergo such an evaluation every two years, to *continue* treatment, compounds the harm caused by this unnecessary requirement, which serves no function that advances either patient care or patient informed consent.

34. More generally, the requirement that transgender patients undergo lifelong therapy has no medical basis. While mental health support can be helpful to many patients, with and without gender dysphoria, the Standards of Care do not require lifelong therapy, and there is no medical justification for such a requirement. Accordingly, it is far outside the scope of informed consent to require treatment that is not necessary for care of a medical condition and doing so will keep people from getting the essential medical care they need.

35. The additional requirement that the psychiatrist or psychologist must be licensed in Florida adds another irrational, arbitrary, and harmful barrier. There is no

reason that a transgender patient who was diagnosed by an appropriate healthcare provider in another state should have to be re-evaluated by a provider licensed in Florida.

36. In short, this provision of the informed consent form has no basis in medicine and does not provide patient information or promote informed consent in any sense. It is a substantive requirement not essential or even related to the informed consent process and serves only as a barrier to care.

37. Page 3, Paragraph 1 (Testosterone is . . .): This paragraph accurately states that testosterone is not typically given as a pill. It then, however, goes on to discuss “fatal liver problems” associated with a medication that the physician is not going to prescribe. This approach of needlessly scaring patients undermines rather than enhances informed consent.

38. Page 1, Paragraph 1 (Before starting...): As outlined above, mandating the use of this form prior to starting therapy is inappropriate, but requiring it over-and-over, to *continue* treatment, serves no function that advances either patient care or patient informed consent. The effect of having a patient sign a form multiple times that states the information creates an unnecessary barrier to the care.

39. Page 2, Paragraph 2 (Finasteride is...): Finasteride is a drug that can be used by any person with male-pattern baldness. The medical term for this is androgenic alopecia. A transgender man would only be prescribed this drug if he were having

baldness and was bothered by it, just as would be true for a non-transgender man. It is not part of the course of treatment for gender dysphoria. There is no medical justification for requiring signed informed consent by a transgender man for a drug prescribed to combat baldness which he may or may not need and which could be prescribed for either transgender or non-transgender men.

40. Page 4, Paragraph 1 (The following...). There is no medical basis for the list of items included in Page 4, Paragraph 1. Their inclusion serves only to confuse and undermine informed consent and to create unnecessary obstacles to care. Patients receiving care for gender dysphoria are diverse and have different needs. Patients doing very well may need to be seen less frequently than patients who are struggling. Patients with other medical conditions, such as diabetes or hyperlipidemia, may need lab evaluation more frequently than other patients with no medical problems. Dictating visit frequency, frequency of mental health screening, and laboratory and radiology testing is not an appropriate role for a State Medical Board. These are decisions that medical providers make while thinking critically about each individual patient.

41. Page 6, Row 3: This statement is incorrect, “[T]here is no data in the medical literature or controlled research studies that support the timing, dosing, and type of administration of HRT.” In fact, there are well-established published guidelines that include timing, dosing, and type of administration of hormone therapy and that are supported by research data. (Hembree, et al., 2017; Deutsch (ed.), 2016).

42. The item in this section that stands out to me as the most egregious is annual bone scans for 5 years. Testosterone does not cause diminution in bone density; it may increase bone density slightly or have no impact. (Rothman and Iwamoto (2019). There is no medical reason to consider DEXA scans for all transmasculine patients starting testosterone. In addition, doing annual DEXA scans for *any* reason is illogical. DEXA scans measure bone density and the test is primarily used to assess for osteoporosis in older adults. Changes to bone density occur very slowly and therefore doing annual DEXA scans is not helpful; a year is not enough time to see meaningful change. In fact, most insurance plans that I am familiar with refuse to pay for DEXA scan in adults more frequently than every 2 years for this reason—there is no clinical reason to do this *even in people with osteoporosis*. The statement in the consent forms related to DEXA scans is a clear tell that the form was written by someone without familiarity with the material, that would result in millions of dollars of unnecessary health care utilization, and that creates a hindrance to transgender patients getting essential care for treatment of gender dysphoria.

43. Summary Table: This table provides a good example about why this type of document is problematic. For each patient, there may be particular risks that I want to focus on related to their situation. For example, in the case of a patient already dealing with significant acne, I would discuss a specific acne plan for them while starting testosterone, but I would be much less concerned about their risk for an

“inflamed liver” as this is something that I have never seen occur in my clinical practice. Presenting a patient with a laundry list of risks and benefits with no information about how to assess their likelihood undermines a patient’s ability to make an informed medical choice.

44. Masculinizing Effects Table, Row 4 (The following changes could be...). This row lists all the non-permanent effects of testosterone. Saying that any of these effects could be permanent is incorrect.

45. Risks of Testosterone and Estrogen Tables. As set forth above, presenting a laundry list of risks with no information about how to assess their likelihood undermines a patient’s ability to make an informed medical choice.

46. In addition, I want to highlight two rows that are inaccurate. Data does not support the assertion that “treatment with testosterone increases the risk of cancer to the uterus, ovaries, or breasts,” and “taking testosterone causes or worsens migraines.” The inclusion of these “risks” has no medical basis.

#### **IV. THE “FEMINIZING MEDICATIONS” FORM**

47. Because this form parallels the masculinizing form and uses identical language in many sections, I will only include here items that are unique to this form.

48. Page 2, Paragraph 2 (Cyproterone acetate...). Cyproterone acetate is not available in the United States and therefore should not be included in the consent form. Including a medication that is not available only serves to engender confusion and fear.

It does not serve any legitimate purpose and deters patients from getting the care they need.

49. Page 2, Paragraphs 3 and 4. The first four paragraphs on page two include paragraphs related to medications that may or may not be prescribed to the patient. A statement in a consent form that says “various forms of progestins may also be used,” provides no meaningful information and serves only to overwhelm and confuse.

50. Page 2, Paragraph 3 (The administration of finasteride ...): The form states that finasteride “is not recommended for routine use in treating populations with gender dysphoria.” While finasteride is not prescribed for treating gender dysphoria in transgender men, finasteride *may* be prescribed to treat gender dysphoria in transgender women in certain situations when other anti-androgens not effective, and—contrary to the implications of the form’s statement—there is nothing inappropriate or unsafe about such usage.

51. Page 4, related to DEXA scans in transgender women: I know of no medically supported reason to require annual DEXA scans just because a patient is a transgender woman prescribed estrogen.

52. Page 5, related to risk of breast cancer may significantly increase if a patient takes estrogen: A transgender woman receiving estrogen has a higher risk of breast cancer compared to men but not higher than other women. In fact, this risk is

lower than that for non-transgender women. Therefore, transgender women are recommended to follow the same breast cancer mammogram screening guidelines as non-transgender women; they do not require stricter monitoring. (de Block et al. 2019).

V. **OTHER RESTRICTIONS IMPOSED BY SB 254 HAVE NO MEDICAL BASIS AND WILL SERVE ONLY TO DETER TRANSGENDER PATIENTS FROM OBTAINING NEEDED MEDICAL CARE**

53. S.B. 254 arbitrarily and needlessly prohibits advanced practice registered nurses (“APRNs”) from prescribing and administering hormone therapy for transgender patients. As the WPATH Standards of Care recognize, there is no medical basis for this restriction, which will serve only to make it difficult or impossible for many transgender patients to receive care.

54. Prescribing and administering hormone therapy to transgender patients to treat gender dysphoria is part of primary care. The education and training that APRNs amply qualifies them to provide this care to transgender patients.

55. S.B. 254 also arbitrarily and needlessly requires that transgender patients may not receive transition-related medical care unless a physician obtains their written consent in an *in-person* meeting. In addition to the many other problems with the informed consent requirements, which I outline above, this requirement has no medical basis and serves only to erect another arbitrary and harmful barrier to care. There is nothing about discussing the risks and benefits of treatments with transgender patients and obtaining their informed consent that requires this to be done in an in-person visit,

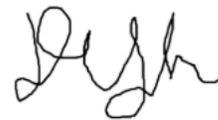
as opposed to a video or audio meeting. This requirement is not imposed for any other patients, including those receiving medications that pose far greater risks, as well as those receiving the same medications for other purposes; there is no reason to impose it only upon transgender patients.

**VI. CONCLUSION**

56. The informed consent forms required by the State Boards of Medicine and Osteopathic Medicine state misinformation about care, create unsupported requirements for ongoing treatment, undermine rather than advance informed consent, and create unjustified and harmful barriers to care.

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

Executed this 24th day of July 2023.



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Daniel Shumer, M.D.

Exhibit A  
*Curriculum Vitae*

**Daniel Shumer, MD MPH**

Clinical Associate Professor in Pediatrics - Endocrinology

Email: dshumer@umich.edu

**EDUCATION AND TRAINING**

**Education**

- 08/2000-08/2003 BA, Northwestern University, Evanston, United States
- 08/2004-05/2008 MD, Northwestern University, Feinberg School of Medicine, Chicago, United States
- 07/2013-05/2015 MPH, Harvard T.H. Chan School of Public Health, Boston, United States

**Postdoctoral Training**

- 06/2008-06/2011 Residency, Pediatrics, Vermont Children's Hospital at Fletcher Allen Health Care, Burlington, VT
- 07/2011-06/2012 Chief Resident, Chief Resident, Vermont Children's Hospital at Fletcher Allen Health Care, Burlington, VT
- 07/2012-06/2015 Clinical Fellow, Pediatric Endocrinology, Boston Children's Hospital, Boston, MA

**CERTIFICATION AND LICENSURE**

**Certification**

- 10/2011-Present American Board of Pediatrics, General

**Licensure**

- 08/2015-Present Michigan, Medical License
- 09/2015-Present Michigan, DEA Registration

09/2015-Present Michigan, Controlled Substance

## **WORK EXPERIENCE**

### **Academic Appointment**

10/2015-9/2022 Clinical Assistant Professor in Pediatrics - Endocrinology,  
University of Michigan - Ann Arbor, Ann Arbor

09/2022-Present Clinical Associate Professor in Pediatrics - Endocrinology,  
University of Michigan - Ann Arbor, Ann Arbor

### **Administrative Appointment**

07/2019-Present Fellowship Director - Pediatric Endocrinology, Michigan  
Medicine, Department of Pediatrics, Ann Arbor

07/2020-Present Medical Director of the University of Michigan  
Comprehensive Gender Services Program, Michigan  
Medicine, Ann Arbor

*Oversee the provision of care to transgender and gender non-  
conforming patients at Michigan Medicine.*

07/2020-Present Education Lead - Pediatric Endocrinology, University of  
Michigan - Department of Pediatrics, Ann Arbor

### **Clinical Appointments**

04/2022-05/2023 Medical Director in UMMG Faculty Benefits Appt.,  
University of Michigan - Ann Arbor, Ann Arbor

### **Private Practice**

08/2013-09/2015 Staff Physician, Harvard Vanguard Medical Associates,  
Braintree

## **RESEARCH INTERESTS**

- Gender dysphoria
- Prader Willi Syndrome

## **CLINICAL INTERESTS**

- Gender dysphoria
- Disorders of Sex Development
- Prader Willi Syndrome

## **GRANTS**

### **Past Grants**

*A Phase 2b/3 study to evaluate the safety, tolerability, and effects of Livoletide (AZP-531), an unacylated ghrelin analog, on food-related behaviors in patients with Prader-Willi syndrome*

Millendo Therapeutics  
04/2019 - 04/2021

## **HONORS AND AWARDS**

### **National**

2014 Annual Pediatric Endocrine Society Essay Competition:  
Ethical Dilemmas in Pediatric Endocrinology: competition  
winner - The Role of Assent in the Treatment of Transgender  
Adolescents

### **Institutional**

2012 - 2015 Harvard Pediatric Health Services Research Fellowship;  
funded my final two years of pediatric endocrine fellowship  
and provided tuition support for my public health degree

2016 The University of Michigan Distinguished Diversity Leaders Award, awarded by The Office of Diversity, Equity and Inclusion to the Child and Adolescent Gender Services Team under my leadership

2019 Lecturer of the Month, Department of Pediatrics, Michigan Medicine

## **TEACHING MENTORSHIP**

### **Resident**

07/2020-Present Rebecca Warwick, Michigan Medicine (co-author on publication #22)

### **Clinical Fellow**

07/2017-06/2020 Adrian Araya, Michigan Medicine (co-author on publication #22, book chapter #4)

12/2020-Present Jessica Jary, Michigan Medicine - Division of Adolescent Medicine

### **Medical Student**

09/2017-06/2020 Michael Ho, Michigan Medicine

07/2019-Present Hadrian Kinnear, University of Michigan Medical School (co-author on book chapter #3, abstract #3)

07/2019-Present Jourdin Batchelor, University of Michigan

## **TEACHING ACTIVITY**

### **Regional**

08/2018-Present Pediatric Boards Review Course sponsored by U-M: “Thyroid Disorders and Diabetes”. Ann Arbor, MI

**Institutional**

- 12/2015-12/2015 Pediatric Grand Rounds: “Transgender Medicine - A Field in Transition”. Michigan Medicine, Ann Arbor, MI
- 02/2016-02/2016 Medical Student Education: Panelist for M1 Class Session on LGBT Health, Doctoring Curriculum. Michigan Medicine, Ann Arbor, MI
- 02/2016-02/2016 Psychiatry Grand Rounds: “Transgender Medicine - A Field in Transition”. Michigan Medicine, Ann Arbor, MI
- 03/2016-03/2017 Pharmacy School Education: “LGBT Health”. University of Michigan School of Pharmacy, Ann Arbor, MI
- 04/2016-Present Course Director: Medical Student (M4) Elective in Transgender Medicine. Michigan Medicine, Ann Arbor, MI
- 04/2016-04/2016 Rheumatology Grand Rounds: “Gender Identity”. Michigan Medicine, Ann Arbor, MI
- 05/2016-05/2016 Lecture to Pediatric Rheumatology Division: “Gender Dysphoria”. Michigan Medicine, Ann Arbor, MI
- 07/2016-07/2016 Internal Medicine Resident Education: “Gender Identity”. Michigan Medicine, Ann Arbor, MI
- 09/2016-09/2016 Presentation to ACU Leadership: “Gender Identity Cultural Competencies”. Michigan Medicine, Ann Arbor, MI
- 10/2016-10/2016 Presentation to Department of Dermatology: “The iPledge Program and Transgender Patients”. Michigan Medicine, Ann Arbor, MI
- 02/2017-02/2017 Swartz Rounds Presenter. Michigan Medicine, Ann Arbor, MI
- 02/2017-02/2017 Lecture to Division of General Medicine: “Transgender Health”. Michigan Medicine, Ann Arbor, MI

- 02/2017-02/2017 Presentation at Collaborative Office Rounds: “Transgender Health”. Michigan Medicine, Ann Arbor, MI
- 10/2017-10/2017 Family Medicine Annual Conference: “Transgender Medicine”. Michigan Medicine, Ann Arbor, MI
- 12/2017-12/2017 Presenter at Nursing Unit 12-West Annual Educational Retreat: “Gender Identity at the Children's Hospital”. Michigan Medicine, Ann Arbor, MI
- 02/2018-Present Pediatrics Residency Lecturer: “Puberty”. Michigan Medicine, Ann Arbor, MI
- 02/2019-Present Medical Student (M1) Lecturer: “Pediatric Growth and Development”. Michigan Medicine, Ann Arbor, MI
- 02/2019-Present Doctors of Tomorrow Preceptor: offering shadowing opportunities to students from Cass Technical High School in Detroit. Michigan Medicine, Ann Arbor, MI
- 03/2019-03/2019 Lecture to Division of Orthopedic Surgery: “Transgender Health”. Michigan Medicine, Ann Arbor, MI

## **MEMBERSHIPS IN PROFESSIONAL SOCIETIES**

2012 - Present Pediatric Endocrine Society

## **COMMITTEE SERVICE**

### **National**

- 2014 - 2016 Pediatric Endocrine Society - Ethics Committee, Other, Member
- 2017 - present Pediatric Endocrine Society - Special Interest Group on Gender Identity, Other, Member
- 2018 - present Pediatric Endocrine Society - Program Directors Education Committee, Other, Member

**Regional**

2013 - 2015            Investigational Review Board - The Fenway Institute, Boston, MA, Other, Voting Member

**Institutional**

2017 - 2019            Department of Pediatrics at Michigan Medicine; Diversity, Equity, and Inclusion Committee, Other, Fellowship Lead

2017 - 2019            University of Michigan Transgender Research Group, Other, Director

**VOLUNTEER SERVICE**

2014                    Camp Physician, Massachusetts, Served at a camp for youth with Type 1 Diabetes

**SCHOLARLY ACTIVITIES**

**PRESENTATIONS**

**Extramural Invited Presentation Speaker**

1. Grand Rounds, Shumer D, Loyola University School of Medicine, 07/2022, Chicago, Illinois

**Other**

1. Gender Identity, Groton School, 04/2015, Groton, MA
2. Television Appearance: Gender Identity in Youth, Channel 7 WXYZ Detroit, 04/2016, Southfield, MI
3. It Gets Better: Promoting Safe and Supportive Healthcare Environments for Sexual Minority and Gender Non-Conforming Youth, Adolescent Health Initiative: Conference on Adolescent Health, 05/2016, Ypsilanti, MI
4. Gender Identity, Humanists of Southeast Michigan, 09/2016, Farmington Hills, MI

5. Gender Identity, Pine Rest Christian Mental Health Services, 10/2016, Grand Rapids, MI
6. Pediatric Grand Rounds - Hormonal Management of Transgender Youth, Beaumont Children's Hospital, 11/2016, Royal Oak, MI
7. Transgender Youth: A Field in Transition, Temple Beth Emeth, 11/2016, Ann Arbor, MI
8. Transgender Youth: A Field in Transition, Washtenaw County Medical Society, 11/2016, Ann Arbor, MI
9. Pediatric Grand Rounds: Transgender Youth - A Field in Transition, St. John Hospital, 02/2017, Detroit, MI
10. Transgender Medicine, Veterans Administration - Ann Arbor Healthcare System, 05/2017, Ann Arbor, MI
11. Gender Identity, Hegira Programs, 05/2017, Detroit, MI
12. Care of the Transgender Adolescent, Partners in Pediatric Care, 06/2017, Traverse City, MI
13. Conference planner, host, and presenter: Transgender and Gender Non-Conforming Youth: Best Practices for Mental Health Clinicians, Educators, & School Staff; 200+ attendees from fields of mental health and education from across Michigan, Michigan Medicine, 10/2017, Ypsilanti, MI
14. Endocrinology Grand Rounds: Transgender Medicine, Wayne State University, 11/2017, Detroit, MI
15. Care of the Transgender Adolescent, St. John Hospital Conference: Transgender Patients: Providing Compassionate, Affirmative and Evidence Based Care, 11/2017, Grosse Pointe Farms, MI
16. Hormonal Care in Transgender Adolescents, Michigan State University School of Osteopathic Medicine, 11/2017, East Lansing, MI
17. Working with Transgender and Gender Non-Conforming Youth, Michigan Association of Osteopathic Family Physicians, 01/2018, Bellaire, MI

18. Community Conversations, Lake Orion, 01/2018, Lake Orion, MI
19. "I Am Jazz" Reading and Discussion, St. James Episcopal Church, 03/2019, Dexter, MI
20. Gender Identity, Michigan Organization on Adolescent Sexual Health, 10/2019, Brighton, MI; Port Huron, MI
21. Ask The Expert, Stand With Trans, 05/2020, Farmington Hills, MI (Virtual due to COVID)
22. Transgender Medicine, Michigan Association of Clinical Endocrinologists Annual Symposium, 10/2020, Grand Rapids, MI (Virtual due to COVID)
23. Transgender Youth in Primary Care, Michigan Child Care Collaborative (MC3), 10/2020, Ann Arbor, MI (Virtual due to COVID)
24. Lets Talk About Hormones, Stand With Trans, 10/2020, Farmington Hills, MI (Virtual due to COVID)
25. Gender Identity, Universalist Unitarian Church of East Liberty, 04/2021, Virtual due to COVID
26. Unconscious Bias, Ascension St. John Hospital, 05/2021, Virtual due to COVID

## **PUBLICATIONS/SCHOLARSHIP**

### **Peer-Reviewed Articles**

1. Vengalil N, Shumer D, Wang F: Developing an LGBT curriculum and evaluating its impact on dermatology residents, *Int J Dermatol*.61: 99-102, 01/2022. PM34416015

### **Chapters**

1. Shumer: Coma. In Schwartz MW6, Lippincott Williams & Wilkins, Philadelphia, PA, (2012)
2. Shumer, Spack: Medical Treatment of the Adolescent Transgender Patient. In Đorđević M; Monstrey SJ; Salgado CJ Eds. CRC Press/Taylor & Francis, (2016)

3. Kinnear HA, Shumer DE: Duration of Pubertal Suppression and Initiation of Gender-Affirming Hormone Treatment in Youth. In Finlayson Elsevier, (2018)
4. Araya, Shumer DE: Endocrinology of Transgender Care – Children and Adolescents. In Poretsky; Hembree Ed. Springer, (2019)

### **Non-Peer Reviewed Articles**

1. Shumer D: The Effect of Race and Gender Labels in the Induction of Traits, *Northwestern Journal of Race and Gender Criticism*.NA01/2014
2. Shumer D: A Tribute to Medical Stereotypes, *The Pharos, Journal of the Alpha Omega Alpha Medical Society*.Summer07/2017
3. Mohnach L, Mazzola S, Shumer D, Berman DR: Prenatal diagnosis of 17-hydroxylase/17,20-lyase deficiency (17OHD) in a case of 46,XY sex discordance and low maternal serum estriol, *Case Reports in Perinatal Medicine*.8(1)01/2018
4. Mohnach L, Mazzola S, Shumer D, Berman DR: Prenatal Diagnosis of 17-hydroxylase/17,20-lyase deficiency (17OHD) in a case of 46,XY sex discordance and low maternal serum estriol, *Case Reports in Perinatal Medicine*.8(1)12/2018
5. Kim C, Harrall KK, Glueck DH, Shumer DE, Dabelea D: Childhood adiposity and adolescent sex steroids in the EPOCH (Exploring Perinatal Outcomes among Children) study, *Clin Endocrinol (Oxf)*.91(4): 525-533, 01/2019. PM31278867
6. Araya A, Shumer D, Warwick R, Selkie E: 37. “I’ve Been Happily Dating For 5 Years” - Romantic and Sexual Health, Experience and Expectations in Transgender Youth, *Journal of Adolescent Health*.66(2): s20, 02/2020
7. Araya A, Shumer D, Warwick R, Selkie E: 73. “I think sex is different for everybody” - Sexual Experiences and Expectations in Transgender Youth, *Journal of Pediatric and Adolescent Gynecology*.33(2): 209-210, 04/2020
8. Araya AC, Warwick R, Shumer D, Selkie E, Rath T, Ibrahim M, Srinivasan A: Romantic Health in Transgender Adolescents, *Pediatrics*.Pediatrics01/2021
9. Martin S, Sandberg ES, Shumer DE: Criminalization of Gender-Affirming Care - Interfering with Essential Treatment for Transgender Children and

Adolescents, *New England Journal of Medicine*.385(7): 579-581, 08/2021.  
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**Exhibit B**  
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**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE et al.,

Plaintiffs,

v.

JOSEPH A. LADAPO et al.,

Defendants.

Civil No. 4:23-cv-00114-RH-MAF

**EXPERT DECLARATION OF DR. LOREN SCHECHTER**

I, Loren Schechter, hereby declare and state as follows:

1. I have been retained by counsel for the Plaintiffs as an expert in connection with the above-captioned litigation.

2. I have actual knowledge of matters stated in this declaration and if called to testify in this matter, I would testify truthfully based upon my expert opinion.

**I. BACKGROUND AND QUALIFICATIONS**

3. I am a board-certified plastic surgeon. I specialize in gender confirming surgeries, including chest reconstruction, genital reconstruction,

and other procedures to feminize or masculinize the face and body, and I am a recognized expert in this field.

4. I received my medical degree from the University of Chicago, Pritzker School of Medicine. I completed my residency and chief residency in plastic and reconstructive surgery and a fellowship in reconstructive microsurgery at the University of Chicago Hospitals.

5. I previously served as a Clinical Professor of Surgery at the University of Illinois at Chicago. I resigned that position to become the Director of Gender Affirmation Surgery at Rush University Medical Center in April 2022. I am also a Professor of Surgery and Urology at Rush University Medical Center. In addition, I maintain a clinical practice in plastic surgery in Illinois where I treat patients from around the country, as well as from around the world.

6. I have been performing gender confirming surgeries for over 28 years. For at least the past five years, I have been performing at least 150 gender confirming surgeries each year, and I have performed over 1,500 of these surgeries during my medical career. Currently, approximately 90 percent of patients in my clinical practice are transgender people seeking gender confirming surgery.

7. I was a contributing author to the World Professional Association for Transgender Health's ("WPATH") Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version Seven, which were published in 2012. In particular, I wrote the section focused on the relationship of the surgeon with the treating mental health professional and the physician prescribing hormone therapy. In September 2022, WPATH published the Standards of Care for the Health of Transgender and Gender Diverse People, Version Eight ("Standards of Care") in the International Journal of Transgender Health. I was the co-lead author of the surgical and postoperative care chapter of Version Eight.

8. In addition, I have written a number of peer-reviewed journal articles and chapters in professional textbooks about gender confirming surgeries. In 2016, I published Surgical Management of the Transgender Patient, the first surgical atlas (a reference guide for surgeons on how to perform surgical procedures using safe, well-established techniques) dedicated to gender confirming surgeries. In 2020, I published a guide for surgeons entitled Gender Confirmation Surgery: Principles and Techniques for an Emerging Field. I am also a co-investigator on a study regarding uterine transplantation for transgender women.

9. I am a guest reviewer for several peer-reviewed medical journals, including the Journal of Plastic and Reconstructive Surgery, the Journal of Reconstructive Microsurgery, the Journal of the American College of Plastic Surgeons, the Journal of Plastic and Aesthetic Research, and the Journal of Sexual Medicine. I also serve on the editorial board of both Transgender Health and the International Journal of Transgender Health. Each of these publications is a peer-reviewed medical journal.

10. I have given dozens of public addresses, seminars, and lectures on gender confirming surgery, including many through the American Society of Plastic Surgeons. I have also taught a number of courses through WPATH's Gender Education Institute, which provides training courses toward a member certification program in transgender health for practitioners around the world. In addition, in 2018, I co-directed the first live surgery course in gender confirming procedures at Mount Sinai Hospital in New York City, and I am the Director for this upcoming live surgery course in 2023. In 2019, I directed the inaugural Gender Affirming Breast, Chest, and Body Master Class for the American Society of Plastic Surgeons.

11. I am also a founding member and president of the Society for Gender Surgeons; a current member of the Executive Committee of the Board

of Directors of WPATH, where I serve as treasurer; and a former member of the Board of Governors of the American College of Surgeons. I am a guest examiner for the American Board of Plastic Surgery, which involves administering the plastic surgery oral board exam to surgeons who have completed their plastic surgery training and seek board certification.

12. I am the former Chair of the Patient Safety Committee for the American Society of Plastic Surgeons, and current Patient Safety Officer for the Division of Plastic Surgery at Rush University Medical Center. In 2017, I was an invited discussant at the Pentagon regarding transgender service members. I recently delivered the Bevan 2023 Lecture at the Chicago Surgical Society, which is a lecture that began in 1928 and was established by Arthur Bevan, a former President of the American Medical Association and Founder of the American Board of Surgery.

13. I serve on the Committee on Sex and Gender Identification and Implications for Disability Evaluation recently convened by the National Academies for Science, Engineering, and Medicine.

14. The information provided regarding my professional background, experiences, publications, and presentations is detailed in my

curriculum vitae, a true and correct copy of the most up-to-date version of which is attached as **Exhibit A**.

15. In preparing this declaration, I have reviewed the text of documents adopted by the Florida Boards of Medicine and Osteopathic Medicine titled “Surgical Treatments for Adults with Gender Dysphoria (DH5084-MQA (Rev. 06/23)). The opinions contained in this report are based on all of the following: (1) my clinical experience of over 28 years of caring for transgender patients, including my experience teaching other surgeons and medical students to care for this population; (2) my review and familiarity with relevant peer- reviewed literature, including my own, regarding gender confirming surgeries, which reflects the clinical advancements in these procedures and the corresponding growth in research related to the safety and effectiveness of these procedures in treating gender dysphoria; and (3) discussions with colleagues and other experts in the field, including attendance and participation in various educational conferences both nationally and internationally.

## **II. DISCUSSION**

16. In my expert opinion, the forms are riddled with misstatements and written in a way that will cause more confusion than clarity in a patient

preparing to undergo a surgical procedure to treat gender dysphoria. This is true for a number of reasons.

17. Page 1 (“What are the types of surgery to treat gender dysphoria?”). As an initial matter, the forms address a wide range of surgeries, many, and likely most, of which will be wholly inapplicable to an individual patient. As just one example, the form includes descriptions for both a vaginoplasty and a phalloplasty. Setting aside the inaccuracies in each description, which I detail below, no patient will undergo both a phalloplasty and a vaginoplasty. A phalloplasty is a surgical procedure performed on transgender men. A vaginoplasty is a surgical procedure performed on transgender women. There is no purpose for describing a vaginoplasty in an informed consent form to be reviewed and signed by a transgender man. The inclusion of a description of a surgical procedure a patient is not and would never undergo is confusing, disrupts the patient-surgeon relationship, and undermines informed consent.

18. Page 1, Paragraph 3 (“Medical treatment of people with gender dysphoria...”). The form also begins with a misstatement of the evidence that supports the efficacy of surgeries for gender dysphoria. It is incorrect to state that the “practice is purely speculative.” It is also wrong to say that the

“treatment of people with gender dysphoria is based on very limited, poor-quality research with only subtle improvements seen in some patient’s psychological functioning in some, but not all, research studies.” There are decades of research demonstrating the efficacy of gender confirming surgeries to treat patients with gender dysphoria, and there have been many studies that show very positive results in ameliorating the effects of gender dysphoria. While the quality of the evidence for much of the research is characterized as “low” because of the hierarchy of evaluation of study designs, the language in the forms is inaccurate and conveys misinformation to a patient.

19. Page 1, Paragraph 3 (“ . . . in many cases, the need for lifelong medical treatments.”). It is also misleading to say that surgeries will result in the need for lifelong treatment. As an initial matter, all patients—transgender or not—have a need for lifelong treatment. That is, generally speaking, healthy medical practice. But there is no correlation between gender confirming surgeries and an increased need for lifelong treatment. In fact, some procedures reduce the need for certain follow-up care. For example, a transgender man who gets male chest reconstruction along with breast removal will have lowered his risk of breast cancer and, therefore, minimized a need for regular mammograms. A transgender woman who receives a vaginoplasty will require

annual speculum exams, but the same patient would still have required an annual prostate exam, notwithstanding the vaginoplasty. The statement about a need for life-long treatment is a distortion because, gender confirming surgery may impact the *type* of routine medical care required, it does not create a need for routine medical care. This distortion undermines rather than enhances informed consent. While it is true that the WPATH Standards of Care recommend annual visits for follow-up, that is not the same as stating that gender confirming surgical procedures create the need for life-long treatment.

20. In addition, there are misstatements about many of the surgical procedures themselves. These include the following:

21. Page 1, Orchiectomy: An orchiectomy is not only performed by a urologist. Plastic surgeons, general surgeons, and gynecologists specializing in gender confirming care also routinely perform this surgical procedure. Further, the description of orchiectomy includes only one surgical approach (scrotal incision), but there are other effective surgical approaches for this procedure, including an inguinal approach.

22. Page 2, Vaginoplasty: The description of vaginoplasty states that “[f]or those patients treated with puberty blockers as a minor, such treatment may lead to insufficient penile tissue that could necessitate the use [of] other

tissues, such as the colon, to create a vagina.” This statement is relevant to the informed consent discussion when *initiating* blockers, but not when a provider is seeking informed consent for a vaginoplasty. Further, a patient may have insufficient penile *and* scrotal tissue for a number of reasons other than the use of puberty blockers, including, but not limited to, congenital factors, normal anatomic variation, obesity, and previous circumcision. Additionally, tissue, other than that from the colon, may be used to line the vagina, including, but not limited to, skin, small intestine, peritoneum, and tissue substitutes (i.e. allograft, xenograft).

23. Page 2, Phalloplasty: The description of phalloplasty excludes the full range of surgical options for the procedure which may be performed in a number of ways and stages depending on the patient’s clinical needs and desired outcomes. For example, a patient can have a shaft only phalloplasty without the construction of a urethral channel. The procedure may also be performed in a manner that maintains the vaginal canal and uterus. The description purports to comprehensively describe the procedure but describes just one method of surgical procedure while disregarding other routine methods. The techniques used in staging these procedures also vary. For example, we currently perform hysterectomy and vaginectomy at the first stage

of a phalloplasty which may also include lengthening of the perineal urethra. The second stage is then construction of the shaft, typically with either forearm, thigh, abdomen, groin, or back tissue. The description of prosthetics is limited and underinclusive. There are both malleable and inflatable penile prosthesis, each with its own advantages and disadvantages.

24. Page 2, Metoidioplasty: The description of metoidioplasty indicates that “[a] urethra is also reconstructed using either local skin tissue or a graft from the mouth . . . .” However, this procedure may also be performed without urethral reconstruction. Also, typically, testicular prostheses are not placed at the same time that urethral reconstruction is performed. Prostheses are typically placed at a later date.

25. Page 2, Hysterectomy: The description of hysterectomy is also underinclusive in that it excludes other surgical approaches, notably the option of robotic or traditional ‘open’ techniques.

26. Page 3 (“What happens after surgery to treat gender dysphoria?”). This section underestimates the length of swelling for most procedures. Part of providing informed consent in a shared decision-making process, is discussing, understanding, and ‘managing’ expectations. It is not reasonable to assume that swelling will last for only two to four weeks following cheek

and nose surgery. The return to activity following ‘bottom surgery,’ a non-specific term for a range of surgical procedures which may include transfeminine and/or transmasculine procedures, likely underestimates the period of recovery, especially following phalloplasty.

27. Page 3 (“When should I see my surgeon?”). This section omits important risks involved in any surgical procedure performed under general anesthesia such as difficulty breathing, chest pain, shortness of breath (i.e., warning signs of Deep Vein Thrombosis/Venous Thromboembolism/Pulmonary embolus).

28. Page 3 (“What are some potential complications of surgery to treat gender dysphoria?”). The list of surgical risks is confusing because it lists surgical risks that many patients will not face because of the nature of their surgery. For example, a patient undergoing facial feminizing surgery does not have a risk of problems with urination or diminishment of bladder function.

### **III. CONCLUSION**

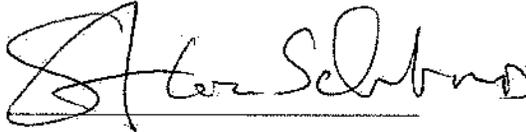
29. The informed consent form required by the State Boards of Medicine and Osteopathic Medicine include factual inaccuracies about the nature and risks of surgical procedures performed to treat gender dysphoria.

These misstatements will result in patient confusion and serve to subvert, rather than strengthen, the informed consent process.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 24th day of July 2023.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Loren Schechter", written over a horizontal line.

Loren Schechter, M.D.

Exhibit A  
*Curriculum Vitae*

## Curriculum Vitae

**NAME:** LOREN SLONE SCHECHTER, MD, FACS

**OFFICE:** Rush University Medical Center  
1725 W. Harrison St  
Suite 758  
Chicago, Il 60712  
312.942.3640

**E-MAIL:** loren\_schechter@rush.edu  
lorenschechter1@gmail.com

**MARITAL STATUS:** Married (Rebecca Brown Schechter, MD)

**CERTIFICATION:** The American Board of Plastic Surgery 2001  
Certificate Number 6271  
Date Issued: September 2001  
Maintenance of Certification: 2011  
Maintenance of Certification: 2021

**EDUCATION:**  
1986-1990 The University of Michigan BS, 1990  
1990-1994 The University of Chicago MD, 1994  
Pritzker School of Medicine

**POSTGRADUATE TRAINING:**

Residency: The University of Chicago Hospitals 1994-1999  
Coordinated Training Program in  
Plastic and Reconstructive Surgery  
Chief Resident: The University of Chicago Hospitals 1998-1999  
Section of Plastic and Reconstructive  
Surgery  
Fellowship: Reconstructive Microsurgery 1999-2000  
The University of Chicago Hospitals  
Section of Plastic and Reconstructive  
Surgery

**TEACHING APPOINTMENT and CURRENT PRACTICE LOCATION:**

Professor of Surgery (Department of Surgery, Division  
of Plastic Surgery with joint appointment in the  
Department of Urology), Chief Section of Gender-  
Affirmation Surgery, Rush University Medical Center  
Director, Gender Affirmation Surgery-Rush University  
Medical Center

**LICENSURE:** Illinois  
Illinois Controlled Substance  
DEA  
Georgia

**STAFF APPOINTMENTS:**

Rush University Medical Center  
Advocate Lutheran General Hospital  
Louis A. Weiss Memorial Hospital

**HONORS AND AWARDS:**

2022 WPATH award for Courage and Bravery  
2022 Chicago Magazine Top Doctor  
2021 Chicago Magazine Top Doctor-Surgery  
2020 The University of Minnesota Program in Human  
Sexuality, recipient of 50 Distinguished Sexual and  
Gender Health Revolutionaries  
2017-2020 Castle Connolly Top Doctor (Chicago)  
2017 Chicago Consumer Checkbook Top Doctor  
2015 University of Minnesota Program in Human Sexuality  
Leadership Council  
2014-2015 Rosalind Franklin University of Medicine and Science  
Chicago Medical School Honors and recognizes for  
dedication and commitment to teaching  
2014 National Center for Lesbian Rights honored guest  
2013 Illinois State Bar Association Award for  
Community Leadership  
2010 Advocate Lutheran General 2009 Physicians  
Philanthropy Leadership Committee-Outstanding  
Leadership  
2009 Advocate Lutheran General Hospital Value Leader  
(received for compassion)  
1994 Doctor of Medicine with Honors  
1994 University of Chicago Department of  
Surgery Award for Outstanding  
Performance in the Field of Surgery  
1994 Catherine Dobson Prize for the Best Oral Presentation  
Given at the 48<sup>th</sup>  
Annual Senior Scientific Session in  
The Area of Clinical Investigation  
1993 Alpha Omega Alpha  
1991 University of Chicago National Institutes  
Of Health Summer Research Award  
1990 Bachelor of Science with High Distinction  
And Honors in Economics  
1990 James B. Angell Award for Academic Distinction  
1989 Omicron Delta Epsilon-National Economic Honor  
Society  
1988 College Honors Program Sophomore Honors Award  
For Academic Distinction  
1988 Class Honors (Dean's List)

**MEMBERSHIPS:**

2023- Society of Gender Surgeons  
2018- The American Association of Plastic Surgeons  
2016- The American Society for Gender Surgeons  
(founding member and president-elect)  
2010- World Society for Reconstructive Microsurgery

2005- The University of Chicago Plastic Surgery Alumni Association  
2005- The Chicago Surgical Society  
2004- The American Society for Reconstructive Microsurgery  
2003- The American College of Surgeons  
2002- The American Society of Plastic Surgeons  
2001- Illinois Society of Plastic Surgeons (formerly Chicago Society of Plastic Surgeons)  
2001- The American Society of Maxillofacial Surgeons  
2001- American Burn Association  
2001- Midwest Association of Plastic Surgeons  
2001- WPATH  
1994- The University of Chicago Surgical Society  
1994- The University of Chicago Alumni Association  
1992- American Medical Association  
1992- Illinois State Medical Society  
1992- Chicago Medical Society  
1990- The University of Michigan Alumni Association

**CURRENT HOSPITAL COMMITTEES:**

Patient Safety and Quality Officer, Division of Plastic Surgery, Rush University Medical Center

**PROFESSIONAL SOCIETY COMMITTEES:**

Committee on Sex and Gender Identification and Implications for Disability Evaluation, The National Academies for Science, Engineering, and Medicine

WPATH Executive Committee

Treasurer, The World Professional Association for Transgender Health

Chair, Finance and Investment Committee, The American Society of Plastic Surgeons

WPATH 2020 Biennial Meeting Steering Committee

American Society of Breast Surgeons Research Committee, ASPS representative

American Board of Plastic Surgery, Guest Oral Board Examiner

WPATH Ethics Committee

American College of Radiology Committee on Appropriateness Criteria Transgender Breast Imaging Topic, Expert Panel on Breast Imaging: Transgender Breast Cancer Screening Expert Panel on Breast Imaging

American Society of Plastic Surgeons, Finance and Investment Committee

Board of Directors, at-large, The World Professional Association for Transgender Health

PlastyPac, Board of Governors

Contractor Advisory Committee, National Government Services Inc

**OTHER:**

American Board of Plastic Surgery-Oral Board Guest Examiner (2020, 2021)

Guest Reviewer, Pain Management

Guest Reviewer, Plastic and Aesthetic Research

Guest Reviewer, European Medical Journal

Guest Reviewer, Open Forum Infectious Diseases

Guest Reviewer, The Journal of The American College of Surgeons

Guest Book Reviewer, Plastic and Reconstructive Surgery

Editorial Board, Transgender Health

Editorial Board (Associate Editor), International Journal of Transgenderism

Fellow of the Maliniac Circle

Guest Reviewer, Journal of Reconstructive Microsurgery

Guest Reviewer, Journal of Plastic and Reconstructive Surgery

Guest Reviewer, Journal of Sexual Medicine

Guest Editor, Clinics in Plastic Surgery, Transgender Surgery (Elsevier Publishing)

Guest Reviewer, The Journal of Plastic and Reconstructive Surgery

**PREVIOUS EDITORIAL ROLE:**

Guest Reviewer, EPlasty, online Journal

Module Editor for Patient Safety, Plastic Surgery Hyperguide

Editorial Advisory Board, Plastic Surgery Practice

Guest Reviewer, International Journal of  
Transgenderism

Guest Reviewer, Pediatrics

**PREVIOUS ACADEMIC APPOINTMENT:**

Clinical Professor of Surgery, The University of  
Illinois at Chicago

Visiting Clinical Professor in Surgery, The University  
of Illinois at Chicago

Chief, Division of Plastic and Reconstructive Surgery,  
Chicago Medical School, Rosalind Franklin University  
of Medicine and Science

Associate Professor, Physician Assistant Program,  
College of Health Professionals, Rosalind Franklin  
University

Associate Professor of Surgery, The College of Health  
Professionals, Rosalind Franklin University

Clinical Associate in Surgery, The University of  
Chicago

**PREVIOUS HOSPITAL COMMITTEES:**

Director, Center for Gender Confirmation Surgery,  
Louis A. Weiss Memorial Hospital

Division Director, Plastic Surgery, Lutheran General  
Hospital

Division Director, Plastic Surgery, St. Francis  
Hospital

Medical Staff Executive Committee, Secretary,  
Advocate Lutheran General Hospital

Credentials Committee, Lutheran General Hospital

Pharmacy and Therapeutics Committee Lutheran General  
Hospital

Operating Room Committee, St. Francis Hospital

Cancer Committee, Lutheran General Hospital  
-Director of Quality Control

Risk and Safety Assessment Committee, Lutheran General  
Hospital

Nominating Committee, Rush North Shore Medical Center

Surgical Advisory Committee, Rush North Shore Medical Center

Section Director, Plastic Surgery, Rush North Shore Medical Center

**PREVIOUS SOCIETY COMMITTEES:**

PlastyPac, Chair, Board of Governors

Chair of the Metro Chicago District #2 Committee on Applicants, American College of Surgeons

American Society of Plastic Surgery, Health Policy Committee

American Society of Plastic Surgery, Patient Safety Committee

American Society of Plastic Surgeons, Coding and Payment Policy Committee

American Society of Plastic Surgeons, Practice Management Education Committee

Board of Governors, Governor-at-large, The American College of Surgeons

American College of Surgeons, International Relations Committee

Chair, Government Affairs Committee, American Society of Plastic Surgeons

President, The Metropolitan Chicago Chapter of The American College of Surgeons

2012 Nominating Committee, American Society of Plastic Surgeons

Program Committee, The World Society for Reconstructive Microsurgery, 2013 Bi-Annual Meeting

President, Illinois Society of Plastic Surgeons

Vice-President, The Illinois Society of Plastic Surgeons (formerly the Chicago Society of Plastic Surgery)

Vice-President, The Metropolitan Chapter of the American College of Surgeons

American Society of Plastic Surgery, Chairman, Patient Safety Committee

2006-2007 Pathways to Leadership, The American Society of Plastic Surgery

2005 & 2006 President, The University of Chicago Plastic Surgery Alumni Association

2003 Leadership Tomorrow Program, The American Society of Plastic Surgery

Senior Residents Mentoring Program, The American Society of Plastic Surgery

American Society of Maxillofacial Surgery, Education Committee

Alternate Councilor, Chicago Medical Society

American Society of Aesthetic Plastic Surgery, Electronic Communications Committee

American Society of Aesthetic Plastic Surgery, Intranet Steering Committee

American Society of Aesthetic Plastic Surgery, International Committee

Membership Coordinator, The Chicago Society of Plastic Surgeons

The Illinois State Medical Society, Governmental Affairs Council

The Illinois State Medical Society, Council on Economics

Chicago Medical Society, Physician Review Committee  
-Subcommittee on Fee Mediation

Chairman, Chicago Medical Society, Healthcare Economics Committee

Secretary/Treasurer, The Metropolitan Chicago Chapter of the American College of Surgeons

Scientific Committee, 2007 XX Biennial Symposium WPATH

Local Organizing Committee 2007 WPATH

Secretary, The Chicago Society of Plastic Surgeons

Treasurer, The Chicago Society of Plastic Surgeons

Council Member, The Metropolitan Chicago Chapter of  
the American College of Surgeons

**INTERNATIONAL MEDICAL SERVICE:**

Northwest Medical Teams  
Manos de Ayuda (Oaxaca, Mexico)

Hospital de Los Ninos (San Juan, Puerto Rico)

**COMMUNITY SERVICE:**

Alumni Council, The University of Chicago Medical and  
Biological Sciences Alumni Association

The University of Minnesota Presidents Club  
Chancellors Society

Board of Directors, Chicago Plastic Surgery Research  
Foundation

National Center for Gender Spectrum Health Advisory  
Council

**PREVIOUS COMMUNITY SERVICE:**

Board of Directors, Committee on Jewish Genetic  
Diseases, Jewish United Fund, Chicago, Illinois

Governing Council, Lutheran General Hospital, Park  
Ridge, Il

Lutheran General Hospital Development Council, Park  
Ridge, Il

Lutheran General Hospital Men's Association, Park  
Ridge, Il

Advisory Board, Committee on Jewish Genetic Diseases,  
Cancer Genetics Subcommittee, Jewish United Fund,  
Chicago, Illinois

Health Care Advisory Board, Congressman Mark Kirk, 10<sup>th</sup>  
Congressional District, Illinois

Major Gifts Committee, Saint Francis Hospital  
Development Council, Evanston, Il

**Visiting Professor:**

1. University of Utah, Division of Plastic Surgery, November 6-8, 2014.
2. Northwestern University, Division of Plastic Surgery, April 21-22,  
2016.

3. The University of North Carolina, Division of Plastic Surgery, March 28-29, 2017
4. Georgetown University, Department of Plastic Surgery, May 17-18, 2017
5. The University of Basel, Basel, Switzerland, August 31-September 1, 2018
6. The Ochsner Health System, New Orleans, LA January 28-January 30, 2019
7. The University of Toronto, Toronto, Ontario, Canada, February 21-22, 2019
8. The University of Michigan, October 3-4, 2019, Ann Arbor, MI
9. Georgetown University, Department of Plastic Surgery, July 21, 2022
10. Galillee Medical Center, Nahariya, Israel, Department of Obstetrics and Gynecology, July 1-11, 2023

**Invited Discussant:**

1. Department of Defense, Military service by people who are transgender, Invitation from Terry Adirim, M.D., M.P.H. Deputy Assistant Secretary of Defense for Health Services Policy & Oversight, The Pentagon, November 9, 2017
2. Aesthetic Surgery Journal, Invited Discussant May 7, 2019, Journal Club. "What is "Nonbinary" and What Do I need to Know? A Primer for Surgeons Providing Chest Surgery for Transgender Patients."

**Honorary Lecture:**

1. 2023 Arthur D. Bevan Lectureship, The Chicago Surgical Society, February 2, 2023, Chicago, IL

**Research Interests:**

1. Role of Omental Stem Cells in Wound Healing (Grant: Tawani Foundation)
2. Robotic-Assisted Bilateral Prophylactic Nipple Sparing Mastectomy with Immediate Tissue Expander/Implant Reconstruction (Pending submission to the FDA for Investigational Device Exemption in association with Intuitive Surgical)
3. Transgender Health and Medicine Research Conference, National Institutes of Health, Bethesda, MD May 7-8, 2015
4. Uterine Transplantation, Rush University Medical Center (IRB pending)
5. Gender Affirmation Surgery Prospective Surveys (Rush University-IRB approved)

6. National Network for Gender Affirming Surgeries: Canadian Institute of Health Research, Training Grant - LGBTQ 2S Stigma Reduction & Life Course Mental Wellness (application in process)

**BIBLIOGRAPHY:**

**PEER REVIEWED ARTICLES:**

1. E. Wall, D. A. Schoeller, **L. Schechter**, L.J. Gottlieb: Measured Total Energy Requirements of Adult Patients with Burns. *The Journal of Burn Care and Rehabilitation* 20:329, 1999.
2. David C. Cronin, II, **Loren Schechter**, Somchi Limrichramren, Charles G. Winans, Robert Lohman, and J. Michael Millis, Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow with an Implantable Doppler Probe. *Transplantation* 74(6):887-889, 2002.
3. Robert F. Lohman, **Loren S. Schechter**, Lawrence S. Zachary, Solomon Aronson: Evaluation of Changes in Skeletal Muscle Blood Flow in the Dog with Contrast Ultrasonography Revisited: Has the Technique Been Useful, and Where are We Headed Now? *The Journal of Plastic and Reconstructive Surgery* 111(4):1477-1480, 2003.
4. Alvin B. Cohn, Eric Odessey, Francis Casper, **Loren S. Schechter**: Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection in Lieu of Traditional Therapy, *The Annals of Plastic Surgery* Vol 57, Number 5, November 2006.
5. Eric Odessey, Al Cohn, Kenneth Beaman, and **Loren Schechter**: Mucormycosis of the Maxillary Sinus: Extensive Destruction with an Indolent Presentation, *Surgical Infections*, Vol. 9, Number 1, 2008
6. Iris A. Seitz, MD, David Tojo, MD, **Loren S. Schechter**, MD Anatomy of a Medication Error: Inadvertent Intranasal Injection of Neosynephrine During Nasal Surgery - A Case Report and Review of The Literature *Plast Reconstr Surg.* 2010 Mar;125(3):113e-4e. doi: 10.1097/PRS.0b013e3181cb68f9
7. Iris Seitz, MD Craig Williams, MD, Thomas Weidrich, MD, John Seiler, MD, Ginard Henry, MD, and **Loren S. Schechter, MD**: Omental Free Tissue Transfer for Coverage of Complex Upper Extremity Defects: The Forgotten Flap (N Y). *2009 Dec;4(4):397-405. doi: 10.1007/s11552-009-9187-6. Epub 2009 Mar 25.*
8. Michael Salvino and **Loren S. Schechter**: Microvascular Reconstruction of Iatrogenic Femoral Artery Thrombus in an Infant: A Case Report and Review of the Literature *ePlasty* Volume 9 ISSN: 19357-5719, E-location ID: e20
9. Phillip C. Haeck, MD, Jennifer A. Swanson, BS, Med, Ronald E. Iverson, MD., **Loren S. Schechter, MD**, Robert Singer, MD, Bob Basu, MD, MPH, Lynn A. Damitz, MD, Scott Bradley Bradley Glasberg, MD, Lawrence S. Glasman, MD, Michael F. McGuire, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Patient Selection and Procedures in Ambulatory Surgery, Supplement to *Plastic and Reconstructive Surgery*, Volume 124, Number 4s, October Supplement 2009.

10. Philip C. Haeck, MD, Jennifer A. Swanson, BS, Med, **Loren S. Schechter, MD**, Elizabeth J. Hall-Findlay, MD, Noel B. McDevitt, MD, Gary Smotrich, MD, Neal R. Reisman, MD, JD, Scot Bradley Glasberg, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Blood Dyscrasias, Patient Selection and Procedures in Ambulatory Surgery, Supplement to Plastic and Reconstructive Surgery, Volume 124, Number 4s, October Supplement 2009.
11. **Loren S. Schechter, MD**, The Surgeon's Relationship with The Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association of Transgender Health's Standards of Care *International Journal of Transgenderism* 11 (4), p.222-225 Oct-Dec 2009
12. Iris A Seitz, MD, PhD, Craig Williams, MD, **Loren S. Schechter, MD**, Facilitating Harvest of the Serratus Fascial Flap With Ultrasonic Dissection, *Eplasty* 2010 Feb 23;10:e18
13. Seitz, I, Friedewald SM, Rimler, J, **Schechter, LS**, Breast MRI helps define the blood supply to the nipple-areolar complex, *Plastische Chirurgie*, Supplement 1, 10. Jahrgang, September 2010, p. 75
14. Iris A. Seitz, Sally Friedwald, MD; Jonathon Rimler, **Loren S. Schechter**, Breast MRI to Define The Blood Supply to The Nipple-Areolar Complex. *Plast Recon Surg Suppl* 126 (26) p. 27 Oct 2010
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11. Liza C. Wu M.D., **Loren S. Schechter, M.D.**, Robert F. Lohman M.D., Robin Wall, P.A., Mieczyslawa Franczyk, P.T., Ph.D.: Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds, Plastic Surgical Forum, Vol. XXV, p.245 2002.
12. Liza C. Wu, **Loren S. Schechter**, Robert F. Lohman, Somchai Limsrichamren, Charles G. Winans, J. Michael Millis, and David C. Cronin: Implantable Doppler Probe for Continuous Monitoring of Hepatic Artery and

Portal Vein Blood Flow in Pediatric Liver Transplantation, The Journal of Reconstructive Microsurgery, 19(7): 517, 2003.

13. **Loren S. Schechter, MD**, John C. Layke, MD, Wayne M. Goldstein, MD, Lawrence J. Gottlieb, MD: The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An 18 Year Experience, Plastic Surgery Forum, Vol. XXVII, P. 133.

14. Joseph Talarico, MD, Wayne Lee, MD, **Loren Schechter, MD**: When Component Separation Isn't Enough, American Hernia Society, Inc, Hernia Repair 2005, P. 194

15. **Loren S. Schechter, MD, FACS**, James Boffa, MD, Randi Ettner, Ph.D., and Frederic Ettner, MD: Revision Vaginoplasty With Sigmoid Interposition: A Reliable Solution for a Difficult Problem, The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium P. 31-32

16. Jacob M.P. Bloom, MS, Alvin B. Cohn, MD, Benjamin Schlechter, MD, Nancy Davis, MA, **Loren S. Schechter, MD**, Abdominoplasty and Intra-Abdominal Surgery: Safety First, Plastic Surgery Abstract Supplement vol. 120, no 4, p. 99

17. I.A. Seitz, C.S. Williams, T.A. Wiedrich, **L.S. Schechter**, Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap, Plastic Surgery At The Red Sea International Symposium Book Of Abstracts, March 24-28, 2009, p. 25

18. Michael Salvino, MD and **Loren S. Schechter, MD**, Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate, The Midwestern Association of Plastic Surgeons Book of Abstracts, April 18-19, 2009, p.65

19. Michelle Roughton, MD and **Loren Schechter, MD**, Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures, The Midwestern Association of Plastic Surgeons Book of Abstracts, April 18-19, 2009, p.65

20. Iris A. Seitz, MD, Phd, Sarah Friedewald, MD, Jonathon Rimler, BS, **Loren Schechter, MD, FACS**, Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010,p.26

21. Iris A. Seitz, MD, Phd, Craig Williams, MD, Daniel Resnick, MD, Manoj Shah, MD, **Loren Schechter, MD, FACS**, Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 28

22. Iris A. Seitz, MD, Phd, Craig Williams, MD, **Loren Schechter, MD, FACS**, Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 29

23. Michelle Roughton, MD, **Loren Schechter, MD, FACS**, Patient Safety: Abdominoplasty and Intra-Abdominal Procedures, Advocate Research Forum, Research and Case Report Presentation Abstracts, Advocate Lutheran General Hospital, May 5, 2010, p. 20
24. Iris A. Seitz, MD, PhD., Sarah M. Friedewald, MD, Jonathon Rimler, BS, **Loren S. Schechter, MD, FACS**, Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, Abstract, P. 44.
25. Loren S. Schechter, MD, FACS, Gender Confirmation Surgery in the Male-to-Female Individual: A Single Surgeon's Fourteen Year Experience, Annals of Plastic Surgery, Vol. 74, Suppl. 3, June 2015, p. s187.
26. 25<sup>th</sup> WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery
27. 25<sup>th</sup> WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, IPP Implantation Post-Phalloplasty: The Chicago Experience
28. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, The Role of Pelvic Floor Physical Terhapy in Patients Undergoing Gender Confirming Vaginoplasty Procedures
29. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishing Guidelines for VTE Prophylaxis in Gender Confirmation Surgery
30. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Gender Surgeons Experience with Detransition and Regret

**PRESENTATIONS:**

1. Student Summer Research Poster Forum-The University of Chicago, Jan. 21, 1992: "A Comparison of Dynamic Energy Expenditure Versus Resting Energy Expenditure in Burn Patients Using The Doubly Labeled Water Method"
2. American Association for the Surgery of Trauma, Sept. 17-19, 1992, Louisville, KY: "Routine HIV Testing in A Burn Center: A Five Year Experience"
3. American Burn Association Poster Session, April 20-23, 1994, Orlando, Fl: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"
4. 48<sup>th</sup> Annual Senior Scientific Session: The University of Chicago, May 19, 1994: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"
5. Plastic Surgery Senior Residents Conference, April 20-25, 1999, Galveston, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"
6. The Chicago Society of Plastic Surgery, May 6, 1999, "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"

7. The American Society for Aesthetic Plastic Surgery, May 14-19, 1999, Dallas, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"
8. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999, San Francisco, CA: "Craniofacial Osseo-Distraktion: A Bridge to Eucephaly"
9. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999 San Francisco, CA: "Ethnic Aesthetic Analysis and Surgery"
10. Inaugural Congress of the World Society for Reconstructive Microsurgery, October 31-November 3, 2001, Taipei, Taiwan: "Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes"
11. American Society for Reconstructive Microsurgery, January 12-15, 2002, Cancun, Mexico: "The Role to Free Tissue Transfer and Sural Neurocutaneous flaps for Reconstruction of Leg Wounds"
12. American Society of Plastic Surgery, 71st Annual Scientific Meeting, November 2-6, 2002, San Antonio, Texas: "Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds"
13. American Society of Reconstructive Microsurgery, Annual Scientific Meeting, January 11-15, 2003, Kauai, Hawaii: "Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow With an Implantable Doppler Probe"
14. The 5<sup>th</sup> Annual Chicago Trauma Symposium, August 8-10, 2003, Chicago, Illinois: "Soft Tissue Salvage: Where Are We in 2003?"
15. The Midwestern Association of Plastic Surgeons, 42<sup>nd</sup> Annual Meeting, Chicago, IL May 1-2, 2004: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"
16. The 6<sup>th</sup> Annual Chicago Trauma Symposium, August 12-15, 2004, Chicago, IL "Complex Wound Management"
17. The American Society of Plastic Surgery, October 9-13, 2004, Philadelphia, Pennsylvania: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"
18. The American Society for Reconstructive Microsurgery, January 15-18, 2005, Fajardo, Puerto Rico: "Surviving as a Plastic Surgeon"
19. American Hernia Society, Poster Presentation, February 9-12, 2005, San Diego, California: "When Component Separation Isn't Enough"

20. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, IL: "Hereditary Gingival Fibromatosis in Monozygotic Twins: First Reported Case"
21. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, IL: "Modified Components Separation Technique for Two Massive Ventral Hernias"
22. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, IL: "Mucormycosis of the Head and Neck: A Fatal Disease?"
23. The 7<sup>th</sup> Annual Chicago Trauma Symposium, August 11-14, 2005, Chicago, IL "Management of Complex Injuries"
24. Current Concepts in Advanced Wound Healing: *A Practical Overview*, Rush North Shore Medical Center, Skokie, IL September 18, 2005 "From Flaps to Grafts"
25. Taizoon Baxamusa, M and Loren S. Schechter, MD, Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity, The American Association For Hand Surgery Annual Scientific Meeting, January 11-14, 2006, Tucson, Arizona.
26. The American Academy of Orthopedic Surgeons 2006 Annual Meeting, March 22-26, 2006, Chicago, IL "Methods of Patella-Femoral and Extensor Mechanism Reconstruction for Fracture and Disruption After Total Knee Arthroplasty"
27. Midwestern Association of Plastic Surgeons 44<sup>th</sup> Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Elective Abdominal Plastic Surgery Procedures Combined with Concomitant Intra-abdominal Operations: A Single Surgeon's Four Year Experience"
28. Midwestern Association of Plastic Surgeons 44<sup>th</sup> Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection Versus Traditional Therapy"
29. Midwestern Association of Plastic Surgeons 44<sup>th</sup> Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Abdominoplasty Graft & VAC Therapy: Two Useful Adjuncts in Full-Thickness Grafting of the Mangled Upper Extremity"
30. The American Association of Plastic Surgeons 85<sup>th</sup> Annual Meeting, May 6-9, 2006 Hilton Head, South Carolina "Excision of Giant Neurofibromas"
31. The 8<sup>th</sup> Annual Chicago Trauma Symposium, July 27-30, 2006, Chicago, IL "Management of Complex Injuries"
32. The American Society of Plastic Surgeons Annual Meeting, October 6-12, 2006, San Francisco, California "Excision of Giant Neurofibromas"
33. The American College of Surgeons Poster Presentation, October, 2006, Chicago, IL "Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity"

34. American Medical Association-RFS 3<sup>rd</sup> Annual Poster Symposium, November 10, Las Vegas, NV, 2006 "Abdominal Wall Reconstruction With Alloderm"
35. Advocate Injury Institute: "Trauma 2006: The Spectrum of Care), November 30-December 2, 2006, Lisle, Il, "Pit Bull Mauling: A Case Study"
36. The 9<sup>th</sup> Annual Chicago Trauma Symposium, August 10-12, 2007, Chicago, Il "Management of Complex Injuries"
37. The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium, September 5-8. 2007, Chicago, Il Revision Vaginoplasty With Sigmoid Interposition: "A Reliable Solution for a Difficult Problem"
38. Metropolitan Chicago Chapter of the American College of Surgeons, 2008 Annual Meeting, March 15, 2008 "ER Call: Who's Job is it Anyway"
39. The 10<sup>th</sup> Annual Chicago Trauma Symposium, August 7-10, 2008, Chicago, Il "Management of Complex Injuries"
40. 23<sup>rd</sup> Annual Clinical Symposium on Advances in Skin & Wound Care: The Conference for Prevention and Healing October 26-30, 2008, Las Vegas, Nevada, poster presentation "Use of Dual Therapies Consisting of Negative Pressure Wound Therapy (NPWT) and Small Intestine Mucosa (SIS) on a Complex Degloving Injury With an Expose Achilles Tendon: A Case Report."
41. The American Society of Plastic Surgeons Annual Meeting, October 31-November 3, 2008, Chicago, Il "Panel: Fresh Faces, Real Cases"
42. The American Association for Hand Surgery Annual Meeting, January 7-13, 2009, Maui, Hawaii, poster session: "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."
43. Plastic Surgery At The Red Sea Symposium, March 24-28, 2009 Eilat, Israel, "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."
44. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Advertising in Plastic Surgery?"
45. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Cost-Effectiveness of Physician Extenders in Plastic Surgery"
46. Midwestern Association of Plastic Surgeons, 47<sup>th</sup> Annual Meeting, April 18-19, 2009, Chicago, Il, "Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate"
47. Midwestern Association of Plastic Surgeons, 47<sup>th</sup> Annual Meeting, April 18-19, 2009, Chicago, Il, "Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures"
48. The 11<sup>th</sup> Annual Chicago Trauma Symposium, August 1, 2009, Chicago, Il "Management of Complex Injuries"

49. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Omental Free Tissue Transfer for Coverage of Complex Extremity Defects: The Forgotten Flap."
50. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Challenging Cases."
51. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, "President's Panel: The Future of the Solo Practice-Can We, Should We Survive?"
52. The 12<sup>th</sup> Annual Chicago Trauma Symposium, August 5-8, 2010, Chicago, IL "Management of Complex Injuries"
53. Breast MRI to Define The Blood Supply to the Nipple-Areolar Complex. German Society of Plastic, Reconstructive and Aesthetic Surgery (DGPREAC), Dresden, Germany, September 2010
54. Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA
55. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA.
56. ASPS/ASPSN Joint Patient Safety Panel: Patient Selection and Managing Patient Expectations, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA
57. Lunch and Learn: Prevention of VTE in Plastic Surgery Patients, The American Society of Plastic Surgeons Annual Meeting, October 5, 2010, Toronto, CA
58. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, 16<sup>th</sup> Congress of The International Confederation for Plastic Reconstructive and Aesthetic Surgery, May 22-27, 2011, Vancouver, Canada
59. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The 6<sup>th</sup> Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland
60. Applications of the Omentum for Limb Salvage: The Largest Reported Series, The 6<sup>th</sup> Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland
61. Successful Tongue Replantation Following Auto-Amputation Using Supermicrosurgical Technique, Poster Session, The 6<sup>th</sup> Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

62. The 13<sup>th</sup> Annual Chicago Trauma Symposium, August 25-28, 2011, Chicago, IL "Soft Tissue Defects-Getting Coverage"
63. WPATH: Pre-conference Symposium, September 24, 2011, Atlanta, GA "Surgical Options and Decision-Making"
64. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part I: Patient Selection and Preventing Adverse Events in the Ambulatory Surgical Setting
65. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part III: Preventing VTE
66. XXIV Congresso Nazionale della Societa Italiana di Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: 3 Step Approach to Lower Extremity Trauma
67. XXIV Congresso Nazionale della Societa Italiana Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: Applications of the Omentum for Limb Salvage: The Largest Reported Series
68. American Society for Reconstructive Microsurgery, Poster Presentation, January 14-17, 2012, Las Vegas, NV: Neonatal Limb Salvage: When Conservative Management is Surgical Intervention
69. The 14<sup>th</sup> Annual Chicago Trauma Symposium, August 2-5, 2012, Chicago, IL "Soft Tissue Defects-Getting Coverage"
70. The Annual Meeting of The American Society of Plastic Surgeons, October 25<sup>th</sup>-30, 2012, New Orleans, LA "Reimbursement in Breast Reconstruction"
71. The Annual Meeting of The American Society of Plastic Surgeons, October 25<sup>th</sup>-30, 2012, New Orleans, LA "Thriving in a New Economic Reality: Business Relationships and Integration in the Marketplace"
72. The 15<sup>th</sup> Annual Chicago Trauma Symposium, August 2-5, 2013, Chicago, IL "Soft Tissue Defects-Getting Coverage"
73. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, "Short Scar Chest Surgery."
74. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, "Intestinal Vaginoplasty with Right and Left Colon."
75. 24<sup>th</sup> Annual Southern Comfort Conference, September 3-7, 2014, Atlanta, Georgia, "Gender Confirmation Surgery: State of the Art."
76. The 15<sup>th</sup> Annual Chicago Trauma Symposium, September 4-7, 2014, Chicago, IL "Soft Tissue Defects-Getting Coverage"

77. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL "Gender Confirmation Surgery: A Single-Surgeon's Experience"
78. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL, Moderator, Gender Reassignment.
79. the American Society of Plastic Surgeons 2015 Professional Liability Insurance and Patient Safety Committee Meeting, July 17, 2015, "Gender Confirmation Surgery."
80. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. From Fee-for-Service to Bundled Payments
81. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Moderator, Transgender Surgery
82. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Efficient Use of Physician Assistants in Plastic Surgery.
83. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Patient Safety: Prevention of VTE
84. The World Professional Association for Transgender Health, Objective Quality Parameters for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
85. The World Professional Association for Transgender Health, Resident Education Curriculum for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
86. The World Professional Association for Transgender Health, Urologic Management of a Reconstructed Urethra (Poster session #195), June 18-22, 2016, Amsterdam, Netherlands
87. The World Professional Association for Transgender Health, Construction of a neovagina for male-to-female gender reassignment surgery using a modified intestinal vaginoplasty technique, poster session (Poster session #198), June 18-22, 2016, Amsterdam, Netherlands
88. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Genital Aesthetics: What are we trying to achieve?, Washington, DC June 23-25, 2016
89. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Female to Male Gender Reassignment, Washington, DC June 23-25, 2016
90. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The journal of retractions, what I no longer do, Washington, DC June 23-25, 2016
91. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The three minute drill, tips and tricks, Washington, DC June 23-25, 2016

92. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Moderator, Mini master class: Male genital plastic surgery, Washington, DC June 23-25, 2016
93. The 16<sup>th</sup> Annual Chicago Trauma Symposium, August 18-21, 2016, Chicago, IL "Soft Tissue Defects-Getting Coverage"
94. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Partial Flap Failure Five Weeks Following Radial Forearm Phalloplasty: Case Report and Review of the Literature
95. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Urethroplasty for Stricture after Phalloplasty in Transmen Surgery for Urethral Stricture Disease after Radial Forearm Flap Phalloplasty-Management Options in Gender Confirmation Surgery
96. USPATH, Feb 2-5, 2017, Los Angeles, CA, Patient Evaluation and Chest Surgery in Transmen: A Pre-operative Classification
97. USPATH, Feb 2-5, 2017, Los Angeles, CA Single Stage Urethral Reconstruction in Flap Phalloplasty: Modification of Technique for Construction of Proximal Urethra
98. USPATH, Feb 2-5, 2017, Los Angeles, CA, Use of Bilayer Wound Matrix on Forearm Donor Site Following Phalloplasty
99. USPATH, Feb 2-5, 2017, Los Angeles, CA, Vaginoplasty: Surgical Techniques
100. USPATH, Feb 2-5, 2017, Los Angeles, CA, Positioning of a Penile Prosthesis with an Acellular Dermal Matrix Wrap following Radial Forearm Phalloplasty
101. USPATH, Feb 2-5, 2017, Los Angeles, CA, Principles for a Gender Surgery Program
102. USPATH, Feb 2-5, 2017, Los Angeles, CA, Construction of a Neovagina Using a Modified Intestinal Vaginoplasty Technique
103. The 18<sup>th</sup> Annual Chicago Orthopedic Symposium, July 6-9, 2017, Chicago, IL "Soft Tissue Defects-Getting Coverage"
104. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Moderator: Genital Surgery Trends for Women
105. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Adding Transgender Surgery to Your Practice, Moderator and Speaker
106. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Transbottom Surgery

107. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 A Novel Approach to IPP Implantation Post Phalloplasty: The Chicago Experience
108. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery
109. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Development of a Pelvic Floor Physical Therapy Protocol for Patients Undergoing Vaginoplasty for Gender Confirmation
110. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Establishing Guidelines for Gender Confirmation Surgery: The Perioperative Risk of Asymptomatic Deep Venous Thrombosis for Vaginoplasty
111. The 19<sup>th</sup> Annual Chicago Trauma Symposium, August 16-19, 2018, Chicago, IL "Soft Tissue Defects-Getting Coverage"
112. Midwest LGBTQ Health Symposium, September 14-15, 2018, Chicago, IL "Quality Parameters in Gender Confirmation Surgery"
113. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Poster Session, Proposed Guidelines for Medical Tattoo Following Phalloplasty; An Interdisciplinary Approach
114. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishment of the First Gender Confirmation Surgery Fellowship
115. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, ISSM Lecture, The Importance of Surgical Training
116. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Tracking Patient-Reported Outcomes in Gender Confirmation Surgery
117. "Theorizing the Phantom Penis," The Psychotherapy Center for Gender and Sexuality's 6<sup>th</sup> Biannual Conference, Transformations, March 29-March 30, 2019, NY, NY
118. "Uterine Transplantation and Donation in Transgender Individuals; Proof of Concept," World Professional Association for Transgender Health 27<sup>th</sup> Scientific Symposium, September 16-20, 2022, Montreal, Canada
119. Differences and Similarities of Vaginoplasty Techniques Throughout the World: Is There a Consensus?, World Professional Association for Transgender Health 27<sup>th</sup> Scientific Symposium, September 16-20, 2022, Montreal, Canada
120. Sigmoid Vaginoplasty for Primary Gender Affirming Vaginoplasty, Brielle Weinstein, Brendan O'Donnell, Henry Govekar, Loren Schechter, Chicago Surgical Society Colorectal Symposium Poster Session, March 18, 2023, Chicago, IL

**INSTRUCTIONAL COURSES:**

1. Emory University and WPATH: Contemporary Management of Transgender Patients: Surgical Options and Decision-Making, September 5, 2007 Chicago, Il
2. Craniomaxillofacial Trauma Surgery: An Interdisciplinary Approach, February 16-17, 2008, Burr Ridge, Il
3. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, Moderator: Free Papers, Lower Extremity
4. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Moderator: ASPS/ASPSN Patient Panel: Effective Communication-A Key to Patient Safety and Prevention of Malpractice Claims
5. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Instructional Course: Strategies to Identify and Prevent Errors and Near Misses in Your Practice
6. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons
7. 10<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, May 2-22, 2010, Genoa, Italy, "The Mangled Lower Extremities: An Algorithm for Soft Tissue Reconstruction."
8. Multispecialty Course for Operating Room Personnel-Craniomaxillofacial, Orthopaedics, and Spine, A Team Approach, AO North American, June 26-27, 2010, The Westin Lombard Yorktown Center.
9. Management of Emergency Cases in the Operating Room, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA.
10. Surgical Approaches and Techniques in Craniomaxillofacial Trauma, November 6, 2010, Burr Ridge, Il.
11. The Business of Reconstructive Microsurgery: Maximizing Economic value (Chair)The American Society for Reconstructive Microsurgery, January 14-17, 2012, Las Vegas, Nevada.
12. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 25<sup>th</sup>-30<sup>th</sup>, 2012, New Orleans, LA
13. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11<sup>th</sup>-15<sup>th</sup>, 2013, San Diego, CA
14. Mythbusters: Microsurgical Breast Reconstruction in Private Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11<sup>th</sup>-15<sup>th</sup>, 2013, San Diego, CA

15. Minimizing Complications in Perioperative Care, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
16. Genitourinary and Perineal Reconstruction, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
17. Transgender Breast Surgery, The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA
18. Gender Confirmation Surgery, The School of the Art Institute (recipient of American College Health Fund's Gallagher Koster Innovative Practices in College Health Award), October 27, 2015, Chicago, Il
19. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Overview of Surgical Treatment Options
20. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015 Chicago, Il Surgical Procedures
21. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Surgical Complications
22. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Post-operative Care
23. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Case Discussions: The Multidisciplinary Team
24. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23,2016, Atlanta, GA Overview of Surgical Treatment Options
25. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Surgical Treatment Options
26. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Surgical Treatment Options.
27. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Multi-disciplinary Case Discussion.
28. Introduction to Transgender Surgery, ASPS Breast Surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016

29. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, September 28, 2016, Ft. Lauderdale, FL.
30. Cirugias de Confirmacion de Sexo Paso a Paso, XXXV Congreso Confederacion Americana de Urologia (CAU), Panama City, Panama, October 4-8, 2016.
31. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, December 3, 2016, Arlington, VA.
32. PSEN (sponsored by ASPS and endorsed by WPATH), Transgender 101 for Surgeons, January 2017-March 2017
33. Surgical Anatomy and Surgical Approaches to M-to-F Genital Gender Affirming Surgery and the Management of the Patient Before, During and After Surgery: A Human Cadaver Based Course, Orange County, CA, Feb. 1, 2017
34. Gender Confirmation Surgery, ALAPP, 2 Congreso Internacional de la Asociacion Latinoamericana de Piso Pelvico, Sao Paulo, Brasil, 9-11 de marzo de 2017
35. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, Overview of Surgical Treatment, March 31-April 2, 2017, Minneapolis Minnesota.
36. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, The Multi-Disciplinary Team Case Discussions, March 31-April 2, 2017, Minneapolis Minnesota.
37. Transfeminine Cadaver Course, WPATH, May 19-20, 2017, Chicago, IL
38. Transgender/Penile Reconstruction-Penile Reconstruction: Radial Forearm Flap Vs. Anterolateral Thigh Flap, Moderator and Presenter, The World Society for Reconstructive Microsurgery, June 14-17, 2017, Seoul, Korea
39. Primer of Transgender Breast Surgery, ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
40. Confirmation Surgery in Gender Dysphoria: current state and future developments, International Continence Society, Florence, Italy, September 12-15, 2017
41. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, ASPS/WPATH Joint Session, Session Planner and Moderator
42. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course: Overview of Surgical Treatment, Columbus, OH, October 20-21, 2017

43. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course: Medical Care in the Perioperative Period, Aftercare: Identifying Potential Complications, Columbus, OH, October 20-21, 2017
44. Webinar: Gender Affirming Surgeries 101: Explore The Latest Topics in Gender Affirmation Surgery, PSEN, April 18, 2018
45. Course Director: MT. Sinai/WPATH Live Surgery Training Course for Gender Affirmation Procedures, April 26-28, 2018, New York, NY
46. Philadelphia Trans Wellness Conference, Perioperative Care of the Transgender Woman Undergoing Vaginoplasty (Workshop), Philadelphia, PA, August 3, 2018
47. Philadelphia Trans Wellness Conference, Gender Confirmation Surgery (Workshop), Philadelphia, PA, August 3, 2018
48. Gender Confirmation Surgery, 2018 Oral and Written Board Preparation Course, The American Society of Plastic Surgeons, August 16-18, 2018, Rosemont, Il
49. Confirmation Surgery in Gender Dysphoria: Current State and Future Developments, The International Continence Society, Philadelphia, PA August 28, 2018
50. WPATH Global Education Initiative, Foundations Training Course, "Overview of Surgical Treatment," Cincinnati, OH, September 14-15, 2018
51. WPATH Global Education Initiative, Foundations Training Course, "The Multi-Disciplinary Team: Case Discussions," Cincinnati, OH, September 14-15, 2018
52. WPATH Global Education Initiative, Advanced Training Course, "Medical Care in the Perioperative Period After Care: Identifying Potential Complications," Cincinnati, OH, September 14-15, 2018
53. 25<sup>th</sup> WPATH Symposium, Surgeons Conference, November 1, 2018, Buenos Aires, Argentina, Moderator
54. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Global Education Initiative (GEI): Surgery and Ethics
55. WPATH GEI: Best Practices in Medical and Mental Health Care, Foundations in Surgery, New Orleans, March 22, 2019
56. WPATH GEI: Best Practices in Medical and Mental Health Care, Advanced Surgery, New Orleans, March 22, 2019
57. Program Chair: ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019

58. Overview of Surgical Management and The Standards of Care (WPATH, v. 7) ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019
59. Program Director, Gender Affirming Breast, Chest, and Body Master Class, The American Society of Plastic Surgeons, Miami, Fl, July 20, 2019
60. Gender Confirmation Surgery, The American Society of Plastic Surgeons Oral and Written Board Preparation Course, August 15, 2019, Rosemont, Il
61. Upper Surgeries (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
62. Preparing for Upper Surgeries-Case Based (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
63. Preparing for Feminizing Lower Surgeries-Case Based (vaginoplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
64. Lower Surgeries-Masculinizing (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
65. Preparing for Masculinizing Lower Surgeries-Case Based (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
66. Panel Discussion about Ethics in Surgery and Interdisciplinary Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
67. Discussion about Ethics and Tensions in Child and Adolescent Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
68. Transgender Health: Best Practices in Medical and Mental Health Care Foundation Training Courses, Hanoi, Viet Nam, Jan 14-17, 2020 (Foundations in Surgery, Advanced Medical-surgery and complicated case studies), Planning & Documentation (upper surgeries-chest surgery and breast augmentation, preparing for upper surgeries-case based (chest surgery and breast augmentation), lower surgeries (feminizing-vaginoplasty), preparing for feminizing lower surgeries-case based, lower surgeries-masculinizing (phalloplasty and metoidioplasty), preparing for masculinizing lower surgeries-case-based (phalloplasty and metoidioplasty), Ethics-panel discussion about ethics in surgery and interdisciplinary care)
69. WPATH GEI Panel Cases Discussion, via Webinar, May 29, 30, 31, 2020
70. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, November 20, 2020
71. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, November 20, 2020
72. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, February 26, 2021

73. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, February 26, 2021.
74. Current Concepts in Gender Affirming Surgery for Women in Transition, March 11-12, 2021 (online event), Moderator, Transgender Health.
75. GEI Foundations Course, Live Q&A, March 21, 2021
76. GEI Foundations Course, Live Case Panel Discussion, March 23, 2021
77. GEI Advanced Ethics Workshop; Surgical and Interdisciplinary care ethics panel, May 1, 2021 (virtual)
78. Wpath GEI Foundations course for the Illinois Dept of Corrections, Foundations in Surgery, May 21, 2021
79. Wpath GEI, Foundations course for the Illinois Dept of Corrections, Ethical considerations in Transgender Healthcare, May 21, 2021
80. WPATH GEI, Online GEI Foundations Course, Moderator, August 31, 2021.
81. WPATH Health Plan Provider (HPP) Training, Q&A Panel, September 13, 14, 21 2021, via Zoom
82. WPATH, GEI Advanced Medical Course, Upper and Lower Surgery (via zoom), December 9, 2021
83. I want to be a gender surgeon: where do I even start, American Society for Reconstructive Microsurgery, Annual Meeting, January 17, 2022, Carlsbad, CA
84. Faculty Instructor, Upper Extremity Flaps and Lower Extremity Trauma, 1<sup>st</sup> Annual Rush University - University of Chicago Cadaver Lab, June 11, 2022
85. WPATH Health Plan Provider (HPP) Training, Q&A Panel, July 12, 2022, via Zoom
86. Nonbinary Workshop, WPATH GEI, July 23, 2022, via Zoom
87. WPATH GEI Advanced Ethics workshop (2022-2023), September 17-18, 2022, Montreal, Canada
88. Course Director: 3<sup>rd</sup> Live Surgery Conference for Gender Affirmation Procedures presented by MT. Sinai and WPATH May 11-13, 2023, New York, New York

**SYMPOSIA:**

1. Program Director, 2011 Chicago Breast Symposium, October 15, 2011, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL,

2. Fundamentals of Evidence-Based Medicine & How to Incorporate it Into Your Practice, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
3. Understanding Outcome Measures in Breast & Body Contouring Surgery, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
4. Benchmarking Complications: What We Know About Body Contouring Complication Rates from Established Databases, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
5. Special Lecture: VTE Prophylaxis for Plastic Surgery in 2011, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
6. Nipple Sparing Mastectomy: Unexpected Outcomes, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
7. Program Director, 2011 Chicago Breast Symposium, October 13-14, 2012, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, Il
8. Practice Strategies in a Changing Healthcare Environment, Moderator, Midwestern Association of Plastic Surgeons, April 27-28, 2013, Chicago, Il
9. Moderator: Breast Scientific Paper Session, The Annual Meeting of The American Society of Plastic Surgery, October 12, 2014, Chicago, Il.
10. Moderator: The World Professional Association for Transgender Health, Tuesday, June 21, Surgical Session (0945-1045), June 18-22, 2016, Amsterdam, Netherlands
11. Course Director: Transmale Genital Surgery: WPATH Gender Education Initiative, October 21-22, 2016 Chicago, Il
12. Co-Chair and Moderator: Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
13. Vascular Anastomosis: Options for Lengthening Vascular Pedicle, Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
14. Transgender Healthcare Mini-Symposium, Chicago Medical School of Rosalind Franklin University, North Chicago, Il March 10, 2017.
15. Moderator: Penile Transplant: Genito-urinary trauma/penile cancer, The European Association of Urologists, Meeting of the EAU Section of

Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017

16: 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Mini-Symposium: A Comprehensive Approach to Gender Confirming Surgery

17. Program Director, 2<sup>nd</sup> Annual Live Surgery Conference for Gender Affirmation Procedures, Ichan School of Medicine at Mt. Sinai, NY, NY February 28, 2019-March 2, 2019.

18. Moderator, "Genital Reassignment for Adolescents: Considerations and Conundrums," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

19. Moderator, "Reconstructive Urology and Genitourinary Options in Gender Affirming Surgery," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

20. Moderator, "Complications in Masculinizing Genital Reconstruction Surgery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

21. Moderator, "Preparing for Surgery and Recovery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

22. Discussant, "WPATH Standards of Care Version 8 Preview," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

23. Program Coordinator, Surgeon's Only Course, USPATH, September 5, 2019, Washington, DC

24. Master Series in Transgender Surgery 2020: Vaginoplasty and Top Surgery, course co-director, Mayo Clinic, Rochester, MN, August 7-8, 2020

25. WPATH 2020 Surgeons' Program, Co-Chair, November 6-7, 2020, Virtual Symposium (due to covid-19 cancellation of Hong Kong meeting)

26. WPATH Journal Club #3, Uterine Transplantation and Donation in Transgender Individuals; Proof of Concept, December 13, 2021 (Zoom)

27. Program Coordinator and Moderator, Surgeon's Only Course, WPATH 27<sup>th</sup> Scientific Symposium, September 16-17, 2022, Montreal, Canada

**FACULTY SPONSORED RESEARCH:**

1. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Free Tissue Transfer in the Treatment of Zygomycosis." Presented by Michelle Roughton, MD

2. Hines/North Chicago VA Research Day, Edward Hines, Jr., VA Hospital, Maywood, IL, April 29, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
3. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
4. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer." Presented by Iris A. Seitz, MD, PhD.
5. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection." Presented by Iris A. Seitz, MD, PhD.
6. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Patient Safety: Abdominoplasty and Intra-Abdominal Procedures." Presented by Michelle Roughton, MD
7. The Midwestern Association of Plastic Surgeons, 49<sup>th</sup> Annual Scientific Meeting, May 15<sup>th</sup>, 2010, "Breast MRI Helps Define The Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
8. Jonathan M. Hagedorn, BA, **Loren S. Schechter**, MD, FACS, Dr. Manoj R. Shah, MD, FACS, Matthew L. Jimenez, MD, Justine Lee, MD, PhD, Varun Shah. Re-examining the Indications for Limb Salvage, 2011 All School Research Consortium at Rosalind Franklin University. Chicago Medical School of Rosalind Franklin University, 3/16/11.
9. Jonathan Bank, MD, Lucio A. Pavone, MD, Iris A. Seitz, Michelle C. Roughton, MD, Loren S. Schechter, MD Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominoplasty The Midwestern Association of Plastic Surgeons, 51st Annual Educational Meeting, April 21-22, 2012, Northwestern Memorial Hospital, Chicago, Illinois
10. Samuel Lake, Iris A. Seitz, MD, PhD, Loren S. Schechter, MD, Daniel Peterson, PhD Omentum and Subcutaneous Fat Derived Cell Populations Contain hMSCs Comparable to Bone Marrow-Derived hMSCs First Place, Rosalind Franklin University Summer Research Poster Session
11. J. Siwinski, MS II, Iris A. Seitz, MD PhD, Dana Rioux Forker, MD, Lucio A. Pavone, MD, Loren S Schechter, MD FACS. Upper and Lower Limb Salvage With Omental Free Flaps: A Long-Term Functional Outcome Analysis. Annual Dr. Kenneth A. Suarez Research Day, Northwestern University, Downers Grove, IL, May 2014
12. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. A Case Report: Penile Prosthesis With an Alloderm Wrap Positioned After Radial Forearm Phalloplasty. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.

13. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. An Innovative Technique: Single Stage Urethral Reconstruction in Female-to-Male Patients. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.

14. Whitehead, DM Inflatable Penile Prosthesis Implantation Post Phalloplasty: Surgical Technique, Challenges, and Outcomes, MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, Il

15. Whitehead, DM, Inverted Penile Skin With Scrotal Graft And Omission of Sacrospinal Fixation: Our Novel Vaginoplasty Technique MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, Il

16. S. Marecik, J. Singh. **L. Schechter**, M. Abdulhai, K. Kochar, J. Park, Robotic Repair of a Recto-Neovaginal Fistula in a Transgender Patient Utilizing Intestinal Vaginoplasty, The American College of Surgeons Clinical Congress 2020, October 7, 2020

17. Natalia Whitney, Randi Ettner, **Loren Schechter**, Sexual Function Expectations, Outcomes, and Discussions for Patients Undergoing Gender-Affirming Surgery, 2022 Trainee Research Day, Rush University Medical Center, The Irwin Press Patient Experience Research Poster Award

18. Natalia Whitney, Randi Ettner, **Loren Schechter**, Sexual Function Expectations, Outcomes, and Discussions for Patients Undergoing Gender-Affirming Surgery, 2022 Trainee Research Day, Rush University Medical Center, Peoples Choice-Third Place Poster Presentation

19. Adam Steur, Christy Ciesla, Clarion Mendes, Loren Schechter, The Need for a Comprehensive Interprofessional Postsurgical Rehabilitation Pathway: Initial Recommendations and Future Visions, The World Professional Association for Transgender Health, 27<sup>th</sup> Scientific Symposium, Surgeon's Only Program September 16-17, 2022, Montreal, Canada

20. Brielle Weinstein, MD, Kristin Jacobs, MD, Edward Cherullo, MD and Loren Schechter, MD, Illinois Surgical Society, Interesting Case Competition: Revision Vaginoplasty, April 22, 2023, Chicago, Il

**Keynote Address:**

1. University of Utah, Gender Confirmation Surgery, Transgender Provider Summit, November 8, 2014

**INVITED LECTURES:**

1. Management of Soft Tissue Injuries of the Face, Grand Rounds, Emergency Medicine, The University of Chicago, August, 1999

2. Case Report: Excision of a Giant Neurofibroma, Operating Room Staff Lecture Series, Continuing Education Series, St. Francis Hospital, Evanston, Il March 2000

3. Wounds, Lincolnwood Family Practice, Lincolnwood, Il April 2000

4. The Junior Attending, Grand Rounds, Plastic and Reconstructive Surgery, The University of Chicago, June 2000
5. Case Report: Excision of a Giant Neurofibroma, Department of Medicine Grand Rounds, St. Francis Hospital, Evanston, Il June 2000
6. Facial Trauma, Resurrection Medical Center Emergency Medicine Residency, September 2000
7. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Evanston Hospital, September, 2000
8. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Rush North Shore Medical Center, October, 2000
9. Reconstructive Surgery of the Breast, Professional Lecture Series on Breast Cancer, St. Francis Hospital, October, 2000
10. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, December, 2000
11. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Lutheran General Hospital and The Arlington Heights Public Library, December, 2000
12. Updates in Breast Reconstruction, The Breast Center, Lutheran General Hospital, January 2001
13. Abdominal Wall Reconstruction, Trauma Conference, Lutheran General Hospital, February 2001
14. Wound Care, Rush North Shore Medical Center, March 2001
15. Breast Reconstruction, Diagnosis and Treatment Updates on Breast Cancer, Lutheran General Hospital, April 2001
16. Wound Care and V.A.C. Therapy, Double Tree Hotel, Skokie, Il October 2001
17. The Role of the V.A.C. in Reconstructive Surgery, LaCrosse, WI November 2001
18. Dressing for Success: The Role of the V.A.C. in Reconstructive Surgery, Grand Rounds, The University of Minnesota Section of Plastic and Reconstructive, Minneapolis, MN January, 2002
19. The Vacuum Assisted Closure Device in the Management of Complex Soft Tissue Defects, Eau Claire, WI February, 2002
20. The Vacuum Assisted Closure Device in Acute & Traumatic Soft Tissue Injuries, Orland Park, Il March, 2002
21. Body Contouring After Weight Loss, The Gurnee Weight Loss Support Group, Gurnee, Il April, 2002

22. An Algorithm to Complex Soft Tissue Reconstruction With Negative Pressure Therapy, Owensboro Mercy Medical Center, Owensboro, Ky, April, 2002
23. Breast and Body Contouring, St. Francis Hospital Weight Loss Support Group, Evanston, Il April, 2002
24. The Wound Closure Ladder vs. The Reconstructive Elevator, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il, May, 2002.
25. An Algorithm for Complex Soft Tissue Reconstruction with the Vacuum Assisted Closure Device, The Field Museum, Chicago, Il, May, 2002
26. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Kinetic Concepts, Inc. San Antonio, Texas, July 31, 2002
27. Management of Complex Soft Tissue Injuries of the Lower Extremity, Chicago Trauma Symposium, August 2-5, 2002, Chicago, Illinois:
28. Wound Bed Preparation, Smith Nephew, Oak Brook, Il, August 6, 2002
29. Getting Under Your Skin...Is Cosmetic Surgery for You?, Rush North Shore Adult Continuing Education Series, Skokie, Il August 28, 2002.
30. The Role of Negative Pressure Therapy in Complex Soft Tissue Wounds, Columbia/St. Mary's Wound, Ostomy, and Continence Nurse Program, Milwaukee, Wi, September 17, 2002
31. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy and Rehabilitation Medicine, Lutheran General Hospital, September 19, 2002
32. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Ann Arbor, Mi September 26, 2002
33. Dressing for Success: The Role of the Vacuum Assisted Closure Device in Plastic Surgery, Indianapolis, In November 11, 2002
34. The Wound Closure Ladder Versus the Reconstructive Elevator, Crystal Lake, Il November 21, 2002
35. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy, Evanston Northwestern Healthcare, Evanston, Il February 13, 2003
36. Case Studies in Traumatic Wound Reconstruction, American Association of Critical Care Nurses, Northwest Chicago Area Chapter, Park Ridge, Il February 19, 2003
37. Reconstruction of Complex Soft Tissue Injuries of the Lower Extremity, Podiatry Lecture Series, Rush North Shore Medical Center, Skokie, Il March 5, 2003

38. The Use of Negative Pressure Wound Therapy in Reconstructive Surgery, Kalamazoo, Mi March 19, 2003
39. Updates in Breast Reconstruction, The Midwest Clinical Conference, The Chicago Medical Society, Chicago, Il March 21, 2003
40. Updates of Vacuum Assisted Closure, Grand Rounds, The Medical College of Wisconsin, Department of Plastic Surgery, Milwaukee, Wi March 26, 2003
41. Breast Reconstruction, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il March 27, 2003
42. Decision-Making in Breast Reconstruction: Plastic Surgeons as Members of a Multi-Disciplinary Team, 1st Annual Advocate Lutheran General Hospital Breast Cancer Symposium, Rosemont, Il, April 11, 2003
43. The Wound Closure Ladder Versus The Reconstructive Elevator, Duluth, Mn, April 24, 2003
44. Dressing For Success: The Role of The Wound VAC in Reconstructive Surgery, Detroit, Mi, May 9, 2003
45. Plastic Surgery Pearls, Grand Rounds Orthopedic Surgery Physician Assistants Lutheran General Hospital and Finch University of Health Sciences, Park Ridge, Il, June 5, 2003
46. A Systematic Approach to Complex Reconstruction, 12<sup>th</sup> Annual Vendor Fair "Surgical Innovations," October 18, 2003, Lutheran General Hospital, Park Ridge, Il 2003
47. Dressing For Success: The Role of the Wound VAC in Reconstructive Surgery, American Society of Plastic Surgery, October 26, 2003, San Diego, CA
48. Beautiful You: From Botox to Weekend Surgeries, 21<sup>st</sup> Century Cosmetic Considerations, March 21, 2004 Hadassah Women's Health Symposium, Skokie, Il
49. Updates in Breast Reconstruction, The 2<sup>nd</sup> Annual Breast Cancer Symposium, Advocate Lutheran General, Hyatt Rosemont, April 2, 2004
50. Head and Neck Reconstruction, Grand Rounds, The University of Illinois Metropolitan Group Hospitals Residency in General Surgery, Advocate Lutheran General Hospital, May 6, 2004
51. Abdominal Wall Reconstruction, Surgeons Forum, LifeCell Corporation, May 15, 2004, Chicago, Il
52. 4<sup>th</sup> Annual Chicagoland Day of Sharing for Breast Cancer Awareness, Saturday, October 2, 2004, Hoffman Estates, Il
53. Abdominal Wall Reconstruction, University of Illinois Metropolitan Group Hospitals Residency in General Surgery, November 19, 2004, Skokie, Il

54. Advances in Wound Care, Wound and Skin Care Survival Skills, Advocate Good Samaritan Hospital, Tuesday, February 8, 2005, Downer's Grove, Il
55. Plastic Surgery: A Five Year Perspective in Practice, Grand Rounds, The University of Chicago, May 18, 2005, Chicago, Il
56. New Techniques in Breast Reconstruction, The Cancer Wellness Center, October 11, 2005 Northbrook, Il
57. Principles of Plastic Surgery; Soft Tissue Reconstruction of the Hand, Rehab Connections, Inc., Hand, Wrist, and Elbow Forum, October 28, 2005, Homer Glen, Il
58. Principles of Plastic Surgery, Lutheran General Hospital Quarterly Trauma Conference, November 9, 2005, Park Ridge, Il
59. Principles of Plastic Surgery, Continuing Medical Education, St. Francis Hospital, November 15, 2005, Evanston, Il
60. Dressing for Success: A Seven Year Experience with Negative Pressure Wound Therapy, Kinetic Concepts Inc, November 30, 2005, Glenview, Il.
61. Breast Reconstruction: The Next Generation, Breast Tumor Conference, Lutheran General Hospital, May 9, 2006.
62. Complex Wound Care: Skin Grafts, Flaps, and Reconstruction, The Elizabeth D. Wick Symposium on Wound Care, *Current Concepts in Advanced Healing: An Update*, Rush North Shore Medical Center, November 4, 2006.
63. An Approach to Maxillofacial Trauma: Grand Rounds, Lutheran General Hospital/Univ. of Illinois Metropolitan Group Hospital Residency in General Surgery, November 9, 2006.
64. "From Paris to Park Ridge", Northern Trust and Advocate Lutheran General Hospital, Northern Trust Bank, June 7, 2007.
65. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, The University of Chicago, Section of Plastic Surgery.
66. "Meet the Experts on Breast Cancer," 7<sup>th</sup> Annual Chicagoland Day of Sharing, Sunday, April 13<sup>th</sup>, 2008
67. Gender Confirmation Surgery: Surgical Options and Decision-Making, The University of Minnesota, Division of Human Sexuality, May 10, 2008, Minneapolis, Minnesota.
68. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, Loyola University, 2008 Section of Plastic Surgery.
69. "Management of Lower Extremity Trauma," Grand Rounds, The University of Chicago, Section of Plastic Surgery, October, 8, 2008.
70. "Concepts in Plastic Surgery: A Multi-Disciplinary Approach," Frontline Surgical Advancements, Lutheran General Hospital, November 1, 2008

71. "Surgical Techniques-New Surgical Techniques/Plastic Surgery/Prosthetics," Caldwell Breast Center CME Series, Advocate Lutheran General Hospital, November 12, 2008
72. "Genetics: A Family Affair" Panel Discussion: Predictive Genetic Testing, 23<sup>rd</sup> Annual Illinois Department of Public Health Conference, Oak Brook Hills Marriott Resort, Oak Brook, Il, March 18, 2009
73. "Gender Confirmation Surgery" Minnesota TransHealth and Wellness Conference, May 15, 2009, Metropolitan State University, Saint Paul, MN.
74. "The Role of Plastic Surgery in Wound Care, " Practical Wound Care A Multidisciplinary Approach, Advocate Lutheran General Hospital, October 9-10, 2009, Park Ridge, Il.
75. "In The Family," Panel, General Session III, 2009 Illinois Women's Health Conference, Illinois Dept. of Health, Office of Women's Health October 28-29, 2009, Oak Brook, Il.
76. "Patient Safety in Plastic Surgery," The University of Chicago, Section of Plastic Surgery, Grand Rounds, November 18, 2009.
77. "Compartment Syndrome," 6<sup>th</sup> Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
78. "Maxillofacial Trauma," 6<sup>th</sup> Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
79. "Management of Complex Lower Extremity Injuries," Grand Rounds, The Section of Plastic Surgery, The University of Chicago, December 16, 2009, Chicago, Il.
80. "Gender-Confirming MTF Surgery: Indications and Techniques," Working Group on Gender, New York State Psychiatric Institute, March 12, 2010
81. "Gender-Confirmation Surgery," Minnesota Trans Health and Wellness Conference, Metropolitan State University, St. Paul Campus, May 14<sup>th</sup>, 2010
82. "Physical Injuries and Impairments," Heroes Welcome Home The Chicago Association of Realtors, Rosemont, Illinois, May 25<sup>th</sup>, 2010.
83. "Genetics and Your Health," Hadassah Heals: Healing Mind, Body, & Soul, Wellness Fair, 2010, August 29, 2010, Wilmette, Illinois.
84. "GCS," Southern Comfort Conference 2010, September 6-11, 2010, Atlanta, GA.
85. "Gender Confirming Surgery," The Center, The LGBT Community Center, October 22, 2010 New York, NY.
86. "Gender Confirming Surgery," the Center, The LGBT Community Center, May 20, 2011, New York, NY.

87. "Gender Confirming Surgery," Roosevelt-St. Lukes Hospital, May 20, 2011, New York, NY
88. "Principles of Plastic Surgery," Learn about Ortho, Lutheran General Hospital, May 25, 2011, Park Ridge, Il.
89. "Forging Multidisciplinary Relationships in Private Practice," Chicago Breast Reconstruction Symposium 2011, September 9, 2011, Chicago, Il
90. "Gender Confirming Surgery," Minnesota TransHealth and Wellness Conference, Diverse Families: Health Through Community, September 10, 2011, Minneapolis, Minnesota
91. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 16, 2011, Chicago, Il
92. "Facial Trauma," 8<sup>th</sup> Annual Advocate Injury Institute Symposium, Trauma 2011: 40 years in the Making, Wyndham Lisle-Chicago, November 9-10, 2011
93. "Establishing a Community-Based Microsurgical Practice," QMP Reconstructive Symposium, November 18-20, 2011, Chicago, Il
94. "Surgery for Gender Identity Disorder," Grand Rounds, Dept. of Obstetrics and Gynecology, Northshore University Health System, December 7, 2011
95. "Managing Facial Fractures," Trauma Grand Rounds, Lutheran General Hospital, Park Ridge, Il July 17, 2012
96. "Principles of Transgender Medicine," The University of Chicago Pritzker School of Medicine, Chicago, Il, September 7, 2012
97. "State of the art breast reconstruction," Advocate Health Care, 11<sup>th</sup> Breast Imaging Symposium, January 26, 2013, Park Ridge, Il.
98. "State of the art breast reconstruction," Grand Rounds, Dept. of Surgery, Mount Sinai Hospital, April 25, 2013, Chicago, Il.
99. "Getting under your skin: is cosmetic surgery right for you?" Lutheran General Hospital community lecture series, May 7, 2013, Park Ridge, Il.
100. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 27, 2013, Chicago, Il
101. "State of the Art Breast Reconstruction," Edward Cancer Center, Edward Hospital, October 22, 2013, Naperville, Il
102. "Transgender Medicine and Ministry," Pastoral Voice, Advocate Lutheran General Hospital, October 23, 2013, Park Ridge, Il
103. "Principles of Transgender Medicine and Surgery," The University of Illinois at Chicago College of Medicine, January 28, 2014, Chicago, Il

104. "Principles of Transgender Medicine and Surgery," Latest Surgical Innovations and Considerations, 22<sup>nd</sup> Annual Educational Workshop, Advocate Lutheran General Hospital, March 1, 2014, Park Ridge, Il.
105. "Principles of Transgender Medicine: Gender Confirming Surgery," Loyola University Medical Center, March 12, 2014.
106. "Principles of Plastic Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, September 12, 2014.
107. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, October 3, 2014
108. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgical Administrators/The American Society of Plastic Surgery Assistants, Chicago, Il, October 11, 2014.
109. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgery Nurses, Chicago, Il, October 12, 2014.
110. "Gender Confirmation Surgery" Grand Rounds, The University of Minnesota, Dept. of Plastic Surgery, Minneapolis, MN, October 29, 2014.
111. "Body Contour After Massive Weight Loss," The Bariatric Support Group, Advocate Lutheran General Hospital, February 5, 2015, Lutheran General Hospital, Park Ridge, Il.
112. "Gender Confirmation Surgery," The School of the Art Institute of Chicago, February 1, 2015, Chicago, Il.
113. "Gender Confirmation Surgery," The Community Kinship Life/Bronx Lebanon Department of Family Medicine, Bronx, NY, March 6, 2015
114. "Gender Confirmation Surgery," Educational Inservice, Lutheran General Hospital, Park Ridge, Il, April 20, 2015
115. "Principles of Plastic Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015
116. "Updates on Gender Confirmation Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015
117. "Gender Confirmation Surgery," Lurie Childrens' Hospital, Chicago, Il, May 18, 2015, Chicago, Il 2015.
118. "Gender Confirmation Surgery," TransClinical Care and Management Track Philadelphia Trans-Health Conference, June 5, 2015, Philadelphia, Pa.
119. "Gender Confirmation Surgery: A Fifteen Year Experience," Grand Rounds, The University of Minnesota, Plastic and Reconstructive Surgery and the Program in Human Sexuality, July 30, 2015, Minneapolis, Mn
120. "Gender Confirmation Surgery," Grand Rounds, Tel Aviv Medical Center, Tel Aviv, Israel, August 13, 2015

121. "Gender Confirmation Surgery," Grand Rounds, University of Illinois, Dept of Family Medicine, September 2, 2015
122. "Principles of Plastic Surgery," Grand Rounds, St. Francis Hospital, Evanston, Il September 18, 2015
123. "Gender Confirmation Surgery," Midwest LGBTQ Health Symposium, Chicago, Il, October 2, 2015
124. "Gender Confirmation Surgery," Southern Comfort Conference, Weston, Fl, October 3, 2015
125. "Surgical Transitions for Transgender Patients," Transgender Health Training Institute, Rush University Medical Center, Chicago, Il, October 8, 2015
126. "Gender Confirmation Surgery," The Transgender Health Education Peach State Conference, Atlanta, GA, October 30, 2015
127. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 4, 2015, Chicago, Il
128. "Gender Confirmation Surgery," University of Illinois at Chicago, Operating Room Staff Inservice, November 18, 2015, Chicago, Il
129. "Gender Confirmation Surgery," University of Illinois at Chicago, Plastic Surgery and Urology Inservice, November 18, 2015, Chicago, Il
130. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 19, 2015, Chicago, Il
131. "Gender Confirmation Surgery," Section of Plastic Surgery, The University of Illinois at Chicago, January 13, 2016, Chicago, Il
132. "Gender Confirmation Surgery," Dept. of Medicine, Louis A. Weiss Memorial Hospital, February 18, 2016, Chicago, Il
133. "Gender Confirmation Surgery," BCBSIL Managed Care Roundtable March 2, 2016 Chicago, Il
134. "Gender Confirmation Surgery-MtF," Keystone Conference, March 10, 2016, Harrisburg, PA
135. "Gender Confirmation Surgery-FtM," Keystone Conference, March 10, 2016, Harrisburg, PA
136. "Gender Confirmation Surgery," Grand Rounds, Dept. of Ob-Gyn, March 25, 2016, Lutheran General Hospital, Park Ridge, Il 60068
137. "Surgical Management of the Transgender Patient," Spring Meeting, The New York Regional Society of Plastic Surgeons, April 16, 2016, New York, NY

138. "A Three Step Approach to Complex Lower Extremity Trauma," University of Illinois at Chicago, April 27, 2016, Chicago, IL.
139. "Gender Confirmation Surgery," Howard Brown Health Center, July 12, 2016, Chicago, IL
140. "Creating the Transgender Breast M-F; F-M", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
141. "Overview of Transgender Breast Surgery," ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
142. "VTE Chemoprophylaxis in Cosmetic Breast and Body Surgery: Science or Myth", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
143. "Gender Confirmation Surgery," Gender Program, Lurie Childrens', Parent Group, September 20, 201, 467 W. Deming, Chicago, IL
144. "Gender Confirmation Surgery," The American Society of Plastic Surgeons Expo, September 24, 2016, Los Angeles, CA
145. Transgender Surgery, Management of the Transgender Patient, Female to Male Surgery, Overview and Phalloplasty, The American College of Surgeons, Clinical Congress 2016 October 16-20, 2016 Washington, DC
146. "Gender Confirmation Surgery," The Department of Anesthesia, The University of Illinois at Chicago, November 9, 2016
147. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 14, 2016
148. "Gender Confirmation Surgery," Nursing Education, The University of Illinois at Chicago, January 10, 2017
149. "F2M-Radial Forearm Total Phalloplasty: Plastic Surgeon's Point of View," The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
150. "Gender Confirmation Surgery," Grand Rounds, The Department of Surgery, The University of North Carolina, March 29, 2017.
151. "Transgender Facial Surgery," *The Aesthetic Meeting 2017 - 50 Years of Aesthetics* - in San Diego, California April 27- May 2, 2017.
152. "Gender Confirmation Surgery: A New Surgical Frontier," 15<sup>th</sup> Annual Morristown Surgical Symposium Gender and Surgery, Morristown, NJ, May 5, 2017.
153. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, The Medical College of Wisconsin, May 24, 2017

154. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, Howard Brown Health Center, August 8, 2017
155. "Current State of the Art: Gynecomastia," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
156. "Gender Confirmation Surgery-An Overview," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
157. "Gender Confirmation Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, The University of Chicago, August 25, 2017
158. "Gender Confirmation Surgery," Wake Forest School of Medicine, Transgender Health Conference, Winston-Salem, NC, September 28-29, 2017
159. "Phalloplasty," Brazilian Professional Association for Transgender Health, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
160. "Gender Confirmation Surgery," Brazilian Professional Association for Transgender Health/WPATH Session, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
161. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 13, 2017, Chicago, IL
162. "Gender Confirmation Surgery," Gender and Sex Development Program, Ann and Robert H. Lurie Children's Hospital of Chicago, December 18, 2017, Chicago, IL
163. "Transgender Breast Augmentation," 34<sup>th</sup> Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
164. "Top Surgery: Transmasculine Chest Contouring," 34<sup>th</sup> Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
165. "Gender Confirmation Surgery," The 17<sup>th</sup> International Congress of Plastic and Reconstructive Surgery in Shanghai, March 18-25, 2018, Shanghai, China
166. "Gender Confirmation Surgery: Facial Feminization and Metoidioplasty," 97<sup>th</sup> Meeting of the American Association of Plastic Surgeons, Reconstructive Symposium, April 7-10, 2018, Seattle, WA
167. Moderator: "Gender Confirmation Surgery: Top Surgery", The Annual Meeting of The American Society of Aesthetic Plastic Surgery, April 26-May 1, 2018, New York, NY
168. "Gender Confirmation Surgery," Econsult monthly meeting, Dept. of Veterans' Affairs, May 24, 2018
169. "Gender Confirmation Surgery," Transgender Care Conference: Improving Care Across the Lifespan, Moses Cone Hospital, Greensboro, NC, June 8, 2018

170. "WPATH State of the Art," 1<sup>st</sup> Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018
171. "Facial Feminization Surgery: The New Frontier?" 1<sup>st</sup> Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018
172. "Current Techniques and Results in Mastectomies," 1<sup>st</sup> Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018
173. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, September 7, 2018, Chicago, IL.
174. The Business End: Incorporating Gender Confirmation Surgery, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 29, 2018, Chicago, IL
175. Body Contouring in Men, Gynecomastia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 30, 2018, Chicago, IL
176. Moderator: Breast Augmentation and Chest Surgery in Gender Diverse Individuals, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
177. Moderator: Aesthetic Surgery of The Male Genitalia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
178. Moderator: Gender Confirmation Surgeries: The Standards of Care and Development of Gender Identity, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
179. The Center for Gender Confirmation Surgery Lecture Series, "Introduction to Gender Confirmation Surgery," Weiss Memorial Hospital, October 17, 2018, Chicago, IL
180. Institute 3: Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition, Gender Confirming Care in Adolescence: Evidence, Timing, Options, and Outcomes, The American Academy of Child and Adolescent Psychiatry, 65<sup>th</sup> Annual Meeting, October 22-27, 2018, Seattle, WA
181. Gender Confirmation Surgery, Combined Endocrine Grand Rounds, The University of Illinois at Chicago, Rush University, Cook County Hospital, January 8, 2019
182. Gender Confirmation Surgery: An Update, Division of Plastic Surgery, The University of Illinois at Chicago, January 23, 2019

183. Gender Confirmation Surgery from Top to Bottom: A 20 Year Experience, Grand Rounds, The Department of Surgery, Ochsner Health System, January 30, 2019, New Orleans, LA
184. Master Series of Microsurgery: Battle of the Masters One Reconstructive Problem - Two Masters with Two Different Approaches, Gender Affirmation, Male-to-Female Vaginoplasty: Intestinal Vaginoplasty, The American Society for Reconstructive Microsurgery, Palm Desert, California, February 2, 2019
185. Gender Confirmation Surgery: From Top to Bottom, The University of Toronto, Toronto, Canada, February 21, 2019
186. Gender Confirmation Surgery: Where are We, The University of Toronto, Toronto, Canada, February 21, 2019
187. Professors' Rounds: Gender Confirmation Surgery: A Twenty Year Experience, Princess Margaret Hospital, Toronto, Canada, February 22, 2019
188. A 3 Step Approach to Lower Extremity Trauma, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.
189. Gender Surgery: Where are We Now?, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.
190. Gender Confirmation Surgery, A Single Surgeon's 20 Year Experience, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.
191. Gender Confirmation Surgery: Where We Have Been and Where We Are Going, Grand Rounds, The University of Chicago, Section of Plastic Surgery, March 13, 2019
192. Gender Confirmation Surgery: From Top To Bottom, Resident Core Curriculum Conference, The University of Chicago, Section of Plastic Surgery, March 13, 2019.
193. "Gender Confirmation Surgery," WPATH/AMSA Medical School Trans Health Elective, Webinar, March 13, 2019
194. Robotic Vaginoplasty: An Alternative to Penile Inversion Vaginoplasty in Cases of Insufficient Skin, Vaginal Stenosis, and Rectovaginal Fistula. The European Professional Association for Transgender Health, April 9-13, Rome, Italy
195. Current State of Gender-Affirming Surgery in the US and Beyond, Gender-affirming genital surgery presented by the American Urologic Association in collaboration with the Society for Genitourinary Reconstructive Surgeons (GURS), May 2, 2019, Chicago, Il
196. Surgical Training-How Can I get it, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019
197. What is the Standard of Care in This New Frontier, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019

198. The 20<sup>th</sup> Annual Chicago Orthopedic Symposium, August 15-18, 2019, Chicago, Il "Soft Tissue Defects-Getting Coverage"
199. Gender Confirmation Sugery, The Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, August 19, 2019
200. Anatomy, Embryology, and Surgery, The University of Chicago, First Year Medical Student Anatomy Lecture, September 9, 2019, The University of Chicago, Chicago, Il.
201. Gender Confirmation Surgery, Howard Brown Health Center Gender Affirming Learning Series, September 13, 2019, Chicago, Il.
202. Moderator, Patient Selection in Gender Affirming Survey Surgery, 88<sup>th</sup> Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA
203. Breast Augmentation in Transwomen: Optimizing Aesthetics and Avoiding Revisions, 88<sup>th</sup> Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA
204. Breast Reconstruction, State of the Art, NYU-Langone Health, NYU School of Medicine, Standards of Care and Insurance Coverage, Saturday, November 23, 2019, New York, NY.
205. ASRM Masters Series in Microsurgery: Think Big, Act Small: The Building Blocks for Success, "Building a Microsurgery Private Practice from the Ground Up", 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020
206. ASPS/ASRM Combined Panel II: Gender Affirmation Surgery: Reconstruction Challenges of Function and Sensation, 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020
207. Rush University Medical Center, Division of Urology, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," January 22, 2020
208. Rush University Medical Center, Department of General Surgery, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," February 5, 2020.
209. WPATH/AMSA (American Medical Association) Gender Scholar Course, Webinar, March 11, 2020
210. Rush University Medical Center, Division of Plastic Surgery, Weekly Presentation, Gender Confirmation Surgery: Can a Surgeon Provide Informed Consent?, April 29, 2020
211. Legal Issues Faced by the Transgender Community, ISBA Standing Committee on Women and The Law and the ISBA Standing Committee on Sexual

- Orientation and Gender Identity, Co-Sponsored by the National Association of Women Judges District 8, Live Webinar, May 28, 2020
212. Principles of Transgender Surgery, National Association of Women's Judges, District 8, Webinar, June 4, 2020
213. Gender-Affirming Surgery, National Association of Women's Judges, District 8, Webinar, July 8, 2020
214. Gender-Affirming Surgery, The University of Chicago, Pritzker School of Medicine, 1<sup>st</sup> year Anatomy, September 15, 2020
215. Gender-Affirming Surgery, Rush University Medical School, 2<sup>nd</sup> year Genitourinary Anatomy, September 16, 2020.
216. Surgical Management of the Transgender Patient, Rosalind Franklin University, The Chicago Medical School, Plastic Surgery Interest Group, October 7, 2020
217. Breast Augmentation in Transgender Individuals, The American Society of Plastic Surgeons Spring Meeting, March 20, 2021
218. International Continence Society Institute of Physiotherapy Podcast 5- Pelvic Floor Most Common Disorders and Transgender Patients (recorded April 30, 2021)
219. The American Association of Plastic Surgeons Annual Meeting, Reconstructive Symposium, Gender Affirmation Panel, Complications of GCS, Miami, FL, May 15, 2021 (presented virtually)
220. Gender Confirmation Surgery, Grand Rounds, Rush University, Section of Urology, June 8, 2021.
221. Genitourinary introduction lecture, M2, Rush University School of Medicine, September 2, 2021 (by Zoom)
222. Demystifying Gender: Fostering Gender Friendly Healthcare, Gender Affirmative Care in Adults, Querencia (lady hardinge medical college, WHO Collaborating Center for Adolescent Health, Dept of Paediatrics, JSCH & LHMC, New Delhi, WPATH September 5, 2021 (by zoom)
223. Gender Confirmation Surgery, The University of Chicago Pritzker School of Medicine, MS-1, Anatomy lecture, September, 14, 2021, Chicago Il.
224. Gender Confirmation Surgery, A Single Surgeon's 22 Year Experience: Where are We Now?, Research Seminar, Section of Endocrinology, The University of Chicago, Chicago, Il, October 4, 2021 (by Zoom)
225. Chest Surgery, The Illinois Dept. of Corrections (by zoom), October 13, 2021.
226. Vaginoplasty, The Illinois Dept. of Corrections (by zoom), October 15, 2021.

227. International Continence Society, 20<sup>th</sup> Physioforum, Pelvic Floor Physical Therapy and Gender-Affirming Surgery, October 16, 2021, Melbourne, Australia (by Zoom)
228. Rush University Division of Plastic Surgery, Gender Affirmation Surgery: Where Are We Now?, educational conference, November 23, 2021, Chicago, IL
229. 51 Congreso Argentino de Cirugia Plastica, Microsurgery Symposium, SACPER-FILACP, 3 Step Approach to Lower Extremity Trauma, November 29, 2021, Mar del Plata, Argentina
230. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery I, "Gestión Quirúrgica de la Disforia de Género: Descripción general del manejo quirúrgico y los estándares de atención," December 1, 2021, Mar del Plata, Argentina
231. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery II, Cirugía Genital Masculinizante (Metoidioplastia y Faloplastia), December 2, 2021, Mar del Plata, Argentina
232. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery III, Faloplastia: optimización de resultados y reducción de complicaciones, December 2, 2021, Mar del Plata, Argentina
233. Government of India, Ministry of Health and Welfare, National AIDS Control Organization, Meeting with AIIMS on Gender Affirmation Care (GAC) Clinic Pilot Intervention, December 21, 2021, New Delhi (virtual)
234. Affirming Care for Gender Diverse Patients, Rosalind Franklin University, January 5, 2022, North Chicago, IL (Virtual by Zoom)
235. Sub-Unit Transplantation, Penile Transplant, WSRM/ASRT Mini-Symposium VCA Transplant, World Society for Reconstructive Microsurgery/American Society for Reconstructive Transplantation/American Society for Reconstructive Microsurgery Annual Meeting, January 14, 2022, Carlsbad, CA
236. Strategies for Penile Transplantation, American Society for Reconstructive Microsurgery, Annual Meeting, January 16, 2022, Carlsbad, CA
237. ASRM/WSRM/ASRT Battle of the Frontiers: To Transplant or Not? Conventional Reconstruction (Phalloplasty), American Society for Reconstructive Microsurgery, Annual Meeting, January 16, 2022, Carlsbad, CA
238. Strategies for Penile Innervation, American Society for Gender Surgeons, Annual Meeting, January 18, 2022, Carlsbad, CA
239. Pathway To Informed Consent: Vaginoplasty, Illinois Dept. of Corrections (virtual), February 10, 2022
240. Gender Confirmation Surgery From Top to Bottom: A Single Surgeon's 22 Year Experience, Where are We Now, Grand Rounds (virtual), Department of Plastic Surgery, University of South Florida, February 14, 2022

241. Vaginoplasty: Dissection of the vaginal canal and selection of technique, International Confederation of Plastic Surgery Societies (ICOPLAST), First World Congress, Lima Peru May 19-21, 2022 (President of the session: Genital/Transgender Session 1)
242. Phalloplasty: Strategies to reduce complications and optimize outcomes, International Confederation of Plastic Surgery Societies (ICOPLAST), First World Congress, Lima Peru May 19-21, 2022
243. Chest Surgery in Transgender Men, International Confederation of Plastic Surgery Societies (ICOPLAST), First World Congress, Lima Peru May 19-21, 2022
244. Gender-Affirming Surgery: A 23 Year Experience Where are we now, 65<sup>th</sup> Annual Scientific Meeting, Southeastern Society of Plastic and Reconstructive Surgeons (Finding The Solutions Now and The Future), Orlando, Fl, June 11-15, 2022
245. Top Tips for Safety: The Culture of Safety, 65<sup>th</sup> Annual Scientific Meeting, Southeastern Society of Plastic and Reconstructive Surgeons (Finding The Solutions Now and The Future), Orlando, Fl, June 11-15, 2022
246. Uterine Transplantation, GAPS (Ghent Academy of Plastic Surgery) 2022: Bridging the Gap Between Reconstructive and Aesthetic Surgery, June 17-18, 2022, Ghent, Belgium
247. In Honor of Professor Stan Monstrey, GAPS (Ghent Academy of Plastic Surgery) 2022: Bridging the Gap Between Reconstructive and Aesthetic Surgery, June 17-18, 2022 Ghent, Belgium
248. "TRANS" Grand Rounds Panel Discussion (panel discussants: Loren S. Schechter, MD, Michaela West, MD, PhD, Courtney Cripps, MD, Ervin Kocjancic, MD), University of Chicago, Department of Surgery, July 6, 2022, Chicago, Il
249. Gender Affirming Surgery, Grand Rounds, July 12, 2022, Department of Urology, Rush University Medical Center, Chicago, Il
250. Gender Affirming Surgery, Gender Affirmation Lecture Series, Rush University Medical Center, July 15, 2022, Chicago, Il
251. Anatomy of A Lawsuit, Rush PRS Weekly Didactic Conference, Rush University Medical Center, Plastic and Reconstructive Surgery, July 20, 2022, Chicago, Il
252. Gender Affirmation Surgery: Where are We Now? The University of Chicago, Section of Plastic Surgery, Grand Rounds, August 10, 2022, Chicago, Il
253. Thriving in Sexual & Gender Diversity, The Transgender Patient, August 10, Virtual CME Event (broadcast from Dr. Shino Bay Aguilera's office in Miami, Fl)
254. Gender Affirming Medical and Surgical Therapies, Illinois College of Emergency Physicians Webinar, August 17, 2022

255. Gender Affirming Surgery Panel, Liebert Publishing, Webinar, August 26, 2022, Moderator: Jeffrey Spiegel, MD
256. Gender Confirmation Surgery, The University of Chicago Pritzker School of Medicine, MS-1, Anatomy lecture, September, 14, 2022, Chicago Il
257. Gender Affirmation Surgery: Where We Have Been and Where We are Going: GURS-WPATH Invited Lecture, Society of Genitourinary Reconstructive Surgeons, Academic Congress, Montreal, Canada, September 15, 2022
258. Phalloplasty: Optimizing Outcomes and Reducing Complications, North Carolina Society of Plastic Surgeons 2022 Annual Scientific Meeting, Pinehurst, North Carolina, October 7-9, 2022
259. Special Guest Lecture: Gender Affirmation Surgery: Where We've Been and Where We're Going, North Carolina Society of Plastic Surgeons 2022 Annual Scientific Meeting, Pinehurst, North Carolina, October 7-9, 2022
260. Diversity in Practice, North Carolina Society of Plastic Surgeons 2022 Annual Scientific Meeting, Pinehurst, North Carolina, October 7-9, 2022
261. Gender Affirming Surgery, Fenway/HMS Advances in Transgender Care, October 15, 2022
262. Genitourinary introduction lecture, M2, Rush University School of Medicine, October 26, 2022, Chicago, Il
263. Optimizing Aesthetics and Sensation in Vaginoplasty and Phalloplasty, The American Society of Plastic Surgeons 91<sup>st</sup> Annual Meeting (PSTM), Boston, MA, October 30, 2022
264. Gender-Affirming Surgery: From Top to Bottom, The Rush University Medical Center Departments of Emergency Medicine and Internal Medicine for the Emergency Medicine Grand Rounds Lecture, Chicago, Il, November 16, 2022
265. Dueling Perspectives in Transgender Surgery, New York Regional Society of Plastic Surgeons, New York, New York, November 19, 2022
266. Gender-Affirming Surgery: From Top to Bottom, Rush University Medical Center Department of Anesthesia Grand Rounds, November 30, 2022, Chicago, Il.
267. Gender-Affirming Surgery: Where We Have Been and Where We are Going, Mass General Brigham Center For Transgender Health, Grand Rounds, December 13, 2022 Boston, MA (lecture delivered virtually)
268. An Intro to Providing Gender Affirming Care to Gender Diverse Patients, Rosalind Franklin University, Chicago Medical School, December 21, 2022, North Chicago, Il (virtual by Zoom)
269. Surgical Techniques and Outcomes in Penile Reconstruction, WSRM/ ASRT Symposium on VCA in the Transgender Patient, Annual Meeting of The American Society for Reconstructive Microsurgery, January 20, 2023, Aventura, Fl

270. Argument for Transgender Transplantation, WSRM/ ASRT Symposium on VCA in the Transgender Patient, Annual Meeting of The American Society for Reconstructive Microsurgery, January 20, 2023, Aventura, Fl
271. Moderator: Gender Surgery Symposium, Society of Gender Surgeons, January 24, 2023, Aventura, Fl
272. Trans female top surgery, 38<sup>th</sup> Annual Atlanta Breast Surgery Symposium, January 27-29-2023, Atlanta, GA
273. Trans male top surgery, 38<sup>th</sup> Annual Atlanta Breast Surgery Symposium, January 27-29-2023, Atlanta, GA
274. Top Surgery for Transgender Women, What Implant I use and Why, American Society of Plastic Surgeons Spring Meeting, March 4, 2023 (virtual)
275. Over The Top Surgery, The Aesthetic Meeting 2023, The American Society of Aesthetic Plastic Surgery, Miami Beach, Fl, April 22, 2023
276. Panel: Gender Affirming Surgery: Beyond the Knife, The American Association of Plastic Surgeons 101<sup>st</sup> Annual Meeting, April 29-May 2, 2023, Chicago, Il
277. SOC 8 Panel-What's New and How We Use It: 3<sup>rd</sup> Live Surgery Conference for Gender Affirmation Procedures presented by MT. Sinai and WPATH May 11-13, 2023, New York, New York
278. Meet the Professor, Long Term Outcomes After Gender Affirming Surgeries, Endo 2023, The Annual Meeting of The Endocrine Society, June 15-18, 2023, Chicago, IL
279. Gender-Affirming Surgery, Forensic Friday, Populations with Unique Needs, The Illinois Association of Forensic Nurses, June 16, 2023, Chicago, Il
280. Gender Affirmation Surgery, Galilee Medical Center, Nahariya, Israel, July 5, 2023
281. Gender Affirmation Surgery, Grand Rounds, Department of Obstetrics and Gynecology, Rabin Medical Center, Tel Aviv, Israel, July 6, 2023
282. Gender Affirmation Surgery: Where We've Been and Where We're Going, Midwestern Association of Plastic Surgeons (MAPS), Safety in Gender Affirmation Surgery Session, Grand Geneva Resort, Lake Geneva, Wisconsin, July 15, 2023

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE, individually and on behalf  
of her minor daughter, SUSAN DOE,  
et al.,

Civil No. 4:23-cv-00114-RH-MAF

Plaintiffs,

v.

JOSEPH A. LADAPO, *in his official capacity  
as Florida's Surgeon General  
of the Florida Department of Health,*  
et al.,

Defendants.

\_\_\_\_\_ /

**EXPERT DECLARATION OF VERNON LANGFORD, DNP,  
APRN-CNP, FNP-C**

I, Vernon Langford, hereby declare as follows.

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

3. This declaration provides the following expert opinions which are explained in further detail below:

4. Florida SB 254, creating Florida Statute 456.52(3), prohibits qualified medical providers, including but not limited to Autonomous Practice Registered Nurse (APRN) Nurse Practitioners (NPs) (hereinafter “APRN-NPs”), from prescribing evidence-based medical care to their transgender patients without justification.

5. Florida law has explicitly established the capacity of APRN-NPs to engage in autonomous practice, including providing the full scope of primary care. Florida’s autonomous practice statute is grounded in strong evidence, science, and decades of clinical practice experience. The treatment of gender dysphoria for transgender adults is part of the provision of ordinary primary care. Nurse practitioners routinely prescribe the full range of medications for the treatment of gender dysphoria.

6. SB254 excludes from the scope of practice authority solely the prescribing of treatment for transgender patients while allowing the prescribing of treatments for non-transgender patients with no medical justification. This unnecessary restriction is causing significant harm to the thousands of transgender adults in Florida who have long received their healthcare from APRN-NPs.

## **I. INTRODUCTION**

***A. Background and Qualifications***

7. I am a family nurse practitioner (NP), an advance practice registered nurse (APRN) licensed in both Florida and Texas, and a Registered Nurse (RN) licensed in both Florida and Texas. I have National Board Certification with the American Association of Nurse Practitioners (AANP), and Autonomous Practice (AP-APRN) registration on my APRN license in Florida.

8. I am a primary care provider with United HealthGroup's Landmark Health and also Citrus State Healthcare Consultants where I provide primary care and health policy consulting. I am speaking on behalf of myself as a subject matter expert and not as a representative of my employer(s).

9. I graduated with a Bachelor's of Science degree in Nursing (RN, BSN) from Bowling Green State University, where I received a Nursing Excellence Scholarship. I graduated with a Master's of Science in Nursing (MSN, FNP-C) from the University of Toledo, where I received a Dean's Scholarship. I graduated with a Doctorate in Nursing Practice (DNP) from the University of North Florida, where I received the Med Nexus Scholarship and the Allen Meek Nursing Scholarship.

10. I have worked as the lead nurse at the University of Toledo Medical Center, within the orthopedic and medical surgery PCU, as well as the urology and renal transplant PCU. I worked as a travel staff nurse in the hematology and oncology PCU at the Florida Hospital Orlando. And I worked as the Director of

Clinical Evaluation in neurology and neuropathic interventions at the Florida Neuropathy and Pain Center.

11. As a certified Nurse Practitioner, I have extensive experience in the provision of primary care to adults in the state of Florida.

12. I am the President of the Florida Association of Nurse Practitioners, and I have been a leading member of the Association since 2015. I am the past co-chair of the Florida Coalition of Advanced Practice Nurses, and have been a member of the Coalition since 2017. I serve as the legislative Chair and Past President of the Central Florida Advanced Nursing Practice Council, which I have been a member of since 2012. I am a member of the Legislative Team of the Florida Nurses Association, and have been a member of the Association since 2012. I am the Florida State Advocacy Representative of the UnitedHealth Group Center for Clinician Advancement, I have been a member of the American Association of Nurse Practitioners since 2008, a member of the Sigma Theta Tau Nursing Honor Society since 2009, a member of the Florida Nurse Practitioner Network since 2015, and a member of the American Association of Men in Nursing since 2020. I have also served as the Organization Delegate for the Quality and Unity in Nursing Organization since 2021, and an Organization Delegate of the National Action Coalition of Florida since 2021.

13. I have received numerous awards throughout my career, including the following awards from UnitedHealth Group / Optum Clinical Services: The Values in Action Award, the Sages of Clinical Services Award, and the Optum SuperHero Award. I have also received the Distinguished Service Award from the Central Florida Advanced Nursing Practice Council, the Nurse of the Year Award from the American Association for Men in Nursing, the Luther Christman Fellow award from the American Association of Men in Nursing, the Icon in Nursing Award from the Florida Nurses Association, and the recognition/award of America's Top NP for the specialty of Primary Care by the Point of Care Network (POCN).

14. The information provided regarding my professional background, experiences, awards, and professional memberships is detailed in my curriculum vitae, a true and correct copy of the most up-to-date version of which is attached as Exhibit A.

***B. Bases for Opinions***

15. In preparing this report, I have relied upon my training and clinical experience, as set out in my curriculum vitae, and on the materials listed therein. I have also reviewed the materials listed in the attached bibliography, Exhibit B. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes available in the future.

16. In addition, I have reviewed the language of SB 254, which, among other things, unfairly and unjustifiably restricts the ability of Nurse Practitioners to provide evidence-based treatments for gender dysphoria to transgender individuals in the state of Florida.

***C. Prior Testimony***

17. I have not testified as an expert at trial or by deposition in the past four years.

***D. Compensation***

18. I am being compensated for my work on this matter at an hourly rate of \$350.00 for preparation of declarations and expert reports, and deposition and trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

**II. SB 254'S PROHIBITION ON PROVISION OF CARE BY HIGHLY QUALIFIED AND SKILLED MEDICAL PROVIDERS**

19. SB 254 limits those who can prescribe or administer essential transgender healthcare to physicians licensed to practice allopathic or osteopathic medicine, even though the State of Florida otherwise permits other qualified providers, including APRN-NPs, to prescribe similar types of medication and administer similar forms of medical care to non-transgender persons.

20. SB 254 created Fla. Stat. § 456.52(3), which states that “[s]ex-reassignment prescriptions or procedures may not be prescribed, administered, or

performed except by a physician.” The law defines the term “physician” as “a physician licensed under chapter 458 or chapter 459 or a physician practicing medicine or osteopathic medicine in the employment of the Federal Government.”

21. SB 254 provides that a medical provider who violates this provision commits, and may be prosecuted for, a misdemeanor in the first degree. Fla. Stat. § 456.52(5).

22. Restrictive laws like SB 254 interfere with the trust and confidentiality between patients and clinicians in the delivery of evidence-based, critical medical care. These laws also conflict with the obligations of every APRN-NP to promote, advocate, and protect the rights, health, and safety of their patients.

23. Florida SB 254 significantly limits access to gender transition care for transgender adults in the state of Florida.

24. Supported by a growing body of evidence supporting the provision of care by APRNs, there has been a national effort to remove needless barriers to full practice authority from organizations such as the Institute of Medicine (IOM), the National Governors Association (NGA), the Federal Trade Commission (FTC), the Bipartisan Policy Center, and the Veteran’s Health Administration (VHA), among others. Shortages in primary care providers affect 1 in 5 Americans. (VanFleet & Paradise, 2015.) APRN-NPs are trained and able to help meet the significant unmet

healthcare needs of Florida’s transgender population, but under SB 254 they are not permitted to do so with no medical basis.

**III. SCOPE OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSES AND NURSE PRACTITIONERS**

25. An autonomous-practice certified Advanced Practice Registered Nurse who is a nurse practitioner (“APRN-NP”) in Florida is an advanced practice nurse who is authorized to practice autonomously in the field of primary care practice, which is defined by administrative regulation as “physical or mental health promotion, assessment, evaluation, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses, inclusive of behavioral and mental health conditions.” Fla. Admin. Code Ann. 64B9-4.001(12) (2021).

26. APRN-NPs are qualified to properly diagnose gender dysphoria and recommend and prescribe appropriate medical treatment, such as puberty blockers and hormones.

27. Florida APRN-NPs have been diagnosing and prescribing hormone therapy for transgender patients for many years, including controlled substances (e.g. testosterone) since January 1, 2017.

28. In 2016, Florida APRN-NPs were granted full authority to prescribe DEA schedule II – V (controlled substance) medications on equal terms with licensed physicians within the framework of a supervisory protocol.

29. In 2020, recognizing APRN-NPs' competence to provide care and Florida's imminent shortfall of 18,000 practicing physicians by 2035, Florida passed Fla. Stat. § 464.0123 (the "Autonomous Practice Act"), that grants APRN-NPs who obtain autonomous practice certification under the law full authority to independently operate primary care practices in Florida without a supervising physician, upon meeting certain requirements.

30. Numerous studies demonstrate that NPs administer such services safely, achieve high quality results, and that patient satisfaction with NPs and their willingness to be seen by NPs is high. Hilary Barnes, et al., *Physician Practices Increasingly Rely On Nurse Practitioners*, 37(6) Health Aff. 908 (2018).

31. Data also demonstrates that without the provision of care by autonomous practice certified APRN-NPs, there would be a dramatic gap in access to medical care in Florida.

**IV. NURSE PRACTITIONERS ARE WELL EQUIPPED TO PROVIDE GENDER TRANSITION CARE TO ADULTS**

32. APRN-NPs receive advanced education and numerous hours of specialized clinical training, providing them medical expertise comparable to primary care physicians. *Stucky et al., 2021.*

33. APRN-NPs undergo rigorous education and training programs that prepare them to provide comprehensive and evidence-based care. They must hold either a master's or doctoral degree in nursing and have completed advanced clinical training in their specialty area. NPs are trained to assess, diagnose, treat, and manage acute and chronic illnesses, as well as promote health and provide preventive care.

34. Most NP programs require between 500-1,000 hours of practicum training prior to graduating, in addition to the thousands of contact hours of clinical training in RN school and the subsequent work as an RN.

35. By way of example, I am an APRN-NP with an Autonomous Practice license in Florida, and I have completed more than 38,220 hours of clinical practice. Through my educational programs, I completed more than 1,700 total clinical hours (BSN-RN program (600 hours minimum); MSN-NP program (600 hours minimum); DNP-NP program (500 hours minimum)). As a full-time RN, I completed approximately 7,270 clinical hours, and as a full time NP, I have completed approximately 29,250 clinical hours.

36. One practice in Florida that serves about 2,500 transgender patients who are now without access to care was founded by a nurse practitioner who is an

Autonomous Practice APRN-NP. He founded the practice in response to the desperate need for competent, qualified medical providers who could meet the needs of Florida's LGBTQ+ community, with the mission to provide top quality comprehensive primary healthcare options for LGBTQ+ individuals. Without access to APRN-NPs for the provision of their primary care, many among this patient population will not be able to obtain gender transition healthcare.

37. The founder of that practice, prior to receiving an Autonomous Practice license, completed an estimated 22,800 clinical hours (with 1,000 clinical hours in NP school, 500 clinical hours in RN school, and 500 clinical hours in LPN school, in addition to 2,080 hours of full-time nursing work over the course of the ten-year period).

38. Planned Parenthood of South, East and North Florida has more than 2,000 transgender patients who were seeing APRN-NPs, and whose access to treatment is now threatened. The predicted shortfall of 17,924 physicians in Florida by 2035 will further exacerbate transgender persons' ability to obtain care. *See HIS Markit, 2021.*

39. Throughout the state, many transgender patients receive transition-related healthcare from APRN-NPs. According to data made available by the Florida Board of Nursing, there are approximately 51,989 APRNs licensed by the state of Florida, and approximately 44,556 of those are licensed nurse practitioners. and the

Florida Boards of Medicine, the number of licensed physicians is approximately 94,731. The prohibition in SB 254 against transgender adult patients seeing anyone qualified to care and treat them other than a licensed physician results in many transgender patients unable to receive care.

40. Numerous studies demonstrate that APRN-NPs administer such services safely, achieve high quality results, and that patient satisfaction with APRN-NPs and their willingness to be seen by APRN-NPs is high. *See* Hilary Barnes, et al., *Physician Practices Increasingly Rely On Nurse Practitioners*, 37(6) *Health Aff.* 908 (2018.)

41. The WPATH Standards of Care, version 8, permits the provision of gender-affirming care by licensed and qualified healthcare providers, which include nurse practitioners. WPATH, Statement 5.1(a), at S33 (“We recommend health care professional assessing transgender and gender diverse adults for gender-affirming treatments: (a) Are licensed by their statutory body and hold, at a minimum, a master’s degree or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution[,],” going on to list “general medical practitioner” and “nurse” among potentially qualified health care providers who could meet the criteria if they have, “at a minimum a masters-level qualification in a clinical field related to transgender health or equivalent further clinical training and [are] statutorily regulated.”).

42. The WPATH Standards of Care also state that transgender healthcare can be provided in the course of ordinary primary care as long as the qualified provider has the necessary competency in caring for transgender patients, and that primary care providers include, among others, “nurse practitioners [and] advanced practice nurses.” *See* WPATH SOC v. 8, at S143.

43. The diagnosis of gender dysphoria in adults can be made by a health care provider with relevant expertise and training in identifying and making mental health care diagnoses. This may include a primary care provider, autonomous-certified advanced practice registered nurse, psychiatrist, psychologist, or licensed social worker or therapist.

44. APRN-NPs can help address the primary care provider shortage by providing essential healthcare services, particularly in underserved areas. According to a study published in *Health Affairs*, states with greater NP practice autonomy have a higher likelihood of improved access to care for vulnerable populations. *Martsof et al.*, 2016.

45. Numerous studies have shown that NPs provide safe and effective care comparable to physicians, leading to positive patient outcomes. A systematic review published in the *Journal of the American Medical Association (JAMA)* found that NPs deliver high-quality care and achieve equivalent or better patient outcomes compared to physicians. *Mundinger et al.*, 2000. Another study published in the *New*

England Journal of Medicine reported similar patient outcomes for NPs and physicians in managing chronic conditions such as diabetes and hypertension. *Laurant et al.*, 2004.

46. A study published in the Journal of Nursing Economics found that expanded NP practice authority led to reduced hospitalization rates and lower healthcare costs. *Fairman et al.*, 2011.

47. The American Association of Nurse Practitioners (AANP) reports that NPs provide cost-effective care, with each primary care NP capable of generating an average of \$1.02 million in cost savings annually. American Association of Nurse Practitioners, 2022.

48. A study published in the Journal for Nurse Practitioners found that patients who received care from NPs were highly satisfied and valued the autonomy and accessibility of NPs. *Poghosyan et al.*, 2017.

## V. **CONCLUSION**

49. The restrictions contained in SB 254 prohibit highly qualified medical providers from prescribing treatments for transgender patients with no medical justification. This unnecessary restriction is causing significant harm to the thousands of transgender adults in Florida who have long received their healthcare from APRN-NPs. SB 254 creates unjustifiable, harmful barriers to care for transgender adults.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 24th of July, 2023.

A handwritten signature in black ink that reads "Vernon Langford". The signature is written in a cursive style with a large initial 'V' and 'L'. Below the signature is a solid horizontal line.

Vernon Langford, DNP, APRN-CNP, FNP-C

**Exhibit A**  
**Curriculum Vitae**

**Vernon Matthew Langford DNP, APRN-CNP, FNP-C**

1411 Crocus Court ◊ Longwood, FL 32750 ◊ 313-522-9468  
 VernonLangford@gmail.com

CREDENTIALS

AANP National Board Certification	F0711499	July 2011 – July 2026
RN License, State of Florida	RN9322191	April 2011 – June 2024
APRN License, State of Florida (Autonomous)	APRN9322191	October 2011 – June 2024
National Provider Identifier (NPI)	1609153824	November 2011 – Current
RN License, State of Texas	RN908531	September 2016 – August 2022
APRN License, State of Texas	AP132336	October 2016 – August 2022
Medicare Provider PTAN	FT1982	January 2012 – Current

EDUCATION

<b>Doctorate in Nursing Practice (DNP)</b> University of North Florida, Jacksonville, Florida Med Nexus Scholarship, Allen Meek Nursing Scholarship	August 2022
<b>Master of Science in Nursing (MSN, FNP-C)</b> University of Toledo, Toledo, Ohio Dean's Scholarship	May 2011
<b>Bachelor of Science in Nursing (RN, BSN)</b> Bowling Green State University, Bowling Green, Ohio Ruth Kelly Scholarship, Nursing Excellence Scholarship	August 2008
<b>Associate in Science in Business Administration (AS)</b> Valencia College, Orlando, Florida President's List	December 2014
<b>Technical Certificate: Business Management</b> <b>Technical Certificate: Business Operations</b> <b>Technical Certificate: Business Specialist</b> Valencia College, Orlando, Florida	December 2014

CERTIFICATIONS

CPR With AED	2008-Current
BLS CPR Healthcare Provider	2008-Current
Notary Public	STATE OF FLORIDA 2014-2024

PROFESSIONAL EXPERIENCE

<b>Orthopedic / Med-Surg PCU (Staff / Charge Nurse)</b> University of Toledo Medical Center (Level 1 Trauma Center)	August 2008 - May 2010
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**Urology / Renal Transplant PCU** (Staff / Lead Nurse) May 2010-October 2011  
University of Toledo Medical Center (Level 1 Trauma Center)

**Hematology/Oncology PCU** (Travel Staff Nurse) October 2011-January 2012  
Florida Hospital Orlando (Level 3 Trauma Center)

**Neurology/Neuropathic Interventions** (APRN/ Director of Clinical Evaluation) December 2011-May 2015  
Florida Neuropathy and Pain Centers Inc. (Specialty Clinic Practice)

- Provide medical evaluations with medication and co-morbidity counseling based on acuity
- Dual administrative and clinical roles to set healthcare policies and procedures while treating advancing neurological deficits with cardiac complications
- Perform comprehensive initial and routine assessments while collaborating with multidisciplinary team to facilitate optimal outcomes in cases of life limiting illnesses involving diagnosis and appropriate prescribing
- Hire and train clinical staff, facilitate annual performance reviews, provide plans to improve operational efficiency, coach and terminate providers if indicated

**Primary Care Provider/Healthcare Policy Consultant** (Medical Director / CEO) June 2013-Current  
Citrus State Healthcare Consultants (Health Policy and Insurance Appeals Consultation)

- Provide subject matter expertise in care plan analysis, solution development, risk management, performance improvement, and quality improvement
- Oversee the development of policy to Medicare Approved Contractor Local Coverage Determination adherence and the Medicare Claim Appeals process
- Manage staff development and monitor provider engagement to meet and exceed performance goals
- Optimize utilization of resources for patient care with compliance to healthcare statutory regulations
- Develop business development strategies for specific clinical populations to optimize office revenue

**Primary Care Home Health** (APRN – Florida Statewide Traveler) May 2015-Current  
UnitedHealth Group / Optum HouseCalls (Home Health Assessment)

- Completion of in-home medical assessments to include the PMH, physical exam, ROS, prescription and supplement review and psychosocial/psychiatric screening
- Medication education to improve comprehension and adherence based on member-specific disease processes
- Documentation compliance to national preventative care standards with HIPAA guidance, HEDIS, and STAR quality measures
- Communication with the members multidisciplinary care team to improve health outcomes relevant to their future treatment and screenings while diagnosing current disease processes

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**PROFESSIONAL AFFILIATIONS**

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American Association of Nurse Practitioners (Student / Professional)	2008-Current
Sigma Theta Tau Nursing Honor Society	2009-Current
Central Florida Advanced Nursing Practice Council (Legislative Chair/Past-President)	2012-Current
Florida Nurses Association (Legislative Team / Health Policy SIG)	2013-Current
Florida Association of Nurse Practitioners (President)	2015-Current
Florida Nurse Practitioner Network (Leadership Think Tank)	2015-Current
Florida Coalition of Advanced Practice Nurses (Past Co-Chair)	2017-Current
American Association of Men in Nursing (UHG Chapter President)	2020-Current
UnitedHealth Group Center for Clinician Advancement (Florida State Advocacy Rep)	2021-Current
Quality and Unity in Nursing (Organization Delegate)	2021-Current
National Action Coalition of Florida (Organization Delegate)	2021-Current

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*AWARDS*

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Values in Action Award	UnitedHealth Group / Optum Clinical Services	2017
Distinguished Service Award	Central Florida Advanced Nursing Practice Council	2018-2019
Nurse of the Year Award (UHG)	American Association for Men in Nursing	2019
Sages of Clinical Services Award	UHG / Optum Center for Clinician Advancement	2019
Optum SuperHero Award	UHG / Optum Center or Clinician Advancement	2021
Luther Christman Fellow	American Association of Men in Nursing	2021
Icon in Nursing Award (Advocacy)	Florida Nurses Association	2021

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*SPECIAL SKILLS / PROFICIENCIES*

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Clinical Preceptor for Health Assessment - South University and University of South Florida

Highly Proficient with: eHouseCalls Medical Software Application

SharePoint Team Collaborative Software

Microsoft Teams Video Conferencing Platform

Microsoft Office Suite (Word, Excel, Outlook, PowerPoint, Publisher)

Clinical Experience / Competency in: Healthcare Management, Clinical Leadership, Team Management, Cultural Competency, Utilization Management, Diversity and Inclusion Fluency, Wound Care, Suturing, Diabetes Education, Health Promotion, EKG's, Phlebotomy, Primary Care, Nutritional Counseling, Quality Improvement, and Diagnosis and Treatment of multi-system disorders

# **Exhibit B**

## **Bibliography**

## **BIBLIOGRAPHY**

2022 *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-V), Text Revision.

Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health*. 2022 Sep 6;23(Suppl 1):S1-S259.

Hilary Barnes, et al., *Physician Practices Increasingly Rely On Nurse Practitioners*, 37(6) *Health Aff*. 908 (2018).

IHS Markit. (2021, December). *Florida Statewide and Regional Physician Workforce Analysis: 2019 to 2035*. The Safety Net Hospital Alliance of Florida and the Florida Hospital Association. <http://safetynetsflorida.org/wp-content/uploads/Florida-Physician-Workforce-Analysis.pdf>.

Stucky, C. H., Brown, W. J., & Stucky, M. G. (2021). *COVID 19: An unprecedented opportunity for nurse practitioners to reform healthcare and advocate for permanent full practice authority*. *Nursing Forum*, 56(1), 222–227. <https://doi.org/10.1111/nuf.12515>.

Vanfleet, A., Paradise, J. (2015). *Tapping Nurse Practitioners to Meet Rising Demand for Primary Care*. *Kaiser Family Foundation*. <https://files.kff.org/attachment/issue-brief-tapping-nurse-practitioners-to-meet-rising-demand-for-primary-care>.

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE et al.,

Civil No. 4:23-cv-00114-RH-MAF

Plaintiffs,

v.

JOSEPH A. LADAPO et al.,

Defendants.

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**SUPPLEMENTAL EXPERT DECLARATION OF KENNETH W.  
GOODMAN, PhD, FACMI, FACE.**

I, KENNETH GOODMAN, PhD, FACMI, FACE, have been retained by counsel for the Plaintiffs in connection with the above captioned litigation.

1. This declaration provides the following expert opinions which are explained in further detail below:
  
2. The Florida Board of Medicine and Osteopathic Medicine Emergency Rules (64B8ER23-7; 64B8ER23-9, Fla. Admin. Code (effective July 7, 2023) and Senate Bill 254 (“SB 254” effective May 17, 2023) (collectively the “Informed Consent Requirements”) limit access to gender transition care for minors and adults in Florida by, among other things, establishing rigid mandatory prerequisites for physicians to obtain lawful informed consent. I understand a violation of the

Board Rules is a basis for disciplinary action by the Boards of Medicine, and a violation of SB 254 may subject a medical provider to criminal and civil liability.

3. There is no ethical or public-interest justification for legislative and/or regulatory stipulations regarding the exact setting or content for valid consent, such as the Requirements' rigid mandate that the consent be obtained in person (as opposed to, for example, via telemedicine or telephone), by the attending physician (as opposed to another qualified healthcare professional), in the presence of a witness, and on a form prescribed by the Boards.

### **BACKGROUND AND QUALIFICATIONS**

4. I am the founder and director of the University of Miami Miller School of Medicine's Institute for Bioethics and Health Policy and the co-founder and director of the University's Ethics Programs. I also direct the Florida Bioethics Network and chair the UHealth/University of Miami Hospital Ethics Committee as well as the Adult Ethics Committee for Jackson Memorial Health System.

5. A more extensive description of my qualifications is included in my previous declaration and a full list of my credentials, experience and publications authored appears in my curriculum vitae, attached as Exhibit A to my previous declaration. (ECF 158-1.)

6. I have actual knowledge of matters stated in this declaration. My expert opinions are based upon my education, training, research, and years of

experience as a teacher and medical ethicist, as well as my attendance at and participation in conferences relating to bioethics, and my ongoing review of the relevant professional literature on the subject.

7. In preparing this declaration, I reviewed the Board Rules and Mandatory Informed Consent Forms.

8. I am not being compensated for offering these opinions, except for the reimbursement of expenses incurred in connection with the submission of this declaration.

9. I previously testified as an expert at trial or by deposition in the following cases: *Adams & Boyle, P.C., et. al. v. Herbert H. Slattery, III, et. al.*, Case No. 3:15-cv-00705 (Middle Dist. TN), Gainesville Woman Care, LLC, et. al. v. State of Florida, et. al., Case No. 37 2105 CA 001323 (Circuit Court, Leon County).

**THE BOARDS' INFORMED CONSENT REQUIREMENTS DEPART FROM WELL-ESTABLISHED PRINCIPLES OF MEDICAL ETHICS**

10. The Restrictions reflect a critical misunderstanding of the role of informed consent (more appropriately called “valid consent”) for medical procedures. Rather than serving an interest in protecting the health and well-being of an individual seeking necessary gender transition care, the Restrictions subvert that interest.

11. “Informed consent” names the ethical and legal obligation of health care professionals to ensure that certain fundamental conditions are met before patients undergo medical procedures. Those conditions may be straightforwardly itemized as follows:

- The patient must receive adequate information about the procedure, including its risks, likely benefits and accepted alternatives;
- The patient must have the mental capacity to understand and appreciate the information as provided; and
- The patient’s agreement to receive the treatment must be voluntary—that is, free of coercion or undue influence.

12. All three components apply, meaning that the term “valid consent” is more accurate than “informed consent” because, for instance, a patient might be adequately informed but lack the mental capacity to consent. Although there is disagreement and controversy on some subjects within the field of bioethics, these standards for valid consent are not subject to dispute: they are universally accepted as core components of medical practice and research. The fundamental idea is that every mature person who is capable of making decisions should have the right to decide what should be done to her or his body.

13. This is at the foundation of uncontested national and international recognition of rights to self-determination and personal autonomy. The medical

ethics literature is unequivocal about this.<sup>1</sup> There are two critical reasons why the Informed Consent Requirements run afoul of these standards.

14. First, valid consent is context-specific: physicians, allied health professionals, patients, and the precise medical services under consideration will all vary greatly and, together, for each patient, form an individualized pattern—a kind of “clinical fingerprint.” There is wide variety in, for instance, physicians’ and their allied health professionals’ communication styles; patients’ health histories, medical needs, previous experience in medical settings, and ability to travel to a health clinic; and the nature and risks of the procedures themselves. Thus, it is impractical and inappropriate to impose a blanket requirement that legal consent be obtained: (1) in-person as opposed to other equally effective modes of communication), (2) by the physician prescribing the medication or performing the procedure as opposed to a competent allied health professional, (3) in the presence of a third-party witness, and (4) on a form prescribed by a regulatory agency. The

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<sup>1</sup> See, e.g., Gert, B., Culver, C.M., and Clouser, K.D. 2006. *Bioethics: A Systematic Approach*. New York: Oxford University Press, esp. Ch. 9, pp. 213 ff.; Beauchamp, T.L, Faden, R.R. Informed Consent, I. History of informed consent, and II. Meaning and elements, in Jennings, B., ed., *Bioethics*, 4th Edition. Farmington Hills, MI: Macmillan Reference USA, 2014, Vol. 3, pp. 1673-1687; Berg, Jessica W., Paul S. Appelbaum, Charles W. Lidz, and Alan Meisel. 2001. *Informed Consent: Legal Theory and Clinical Practice*. 2nd ed. New York: Oxford University Press; Dworkin, Gerald. 1988. *The Theory and Practice of Autonomy*. Cambridge: Cambridge University Press. Faden, Ruth R., and Tom L. Beauchamp. 1986. *A History and Theory of Informed Consent*. New York: Oxford University Press; Goodman KW. *Ethics and Evidence-Based Medicine: Fallibility and Responsibility in Clinical Science*, Cambridge: Cambridge University Press, 2003.

context-specific nature of consent applies to *every* medical procedure—appendectomy, breast reduction or augmentation, tooth extraction, brain surgery, and so on; there is nothing medically unique about gender transition care in this regard.

15. To be sure, many specialized procedures and surgeries do employ procedure-specific consent forms, but these are crafted by experts in the procedure or surgery who are not trying to discourage their patients; such forms are based on the specific and likely risks of the procedure, and not compelled by law or regulation. With the exception of gender transition care and abortion, no such form or process has, to my knowledge, ever been compulsory or required under threat of prosecution.

16. It is also unprecedented for a consent document to contain falsehoods such as those in the Boards' consent forms: "Medical treatment of people with gender dysphoria is based on very limited, poor-quality research with only subtle improvements seen in some patient's psychological functioning in some, but not all, research studies. This practice is purely speculative, and the possible psychological benefits may not outweigh the substantial risks of medical treatments and, in many cases, the need for lifelong medical treatments."

17. The consent forms approved by the Boards are utterly unlike any others in standard use. They require that each putative risk be initialed by the

patient and parent; one such form requires 38 placements of initials. Many of the risks, cast as “statements,” include material that has nothing to do with the standard consent process, e.g., “Compliance with the requirements explained above is a prerequisite for you to receive treatment with feminizing medications.” It is highly unusual for a consent document to feature content clearly intended to discourage the treatment. (The “requirements” alluded to in that form comprise a list of 13 stipulations related to the practice of medicine or psychology, not to the valid consent process.) Moreover, demands for such things as ongoing medical monitoring and a specified number of follow-up visits and their periodicity are with few exceptions wholly outside the scope of the valid consent process.

18. It is particularly unusual to list risks of procedures a patient will not receive. Doing so undermines any suggestion that the forms are customized, which is a direct impediment to the valid consent process. Including these “statements” does not improve the consent process and erodes the patient-doctor relationship. It is inconsistent with goals of valid consent to include mention of treatments a patient will not receive.

19. Such an unusual and highly granular list of warnings, threats, and risks, in conjunction with the requirement that patients initial all of them, has resulted in documents that read like legal contracts. It is also well established that no promise or guarantee should ever be made in conjunction with a medical

procedure, and it is extremely peculiar for a clinical consent document actively to discourage a particular intervention or imply its likely failure. The Boards of Medicine forms compel a departure from longstanding best practice in medicine.

20. Stated differently, a one-size-fits-all mandate for legal consent – particularly one that disregards the importance of patient-desired outcomes, originates outside the clinical relationship, and applies to all cases inflexibly – cannot, by definition, be adequate for every consent process. Rather, after the patient and health care provider have discussed the patient’s preferences and unique medical history, as well as the specifics of the contemplated prescription or procedure, they are best equipped to determine together—without legislative interference—whether the patient is ready to provide valid consent.

21. The second reason the Informed Consent Requirements run afoul of consent standards is the common and widespread agreement that the doctor-patient relationship is of fundamental importance and therefore should be free from legislative or regulatory interference that does not serve a medical justification. A law such as the Informed Consent Requirements—which specifies the manner, form, and setting in which information must be delivered and the particular health professional who must deliver the information—undermines the physician’s judgment about how to serve a patient’s best interests.

22. In order to advance the goals of valid consent, forms that list items for doctors to review with their patients should be accurate and clear. Having multiple statements that are not guided by evidence-based medicine and practice or that address procedures that a patient will not receive undermines patients' ability to make for themselves medical decisions that accurately take risks and benefits into account.

23. These principles apply as a matter of professional ethics notwithstanding any individual's personal viewpoint on gender identity or whether gender transition care should be legally accessible. A practitioner's duty is to provide the patient with the necessary information to allow the patient to make the most appropriate personal health decision, and then to respect the patients' autonomy. There is no medical or ethical justification for the Requirements as a tool of valid consent.

24. The mandates contained in the Informed Consent Requirements constitute an intrusion into universally accepted medical and ethical standards. These state-mandated Requirements override the clinical team's professional judgment to the potential detriment of the patient's health, undermine the physician-patient relationship, and subvert fundamental tenets of medical ethics and universal standards for valid consent.

Executed on July 24, 2023, in Miami, Florida.

A handwritten signature in black ink, appearing to read "K. Goodman", is written over a light gray rectangular background.

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Kenneth W. Goodman, PhD

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JANE DOE et al.,

Plaintiffs,

v.

JOSEPH A. LADAPO et al.,

Defendants.

Civil No. 4:23-cv-00114-RH-MAF

**[PROPOSED] ORDER GRANTING  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

**[PROPOSED] PRELIMINARY INJUNCTION ORDER**

Plaintiffs Kai Pope, Lucien Hamel, Olivia Noel and Rebecca Cruz Evia (collectively, “Adult Plaintiffs”) have moved this Court for a preliminary injunction pursuant to Rule 65(a)(1) of the Federal Rules of Civil Procedure, seeking to block enforcement of the targeted restrictions on medical care for adult transgender people in Florida Senate Bill 254, an “act relating to treatments for sex reassignment . . .” (“SB 254”), which has become law and went into effect on May 17, 2023.

SB 254 imposes arbitrary, harmful, and medically unjustified requirements on the provision of transition-related care for transgender people, including requiring physicians to be physically present in the same room with a transgender patient when obtaining consent, requiring providers to provide transgender patients with a mandatory consent form that includes false and misleading information, requiring providers to deny care to transgender

patients unless they undergo extremely burdensome and unnecessary mental health evaluations and counseling, and providing that only a licensed physician (i.e., a licensed medical doctor (an “MD”) or licensed doctor of osteopathic medicine (a “DO”) can provide transition-related medical care. Any healthcare practitioner who violates the mandates may be subject to a disciplinary action by the Florida Boards of Medicine and Osteopathic Medicine and prosecuted for a misdemeanor in the first degree. *See* SB 254, § 5 (2023) (Second Engrossed).

The Court, having considered the pleadings, legal authority, and argument presented in support of Plaintiffs’ Motion, as well as all declarations and other evidence submitted in support of Plaintiffs’ prior Motion for a preliminary injunction, has found and concluded for the specific reasons required under Federal Rule of Civil Procedure 65 that Plaintiffs have demonstrated: (1) a likelihood of success on the merits, (2) irreparable harm in the absence of preliminary relief, (3) the equities weigh in favor of the Plaintiffs, and (4) that granting preliminary relief is in the public interest.

Plaintiffs have established a likelihood of success on the merits of their claim that SB 254 violates Plaintiffs’ right to equal protection under the Fourteenth Amendment of the United States Constitution by singling out transgender patients because of their sex and transgender status to prevent them from obtaining medically necessary care and criminalizing the provision of established and necessary medical care to transgender adults.

Plaintiffs have demonstrated that, absent a preliminary order preventing SB 254 from taking effect, they will be denied medical care and suffer irreparable constitutional, physical, emotional, psychological, and other harms for which there is no adequate remedy at law. The provisions of SB 254, if permitted to go into effect, will prevent Plaintiffs from obtaining the essential medical care they need. The balance of hardships between the injuries Plaintiffs will suffer and Defendants' interests weigh in favor of granting Plaintiffs' motion to preserve the status quo, and a preliminary injunction is in the public interest.

The Court finds that Plaintiffs are not required to provide security pursuant to Fed. R. Civ. P. 65(c).

IT IS THEREFORE ORDERED that Defendants, as well as their agents, employees, servants, attorneys, successors, and any person in active concert or participation with them, are PRELIMINARILY ENJOINED from enforcing, threatening to enforce, or otherwise requiring compliance with Florida Senate Bill 254.

IT IS FURTHER ORDERED that the security requirement of Fed. R. Civ. P. 65(c) is waived and that this injunctive relief is effective upon service and shall remain in effect pending trial in this action or further order of this Court.

Done this \_\_\_\_ day of \_\_\_\_\_, 2023.