

Appendix Attachment

12

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

AUGUST DEKKER, et al.,

Plaintiffs,

v.

Case No. 4:22-cv-00325-RH-MAF

SIMONE MARSTILLER, et al.,

Defendants.

DECLARATION OF KRISTOPHER E. KALIEBE, M.D.

I, Kristopher E. Kaliebe, M.D., 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, Kristopher Kaliebe, MD. am an associate professor at the University of South Florida in Tampa Florida. I am Board Certified in Psychiatry, Child and Adolescent Psychiatry and Forensic Psychiatry. I am a Distinguished Fellow at the American Academy of Child and Adolescent Psychiatry (AACAP). My clinical work has been primarily in University based clinics, Federally Qualified Health Centers and juvenile corrections. I have extensive teaching experience including medical students, general psychiatry residents, child and adolescent psychiatry fellows and forensic psychiatry fellows. My CV is attached.

3. I have been retained by the Defendants in the case to describe my experience with gender dysphoria patients and opine as to the state of the evidence supporting gender dysphoria treatments. I also have been asked to opine on the influence of activism and suppression of open inquiry which has distorted academic dialogue and made published research and expert

recommendations less trustworthy. If called to testify in this matter, I will testify truthfully based on my personal experience and knowledge.

4. My curriculum vitae contains a list of papers I have authored within the past 10 years.

I have testified in deposition or trial in the following cases over the past four years:

Civil Testimony:

In the Interest of RW, LL, AP Minor Children Circuit Court of the 13th judicial circuit, Juvenile Division, Tampa FL January 28, 2020

Jeffrey Spivey, petitioner/father and Teresa Spivey N/K/A Teresa Cartwright, respondent/mother Case No.: 2016 DR0471's, Circuit Court of the 12th judicial circuit in and for Manatee County Florida. February 28, 2020

Re: The Marriage of Robyn Cohen McCarthy and John McCarthy November 1, 2019 11th Judicial Circuit, Family Division, Dade County, Miami FL

Criminal Testimony:

The State of Florida v. Bill Paul Marquardt 5th Judicial Circuit, Sumner County, Florida, Bushnell Florida December 19, 2019

The State of Florida v. Bill Paul Marquardt 5th Judicial Circuit, Sumner County, Florida, Bushnell Florida August 24, 2022

State of Florida v. Justin Mitchell Pennell, 2020CF000159FAXWS, 6th Judicial Circuit in and for Pasco County, Florida March 23, 2022

Civil Depositions:

Z.M.L., a minor, through her parents and guardians, -vs- D.R. Horton, Inc., a foreign corporation authorized to do business in Florida, United States District Court, Middle Division of Florida, Tampa, May 6, 2021

Julie Tarallo versus Blue Rock Partners, LLC et al. in the Circuit Court for the 13th Judicial Circuit, Florida Civil Division. (2019-CA 012361.) June 3, 2022

Carlton Collins, individually, and on behalf of his minor son, Connor Samuel Collins v. David R. Wallace, Sr., M.D. Louisiana's 14th judicial district, Civil Suit: 2019 – 4128 – D, March 4th, 2022

Criminal Deposition:

State of Florida v. Justin Mitchell Pennell, 2020CF000159FAXWS, 6th Judicial Circuit of the State of Florida in and for Pasco County, March 11, 2022

5. I am being compensated at an hourly rate of \$400 per hour for my time preparing this declaration. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

6. I was awarded my medical degree in 1999, and subsequently completed general psychiatry, child and adolescent psychiatry and forensic psychiatry training. This training including education in human biology, human sexuality, development, brain functioning, normal development and psychopathology. Gender dysphoria and gender dysphoria treatment was part my professional training. I have additional training in Cognitive Behavioral Therapy and trauma-focused therapies. I have been providing psychotherapy and teaching psychotherapy to psychiatry trainees throughout my career. Since July 2005 I have worked as a university professor with primarily clinical psychiatric care and teaching duties. Since 2016 I have acted as a supervising physician at the University of South Florida's Silver Child Development Center. In this capacity my role is to function as a clinical supervisor and instructor. Child psychiatry residents and general psychiatry residents serve as the primary patient evaluators and clinicians. I evaluate new patients directly, and after see patients directly as needed. I oversee the resident's work products and function as the physician of record. Within this clinic I have evaluated and treated, along with resident physicians, patients with gender dysphoria. In addition to these direct clinical experiences, part of my scope of duties within the Silver Child Development Center is training residents regarding the treatment of patients, including patients with gender dysphoria. In addition to direct clinical care, I have been consulted by a colleague for my opinion regarding what would be the appropriate forensic and clinical approach regarding providing a letter as requested by an endocrinologist regarding a youth considering puberty blockers on a path toward sex hormone treatment and potential surgeries. Within the juvenile justice system I have been asked to provide a second opinion and coordinate care regarding a patient with gender dysphoria.

7. My review of the research concludes that the evidence base for gender dysphoria treatments is mixed and generally low quality. The administration of sex hormones and performing of surgeries are medical interventions with substantial risks, and as these interventions target otherwise healthy tissue, a high degree of evidence and certainty is demanded before such a life altering intervention. Until recently cross sex hormone and surgeries for gender dysphoria have been exceedingly rare, thus there exists nominal long term data. It is especially challenging to evaluate this evidence base due to changing definitions and epidemiology. The costs and benefits of medicalizing gender self-identification has not gone through academic inquiry with open rigorous academic review. Social affirmation can be considered a psychosocial treatment and also has an extremely limited evidence base as an intervention.

8. There is not an evidence base to support strictly “affirmative” psychotherapy for gender dysphoria. Psychotherapy, in general, should aim to help individuals gain a deeper understanding of themselves, develop coping skills and provide a neutral, unbiased process. The binary of affirmative psychotherapy versus conversion therapy for gender dysphoria is a serious misunderstanding of the complexities of ethical and effective psychotherapy. It is my opinion that insufficient data is available to make confident proclamation regarding the risks and benefits of treatment of gender dysphoria.

9. Open inquiry is the ability to ask questions and share ideas without risk of censure. It is fundamental to medical research and scientific progress. Within medicine and science the ability for constructive disagreement and the expression of divergent opinions has withered with regards to questions of biological sex, gender and gender medicine. Political and social pressures are not new to this line of research and clinical care and do not come from only one political pole or fraction of society. Yet especially within the last decade, academia, including academic medicine has become more tribal, moralizing and more likely to attempt to silence divergent opinions. This has led to a

suppression of research data, publication bias, and penalizing of divergent viewpoints. These dynamics have contributed to expert recommendations which exaggerate the strength of the evidence base for gender dysphoria.

10. I witnessed these dynamics personally at the American Psychiatric Association conference in May 2022. During a Clinical Perspectives where presenters opined that they questioned the evidence based supporting current practice regarding the treatment of transgender youth, a sizable crowd in the audience was disruptive. During the question and answer session, crowd members repeatedly made hostile ad-hominem statements towards the presenters while only a few questions responded to the evidence or viewpoints presented. Similarly, in 2018 Lisa Littman, MD presented her research data at American Academy of Child and Adolescent Psychiatry conference and received similar personal enmity which caused a colleague to remark he has never seen a presenter at a conference treated with such hostility. Dr. Littman is the same researcher who after her peer reviewed research was published by the journal PLOS ONE, disregarding the typical rules of scientific discourse, PLOS ONE had a re-editing of the publication with a commentary added, despite no finding of error or misconduct. Another colleague had a related difficult experience with editors of the American Academy of Psychiatry and the Law Newsletter. The editors would not permit him to describe in his article the problematic behaviors of youth who declared themselves to be transgender, thus undermining the exchange of important clinical data. Similarly, the 2022 American Academy of Child and Adolescent Psychiatry conference will feature at least 6 presentation related to gender dysphoria or transgender patients, none presenting new research. Yet a research Symposium which included a prominent international researcher, and was to feature detransitioners, was not accepted. Similarly, I submitted, with two other physicians, for a Special Interest Group which was to feature data on de-transitioning. This proposal was also not accepted. Likewise, when I wrote a *Letter to the Editor* of the major forensic psychiatric journal which expressed skepticism about a commentary

embracing progressive political ideologies, he replied that my letter would not be published, in part, because some would find my criticism of this ideology offensive. These personal experiences mirror what I observe globally in the medical and psychiatric literature. The viewpoints in the medical literature do mainly endorse support for gender affirmative care for gender dysphoria. Yet my personal interactions with thoughtful well regarded psychiatrists display a full range of views, and many consider automatic affirmation to be harmful and unsupported by science. Similarly, my assessment is that many Endocrinologists also believe their professional organization is too strongly influenced by gender ideology. Most physicians will not speak frankly in public on these issues for fear of reprisals. Attacking a physician as hateful is easily accomplished and can be instantly amplified online. These personal attacks are hard to defend, affect careers and can be personally devastating.

11. Regarding professional organizations input regarding the treatment of gender dysphoria, it should be put in the context of their political activism. Two recent press releases provide examples. The September 28th 2022 American Academy of Pediatrics (AAP) press release regarding the State of Oklahoma condemns any limits on gender affirming health care. Defending scope of practice is typical for medical associations. Yet the press release frames these limits as discrimination based on gender identity. The AAP thus takes a polarized position by invoking moralized characterization of these limits, rather than calling for a respectful, nuanced science-based dialogue on how to best care for and support transgender and gender diverse youth. This statement sidesteps an opportunity to call for open independent review of the evidence base and a thorough review the logic behind current treatment affirmative approaches. It also creates a serious contradiction. Parents are often skeptical of medicalization of self-reported gender. The AAP statement invokes parental rights, but without clarifying if the AAP supports the many parents who do not want affirmation of their child's self-reported gender.

Similarly, the American Academy of Child and Adolescent Psychiatry's (AACAP) March 18th, 2022 press release reveals their leadership's strident position by remarking on an education bill, typically considered outside psychiatrists' area of expertise. AACAP promotes politicized derogatory phrasing by calling Florida's legislation the "Don't Say Gay or Trans" bill. The press release demonizes supporters of the bill as unconscionable and implies they "target and harm" LGBTQ+ youth". The press release claims that differences in gender identifications are "part of healthy physical, social, and emotional developmental processes." The press release does not explain why if these differences in gender identification are part of healthy development, why would they require puberty blockers, sex hormones or surgery. The American Academy of Child and Adolescent Psychiatry's leadership moralizes the debate, uses polarizing language and does not engage in forthright discussion which must include skepticism, not just affirmation.

These professional organizations admonish those who they claim pathologize, but will not acknowledge that it is an unanswered scientific question to what degree, and in what circumstances, discomfort with biological sex is related to mental illness. As in body dysmorphic disorder or anorexia, there are longstanding examples where non-acceptance of one's body is aptly pathologized. Holding the opinion that logic and the evidence base do not support medical interventions for gender dysphoria is not a moral failure or discrimination as they infer, this conclusion is the result of deliberative analysis.

12. To conclude, I am presenting on the subject of misinformation at the October 2022 American Academy of Child and Adolescent Psychiatry conference Social Media Institute. My research into misinformation research leads me to determine that on the subject of gender dysphoria, academia, including academic medicine, has created conditions where perceived social justice, ideological and political priorities have undermined the creation of trustworthy science. Group-think and coercive tactics have led to the creation of misinformation. These dynamics have contributed to

subsequent misguided attempts of these professional organizations to suppress open inquiry, demand conformity of opinion and exaggerate the evidence base regarding gender dysphoria treatment.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 3rd day of October, 2022.

Respectfully submitted,

A handwritten signature in cursive script that reads "Kristopher Kaliebe MD".

Kristopher E. Kaliebe, M.D.

CURRICULUM VITAE

Kristopher Edward Kaliebe, MD

Associate Professor

University of South Florida, Morsani College of Medicine, Tampa Florida

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Citizenship

United States

Education

Graduate/Medical: St. George's University
School of Medicine, Grenada, West Indies
Medical Doctor January 1995- June 1999

Undergraduate: Columbia College,
Columbia University
New York, NY,
Bachelor of Arts, Biochemistry September 1988-May 1992

Postgraduate Training

Clinical Fellowships:
Fellow, Forensic Psychiatry (PGY6)
Louisiana State University Medical Center
1542 Tulane Ave., New Orleans, LA 70112 July 2004 to June 2005

Fellow, Child and Adolescent Psychiatry (PGY 4-5)
Louisiana State University Medical Center
1542 Tulane Ave., New Orleans, LA 70112 July 2002 to June 2004

Chief Resident in Child and Adolescent Psychiatry

- Acted as liaison between Child Psychiatry Fellows and Administration
- Coordinated with Program Director lecture and rotation schedules

July 2003 to June 2004

Residency:

Resident, Psychiatry (PGY 2-3)
University of Medicine and Dentistry-
New Jersey Medical School
185 S Orange Ave, Newark, NJ 07103

July 2000- June 2002

Internship: (PGY 1)
University of Medicine and Dentistry-
New Jersey Medical School
185 S Orange Ave, Newark, NJ 07103

July 1999- June 2000

Diplomate, American Board of Psychiatry and Neurology:

- Board Certification in General Psychiatry, awarded 2004, active
- Specialty Board Certification Child and Adolescent Psychiatry, awarded 2005, active
- Specialty Board Certification Forensic Psychiatry, awarded 2007, active

Awards, Honors, Honorary Society Memberships:

Department of Veterans Affairs Special Contribution Award for Clinical Service in Psychiatry

February 22, 2002

Outstanding Resident Award, Presented at the American Academy of Child and Adolescent Psychiatry, Miami, Florida,

October 17, 2003

Inducted into Berkeley Preparatory School Athletic Hall of Fame, Tampa, Florida,

November 7, 2003

Fellow, Louisiana State University Academy for the Advancement of Educational scholarship

October 2007 – 2016

Best Doctors, Louisiana in the subspecialty of Child and Adolescent Psychiatry

Awarded 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015 and 2016

Best Doctors, in Tampa Florida

2017, 2018, 2019, 2020, 2021, 2022

Awarded status as a Distinguished Fellow of the American Academy of Child and Adolescent Psychiatry

July 6, 2016

Appointments:

Associate Professor, University of South Florida Medical School, Department of Psychiatry. September 2016 to present

- Supervise one afternoon weekly of outpatient Child and Adolescent Psychiatry Silver Center Resident Clinic with USF General Psychiatry Residents and Child and Adolescent Psychiatry fellows who performed assessment, consultation, and treatment.

Tampa General Hospital Psychiatrist on Duty September 2016 to present
Manage the night, weekend and holiday clinical responsibilities of Tampa General Hospital including the over 1000 bed hospital and a 24-hour emergency room. Usually done in partnership with a psychiatric resident from the University of South Florida.

Facility Psychiatrist. Tampa Residential Facility September 2016 to present

- Performed psychiatric evaluations and treatment in Florida's juvenile correctional system. Tampa Residential Facility is the most intensive level of mental health and substance abuse treatment, subcontracted to Truecore Solutions.

Facility Psychiatrist. Les Peters Academy Residential Facility
May 2017 to present

- Performed psychiatric evaluations and treatment in Florida's juvenile correctional system, subcontracted to Truecore Solutions.

Staff Psychiatrist, Orleans Parish Justice System March 2018 to July 2018

- Performed telepsychiatric evaluations and treatment in Orleans Parish Prison correctional system, subcontracted to Correct Care Solutions.

Facility Psychiatrist. Charles Britt Academy Residential Facility
November 2019 to July 2022

- Performed psychiatric evaluations and treatment in Florida's juvenile correctional system, subcontracted by Sequel.

Facility Psychiatrist. Columbus Youth Academy Residential Facility
June 2020 to present

- Performed psychiatric evaluations and treatment in Florida's juvenile correctional system, subcontracted by Sequel.

Louisiana State University Health Science Center Assistant Professor of Clinical Psychiatry July 2005 to June 2017

Louisiana State University Health Science Center Associate Professor of Clinical
Psychiatry July 2016 - 2017

Mental Health Medical Director, St. Charles Community Health Center, Luling,
Louisiana July 2005 to 2016

- Evaluated and treated a primarily Medicaid and underserved population of adult, child and adolescent patients in a Federally Qualified Health Care Center.

Coordinator for Child and Adolescent Integrated Mental and Behavioral Health Services,
Louisiana Mental and Behavioral Health Capacity Project September 2012 to July 2017

- Performed assessment, consultation, training, prevention, and education services to Federally Qualified Health Centers and community clinics in Coastal Louisiana.
- Evaluated and treat both on site and using remote video conferencing equipment (telehealth).

Staff Psychiatrist, Back-up coverage, Louisiana Juvenile Justice System July 2016 to
September 2022

- Performed psychiatric evaluations and treatment in Louisiana's juvenile correctional system, subcontracted to Wellpath (formerly Correct Care Solutions).
- Back up on call coverage for on-site psychiatrists
- As needed evaluated and treated remote video conferencing equipment (telehealth).

Staff Psychiatrist, Louisiana Juvenile Justice System July 2010 to July 2016

- Performed psychiatric evaluations and treatment in Louisiana's juvenile correctional system, subcontracted to Correct Care Solutions.
- Evaluated and treated both on site and using remote video conferencing equipment (telehealth).

Staff Psychiatrist on Duty October 2011 to July 2016
Children Hospital, Calhoun Campus. New Orleans, Louisiana

- Facilitated development of protocols and supervision regarding the training of Medical Students, General Psychiatry Residents and Child and Adolescent Psychiatric Fellows who utilize the Calhoun unit as primary training site for Child Psychiatry.
- Manage night and weekend clinical responsibilities for Children's Hospital emergency room and Inpatient Psychiatric Unit, including individually assessing all inpatients each weekend.

Staff Psychiatrist, Louisiana State University Juvenile Justice Program
July 2005 to August 2010

- Performed psychiatric evaluations and treatment in Louisiana’s juvenile correctional system at Bridge City Center for Youth and Jetson Center for Youth.
- Evaluated and treated both on site and using remote video conferencing equipment (telehealth).

Staff Psychiatrist, Florida Parish Juvenile Detention Center,

July 2007 to August 2010

- Performed psychiatric evaluations and treatment using remote video conferencing equipment (telehealth).

Medical Officer on Duty

July 2002 to July 2005

New Orleans Adolescent Hospital, New Orleans, Louisiana

- Managed clinical responsibilities of Crisis Intervention Services, a 24-hour emergency mental health response team serving families, children and adolescents from the Southeast Louisiana region.
- Managed two psychiatric inpatient units including a twenty bed adolescent and ten bed children’s unit after hours on call.
- On call physician for Crisis Respite, a short term residential facility for children and adolescents located on hospital grounds.

Psychiatrist on Duty

September 2003 to July 2005

New Orleans Veterans Administration Medical Center, New Orleans, Louisiana

- Managed clinical psychiatric responsibilities of a 450 bed hospital
- Managed clinical psychiatric responsibilities of a 27 bed inpatient psychiatric unit
- Managed clinical psychiatric responsibilities of 24-hour emergency room

Psychiatrist on Duty

September 2001 to June 2002

New Jersey Medical Center Veterans Administration

- East Orange Medical Center, East Orange, NJ

Managed clinical psychiatric responsibilities of 24 hour emergency room along with a 295 bed hospital, 30 Nursing Home and 30 Domiciliary beds.

- Lyons Hospital, Lyons, NJ

Managed clinical psychiatric responsibilities of 356 bed hospital.

Teaching, Lecture

Undergraduate Medical Student

BMS6920.002, BMS6920.001 University of South Florida: Created five session elective: “Mind Body Medicine” Developed as part of University of South Florida medical school elective curriculum from 2017-current. Offered for up to 12 students as a credited elective including study guide, organizing readings, and experiential class learning.
2017 to present

At Louisiana State University Health Science Center New Orleans:

4 one-hour lectures instructing all Medical Students (MS2) in Child and Adolescent mental health during Psychiatry Basic Science block
February 2004 to February 2016

LSU Physical therapy
Annual 2 two-hour lectures on a range of mental health topics annually
2012 to 2016

LSU Public Health
Annual 2 hour lecture on psychopharmacology to incoming Masters Level students in Public Health
2012 to 2016

Graduate Medical Teaching

MEL 8602 C65 M: Child and Adolescent Psychiatry

Child and Adolescent Psychiatry Resident Teaching:

Arranged and co-instructed Forensics Lecture Series, bi-annually 10 lecture hours and 4 hours of individual lectures.
2016 to present.

Teach various topics within residency training. 1 lecture per year.
2016 to present.

University of South Florida General Psychiatry Residency:

Co-Produced elective track for 2 residents per year within University of South Florida Psychiatry Residency. Supervision of Integrative Psychiatry residents within the University of South Florida's Integrative Psychiatry Track, biweekly sessions utilizing curriculum from the Andrew Weil Center for Integrative Medicine.
July 2020- present

Forensic Psychiatry Resident Teaching:

Teach child and corrections related forensic topics within residency training. 4 lectures per year.
2018 to present.

LSUHSC New Orleans, General Psychiatry Resident Teaching

- Created and taught one hour weekly (44 weeks per year) Cognitive Behavioral Therapy practicum for PGY 3 residents
2007 to 2016

- One hour lecture on evolution and mood disorder each year for PGY3 residents
2010 to 2016

LSUHSC New Orleans Child and Adolescent Psychiatry Resident Teaching

- One-hour didactic lectures on psychopharmacology for 8 weeks and cognitive behavior therapy for 4 weeks bi-annually
2008-2016
- Organized and taught majority of the year-long bi-weekly one hour didactic program entitled Special Topics including a wide range of topics including development, forensic psychiatry, evolution, anthropology, nutrition, effects of technology, electronic media, sleep, exercise and physical activity, wellness and systems of care.
2008 to 2016

LSU- Kenner Family Practice Residency:

Once yearly didactic lectures for 1 to 2 hours for Kenner Family Practice Residents
2009 to 2016

Created one session Mini-Course: “Optimizing Neurocognition through Nutrition.”
Developed and co-facilitated a module as part of Goldring Center for Culinary Medicine curriculum for medical students and other trainees with Annie Yeh, MD). Offered as a 1 credit elective for Tulane medical students including study guide, organizing readings, online webinar to be viewed prior to class, case studies during class and test.
2014

At Louisiana State University Health Science Center New Orleans: Core Clinical Psychiatry Rotation Lecture, 1 hour lecture presented to MS3 students every six weeks to 3rd year medical students covering Child Psychiatry Basics.
October 2003 to June 2005

At University of Medicine and Dentistry- New Jersey Medical School, Department of Psychiatry

- Lecture: “The Media and Psychiatry” for General Psychiatry Residents, created as part of the Culture and Psychiatry Seminar
August 2001 and 2002

Teaching, Supervisory

At University of South Florida, Tampa Florida:

Medical Student supervision

University of South Florida -
MEL 8109 L69 M

2017 to present

BCC 7154 002 M Psychiatry / Neurology Clerkship. Medical Students rotation through clinic one afternoon weekly of outpatient Child and Adolescent Psychiatry Silver Center Resident Clinic

Psychiatry Elective, 2 to 4 week Medical Student rotation through Child and Adolescent Psychiatry Silver Center Resident Clinic

Graduate Medical Education Supervision

Child and Adolescent Psychiatry Residency

Supervise one afternoon weekly of outpatient Child and Adolescent Psychiatry Silver Center Resident Clinic with USF Child and Adolescent Psychiatry residents who performed assessment, consultation, and treatment.

September 2016 to June 2021

Supervise one afternoon weekly of outpatient Child and Adolescent Psychiatry correctional psychiatry with USF Child and Adolescent Psychiatry residents who observe clinical care in juvenile correctional facilities.

September 2016 to present

General Psychiatry Residency:

Supervise one afternoon weekly of outpatient Child and Adolescent Psychiatry Silver Center Resident Clinic with USF General Psychiatry Residents who performed assessment, consultation, and treatment.

September 2016 to present

Forensic Psychiatry Resident Teaching

Supervision of forensic psychiatry trainees within the University of South Florida forensic psychiatry training program. This includes review of resident competency evaluations along with co-evaluation of criminal defendants as individual cases arise.

2018 to present

At Louisiana State University Health Science Center New Orleans

LSU- Kenner Family Practice Residency:

- One month, once weekly half day mental health rotation at St Charles Community Health Center for all Kenner Family Practice Residents

2008 to 2016

Clerkship/Residency Directorship:

Child and Adolescent Psychiatry Fellowship Training Director, Louisiana State University Medical Center. Oversaw and supervised resident physician training
Managed administrative, evaluation and scheduling issues within the training program
Collaborated with Louisiana State University psychiatric faculty to develop policies and procedures at various clinical site.

July 2010 to September 2012

Teaching Awards:

Association for Academic Psychiatry Honorary Fellow

October 2001- October 2002

Louisiana State University Child and Adolescent Psychiatry Department Outstanding Teacher Award for the 2006-2007 academic year

Louisiana State University Child and Adolescent Psychiatry Department Outstanding Teacher Award for the 2015-2016 academic year

Peer to Peer: Institutional Grand Rounds

“The Minds, They are a Changin’ – An Overview and Update on MDMA and Psilocybin Grand Rounds University of South Florida Psychiatry Department, Tampa Florida

January 28 2022

“3 Simple Rules for Overcoming Obesity” University of South Florida Endocrinology Department, Tampa Florida

November 9, 2021

“A hard pill to swallow: psychotropic medications in foster care”, University of South Florida, Department of Public Health, Tampa Florida

November 3, 2017

“Rules of Thumb: The importance of heuristic and cognitive biases in pediatric physical and mental health” Grand Rounds Children’s Hospital, New Orleans

July 30, 2014,

Grand Rounds, Louisiana State University Department of Psychiatry, “Rules of Thumb, lifestyle interventions for mental health professionals.” New Orleans, Louisiana

January 23, 2014

“Just say No, the Case against Stimulant Medication” Grand Rounds Children’s Hospital, New Orleans, Louisiana

May 19th, 2010

“Violence: Neurobiology, Risk Assessment and Beyond”, Grand Rounds Louisiana State University Department of Psychiatry, New Orleans, Louisiana

August 9, 2012

“Is ADHD a Nutritional Disorder”, Grand Rounds Louisiana State University
Department of Psychiatry, New Orleans, Louisiana

July 28, 2011

“Just say No, the Case Against Stimulant Medication”, Grand Rounds Louisiana State
University Department of Psychiatry, New Orleans, Louisiana

July 29th, 2010

Grand Rounds Department of Psychiatry, Louisiana State University School of Medicine,
New Orleans, Louisiana “The Application of Darwinian Principles to Child Custody
Evaluations”, New Orleans, Louisiana

May 26th, 2005

“Attention Deficit Hyperactivity Disorder” Grand Rounds Department of Pediatrics,
Louisiana State University School of Medicine, New Orleans, Louisiana

May 25th, 2005

“The Media, Our New Social World, How Should Pediatricians Respond?” Grand
Rounds, Louisiana State University School of Medicine, Children’s Hospital, New
Orleans, Louisiana

June 2nd, 2004

“Attention Deficit Disorder” for Louisiana State University Health Science Center
Juvenile Corrections Program Continuing Medical Education Presentation via
telemedicine New Orleans, Louisiana

March 16th, 2004

“The Media, Relationships to Children and Psychiatry”, Grand Rounds, Department of
Psychiatry, Louisiana State University School of Medicine, New Orleans, Louisiana

June 4th, 2003

“The Media, Relationships to Children and Psychiatry”, Grand Rounds, New Orleans
Adolescent Hospital, New Orleans, Louisiana

March 28th 2003

Lectures by Invitation

“The Media, Relationships to Children and Psychiatry” Grand Rounds, University of
West Virginia, Charleston, West Virginia, Department of Psychiatry and Behavioral
Science

April 10th 2003

“The Media and Child and Adolescent Psychiatry –An Evolving Relationship” Chair and Presenter, Media Theatre, Annual Conference of the American Academy of Child and Adolescent Psychiatry

October 21st, 2004

“The Media, Our New Social World, How Should Health Care Professionals Respond?” Continuing Medical Education Presentation Snowshoe Mountain Retreat, Snowshoe Mountain, West Virginia

September 19th, 2004

“The Application of Darwinian Principles to Child Custody Evaluations” Grand Rounds Department of Psychiatry, University of South Florida, Tampa, Florida

October 31st, 2005

“The Evaluation and Treatment of Traumatized Children and Adolescents with ADHD” Web Cast Presentation and Grand Rounds sponsored by the National Center for Child Traumatic Stress Network’s Rural Consortium, New Orleans, Louisiana

January 25th, 2007

“Behavioral Disorder or Traumatized Child?” Louisiana Federation of Families for Children’s Mental Health, Children’s Mental Health Conference, Houma Louisiana

May 9th, 2008

“Behavioral Disorder or Traumatized Child?” Grand Rounds Tulane University Department of Child Psychiatry, New Orleans, Louisiana

March 13th, 2009

“Brother’s Little Helper: The Simpsons Satirizes Stimulant Medication as a Response to Childhood Behavior Problems” Media Theatre, Annual meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York Kristopher Kaliebe MD, K. Dalope, MD

October 30, 2010

“Violence Risk Assessment” Louisiana Psychiatric Medical Association Annual Meeting, New Orleans, LA

March 2, 2013,

“Telepsychiatry in Juvenile Justice Settings” part of “Telepsychiatry: Challenges and Successes Across Settings.” Clinical Perspectives, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Orlando FL

October 22, 2013

“What are they Missing, When Electronic Media Displaces Sleep, Academics and Exercise” part of “Identifying and Treating Internet-Related Mental Health Problems: An Evidence-Based Approach” Clinical Perspectives. Annual meeting of the American Academy of Child and Adolescent Psychiatry, Toronto, Canada

October 24, 2014

“The Implications of the Pharmacological Treatment of Children” Michigan Drug Court Annual Conference, Lansing, Michigan

March 12, 2014

“Three rules to prevent and treat ADHD symptoms” as part of the Louisiana ADHD Symposium, organized by the Louisiana Department of Health and Hospitals ADHD Task Force, Baton Rouge, Louisiana

December 9, 2014

“Non-Pharmaceutical Interventions for ADHD”, Invited Professorship: St George’s University School of Medicine Complementary and Alternative Medicine Selective, St George’s, Grenada, West Indies

August 28 – Sept. 3rd, 2014

“Screen Time and Childhood Behavior: Disruptive Influence or Easy Scapegoat” as part of “Caught in the Net, How Electronics effects Mental Illness” Chair and Presenter, Clinical Perspectives, Annual meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California

October 30, 2014

“The Management of Childhood Obesity” and “Disordered Eating in Children and Adolescents” Oregon Psychiatric Medical Association Conference, Portland, Oregon
February 27 and 28, 2015

“Rules of Thumb: 3 Simple Rules to Optimize Physical and Mental Health” National Alliance for the Mentally Ill Louisiana Annual Conference, New Orleans, Louisiana
April 17, 2015

“ADHD overdiagnosis in Louisiana, a child and adolescent psychiatrist’s perspective” Preventing Overdiagnosis Conference, National Institutes of Health (NIH), Bethesda Maryland

September 2, 2015

“An alternative to diagnosis-based practice in pediatric mental health” Preventing Overdiagnosis Conference: National Institutes of Health NIH Bethesda Maryland
September 2, 2015

“Shell Shocked: Growing up in the Murder Capital of America”. Discussant for Media Theatre, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Holly Peek, MD, Kristopher Kaliebe, MD San Antonio, Texas

October 29, 2015

“Screen Time and Childhood Behavior: Disruptive Influence or Easy Scapegoat” as part of “Caught in the Net, How Electronics effects Mental Illness” Chair and Presenter,

Clinical Perspectives, Annual meeting of the American Academy of Child and Adolescent Psychiatry, San Antonio, Texas

October 31, 2015

“What are they (we) Missing? When Electronic Media Displaces Sleep, Academics, and Exercise” Grand Rounds University of South Florida Psychiatry Department, Tampa Florida

November 12th, 2015

ADHD overdiagnosis in Louisiana, a child and adolescent psychiatrist’s perspective, Louisiana Psychological Association, New Orleans, LA

May 20, 2016

“Rules of Thumb: 3 Simple Rules to Optimize Physical and Mental Health” Crohns and Colitis Association of America Regional Conference, New Orleans, LA,

June 12, 2016

“Evaluating and Assuring the Effective and Safe Use of Psychotropic Medications in Children” Webinar: National Council of Juvenile and Family Court Judges, with Judge Constance Cohen; Janie Huddleston and Dr. Joy Osofsky, Ph.D.

June 24, 2016,

“Psychotropic Medications 101: What Judges Need to Know for Effective Decision Making” Florida Child Protection Summit, with Melinda Szczepanski, Orlando FL

September 9, 2016

“Communicating With the Media and the Public as Child and Adolescent Psychiatrists Around Disaster and Highly Traumatic Events.” Workshop, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Media Training Workshop, New York, New York

October 27, 2016

“Evolutionary Biology is a Basic Science for Child and Adolescent Psychiatry” Special Interest Group, Annual meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York

October 28, 2016

“Is War Ever Really Over? War-Affected Youth From Home to Host ountry”, Discussant, Clinical Perspectives. Annual meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York

October 28, 2016

“Psychotropic Medications 101: The pertinent essentials for all involved in the child welfare system” Florida Child Protection Summit, with Melinda Szczepanski, Orlando, Florida

August 30, 2017

“Safe Use of Psychotropic Medications in Children.” 2017 Safe Babies Court Teams Cross Sites Meeting, Fort Lauderdale, Florida

August 17, 2017

“Health Promotion in Pediatric Mental Health” Discussant, Clinical Perspectives, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Washington, DC
October 23, 2017

“New Technologies, New Laws, New Childhood” as part of “Clinical Guidelines for Navigating Media Use” Clinical Perspectives, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Washington, DC

October 24, 2017

“Screen Time and Childhood Behavior: Disruptive Influence or Easy Scapegoat” as part of “Caught in the Net, How Electronics effects Mental Illness” Chair and Presenter, Clinical Perspectives, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Washington, DC

October 26, 2017

“The Business of News, the Role of Child and Adolescent Psychiatrists in the Media, and Risk Communication.” Member Services Forum, Annual meeting of the American Academy of Child and Adolescent Psychiatry: Washington, DC

October 27, 2017

“Caught in the net: a child psychiatrist’s guide for navigating the internet age.”, Workshop, International Association for Child and Adolescent Psychiatry and Allied Professions, Prague, Czechoslovakia

July 27, 2018

Chair, Clinical Perspectives, Annual meeting of the American Academy of Child and Adolescent Psychiatry, “Caught in the Net: How Digital Media Shapes Mental Illnesses in Youth and How Psychiatrists Should Respond.” Seattle, Washington

October 24, 2018

“Self-Care in the Child Welfare System” YMCA/Safe Children Coalition Conference, with Catarlyn Glenn, Sarasota Florida

April 18, 2019

“Psychotropic Medications 101: The pertinent essentials for all involved in the child welfare system” Florida Child Protection Summit, with Catarlyn Glenn, Orlando Florida
December 17, 2019

“Caught in the Net: How Digital Media Interacts with Mental Illness in Children and Adolescents”, Annual Conference of the Florida Psychiatric Society, Tampa, Florida
September 21, 2019

“Effective Strategies for Higher Education and Beyond” Clinical Perspectives, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Mastering Information Flow for Transitional-Age Youth (TAY): as part of “Promoting Digital Citizenship in Transitional-Aged Youth (TAY) and College Students”, Chicago, IL
October 19, 2019

“Caught in the Net: How Digital Media Interacts with Mental Illness”, virtually presented at the Andrew Weil Center for Integrative Medicine, Tucson, Arizona
April 1, 2020

“A deeper dive into child and adolescent psychopharmacology for families and professionals involved in the child welfare system” Florida Child Protection Summit, with Catarlyn Glenn. Orlando, FL
September 3, 2020

“Screenagers: Next Chapter – How Online Behaviors Affect Depression and Anxiety Disorders in Adolescents”, Media Theater (virtual) Annual meeting of the American Academy of Child and Adolescent Psychiatry
October 19, 2020.

“Helping Child Psychiatrists Navigate the Internet Age”, “Career Focus: Setup Your Own Telepsychiatry Practice”, “COVID-19 Related Psychiatric Issues” Oasis Child and Adolescent Psychiatry Conference, Charleston, SC
May 17, 2021

“Conversation about health information, COVID, news, and related topics”, discussant and breakout group leader, Digital Media and Mental Health Research Virtual Retreat
May 24th 2021

“The Social Dilemma: Helping Families Navigate the Pull, Pulse, and Power of Social Media”, Media Theater, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Virtual
October 29, 2021

“Appealing Applications for Adolescent Mental Health: Social Media's Transformation During the COVID-19 Pandemic”, Discussant, Clinical Perspective, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Virtual
October 25, 2021

“Angry Young Men, Common Threads in Different Types of Extremist Groups” as part of Political Extremism & Hate Group Recruitment of Adolescents”, Clinical Perspective, Annual meeting of the American Academy of Child and Adolescent Psychiatry, Virtual
October 26, 2021

“Angry Young Men: Boys and Adolescent Males with Disruptive and Aggressive Behavior”, “Nutritional Child Psychiatry” Oasis Child and Adolescent Psychiatry Conference, Charleston, SC

May 1st/ 2nd, 2022

“Sexts, Lies & Videogames: Adolescent Boys, the Internet, & Mental Health” Chair and presenter on violence and young men: Clinical Perspective, Annual Meeting of the American Academy of Psychiatry Annual Meeting, New Orleans, LA

May 25, 2022

Clinical Activities or Innovation

Licensure:

Louisiana State Medical License, expires December 31st, 2022

Florida Medical License, expires January 31st, 2024

Federal DEA Controlled Substances License 12/31/2023

Louisiana license for Controlled Dangerous Substances expires 10/1/2022

Certification: ECFMG Certificate 0-573-532-9

Forensic Training:

Florida Forensic Examiner Training completed through the University of South Florida Department of Mental Health Law and Policy

August 15-17, 2019

Certifications in Psychotherapy:

Basic Practicum in Rational Emotive Behavior Therapy completed at the Albert Ellis Institute in New York, NY

July 13, 2003

Advanced Practicum in Rational Emotive Behavior Therapy completed at the Albert Ellis Institute in New York, NY

July 20, 2003

Associate Fellowship in Rational Emotive Behavior Therapy completed at the Albert Ellis Institute in New York, NY,

July 15, 2005

Accelerated Resolution Therapy, Basic Training

April 1-3, 2017

Accelerated Resolution Therapy, Enhanced Training

Sept 31, October 1, 2018

Accelerated Resolution Therapy, Advanced Training

October 2,3, 2018

American Association of Medical Colleges Medical Education Research Certificate

October 13th, 2010

Scholarly Activity

Funded block grants

Co-investigator on the Mental and Behavioral Health Capacity Project from September 2012 to June 2017

Unfunded research

Supervisor mentoring Medical Students:

University of South Florida IRB: Faculty Advisor Co Investigator May 2021

What is the impact of coronavirus confinement on Japanese college students' mental health? Ivana Radosavljevic STUDY002335

University of South Florida IRB: Faculty Advisor Co Investigator May 2021

Changes in college aged students' metabolic health due to Covid-19 confinement
Matthew Udine, STUDY002341

PI as student supervisor, STUDY004118, IRB approved as Exempt Status, Palliative Care Patients' Attitudes & Openness to Psilocybin assisted Psychotherapy for Treatment of Existential Distress, Julia Wang

Journal Publications:

Peer Reviewed

Kaliebe, Kristopher and Adrian Sondheimer. "The media: Relationships to psychiatry and children." *Academic Psychiatry* 26.3 (2002): 205-215.

Kaliebe, Kristopher "Rules of thumb: three simple ideas for overcoming the complex problem of childhood obesity." *Journal of the American Academy of Child & Adolescent Psychiatry* 53.4 (2014): 385-387.

Kaliebe, Kristopher. "Dr Kaliebe Replies", *Journal of the American Academy of Child & Adolescent Psychiatry*, (2014) 53:10 1134.

Kaliebe, Kristopher "The Future of Psychiatric Collaboration in Federally Qualified Health Centers." *Psychiatric Services* (2016): appi-ps.

Kaliebe, Kristopher, and Josh Sanderson. "A Proposal for Postmodern Stress Disorder." *The American journal of medicine* 129.7 (2016): e79.

Osofsky, Howard J., Anthony Speier, Tonya Cross Hansel, John H. Wells II, **Kristopher E. Kaliebe**, and Nicole J. Savage. "Collaborative Health Care and Emerging Trends in a Community-Based Psychiatry Residency Model." *Academic Psychiatry* (2016): 1-8.

Yeh, Y. Y. and **K. Kaliebe**. "Impact of Nutrition on Neurocognition." *Southern medical journal* 109.8 (2016): 454.

K. Kaliebe Expanding Our Reach: Integrating Child and Adolescent Psychiatry Into Primary Care at Federally Qualified Health Centers. *J Am Acad Child Adolesc Psychiatry*. 56.11 (2017)

Kass, R. and **Kaliebe, K.**, Stress and Inflammation: New Perspectives on Major Depressive Disorder. *JAACAP Connect*, p.22. Winter 2020

Case Reports, Technical Notes, Letters

Books, Textbook Chapters:

Weigle, P., Kaliebe, K., Dalope, K., Asamoah, T., & Shafi, R. M. A. (2021). 18 Digital Media Use in Transitional-Age Youth: Challenges and Opportunities. *Transition-Age Youth Mental Health Care: Bridging the Gap Between Pediatric and Adult Psychiatric Care*, 357.

Papers in Press:

Accepted for publication: Prescribing Psychotropic Medications for Justice-Involved Juveniles, *Journal of Correctional Health Care*, A Tamburello, J Penn, R Negron-Muñoz, **K Kaliebe**

Invited Publications

"Telepsychiatry in Juvenile Justice Settings", **K Kaliebe**, J Heneghan, T Kim, *Child and Adolescent Clinics of North America*, 20 (2011) 113-123

American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Telepsychiatry and AACAP Committee on Quality Issues. Clinical Update: Telepsychiatry With Children and Adolescents. *J Am Acad Child Adolesc Psychiatry*. 2017 Oct; 56(10):875-893. Epub 2017 Jul 25. PMID: 28942810.

Kaliebe, Kristopher and Paul Weigle. "Child Psychiatry in the Age of the Internet." (2017). *Child and Adolescent Psychiatric Clinics of North America*, April 2018 Volume 27, Issue 2, Pages xiii–xv

Gerwin, Roslyn L., **Kristopher Kaliebe**, and Monica Daigle. "The Interplay Between Digital Media Use and Development." *Child and Adolescent Psychiatric Clinics* 27.2 (2018): 345-355.

Other Research and Creative Achievements:

Poster Presentations:

"Collaborative Child and Adolescent Psychiatry within Primary Care Clinics in Coastal Louisiana" Poster, Annual meeting of the American Academy of Child and Adolescent Psychiatry, **Kristopher Kaliebe MD**, Joy Osofsky, PhD; Howard Osofsky, MD, PhD; Lucy King, BA; Tonya Hansel, PhD, San Antonio, TX

October 29, 2015

"Benefits of Integrating Young Child Psychiatric Services Into Primary Care Clinics in Underserved Communities" Poster, Annual meeting of the American Academy of Child and Adolescent Psychiatry, New York, NY Joy Osofsky, PhD; Howard Osofsky, MD, PhD; Lucy King, BA; Tonya Hansel, PhD, **Kristopher Kaliebe MD**

October 28, 2016

"Integrating child and adolescent psychiatry into community based primary care networks", Poster, International Association for Child and Adolescent Psychiatry and Allied Professions, Prague, Czechoslovakia **Kristopher Kaliebe MD**

July 25, 2018

"The Prevalence of the Adverse Childhood Experiences (ACE) in Florida Youth Referred to the Department of Juvenile Justice" Poster, Annual meeting of the American Academy of Psychiatry and the Law, Greg Iannuzzi, MD, Mark Greenwald, PhD, **Kristopher Kaliebe MD**

October 25, 2018

Other articles:

"LSU's *Breakfast Club* emphasizes education and recruitment into Child and Adolescent Psychiatry", *American Academy of Child and Adolescent Psychiatry News*,

January 2004

"Trix are for Kids!", *American Academy of Child and Adolescent Psychiatry News*,

May, 2013

Expanded Psychiatric Care Can Transform Federally Qualified Health Centers, *American Psychiatric Association News*,

Published online June 17, 2016

.....
News Stories on Suicide, Fictional Content may Increase Risk for Contagion, Hansa Bhargava and **Kristopher Kaliebe**, *American Academy of Pediatrics News, Mastering the Media Column*,

Published online July 10, 2019

Webinars and creation of enduring materials:

Rules for Optimal Health, Webinar, University of South Florida Quality Parenting Initiative, Florida's Center for Child Welfare Information and Training Resources for Child Welfare Professionals, released

..... December 11, 2017

Florida's Center for Child Welfare Information and Training Resources, webinars series on pediatric mental health for child welfare professionals and caregivers, Kristopher Kaliebe with Catarolyn Johnson;

..... June 1, 8, 15, 22 and 29, 2020

“Don’t just sit there- Adapt and Optimize in a post Covid world” University of South Florida Global Health Conversation Series, presented virtually

September 22, 2020

Service

Membership in Professional Organizations:

Member, American Academy of Child and Adolescent Psychiatry (AACAP),
2000 to present

AACAP Media Committee member
2003 –2021

C0-Chair, AACAP Media Committee
2013-2021

Media Committee Liaison to the Complementary and Integrative Medicine Committee of the AACAP
2012 to 2019

Liaison to the Committee on Communications and Media of the American Academy of Pediatrics, from American Academy of Child and Adolescent Psychiatry (AACAP)
2015 to present

Member Association for Behavioral and Cognitive Therapies
2004 – 2016

Member American Academy of Psychiatry and the Law
2004 to present

Member Zero to Three

2017 to 2021

Member Louisiana Council for Child Psychiatry (LCCP)
2003 to 2016

Louisiana Council for Child Psychiatry (LCCP)

Secretary-Treasurer
March 2010-March 2014

President
March 2014- June 2016

Member, American Psychiatric Association
2000 - 2012 , 2021 to present

LSUHSC Psychiatry Interest Group Faculty advisor
2008 to 2012

University of South Florida Medical School Integrative Medicine Student Interest Group
faculty advisor
January 2020 to present

University of South Florida Medical School Mindfulness and Meditation in Medicine
Group faculty advisor
January 2022 to present

University of South Florida Interdisciplinary (university wide) Psychedelics Interest
Group faculty advisor
March 2022 to present

Editorial Posts and Activities:
Journal editorships, Reviewer

LSUHSC Institutional Review Board alternate reviewer 2008-2012

Safety Committee Member, Accelerated Resolution Therapy for Treatment of
Complicated Grief in Senior Adults, University of South Florida
2017-19

Expert reviewer for *Adolescent Psychiatry* Thematic Special Issue: Coming of Age
Online: Challenges of Treating the Internet Generation: (2), 4, 2014

Expert reviewer for *Academic Psychiatry* Media Column June 2018

Expert Reviewer for *Pediatrics*

January 2021

Expert reviewer for *Academic Psychiatry* Media Column

March 2022

Expert Reviewer for *Harvard Review of Psychiatry*

May 2021

Co-editor: Kaliebe, Kristopher, and Paul Weigle. Youth Internet Habits and Mental Health, An Issue of Child and Adolescent Psychiatric Clinics of North America, E-Book. Vol. 27. No. 2. Elsevier Health Sciences. 2018

Member, Planning Committee for the Digital Media and Mental Health Research Retreat hosted by the nonprofit Children and Screens.

May 24th, 25th 2021.

Revised: October 2022

Appendix Attachment

13

2. Florida's Rule 59G-1.050(7) of the Florida Administrative Code disallows Medicaid coverage for medical and surgical interventions that "alter primary or secondary sexual characteristics."

3. Florida's Rule will prevent manipulation and coercion on the part of health care providers. Most importantly, this Rule will protect vulnerable children and young people from grievous harm.

4. Florida's new regulation will prevent the state funding of situations like mine in which a parent acceded to the requests of a vulnerable 15-year-old and placed me on the fast track to medical and surgical interventions which have left me at age 21 facing a lifetime of sterility with a mutilated body.

5. Like many detransitioning young people, I was a gender non-conforming child who is on the autism spectrum and suffered with depression and anxiety. I was often bullied at school. I began seeing therapists when I was 6 years old.

6. When I was about 8 years old, I began to think that I did not like stereotypical "boy stuff," such as athletics and rough play. Instead, I liked the ways girls behaved and was drawn to stereotypical "girl stuff."

7. I did not socialize well with male peers and believed that if the behavior and habits of my male peers were what it meant to be a boy then maybe I was not a boy. Those feelings were confirmed by postings on transgender websites

that told me I was a girl if I liked “girl things.” I also began conversing with trans-identifying people through phone apps.

8. At age 14, I told a friend I was “trans” and wanted to be a girl. I believed that I was “a girl trapped in a boy’s body.”

9. I told my parent, who quickly celebrated my “trans” identity and arranged for me to see a “gender affirming” therapist. The therapist immediately affirmed my “trans” identity without any psychological testing or exploration as to why I believed I was “trans.” My parent also bought a whole new female wardrobe and cut off relatives and family friends who did not affirm my new female identity.

10. My parent also arranged for me to see an endocrinologist who runs a gender clinic for children and young adults within a hospital in Providence, Rhode Island. The endocrinologist diagnosed me with gender dysphoria based only on my statements alone and immediately prescribed estradiol (estrogen) and spironolactone (a testosterone blocker) on the first visit.

11. The endocrinologist told me that the hormones would feminize my body, but downplayed the side effects, saying things like, “There is a minor risk of blood clots, but it’s not a big deal because you don’t see cis women dropping dead of blood clots every day.”

12. I began the hormone regimen at age 15 with my parent’s consent. My other parent eventually “came around” to support my female identity and transition.

13. I experienced significant negative psychological effects from the hormones. I became depressed to the point that I was not getting out of bed. I became too anxious to go anywhere or talk to people and skipped school for months on end. I ended up dropping out of school.

14. I also developed an eating disorder and addiction to the internet. I clearly was not functioning healthfully, but my parent and therapist continued to move me along the “gender affirmation path.”

15. I was scheduled for surgery when I was 17. Once the time for the surgery came closer I had fears and doubts about the surgery that I mentioned to my doctor, but she told me it was nothing to worry about and that soon I would have a brand new (vulgar word for female genitalia). I also expressed some of these fears to my parent but was similarly told that the surgeries would be good for me and that I had nothing to worry about. Soon after turning 18 I got on a plane to travel to Washington DC where my testicles and penis were removed, I was given a vaginoplasty to create an artificial vagina, and I received plastic surgery on my face.

16. About a year into the treatments I started having doubts. I would talk myself out of the second thoughts.

17. Whenever I wanted a higher dose of estrogen the doctor complied and glossed over any negative side effects. She also put me on progesterone to give my body a more feminine appearance. During the time that she treated me her demeanor

was wholly unprofessional. I later learned that the high dose of estrogen could have caused blood clots.

18. I was never offered any alternatives to medication and surgery.

19. No one attempted to explore any underlying reasons for my depression and discomfort with being male. No one suggested to me that I could become comfortable just being a “feminine” male.

20. I was only told that I was “born this way.” No medical professional asked deeper questions because apparently none thought they should.

21. I realized that the treatments had not improved my life and returned to living as a male at age 20.

22. I am 21 years old. My body is completely ruined. I do not have any good options. My body is going to be a “freak” no matter what I do.

23. Even, as was true in my case, when parents consent to the treatments, these hormone and surgical treatments put kids and young people on a path of harm.

24. I was not able to grow up in a healthy way. I have been deeply scarred by these treatments. My relationship with my parent, whom I wish would have protected me, is deeply strained.

25. I know from experience that this path leads to depression, suicide, or ending up like me, physically marred and out of place with everyone. At times I do

not even feel like a person, but more like a freak. Even if some may feel they want the treatments as I did, these treatments lead nowhere good. I do not want to see other young people similarly harmed.

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

Dated: October 3, 2022.

/s/ C.G.
C.G. (pseudonym)

Appendix Attachment

14

2. Florida Administrative Code § 59G-1.050(7), which prohibits Medicaid coverage for medical and surgical interventions meant to “alter primary or secondary sexual characteristics,” is a necessary and potentially life-saving regulation that will protect vulnerable young people from physical and mental harm, irreversible physical changes, and deep regret that I have experienced.

3. The Florida regulation is particularly important to me in that my surgery was paid for by Medicaid. Had a regulation like Florida’s been in place when I sought my surgery, it would have required me to pause before undergoing surgery and perhaps prevented me from the loss of health body parts I now regret.

4. I suffered a series of traumatic events while growing up that distorted my view of the sexes. My parents went through a difficult divorce in which my mom was emotionally dysfunctional and spiteful, while my dad was more stable. In fifth or sixth grade, I began to wear girly preteen fashion and my dad told me how men his age talked about girls my age. My dad told me later that he was concerned about me being promiscuous. Then my friend was raped by her brother and the police interviewed me. I found the whole experience traumatic.

5. I was diagnosed with ADHD and put on medication to which I reacted poorly. That made me further lose respect for my mom because she had put me on the medication.

6. I then began to dress masculine. Previously an avid writer, I developed writer's block. I then focused on Anime.

7. In high school, I changed my diet and stopped eating meat. I started to have depression. There is evidence that suggests a meatless diet can contribute to depression.

8. In college I was ostracized by the "call out" culture, because in that culture if you are not part of a group then you are worthless.

9. I have done all kinds of therapy over the course of 20 years, including talk therapy, hypnotherapy, EMDR (eye movement desensitization and reprocessing), DBT (dialectical behavior therapy), TMS (transcranial magnetic stimulation therapy), Somatic Experiencing, and medications.

10. In 2016, I started seeing a gender therapist and came out as nonbinary.

11. I was still dealing with anxiety and depression and in 2020 I was on my second set of TMS, trans-cranial magnetic stimulation, treatments which helped some but not as much as I felt I needed. So, I turned to top surgery for an answer.

12. I did not want to be a man or a woman but instead wanted out of all sex types. I had a double mastectomy with nipple grafts in August 2020, not to emulate either sex but to be non-binary.

13. I had seen “female to non-binary” “top surgery” on the internet and believed it was an accepted, proven treatment. I did not realize at the time that it is experimental and had discomfort around my breasts due to trauma.

14. I received two letters recommending surgery from two mental health professionals at gender clinics one in May 2020 and the second in July 2020. Although I had a number of mental health issues and years of treatment, these providers did not review or ignored my records nor did they do a psychological evaluation even though they acknowledged that I had trauma.

15. I developed complications from the surgery. I developed “Raynaud's Syndrome” in which one’s capillaries shrink and caused my extremities to get cold and discolored. This caused great discomfort. I also developed a burning sensation in back of my neck, tinnitus (ringing) in my ears, musculoskeletal issues, skin discoloration, most likely bone spurs, and insomnia.

16. My suicidal ideation worsened. I became terribly sleep deprived and my anxiety worsened. I became deeply depressed and distraught over time after the surgery. I knew something was going wrong with my body. My mother had to lay down with me to help me sleep. I had many physical problems and made many trips to the ER. The doctors were stymied. My mother talked to me about psychiatric hospitalization.

17. Rather than fixing my problems, the surgery made my physical and mental health worse.

18. I began to focus on holistic treatments through my own research with the help of a naturopathic doctors, bodywork practitioners, and trained staff certified in functional hyperbaric medicine who did treatments that helped restore balance to my nervous system. The holistic treatments helped me a great deal, and as my physical health improved so did my mental health. I began a slow progression to reconnect with my female body and womanhood.

19. I began looking at different information that offered different perspectives than I had received from internet transgender sources.

20. I detransitioned in 2022 when, after the effective holistic treatments, I was at peace with the realization that I am a woman.

21. I hate that I underwent the surgery. I can never breast feed if I have children. For many years I did not want a family because I felt so poorly physically and mentally. Now I want to marry and have kids. I can't fit clothing the same way again.

22. I believed that I was doing everything I was supposed to do. Now I realize that I was having a number of physical and mental health problems that no professionals investigated or addressed before prescribing a treatment that caused me to lose a part of my body.

23. Surgery is such a drastic, irreversible step. As I experienced, we do not truly know what these surgeries will do to the body – they are experimental. They are doing surgeries for a state that does not exist in nature. Those undergoing the surgeries are putting their bodies at risk and subjecting their bodies to trauma.

24. I am quite concerned that doctors are not running the right lab tests or doing the right holistic medical assessments to find out what is truly causing gender dysphoric patients their dysphoria and the desire to surgically remove parts of their body.

25. I have significant concerns about the experimental nature of the surgery. There is no biological blueprint for the surgery. There are no controlled studies. As I have experienced, because of the experimental and unpredictable nature of these surgeries the medical care one receives afterward is abysmal because they don't know what to do for you. These surgeries should not be funded by tax dollars.

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

Executed on October 3, 2022.

/s/ Camille Kiefel
Camille Kiefel