EXHIBIT A

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

REIYN KEOHANE, et al.	:	
	:	
Plaintiffs,	:	
	:	
v.	:	Case No. 4:24-cv-434-AW-MAF
	:	
RICKY D. DIXON, et al,	:	
	:	
Defendants.	:	

DECLARATION OF DR. DAN H. KARASIC IN SUPPORT OF PLAINTIFFS' MOTION FOR CLASS CERTIFICATION

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

1. My name is Dan H. Karasic. 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 Professor Emeritus of Psychiatry at University of California – San Francisco (UCSF). I have been on faculty at UCSF since 1991. I have also had a telepsychiatry private practice since 2020.

4. 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.

5. For over 30 years, I have worked with patients with gender dysphoria. I am a Distinguished Life Fellow of the American Psychiatric Association and have been 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.

6. Over the past 30 years, I have provided care for thousands of transgender patients.

7. I previously sat on the Board of Directors of the World Professional Association for Transgender Health (WPATH) and am a co-author of WPATH's Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 7, and the lead author on the Mental Health chapter of Version 8. The WPATH Standards of Care are the internationally accepted guidelines designed to promote the health and welfare of transgender, transsexual, and gender variant persons. I remain active in the work of WPATH.

8. 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.

9. 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.

10. I have worked with the San Francisco Department of Public Health, helping to develop and implement their program for the care of transgender patients and conducting 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.

11. 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 the 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.

12. 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, which treats patients held by forensic commitment and psychiatric patients from the state prisons, and have been a consultant for the California Department of Corrections and Rehabilitation on the care of incarcerated transgender people. I am currently a consultant in transgender mental health to the Alameda County Jails. In my 29 years working with transgender patients in San Francisco public health clinics, I worked with many formerly incarcerated people, including those who spoke of their experiences being denied care while incarcerated.

13. As part of my psychiatric practice treating individuals diagnosed with gender dysphoria and who receive other 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.

15. I have authored many articles and book chapters on the diagnosis and treatment of gender dysphoria and edited the book Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation.

16. Since 2018, I have performed over 130 independent medical reviews for the State of California to determine the medical necessity of transgender care in appeals of denial of insurance coverage.

17. My professional background, experiences, publications inclusive of those authored in the past ten years, 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.

B. Compensation

18. 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

19. Over the past four years, I have given expert testimony by deposition or trial in the following cases: *L.B. v. Premera Blue Cross*, No. 3:20-cv-06145-RJB (W.D. Wash.); *Misanin v. Wilson*, No. 2:24-cv-04734-BHH (D.S.C.); *Voe v. Mansfield*, No. 1:23-CV-864-LCB-LPA (M.D.N.C.); *Boe v. Marshall*, No. 2:22-cv-184-LCB (N.D. Ala.); *Doe v. Ladapo*, No. 4:23-cv-00114 (N.D. Fla.); *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.); *Brandt v.*

Rutledge, No. 4:21-cv-00450 (E.D. Ark.); *C.P. v. Blue Cross Blue Shield of Illinois*, No. 3:20-cv-06145 (W.D. Wash.); *Kadel v. Folwell*, No. 1:19-cv-00272 (M.D.N.C.); and *Fain v. Crouch*, No. 3:20-cv-00740 (S.D. W. Va.). 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.

II. BASIS FOR OPINIONS

20. In preparing this declaration, I have relied on my training and my decades clinical experience as a psychiatrist treating patients with gender dysphoria, as well as my experience conducting research, as set out in my curriculum vitae (*see* Exhibit A).

21. I have also relied on my knowledge of the peer-reviewed research regarding the treatment of gender dysphoria, which reflects advancements in the field of transgender health. I have 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 declaration.

22. I have also relied on my knowledge of the clinical practice guidelines for the treatment of gender dysphoria, including my work as a contributing author of the WPATH Standards of Care, Versions 7 and 8, and the UCSF Guidelines.

23. The materials I have relied upon in preparing this declaration 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 declaration 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.

24. Additionally, I have reviewed Florida Department of Corrections Procedure No. 403.012, entitled "Identification and Management of Inmates Diagnosed with Gender

Dysphoria"; Florida Department of Corrections Health Services Bulletin 15.05.23, entitled "Mental Health Treatment of Inmates with Gender Dysphoria"; and the Florida Medicaid Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria, published by Florida's Agency for Health Care Administration in June 2022, along with its attachments.

III. SUMMARY OF EXPERT OPINIONS

25. Gender dysphoria is a serious condition which, if left untreated, can impair a person's ability to function and cause significant depression, anxiety, self-harm and suicidality.

26. Decades of scientific research and clinical experience have demonstrated that social transition and gender-affirming medical care, including hormone therapy, can significantly relieve the distress of gender dysphoria and are medically necessary for many people with this condition. I have seen first-hand, countless times over decades of practice, the many benefits of social transition and gender-affirming medical care.

27. For individuals for whom gender-affirming medical care is indicated, there are no alternative evidence-based treatments for gender dysphoria.

28. Social transition and gender-affirming medical care—including hormone therapy—are part of the widely accepted protocols for the treatment of gender dysphoria supported by every major medical association in the country, including the National Commission on Correctional Health Care.

29. Prohibiting people with gender dysphoria from socially transitioning and withdrawing or denying hormone therapy to those for whom it is indicated would put them at risk of significant harm to their health and well-being, including heightened risk of self-harm and suicidality.

30. When incarcerated people are unable to receive appropriate treatment for their

gender dysphoria, some have resorted to self-castration or other self-harm to get relief, or have attempted to end their lives.

IV. EXPERT OPINIONS

A. Sex and Gender Identity

31. At birth, infants are assigned a sex, either male or female, based on the appearance of their external genitalia.

32. While the terms "male sex" and "female sex" are sometimes used in reference to a person's genitals, chromosomes, and hormones, the reality is that sex is complicated and multifactorial. Aside from external genital characteristics, chromosomes, and endogenous hormones, other factors related to sex include gonads, gender identity, and variations in brain structure and function.

33. Gender identity is "a person's deeply felt, inherent sense of being a girl, woman, or female; a man, or male; a blend of male or female; or an alternative gender" (American Psychological Association, 2015, at 834).

34. For most people, their sex assigned at birth, or assigned sex, matches their gender identity. For transgender people, their assigned sex does not align with their gender identity.

35. Gender identity, which has biological bases (Fischer and Cocchetti, 2020), is not merely a product of external influence, nor is it subject to voluntary change.

36. As documented by multiple leading medical authorities, efforts to change a person's gender identity are ineffective, can cause harm, and are unethical. (American Psychological Association, 2021, Byne, et al., 2018, Coleman, et al., 2012).

37. Based on data from the Williams Institute, approximately 0.6% of the United States population age 13 or older, or about 1.6 million people, identify as transgender. (Herman, et al., 2022).

38. Being transgender is widely accepted as a normal variation in human development. Simply being transgender or gender nonconforming is not a medical condition to be treated and is not considered a mental illness. People who are transgender have no impairment in their ability to be productive, contributing members of society simply because of their transgender status.

39. However, as discussed below, the incongruence between one's gender identity and birth-assigned sex can cause distress, which is called gender dysphoria.

40. In the replacement of Gender Identity Disorder in DSM-IV with Gender Dysphoria in DSM-5, the American Psychiatric Association recognized that the clinically significant distress and social/occupational impairment of gender dysphoria is the disorder, not transgender identity. DSM-5 notes that diagnosis and treatment are "focus[ed] on dysphoria as the clinical problem, not identity per se." (DSM-5, at 451). The World Health Organization, in placing Gender Incongruence outside the chapter of mental health conditions, states, "trans-related and gender diverse identities are not conditions of mental ill-health." (World Health Organization, Gender Incongruence).

41. Similarly, WPATH's Standards of Care, Version 8 states: "The expression of gender characteristics, including identities, that are not stereotypically associated with one's sex assigned at birth is a common and a culturally diverse human phenomenon that should not be seen as inherently negative or pathological. … It should be recognized gender diversity is common to all human beings and is not pathological. However, gender incongruence that causes clinically significant distress and impairment often requires medically necessary clinical interventions." (Coleman, et al. 2022).

B. Gender Dysphoria

42. The diagnosis of Gender Dysphoria (capitalized) is a serious medical condition,

and it is codified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM). The current version, known as the *Fifth Edition, Text Revision* (DSM-5-TR), was released in 2022.

43. The DSM's diagnosis of Gender Dysphoria in Adolescents and Adults involves two major diagnostic criteria:

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

1. A marked incongruence between one's experienced/expressed gender and primary or secondary sex characteristics.
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender.
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

44. Gender dysphoria is a condition that is highly amenable to treatment, and the prevailing treatment for it is highly effective.

45. When untreated, gender dysphoria can cause significant distress including increased risk of depression, anxiety, self-harm and suicidality. It can also impair individuals' ability to function in all aspects of life, including school or work, and in family and other personal relationships. These risks decline when transgender individuals are supported and live according to their gender identity.

46. With access to medically-indicated care, transgender people can experience significant and potentially complete relief from their symptoms of gender dysphoria. Not only is this documented in scientific literature and published data, but I have witnessed this in thousands of patients over three decades.

C. Evidence-Based Guidelines for Treatment of Gender Dysphoria

47. The World Professional Association of Transgender Health (WPATH) has issued *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* ("WPATH SOC") since 1979. The current version, published in 2022, is WPATH SOC 8. The SOC 8 provides guidelines for multidisciplinary care of transgender individuals and describes criteria for medical interventions to treat gender dysphoria, including hormone treatment and surgery when medically indicated.

48. The SOC 8 utilized a rigorous evidence-based approach to developing the guidelines. (Coleman, et al., 2022). The process of developing the SOC 8 was a multistep, several years long effort that started in 2017. This process is outlined in great detail in Appendix A to SOC 8.

49. This "process for development of the SOC-8 incorporated recommendations on clinical practice guideline development from the National Academies of Medicine and the World Health Organization that addressed transparency, the conflict-of-interest policy, committee composition and group process." (Coleman, et al., 2022, at S247 (citing Institute of Medicine Committee on Standards for Developing Trustworthy Clinical Practice, 2011; World Health Organization, 2019)). And "[t]he SOC-8 revision committee was multidisciplinary and consisted of subject matter experts, health care professionals, researchers and stakeholders with diverse perspectives and geographic representation." (Coleman, et al., 2022, at S247).

50. WPATH SOC 8's evidence-based recommendations were drafted "based on the

results of the systematic, and background literature reviews plus consensus-based expert opinions." (Coleman, et al., 2022, at S250). The recommendations were developed and are based on available evidence supporting interventions, a discussion of risks and harms, as well as feasibility and acceptability within different contexts and country settings. A consensus of the final recommendations was attained using the Delphi process that included all members of the Standards of Care Revision committee, and supportive and explanatory text of the evidence for the statements was written.

51. The Delphi process is a procedure by which a panel of experts are asked for their opinion on a relevant issue, summarizing and presenting their collective responses and repeating this process for a certain number of rounds. (Shang, 2023; Hsu and Sanford, 2019). It is "a well-established approach to answering a research question through the identification of a consensus view across subject experts." (Barrett and Healey, 2020).

52. The recommendations submitted to a vote under the Delphi process required approval of 75% of the authors of SOC 8 as a whole. More specifically, for a recommendation to be approved, a minimum of 75% of the voters had to approve the statement. (Coleman, et al., 2022, at S250). With regards to SOC 8, each member of the SOC revision committee voted on each statement. Following the aforementioned process, recommendations contained in SOC 8, as published in 2022, were approved by 75% or more of the revision committee.

53. A clinical practice guideline from the Endocrine Society (the Endocrine Society Guideline) provides similar guidelines for clinicians to provide safe and effective treatment for gender dysphoria. (Hembree, et al., 2017).

54. Each of these guidelines are evidence-based and supported by scientific research and literature, as well as extensive clinical experience.

55. The evidence base supporting the recommendations in these guidelines is comparable to the evidence base supporting treatment for other conditions.

56. The protocols and policies set forth by the WPATH Standards of Care and the Endocrine Society Guideline are cited as authoritative by the major professional medical and mental health associations in the United States, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, the American College of Obstetrics and Gynecology, the American College of Physicians, and the World Medical Association, among others. They are also relied upon by clinicians treating patients with gender dysphoria.

57. These treatment protocols also apply in prison settings and are supported by the National Commission on Correctional Health Care.

D. Treatment of Gender Dysphoria

58. Under the WPATH SOC and the Endocrine Society Guideline, the overarching goal of treatment is to eliminate the distress of gender dysphoria by helping the patient live consistently with their gender identity by aligning their presentation and body with their gender identity.

59. Social transition is an integral part of addressing gender dysphoria for transgender people. Social transition involves changing appearance (e.g. garments, hair, make-up) and social role, with change of signifiers of gender, including name and pronouns, and public presentation in the identified gender.

60. In earlier versions of the Standards of Care, social transition was required before medical interventions were considered. While the current WPATH SOC 8 recognizes the necessity for individualized paths for transition, social transition remains central to addressing gender dysphoria for many transgender people.

61. While social transition alone can adequately address gender dysphoria for some people, many individuals with gender dysphoria cannot obtain relief without also receiving medical interventions to align the body with their gender identity. In accordance with the WPATH SOC and the Endocrine Society Guidelines, medical interventions to treat adults with gender dysphoria may include hormone therapy and surgeries, based on a patient's individual needs.

62. For assessing an adult for gender-affirming medical care, WPATH SOC 8 states that the health professional should be licensed and trained in identifying gender dysphoria as well as co-existing mental health and psychosocial concerns, and that medical or surgical treatment should only be recommended when "gender incongruence is marked and sustained," when there is capacity for consent, when other conditions that might affect outcomes have been assessed, and when diagnostic criteria for Gender Dysphoria of DSM 5-TR (in the US) or Gender Incongruence of ICD-11(outside the US) are met.

63. If a patient is assessed to have a medical need for hormone therapy, gender-affirming hormone therapy involves administering testosterone for transgender men and estrogen and testosterone suppression for transgender women. The purpose of this treatment is to attain the appropriate masculinization or feminization of the transgender person that matches as closely as possible to their gender identity. Gender-affirming hormone therapy is a partially reversible treatment.

64. Some transgender individuals need surgical interventions to help bring their phenotype into alignment with their gender. Surgical interventions may include, inter alia, vaginoplasty and orchiectomy for transgender female individuals, and chest reconstruction and hysterectomy for transgender male individuals.

65. For patients for whom gender-affirming medical care is indicated, no alternative treatments have been demonstrated to be effective.

66. The treatment protocols for gender dysphoria are comparable to those for other mental health and medical conditions. Indeed, these or similar procedures are provided for cisgender people with other diagnoses. For example, breast reduction surgery is much more commonly performed on cisgender males who have unwanted excess breast tissue (gynecomastia), than on transgender males. Dai, et al. (2024) recently found that of the adolescents who had these surgeries, 97% were cisgender males and only 3% were transgender males. Testosterone treatment for transgender males, like for cisgender males with testosterone insufficiency (hypogonadism), involves administering testosterone to bring blood levels up to the normal male range.

E. Social Transition Has Been Shown to Help Alleviate Gender Dysphoria.

67. Social transition has been shown to positively affect mental health (Hughto, et al 2020). Bringing one's presentation into alignment with gender identity can help one see oneself and be recognized and treated by others consistent with one's gender identity. Recognition of chosen name with social transition has been associated with decreases in depression and suicidality. (Russell, et al 2018).

68. In my work with thousands of transgender patients, social transition has been a critical step towards improved mental health. In patients who have been forced to socially detransition, while incarcerated or due to family or career, mental health impacts have been severe to my patients, with increased gender dysphoria, depression, anxiety and in some patients, suicidality and self-harm.

F. Hormone Therapy[1] Has Been Shown To Be Safe and Effective Treatment for Gender Dysphoria.

69. There is a substantial body of research and clinical evidence that hormone therapy is effective in treating gender dysphoria. This evidence includes scientific studies assessing mental health outcomes for transgender people who are provided such treatment, and decades of clinical experience, including my own.

70. The research and studies supporting the necessity, safety, and effectiveness of hormone therapy for gender dysphoria are the same type of evidence that the medical community routinely relies upon when treating other medical conditions.

71. Hormone therapy 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.[2] There is also substantial evidence that the risks of these treatments are low and manageable, and comparable to the type of risks that exist in the same treatments when given to cisgender patients and in many other medical treatments. For example, the cardiovascular risks associated with estrogen apply whether the person is receiving treatment for gender dysphoria, menopause, or other conditions. Regret rates for hormone therapy are very low. Olson, et al 2024; Cavve, et al; James, et al 2024.

72. The studies on hormone therapy 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

[1] My understanding is that this case addresses social transition and hormone therapy but not surgery. My declaration will, therefore, focus on those topics.

[2] *See, e.g.*, Dopp, et al., 2024; Shelemy, et al., 2024; Ascha, et al., 2022; Aldridge, et al., 2021; Almazan, et al., 2021; Baker, et al., 2021; Murad, et al., 2010; Nobili, et al., 2018; Pfafflin & Junge, 1998; T'Sjoen et al. 2019; Turan, et al., 2018; van de Grift et al., 2018; Cornell, What We Know, 2018; Nguyen, et al., 2018; Oda, et al.,2017; White, Hughto and Reisner, 2016; Fisher, et al., 2016; Keo-Meier, et al., 2015; Wierckx et al., 2014; Colizzi, et al., 2014; Colizzi, et al., 2013.

report that hormone therapy, 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 hormone therapy on my patients' health and well-being. I have seen many patients show improvements in mental health, as well as in performance in school and work, in social functioning with peers, and in family relationships when they experience relief from gender dysphoria with hormone therapy.

73. As part of the treatment process for gender dysphoria, patients provide informed consent to their care. In addition, a treating doctor will not offer hormone therapy unless they have concluded after weighing the risks and benefits of care that treatment is appropriate. The risks and benefits of care are discussed with the transgender patient, who must consent.

74. Hormone therapy provided in accordance with the WPATH SOC 8 and Endocrine Society Guidelines are widely recognized in the medical community as safe, effective, and medically necessary for many people with gender dysphoria. (*See, e.g.*, the American Psychological Association, 2024 and 2021; American Academy of Pediatrics, 2018 (reaffirmed in 2023); the American Medical Association, 2021; the Pediatric Endocrine Society, 2021; the American College of Obstetricians and Gynecologists, 2021; the Endocrine Society, 2020; the American Academy of Family Physicians, 2020; the American Psychiatric Association, 2018; and WPATH, 2022). The National Commission on Correctional Health Care similarly endorses such treatment (National Commission on Correctional Health Care 2020).

For all the reasons above, I am aware of no basis in medicine or science for prohibiting gender-affirming medical care.

G. Harms of Denying Social Transition and Hormone Therapy

75. The overarching goal of treatment is to eliminate the distress of gender dysphoria by aligning an individual patient's body and presentation with their internal sense of self. The

denial of medically-indicated care to transgender people not only results in the prolonging of their gender dysphoria, but causes additional distress and poses other health risks, such as depression, post-traumatic stress disorder, and suicidality. In other words, lack of access to gender-affirming care directly contributes to poorer mental health outcomes for transgender people. (Owen-Smith, et al., 2018).

76. For patients for whom gender-affirming medical care is indicated, no alternative treatments have been demonstrated to be effective. To the extent one proposed alternative is psychotherapeutic treatment to encourage identification with a person's assigned sex at birth, the American Psychological Association has stated that such efforts provide no benefit and instead do harm. (APA, 2021). Or if an alternative approach is to treat the worsening dysphoria only with therapy, that has not shown to be effective in any research. (Dopp, et al., 2024). Psychotherapy is a critical treatment modality for many patients, but it does not address the underlying gender dysphoria, which when persistent can only be addressed by bringing a patient's body and sex characteristics into alignment with the patient's gender identity.

77. Denying patients with gender dysphoria the ability to socially transition or obtain hormone therapy where indicated predictably will lead to significant deterioration in mental health.

78. I have had patients over the years who were unable to access gender-affirming medical care when it was clinically indicated, including in the years before this care was more widely available. In many of these patients, delayed or denied care resulted in increased depression, anxiety, suicidal ideation and self-harm, increased substance use, and a deterioration in school or work performance. Some patients attempted to self-castrate or remove breasts. For patients with severe distress due to their gender dysphoria, psychotherapeutic approaches did not

alleviate this distress absent medical intervention. Some of my patients had years of intensive mental health interventions, including long-term psychotherapy, without relief of gender dysphoria until receiving medical intervention.

79. Research documents the harms to incarcerated individuals with gender dysphoria who have not been able to receive necessary treatment, including attempts at self-castration. (Brown, 2010, Aldrich et al, 2023). I have provided care for transgender patients after incarceration who had suffered severe mental health consequences, including intolerable gender dysphoria, depression, anxiety, self-harm and suicidality, from denial of the ability to socially and medically transition.

80. Withdrawing hormone therapy and the ability to socially transition from individuals with gender dysphoria who have been receiving that care would be expected to cause severe negative impact on patients' mental health. I have cared for or consulted on patients who were forced to socially and medically detransition and I've seen the suffering that it caused. For example, I consulted on a patient who, while in the long-term custody of a forensic psychiatry unit, was forced to detransition—both medically and socially. He severely decompensated and attempted suicide. After obtaining legal representation to request that the institution bring in an expert in the treatment of gender dysphoria, he was able to resume gender-affirming hormone therapy and live consistently with his male identity, and his mental health greatly improved. Eventually he was able to have gender affirming surgery, and then be released, and he has flourished in his life and work after release.

H. Some observations regarding Health Services Bulletin 15.05.23

81. The Florida Department of Corrections Health Service Bulletin 15.05.23, entitled "Mental Health Treatment of Inmates with Gender Dysphoria" ("HSB 15.05.23" or the "HSB"), significantly deviates from the widely accepted protocols for the treatment of gender dysphoria

and reflects substantial misunderstanding of this condition and the relevant scientific research.

82. The HSB erroneously states that "[i]n the scientific research literature," there has been a shift away from medical interventions toward an "approach that addresses psychiatric comorbidities and psychotherapeutically explores the developmental etiology of the gender dysphoria." HSB p. 3, note 4.[3] While psychotherapy can be important for some individuals with gender dysphoria to address comorbidities and to provide support, there is no evidence that psychotherapy is an effective treatment for this condition. Thus, as discussed above, the widely accepted protocols for treatment include social transition and medical interventions such as hormone therapy to enable a person to live in accordance with their gender identity. There has been no shift of the type described in the HSB in the medical and mental health fields or reflected in the medical literature.

83. The HSB appears to say that the default rule is that hormone therapy to treat gender dysphoria is prohibited, but that such treatment could potentially be provided "in rare instances" that it is deemed "medically necessary" if requirements for a "variance" are satisfied. The assertion that hormone therapy is only medically necessary for individuals with gender dysphoria "in rare instances" is at odds with decades of clinical experience. While there are some people with gender dysphoria who are able to achieve relief through social transition alone, hormone therapy to align one's body with their gender identity is often necessary to alleviate the distress of gender dysphoria.

84. One of the HSB's requirements for a variance states that a variance may not be considered unless the inmate has "actively participate[d] in psychotherapy for at least one year to ameliorate the symptoms of Gender Dysphoria, to acclimate the inmate to the prison

[3] In support, it cites an article expressing two individual's views about the care of adolescents with gender dysphoria and an outdated version of the WPATH standards of care from 35 years ago. *Id.*

environment, and to develop an understanding of the limitations of the prison environment." HSB 15.05.23 at 5. Thus, the policy's terms appear to, at minimum, delay hormone therapy for at least a year regardless of the individual's needs. Delaying treatment can prolong the distress of gender dysphoria, putting the individual at risk of harm. As discussed above, there is no evidence that psychotherapy alone is an effective treatment for gender dysphoria.

85. The HSB includes the following additional requirement for a variance:

> An inmate may be assessed for cross-sex hormone therapy if the treating physician can demonstrate with documented evidence that such treatment may improve clinical outcomes by treating the etiological basis of the pathology. Such evidence must be based on sound scientific methods and research that were subject to the formal peer review process.

This provision does not make any sense. The etiology—or cause—of gender dysphoria, as with many mental health conditions, is not known. Treatment for gender dysphoria, like the treatment for most mental health conditions and many medical conditions, is not aimed at treating the etiological basis of the condition but, rather, the symptoms.[4] Hormone therapy is aimed at, and has been proven by peer reviewed research to be effective at, treating the distress of gender dysphoria. This provision of the HSB, which demands an impossible research showing that makes no sense given the way gender dysphoria is treated, appears to set a requirement that is unachievable.

86. The HSB further states that any medical and psychiatric comorbidities must be "resolved" before treatment for gender dysphoria may be provided. HSB at 4-5. It specifically says "[a]ll identified medical and psychiatric comorbidities must first be addressed," and that "[o]nce these medical and psychiatric comorbidities are resolved and ruled out as the potential cause of the Gender Dysphoria, further treatment for Gender Dysphoria may proceed." *Id.*

[4] For example, pain medications treat the symptom of pain, not the cause. Treatments for Parkinsons' Disease treat symptoms such as tremor, rigidity, and gait changes, not the cause.

While it is important that co-occurring psychiatric conditions are addressed and this is consistent with the WPATH and Endocrine Society guidelines, requiring that all other conditions to be resolved prior to treatment for gender dysphoria is at odds with the guidelines and how mental health care is generally provided. Imposing such a requirement means that some patients will experience long delays or never receive treatment for gender dysphoria, as there are mental health conditions, e.g. depression and bipolar disorder, that can be managed by therapy or medications but may remain long-term or even life-long conditions that are never "resolved." Many people have more than one mental health condition; mental health professionals generally don't address just one condition at a time, leaving all other conditions untreated in the meantime.

87. The requirement that other mental health conditions need to be "ruled out as the potential cause of the Gender Dysphoria" also makes no sense as gender dysphoria is a mental health condition and there are no other mental health conditions that have been demonstrated to cause gender dysphoria.

88. The HSB also relies on a mischaracterization of the evidence base supporting hormone therapy for the treatment of gender dysphoria. The HSB asserts that the research showing the benefits of hormone therapy used "unreliable methods." HSB at p. 7. It specifically says that "[s]tudies presenting the benefits [of hormone therapy] to mental health, including those claiming that the services prevent suicide, are either low or very low quality and rely on unreliable methods." The term "low quality" evidence in scientific research generally refers to research that uses methods other than randomized controlled clinical trials (which are generally considered "high quality"). It does not have the colloquial meaning of "poor quality" and these methods are not considered "unreliable" as the HSB asserts. To the contrary, the research methods used in this body of research—largely cross-sectional and longitudinal observational

studies—are widely relied on in the field of medicine. Many recommended medical treatments are supported by these kinds of studies rather than by randomized controlled clinical trials, which are not always feasible or ethical.

89. This mischaracterization of the relevant evidence appears to stem, at least in part, from the HSB's reliance on the Florida Medicaid report entitled "Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria", published by the Florida Agency for Health Care Administration (the "Medicaid report" or the "report"), which is cited throughout the HSB.[5]

90. The Medicaid report concluded that gender-affirming medical care—including hormone therapy—to treat gender dysphoria does not meet "generally accepted professional medical standards" to support coverage. The report is not a reliable source of information about the treatment of gender dysphoria. As noted in the report, the Deputy Secretary for Medicaid—who authored the report—considered five assessments by purported experts. Report, at 2; id at 45 (providing citations for the five assessments). But none of these reports allowed for any conclusions to be drawn about the effectiveness of hormone therapy to treat gender dysphoria, particularly in adults.

91. One of those assessments, entitled "Surgical Procedures and Gender Dysphoria," addresses surgery, primarily in the context of minors. Two of the assessments—"Medical Experimentation without Informed Consent: An Ethicist's View of Transgender Treatment for Children" and "Concerns about Affirmation of an Incongruent Gender in a Child or Adolescent"

[5] HSB 15.05.23 also curiously relies on extremely outdated versions of the WPATH standards of care—the 4th edition, published in 1990, and the 6th edition, published in 2001—rather than the current 8th edition, published in 2022. See HSB 15.05.23, notes 3, 4, 7, 10. The research and recommendations regarding treatment have evolved significantly in the past 35 years.

offer the authors' views about the treatment of children and adolescents[6].

92. While the last two assessments have titles suggesting a general assessment of the evidence regarding gender-affirming treatments, they too actually are focused on youth. In "Effects of Gender Affirming Therapies in People with Gender Dysphoria: Evaluation of the Best Available Evidence," the authors examined only studies that included participants under age 25, leaving out the multitude of studies that include participants over age 25. In fact, the conclusions they drew from their review were limited to youth. *See* Romina Brignardello-Petersen, DDS, MSc, PhD and Wojtek Wiercioch, MSc, PhD: Effects of Gender Affirming Therapies in People with Gender Dysphoria: Evaluation of the Best Available Evidence. 16 May 2022 ("Brignardello"), at 5 ("Due to important limitations in the body of evidence, there is great uncertainty about the effects of puberty blockers, cross-sex hormones, and surgeries in young people with gender dysphoria.").[7] In "Science of Gender Dysphoria and Transsexualism", the author, Dr. James Cantor, also largely focused on the treatment of youth and only minimally touched on the research outside of the youth context.[8] Dr. Cantor stated that transgender adults

[6] One of the authors, Dr. Quentin Van Meter, makes one passing reference to research on treatment of adults and claims that the only two peer-reviewed population-based studies show that medical affirmation does not improve mental health in the long run. Quentin L. Van Meter, M.D.: "Concerns about Affirmation of an Incongruent Gender in a Child or Adolescent," at 10. He mischaracterizes those studies, neither of which support his assertion. Indeed, the author of one of them, Cecilia Dhejne, commented that "[p]eople who misuse the study always omit the fact that the study clearly states that it is not an evaluation of gender dysphoria treatment. If we look at the literature, we find that several recent studies conclude that WPATH Standards of Care compliant treatment decrease gender dysphoria and improves mental health." *See* https://www.transadvocate.com/fact-check-study-shows-transition-makes-trans-people-suicidal_n_15483.htm. Dr. Van Meter inappropriately dismisses the substantial. body of research showing improvement from treatment because it is based on "convenience samples" rather than population-based samples. Convenience samples are widely used and relied on in medicine.

[7] Incidentally, I disagree with the conclusions regarding the effectiveness of gender-affirming medical treatments for youth with gender dysphoria offered by Drs. Brignardello-Petersen and Wiercioch, who do not claim to have any subject matter expertise related to the treatment of gender dysphoria. Dr. Brignardello-Petersen is a dentist who is an assistant professor in the Department of Health Research Methods, Evidence, and Impact at McMaster University in Canada, and Dr. Wiercioch is a post-doctoral research fellow in the same department. Brignardello, at 1. They acknowledge that their "research interests are not in [the] area" of treatment for gender dysphoria. *Id.*

[8] With respect to the research on treatment of adults, Dr. Cantor references a systematic review of studies on the mental health of transgender adults. He said "[t]he review indicated that many studies were methodologically weak, but nonetheless demonstrated (1) that rates of mental health issues among people are highly elevated both before and

"adjust well to life as the opposite sex" if they are appropriately assessed and otherwise mentally healthy.[9]

93. The Medicaid report itself relies on three points in concluding that the medical profession should not "consider cross-sex hormones as one of gender dysphoria's standard treatments." First, it says that hormone therapy has not been FDA-approved for the treatment of gender dysphoria. But medications are frequently prescribed for off-label uses. Once the FDA approves a drug for one indication, it is often not worth the expense to pharmaceutical companies to seek approval for additional indications since once a drug is approved for any indication, doctors may prescribe it for other uses. The U.S. Department of Health and Human Services Agency for Healthcare Research and Quality states, "[Off-label prescribing] is legal and common. In fact, one in five prescriptions written today are for off-label use." See https://www.ahrq.gov/patients-consumers/patient-involvement/off-label-drug-usage.html.

94. Second, the Medicaid report says that the literature showing the benefits of hormone therapy is "low quality" and "weak". Medicaid report, at 18, 21. But as discussed above, this body of research uses widely accepted methods that are often relied on to support medical treatments. *See supra*, par. 88.

95. Third, the Medicaid report points to potential risks of treatment. Medicaid report, at 21. But as discussed above, the risks of these treatments are low and manageable, and comparable to the type of risks that exist in the same treatments when given to cisgender patients and in many other medical treatments. *See supra*, par. 71.

96. In sum, all of the arguments made in the Medicaid report to support its conclusion

after transition, (2) but that rates were less elevated among those who completed transition." See James M. Cantor, PhD: The Science of Gender Dysphoria and Transsexualism, par. 11.

[9] I disagree with much of Dr. Cantor's assessment. He is a psychologist who is well known for his work on pedophilia and other paraphilias (atypical sexualities) but not for work on gender dysphoria.

that gender-affirming medical care does not meet generally accepted professional medical standards apply to many other generally accepted medical treatments.

V. CONCLUSION

97. Denying social transition and/or hormone therapy for incarcerated individuals with gender dysphoria who have a need for such care is contrary to widely accepted evidence-based medical protocols for the treatment of gender dysphoria and puts these individuals at risk of significant harm, including heightened risk of depression, self-harm, 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 8th day of April, 2025

Dan H. Karasic

EXHIBIT A

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	Research 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 Clincial 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 - 2020	University of California, San Francisco	Health Sciences Psychiatry	Clinical Professor
2020-present	University of California, San Francisco	Professor Emeritus of Psychiatry	

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; UCLA Medicine American Heart Association, California Affiliate	Summer Student Research Fellow	
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	Dimensions Dimensions Center
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
1990	NIMH Postdoctoral Fellowship in Health Services for People with AIDS (1990-1991)	National Institute of Mental Health Mental
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 Lesbian Psychiatrists	Chair and
1992 - 1996	Board of Directors, Association of Gay and Lesbian	Member Psychiatrists
1993 - 1993	Local Arrangements Committee, Association of Gay and Psychiatrists	Chair Lesbian
1994 - 1995	Educational Program, Association of Gay and Lesbian 1995 Annual Meeting	Director Psychiatrists,
1994 - 1998	Board of Directors, BAY Positives	Member
1994 - 2020	Committee on Lesbian, Gay, Bisexual and Transgender	Member

Issues, Northern California Psychiatric Society

1995 - 1997 Board of Directors, Bay Area Young Positives. BAY Positives is the nation's first community-based organization providing psychosocial and recreational services to HIV-positive youth — President

1995 - 1997 Executive Committee, Bay Area Young Positives. — Chair

1996 - 2004 Committee on Lesbian, Gay, Bisexual and Transgender Issues, Northern California Psychiatric Society — Chair

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 American Psychiatric Association — Chair

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, Atlanta — Member

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, Amsterdam — Member

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 for Transgender Health — Chair

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 Dysphoria	Member
2016 - present	American Psychiatric Association Workgroup on Gender Dysphoria	Chair
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), Havana, Cuba	Invited Speaker
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
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, Amsterdam 2017 Brazil Professional Association for Transgender Health, Sao Paulo — Invited Speaker

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, Philadelphia — Workshop Chair

1994 American Psychiatric Association 150th Annual Meeting, Philadelphia — Workshop Speaker

1994 American Psychiatric Association 150th Annual Meeting, Philadelphia — Paper Session Co-chair

1995 Spring Meeting of the Association of Gay and Lesbian Psychiatrists, Miami Beach — Symposium Chair

1996 American Psychiatric Association 152nd Annual Meeting, New York — Workshop Speaker

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, Toronto	Media Session 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 Conference, New York	Co-Chair
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

2023` US Professional Association for Transgender Health, speaker

2024 World Professional Association for Transgender Health, Lisbon

INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS

1990 Advanced Group Therapy Seminar, UCLA Neuropsychiatric Institute Invited Lecturer

1991 Joint Project of the Southern California AIDS Interfaith Council and UCLA School of Medicine Symposium Speaker

1991 Joint Project of the Southern California AIDS Interfaith Council and UCLA School of Medicine Workshop Panelist

1992 Advanced Group Therapy Seminar, UCLA Neuropsychiatric Institute Invited Lecturer

1993 UCSF School of Nursing Invited Lecturer

1995 UCSF/SFGH Department of Medicine Clinical Care Conference Invited Speaker

1996 UCSF School of Nursing Invited Speaker

		Invited Speaker
1996	Psychopharmacology for the Primary Care AIDS/Clinician, series of four lectures, UCSF Department of Medicine	Invited Lecturer
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	Invited Speaker Grand Rounds
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 Grand Rounds	Invited Speaker
1997	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
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 Grand Rounds	Invited Speaker
1999	Northern California Psychiatric Society Annual Meeting, Rosa	Invited Speaker Santa
1999	Northern California Psychiatric Society Annual Meeting, Rosa	Invited Speaker Santa
1999	University of California, Davis, Department of Psychiatry Rounds	Invited Speaker Grand
1999	California Pacific Medical Center Department of Grand Rounds	Invited Speaker Psychiatry
1999	San Francisco General Hospital Department of Psychiatry Departmental Case Conference	Discussant
2000	Langley Porter Psychiatric Hospital and Clinics Consultation Liaison Seminar	Invited Speaker
2000	San Francisco General Hospital, Psychopharmacology Seminar	Invited Speaker

2000	UCSF Transgender Health Conference, Laurel Heights Conference Center	Invited Speaker
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 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

Invited Speaker

2012 UCSF AIDS Health Project Invited Speaker 2012 San Francisco Veterans Affairs Medical Center.

2013 Association of Family and Conciliation Courts Conference, Invited Speaker Los Angeles, CA

2014 UCSF Transgender Health elective Invited Speaker

2014 UCSF Department of Psychiatry Grand Rounds Invited Speaker

2014 California Pacific Medical Center Department of Invited Speaker Psychaitry Grand Rounds

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

2023 Alameda County Department of Behavioral 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 fort 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 Transgender Health	Member
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 - 2020San 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.

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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

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20. **Karasic, DH** & Fraser, L Multidisciplinary Care and the Standards of Care for Transgender and Gender Non-conforming Individuals. Schechter, L & Safa, B. (Eds.) Gender Confirmation Surgery, Clinics in Plastic Surgery Special Issue, Vol 45, Issue 3, pp 295-299. 2018 Elsevier,Philadelphia**.** https://doi.org/10.1016/j.cps.2018.03.016

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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 &Wilkens, 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- 2018 Forsberg v Saskatchewan; Saskatchewan Human Rights v Saskatchewan
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 Expert, C.P. v. Blue Cross Blue Shield of Illinois, No. 3:20-cv-06145-RJB (W.D. Wash.)

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

2019-2023 Expert, Disability Rights Washington v Washington State Department of Corrections

2023 Expert, K.C. et al. v Individual Members of the Indiana Licensing Board, et al- No. 1:23-CV-595

2023 Expert, Doe, et al v Ladapo -No. 4:23-cv-00114-RH-MAF

2023 Expert, Doe et al v Thornbury -No. 3:23-cv-00230-DJH

2024 Expert Voe v Mansfield, *No. 1:23-CV-864-LCB-LPA*

2024 Expert *Boe v. Marshall, No. 2:22-cv-184-LCB (N.D. Ala.)*

2024 Expert *.B. v. Premera Blue Cross, No. 3:20-cv-06145-RJB (W.D. Wash.)*

2024 Expert *Misanin v. Wilson, No. 2:24-cv-04734-BHH (D.S.C.)*

EXHIBIT B

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