

# **Exhibit DD**

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND**

PFLAG, INC.; *et al.*,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity  
as President of the United States; *et al.*,

*Defendants.*

Civil Action No. 8:25-cv-00337-BAH

**EXPERT DECLARATION OF JACK TURBAN, M.D., M.H.S**

**INTRODUCTION**

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. I am over 18 years of age, of sound mind, and in all respects competent to testify.

2. I have actual knowledge of the matters stated herein.

3. In preparing this report, I reviewed Executive Order 14168 and Executive Order 14187. In addition to those Executive Orders and the materials cited herein, I have also relied on my years of research and other experience, as set out in my curriculum vitae (**Exhibit A**), in forming my opinions. The materials I have relied upon in preparing this report are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject, and particular studies that I rely upon are included in the bibliography (**Exhibit B**). I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

## **BACKGROUND AND QUALIFICATIONS**

4. I am currently an Assistant Professor of Child & Adolescent Psychiatry at the University of California, San Francisco (UCSF) School of Medicine, where I am also Affiliate Faculty at the Philip R. Lee Institute for Health Policy Studies. As a member of the faculty at UCSF, I serve as director of the Gender Psychiatry Program in the Division of Child & Adolescent Psychiatry. I also serve as an attending psychiatrist in the adult LGBT psychiatry clinic, and in the eating disorders program. I conduct research focusing on the determinants of mental health among transgender youth and teach medical students, psychology trainees, psychiatry residents, and child and adolescent psychiatry fellows.

5. I received my undergraduate degree in neuroscience from Harvard College. I received both my MD and Master of Health Science degrees from Yale University School of Medicine. I completed residency training in general psychiatry in the combined Massachusetts General Hospital / McLean Hospital residency training program (Harvard Medical School) and fellowship training in child and adolescent psychiatry at Stanford University. I am board certified in psychiatry by The American Board of Psychiatry and Neurology.

6. My research focuses on the mental health of transgender youth and gender dysphoria. While at Yale, I was awarded the Ferris Prize for my thesis entitled “Evolving Treatment Paradigms for Transgender Youth.” In 2017, I received the United States Preventative Health Services Award for Excellence in Public Health, based on my work related to the mental health of transgender youth. I have lectured on the mental health of transgender youth at Yale School of Medicine, UCSF, Stanford University, and The Massachusetts General Hospital (a teaching hospital of Harvard Medical School). I have given grand rounds presentations around the country and have presented nationally and internationally on topics related to the mental health of transgender people and people experiencing gender dysphoria.

7. I have served as a manuscript reviewer for numerous professional publications, including *The Journal of The American Medical Association (JAMA)*, *JAMA Pediatrics*, *JAMA Psychiatry*, *The Journal of The American Academy of Child & Adolescent Psychiatry*, *Pediatrics*, *Annals of Internal Medicine*, *The Journal of Child Psychology and Psychiatry*, *The Journal of Adolescent Health*, *Academic Psychiatry*, *Journal of Autism and Developmental Disorders*, and *The American Journal of Public Health*. I have been the lead author for textbook chapters on the mental health of transgender youth, including for *Lewis's Child & Adolescent Psychiatry: A Comprehensive Textbook* and the textbook of The International Academy for Child & Adolescent Psychiatry and Allied Professionals. I am co-editor of the textbook *Pediatric Gender Identity: Gender-Affirming Care for Transgender and Gender Diverse Youth* and a contributing editor for *the Journal of the American Academy of Child & Adolescent Psychiatry*.

8. I have published extensively on the topic of transgender youth, including eight articles in peer-reviewed journals within the past two years.

9. In the last four years, I have been retained as an expert and provided testimony in the following cases: *Moe v. Yost*, Franklin County Court of Common Pleas, Ohio, Case No. 24CVH03-2481; *K.C. v. Individual Members of Medical Licensing Board of Indiana, et al.*, No. 1:23-CV-00595 (S.D. Ind. 2023) (deposition); *Poe v. Drummond*, No. 4:23-CV-00277 (N.D. Okla. 2023) (declaration); *Poe et al. v. Labrador et al.*, No. 1:23-CV-269 (D. Idaho 2023) (deposition); *L.W. et al. v. Skrmetti et al.*, No. 3:23-CV-00376 (M.D. Tenn. 2023) (declaration); *Regino v. Staley*, No. 2:23-CV-00032 (E.D. Cal. 2023) (declaration); *PFLAG, Inc. et al. v. Abbott et al.*, Cause No. D-1-GN-22-002569 (459th Judicial District, Travis County, Texas 2022) (evidentiary hearing); *Brandt et al. v. Griffin et al.*, No. 4:21-CV-450 (D. Ark. 2021) (deposition and trial testimony); *Hecox et al. v. Little et al.*, No. 1:20-CV-184 (D. Idaho 2020) (declaration).

10. I am being compensated at an hourly rate of \$400 per hour for preparation of expert affidavits and reports, and for time spent preparing for or giving deposition or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

### **SUMMARY OF OPINIONS**

11. In this report, I cite relevant literature to support my opinions that: (1) gender-affirming medical interventions improve mental health outcomes for adolescents with gender dysphoria when medically indicated; (2) it is incorrect to deny the existence of gender dysphoria, and there are no evidence-based psychotherapies to treat gender dysphoria; (3) adolescents who experience gender dysphoria at the onset of puberty rarely come to identify with their sex assigned at birth; (4) regret among individuals receiving medical treatment for gender dysphoria is uncommon; and (5) the “Cass Report” does not support banning gender-affirming medical care for adolescent gender dysphoria. Executive Order 14168 and Executive Order 14187 contain numerous misstatements regarding gender identity and gender dysphoria and are incorrect with respect to the scientific and medical evidence regarding the safety and efficacy of gender-affirming medical care for adolescent gender dysphoria.

### **GENDER-AFFIRMING MEDICAL INTERVENTIONS IMPROVE MENTAL HEALTH OUTCOMES FOR ADOLESCENTS WITH GENDER DYSPHORIA WHEN MEDICALLY INDICATED**

12. Research shows that gender-affirming medical treatments for adolescent gender dysphoria are consistently linked to reduction in gender dysphoria and overall improved mental health. Denial of such care is expected to lead to adverse mental health outcomes, including, in some instances, worsening suicidality. Of note, under current medical guidelines, comprehensive mental health assessments are completed prior to medical providers initiating gender-affirming medical interventions like pubertal suppression (i.e., gonadotropin-releasing hormone agonists) or

gender-affirming hormones (e.g., estrogen or testosterone).<sup>1</sup> Quite contrary to the statement in Executive Order 14187 that medical providers practice care “under the radical and false claim that adults can change a child’s sex through a series of irreversible medical interventions,” this careful process of evaluating and counseling families includes explaining what such medical interventions do (e.g., change hair patterns, change pitch of one’s voice, cause body fat redistribution, among others) and what they do not do (e.g., change one’s gametes or reproductive cells).

13. Executive Order 14187 appears to malign one specific medical organization, the World Professional Association for Transgender Health (WPATH), but it fails to mention that all of the major medical organizations in the United States have highlighted the importance of gender-affirming medical care for adolescents with gender dysphoria and have issued explicit statements opposing bans on this care. These organizations include The American Medical Association, The American College of Physicians, The American Osteopathic Association, The American Academy of Pediatrics, The American Psychiatric Association, The American Academy of Family Physicians, The American Academy of Child & Adolescent Psychiatry, The American College of Obstetricians and Gynecologists, The Endocrine Society, The Pediatric Endocrine Society, among many others.<sup>2</sup>

14. A substantial body of evidence links gender-affirming medical interventions to improved mental health outcomes for adolescents with gender dysphoria, who, without treatment,

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<sup>1</sup> Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., ... & T’Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, 102(11), 3869-3903.

<sup>2</sup> For a list of statements, please see Turban, J. L., Kraschel, K. L., & Cohen, I. G. (2021). Legislation to criminalize gender-affirming medical care for transgender youth. *JAMA*, 325(22), 2251-2252.

experience higher levels of depression, anxiety, and suicidality. While each of these studies—as with all studies in medicine—has strengths and limitations, and no one study design can answer all questions regarding an intervention, taken together, these studies indicate that gender-affirming medical care improves mental health for adolescents who require such care.

15. Peer-reviewed cross-sectional and longitudinal studies<sup>3</sup> have found that pubertal suppression is associated with a range of improved mental health outcomes for adolescents with gender dysphoria, including statistically significant improvements in internalizing psychopathology (*i.e.*, anxiety and depression), externalizing psychopathology (*e.g.*, disruptive behaviors), global functioning, and suicidality.<sup>4</sup> For example, in the realm of cross-sectional studies, Turban et al. *Pediatrics* 2020 found that, after controlling for a range of other variables, those who accessed pubertal suppression had lower odds of lifetime suicidal ideation than those

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<sup>3</sup> A note on methodology: cross-sectional studies examine mental health at a single point in time. For example, van der Miesen et al. 2020 *Journal of Adolescent Health* compared, at a single time point, those who accessed pubertal suppression with those who desired but had not accessed it. van der Miesen, A.I.R., Steensma, T.D., de Vries, A.L.C., *et al.* (2020). Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared with Cisgender General Population Peers. *Journal of Adolescent Health*, 66(6), 699-704. Longitudinal studies examine multiple time points (*e.g.*, looking at levels of suicidality before and after gender-affirming medical care).

<sup>4</sup> See for example, de Vries, A.L., Steensma, T.D., Doreleijers, T.A., & Cohen-Kettenis, P.T. (2011). Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *The Journal of Sexual Medicine*, 8(8), 2276-2283; Turban, J.L., King, D., Carswell, J.M., & Keuroghlian, A.S. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*, 145(2):e20191725; van der Miesen, A.I.R., Steensma, T.D., de Vries, A.L.C., *et al.* (2020). Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared with Cisgender General Population Peers. *Journal of Adolescent Health*, 66(6), 699-704; and Achille, C., Taggart, T., Eaton, N.R., *et al.* (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *International Journal of Pediatric Endocrinology*, 2020(8), 1-5.

who desired but were unable to access this intervention during adolescence.<sup>5</sup> A similar study by van der Miesen et al. in the *Journal of Adolescent Health* compared 272 adolescents who had not yet received pubertal suppression with 178 adolescents who had been treated with pubertal suppression.<sup>6</sup> Those who had received pubertal suppression had statistically significant lower “internalizing psychopathology” scores (a measure of anxiety and depression). Longitudinal studies have yielded similar results.<sup>7</sup> In some instances, longitudinal studies of pubertal suppression have found a non-worsening of mental health, which is considered a good outcome, as without medical intervention, mental health tends to worsen for adolescents with gender dysphoria as puberty progresses in a way that does not align with their gender identity.<sup>8</sup>

16. Peer-reviewed research studies have likewise found improved mental health outcomes following gender-affirming hormone treatment (*e.g.*, estrogen or testosterone) for individuals with gender dysphoria, including adolescents. These include statistically significant improvements in internalizing psychopathology (*e.g.*, anxiety and depression), general well-being,

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<sup>5</sup> Turban, J.L., King, D., Carswell, J.M., & Keuroghlian, A.S. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*, 145(2):e20191725.

<sup>6</sup> van der Miesen, A.I.R., Steensma, T.D., de Vries, A.L.C., *et al.* (2020). Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared with Cisgender General Population Peers. *Journal of Adolescent Health*, 66(6), 699-704.

<sup>7</sup> See for example, de Vries, A.L., McGuire, J.K., Steensma, T.D., *et al.* (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, 134(4), 696-704; and Costa, R., Dunsford, M., Skagerberg, E., Holt, V., *et al.* (2015). Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria. *Journal of Sexual Medicine*, 12(11), 2206-2214.

<sup>8</sup> Carmichael, P., Butler, G., Masic, U., Cole, T. J., De Stavola, B. L., Davidson, S., ... & Viner, R. M. (2021). Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. *PloS One*, 16(2), e0243894



and suicidality.<sup>9</sup> For example, Chen et al. followed a cohort of 315 transgender youth receiving gender-affirming hormone treatment and found improvements in anxiety, depression, and life satisfaction.<sup>10</sup> In that study, which was published in the prestigious *New England Journal of Medicine*, parallel-process models were used to show that appearance congruence tracked along with improvements in mental health, indicating that physical changes from gender-affirming hormone treatment were the cause of improved mental health. Similarly, Allen et al. followed a cohort of 47 adolescents with gender dysphoria, and found statistically significant improvements in general well-being and suicidality, as measured by the National Institutes of Health “Ask Suicide Screening Questions” instrument.<sup>11</sup> Cross-sectional studies comparing those who accessed gender-affirming hormones during adolescence to those who did not access these interventions have similarly linked access to gender-affirming hormone treatment during adolescence to lower odds of suicidality.<sup>12</sup>

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<sup>9</sup> See for example, Chen, D., Berona, J., Chan, Y.M., *et al.* (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *New England Journal of Medicine*, 388(3), 240-250; Allen, L.R., Watson, L.B., Egan, A.M., & Moser, C.N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302-311; Achille, C., Taggart, T., Eaton, N.R., *et al.* (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *International Journal of Pediatric Endocrinology*, 2020(8), 1-5; and López de Lara, D., Pérez Rodríguez, O., Cuellar Flores, I., *et al.* (2020). Psychosocial Assessment in Transgender Adolescents. *Anales de Pediatría (English Edition)*, 93(1), 41-48.

<sup>10</sup> Chen, D., Berona, J., Chan, Y.M., *et al.* (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *New England Journal of Medicine*, 388(3), 240-250.

<sup>11</sup> Allen, L.R., Watson, L.B., Egan, A.M., & Moser, C.N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302-311.

<sup>12</sup> See for example, Turban, J.L., King, D., Kobe, J., *et al.* (2022). Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*, 17(1):e0261039; and Green, A.E., DeChants, J.P., Price, M.N., *et al.* (2022). Association of

17. The studies supporting the efficacy and effectiveness of gender-affirming medical care have had substantially long follow-up periods, particularly when compared to other commonly used medications in pediatrics. For example, one study by deVries et al. in the journal *Pediatrics* examined mental health outcomes a mean 5.9 years after starting pubertal suppression.<sup>13</sup> Turban et al. 2022 *PLoS One*, which found associations between access to gender-affirming hormone treatment during adolescence and better mental health outcomes, similarly examined mental health outcomes a mean six to seven years after starting gender-affirming hormones.<sup>14</sup> To put this into context, a major study used by the FDA to approve the medication lurasidone for bipolar depression in children and adolescents followed study participants for six weeks.<sup>15</sup> If the government were to ban all medications that lack at least a decade of long-term follow up studies, that would require banning a substantial proportion of FDA-approved and relied-upon medications.

18. Overall, as summarized above, existing peer-reviewed published research studies consistently link gender-affirming medical interventions to improved mental health for individuals with gender dysphoria, including adolescents.

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Gender-Affirming Hormone Therapy with Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. *Journal of Adolescent Health*, 70(4), 643-649.

<sup>13</sup> de Vries, A.L., McGuire, J.K., Steensma, T.D., et al. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, 134(4), 696-704.

<sup>14</sup> Turban J.L., King D., Kobe J., et al. (2022). Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*. 17(1):e0261039.

<sup>15</sup> DelBello, M.P., Goldman, R., Phillips, D., et al. (2017). Efficacy and Safety of Lurasidone in Children and Adolescents with Bipolar I Depression: A Double-Blind, Placebo-Controlled Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(12), 1015-1025.

**IT IS INCORRECT TO DENY THE EXISTENCE OF GENDER DYSPHORIA, AND  
THERE ARE NO EVIDENCE-BASED PSYCHOTHERAPIES TO TREAT  
GENDER DYSPHORIA**

19. There are no evidence-based interventions, other than gender-affirming medical care, that treat adolescent gender dysphoria. There are no evidence-based psychotherapy protocols that have been shown to effectively treat gender dysphoria. In other words, though the executive order quibbles with the strength of the studies that demonstrate the efficacy of gender-affirming medical interventions, there are *no studies of any kind* indicating improved health outcomes from psychotherapy alone to treat gender dysphoria.<sup>16</sup> Under the executive orders, medical and mental health providers would be left with no evidence-based treatment approaches to support their adolescent patients' gender dysphoria. This would be a devastating situation for adolescents and their parents, physicians, and other mental health providers who care for them.

20. Executive Order 14187 states without elaboration that provision of gender-affirming medical care is based on “junk science” and instructs the Secretary of HHS “use all available methods to increase the quality of data to guide practices for improving the health of minors” with gender dysphoria. However, the executive order makes the collection of such data impossible by directing HHS to terminate all education and research grants regarding the treatment of gender dysphoria.

21. Though Executive Order 14168 seems to imply that transgender people (i.e., people whose gender identity does not align with their sex at birth) do not exist, the Williams Institute at the University of California, Los Angeles has estimated that there are over 1.6 million transgender

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<sup>16</sup> Of note, some adolescents with gender dysphoria may also have other co-occurring conditions that should be treated with psychotherapy (*e.g.*, obsessive compulsive disorder should be treated with exposure and response prevention therapy), but these treatments for co-occurring conditions should not be confused with treating gender dysphoria itself.

people in the United States.<sup>17</sup> It is concerning that the Executive Orders also seem to gloss over the established diagnosis of gender dysphoria, the criteria for which are outlined in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders.<sup>18</sup> It also uses the phrase “rapid onset gender dysphoria.” The paper that coined the phrase “rapid onset gender dysphoria” was later corrected to emphasize that it is a hypothesis, not a recognized mental health diagnosis.<sup>19</sup>

22. Executive Order 14187 directs the Secretary of Health and Human Services to take action against the World Health Organization’s Eleventh Revision of the International Classification of Diseases and the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition based on these medical bodies’ recognition of gender dysphoria, gender incongruence, and the existing protocols for treatment of these conditions. It is concerning as a physician to see the government attempt to take control of or act against the medical profession’s manuals for diagnoses in what appears to be an attempt to censor specific medical conditions from existence.

23. In the past, some clinicians have described psychotherapeutic strategies that aimed to result in youth with gender dysphoria identifying with their sex assigned at birth, hoping such

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<sup>17</sup> Herman, J. L., Flores, A. R., & O’Neill, K. K. (2022). How many adults and youth identify as transgender in the United States? Available at: <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>. Accessed: February 4, 2025.

<sup>18</sup> American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. Arlington, VA: American Psychiatric Association, 2022.

<sup>19</sup> Littman, L. (2019). Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PloS One*, 14(3), e0214157.

approaches would alleviate gender dysphoria.<sup>20</sup> Such practices, termed “gender identity conversion efforts,” have subsequently been linked to adverse mental health outcomes, including suicide attempts.<sup>21</sup> In addition to being harmful, there is no peer-reviewed research to suggest that these gender identity conversion efforts are successful in changing a person from transgender to cisgender. Gender identity conversion efforts have been labelled unethical by major medical organizations including The American Medical Association<sup>22</sup> and The American Academy of Child & Adolescent Psychiatry.<sup>23</sup> The United Nations has called for an end to the practice worldwide.<sup>24</sup>

**ADOLESCENTS WHO EXPERIENCE GENDER DYSPHORIA AT THE ONSET OF PUBERTY RARELY COME TO IDENTIFY WITH THEIR ASSIGNED SEX AT BIRTH**

24. Though the terms “children” and “adolescents” are sometimes used synonymously in common parlance, these terms have specific and distinct meanings in the context of child and adolescent psychiatric research. In this field, “child” and “children” refer to minors who have not yet reached the earliest stages of puberty (*i.e.*, Tanner Stage 2). The terms “adolescent” and

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<sup>20</sup> Meyer-Bahlburg, H.F. (2002). Gender Identity Disorder in Young Boys: A Parent-and Peer-Based Treatment Protocol. *Clinical Child Psychology and Psychiatry*, 7(3), 360-376.

<sup>21</sup> Turban, J.L., Beckwith, N., Reisner, S.L., & Keuroghlian, A.S. (2020). Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. *JAMA Psychiatry*, 77(1), 68-76.

<sup>22</sup> American Medical Association (2018). Health Care Needs of Lesbian, Gay, Bisexual and Transgender and Queer Populations. H-160.991. Available at <https://policysearch.ama-assn.org/policyfinder/detail/gender%20identity?uri=%2FAMADoc%2FHOD.xml-0-805.xml>. Accessed: February 17, 2025.

<sup>23</sup> American Academy of Child & Adolescent Psychiatry (2018). Conversion Therapy. Available at [https://www.aacap.org/AACAP/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx). Accessed: February 17, 2025.

<sup>24</sup> United Nations (2020). Practices of so-called “conversion therapy.” Available at <https://digitallibrary.un.org/record/3870697?ln=en&v=pdf>. Accessed: February 17, 2025.

“adolescents” refer to minors who have begun puberty. Studies of prepubertal children (who are not candidates for gender-affirming medical interventions under any existing clinical guidelines) cannot be conflated with studies of adolescents (who, depending on several factors, may be candidates for various forms of gender-affirming medical interventions).

25. This distinction is vital in the realm of “desistence” studies (*i.e.*, studies that aim to assess how many young people who identify as transgender will later identify as cisgender). Any suggestion that a majority of transgender minors will come to identify with their assigned sex at birth is not accurate. To the extent such a claim is put forth in defense of Executive Order 14187, it likely inappropriately relies on studies of gender diverse *prepubertal* children, which have, in the past, shown that many of these children will not grow up to be transgender. These studies do not apply to transgender minors who have reached puberty (*i.e.*, “adolescents”). Once a transgender youth begins puberty, it is rare for them to later identify as cisgender.<sup>25</sup> Furthermore, physicians and families must weigh the low risk of a future cisgender identification against the often-substantial risk of deteriorating mental health due to active gender dysphoria. Under existing medical guidelines,<sup>26</sup> any minor who is considering gender-affirming medical or surgical interventions must first work with a mental health professional to conduct a complete

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<sup>25</sup> See for example de Vries, A.L., McGuire, J.K., Steensma, T.D., *et al.* (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, 134(4), 696-704; and Turban, J.L., de Vries, A.L.C., & Zucker, K. (2018). Gender Dysphoria and Gender Incongruence. In Martin A., Bloch M.H., & Volkmar F.R. (Editors): *Lewis’s Child and Adolescent Psychiatry: A Comprehensive Textbook, Fifth Edition*. Philadelphia: Wolters Kluwer. This textbook chapter provides comments from the directors of two of the oldest and most established gender clinics in the world.

<sup>26</sup> Hembree, W.C., Cohen-Kettenis, P.T., Gooren, L., *et al.* (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, 102(11), 3869-3903.

biopsychosocial evaluation, which includes ensuring that an adolescent and their parents understand the complexity of this decision. Such evaluations are designed to minimize regret rates.

26. Any study regarding prepubertal children and their likelihood of ultimately identifying as transgender should not be used to assess the interventions targeted by the medical care ban, namely, pubertal suppression, hormone therapy, and gender-affirming surgery, since none of these interventions are provided to prepubertal patients with gender dysphoria under current medical guidelines.<sup>27</sup>

27. Further, the utility of “desistence” studies even for assessing the likelihood that prepubertal children will persist in a transgender identity has been questioned due to their reliance on an outdated diagnosis of “gender identity disorder in children,” which did not require a child to identify as a sex different than their sex assigned at birth. This outdated diagnosis therefore likely captured many cisgender “tomboys” or cisgender boys with feminine interests like dresses or dolls, who never identified as transgender and, thus, unsurprisingly did not identify as transgender when followed up with later in life. In contrast, the diagnosis of “gender dysphoria in children” requires one to not merely have gender atypical interests and behaviors; one must identify as a gender different than one’s sex assigned at birth. This is a vital distinction. While the diagnostic category of “gender identity disorder” would capture many cisgender children, the diagnostic category of “gender dysphoria,” by definition, does not.<sup>28</sup> Of note, a recent study by Princeton professor Dr.

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<sup>27</sup> *Id.*

<sup>28</sup> The desistance studies have also been criticized for a range of other methodological limitations. Olson, K.R. (2016). Prepubescent Transgender Children: What We Do and Do Not Know. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(3), 155-156.

Kristina Olson et al. found that the vast majority of prepubertal transgender children continued to identify as transgender over a five-year follow-up period.<sup>29</sup>

### **REGRET AMONG INDIVIDUALS RECEIVING MEDICAL TREATMENT FOR GENDER DYSPHORIA IS UNCOMMON**

28. Executive Order 14187 states that “[c]ountless children soon regret” receiving gender-affirming medical care. To the contrary, studies indicate that regret among adolescents receiving treatment under existing guidelines is rare.

29. De-transition and transition regret are distinct concepts, and transition regret is uncommon. Given that de-transition has heterogeneous definitions, I caution against interpreting papers that use the term without clarifying how the phrase is being used.

30. The term “de-transition” is used inconsistently in literature and may sometimes refer to simply the stopping of medical interventions. But discontinuation of gender-affirming medical interventions does not always coincide with a change in understanding of one’s gender identity or with transition-related regret. Rather, transgender adolescent patients who discontinue gender-affirming medical interventions may do so because of external factors (*e.g.*, pressure from family, societal rejection, harassment by peers). For example, a substantial number of currently identified transgender people (13.1%) have “de-transitioned” at some point in their life, with the majority (82.5%) citing external factors like family rejection, societal stigma, or harassment.<sup>30</sup>

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<sup>29</sup> Olson, K. R., Durwood, L., Horton, R., *et al.* (2022). Gender Identity 5 Years After Social Transition. *Pediatrics*, 150(2):e2021056082. Additionally, while one may ask if a social transition increases likelihood of “persistence,” another study from this group (Rae et al. *Psychological Sciences*) found that social transition does not increase gender incongruence. Rae JR, Gülgöz S, Durwood L, *et al.* (2019). Predicting Early-Childhood Gender Transitions. *Psychological Sciences* 30(5), 669-681.

<sup>30</sup> Turban, J. L., Loo, S. S., Almazan, A. N., & Keuroghlian, A. S. (2021). Factors Leading to “Detransition” Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis. *LGBT Health*, 8(4), 273-280.



Given that these people *currently* identify as transgender, it highlights that many people who “de-transition” ultimately transition again in the future. Other transgender patients discontinue treatment because they are satisfied with the results they have attained and do not feel the need for additional treatment.

31. Studies focused specifically on *regret*, as opposed to the broad heterogeneous category of “de-transition,” indicate that regret is uncommon. A recent study by Princeton’s Dr. Kristina Olson, examined the experiences of 220 youth who had accessed pubertal suppression and/or gender-affirming hormones during adolescence.<sup>31</sup> At a mean of 4.86 years after beginning pubertal suppression and a mean 3.4 years after starting gender-affirming hormones, participants reported very high levels of satisfaction and very low levels of regret. Of the 220 participants, 9 (4%) expressed any kind of regret, and only 4 (1.8%)<sup>32</sup> stopped treatment.

32. In 2018, Amsterdam’s VUMC Center of Expertise on Gender Dysphoria published the rates of regret among their cohort of 6,793 transgender patients who had undergone gender-affirming medical and/or surgical interventions.<sup>33</sup> Among transgender women with gender dysphoria who underwent gender-affirming surgery, 0.6% experienced regret. Among transgender men with gender dysphoria who underwent gender-affirming surgery, 0.3% experienced regret. Several of those who experienced regret were classified as having “social regret” rather than “true

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<sup>31</sup> Olson, K. R., Raber, G. F., & Gallagher, N. M. (2024). Levels of Satisfaction and Regret With Gender-Affirming Medical Care in Adolescence. *JAMA Pediatrics*, 178(12), 1354-1361.

<sup>32</sup> One participant was on pubertal suppression but planned not to continue with care, which would change this percentage to 2.3%.

<sup>33</sup> Wiepjes, C.M., Nota, N.M., de Blok, C.J., *et al.* (2018). The Amsterdam Cohort of Gender Dysphoria Study (1972–2015): Trends in Prevalence, Treatment, and Regrets. *The Journal of Sexual Medicine*, 15(4), 582-590.

regret,” defined in the study as still identifying as transgender but deciding to reverse their gender-affirming surgery due to factors like “the loss of relatives [being] a large sacrifice.” The study also reported that only 1.9% of adolescents who started pubertal suppression did not choose to go onto gender-affirming hormones. In a second study of 143 transgender adolescents who started pubertal suppression, five adolescents (3.5%) decided not to proceed with further gender-affirming medical treatments.<sup>34</sup> One of these adolescents noted that pubertal suppression helped them to better understand their gender identity, and they ultimately identified with their sex assigned at birth. One birth-assigned female had ongoing chest dysphoria but chose to live with a female gender expression regardless, though was dreading further breast development and menstruation. One stopped due to unspecified “psychosocial reasons” but continued to identify as transgender. One identified as gender non-binary and felt they no longer needed treatment. One came to identify with his sex assigned at birth. There was no indication that any of these adolescents *regretted* pubertal suppression; rather, this study shows that the treatment served its goal of allowing adolescents more time to better understand their gender identity before being assessed for additional treatment.

33. Though there have been scattered and sometimes difficult-to-confirm social media reports of people regretting gender-affirming medical care (as with any form of medical treatment), this must be considered in the context of the 1.6 million transgender people in the United States alone.<sup>35</sup> The largest study to date that aimed to identify people who specifically started then

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<sup>34</sup> Brik, T., Vrouenraets, L.J.J.J., de Vries, M.C., *et al.* (2020). Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria. *Archives of Sexual Behavior*, 49(7), 2611-2618.

<sup>35</sup> Herman, J. L., Flores, A. R., & O'Neill, K. K. (2022). How many adults and youth identify as transgender in the United States? Available at:

stopped gender-affirming medical interventions identified 100 individuals from around the world.<sup>36</sup> 34% of participants were from outside the United States. In this study, the average age of having started any gender-affirming medical intervention was 21.9 years, suggesting that these individuals were primarily cared for in the adult model of care, not the pediatric model of care, the latter of which requires a comprehensive biopsychosocial mental health assessment designed to minimize regret rates. Among these participants who had discontinued gender-affirming hormones, 34% reported that transition was “a necessary part of their journey” (*i.e.*, important for coming to better understand themselves and their gender identity) and 67.7% reported they were helped in some way by gender-affirming medical care. While it is important to ensure that people are adequately supported in the rare instances of stopping gender-affirming medical interventions,<sup>37</sup> it is essential to contextualize this small number of cases among the 1.4 million transgender people in the U.S. alone, as well as the complexities of their experiences, which do not universally indicate regret.

34. All treatments in medicine carry risks, benefits, and side effects. It is essential that parents, adolescents, and their doctors be able to work together to weigh these factors and choose a path forward that is *most likely* to improve a young person’s health, including their mental health. If the government were to ban all medical treatments with potential adverse side effects or the

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<https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>. Accessed: February 4, 2025.

<sup>36</sup> Littman, L. (2021). Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. *Archives of Sexual Behavior*, 50(8), 3353-3369.

<sup>37</sup> Turban, J.L., Brady, C., & Olson-Kennedy, J. (2022). Understanding and Supporting Patients With Dynamic Desires for Gender-Affirming Medical Interventions. *JAMA Network Open*, 5(7): e2224722.

possibility of regret, it would ban essentially all of medicine. As one example, the vast majority of people who take the antibiotic penicillin find that their infections resolve; however, a small number of people will experience Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN) from the medication—rare and potentially fatal conditions in which the person’s skin detaches.<sup>38</sup> Morbidity rates from SJS/TEN are as high as 50%. The cholesterol-lowering medication atorvastatin (known to many under the brand name Lipitor) is one of the most commonly prescribed medications in the U.S., given its potential to lower cholesterol and subsequently reduce the risk of a heart attack. However, a small number of people will experience rhabdomyolysis as a side effect—a potentially fatal form of muscle breakdown that can cause kidney damage. Though both these medications carry a serious risk of adverse side effects, they help the vast majority of people, and thus should not be—and are not—banned. The responsibility of the clinician is to inform patients about these risks, benefits, and potential side effects, and work with patients and families to identify the best course of action.

35. As with all medical interventions, gender-affirming medical interventions cannot claim a 100% success rate. However, for the vast majority of adolescents, these interventions improve mental health. Accordingly, it is dangerous to take the only evidence-based treatment option away from families and physicians as they work together to examine existing evidence and their individual case to determine what pathway is most likely to result in favorable mental health outcomes for an adolescent.

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<sup>38</sup> Lee, E.Y., Knox, C., & Phillips, E.J. (2023). Worldwide Prevalence of Antibiotic-Associated Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis: A Systematic Review and Meta-analysis. *JAMA Dermatology*, 159(4), 384-392.

**THE “CASS REPORT” DOES NOT SUPPORT BANNING GENDER-AFFIRMING MEDICAL CARE FOR ADOLESCENTS WITH GENDER DYSPHORIA**

36. The “Cass Report” from the United Kingdom’s National Health Service does not support banning gender-affirming medical treatments for adolescent gender dysphoria. While the Cass Report has been heavily critiqued for methodological failings,<sup>39</sup> it also does not recommend banning gender-affirming medical treatments for adolescents. Similar to The Endocrine Society Guidelines,<sup>40</sup> the Cass Report highlights that there are clinical scenarios in which these medications should be made available to pediatric patients.

37. The Cass Report has much in common with the Endocrine Society Guidelines,<sup>41</sup> as well as with the WPATH Standards of Care.<sup>42</sup> Most critically, all three agree that some adolescents with gender dysphoria will benefit from gender-affirming medical care, while some transgender adolescents are not appropriate candidates. The Cass Report, in describing how gender-related care should be provided in the United Kingdom, notes that those providing care must have the skills “to support both individuals for whom medical intervention is clinically indicated and those for

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<sup>39</sup> See, for example, McNamara, M., Baker, K., Connelly, K., Janssen, A., Olson-Kennedy, J., Pang, K. C., Scheim, A., Turban, J., & Alstott, A. (2024). An evidence-based critique of “The Cass Review” on gender-affirming care for adolescent gender dysphoria. Available at: [https://law.yale.edu/sites/default/files/documents/integrity-project\\_cass-response.pdf](https://law.yale.edu/sites/default/files/documents/integrity-project_cass-response.pdf). Accessed: February 10, 2025.

<sup>40</sup> Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., ... & T’Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, 102(11), 3869-3903.

<sup>41</sup> *Id.*

<sup>42</sup> Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., De Vries, A. L., Deutsch, M. B., ... & Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(sup1), S1-S259.

whom it is not.”<sup>43</sup> In an interview with *The New York Times* discussing the report, Dr. Cass emphasized, “there are young people who absolutely benefit from a medical pathway, and we need to make sure those young people have access—under a research protocol, because we need to improve the research—but not assume that’s the right pathway for everyone.”<sup>44</sup> The WPATH Standards of Care similarly state, “For some youth, obtaining gender-affirming medical treatment is important while for others these steps may not be necessary.”<sup>45</sup> This agreement that gender-affirming medical interventions are appropriate for some adolescents is out of step with Executive Order 14187.

38. The Cass Report, the Endocrine Society Guidelines, and the WPATH Standards of Care also all agree that a comprehensive mental health evaluation should be conducted prior to initiating gender-affirming medical interventions for adolescent gender dysphoria.<sup>46</sup>

39. Additionally, all three agree that co-occurring mental health conditions should be treated when caring for an adolescent with gender dysphoria. For example, the WPATH Standards of Care state that gender-affirming medical interventions for adolescents should only be considered when, “the adolescent’s mental health concerns (if any) that may interfere with

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<sup>43</sup> The Cass Review, *Independent review of gender identity services for children and young people: Final Report*. Available at: <https://cass.independent-review.uk/home/publications/final-report/>. Accessed: June 3, 2024.

<sup>44</sup> *New York Times* interview with Dr. Hilary Cass. Available at: <https://www.nytimes.com/2024/05/13/health/hilary-cass-transgender-youth-puberty-blockers.html>. Accessed: May 27, 2024.

<sup>45</sup> Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., De Vries, A. L., Deutsch, M. B., ... & Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(sup1), S51.

<sup>46</sup> See Coleman et al 2022 at S1-S259; Hembree et al 2017 at 3870.

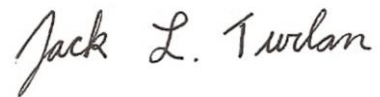
diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed.”<sup>47</sup>

## CONCLUSION

40. In summary, gender-affirming medical care for adolescent gender dysphoria, when medically indicated, is supported by a substantial body of peer-reviewed scientific evidence that has been collected over more than a decade. Though these treatments, like all medical treatments, carry potential risks and side effects, these potential risks must be weighed against the benefits of treatment and the risks of not providing treatment. There is nothing anomalous about the risks and side effects of treatment for gender dysphoria that would warrant singling out this care for prohibition. It is essential that physicians be able to work with adolescents and their families to weigh potential benefits against potential risks and side effects and provide the care that is appropriate for a given adolescent and their family. Banning these medical interventions would leave physicians without any evidence-based treatments for adolescent gender dysphoria, which, when left untreated, has been linked to dramatic adverse mental health outcomes, including suicidality. For these reasons, all relevant major medical organizations (The American Medical Association, The American Academy of Pediatrics, The American Psychiatric Association, The American Academy of Child & Adolescent Psychiatry, The Endocrine Society, and The Pediatric Endocrine Society, to name a few) oppose bans on gender-affirming medical care for adolescents with gender dysphoria.

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<sup>47</sup> *Id.* at S1-S259.

A handwritten signature in black ink that reads "Jack L. Turban". The signature is written in a cursive style with a large, stylized "J" and "T".

Dated: February 17, 2025

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JACK L. TURBAN, MD, MHS



# **Exhibit A**

**Jack Lewis Turban III MD MHS**

401 Parnassus Ave  
 San Francisco, CA 94143  
 jack.turban@ucsf.edu

**ACADEMIC APPOINTMENTS**


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**University of California, San Francisco School of Medicine** San Francisco, CA. September 2022-Present

*Assistant Professor of Child & Adolescent Psychiatry and Affiliate Faculty in the Philip R. Lee Institute for Health Policy Studies.* Responsibilities include serving as director of the gender psychiatry program, and as an attending psychiatrist in the adult gender and sexual minority clinic, and in the eating disorders clinic, as well as research focusing on the determinants of mental health among transgender and gender diverse youth and the teaching of medical students, residents, and fellows.

**EDUCATION & TRAINING**


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**Stanford University School of Medicine** Palo Alto, CA July 2020-June 2022

*Fellow in Child & Adolescent Psychiatry.* Fellow in child and adolescent psychiatry. Research focused on pediatric gender identity and LGBTQ mental health. Served as administrative chief fellow 2021-2022.

**Massachusetts General Hospital & McLean Hospital** Boston, MA July 2017 – May 2020

*Integrated Adult, Child, & Adolescent Psychiatry Resident.* Resident physician in the integrated adult, child, and adolescent psychiatry program. Research focused on pediatric gender identity and LGBT mental health.

**Yale School of Medicine** New Haven, CT. August 2012- May 2017

*Doctor of Medicine & Master of Health Science with honors.* Clinical rotations included inpatient pediatrics, inpatient child psychiatry, inpatient adolescent psychiatry, residential adolescent psychiatry, psychiatric consult liaison service, clinical neuromodulation, neurology clinics, and neurosurgery. Completed award-winning masters' thesis as a Howard Hughes Medical Institute (HHMI) medical research fellow on evolving treatment paradigms for transgender youth. Clerkship Grades: All Honors  
 USMLE: Step 1 (252), Step 2 (256)

**Harvard University** Cambridge, MA September 2007- May 2011

*B.A. Neurobiology magna cum laude with a secondary in the Dramatic Arts.* Coursework included clinical neuroscience, systems neurobiology, visual neuroscience, positive psychology, neurobiology of behavior, CNS regenerative techniques, neuroanatomy, vertebrate surgery, and extensive coursework in dramatic theory and practice. International study included Spanish language (Alicante, Spain), stem cell biology (Shanghai, China), and studying how visual art may be used as a window into the mechanisms of neural processing (Trento, Italy). Honors thesis completed at The Massachusetts Eye & Ear Infirmary studying inner-ear development and regeneration. GPA: 3.8/4.0

**RESEARCH EXPERIENCE**


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**UCSF Gender Psychiatry Program** San Francisco, CA 2022-Present

*Principal Investigator.* Directs a research group focused on the determinants of mental health among transgender and gender diverse youth, with a focus on questions relevant to public policy.

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**The Fenway Institute** Boston, MA  
 2017-2023

*Post-doctoral Research Fellow.* Utilized data from the National Transgender Discrimination Survey to determine the adult mental health correlates of recalled childhood experiences including exposure to conversion therapy and access to gender-affirming hormonal interventions. PIs: Timothy Wilens, Alex Keuroghlian, & Sari Reisner

**Stanford Division of Child & Adolescent Psychiatry** Palo Alto, CA  
 2020-2022

*Post-doctoral Research Fellow.* Established the Stanford Evaluation of Gender Affirmation (SEGA) study, which examines the impact of gender-affirming medical and surgical interventions on the mental health of transgender and gender diverse youth. Mentors: Dr. David Hong & Dr. Tandy Aye

**McLean Institute for Technology in Psychiatry** Belmont, MA.  
 2017-2020

*Post-doctoral Research Fellow.* Conducted cross-sectional studies that examine the associations between geosocial “hook-up apps,” internalizing psychopathology, and compulsive sexual behavior. Utilizing the TestMyBrain platform. PI: Laura Germin

**Yale Program for Research on Impulsivity & Impulse Control Disorders** New Haven, CT  
 2016-2019

*Pre-doctoral Research Fellow.* Conducted a studies of US military veterans who had recently returned from deployment, studying rates and comorbidities of those veterans who exhibit compulsive sexual behavior facilitated by social media. PI: Marc Potenza MD/PhD

**Yale Child Study Center** New Haven, CT 2015-  
 2017

*Pre-doctoral Research Fellow.* Conducted a study to evaluate pediatric attending and medical student knowledge regarding transgender pediatric patient care. Additionally studied participants’ personal ethical views regarding pubertal blockade and cross-sex hormone therapy for adolescent patients. PI: Timothy VanDeusen MD

**Yale Department of Dermatology** New Haven, CT 2015-  
 2016

*HHMI Medical Research Fellow.* Studied the potential molecular mediators of Langerhans Cell-mediated UVB-induced epidermal carcinogenesis. Techniques included transgenic mouse models of chronic UV exposure, epidermal sheet preparations, immunohistochemistry, confocal microscopy, flow cytometry, Bioplex analysis, quantitative PCR and tissue culture. PI: Michael Girardi MD

**Yale Department Laboratory Medicine** New Haven, CT 2012-  
 2014

*Pre-doctoral Research Fellow.* Employed mass spectrometry to compare metabolite profiles of recurrent tumor versus radiation-induced necrosis following Gamma Knife Radiosurgery for brain metastases, working to identify novel biomarkers for non-invasive imaging techniques. PI: Tore Eid MD/PhD

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**Yale Department of Neurosurgery** New Haven, CT

2012-2012

*Pre-doctoral Research Fellow.* Developed a database of patients who received gamma knife radiosurgery or whole brain radiation for the treatment of brain metastases. This database is designed to evaluate the relative risks of radiation-induced necrosis following these two treatment modalities. PI: Veronica Chiang MD

**Eaton-Peabody Laboratory** Cambridge, MA

2009-

2011

*Undergraduate Research Fellow.* Worked at the Massachusetts Eye and Ear Infirmary laboratory, studying stem cells of the inner ear and working toward cochlear hair cell regeneration. PI: Albert Edge PhD

**Novartis Pharmaceuticals** Shanghai, China

2009-

2009

*Intern.* Worked as a biological research intern, studying the role of Math-1 in inner-ear development and regeneration.

**LEADERSHIP**

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**UCSF Child & Adolescent Psychiatry Grand Rounds Committee** San Francisco, CA.

2023-Present

*Member.* Works with with committee to select and work with grand rounds speakers for the weekly child and adolescent psychiatry grand rounds series.

**UCSF Department of Psychiatry Advancements & Promotions Committee** San Francisco, CA.

2023-Present

*Member.* Reviews faculty packets for advancements and promotions.

**UCSF Child & Adolescent Psychiatry Fellowship Selection Committee** San Francisco, CA

2022-Present

*Member.* Conducts interviews for applications to the UCSF child and adolescent psychiatry fellowship training program, sits on selection committee, works on recruitment efforts.

**The Upswing Fund**

2020-2023

*Scientific Advisory Board.* Member of the scientific advisory board of a \$15M charitable fund to support adolescent minority mental health during the COVID19 pandemic. Funded by Melinda Gates's Panorama Global.

**Stanford Medicine Diversity Cabinet LGBTQ+ / Sexual and Gender Minority Subcommittee**

2021-2022

*Member.* Working to improve Stanford School of Medicine in all aspects relevant to sexual and gender minorities including curriculum, clinical care, and employee support.

**Stanford Pediatric Gender Journal Club**

2021-

2022

*Founder.* Organizing a monthly journal club focusing on the latest research relevant to the care of transgender and gender diverse youth.

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**MGH Psychiatry Gender Lab Meetings** Boston, MA

2019-2020

*Founder.* Established monthly lab meetings for those in the MGH psychiatry department to discuss ongoing research regarding transgender mental health.

**Yale School of Medicine Cultural Competence Committee** New Haven, CT

2012-2017

*Chair.* Worked with individual course directors to develop course material on cultural competence. Authored case studies on handling pediatric patient sexuality (Professional Responsibility Course), authored a pre-clinical lecture on LGBT healthcare (Ob/Gyn Module), and lectured on transgender pediatric patient care (Pediatrics Clinical Clerkship).

**Dean's Advisory Committee on LGBTQ Affairs (Yale School of Medicine)** New Haven, CT

2016-2017

*Member.* Served on the advisory committee to the Dean of Yale School of Medicine, advising on issues related to LGBTQ affairs.

**Yale HIV Dermatology Roundtable** New Haven, CT

2014-2017

*Founder.* Eighty percent of patients suffering from HIV face a dermatologic manifestation of their disease. Struck by these patients' experience of stigma, I organized a bi-monthly interdisciplinary roundtable to improve research, education, and clinical care in HIV dermatology. Interventions have included primary care provider training on the treatment of genital warts and improved referral systems for cutaneous malignancies.

**Yale Gay & Lesbian Medical Association** New Haven, CT

2013-2017

*President.* Led a group of medical students focused on supporting careers in medicine for LGBT individuals. Organized mixers with LGBT organizations from other graduate schools and with LGBT faculty. Coordinated trips to GLMA national conferences. Worked with the medical school administration to create an LGBT faculty advisor position.

**VOLUNTEER WORK & ADVOCACY**

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**American Academy of Child & Adolescent Psychiatry "Break the Cycle"**

2017-2017

*Event Coordinator.* Worked with Dr. Andres Martin to coordinate a fundraising indoor cycling event for the AACAP *Break The Cycle* fundraising campaign to fight children's mental illness.

**Yale Hunger & Homelessness Auction** New Haven, CT

2012-

2014

*Logistics Co-Chair.* Organized a group of ten students to coordinate entertainment, donations, and event logistics for the Yale annual charity auction. All proceeds for the auction go to support local charities.

**Yale School of Medicine Admissions Committee** New Haven, CT

2015-2017

*Interviewer.* Served as a full voting member of the admissions committee. Responsibilities include student

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interviewing, recruitment, and organizing LGBT-focused activities for admitted students.

**Harvard College Admissions** New Haven, CT

2012-2020

*Interviewer.* Interviewing students from the Boston area for admission to Harvard College.

**SELECTED PEER REVIEWED PUBLICATIONS: ORIGINAL RESEARCH**

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Lerario M.P., Fusunyan M. Stave C.D., Roldan V., Keuroghlian A.S., **Turban J.L.**, Perez D.L., Maschi T., Rosendale N. (2023) Functional neurological disorder and functional somatic syndromes among sexual and gender minority people: a scoping review. *Journal of Psychosomatic Research*. 174: 111491.

**Turban J.L.**, Dolotina B., Freitag T.M., King D., Keuroghlian A.S. Age of realization of transgender identity and mental health outcomes among transgender and gender diverse adults: examining the “rapid onset gender dysphoria” hypothesis. *Journal of Adolescent Health*. 72(6): 852-859.

**Turban J.L.**, Dolotina B., King D., Keuroghlian A.S. (2022) Sex assigned at birth ratio among transgender and gender diverse adolescents in the United States. *Pediatrics*. 150(3): e202205567.

**Turban J.L.**, King D., Kobe J., Reisner S.L., Keuroghlian A.S. (2022) Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*, 17(1): e0261039.

Passell E., Rutter L.A., **Turban J.L.**, Scheuer L., Wright N., Germine L. (2021) Generalized Anxiety Disorder Symptoms are Higher Among Same- and Both-Sex Attracted Individuals in a Large, International Sample. *Sexuality Research and Social Policy*. 19: 1440-1451.

Lewis, J. M., Monico, P. F., Mirza, F. N., Xu, S., Yumeen, S., **Turban, J. L.**, Galan A., & Girardi, M. (2021). Chronic UV radiation–induced ROR $\gamma$ t+ IL-22–producing lymphoid cells are associated with mutant KC clonal expansion. *Proceedings of the National Academy of Sciences*, 118(37).

**Turban J.L.**, King, D., Li, J.L., Keuroghlian, A.S. (2021) Timing of Social Transition for Transgender and Gender Diverse Youth, K-12 Harassment, and Adult Mental Health Outcomes. *Journal of Adolescent Health*. 69(6), 991-998.

**Turban J.L.**, Loo, S. S., Almazan, A. N., Keuroghlian, A.S. (2021) Factors Leading to “Detransition” Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis. *LGBT Health*. 8(4), 273-280.

**Turban, J. L.**, Passell E, Scheer L, Germine L. (2020) Use of Geosocial Networking Applications Is Associated With Compulsive Sexual Behavior Disorder in an Online Sample. *The Journal of Sexual Medicine*. 17(8), 1574-1578.

**Turban, J. L.**, King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145(2), e20191725.

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**Turban, J. L.**, Shirk, S. D., Potenza, M. N., Hoff, R. A., & Kraus, S. W. (2020). Posting Sexually Explicit Images or Videos of Oneself Online Is Associated With Impulsivity and Hypersexuality but Not Measures of Psychopathology in a Sample of US Veterans. *The Journal of Sexual Medicine*, 17(1), 163-167.

**Turban, J. L.**, Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*, 77(1), 68-76.

Acosta, W., Qayyum, Z., **Turban, J. L.**, & van Schalkwyk, G. I. (2019). Identify, engage, understand: Supporting transgender youth in an inpatient psychiatric hospital. *Psychiatric Quarterly*, 90(3), 601-612.

**Turban, J. L.**, King, D., Reisner, S. L., & Keuroghlian, A. S. (2019). Psychological Attempts to Change a Person's Gender Identity from Transgender to Cisgender: Estimated Prevalence Across US States, 2015. *American Journal of Public Health*, 109(10), 1452-1454.

**Turban, J. L.**, Winer, J., Boulware, S., VanDeusen, T., & Encandela, J. (2018). Knowledge and attitudes toward transgender health. *Clinical Teacher*, 15(3), 203-207.

**Turban, J. L.**, Potenza, M. N., Hoff, R. A., Martino, S., & Kraus, S. W. (2017). Psychiatric disorders, suicidal ideation, and sexually transmitted infections among post-deployment veterans who utilize digital social media for sexual partner seeking. *Addictive Behaviors*, 66, 96-100.

**Turban J. L.\***, Lu, A. Y\*, Damisah, E. C., Li, J., Alomari, A. K., Eid, T., ... & Chiang, V. L. (2017). Novel biomarker identification using metabolomic profiling to differentiate radiation necrosis and recurrent tumor following Gamma Knife radiosurgery. *Journal of Neurosurgery*, 127(2), 388-396.

Kempfle, J. S., **Turban, J. L.**, & Edge, A. S. (2016). Sox2 in the differentiation of cochlear progenitor cells. *Scientific Reports*, 6, 23293.

**SELECTED PEER REVIEWED PUBLICATIONS: COMMENTARY, REVIEWS, & PERSPECTIVES**

**Turban J.L.**, Thornton J., Ehrensaft D. (2025) Biopsychosocial Assessments for Pubertal Suppression to Treat Adolescent Gender Dysphoria. *Journal of the American Academy of Child & Adolescent Psychiatry*. 64(1): 12-16.

**Turban J.L.**, Anderson C.T.M., Spetz J. (2024) Gender Identity and Ethnoracial Disparities in Conversion Effort Exposure. *American Journal of Public Health*. 114(5): 455-457.

**Turban J.L.**, Dolotina B., Freitag T.M., King D., Keuroghlian A.S. (2023) Rapid-Onset Gender Dysphoria Is Not a Recognized Mental Health Diagnosis. *Journal of Adolescent Health*. 73(6): 1163-1164.

Lerario, M. P., Rosendale, N., Waugh, J. L., **Turban, J.**, & Maschi, T. (2023). Functional Neurological Disorder Among Sexual and Gender Minority People. *Neurologic Clinics*. 41(4): 759-781.

Kraschel K.L., Chen A., **Turban J.L.**, Cohen I.G. Legislation restricting gender-affirming care for transgender youth: politics eclipse healthcare. *Cell Reports Medicine*. 3(8): 100719.



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**Turban J.L.**, Brady C., & Olson-Kennedy J. Understanding & Supporting Patients with Dynamic Desires for Gender-affirming Medical Interventions. *JAMA Network Open*. 5(7): e2224722.

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**Turban J.L.**, Kraschel K.L., Cohen, G.C. (2021) Legislation to Criminalize Gender-affirming Medical Care for Transgender Youth. *JAMA*. 325(22), 2251-2252.

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**Turban, J. L.**, Keuroghlian, A. S., & Mayer, K. H. (2020) Sexual Health in the SARS-CoV-2 Era. *Annals of Internal Medicine*. 173(5), 387-389.

Suozzi, K., **Turban, J.L.**, & Girardi, M. (2020). Focus: Skin: Cutaneous Photoprotection: A Review of the Current Status and Evolving Strategies. *The Yale Journal of Biology and Medicine*, 93(1), 55.

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**Turban, J. L.** (2018). Potentially Reversible Social Deficits Among Transgender Youth. *Journal of Autism and Developmental Disorders*, 48(12), 4007-4009.



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**Turban, J. L., & van Schalkwyk, G. I.** (2018). “Gender dysphoria” and autism spectrum disorder: Is the link real?. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(1), 8-9.

**Turban, J. L., & Ehrensaft, D.** (2018). Research review: gender identity in youth: treatment paradigms and controversies. *Journal of Child Psychology and Psychiatry*, 59(12), 1228-1243.

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**Turban, J., Ferraiolo, T., Martin, A., & Olezeski, C.** (2017). Ten things transgender and gender nonconforming youth want their doctors to know. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(4), 275-277.

**Turban, J. L.** (2017). Transgender Youth: The Building Evidence Base for Early Social Transition. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56(2), 101.

**Turban J. L., Martin A.** (2017) Book Forum: Becoming Nicole. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(1): 91-92.

#### **TEXTBOOKS AND TEXTBOOK CHAPTERS**

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Forcier, M., Van Schalkwyk, G., **Turban, J. L.** (Editors). *Pediatric Gender Identity: Gender-affirming Care for Transgender & Gender Diverse Youth*. Springer Nature, 2020.

Challa M., Scott C., **Turban J.L.** Epidemiology of Pediatric Gender Identity. In Forcier, M., Van Schalkwyk, G., **Turban, J. L.** (Editors). *Pediatric Gender Identity: Gender-affirming Care for Transgender & Gender Diverse Youth*. Springer Nature, 2020.

**Turban J.L., Shadianloo S.** Transgender & Gender Non-conforming Youth. In Rey, J.M. (Editor): *IACAPAP e-Textbook of Child and Adolescent Mental Health*. Geneva. International Association of Child and Adolescent Psychiatry and Allied Professionals, 2018.

**Turban, J. L., DeVries, A.L.C., Zucker, K.** Gender Incongruence & Gender Dysphoria. In Martin A., Bloch M.H., Volkmar F.R. (Editors): *Lewis’s Child and Adolescent Psychiatry: A Comprehensive Textbook*, Fifth Edition. Philadelphia: Wolters Kluwer 2018.

#### **SELECTED INVITED GRAND ROUNDS PRESENTATIONS**

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**Turban JL.** Supporting the Mental Health of Transgender and Gender Diverse Youth. Yale Child Study Center Grand Rounds, 2024.

**Turban JL.** Supporting the Mental Health of Transgender and Gender Diverse Youth. Temple Department of Psychiatry Grand Rounds, 2024.

**Turban JL.** Supporting the Mental Health of Transgender and Gender Diverse Youth. Penn State Department of Psychiatry Grand Rounds, 2024.

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**Turban JL.** Transgender Youth Mental Health. Maudsley Hospital / Kings College London Grand Rounds, 2023.

**Turban JL.** Research Updates: Supporting the Mental Health of Transgender and Gender Diverse Youth. Department of Behavioral Health, Wake Forest School of Medicine / Atrium Health, 2023.

**Turban JL.** Supporting the Mental Health of Transgender and Gender Diverse Youth. Child & Adolescent Psychiatry Grand Rounds, Long Island Jewish Medical Center / Zucker Hillside, 2023.

**Turban JL.** Suicidality in Sexual and Gender Minority Youth. Psychiatry Grand Rounds, Boston Children's Hospital, 2023.

**Turban JL.** Opinion Writing to Promote Public Health & Evidence-Based Public Policy. Medical Education Grand Rounds, The University of Vermont Larner College of Medicine, 2022.

**Turban JL.** Research Updates: Supporting the Mental Health of Transgender & Gender Diverse Youth. Division of Child & Adolescent Psychiatry Grand Rounds, Stanford University School of Medicine, 2022.

**Turban JL.** Supporting Transgender & Gender Diverse Youth: Research Updates & Treatment Paradigms. Department of Psychiatry Grand Rounds, University of Nebraska Medical Center, 2022.

**Turban JL.** Supporting the Mental Health of Transgender & Gender Diverse Youth. Department of Pediatrics, Division of Behavioral Health Grand Rounds, University of Utah, 2022.

**Turban JL.** Gender Diverse Youth: Treatment Paradigms & Research Updates. Psychiatry Grand Rounds, Thomas Jefferson University, 2021.

**Turban JL.** Supporting Gender Diverse Youth Throughout Development. Child Psychiatry Grand Rounds, Georgetown, 2021.

**Turban JL.** Understanding Pediatric Gender Identity through Childhood and Adolescence. Grand Rounds, Institute of Living, 2021.

**Turban JL.** Evolving treatment paradigms for transgender youth. Pediatric Grand Rounds, Albany Medical Center, 2021.

**Turban JL.** Evolving Treatment Paradigms for Transgender Youth. Psychiatry Grand Rounds, McLean Hospital (Harvard Medical School), 2021.

**Turban JL.** Einstein Psychiatry Grand Rounds: Evolving Treatment Paradigms for Transgender Youth. Psychiatry Grand Rounds, Einstein Medical Center, 2021.

**Turban JL.** COVID19 and Pediatric Mental Health. Pediatrics Grand Rounds, Stanford University School of Medicine, 2021.

**Turban JL.** Evolving Treatment Paradigms for Transgender Youth. Psychiatry Grand Rounds, Beth Israel

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Deaconess Medical Center (Harvard Medical School), 2020.

**ADDITIONAL INVITED PRESENTATIONS**

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**Turban JL.** Supporting Transgender Youth Across Development. *Annual Meeting of the International Academy of Child & Adolescent Psychiatry*, Rio de Janeiro, 2024.

**Turban JL.** Suicide Prevention for LGBTQ+ Youth. *National Institutes of Health*, Bethesda, 2023.

**Turban JL.** NAMI LGBTQ+ Mental Health Roundtable Discussion. *National Alliance on Mental Illness*, San Francisco, 2023.

**Turban JL.** Supporting the Mental Health of Transgender & Gender Diverse Youth. *United Nations NGO Committee on Mental Health*, United Nations, 2023.

**Turban JL & Spetz J.** How to Give Expert Testimony. *UCSF Philip R. Lee Institute for Health Policy Studies Impacting Policy Series*, San Francisco, 2023.

**Turban JL.** The Research on Gender-affirming Care for Transgender Youth. *AusPATH Research Seminar*. Sydney, 2023.

**Turban JL.** Building a Career in Sexual & Gender Minority Health Research. *National Institutes of Health*, Bethesda, 2022.

**Turban JL.** Research Updates: Gender-affirming Care for Transgender Youth. MUSC LGBTQ+ Health Equity Summit, Medical University of South Carolina, 2022.

**Turban JL.** Keynote: Supporting The Mental Health of Transgender & Gender Diverse Youth. Edythe Kurz Educational Institute Conference, Westchester, 2022.

**Turban JL, Peters B, Olson-Kennedy J.** Gender-Affirming Care: Through a Medical, Surgical, and Mental Health Lens. Critical Issues in Child & Adolescent Mental Health Conference, San Diego, 2022.

**Turban JL.** Improving Mental Health Outcomes for Transgender and Gender Diverse (TGD) Youth Through Gender-affirming Care. National LGBTQIA+ Health Education Center, The Fenway Institute, 2022.

**Turban JL.** Combatting anti-trans legislation through science, data, and writing. State of Queer Mental Health Conference by The Mental Health Association of San Francisco, Online, 2021.

**Turban JL.** Updates on LGBTQ Mental Health. Annual Psychiatric Times World CME Conference, Online, 2021.

**Turban JL.** Imbasciani LGBTQ Health Equity Lecture: Evolving Treatment Paradigms for Transgender and Gender Diverse Youth. University of Vermont Larner College of Medicine, Burlington, 2021.

**Turban JL.** The Emergence of Gender-affirming Care for Transgender & Gender Diverse Youth, United Nations NGO Committee on Mental Health, Oral Presentation, Online, 2021.

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**Turban JL.** Keynote – Transgender & Gender Diverse Youth: Research Updates. Stony Brook Transgender Health Conference, Online, 2021.

**Turban JL.** Opinion Writing on Sensitive Topics. Harvard Media & Medicine Course, Live Lecture, Online, 2021.

**Turban JL.** Gender affirming care for transgender and gender diverse youth: what we know and what we don't. University of Texas Pride Health Institute, Oral Presentation, Online, 2020.

**Turban JL.** Q&A on Transgender Youth Mental Health. PEOPLE in Healthcare at University of Toledo, Oral Presentation, Online, 2020.

**Turban JL,** Pagato S, Gold J, Broglie J, Naidoo U, Alvarado A. Innovation of Student Mental Health during COVID19. Panel to the People, Oral Presentation, Online, 2020.

**Turban JL,** Belkin B, Vito J, Campos K, Scasta D, Ahuja A, Harris S. Discussion on Abomination: Homosexuality and the Ex-Gay Movement. Panelist, The Association of LGBTQ+ Psychiatrists Virtual Session, Oral Presentation, Online, 2020.

**Turban JL.** Is Grindr affecting gay men's mental health? Oral Presentation, UCLA & AETC Coping with Hope, Online, Oral Presentation, 2020.

**Turban JL,** Hall TM, Goldenberg D, Hellman R. Gay Sexuality and Dating. Moderator, The Association of LGBTQ+ Psychiatrists Virtual Session, Oral Presentation, Online, 2020.

### **SELECTED CONFERENCE PRESENTATIONS & ABSTRACTS**

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**Turban JL.** Understanding "De-transition": A Theoretical Framework & Clinical Considerations. Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Seattle, 2024.

**Turban JL.** Legal Epidemiology and Advancing Evidence-Based Public Policy for Sexual and Gender Minority Mental Health. American Psychiatric Association Annual Meeting, Oral Presentation, New York City, 2024.

**Turban JL.** Coffee Talk: Supporting Transgender Youth Across Development. American Psychiatric Association Annual Meeting, Oral Presentation, New York City, 2024

**Turban JL,** Calhoun A, Gold, J. Mission-Based Media Collaborative Work Concerning "Controversial" Topics in Psychiatry. Annual Meeting of The American Psychiatric Association, Oral Presentation, San Francisco, 2023.

**Turban JL,** Ahuja A. Autogynephilia: Historical Context, Clarifications, and Controversy. Annual Meeting of The American Psychiatric Association, Oral Presentation, San Francisco, 2023. [Cancelled]

**Turban JL.** A Systematic Approach for Understanding Gender Identity Evolution. Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Oral Presentation, Toronto, 2022.

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**Turban JL.** Transgender Youth: Evolving Gender Identities and “Detransition.” Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Session Chair of Oral Symposium, Toronto, 2022.

**Turban JL.** From The New York Times to Hollywood: Communicating With the Public Through Opinion Writing, Publishing, Social Media, and Consulting for Film and TV, Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Session Chair of Oral Symposium, Toronto, 2022.

**Turban JL.** Writing for the Lay Press to Combat Misinformation Regarding Pediatric Mental Health, Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Oral Presentation, Toronto, 2022.

**Turban JL.** COVID-19 and Psychosexual Dynamics, Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Oral Presentation, Toronto, 2022.

Dolotina B, **Turban JL**, King D, Keuroghlian AS. Age of Realization of Gender Identity and Mental Health Outcomes among Transgender Adults: Evaluating the “Rapid Onset Gender Dysphoria” Hypothesis, Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Poster, Toronto, 2022.

**Turban JL.** Sex ratio among transgender adolescents in the United States. World Professional Association for Transgender Health Scientific Symposium, Oral Presentation, Montreal, 2022.

**Turban JL.** Access To Gender-Affirming Hormones During Adolescence And Mental Health Outcomes Among Transgender Adults. World Professional Association for Transgender Health Scientific Symposium, Oral Presentation, Montreal, 2022.

**Turban JL**, Gold J, Hartselle S, Yen J. From The New York Times to the Big Screen: Communicating With the Public Through Opinion Writing, Publishing, Social Media, and Consulting for Film and TV. Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Session Chair of Oral Symposium, Online, 2021.

**Turban JL.** Creating Change through Opinion Writing in Child & Adolescent Psychiatry. Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Oral Presentation, Online, 2021.

**Turban JL**, Giedinghagen A, Janssen A, Myint M, Daniolos P. Transgender Youth: Understanding “Detransition,” Non-linear Gender Trajectories, and Dynamic Gender Identities. Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Session Chair of Oral Symposium, Online, 2021.

**Turban JL.** A framework for understanding dynamic gender identities through internal and external factors. Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Oral Presentation, Online, 2021.

**Turban JL**, Geosocial networking application use among birth-assigned male adolescents. Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Oral Presentation, Online, 2021.

**Turban JL.** LGBTQ Families and the US Supreme Court. Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Oral Presentations, Online, 2021.

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**Turban JL**, King D, Kobe J, Reisner SL, Keuroghlian AS. Access to Gender-affirming Hormones during Adolescence and Mental Health Outcomes among Transgender Adults. Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Poster, Online, 2021.

**Turban JL**. Gender Identity Conversion Efforts: Quantitative Perspectives. Annual Meeting of The American Psychiatric Association, Oral Presentation, Online, 2021.

**Turban JL**. For Worse: Negative Aspects of Social Media for LGBT Youth. Oral Presentation, Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Oral Presentation, Online, 2020.

**Turban JL**. Hookup App Use among Gay and Bisexual Males: Sexual Risk and Associated Psychopathology. Oral Presentation, Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Online, 2020.

**Turban JL**. Communicating with the Public: From The New York Times to The Big Screen. Oral Presentation, Annual Meeting of The American Academy of Child & Adolescent Psychiatry, Online, 2020.

**Turban JL**, McFarland C, Walters O, Rosenblatt S. An Overview of Best Outpatient Practice in the Care of Transgender Individual. Oral Presentation, Annual Meeting of the American Psychiatric Association, Philadelphia, 2020. [Accepted, but cancelled due to COVID19]

**Turban JL**, Lakshmin P, Gold J, Khandai C. #PsychiatryMatters: Combating Mental Health Misinformation Through Social Media and Popular Press. Oral Presentation, Annual Meeting of the American Psychiatric Association, Philadelphia, 2020. [Accepted, but cancelled due to COVID19]

**Turban JL**. The Pen and the Psychiatrist: Outreach and Education Through the Written Word. Oral Presentation, Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Chicago, 2019.

**Turban JL**. For Better and For Worse: Gender and Sexuality Online, Oral Presentation, Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Chicago, 2019.

**Turban JL**. Gender Diverse Young Adults: Narratives and Clinical Considerations, Oral Presentation, Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Chicago, 2019.

**Turban JL**. Transgender Youth: Controversies and Research Updates, Oral Presentation, Annual Meeting of the American Psychiatric Association, San Francisco, 2019.

**Turban JL**, Beckwith N, Reisner S, Keuroghlian A. Exposure to Conversion Therapy for Gender Identity Is Associated with Poor Adult Mental Health Outcomes among Transgender People in the U.S. Poster Presentation, Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Seattle, 2018.

Shirk SD, **Turban JL**, Potenza M, Hoff R, Kraus S. Sexting among military veterans: Prevalence and correlates with psychopathology, suicidal ideation, impulsivity, hypersexuality, and sexually transmitted infections. Oral Presentation, International Conference on Behavioral Addictions, Cologne, Germany, 2018.

**Turban JL**. Gender Identity and Autism Spectrum Disorder. Oral Presentation, Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Washington D.C., 2017.



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**Turban JL.** Tackling Gender Dysphoria in Youth with Autism Spectrum Disorder from the Bible Belt to New York City. Oral Presentation, Annual Meeting of the American Academy of Child & Adolescent psychiatry, Washington D.C., 2017.

**Turban JL.** Affirmative Protocols for Transgender Youth. Oral Presentation, Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Washington D.C., 2017.

**Turban, JL.** Evolving Management of Transgender Youth. Oral Presentation, Klingenstein Third Generation Foundation Conference, St Louis, 2017.

**Turban, JL,** Potenza M, Hoff R, Martino S, Kraus S. Clinical characteristics associated with digital hookups, psychopathology, and clinical hypersexuality among US military veterans. Oral Presentation, International Conference on Behavioral Addictions, Haifa, Israel, 2017.

Lewis J, Monaco P, **Turban JL,** Girardi M. UV-induced mutant p53 keratinocyte clonal expansion dependence on IL-22 and ROR $\gamma$ T. Poster, Society of Investigative Dermatology, Portland, 2017.

**Turban JL,** Winer J, Encandela J, Boulware S, VanDeusen T. Medical Student Knowledge of and Attitudes toward Transgender Pediatric Patient Care. Abstract, Gay & Lesbian Medical Association, St Louis, 2016.

**Turban JL,** Lu A, Damisah E, Eid T, Chiang V. Metabolomics to Differentiate Radiation Necrosis from Recurrent Tumor following Gamma Knife Stereotactic Radiosurgery for Brain Metastases. Oral Presentation, 14<sup>th</sup> Annual Leksell Gamma Knife Conference, New York City, 2014

**Turban JL,** Lewis J, Girardi M. UVB-induced HMGB1 and extracellular ATP increase Langerhans cell production of IL-23 implicated in ILC3 activation. Poster, Society of Investigative Dermatology, Scottsdale, 2016

**Turban JL,** Lewis J, Girardi M. Characterization of cytokine pathways associated with Langerhans cell facilitation of UVB-induced epidermal carcinogenesis. Poster, American Society of Clinical Investigation, Chicago, 2016.

Lewis J, **Turban JL,** Girardi M, Michael Girardi. Langerhans cells and UV-radiation drive local IL22+ ILC3 in association with enhanced cutaneous carcinogenesis. Poster, Society of Investigative Dermatology, Scottsdale, 2016.

Sewanan L, Zheng D, Wang P, Guo X, Di Bartolo I, Marukian N, **Turban JL,** Rojas-Velazques D, Reisman A. Reflective Writing Workshops Led By Near Peers During Third-Year Clerkships: A Safe Space for Solidarity, Conversation, and Finding Meaning in Medicine. Poster & Workshop, Society of General Internal Medicine, New Haven and Hollywood, 2016.

## **AWARDS & HONORS**

Distinguished Paper of the Year, *Journal of Adolescent Health* (2024)

Top 10 Faculty Educators, UCSF Department of Psychiatry & Behavioral Sciences (2023)

Top Peer Review Service, *Annals of Internal Medicine* (2022)

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Stanford Child & Adolescent Psychiatry Chief Fellow (2021-2022)  
Wasserman Award for Advocacy in Children's Mental Health (2021)  
Top Manuscript of The Year - *Pediatrics* (2020)  
American Psychiatric Association Child & Adolescent Psychiatry Fellowship (2019-2021)  
Ted Stern Scholarship and Travel Award (2019)  
Editor's Pick for Best Clinical Perspectives Manuscript – *Journal of The American Academy of Child & Adolescent Psychiatry* (2018)  
SciShortform Project: Best Shortform Science Writing, Columns & Op-Eds (2018)  
Ted Stern Scholarship and Travel Award (2018)  
Medaris Grant (2018)  
Editor's Pick for Best Clinical Perspectives Manuscript – *Journal of The American Academy of Child & Adolescent Psychiatry* (2017)  
United States Preventative Health Services Award for Excellence in Public Health (2017)  
NBC Pride 30 Innovator (2017)  
Ferris Thesis Prize, Yale School of Medicine (2017)  
Parker Prize, Yale School of Medicine (2017)  
Howard Hughes Medical Institute Medical Research Fellowship (2015-2016)  
American Academy of Child and Adolescent Psychiatry Life Members Mentorship Grant (2016)  
Student Scholarship, Gender Conference East (2016)  
Farr Award for Excellence in Research (2016)  
Yale Office of International Medical Education Grant, Buenos Aires, Argentina (2016)  
Yale Office of International Medical Education Grant, VU Medical Center, The Netherlands (2016)  
Yale Summer Research Grant (2012)  
AIG International Scholar, Harvard College (2007-2011)  
Harvard International Study Grant, Alicante, Spain (2008)  
David Rockefeller International Study Grant, Shanghai, China (2009)

**PROFESSIONAL MEMBERSHIPS & COMMITTEES**

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American Psychiatric Association, Member  
American Academy of Child & Adolescent Psychiatry, Member  
American Psychiatry Association, Council on Communications  
American Academy of Child & Adolescent Psychiatry, Media Committee  
American Academy of Child & Adolescent Psychiatry, Chair of Subcommittee on Interfacing with the Media  
World Professional Association for Transgender Health, Member  
US Professional Association for Transgender Health, Member  
US Professional Association for Transgender Health, Research Committee  
Athlete Ally, Affiliate Scholar  
Psychiatric Times, Editorial Board

**ACADEMIC JOURNAL SERVICE & AD HOC PEER REVIEW**

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PLoS One, *Academic Editor*  
JAACAP, *Contributing Editor*  
JAMA, Peer Reviewer  
JAMA Pediatrics, Peer Reviewer  
JAMA Psychiatry, Peer Reviewer  
JAMA Network Open, Peer Reviewer



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Annals of Internal Medicine, Peer Reviewer  
Pediatrics, Peer Reviewer  
Journal of the American Academy of Child & Adolescent Psychiatry, Peer Reviewer  
JAACAP Open, Peer Reviewer  
Journal of Child Psychology and Psychiatry, Peer Reviewer  
Journal of Adolescent Health, Peer Reviewer  
Academic Psychiatry, Peer Reviewer  
Journal of Autism and Developmental Disorders, Peer Reviewer  
American Journal of Public Health, Peer Reviewer  
Perspectives on Psychological Science, Peer Reviewer  
Transgender Health, Peer Reviewer  
Journal of Clinical Medicine, Peer Reviewer  
Journal of Sex & Marital Therapy, Peer Reviewer  
Brain Sciences, Peer Reviewer  
Social Science & Medicine, Peer Reviewer  
Sexual Health, Peer Reviewer  
Women, Peer Reviewer  
Health Affairs, Peer Reviewer  
Health Affairs Scholar, Peer Reviewer  
European Journal of Eating Disorders, Peer Reviewer

# **Exhibit B**

## BIBLIOGRAPHY

Achille, C., Taggart, T., Eaton, N.R., *et al.* (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *International Journal of Pediatric Endocrinology*, 2020(8), 1-5.

Allen, L.R., Watson, L.B., Egan, A.M., & Moser, C.N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302-311.

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Brik, T., Vrouenraets, L.J.J.J., de Vries, M.C., *et al.* (2020). Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria. *Archives of Sexual Behavior*, 49(7), 2611-2618.

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., De Vries, A. L., Deutsch, M. B., ... & Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(sup1), S1-S259.

Carmichael, P., Butler, G., Masic, U., Cole, T. J., De Stavola, B. L., Davidson, S., ... & Viner, R. M. (2021). Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. *PloS One*, 16(2), e0243894.

Chen, D., Berona, J., Chan, Y.M., *et al.* (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *New England Journal of Medicine*, 388(3), 240-250.

Costa, R., Dunsford, M., Skagerberg, E., Holt, V., *et al.* (2015). Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria. *Journal of Sexual Medicine*, 12(11), 2206-2214.

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- de Vries, A.L., Steensma, T.D., Doreleijers, T.A., & Cohen-Kettenis, P.T. (2011). Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *The Journal of Sexual Medicine*, 8(8), 2276-2283.
- DelBello, M.P., Goldman, R., Phillips, D., *et al.* (2017). Efficacy and Safety of Lurasidone in Children and Adolescents with Bipolar I Depression: A Double-Blind, Placebo-Controlled Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(12), 1015-1025.
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