

# EXHIBIT 35

George Brown Declaration

**UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA**

UNITED STATES OF AMERICA,

Plaintiff,

v.

Case No. 1:16-cv-00425

STATE OF NORTH CAROLINA;  
PATRICK MCCRORY, in his official  
capacity as Governor of North Carolina;  
NORTH CAROLINA DEPARTMENT  
OF PUBLIC SAFETY; UNIVERSITY  
OF NORTH CAROLINA; and BOARD OF  
GOVERNORS OF THE  
UNIVERSITY OF NORTH CAROLINA,

Defendants.

**EXPERT DECLARATION OF GEORGE R. BROWN, MD, DFAPA**

**PRELIMINARY STATEMENT**

1. I have been retained by counsel for Plaintiff as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration.

2. I am a Professor of Psychiatry and Associate Chairman of the Department of Psychiatry at East Tennessee State University in Johnson City, Tennessee. I am board certified in adult psychiatry. I was named a Fellow of the American Psychiatric Association in 1998 and a Distinguished Fellow in 2003. Additional information about my professional background, experience, and publications are detailed in my curriculum vitae, which is attached as Exhibit A to this declaration.

3. I have specialized training and expertise in the diagnosis and treatment of Gender Dysphoria, also known as Gender Identity Disorder. I have authored or coauthored 38 papers in peer-reviewed journals and 19 book chapters on topics related to Gender Dysphoria, including the chapter on Gender Dysphoria in *Treatments of Psychiatric Disorders* (3d ed. 2001), a definitive text on the diagnosis and treatment of psychiatric disorders published by the American Psychiatric Association.

4. I began seeing patients in 1983, and I have been a practicing psychiatrist since 1987. Over the last 33 years, I have evaluated, treated, and/or conducted research with between 600 and 1000 individuals with gender disorders in person, and over 5100 patients with Gender Dysphoria during the course of research-related chart reviews.

5. Since 1987, I have been extensively involved with the World Professional Association of Transgender Health (“WPATH”), an internationally recognized association of medical, surgical, and mental health professionals specializing in the evaluation and treatment of transgender and gender non-conforming people. With over 1000 members worldwide, WPATH is comprised of physicians, psychiatrists, psychologists, social workers, surgeons, and other health professionals who specialize in the diagnosis and treatment of Gender Dysphoria and other gender-related issues. I served on the Board of Directors of WPATH from 1993-1997, 2001-2007, and 2010-2014. I also served on the Executive Committee of WPATH as Secretary-Treasurer from 2007-2009.

6. In addition, I am a coauthor in the development and publication of WPATH’s *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7* (“Standards of Care” or “SOC”) (published in 2011 and currently in use), as I was in the previous two versions (Versions 5 and 6). I served as a member of WPATH’s

Standards of Care Revision Committee from 1990-1998 and have been Co-Chairman or a member of that committee from 2001 to present. The WPATH standards for the medical treatment of Gender Dysphoria represent the consensus of specialists in the field and have been recognized as the definitive standards by a number of jurisdictions in the United States and Canada.

7. My current responsibilities involve conducting the largest studies ever developed concerning the health of, and health disparities in, transgender / gender dysphoric people, as well as providing national training programs on transgender health care on a national basis in the Veterans Health Administration and for the Department of Defense.

8. In preparing this declaration, I relied on my scientific education and training, my research experience, my knowledge of the scientific literature in the pertinent fields (a non-exhaustive list of those references is included as Exhibit B to this document), and my 33 years of clinical experience in evaluating, treating, and conducting research with patients with Gender Dysphoria and other issues related to gender identity. 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.

9. I am being compensated at an hourly rate for actual time devoted, at the rate of \$500 per hour for any clinical services, review of records, or preparation of reports or declarations; \$600 per hour for deposition and trial testimony; \$2000 per half day for travel time (or otherwise); and \$4000 per full day spent out of the office. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

## OPINIONS AND CONCLUSIONS

### DISCUSSION PART I – SCIENTIFIC UNDERSTANDING OF SEX

10. In most cases, the sex assigned at birth to newborns on their birth certificate is based solely on a cursory examination of their external genitalia. However, this method of assigning sex amounts to nothing more than a “best guess” of a child’s sex. At birth, sex can be recorded as only “male” or “female” and, as such, is an administrative binary terminology that does not take into account the complexity of human experience. “Sex” is much more complicated, as it involves biological constructs that may or may not be readily observed, and includes the important component of gender identity (Richardson, 2013).

11. A person’s “sex” is not exclusively or solely defined by one’s anatomy or ability to procreate as was often believed in the past (Ovesey & Person, 1973). “Biological sex” is a broad and complex concept that consists of a number of variables that includes gender identity, genital anatomy (internal and externally visible), secondary sexual characteristics, brain anatomy, hormonal levels in the brain and body, and chromosomal complement.

12. The American Psychological Association defines “sex” as “a person’s biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female).”

13. Primary sexual characteristics are a factor when determining a person’s sex. Genital anatomy, which includes both internal (not observable) and external (observable) components, is an example of a primary sexual characteristic. The appearance of the observable external genitalia is usually the sole basis for determining whether a baby’s sex is recorded on a birth certificate as either “male” or “female.” As a general category, however, primary sexual characteristics include those features that are not subject to the hormonal changes associated with

puberty: *e.g.*, testes, prostate, seminal vesicles, penis, ovaries, vagina, uterus, fallopian tubes, clitoris, and labia.

14. Secondary sexual characteristics are yet another factor in determining a person's sex. Secondary sexual characteristics are those physical features that develop under the influence of rising levels of sex steroid hormones beginning at puberty. Examples include breasts in women; "Adam's Apple" (enlargement of the front part of the laryngeal cartilage) in men; facial hair in men; widening of the pelvis in women; deepening of the voice in men; and hip-to-waist measurement ratios that are higher in adult females, on average, compared to adult males. The development of secondary sexual characteristics is dependent on production of adequate amounts of estrogens in females and testosterone in males.

15. Brain anatomy is another determinant of a person's sex. As discussed in greater detail below, many areas of the brain are different between males and females ("sexually dimorphic" areas of the brain) due to genetics and the amounts of sex steroid hormones present in the developing fetal brain (from any source, including from the woman carrying the fetus).

16. The relative levels of the hormones estrogen and testosterone (and their metabolites, or what is left after they are processed by the body) present in the brain and body are also factors that determine a person's sex. Both the brain and the body have receptors for estrogen and testosterone, which means that the brain and various organs in the body are changed by the presence, or absence, of these two major hormone classes. For example, both testosterone and estrogen are present in all people, but the relative amount of estrogen compared to testosterone is typically far, far higher in female bodies than in male bodies, whereas the amount of testosterone is typically far greater in male bodies than in female bodies.

17. Variability in the amount of these sex hormones, both before and after birth, can have major consequences on the primary and secondary sexual characteristics and the gender identity of people with these variances. Defects in prenatal sex hormone production can result in ambiguously appearing genitalia at birth, or misassignment of sex at birth (MacGillivray and Mazur 2005). For example, babies with much higher levels of androgens early in life (*e.g.*, congenital adrenal hyperplasia, a genetic absence of an important sex steroid enzyme) may appear to have male genitalia at birth even though they have typically female chromosomes (46XX; see below) and a female gender identity. There are many such conditions, which collectively are referred to as “intersex” conditions, disorders of sex development, or “atypical sexual development” (Mazur et al., 2007).

18. Chromosomes are also a determinant of sex. Typically, most people have 46 total chromosomes, two of which are “sex chromosomes” known as X and Y. Babies assigned the female sex at birth based on the appearance of external genitalia typically have a 46XX pattern; likewise, babies assigned the male sex at birth based on the appearance of their external genitalia typically have a 46XY pattern. Uncommonly (but not rarely), there are genetic abnormalities in the fertilized egg that lead to chromosome patterns that are different from either 46XX or 46XY. Examples are numerous and can be found in Mazur et al., 2007. Classic examples include Turner’s Syndrome, estimated at 1:2500 live births (46XO, where one sex chromosome is missing), and Klinefelter’s Syndrome, where extra chromosomes are present (for example, 47XXY, 48XXYY). This nonheritable genetic abnormality is present in 1:600 live births (Nielsen and Wohlert, 1991).

19. Some, but not all, disorders of the sex chromosomes are associated with atypical sexual organ appearance and higher rates of homosexuality, bisexuality, or asexuality (that is, little to no sexual attraction to anyone or interest in having sexual relations). Some people with disorders of the sex chromosomes, but not all, may have atypical gender identity and/or gender role development as well. The key point is that the presence of a typical 46XX or 46XY chromosome pattern is relevant for determining a person's sex, but not sufficient, in and of itself, to determine a person's sex (Richardson, 2013).

20. Gender identity is an internal sense of oneself as a particular gender, such as male or female. The American Psychiatric Association (APA) defines gender identity as a "category of social identity and refers to an individual's identification as male, female, or occasionally, some category other than male or female" (APA, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 2013 at 451). Everyone has a gender identity.

21. Gender identity is usually established early in life, by the age of two to three years old, and displays very little malleability over time for the vast majority of people (Stoller, 1968), especially after the onset of puberty. Children as young as one year old may display gender-specific behaviors readily recognizable as associated with the "opposite" sex (Zucker & Bradley, 1995, at 11).

22. From a medical perspective, gender identity is a critical determinant of a person's sex. From a social perspective (which is also relevant when considering the appropriate medical approach to these issues), the appropriate determinant of sex is gender identity, as that is the underlying basis for how one presents oneself to others in society in ways that typically communicate what sex one is in our culture.



23. The term “transgender” is a relatively recent term used as an umbrella concept for anyone who experiences any significant degree of “mismatch” between gender identity and physical anatomy. The term “transgender” is also used to describe people who have transitioned to living as a gender different from what they were assigned at birth (“birth-assigned sex”). “Transgender,” however, is not a medical or psychiatric diagnosis.

24. Although the precise etiology of such gender identity issues is unknown (Ettner, 2007; Lev, 2004), most experts agree that there is likely a biological, rather than a psychological, basis for gender identity in general, including transgender identity. Even those who espouse the idea that postnatal factors, such as familial interactions, play an important role in gender identity development suspect that biological factors play a role in “inducing a vulnerability that then allows the psychosocial factors within the family to exert their effect” (Bradley, 1985, at 175). The evidence for gender identity arising from strictly, or mostly, postnatal influences (such as family interactions, social factors, maternal/paternal rearing styles) is neither persuasive nor compelling; nor is the notion that being transgender is “a lifestyle choice.”

25. Much of the evidence in support of a biological basis for gender identity is based on comparison studies of the brains of transgender persons<sup>1</sup> using imaging techniques with live subjects or measurements taken post-mortem (after death). Such techniques were not possible a short time ago, but nonetheless, the concept of a “critical period effect” during fetal brain development was espoused decades ago as an explanation for why some (few) individuals develop a gender identity different from the sex assigned at birth (Kimura, 1992). Although it is not

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<sup>1</sup> In some of the research that I am discussing, the subjects have been described as transsexual rather than as transgender. The term “transsexualism” is no longer a diagnostic term, having been replaced by Gender Dysphoria, but the term “transsexual” is still used in professional circles, scholarly works, and treatment guidelines, and is usually used to refer to persons on the extreme end of a continuum of gender dysphoric symptoms (Coleman et al., 2012). To avoid confusion, I will simply refer to such individuals as transgender.

possible to directly study the developing human brain before birth, it was proposed that the hormones present in the bloodstream surrounding the developing brain at certain, undetermined critical periods in brain sexual differentiation was altered to the extent that the “brain sex” did not align with other aspects of physical anatomy (*e.g.*, genitals). This theory more recently received support in a study of fetal testosterone exposures, which showed that the level of testosterone present in the amniotic fluid correlated positively with male-typical play patterns regardless of whether the fetus was female (XX chromosomes) or male (XY chromosomes) (Auyeung et al., 2009).

26. It is well known that the brains of non-transgender men and non-transgender women differ in size in many regions of the brain. These include specific parts of the brain that are visible on MRI studies, including the hippocampus, caudate nucleus, and anterior cingulate gyrus, to name a few, that are larger in non-transgender women and the amygdala and gray matter volumes that are larger in non-transgender men. Most studies of male and female brains in non-transgender subjects also indicate that the right hemisphere is larger in men than in women.

27. Zhou and others reported in 1995 that areas of the brain known to differ in size between men and women generally could be studied in transgender persons. At least one of these sexually dimorphic brain regions in transgender women (referred to in the literature as “male-to-female” or “MtF”) was consistent with the size seen in non-transgender females, rather than non-transgender males.

28. Additional support for a biological basis for gender identity was reported by Luders and colleagues, who analyzed MRI data of 24 transgender women not yet treated with cross-sex hormones in order to determine whether gray matter volumes in their brains more closely resemble people who were assigned the same sex as birth as the transgender women (30 control men), or people who share their gender identity (30 control women). Results revealed that transgender females showed a significantly larger volume of regional gray matter in the right putamen compared to the 30 control group men – non-transgender men assigned the male sex at birth. These researchers concluded that their findings provided new evidence that gender dysphoria (*i.e.*, being transgender) is associated with a distinct cerebral pattern, which supports the assumption that brain anatomy plays a role in gender identity.

29. Savic and Stefan (2011) studied the brains of persons identified as MtF / transgender females compared to non-transgender control groups of the same sexual orientation. The brains of the transgender females subjects differed from the non-transgender male control group in several regions (*e.g.*, smaller volumes in the putamen and thalamus in transgender females). They concluded: “Gender dysphoria is suggested to be a consequence of sex atypical cerebral differentiation.”

30. Additional studies in support of the hypothesis that gender dysphoria is caused by sex atypical differentiation of parts of the brain before birth due to genetic and/or an early organizational effect of testosterone levels during fetal brain development include: Giedd et al., 1997; Green & Keverne, 2000; van Goozen et al., 2002; and Swaab, 2007.

31. Finally, several other post-mortem studies have also found distinctive brain patterns in transgender subjects that differ from what would be expected to be seen in non-transgender subjects assigned the same sex at birth as the transgender subject (*i.e.*, non-transgender males compared to transgender women who were assigned the male sex at birth). Kruijver et al., 2000; Berglund et al., 2008.

32. Consequently, clinical evidence supports the view that transgender females – *i.e.*, individuals who were assigned the male sex at birth but who have a female gender identity – should be considered to be women, and not men, whether or not they have had any surgery to alter the appearance or function of their genitalia. Likewise, transgender men – *i.e.*, individuals who were assigned the female sex at birth but who have a male gender identity – should be considered to be men and not women irrespective of whether they have had any surgical interventions to change their bodies.

## **DISCUSSION PART II – CLINICAL APPROACH TO GENDER DYSPHORIA**

33. When an individual experiences significant incongruity between the sex assigned at birth and one's gender identity, this can result in a set of clinically significant symptoms described in psychiatric manuals as gender dysphoria. Not all people who experience some level of distress resulting from a lack of congruity between gender identity and other aspects of their sex, however, meet the threshold for a clinical diagnosis of Gender Dysphoria.

34. As a set of symptoms, gender dysphoria is a mixture of mood symptoms (irritability, depression, anxiety) and mental distress or discomfort based on the experience of a mismatch between the sex assigned at birth, which (as noted previously) was likely based on the appearance of external genitalia, and the internal sense of gender.

35. Specifically, an individual who experiences gender dysphoria may have been assigned the male sex at birth, but feels female in their mind and emotions. Individuals experiencing gender dysphoria are, in essence, psychologically in the “wrong body” and suffer significant emotional distress as a result.

36. Gender dysphoric persons may live for a significant period of their lives in denial of those symptoms. Many people initially do not understand their cross-gender feelings and do not have a language for such feelings until well into adulthood. It is therefore not uncommon for adults later in life to first “come out” or acknowledge to others their transgender feelings (Lev, 2004).

37. The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-5) (2013) is the current, generally recognized authoritative handbook on the diagnosis of mental disorders relied upon by mental health professionals in the United States, Canada, and other countries. Its content reflects a non-ideological, science-based, and peer-reviewed process by experts in the field who have varying perspectives.

38. The diagnosis of GD in the DSM-5 (pps. 451-459) involves two major diagnostic criteria for adolescents and adults, synopsized below:

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

1. A marked incongruence between one’s experience/expressed gender and primary and/or secondary sex characteristics.
2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experience/expressed gender.
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.

4. A strong desire to be of the other gender.
5. A strong desire to be treated as the other gender.
6. A strong conviction that one has the typical feelings and reactions of the other gender.

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

39. Diagnoses of Gender Dysphoria may also be designated by one, or both, of two “specifiers.” One such specifier is “Gender Dysphoria *with a disorder of sex development*” (emphasis added), which is a subcategory for gender dysphoric individuals with one of the disorders of sex development described above. Another is “*Post-transition* gender dysphoria” (emphasis added), which would be used to refer to an individual who has socially transitioned, and either has undergone, or is preparing to have, a medical intervention, such as hormonal treatment or surgery. Like all psychiatric diagnoses, symptoms must be of significant severity to cause notable distress and/or dysfunction in a person’s life. The presence of gender nonconformity alone is insufficient to warrant a psychiatric diagnosis.

40. In spite of research evidence in support of a biological basis for Gender Dysphoria, there are no commercially available or reliable biological, physical examination, or laboratory tests that are used in clinical practice to diagnose Gender Dysphoria. But this is true for virtually all of the mental disorders in the DSM-5 and its predecessors. In fact, Strategic Objective No. 1 of the National Institute of Mental Health (NIMH) is to “define the mechanisms of complex behaviors,” including molecules and genomic factors (NIMH, 2015). This statement is in recognition that even in 2016, we do not know the definitive root cause for mental disorders listed

in DSM-5, and we do not have objective tests of body, brain, or fluids that definitively diagnose any mental disorders.

41. A diagnosis of Gender Dysphoria is made by a mental health professional who has training and experience with gender conditions and who conducts an in-depth evaluation of the patient, preferably with access to past medical records and collateral history from others who know the individual. The American Psychiatric Association and WPATH (Coleman et al, *Standards of Care, Version 7*, 2012) recognize that such diagnoses can be made by a range of trained and experienced mental health professionals.

42. Treatment of Gender Dysphoria is guided by the WPATH Standards of Care. The SOC were first developed in 1979. Currently in their seventh version, the SOC are considered to be authoritative for the evaluation and treatment of Gender Dysphoria and related gender conditions (Coleman et al., 2012). There are no other comprehensive, widely accepted, medical standards of care for treating individuals with these issues. As with all medical standards, the SOC are guidelines that can be modified based on the individualized patient circumstances and the health care professional's clinical judgment. With appropriate treatment, individuals with a Gender Dysphoria diagnosis can be fully cured of all symptoms.

43. A treatment plan for persons diagnosed with Gender Dysphoria involves both psychological and medical aspects. Psychotherapy is often part of a treatment plan. Social transition (*i.e.*, living in a gender role that is congruent with a patient's gender identity) is an important – and often the most important – component of a treatment plan. Social transition has been commonly described as the “real life experience” of living publicly in the gender role consistent with gender identity. Medical aspects of treatment may include hormonal reassignment to the experienced gender identity and surgery to change the genitalia and, in some

cases, secondary sexual characteristics. The combination of hormone therapy, social role transition, and surgical intervention has been referred to as “triadic therapy.” What is required in any individual case, however, may vary. Moreover, other treatments may be sought, including electrolysis, voice therapy, breast augmentation, facial reconstruction, etc. (Coleman et al., 2012).

44. Social role transition is sometimes the first critical step in treatment for transgender people who have the diagnosis of Gender Dysphoria, but even for those without this diagnosis, social role transition is often embarked upon by transgender people who seek to lead an authentic life as who they are rather than what their birth certificate would otherwise dictate. The social role transition occurs in all aspects of a person’s life. The purpose of this transition is to allow the development of an integrated, consolidated identity.

45. Access to sex-segregated bathrooms and changing facilities consistent with gender identity is an essential part of the social role transition, as all people, transgender or not, need to access these facilities multiple times each day. Excluding transgender men from men’s facilities and transgender women from women’s facilities can result in depression, anxiety, trauma, and isolation that exacerbates the mental health issues associated with Gender Dysphoria (Burgess et al., 2008; Grossman & D’augelli, 2008).

46. Under the SOC, hormone therapy and surgery have established eligibility and readiness criteria that should be met prior to approval for these medical interventions. Eligibility criteria generally involve timelines of successful experience with one mode of therapy before the next step should be undertaken. Readiness criteria involve the clinician’s assessment of whether the client has demonstrated sufficient consolidation of an evolving gender identity to move on to the next step of transition.



47. Cross-sex hormone therapy has significant effects on a person's appearance and physiology. In transgender adolescent boys and men, the voice permanently deepens; facial and body hair increase dramatically; body fat is redistributed in a male pattern; and overall muscle mass increases, most noticeably in the arms and chest. For transgender adolescent girls and women, breasts develop; body fat is redistributed to the hips and breasts; the skin softens; muscle mass decreases; and body and facial hair lessens. In addition, as a result of cross-sex hormone therapy, the penis, prostate and testes atrophy, which inhibits the normal functioning of the penis, particularly with respect to penetrative sexual intercourse.

48. Transgender individuals undertaking cross-sex hormone therapy who had not previously begun the process of social transition will often do so after starting cross-sex hormones, due in part to the significant changes in physical appearance that result from this treatment.

49. Most transgender people never undergo sex reassignment surgery (also referred to as gender affirming, or gender confirming, surgery). This is also the case for transgender people who are severely gender dysphoric. Other treatments—*i.e.*, social role transition (including access to gender appropriate facilities), counseling, and, in some cases, hormone therapy—are frequently sufficient to alleviate their gender dysphoria, making invasive, expensive genital surgery unnecessary.

50. Other transgender people who may be appropriate for, and desire, sex reassignment surgery may have medical problems that preclude surgical treatment. Examples include neoplastic disease, severe cardiovascular disease, significant pulmonary disease, blood clotting abnormalities, and other conditions for which lengthy general anesthesia is contraindicated.

51. Even where sex reassignment surgery may be medically appropriate, for many transgender people, surgery is out of the question because of the high cost and the fact that it is frequently not covered by health insurance plans.

52. The minimum criteria for genital reassignment surgery includes the requirement that one have a persistent, well-documented history of gender dysphoria; the capacity to consent to treatment; be of the age of majority; and have any significant medical or mental health care conditions well controlled. Lastly, a person seeking genital surgery must generally undergo 12 continuous months of living in a gender role that is congruent with the patient's identity, and obtain two letters of referral from experienced clinicians in a qualifying mental health discipline. Living in a gender role necessarily includes the use of facilities associated with the gender identity of the person undergoing transition.

53. Early attempts at treatment to change transgender individuals' gender identity to that congruent with the sex assigned to them at birth were demonstrated to be ineffective in most cases, prompting the American Medical Association (AMA) as early as 1972 to support medical and surgical interventions as the treatment of choice for Gender Dysphoria (then called "Transsexualism") (AMA, 1972). Others noted that psychotherapy, often with associated cross-sex hormonal treatment, was of benefit for some gender dysphoric people with respect to life adjustment, but not for changing one's gender identity (Lothstein & Levine, 1981; Seikowski, 2007). In fact, with respect to attempts to change an individual's gender identity to bring it into alignment with the sex assigned at birth, it has been stated that there are no demonstrable, successful "conversions" through the use of a form of psychotherapy (Monstrey et al., 2007, at 89), known today as "reparative therapy" or "conversion therapy." These types of therapy are widely considered to be unethical by professional organizations not only because of their ineffectiveness,

but also because of the emotional harm that has been demonstrated in many who have received such therapies in the past (Daniel et al., 2015).

54. The federal Substance Abuse and Mental Health Services Administration recently issued a report showing that “conversion therapy” is not an appropriate therapeutic approach based on the evidence. The report also included similar consensus statements developed by an expert panel held by the American Psychological Association in July 2015. The professional organization that was arguably the most involved with attempting to convert both homosexual and transgender persons’ identities decades ago has also come out strongly against the use of psychotherapy to attempt to change either sexual or gender identity: “Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity, or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.” (American Psychoanalytic Association, 2012).

55. Many people who identify as transgender do not come to clinical attention and therefore may not have a formal diagnosis of Gender Dysphoria or be under a specific treatment plan. There are many reasons for this, including the fact that many transgender people lack access to health care providers who feel competent to treat gender identity issues. Moreover, some transgender people have a stable gender identity different than the sex assigned at birth, but do not experience clinically significant distress as a result of the discontinuity between their gender identity and their physical anatomy. For these individuals, social transition is all that is required to alleviate any dysphoria that would result from their trying to live according to their sex assigned at birth, rather than consistent with their gender identity.

56. Transgender people, irrespective of whether they have a clinical diagnosis, report enduring discrimination, teasing, bullying and other harmful attacks, including hate crimes that may result in death (Clements-Nolle et al., 2008; Stotzer, 2009; Altschiller, 2015). Discrimination can have negative and harmful effects on the daily functioning and emotional and physical health of transgender persons, whether or not they have a Gender Dysphoria diagnosis (Bradford et al., 2013; Herman et al., 2014; Nadal & Griffin, 2011; Nadal, 2010; Goldblum et al., 2012). Conversely, transgender people who live in states with antidiscrimination and hate crime legal protections based on gender identity status are less likely to suffer from a variety of mental illnesses and symptoms compared to those who do not live in states with these protections (Blosnich et al., 2016).

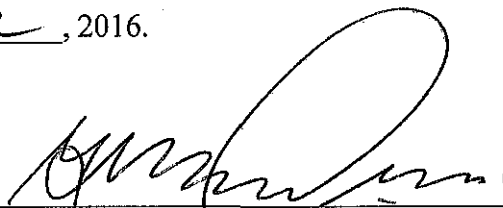
57. Being denied access to gender appropriate single-sex bathrooms and changing facilities is one of the most common and acute forms of discrimination that transgender people experience. As such, restrictive restroom and locker room policies can contribute to negative general health and mental health outcomes for transgender people.

58. In sum, laws and policies that require transgender women to be treated as though they were male (or, conversely, that require transgender men to be treated as though they were female) are psychologically harmful to those individuals, and are inconsistent with evidence-based best practices designed to promote the health and well-being of transgender people (Coleman, 2012).

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on this 20<sup>th</sup> day of June, 2016.

By:



George R. Brown, MD, DFAPA

# EXHIBIT A

Exhibit A to George Brown Declaration

## CURRICULUM VITAE

GEORGE RICHARD BROWN, MD, DFAPA

Professor of Psychiatry  
Associate Chairman for Veterans Affairs  
East Tennessee State University

Research, Teaching, Consulting Psychiatrist  
James H. Quillen VAMC  
Mountain Home  
Johnson City, TN

Mailing address:  
549 Miller Hollow Road  
Bluff City, Tennessee 37618-4103

(423) 676-5291 (cell)  
(423) 538-8655 (fax)  
Email: BrownGR@etsu.edu

Date of Preparation: June 29, 2016

### EDUCATION:

Undergraduate: University of Rochester, Rochester, New York, 1975-1979;  
Bachelor of Science with Highest Honors and Distinction in Research, Summa Cum Laude.

Medical School: University of Rochester School of Medicine, Early Acceptance Program  
(Rochester Plan), 1979-1983; Doctor of Medicine with Honors; Health Professions Scholarship  
Program.

Internship: United States Air Force Medical Center, Wright-Patterson Air Force Base, Ohio,  
1983-1984.

Residency: Wright State University - United States Air Force Integrated Residency in Psychiatry,  
Dayton, Ohio, 1984-1987.

### CREDENTIALS:

FLEX, December, 1983 (Behavioral Sciences, 94%; Psychiatry, 93%).

Full licensure to practice medicine, State of Ohio, December, 1983 to present; license  
#50119

Full licensure to practice medicine, State of Texas, August, 1989 to present; license  
#H5847

Full Licensure to practice medicine, Commonwealth of Kentucky, 1993 to 1995,  
#30100; allowed to expire with no intent of practicing in Kentucky.

Full licensure to practice medicine, State of Tennessee, 1994-present, license #25192

Psychiatry Resident In-Training Examinations;

1986: 98th percentile - all U.S. residents, psychiatry.

1985: 90th percentile - all U.S. residents, psychiatry.

1984: 98th percentile - all U.S. residents, psychiatry.

1983: 98th percentile - all U.S. residents, psychiatry.  
American Board of Psychiatry and Neurology, Part I, April 1988 (92nd percentile); Part II,  
June 1989; ABPN Certificate #31377.  
Electroconvulsive Therapy Administration Certification,  
1985-1990.  
Courtesy Staff Privileges, Charter Real Hospital, San Antonio, Texas, 1990-1994.  
Courtesy Hospital Staff, Bexar County Hospital District, San Antonio, Texas, 1988-1994.  
Full Admitting Privileges, Wilford Hall Medical Center, San Antonio, Texas, 1987-1993.  
Full Admitting Privileges, James H. Quillen VAMC Hospital, Johnson City, TN, 1994-2016  
Basic Life Support Certification, renewed March 2015

## **PROFESSIONAL EXPERIENCE:**

Current Positions:

**Professor and Associate Chairman for Veterans Affairs, Department of Psychiatry and Behavioral Sciences, Quillen College of Medicine, East Tennessee State University.** 1995-present. Advisory duties to the Chairman, signature authority in absence of the Chair, contributing to administrative, teaching, and research missions of the Department, liaison between the VAMC and ETSU psychiatry administrations.

**Research, Teaching, and Resident supervision appointment, James H. Quillen VAMC.** February 1, 2016-present. Responsibilities include providing teaching, research services, clinical consultation, and resident supervision/mentoring in the Psychiatry Service.

Past Positions:

**Staff Psychiatrist, Mental Health Outpatient Clinic, James H. Quillen VAMC.** December, 2014-January 31, 2016. Responsibilities included treating veterans with chronic, persistent, mental illnesses in an outpatient setting and providing consultation services to junior staff and residents in psychiatry. Direct supervision of third year psychiatry residents in the Mental Health Clinic.

**Transgender Health Care Facility Lead, Mountain Home Health Care System.** 2014-January 31, 2016. Responsibilities included providing direct patient care for transgender veterans, providing national training for VHA health care providers learning how to provide transgender health care, direct supervision of other health care providers in teaching evaluation and treatment techniques, leading a multidisciplinary team of health care providers assigned to provide transgender health care in our 70,000 patient health care system.

**Program Officer, Health Care Outcomes, Office of Health Equity (10A6), VA Central Office, Washington, D.C.** December, 2012, to December, 2014. Responsibilities included researching medical and psychiatric health disparities in vulnerable populations of Veterans treated by the Veterans Health Administration, and assisting top officials in VHA in the development of policies that lead to elimination of health care outcome disparities in these subpopulations. Continued to see patients at Mountain Home VAMC throughout this appointment.

**Chief of Psychiatry, James H. Quillen VAMC.** November 22, 1995-December 16, 2012. Responsibilities included direct supervision of a staff of 34-42 professional staff, including 24-28 psychiatrists, 2 Clinical Nurse Specialists, and 9-12 psychiatric nurse practitioners. Represented the Department in all meetings requiring the input of the Chief of Service. Attended executive



meetings in the Medical Center and University. Contributed to long range planning of services in the Medical Center.

**Research Appointment (WOC), VHA Center of Excellence for Suicide Prevention,** Canandaigua, New York. 2011-2014. Responsibilities of this position included developing research protocols collaboratively with CoE staff that have national implications related to suicide in VHA.

**Director of Psychiatric Research, James H. Quillen VAMC Dept. of Psychiatry.** 1994-2012. Responsibilities included creating a research program de novo and leading a research team at the VAMC, teaching resident seminars, didactics, research electives, providing direct patient care for inpatients on research protocols (usually those with severe mental disorders), traveling to conferences to present research findings and providing Grand Rounds to other institutions and medical schools. Major focus of research activities has been working with stigmatized/disenfranchised populations and addressing mental health care aspects and disparities in care.

**Staff psychiatrist, Another Chance Recovery Program,** Morristown, Tennessee. March 1995-1996. This is an intensive outpatient drug and alcohol treatment program with a heavy emphasis on dual diagnosis patients, outpatient detoxification from chemical dependency, and a blend of the medical and 12-Step approaches to treatment of the chemically dependent patient. One evening clinic per week.

**Senior Research Scientist and Director of Psychiatric/Neuropsychiatric HIV Research,** Wilford Hall Medical Center, Henry M. Jackson Foundation for the Advancement of Military Medicine, San Antonio, Texas. 1 July 1991 to 1 October 93. Responsibilities included hiring and then directing a team of approximately 15 civilian and military psychiatric researchers conducting HIV-related psychiatric research; Principal Investigator on longitudinal psychiatric natural history study of early HIV infection (males and females), 1989-1993; preparing manuscripts, presenting research findings at national and international meetings; designing and implementing new protocols; interviewing and assisting in the hiring of personnel; managing administrative and personnel issues.

**Private practice** of adult psychiatry. 1991-November 1993. Part-time practice primarily focusing on sexuality and gender concerns, including endocrine care, and adult psychodynamic psychotherapy.

**Consulting Psychiatrist for Quality Assurance and Continuing Quality Improvement Programs:**

- 1) Charter Real Partial Hospitalization Program, San Antonio, Texas. 1990 to 12/93. Responsibilities of this part time position included designing and implementing a medical quality assurance program and assisting Utilization Review personnel with implementing efficient resource utilization procedures.
- 2) Colonial Hills Hospital Inpatient Services and Adult Partial Hospitalization Program, San Antonio, Texas. 1992. Responsibilities of this part time position included custom designing a four part program to address QA/CQI concerns on all inpatient units, coordinating the implementation of the program with hospital QA/UR personnel, and quantifying/ databasing physician charting performance to analyze trends.

**Staff Psychiatrist,** Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas:

1987-1989: Primary responsibility for inpatient ward of 25-33 patients, resident and medical student teaching, and professional presentations. 1040 admissions; average length of stay 13 days.

1989-1991: Outpatient Clinic service, responsible for evaluations and treatment of adult

outpatients; supervision of PGY-3 residents in psychiatry and other staff working in the clinic (social workers, psychologists, and mental health technicians). Medical support for comprehensive Smoking Cessation Clinic.

1989-1991: Director of Psychiatric Research, half-time position; developed a research program primarily targeting psychiatric resident involvement with research and related activities, including presentations at regional and national professional meetings. Active in conducting research, reviewing and approving protocols, research design, editing publications submitted from the Department of Psychiatry, and organizing symposia; interviewing and selecting official for research personnel for multicenter collaborative HIV research grant.

#### **ACADEMIC APPOINTMENTS:**

Professor of Psychiatry (1998-present), East Tennessee State University, Quillen College of Medicine. VA Academic Faculty appointment.

Adjunct Professor of Psychology, University of Tennessee at Knoxville (1997). Served on doctoral dissertation committee as supervisor and mentor for doctoral candidate in clinical psychology.

Associate Professor of Psychiatry (1994-1998), East Tennessee State University, Quillen College of Medicine. Full time geographic faculty appointment. Renewal of previously awarded academic ranking. Activities include serving on numerous committees (see below), teaching residents, providing electives, working collaboratively with staff to conduct new research projects, interviewing residency and faculty candidates.

Clinical Associate Professor of Psychiatry (1992-1994), University of Texas Health Science Center at San Antonio, San Antonio, Texas. 1987 to 1994. Primary responsibility of this position was teaching medical students and residents in individual, group, and lecture settings; provision of psychodynamic psychotherapy supervision. Lectures and seminars include core material on sexual dysfunction, treatment of paraphilias, gender identity disorders, homosexuality, and psychiatric aspects of HIV infection.

Clinical Associate Professor of Psychiatry (1992-1996), Uniformed Services University for the Health Sciences, School of Medicine, Bethesda, Maryland. Primary responsibility of this position was teaching medical students from the University who travel to San Antonio for clinical rotations in psychiatry and serving as a visiting lecturer for USUHS.

Full time faculty, Department of Psychiatry, Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas, 1987 to 1991. Adjunct clinical faculty, Department of Psychiatry, 1991 to 1993. Responsibilities included supervising psychiatric residents involved in research activities, sponsoring Distinguished Visiting Professors in conjunction with the Department, and teaching core didactic lectures and seminars.

Assistant Clinical Instructor, Wright State University School of Medicine, 1983-1987. Primary responsibility of this position was teaching medical students during clinical rotation in psychiatry.

Chief Resident in Psychiatry, November, 1986 to March, 1987, with administrative, teaching, and research responsibilities.

#### **CONSULTATION EXPERIENCE:**

Psychiatric Liaison and Consultant to Oncology Unit, Good Samaritan Hospital, Dayton, Ohio,

1985.  
Clinical Supervisor and Psychiatric Consultant to Montgomery County Juvenile Court  
Diversion Program, Dayton, Ohio, 1986-1987.  
Consultation/Liaison Rotation, Keesler AFB, MS, 1986.  
Psychiatric Consultant to the United States Air Force Child Abuse Task Force (convened by  
the Surgeon General of the Air Force), 1989-1991.  
Lorain Correctional Institution, psychiatric consultant for inmate mental health evaluations  
and treatment, July-August 1993.  
State of Tennessee Mental Health and Mental Retardation, appointed as consultant to develop  
Best Practice Guidelines for all State programs for Bipolar Disorder.  
Health Ed, The Patient Education Agency: consultant for development of patient education  
materials for chronic mental illnesses, 2006-2007.  
Consultant to Batavia Independent School District in assisting on-the-job gender transition for a  
transgender high school teacher, 2006.  
Consultant to Port Ewan/Kingston BOCES School Program in assisting on-the-job transition for a  
transgender principal, 2007.  
Consultant to the Federal Bureau of Prisons on policies relating to medical management of  
transgender inmates, 2009, 2014.  
Consultant to Department of Defense on policy and medical issues related to transgender service  
members, 2016-present.

#### **SPECIALIZED TRAINING EXPERIENCES:**

School of Aerospace Medicine, Course I, Brooks AFB, San Antonio, Texas, 1981.  
Administrative Course for Chief Residents, Tarrytown, New York, June, 1985.  
Combat Casualty Care Course, San Antonio, Texas, 1985.  
Consultation and Liaison Psychiatry, Keesler AFB, Biloxi, Mississippi, 1986.  
Center for the Treatment of Impotence, Case Western Reserve University, Cleveland, Ohio,  
July, 1986.  
Forensic Psychiatry Course and associated clinical work, 6 months, 1986-87; ongoing case work  
in forensic psychiatry as expert witness and legal consultant, 1987-present.  
Gender Identity Clinic, Case Western Reserve University, Cleveland, Ohio, July, 1986.  
Paraphilias Clinic, Case Western Reserve University, Cleveland, Ohio, July, 1986.  
Chemical Dependency Program, Samaritan Hall, Dayton, Ohio, August, 1986.  
Advanced Study of Gender and Sexual Disorders, Institute of Living, Hartford, Connecticut,  
April, 1987.  
Electroconvulsive Therapy Administration Training, Jan-June, 1985; June, 1987.  
SCID training seminar, September, 1989.  
American Board of Psychiatry and Neurology Examiner, 1991-present.  
Administrative psychiatry and leadership training, James H. Quillen VAMC, 1996 to 2012.  
Physician Executive Training, American College of Physician Executives, (PIM-I Course,  
31 hours; PIM-II Course, 31 hours, PIM-III Course, 31 hours), 1998-1999.  
Masters and Johnson workshop on trauma, sexual compulsivity/addiction treatment, 11 hours,  
December, 2003.  
Forensic Workshop on sex offenders, National Council on Sexual Addiction and Compulsivity,  
October, 2002  
Forensic workshops, including PREA implementation, managing hunger strikes, mental health  
issues in prison, sponsored by National Commission on Correctional Health Care, 2010,  
2012.  
Forensic workshops, including 3 hours of training on medical and legal aspects of providing  
health care for transgender inmates, sponsored by National Commission on Correctional  
Health Care, 2015.

## **COMMITTEE AND BOARD ACTIVITIES:**

Mohonasen Public School Board Member, Schenectady, New York, 1974-1975.  
Social Chairman, Wright State University Psychiatry Residency, 1984.  
Dayton Representative to the Member-in-Training Committee of the Ohio Psychiatric Association, 1984-1986.  
Chairman, Member-in-Training Committee, Ohio Psychiatric Association, 1986-1987.  
Chairman, Member-in-Training Committee, Dayton Psychiatric Society, 1985-1987.  
Peer Review Committee, Ohio Psychiatric Association, 1986-1988.  
Long Range Planning Committee, Ohio Psychiatric Association, 1986-1987.  
American Psychiatric Association, Area IV Resident Caucus, Ohio Representative, 1987.  
American Psychiatric Association, Committee of Residents of the Council on Medical Education and Career Development, Ohio Representative, 1986-1987.  
Ohio Psychiatrist's Political Action Committee, Board of Directors, 1987.  
Bexar County Psychiatric Society Committee on AIDS, 1990-1993.  
World Professional Association for Transgender Health (WPATH) Committee to Revise the Standards of Care, 1990-present; Cochairman of Standards of Care Revision Committee, 2001-2005.  
Psychiatric Consultant to the Board of Directors, Boulton and Park Society, San Antonio, Texas, 1988-1998.  
President-elect, Society of Air Force Psychiatrists, 1990-1991.  
Board of Directors, Alamo Area Resource Center (AIDS/HIV Service Organization), 1991-1992.  
Board of Advisors, American Educational Gender Information Service (Atlanta, Georgia), 1992-1998.  
Quality Assurance Committee, Texas Society of Psychiatric Physicians, 1992-1993.  
Professional Standards Committee, Texas Society of Psychiatric Physicians, 1992-1993.  
Board of Directors, Harry Benjamin International Gender Dysphoria Association (WPAth), 1993-1997; 2001-2007  
Ethics Committee, Tennessee Psychiatric Association, 1994-present.  
Advisory Committee on Publications and Advertising, Southern Medical Association, 1994-1996.  
Councilor to the Executive Committee, Tennessee Psychiatric Association, East Tennessee Region, 1995-2005.  
Vice-Chairman, Section on Neurology and Psychiatry, Southern Medical Association, 1995-1996.  
President, New Health Foundation, 2001-2003.  
Secretary of the Section on Neurology and Psychiatry, Southern Medical Association, 1997-2000.  
American Psychiatric Association PKSAP and Medical Education Committees, appointed by Herb Sachs, M.D. and Harold Eist, M.D. (APA Presidents), 1997-2001.  
Scientific Affairs Committee, Southern Medical Association, 1997-1999.  
Consultant to the Joint Commission on Public Affairs, American Psychiatric Association, appointed by Rod Munoz, M.D. (APA President), 1998-1999.  
Scientific Program Committee, Southern Psychiatric Association, 1999-2000.  
Resident Award Committee, Southern Psychiatric Association, 1997-2009.  
Ethics Committee; HIV Committee; Harry Benjamin International Gender Dysphoria Association, 1999-2005  
Board of Directors, New Health Foundation, Chicago, IL, 2000-present.  
Tennessee Department of Mental Health and Retardation Adult Committee on Best Practices (responsible for recommending guidelines for treatment of bipolar disorder), 2000-2003.  
Associate Counselor for Tennessee, Southern Medical Association, 2000-2008.  
Resident Award Committee, Southern Psychiatric Association, 2003-2009.  
Board of Directors, James H. Quillen VAMC Research Corporation, 2003-2010.

HBIGDA Biennial Symposium Scientific Meeting Committee, 2006-2007.  
Board of Regents, Southern Psychiatric Association, 2006.  
Southern Medical Association, Section Secretary for Psychiatry and Neurology, 2004-2008.  
Scientific Review Committee, World Professional Association for Transgender Health Symposium, 2007-2009; 2015-present.  
Board of Regents, Second Year, Southern Psychiatric Association, 2007.  
Chairman, Board of Regents, Southern Psychiatric Association, 2009.  
WPATH Board of Directors, 3 terms totaling 13 years, with last term 2014 (mandatory rotation off the board).  
Secretary-Treasurer, World Professional Association of Transgender Health, 2007-2009.  
DSM-V workgroup on Gender Identity Disorders (WPATH advisory work group to American Psychiatric Association DSM-V GID task force), 2009.  
World Health Organization advisory committee for ICD-11 (gender identity disorders), 2011-present.  
Department of Veterans Affairs Transgender Directive Communication Plan Education Group, 2011-2012.  
VHA Transgender Training Workgroup, Patient Care Services, 2012- present.  
Numerous VA Central Office national workgroups and committees, including the workgroup to add birth sex and gender identity data fields to all VA medical records, 2012-present.  
Commissioner, Palm Center Commission on Transgender Military Service, Appointed by Joycelyn Elders, MD, 2013 to 2014.

#### **PROFESSIONAL ORGANIZATIONS:**

American Psychiatric Association (1983-2015); #044933, Fellow, 1998; Distinguished Fellow, 2003  
Association for the Advancement of Psychotherapy (1985-1993)  
World Professional Association for Transgender Health (1986-present)  
Ohio Psychiatric Association (1983-1987)  
Texas Society of Psychiatric Physicians (1988-1994)  
Tennessee Psychiatric Association (1994-present)  
American Medical Students Association (1977-1987)  
American Medical Association (1983-1988; 2015-present)  
Ohio State Medical Association (1983-1987)  
Montgomery County Medical Society (1983-1987)  
Dayton Psychiatric Society (1983-1987)  
Society of United States Air Force Psychiatrists (1983-1991)  
Bexar County, Texas, Psychiatric Society (1987-1990)  
Southern Medical Association (1994-2010)  
Southern Psychiatric Association (1997-2009)  
New Health Foundation (advocacy organization for transgendered health care; 1996-present)  
American Psychological Association Society for the Psychological Study of Men and Masculinity, Division 51, 1996-2000.

#### **AWARDS AND SPECIAL RECOGNITION:**

Valedictorian, Mohonasen High School, Schenectady, New York, 1975.  
New York State Regents Scholarship, 1975-1979.  
Bausch and Lomb Science Award and Scholarship, 1975-1979.  
Phi Beta Kappa, junior year selection, 1977.  
Donald Charles Memorial Award for Research in Biology, 1978.  
Recognition for Highest Grade Point Average, Department of Biology-Geology, University of Rochester, 1979.

Dean's Letters of Commendation for Academic Achievement, University of Rochester, 1975-1983.

Letter of Commendation for Excellence in Pathology, University of Rochester, 1981.

Alpha Omega Alpha Medical Honor Society, University of Rochester, 1983.

Wright State University Department of Psychiatry selectee for fellowship in the Group for the Advancement of Psychiatry (GAP), 1984.

Wright State University Department of Psychiatry nominee for Laughlin Fellowship of the American College of Psychiatrists, 1985, 1986.

Physician's Recognition Award of the American Medical Association, 1986 to present.

President's Award of the Ohio Psychiatric Association for outstanding service to the organization, 1987.

Chairman's Recognition Award For Scholarship and Research, Wright State University Department of Psychiatry, 1987.

Air Force Training Ribbon, 1980.

Air Force Outstanding Unit Decoration, 1987; first oak leaf cluster additional award, 1990.

Air Force Expert Marksman Ribbon, 1988.

Air Force Achievement Medal for research accomplishments, 1990.

1990 American Academy of Psychosomatic Medicine Dlin Fischer Award for Significant Achievement in Clinical Research; corecipient.

Who's Who Among Human Services Professionals, 1990 to present.

West's Who's Who in Health and Medical Services, 1991 to present.

Marquis Who's Who of Board Certified Medical Specialists, 1992-present.

Bexar County Medical Society Certificate of Appreciation, 1991.

Air Force Meritorious Service Medal for distinguished clinical and research service to the Department of Psychiatry, Wilford Hall Medical Center, 1991.

Air Force National Defense Ribbon, Desert Storm Campaign, 1991.

Mohonasen High School Hall of Fame for Lifetime Achievement, 1992 inductee.

Health Care Professional of the Year Award, Boulton and Park Society, San Antonio, Texas, 1992-93.

Special Citation Award, Society of Behavioral Medicine, with Coyle C, et al., for presentation at 1993 Society of Behavioral Medicine Annual Meeting, 1993.

Institute for Legislative Action, 1995 Honor Role.

Sterling Who's Who of Health Care Professionals, 1995.

Southern Medical Association 1995 Award for Medical Excellence (Best Scientific Oral Presentation in Neurology and Psychiatry), \$1,000 Scholarship prize, 1995.

Janssen Clinical Scholar, 1995.

Mountain Home VAMC Group Special Contribution Award, 1995, 1997.

Marquis Who's Who in the South and Southwest, 1996-1998.

Marquis Who's Who in Medicine and Healthcare, 1997-1998.

Certificate of Appreciation, ETSU Psychiatry Residents, 1997, 1998, 1999.

Fellow, American Psychiatric Association, 1998-2002.

Resident Special Recognition Award, June, 2000.

Distinguished Fellow, American Psychiatric Association, January, 2003

Special Group Contribution Award, VAMC, 2003

Secretary of Defense Certificate of Recognition, Cold War Military Service, 2003

VA Performance Award, 2005

First Annual Irma Bland Award for Excellence in Teaching Residents, presented by the American Psychiatric Association, May, 2005

Special Contribution Award, Mountain Home VAMC, for assisting in obtaining over 2.5 million in new program monies from VA Central Office RFP process, April 26, 2006

Top Psychiatrists of 2006, Consumer Research Council selectee

ETSU Resident Recognition Award for "dedication to the Resident's Journal Club", 2006

Fellow, Southern Psychiatric Association, 2006

ETSU Psychiatry Faculty Mentor of the Year Award, 2007

Cambridge Who's Who, Executive and Professional Registry, 2007

Southern Medical Association, Third Place Award for Scientific Poster Presentation, Dallas,

Texas, December 5, 2009  
Twenty-five year U.S. Government service award, January 10, 2010  
Joint Commission recognition : "Top Performers on Key Quality Measures" (contributor), 2011  
Robert W. Carey Quality Performance Excellence Award (contributor), 2011; Department of Veterans Affairs award using Baldrige criteria  
James H. Quillen VAMC selected as VA to be featured in the Commonwealth Fund's article on successful efforts to improve patient safety (contributor), 2011  
Gender Identity Research and Education Society (GIREs) 2011 award to the 34 members of the Standards of Care Revision Committee for their work on the WPATH Standards of Care, 7th Version.  
Robert W. Carey Quality Trophy Award, Mountain Home VAMC. This is the highest level of the Carey Award for those VAMC's seeking performance excellence using the Baldrige Criteria. Awarded by the Secretary of the VA to the leadership team of which I was a Part, 2012.  
Recognized by LGBT Health journal in March, 2016 as having first-authored the #1 and #3 most read articles in that journal since its inception.

#### **UNIVERSITY/VA COMMITTEE ACTIVITIES:**

Learning Resources Advisory Committee (ETSU), 1995-1996.  
Psychiatric Residency Training Committee /Educational Policy Committee (ETSU), 1993-present.  
Peer Review Committee (VAMC), 1995-1996.  
Chairman and Founder, Psychiatric Grand Rounds and Visiting Professor Program (ETSU), 1993-1997; 2003-2004.  
Clinical Executive Board (VAMC), 1995-2012.  
Research and Development Committee, Dean's Appointment (VAMC), 1996-1998.  
Chairman, VAMC Research and Development Committee, 1999-2000.  
Co-Chairman, Mental Health Council (VAMC), 1995-2009.  
Academic Partnership Committee (ETSU), member, 1995-2012.  
Facility Master Plan and Space Utilization Committee (VAMC), 1995-2010.  
Professional Standards Board (VAMC), 1995-2012.  
Safety Committee, Department of Psychiatry, Chairman (VAMC)  
ETSU Psychiatry Promotion and Tenure Committee, 1998-present.  
Resident Selection Committee, ETSU Psychiatry Program, 1998-2012.  
Chairman, VAMC Research and Development Committee, 2001-2002.  
Veterans Health Affairs, VISN 9, Budget and Finance Committee, 2002-2004.  
Institutional Review Board (ETSU/VAMC), member, 1996-2003; served as acting chair as needed.  
Cameron University Department of Psychology, Dissertation Committee Consultant for Beth Ryan, Masters Thesis, 2004-2005 (gender identity disorder research).  
VISN 9 Mental Health Leadership Committee.  
ETSU/VAMC Subcommittee on Graduate Medical Education, 2008-2012.  
Vanderbilt University Department of Nursing, Dissertation Committee member and consultant for Gerald Meredith, 2009-2010.  
VA Transgender Directive Education Workgroup; VACO workgroup to advise the Undersecretary on how to educate and implement the 2011 Directive on providing healthcare to transgender and intersex Veterans, 2011-present.  
Office of Health Equity (VACO) Health Equity Coalition, 2013-2014.  
Numerous research committees and advisory panels for health equity research projects being conducted in VA, 2012-present.  
Chairman, Educational Policy Committee (Residency Training Committee), East Tennessee State University Department of Psychiatry, 2015-present.  
Self-Identified Gender Identity Data Field Training Workgroup (National VA work group to change electronic medical records data collection to include self-identified gender identity)  
Research Committee, East Tennessee State University Department of Psychiatry, 2015-

present.

#### **FORENSIC PSYCHIATRY ACTIVITIES:**

1. Military court proceedings, two occasions as expert witness at trial; U.S. Air Force, U.S. Army, c.1990-1992
2. Military Physical Evaluation Board Proceedings, expert testimony, 2/8/02
3. Farmer v. Hawk, United States District Court for the District of Columbia, expert opinion by affidavit on behalf of plaintiff, 1999
4. Yolanda Burt v. Federal Bureau of Prisons/Moritsugu, United States District Court for the District of Columbia, deposition testimony on behalf of plaintiff, 2000
5. Kosilek v. Maloney, 221 F.Supp 2d 156,186 (D.Mass. 2002), expert witness by trial testimony on behalf of plaintiff, 2001
6. Family Court expert witness trial testimony, Missouri, (custody issues for transgendered parent),1993
7. Thompson v. Idaho Department of Corrections (prison medical care Issues), consultant on behalf of plaintiff, 2002 (citation: Linda Patricia Thompson v. Dave Paskett, et al., Case No. CV00-388-S-BLW)
8. State of Missouri Medical Board, expert opinion by affidavit on behalf of physician, 10/2001
9. State of Tennessee Medical Board, expert opinion by affidavit on behalf of physician, 5/2002
10. Military Administrative Hearing, consultant, U.S. Army, December, 2002
11. Oiler v. Winn-Dixie Louisiana, Inc; USDC, Eastern District of Louisiana, No. 00-3114 "L" (3); consultant on behalf of defendant, 2001-2002
12. Moore v. State of Minnesota, consultant and deposition testimony on behalf of defendant, Attorney General's Office, State of Minnesota, 2003
13. Woods v. US Air Force, administrative discharge board, consultant, San Antonio, TX, 2003
14. Ophelia Azriel De'Lonta vs. Ronald Angelone and Prison Health Services, Inc. (Virginia Department of Corrections) United States District Court, Western District of Virginia, 330 F.3d 630,635 (4<sup>th</sup> Cir 2003) deposition testimony on behalf of plaintiff, 2003
15. Malpractice case, Tennessee, for defendant (primary care physician) consultant, 2004-2005
16. Josef v. Ontario Minister of Health, Attorney General of Ontario representing Her Majesty the Queen in Right of Ontario; Ontario Superior Court of Justice; expert opinion affidavit and consultant on behalf of plaintiff, 2004-2007.
17. Nubel v. New Jersey Board of Nursing, consultant and deposition testimony for defendant, 2004-2005
18. Malpractice case, Tennessee, consultant for defendant (psychiatrist), 2004-2005
19. Malpractice case, Kentucky, consultant for defendants (psychiatrists), 2005-2006
20. Kosilek v. Mass. Department of Corrections/ Kathleen Dennehy, expert witness by trial testimony and consultant on behalf of plaintiff, 2005-2006 ( Kosilek v. Spencer, 889 F.Supp.2d 190 (D. Mass. Sept. 4, 2012); "Kosilek I."
21. Gammett v. Idaho Department of Corrections, expert opinion affidavit and consultant for plaintiff, 2005-2007 (Gammett v. Idaho State Bd. of Corrections, No. CV05-257-S-MHW, 2007 WL 2186896 (D. Idaho July 27, 2007)
22. Isaak v. Idaho Department of Corrections, consultant, and deposition testimony on behalf of plaintiff, 2006-2008
23. May v. State of Tennessee and multiple codefendants; consultant on behalf of defendant, Attorney General's Office, State of Tennessee, 2006
24. Fields/Sundstrom v. Wisconsin Department of Corrections, consultant and deposition testimony on behalf of plaintiff, 2007 ( Fields v. Smith, 653 F.3d 550 (7th Cir. 2011)
25. Palmer v. State of TN; malpractice case; consultant and deposition testimony for defendant, Attorney General's Office, State of Tennessee 2007
26. Spray v. Temp Agency, consultant and expert opinion affidavits on behalf of plaintiff, 2007



27. O'Donnabhain v. Internal Revenue Service/Department of the Treasury, expert witness by trial testimony on behalf of plaintiff, 2007 (O'Donnabhain v. Commissioner, 134 T.C. No. 4 (Feb. 2, 2010).
28. Battista v. Mass. Department of Corrections/Kathleen Dennehy, consultant and expert opinion affidavit for plaintiff, 2008-2011.
29. Plumley v. State of TN; malpractice case; consultant for defendant, 2009.
30. Kolestani v. State of Idaho, capital murder case, consultant and expert opinion affidavit for public defender's office, 2009.
31. Smith v. St. Mary's Medical Center, medical malpractice case, consultant for defendant, 2009-2011, expert witness by jury trial testimony, 2011.
32. Finch aka Destiny v. Idaho Department of Corrections, consultant for plaintiff, 2010-2011.
33. Soneeya v. Clarke, Civil Action No. 07-12325 (NG), Massachusetts, consultant for plaintiff, 2011. (see also Soneeya v. Spencer, 851 F.Supp.2d 228 (D. Mass. 2012)
34. Hoyle v. Saha, malpractice case; consultant for defendant, 2011- 2014.
35. Champouillon v. State of TN; malpractice case; consultant for defendant, 2012-present.
36. Equivel v. State of Oregon; access to transgender health care for Oregon State employees; consultant to Lambda Legal, 2012.
37. Kosilek v. MA DOC, expert witness for plaintiff, 2012-present; ("Kosilek II").
38. Binney v. South Carolina DOC, consultant and expert opinion by affidavit for plaintiff, 2013-present.
39. De'Lonta v. Harold W. Clarke et al. (Virginia Department of Corrections), consultant and expert opinion by affidavit to plaintiff, 2013-2014.
40. U.S. and Tudor v. Southeastern Oklahoma State University, expert consultant for plaintiff and the Department of Justice (Title VII discrimination case), by declaration for plaintiff, 2015-present.
41. Mott v. State of Kansas, consultant and expert opinion by affidavit for plaintiff (birth certificate change), 2015-present.
42. Fuller v. MA Department of Corrections; expert opinion by affidavit and deposition, for plaintiff, 2015-present.
43. Franklin v. Hardy, et al. (Illinois Department of Corrections); expert opinion by affidavit, for plaintiff, 2015-present.
44. Dunn et al. v. Dunn et al. (Alabama Department of Corrections), expert consultant for plaintiff, 2016-present.

#### **PUBLICATIONS:**

1. Brown G R: Morphologic complexity and its relationship to taxonomic rates of evolution. J Undergrad Res, 3:139-168, 1978.
2. Brown G R: Stadol dependence: another case. JAMA, 254(7):910, 1985.
3. Brown G R: Letter to the Editor. Newsletter of the Ohio Psychiatric Association, 10(1):8, 1986.
4. Brown G R: Resident Rounds. Column for Newsletter of the Ohio Psychiatric Association. 10(2), 10(3), 11(1),11(2), 1986-1987.
5. Brown G R: Anorexia nervosa complicated by Mycobacterium xenopi pulmonary infection. J Nerv Ment Dis, 175(10):629-632, 1987.
6. Brown G R: Mycobacterium xenopi infection complicating anorexia nervosa. Proceedings of the 29th Annual Meeting of American College of Physicians (Air Force Regional Meeting), 22-25 March, 1987.
7. Brown G R: Buspar, a new anxiolytic. Letter to the Editor, Journal of the Ohio State Medical Association, Spring, 1987.
8. Brown G R: Transsexuals in the military: flight into hypermasculinity. Abstract. Proceedings of the 10th International Symposium on Gender Dysphoria (Amsterdam, The Netherlands) 7 June, 1987.
8. Brown G R: Transsexuals in the military: flight into hypermasculinity. Arch Sex Behav, 17(6):527-537, 1988.
10. Brown G R: Therapeutic effect of silence: application to a case of borderline personality

- disorder. Current Issues in Psychoanalytic Practice, 4(3-4):123-131, 1988.
11. Brown G R: Bioethical issues in the management of gender dysphoria. Jefferson J Psychiatry, 6(1):33-44, 1988.
  12. Brown G R, Rundell J R: Psychiatric disorders at all stages of HIV infection. Proceedings of the 1988 Annual Session of the Texas Medical Association (San Antonio, Texas), May, 1988.
  13. Brown G R, Rundell J R: Suicidal tendencies in HIV-seropositive women. Am J Psychiatry, 146(4):556-557, 1989.
  14. Brown G R, Collier L: Transvestites' women revisited: a nonpatient sample. Arch Sex Behav, 18(1):73-83, 1989.
  15. Brown G R, Pace J: Hypoactive sexual desire disorder in HIV-seropositive individuals. JAMA, 261(17):2305, 1989.
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8. Brown G R: Gender Disorders and Sexual Dysfunctions. In Berkow R (Ed): The Merck Manual, 17th (Centennial) Edition, Merck Research Labs, Rahway, N.J., 1999.
9. Brown G R: Gender Disorders and Sexual Dysfunctions. In Berkow R (Ed): The Merck Manual of Medical Information, Home Edition, Merck Research Labs, Rahway, N.J., 1997.
10. Brown G R, Philbrick K: Sexual and Gender Identity Disorders in the Consultation-Liaison Psychiatry Setting. In Rundell J, Wise M (Eds.): Concise Guide to the Textbook of Consultation-Liaison Psychiatry, APA Press, Washington, D.C., 1999.
11. Brown G R: Transvestism. In Gabbard G and Atkinson S (Eds.): Synopsis of Treatments of Psychiatric Disorders, Second Edition, APA Press, Washington, D.C., 829-836, 1996.

12. Brown G R: Transvestism and Gender Identity Disorders. . In Gabbard G (Ed.): Treatments of Psychiatric Disorders, Third Edition, APPI, Washington, D.C., Chapter 73, pages 2007-2067, 2001.
13. Brown G R, Gass G, Philbrick K: Sexual and Gender Identity Disorders in the Consultation-Liaison Psychiatry Setting. In Rundell J, Wise M (Eds.): Textbook of Consultation-Liaison Psychiatry, Second Edition, APA Press, Washington, D.C. Chapter 22, pages 455-476, 2002.
14. Brown G R, Ceniceros S: Human Sexuality in Health and Disease. In Wedding D (Ed.): Behavior and Medicine, 3<sup>rd</sup> Edition, Hogrefe & Huber, Seattle, Chapter 12, pages 171-183, 2001.
15. Brown G R: Sexuality. In Beers M (Ed): The Merck Manual of Medical Information, Home Edition, 2<sup>nd</sup> Edition, Merck Research Labs, Rahway, N.J., 2003.
16. Brown GR, Haaser RC: Sexual Disorders in the General Hospital Setting. In Levenson J (ed): Consultation-Liaison Psychiatry, American Psychiatric Press Inc., Washington, D.C., Chapter 17, pages 359-386, 2004.
17. Brown G R: Gender Disorders and Sexual Dysfunctions. In Berkow R (Ed): The Merck Manual of Medical Information, 18<sup>th</sup> edition, Chapter 203, Merck Research Labs, Rahway, N.J., 2006.
18. Rahimian J, Bergman J, Brown G R, Ceniceros S: Human Sexuality. In Wedding D and Stuber M (Ed): Behavior and Medicine, 4<sup>th</sup> Edition, Hogrefe & Huber, Seattle, Chapter 12, 2006 (currently being used as the core textbook in a number of medical school curricula, including ETSU).
19. Brown GR: Gender Disorders and Sexual Dysfunctions. The Merck Manual of Women's and Men's Health. Simon & Schuster, Pocket Books, Chapter 2, pages 21-29, 2007.
20. Brown G R: Gender Disorders and Sexual Dysfunctions. In Berkow R (Ed): The Merck Manual of Medical Information, 19<sup>th</sup> edition, Chapter 203, Merck Research Labs, Rahway, NJ, July, 2011.
21. Brown G R: Sexual Disorders. In Berkow R (Ed): The Merck Home Health Handbook, Second Edition, Chapter 135, pages 627-630, Merck Research Labs, Whitehouse Station, NJ, 2009.
22. Rahimian J, Bergman J, Brown G R, Ceniceros S: Human Sexuality. In Wedding D and Stuber M (Ed): Behavior and Medicine, 5<sup>th</sup> Edition, Hogrefe & Huber, Seattle, Chapter 12, pages 153-164, 2010 (currently being used as the core textbook in a number of medical school curricula).
23. Brown G R: Gender Dysphoria and Sexual Dysfunctions. In Berkow R (Ed): The Merck Manual of Medical Information, 20th edition, Chapter XX, Merck Research Labs, Rahway, NJ, in press, 2016.
24. Brown G R: Gender Dysphoria and Sexual Dysfunctions. In Berkow R (Ed): The Merck Manual of Medical Information, Home Edition, 20th edition, Chapter XX, Merck Research Labs, Rahway, NJ, in press, 2016.

## **BOOK REVIEWS:**

Garner D M, Garfinkel P E (eds.): Diagnostic Issues in Anorexia Nervosa and Bulimia Nervosa. Reviewed for Journal of Nervous and Mental Diseases, 177(5):307-308, 1989.

Kanas N: Group Therapy for Schizophrenic Patients. Reviewed for Psychiatric Times, June, 1997.

## **PROFESSIONAL PUBLICATIONS REVIEWED/EDITED:**

Reviewer, Journal of Clinical Psychiatry, 1987 to present  
Reviewer, Psychosomatics, 1989 to present  
Reviewer, Journal of AIDS, 1990 to 2001  
Reviewer, Psychology and Health, 1992  
Editorial Board, San Antonio M.D., 1991-1993  
Reviewer, International Journal of Psychiatry in Medicine, 1994-2006  
Reviewer, CNS Drugs, 1995-2002.  
Reviewer, Southern Medical Journal, 1995-2013  
Reviewer, AIDS Patient Care, 1996-2003  
Editorial Board, International Journal of Transgenderism, 1997-present  
Reviewer, Federal Practitioner, 2000-present  
Reviewer, Journal of the American Geriatrics Society, 2000-2003  
Reviewer, Bipolar Disorders, 2005-present  
Reviewer, Journal of Sexual Medicine, 2009-present  
Reviewer, European Psychiatry, 2010-present  
Reviewer, International Journal of Sexual Health, 2011-present  
Reviewer, American Journal of Public Health, 2011-present  
Editorial Board, LGBT Health, 2013-present  
Reviewer, Canadian Medical Association Journal, 2013-present  
Reviewer, Suicide and Life-Threatening Behavior, 2015-present  
Editorial Board, Transgender Health, 2015-present

## **PRESENTATIONS:**

Behavioral Medicine Lecture Series, Kettering Medical Center, Kettering, Ohio. Ten parts. January 24-June 25, 1985.  
"Sex Reassignment Surgery: Surgical Cure or Well-Meaning Mutilation?", Good Samaritan Hospital, Dayton, Ohio. March 5, 1985.  
"The Difficult Patient: Recognition, Understanding, and Management", The Marriott Hotel, Dayton, Ohio. March 6, 1985, (Category I, CME credit).  
"Transsexualism: Literature Review and Case Report", Wright State University, Dayton, Ohio. March 19, 1985.  
"Pseudoseizures: When is a Jerk not a Fit?", Bergamo Conference Center, Kettering, Ohio. April 19, 1985. (Category I, CME credit).  
"Transsexualism: What Sex am I?", University Center, Wright State University, Dayton, Ohio. September 17, 1985.  
"Transsexualism and the Military", Good Samaritan Hospital, Dayton, Ohio. March 18, 1986.  
"Clinical Utility of the House-Tree-Person Test", Diversion Program, Dayton, Ohio. April 9, 1986.  
"The Silent Mitwelt", Bergamo Conference Center, Kettering, Ohio. April 18, 1986. (Category I, CME credit).  
"Clinical Recognition of Alexithymia", Diversion Program, Dayton, Ohio. June 3, 1986.  
"Male-to-Female Transsexualism - Case Study", Case Western Reserve University,

Cleveland, Ohio. July 18, 1986.

"Zoophilia: Literature Review and Case Study", Case Western Reserve University, Cleveland, Ohio. July 31, 1986.

"Neuropsychiatry of Alexithymia", Good Samaritan Hospital, Dayton, Ohio. October 14, 1986.

"Penile Auto-Injection: New Treatment for Organic Impotence", Diversion Program, Dayton, Ohio. August 12, 1986.

"Gender Identity Development in Children and Adolescents", Diversion Program, Dayton, Ohio. August 26, 1986.

"Paraphilias", Good Samaritan Hospital Seminar, Dayton, Ohio. November 17, 1986.

"Introduction to Gender Disorders", Good Samaritan Hospital, Dayton, Ohio. December 15, 1986, January 5, 1987.

"Strategic Psychotherapy, Part I", Wright State University, Department of Psychiatry, Dayton, Ohio. December 23, 1986.

"Strategic Psychotherapy, Part II", Wright State University, Department of Psychiatry, Dayton, Ohio. December 30, 1986.

"Transsexualism: Dilemmas in Diagnosis", Good Samaritan Hospital, Dayton, Ohio. January 19, 1987.

"Transsexualism: Live Interview Presentation", Wright State University, Department of Psychiatry, Dayton, Ohio. January 20, 1987.

"Anxiety Disorders: New Treatment Approaches", Wright State University, Department of Family Practice, Dayton, Ohio. January 29, 1987.

"Gender Dysphoria", Wright State University Medical School, Dayton, Ohio. February 10, 1987.

"Bioethical Issues in Sex Reassignment", Good Samaritan Hospital, Dayton, Ohio. February 2, 1987.

"Mycobacterium xenopi Pulmonary Infection Complicated by Anorexia Nervosa", presentation at the 29th Annual Meeting of the Society of Air Force Physicians, New Orleans, Louisiana. March 23, 1987.

"The Transsexual Flight into Hypermasculinity", presentation at the Tenth International Symposium on Gender Dysphoria, Amsterdam, The Netherlands. June 10, 1987.

"Grand Rounds: Gender Disorders", Institute of Living, Hartford, Connecticut, April 30, 1987.

"Affective Disorders", three hour lecture series, Wilford Hall Medical Center, San Antonio, Texas, September, 1987.

"Grand Rounds: Transsexualism", Maine Medical Center, Portland, Maine, November 4, 1987.

"Opportunistic Infection in Anorexia Nervosa", 34th Annual Meeting of The Academy of Psychosomatic Medicine, Las Vegas, Nevada, November 14, 1987.

"Grand Rounds: Gender Disorders, An Overview", Wilford Hall Medical Center, San Antonio, Texas, December 17, 1987.

"Women Who Marry Transvestites", accepted for presentation at XXI Annual Meeting of AASECT, San Francisco, California, April 26, 1988 (no funding available).

"Psychiatric Manifestations of HIV Infection", Texas Medical Association Annual Session, San Antonio, Texas, May 13, 1988.

"Introduction to Gender Disorders", University of Texas Health Science Center, San Antonio, Grand Rounds, September 27, 1988.

"Transsexualism and Gender Disorders", Bexar County Psychiatric Society, San Antonio, Texas, October 18, 1988.

"Psychiatric Diagnoses in HIV-seropositive Air Force Personnel", Maine Medical Center, Portland, Maine, November 5, 1988.

"Symposium on HIV-seropositivity and Psychiatry", Program Coordinator, Behavioral Health Sciences Symposium, Sheppard AFB, Wichita Falls, Texas, November 8, 1988.

"Childhood Gender Disorders", Laurel Ridge Hospital, San Antonio, Texas, January 24, 1989.

"Prospective Study of Psychiatric Morbidity in HIV-seropositive Women", Annual Meeting of the American Psychosomatic Society, San Francisco, California, March 10, 1989.

- "Psychiatric Findings in HIV-seropositive Air Force Women", Walter Reed Army Institute of Research, Bethesda, Maryland, March 31, 1989.
- "Psychiatric findings in HIV-seropositive persons in a mandatory HIV screening program", (abstract and poster session, with J Rundell, S Paolucci), Fifth International Conference on AIDS, Montreal, Canada, June 5, 1989.
- "Alcohol Use and HIV-seropositivity", (poster presentation, with K Drexler, J Rundell), American Psychiatric Association Annual Meeting, San Francisco, California, May, 1989.
- "Current Legal Status of Transsexualism in the Military Setting", Eleventh International Symposium on Gender Dysphoria, Cleveland, Ohio, September, 1989.
- "Grand Rounds: Transsexualism in the Military", Wilford Hall Medical Center, December 14, 1989 (videotape available on request).
- "Psychosexual and Gender Disorders", 6 session advanced seminar for psychiatric residents, University of Texas Health Science Center, San Antonio, January to February, 1990.
- "Update on HIV Psychiatric Research in the USAF: 1990", Behavioral Health Sciences Symposium, Wichita Falls, Texas, 25 April, 1990.
- "Psychiatric Morbidity in HIV-seropositive Women without AIDS", 143rd Annual Meeting of the American Psychiatric Association, New York, May 14, 1990.
- "HIV Infection and Perception of Social Support", (Rundell, Ursano, Brown), 143rd Annual Meeting of the American Psychiatric Association, New York, May 14, 1990.
- "Relative Frequency of HIV Disease as a Cause of Mood Disorder in a General Hospital", (Rundell, Brown), Neurological and Neuropsychological Complications of HIV Infection Conference, Monterrey, California, June 17, 1990.
- "CSF Parameters, Immune Status, Serum Viral Titers, Anxiety, and Depression in HIV Disease", (Rundell, Praus, Brown), Neurological and Neuropsychological Complications of HIV Infection Conference, Monterrey, California, June 17, 1990.
- "CSF Findings and Request for Psychiatric Examination in HIV-Infected Patients", (Rundell, Brown, et al.), poster presentation, Neurological and Neuropsychological Complications of HIV Infection Conference, Monterrey, California, June 17-19, 1990.
- "Methods Employed by and Length of Knowledge of HIV-Seropositivity of HIV-infected Suicide Attempters", (Rundell, Brown, Kyle, et al.), 37th Annual Meeting of the Academy of Psychosomatic Medicine, Phoenix, Arizona, November 18, 1990.
- "Psychiatric Morbidity in HIV-seropositive Women: Results of a Three Year Prospective Study", (Brown, Rundell, Temoshok, et al.), 37th Annual Meeting of the Academy of Psychosomatic Medicine, Phoenix, Arizona, November 16, 1990.
- "Psychiatric Issues in the Evaluation of Spouses of Cross-dressers," Fairfax Hospital, Falls Church, Virginia, November 30, 1990.
- "Measurement of Negative Affect in HIV-seropositive Individuals," (Jenkins, Carey, Temoshok, Brown, et al.), 12th Annual Meeting of The Society of Behavioral Medicine, Washington, D.C., March 20, 1991.
- "Psychiatric and Neuropsychiatric Morbidity in Early HIV Disease," Grand Rounds presentation with S. McManis, University of Texas Health Science Center, San Antonio, Texas, April 30, 1991.
- "Neuropsychiatric Impairment Early in the Course of HIV Infection," (McManis, Brown, Zachary, et al.), 7th International Conference on AIDS, Florence, Italy, June 17, 1991.
- Nine presentations/new research posters/symposia presented at the 144th Annual Meeting of the American Psychiatric Association, New Orleans, Louisiana, May 11-15, 1991 (see Publications section, #50-58, for titles).
- Two presentations at the 7th International Conference on AIDS, Florence, Italy, June 15-17, 1991 (see Publications section, #59-60, for titles).
- "Methodological Advantages of Comprehensive Multidisciplinary Consultation-Liaison Psychiatry Research: HIV Research as a Model," (Rundell, Temoshok, Brown, et al.), Annual Meeting of the Academy of Psychosomatic Medicine, Atlanta, Georgia, October 17, 1991.

- "HIV Psychiatric Research in the Air Force," Grand Rounds presentation, Mayo Clinic, Rochester, Minnesota, July 9, 1991.
- "Neuropsychiatric Morbidity in early HIV Disease: Implications for Military Occupational Function," (Brown, Rundell, McManis, Kendall), Aerospace Medicine Symposium on Allergic, Immunological, and Infectious Disease Problems in Aerospace Medicine, NATO Advisory Group for Aerospace Research and Development Conference, Rome, Italy, October, 1991; presented by J. Rundell in my absence due to lack of funding.
- Four oral presentations and two poster presentations at the First International Conference on the Biopsychosocial Aspects of HIV Infection, Amsterdam, The Netherlands, 22-25 September, 1991 (see Publications section, #61-66, for titles).
- "Biopsychosocial HIV Research in the U.S. Military," Invited Grand Rounds presentation, University of South Dakota School of Medicine, Sioux Falls, South Dakota, October 25, 1991.
- "Biopsychosocial Issues in Treating HIV-seropositive Women," Fairfax Hospital Evening CME Lecture Series, Falls Church, Virginia, December 11, 1991.
- "Psychiatric Issues in Women with HIV," Fairfax County Health Department, Falls Church, Virginia, December 12, 1991.
- "Suicidality in Men with Early HIV Disease," American Psychosomatic Society 50th Annual Meeting, New York, New York, April 1, 1992.
- USAF HIV "Train-the-Trainer" Course; course organizer, presenter, and comprehensive course assessment (pretest, posttests), San Antonio, Texas, April 7-9, 1992.
- "Clinical Utility and Diagnostic Sensitivity of the Michigan Alcoholism Screening Test in Patients with HIV Disease," (Rundell, Brown), Annual Meeting of the Academy of Psychosomatic Medicine, San Diego, CA, October 31, 1992.
- "Longitudinal Neuropsychological Findings in HIV Positive Males," (Goethe, Richie, Brown, et al), 8th International AIDS Conference, Amsterdam, The Netherlands, July 20, 1992.
- "HIV and Women: Challenge for the 90's," Grand Rounds presentation, Geisinger Medical Center, Danville, PA, August 6, 1992.
- "Psychosocial Dimensions of Depression in Early HIV Disease," (Jenkins R, Rundell J, Brown G, Law W, Temoshok L), Annual Meeting of the American Psychological Association, Washington, D.C., August 15, 1992.
- "Psychiatric Presentations of HIV Disease," AIDS and Mental Health Program sponsored by San Antonio VA and UTHSC-SA, Corpus Christi, TX, September 18, 1992.
- "Major Depression in HIV Disease Before AIDS: Clinical Features and Associated Factors," (Rundell J, Brown G, Jenkins R, Kendall S, Temoshok L), Annual Meeting of the Academy of Psychosomatic Medicine, San Diego, CA, 29 October, 1992.
- "HIV Risk Behavior Surveys in the U.S. Military -- What Have We Learned?," Wilford Hall Medical Center Scientific Group Meeting, San Antonio, TX, 16 November 1992.
- "Biopsychosocial Aspects of Early HIV Disease in Women," Grand Rounds, Michigan State University/St. Lawrence Hospital, Lansing, MI, 18 December 1992.
- "Methodological Issues in Assessing Risk Behaviors in an HIV Sero-positive Military Sample," (Coyle C, Blake S, Brown GR, Ledsky R, Temoshok L), Special Citation Poster Presentation, Proceedings of the Fourteenth Annual Meeting of the Society of Behavioral Medicine, San Francisco, CA, March 10, 1993.
- "Gender differences in transmission risk behavior, affect, and social support in HIV-positive individuals," (Nannis E, Temoshok L, Jenkins R, Blake S, Sharp E, Jenkins P, Brown G, Patterson T, Coyle C, Brandt U, Johnson C), Proceedings of the Fourteenth Annual Meeting of The Society of Behavioral Medicine, San Francisco, CA, March 10, 1993.
- "Psychosocial stressors and vulnerability to psychiatric distress in early-stage HIV," (Zachary R, Brown GR, Kendall S, Coyle C, McManis S), Proceedings of the Fourteenth Annual Meeting of The Society of Behavioral Medicine, San Francisco, CA, March 10, 1993.

"Establishing databased research in an academic department of psychiatry," invited address to the Department of Psychiatry, Jefferson Medical College, College of Physicians, Philadelphia, PA, April 30, 1993.

Two Workshops, three poster sessions, 1993 Annual Meeting of the American Psychiatric Association, San Francisco, CA, May 22-24, 1993.

"Treating Depression in Early HIV Disease," Grand Rounds, Oklahoma University School of Medicine, Oklahoma City, OK, December 1, 1993.

"Diagnosis and Treatment of Transvestism," Tulane University School of Medicine, Department of Psychiatry presentation, December 2, 1993.

"Psychiatric Disorders in Early HIV Disease," Grand Rounds, Tulane University School of Medicine, New Orleans, LA, December 3, 1993.

"Diagnosis and Treatment of Gender Identity Disorders," invited presentation at Keesler Air Force Base Medical Center, Biloxi, MS, January 13, 1994.

"Personality Disorders in HIV-positive Persons: Association with Other Measures of Psychiatric Morbidity," poster presentation, (Richards J, McManis S, Brown G), Annual Meeting of the American Psychiatric Association, Philadelphia, PA, May 23, 1994.

"Psychiatric Issues in HIV/AIDS," invited presentation, Huntsville Mental Health Community, Huntsville Space and Science Center, Huntsville, AL, November 12, 1994.

"Diagnosis and Treatment of Gender Identity Disorders," Grand Rounds, Tulane University School of Medicine, New Orleans, LA, April 29, 1994.

"Management of Depression in Early HIV Disease," Upper East Tennessee Psychiatric Association Meeting, Kingsport, TN, June 2, 1994.

"Sertindole in the Treatment of Chronic Schizophrenia: a Phase III Controlled Trial," Grand Rounds, East Tennessee State University, Johnson City, TN, September 30, 1994.

"New Onset of Sexual Dysfunction in HIV-seropositive Women: Results of a Prospective Study," 88th Annual Scientific Assembly of the Southern Medical Association, Orlando, Florida, November 3, 1994.

"Gender Identity Disorders in the VAMC Setting," Grand Rounds, Atlanta VAMC, December 13, 1994.

"Managing Depression in Early Stage HIV Disease," Grand Rounds, Salem VAMC, December 22, 1994.

"Biopsychosocial Aspects of HIV Disease in Men," Invited Speaker, Mississippi Pharmacists Association MidWinter Meeting, Jackson, MS, February 12, 1995.

"Biopsychosocial Aspects of HIV Disease in Men," Invited Speaker, Mississippi Pharmacists Association MidWinter Meeting, Oxford, MS, February 19, 1995.

"Biopsychosocial Aspects of HIV Disease in Women," Grand Rounds, East Tennessee State University, Johnson City, TN, March 17, 1995.

"Managing Insomnia," primary care provider educational meeting, Bristol, TN, May 22, 1995.

"Diagnosis and Treatment of Gender Identity Disorders: DSM-IV Approach," Grand Rounds, Geisinger Medical Center, Danville, PA, June 15, 1995.

"Psychosocial Characteristics of 739 Transgendered Men," (Brooks G, Brown GR, Askew J), 41st Annual Meeting of the Southeastern Psychological Association, Savannah, GA, March 12, 1995.

"Personality Characteristics and Sexual Functioning of 188 American Transgendered Men: Comparison of Patients with Nonpatients." 14th Harry Benjamin International Gender Dysphoria Symposium, Irsee/Ulm Germany, September 9, 1995.

"Sertindole HCl: A Novel Antipsychotic With a Favorable Side Effect Profile." 89th Scientific Assembly of the Southern Medical Association, Kansas City, Missouri, November 17, 1995.

"Long term Safety of Treatment with Sertindole, a Novel Antipsychotic." (Radford M, Brown GR, Matthew H) poster, 89th Scientific Assembly of the Southern Medical

Association, Kansas City, Missouri, November 17, 1995.

"Diagnosis and Newer Treatments for Schizophrenia." Invited Presentation. Central Appalachia Services, Kingsport, TN, December 7, 1995.

"Personality and Sexuality in Transvestism." Grand Rounds, University of Texas Health Sciences Center, San Antonio, Texas, December 12, 1995.

"HIV/AIDS and Sexuality." Grand Rounds, Wilford Hall Medical Center, San Antonio, Texas, December 14, 1995.

"How Research Can Enhance Your Career." Invited Presentation to Department of Psychiatry, Wilford Hall Medical Center, San Antonio, Texas, December 13, 1995.

"Conducting Research With Stigmatized Populations." Journal Club Presentation, University of Texas Health Sciences Center, Department of Psychiatry, San Antonio, Texas, December 12, 1995.

"Sexuality in HIV/AIDS." Grand Rounds, Bowman Gray Medical School, Department of Psychiatry, Wake Forest University, Winston-Salem, North Carolina, January 19, 1996.

"Gender Identity Disorders." Grand Rounds, Lakeshore Mental Health Institute, Knoxville, Tennessee, February 14, 1996.

"New Approaches to the Management of Schizophrenia," Helen Ross McNabb Center, Knoxville, Tennessee, February 14, 1996.

"Diagnosis and Management of Gender Dysphoria," Grand Rounds, University of Alabama at Birmingham, March 5, 1996.

"Depression and Primary Care," Morristown, TN Primary Care Provider's CE Group, Morristown, TN, June 27, 1996.

"Personality and Sexuality in Transgendered Men," paper presentation, American Psychological Association, Toronto, Canada, August 13, 1996.

"Gender Identity Disorders," paper presentation at Southern Psychiatric Association Annual Meeting, Santa Fe, New Mexico, September 25, 1996.

"Sleep Disorders," Grand Rounds, Salisbury VAMC, Salisbury, North Carolina, August 21, 1996.

"Depression in Primary Care Settings," Nurse Practitioner-Physician Assistant Association of Northeast Tennessee, Johnson City, Tennessee, September 11, 1996.

Visiting Professorship, Menninger Clinic and Foundation; included Grand Rounds, case presentation and discussion, meetings with residents and staff; Topeka, KS, October 10-11, 1996.

"New Approaches to the Treatment of Schizophrenia," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, Tennessee, October 30, 1996.

"HIV Disease in Women: Sexual Manifestations," symposium presentation at Academy of Psychosomatic Medicine Annual Meeting, San Antonio, Texas, November 14, 1996.

"HIV and Sexuality," Grand Rounds, Atlanta VAMC/Emory University, Atlanta, Georgia, December 3, 1996.

"Santa Claus is a Cross-Dresser (and so are his little elves)," invited address for the Upper East Tennessee Psychiatric Association, a component of the Tennessee District Branch of the American Psychiatric Association, Johnson City, TN, December 9, 1996.

"Depression and Sexuality," Tazewell County Medical Society, Richlands, Virginia, March 25, 1997.

"Identifying and Treating Depression in Primary Care," Annual Meeting of the Nurse Practitioner's and Physician's Assistants of East Tennessee, Johnson City, TN, March 25, 1997.

"Managing Sexual Side Effects of Antidepressant Treatment," Harlan County Medical Society, Harlan, Kentucky, March 11, 1997.

"Depression and Intimacy," Chatanooga Psychiatric Society, Chatanooga, TN, April 21, 1997.

"Depression and Sexuality," Lakeshore Mental Health Institute Grand Rounds, Knoxville, TN, April 9, 1997.

"Managing Sexual Side Effects of Antidepressants," Southern Highlands Pharmacist's



Society, Abingdon, Virginia, April 29, 1997.

"Transgendered Families," Lakeshore Mental Health Institute Grand Rounds, Knoxville, TN, April 30, 1997.

"Depression and Intimacy," Buchanan County Medical Society, Grundy, VA, May 8, 1997.

"Depression, Sexuality, and Treatment," Highlands Psychiatric Society, Abingdon, VA, May 9, 1997.

"Managing Sexual Side Effects of Antidepressants in Primary Care," Chatanooga Family Practice Association, Chatanooga, TN, May 20, 1997.

"Double Trouble: Depression and Anxiety in Primary Care," LeFlore County Medical Center, Greenwood Mississippi, May 29, 1997.

"HIV and Sexuality," ETSU Medicine and Sexuality Symposium, Johnson City, TN, June 13, 1997.

"Depression and Sexuality," ETSU Medicine and Sexuality Symposium, Johnson City, TN, June 13, 1997.

"Transgenderism," Grand Rounds, Overlook Mental Health Center, Knoxville, TN, June 25, 1997.

"Managing Sexual Side Effects of Antidepressants in Primary Care," Wise County Medical Society, Norton, Virginia, July 11, 1997.

"APA Guideline on the Treatment of Schizophrenia," Smoky Mountain Chapter of the Tennessee Psychiatric Association, Knoxville, TN, July 22, 1997.

"Nicotine Dependence: Kicking the Habit," August Monthly Meeting of the Tricities Nurse Practitioner-Physician Assistants Association, Johnson City, TN, August 14, 1997.

"Biopsychosocial Issues in Women with HIV Disease," Monthly Meeting of OB-GYN Society of Tricities, Johnson City, TN, August 26, 1997.

"Revision of the HBGDA Standards of Care: Opportunities and Controversies," Biannual Meeting of the Harry Benjamin International Gender Dysphoria Association, Vancouver, British Columbia, Canada, September 11, 1997.

"Anxiety and Depression in Primary Care: Double Trouble," Primary Care Grand Rounds, Fort Campbell, KY, October 1, 1997.

"Treatment Guidelines for Schizophrenia," Psychiatry Grand Rounds, Lexington VAMC, Lexington, KY, September 17, 1997.

"Gender Dysphoria in the Military Setting," Grand Rounds, Wilford Hall Medical Center, San Antonio, TX, December 18, 1997.

"Clinical Issues in Transgendered Families," Grand Rounds, University of Texas Health Sciences Center, San Antonio, December 16, 1997.

"Depression and Sexuality," Southwest Virginia Counsel of Nurse Practitioners, Abingdon, Virginia, November 1, 1997.

"Depression and Anxiety Disorders in Primary Care," Annual Meeting of the Nurse Practitioner Physician Assistant Association of Northeast TN, Johnson City, TN, February 23, 1998.

"Differentiating SSRI's in Clinical Practice," Richmond Psychiatric Society Meeting, Richmond, VA, January 22, 1998.

"Gender Identity Disorders," Grand Rounds, University of VA, Roanoke, VA, February 19, 1998.

"Smoking Cessation: Modern Approaches," Monthly Meeting of the East TN Hospital Pharmacists Association, Kingsport, TN, February 24, 1998.

"Identification and Treatment of Gender Dysphoria Syndromes," Grand Rounds, University of Mississippi, Jackson, MS, February 27, 1998.

"Gender Dysphoria Syndromes in Primary Care," Nurse Practitioner Physician Assistant Association of Northeast TN, Kingsport, TN, March 19, 1998.

"Treatment Guidelines for Schizophrenia," Grand Rounds, University of Kentucky, Louisville, KY, April 23, 1998.

"Gender Identity Disorders," Grand Rounds, University of Alabama at Huntsville, Huntsville, AL, May 21, 1998.

"Nicotine Reduction Strategies," Grand Rounds, Southwest Virginia Mental Health

Institute, Marion, VA, May 27, 1998.

"Depression and Anxiety Management in Primary Care," East Tennessee State University Dept. of Psychiatry Symposium on "Psychiatry in the Trenches", Johnson City, TN, June 12, 1998.

"Managing Depression in Primary Care," Grand Rounds, Internal Medicine Department, East Tennessee State University, Johnson City, TN, June 16, 1998.

"Mood Disorders in Women," Roanoke Psychiatric Society, Roanoke, VA, June 17, 1998.

"Gender Identity Disorders," Grand Rounds, Loyola University Strich School of Medicine, Chicago, IL, June 18, 1998.

"Standards of Care for Gender Identity Disorders," Grand Rounds, University of Louisiana, Baton Rouge, LA, July 21, 1998.

"Depression and Sexuality," Fall Symposium of the Mental Health Association of Knoxville, September 11, 1998.

"Pharmacotherapy of Agitation in the Elderly," Kentucky Pharmacists' Association, Lexington, Kentucky, September 20, 1998.

"Women and Mood/Anxiety Disorders," monthly meeting of the Nurse Practitioners-Physician Assistants, Johnson City, TN, October 1, 1998.

"Killing the Bore: How to Give Effective Medical Presentations That Keep an Audience Awake," Grand Rounds, ETSU Dept. of Psychiatry, Johnson City, TN, October 16, 1998.

"Pharmacologic Management of Agitation in the Elderly," Detroit Psychiatric Society, Detroit, Michigan, December 22, 1998.

"Nicotine Dependence: Kicking the "Habit," Wise County Medical Society, Wise, Virginia, January 14, 1999.

"Mood Disorders in Women," Chatanooga Psychiatric Society, Chattanooga, TN, January 18, 1999.

"From Menarche to Menopause: Mood and Anxiety Disorders in Women," Greene County Medical Society, Greeneville, TN, February 2, 1999.

"From Menarche to Menopause: Mood and Anxiety Disorders in Women," Annual Meeting of the TriCities Nurse Practitioner-Physician Assistant Association, Johnson City, TN, February 23, 1999.

"Comparison of Risperidone and Olanzapine: RIS-112 Study," Upper East TN Psychiatric Society, Johnson City, TN, March 4, 1999.

"New Directions in Treating Schizophrenia," CME, Inc. sponsored faculty member, Los Angeles, California, March 27, 1999.

"Pharmacologic Management of Agitation in Dementia," University of Alabama Pharmacotherapeutics Conference, Huntsville, AL, April 24, 1999.

"Mood and Anxiety Disorders in Women," University of Alabama Pharmacotherapeutics Conference, Huntsville, AL, April 24, 1999.

"Behavioral Problems in Dementia," Grand Rounds, Alvin York VAMC, Murfreesboro, TN, April 29, 1999.

"Pharmacological Management of Agitation in Dementia," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, TN, May 7, 1999.

"Psychiatric Disorders in Women," Women's Health Symposium, University of Alabama, Huntsville, AL, May 14, 1999.

"Loxitane: A New Look at an Old Drug," Lakeshore Mental Health Institute, Knoxville, TN, June 4, 1999.

"Psychiatric Disorders in Women," University of Tennessee at Knoxville, OB-GYN Grand Rounds, June 4, 1999.

"Working With Transgendered Clients," workshop presented at A Search for New Understanding of Lesbian, Gay, and Bisexual Issues, East Tennessee State University, Johnson City, TN, September 24, 1999.

"Optimizing Treatment for Schizophrenia", CME, Inc. Symposium, Cleveland, Ohio, September 25, 1999.

"Diagnosis and Treatment of Depression in Primary Care," Grand Rounds, James H. Quillen VA

Medical Center-ETSU Department of Medicine, Johnson City, TN, September 28, 1999

"Gender Identity Disorder," Annual Meeting of the Southern Psychiatric Association, Hot Springs, Virginia, September 30, 1999.

"Management of Insomnia," Annual Meeting of the Tennessee Association of Physicians' Assistants, Gatlinburg, TN, October 12, 1999.

"Sexual Dysfunction in Primary Care Practice," Behavioral Health in Primary Care Symposium, East Tennessee State University, Johnson City, TN, October 16, 1999.

"Management of Insomnia: New Directions," monthly meeting of the Upper East Tennessee Psychiatric Association, Bristol, TN, October 19, 1999.

"Depression and Anxiety in Women Through the Life Cycle," Johnson City Women's Health Center Grand Rounds, Johnson City, TN, October 27, 1999.

"Selecting Antidepressant Treatment," invited presentation and panel discussion, New Orleans Academy of Internal Medicine, January 10, 2000.

"Managing Insomnia in Primary Care," Grand Rounds, Holston Valley Medical Center, Kingsport, TN, January 31, 2000.

"Gender Identity Disorders." Grand Rounds, University of Cincinnati, Cincinnati, OH, January 26, 2000.

"Selecting Antidepressants in Primary Care," Rural Health Cooperative, Kingsport, TN, February 7, 2000.

Visiting Professor, Loyola University Medical School, Chicago, IL (two presentations), February 10, 2000.

"Managing Insomnia in the New Millennium," Annual Meeting of the East TN Nurse Practitioner's and Physicians' Assistants Association, Johnson City, TN, February 22, 2000.

"Sexual Dysfunction in Primary Care," Annual Meeting of the East TN Nurse Practitioner's and Physicians' Assistants Association, Johnson City, TN, February 22, 2000.

"Depression and PTSD in Women," Grand Rounds, Department of OB-GYN, University of Tennessee, Knoxville, March 17, 2000.

"Depression and Anxiety in Primary Care Practice," Grand Rounds, Department of Internal Medicine, University of Tennessee, Knoxville, March 16, 2000.

"Diabetes, Glucose Regulation, and Schizophrenia," Upper East Tennessee Psychiatric Society, Johnson City, TN, April 13, 2000

"Sexual Dysfunction in Primary Care Practice," Annual Meeting of the Tennessee Osteopathic Medicine Association, Chattanooga, TN, May 7, 2000.

"Diabetes, Weight Gain, and Schizophrenia," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, TN, July 20, 2000.

"Bipolar Disorder: Monotherapy versus Combination Therapy", national CME Category I lecture series sponsored by Medical Education Resources and Curry, Martin, and Schiavelli, to 17 cities between May and November, 2000.

"Managing Depression and Anxiety Disorders," invited presentation to the Annual Meeting of the Tennessee Academy of Family Practice, Jackson, TN, August 19, 2000.

"Managing Insomnia," monthly meeting of the Tazwell County Medical Society, Richlands, Virginia, August 23, 2000.

"Sexual Dysfunction," Grand Rounds, ETSU Department of OB/GYN, Johnson City, TN, September 6, 2000.

"Depression and Sexuality," Grand Rounds, Holston Valley Hospital, Bristol, TN, September 25, 2000.

"Depression and Anxiety in Primary Care: Case Conference/Grand Rounds," Southern Medical Association Annual Meeting, Orlando, Florida, November 2, 2000.

"Depression in Primary Care Settings," Hamblen County Medical Society, Morristown, TN, November 21, 2000.

"Sleep Disorders," Nurse Practitioners-Physicians Assistant Association Monthly Meeting, Johnson City, TN, December 7, 2000.

"CD-ROM Workshop, Anxiety and Depression", Annual Meeting of the Holston Valley Nurse Practitioners-Physicians Assistants Association, Johnson City, TN, February 26, 2001.

"The Harry Benjamin Standards of Care in Prison: Benefits for Transsexual Healthcare," International Foundation for Gender Education Annual Symposium, Chicago, IL, March

24, 2001.

"Why Internists Should Care About Treating Depression," Grand Rounds, Department of Internal Medicine, ETSU, Johnson City, TN, April 3, 2001.

"Antidepressants: Effective Side Effect Management," Annual Meeting of the Tennessee Osteopathic Medicine Association, Memphis, TN, April 21, 2001.

"Gender Identity Disorder: Management," invited presentation, Smokey Mountain Chapter of the Tennessee Psychiatric Association, Knoxville, TN, April 24, 2001.

"Gender Identity Disorder," Grand Rounds, Department of Psychiatry, Memphis VAMC, May 24, 2001.

"Antipsychotic Efficacy Uncompromised by Side Effects," Grand Rounds, Department of Psychiatry, UT Memphis, May 25, 2001.

"Sexual Dysfunctions in Primary Care," International Medical Update Symposium, Johnson City, TN, August 2, 2001.

"Diagnosis and Treatment of Gender Dysphoria," Grand Rounds, Department of Psychology, James H. Quillen VAMC, August 3, 2001.

"Management of Bipolar Disorder," Grand Rounds, Meharry Medical College, Nashville, TN, August 21, 2001.

"Medical Treatment of Agitation in Dementia," Fall Symposium of the Mental Health Association of Knoxville, September 13, Knoxville, TN.

"Monotherapy vs. Combination Therapy in the Management of Mania," Fall Symposium of the Mental Health Association of Knoxville, September 14, Knoxville, TN

"Optimizing Treatment for Bipolar Disorder," quarterly meeting of the Upper East Tennessee Psychiatric Association, Johnson City, TN, September 20, 2001.

"Gender Identity Disorders: Diagnosis and Management," Grand Rounds, Institute of Living/Hartford Hospital Departments of Psychiatry and Psychology, Hartford, CT, October 17, 2001.

"Gender Identity Disorder Complicated by Dissociative Identity Disorder: Report of a Successful Case," XVII Symposium of the Harry Benjamin International Gender Dysphoria Association, Galveston, TX, November 3, 2001.

"Mood Disorders in Women," monthly meeting of the TriCities Nurse Practitioners Association, Johnson City, TN, December 10, 2001.

"Substance Use Disorders Complicating Common Psychiatric Disorders," Grand Rounds, Holston Valley Hospital, Bristol, TN, December 18, 2001.

"Women's Health Issues in Psychiatry," OB-GYN Grand Rounds, East Tennessee State University, Johnson City, TN, May 8, 2002.

"Matching the Neurotransmitter to the Patient," ½ day CME presentation, World Medical Conferences, Jackson, Mississippi, May 18, 2002.

"Matching the Neurotransmitter to the Patient," ½ day CME presentation, World Medical Conferences, Albany, New York, June 1, 2002.

"Killing the Bore: How to Give Effective Medical Presentations That Keep People Awake," Grand Rounds, Dept. of Psychiatry, ETSU, Johnson City, TN, August 9, 2002.

"Current Issues in Treatment of Dementia," Roanoke Psychiatric Society, Roanoke, VA, June 26, 2002.

"Comfort Foods: Should We Just Surrender Now?," Northeast Tennessee Nurse Practitioner's Association Annual Meeting, Bristol, TN, September 14, 2002.

"Gender Identity Disorders: Diagnosis and Management," Psychiatry Grand Rounds, University of Florida, Gainesville, Florida, September 20, 2002.

"Gender Identity Disorders: Diagnosis and Management," Psychiatry Grand Rounds, Meharry Medical College, Nashville, TN, October 9, 2002.

"New Issues in the Management of Bipolar Disorder," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, TN, October 5, 2002.

"Pharmacological Management of Dementia," Psychiatry Grand Rounds, Western State Hospital, Staunton, Virginia, March 19, 2003.

"Appropriate Use of Antipsychotics in Primary Care Practice," Tricounty Medical Society Meeting, Johnson City, TN, April 3, 2003.

"Appropriate Use of Antipsychotics in Primary Care Practice," 2003 Primary Care Conference,

- Johnson City, TN, April 1, 2003.
- "Pharmacological Management of Dementia," Grand Rounds, Gaston Memorial Hospital, Gastonia, NC, May 13, 2003.
- "Brown G R, McBride L, Williford W, Bauer M: Impact of childhood sexual abuse on bipolar disorder. Proceedings of the 5<sup>th</sup> International Conference on Bipolar Disorders, Pittsburgh, PA, 2003 (poster presented by Dr. Bauer in my absence).
- "Aripiprazole Use in Psychiatry," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, TN, August 22, 2003.
- "Use of Anticonvulsants in Psychotic Disorders," Tennessee Psychiatric Association, Smoky Mountain Chapter Meeting, Knoxville, TN, August 28, 2003.
- "Application of the Harry Benjamin International Gender Dysphoria Association's Standards of Care to the Prison Setting: Recent Victories for Transgender Healthcare in the USA," 18<sup>th</sup> Biennial Symposium of the HBIAGDA, Gent, Belgium, September 11, 2003.
- "Family and Systems Aggression Towards Therapists Working with Transgendered Clients," 18<sup>th</sup> Biennial Symposium of the HBIAGDA, Gent, Belgium, September 12, 2003.
- "Impact of Childhood Abuse on Disease Course in Veterans with Bipolar Disorder," 97<sup>th</sup> Annual Meeting of the Southern Medical Association, Atlanta, Georgia, November 8, 2003.
- "Gender Dysphoria: Diagnosis and Management," Grand Rounds presentation, Marshall Medical School, Huntington, West Virginia, January 9, 2004.
- "Gender Dysphoria: Diagnosis and Management," Grand Rounds presentation, Catawba State Hospital, Roanoke, Virginia, March 17, 2004.
- "Treatment Resistant Schizophrenia," Grand Rounds presentation, Broughton State Hospital, Morganton, North Carolina, March 25, 2004.
- "Antipsychotic Use in Geriatric Populations," Grand Rounds presentation, Tampa VAMC, Tampa, Florida, April 23, 2004.
- "Gender Identity Disorders," Grand Rounds presentation, University of TN College of Medicine, Memphis, TN, May 14, 2004.
- "Overcoming Barriers to Treatment Success in Chronic Mental Illnesses," Grand Rounds, Salisbury VAMC, Salisbury, NC, June 3, 2004.
- "Dissociative Identity Disorder Comorbid with Gender Identity Disorder: Review of the Literature and Long-term Case Presentation," Southern Psychiatric Association, Savannah, Georgia, October 2, 2004.
- "Bipolar Disorder in Primary Care," CME Cat 1 presentation, Knoxville, TN, December 1, 2004.
- "Bipolar Disorder and Impulsive Aggression in Primary Care Settings," CME Cat 1 presentation to Tricities Nurse Practitioner Association, December 16, 2004.
- "Overcoming Barriers to Treatment in Chronic Mental Illnesses," North Carolina Advanced Practice Nurses Association, Greensboro, NC, February 13, 2005.
- "Bipolar Disorder in the Primary Care Setting: What to do?," 9<sup>th</sup> Annual Update for Nurse Practitioners, Johnson City, TN, March 21, 2005.
- "Current Controversies in the Use of SSRI's," TriCounty Medical Society, Johnson City, TN, May 5, 2005.
- "Transgender client aggression towards therapists," XIX Biennial Symposium of the Harry Benjamin International Gender Dysphoria Association, Bologna, Italy, April 9, 2005.
- "Gender identity disorder comorbid with dissociative identity disorder: review of the literature and 7 year followup case presentation. XIX Biennial Symposium of the Harry Benjamin International Gender Dysphoria Association, Bologna, Italy, April 9, 2005.
- "Current Controversies in the Use of SSRI's," CME symposium, Southern Medical Association 9<sup>th</sup> Annual Scientific Symposium, San Antonio, TX, November 12, 2005.
- "Gender Identity Disorder: Diagnosis and Management," Grand Rounds, University of South Florida, Tampa, Florida, January 6, 2006 (Videotaped version of presentation available at [www.TheCJC.com](http://www.TheCJC.com)).
- "Gender Identity Disorders," East Tennessee State University Women's Health Program, CME Cat 1 symposium, Johnson City, TN, March 24, 2006.
- "Update on Bipolar Disorder," Millennium Center, CME Cat I program, Johnson City, TN, March 31, 2006.
- "Dealing with Chronic Mental Illness: Barriers to Treatment Success," Southside Virginia

- Psychiatric Society Quarterly Meeting, Richmond, Virginia, April 3, 2006.
- "Management of Gender Identity Disorders," Intermountain Psychological Association, invited presentation, Johnson City, TN, June 8, 2006.
- "Transgender Health Issues," Emory and Henry Lyceum Series, Emory, Virginia, September 18, 2006.
- "Impact of Childhood Abuse in Veterans with Bipolar Disorder," 65<sup>th</sup> Annual Scientific Meeting of the Southern Psychiatric Association, Baltimore, Maryland, September 29, 2006.
- "Appropriate Use of Antipsychotics in Primary Care Settings," 100<sup>th</sup> Annual Meeting of the Southern Medical Association, Charlotte, NC, October 14, 2006.
- "Impact of Childhood Abuse on the Course of Bipolar Disorder," Keynote speaker, Perspectives In Health, Texas Department of State Health Services Annual CME Symposium, Austin, Texas, October 27, 2006.
- "Autocastration as Surgical Self-Treatment in Incarcerated Persons with Gender Identity Disorder," Southern Psychiatric Association Annual Meeting, Memphis, TN, August, 2007.
- "Autocastration as Surgical Self-Treatment in Incarcerated Persons with Gender Identity Disorder," XX Biennial Symposium of the World Professional Association for Transgender Health, Chicago, Illinois, September, 2007.
- "Gender Identity Disorders in the Military and VA," Panel discussion and presentation. XX Biennial Symposium of the World Professional Association for Transgender Health, Chicago, Illinois, September, 2007.
- "Diagnosis and Treatment of Gender Identity Disorders," Mountain Update on Psychiatry, ETSU CME Symposium, October 19, 2007.
- "Voice Parameters That Result in Identification or Misidentification of Biological Gender in Male-to-Female Transgender Veterans," poster presentation at the First Annual Gender Spectrum Health Fair, Sponsored by the Alliance for Gender Awareness, Inc and Rutgers Office of Social Justice Education LGBT Communities Rutgers University College, New Brunswick, NJ, November 8, 2007 (with R King et al, coauthors).
- "Voice Parameters That Result in Identification or Misidentification of Biological Gender in Male-to-Female Transgender Veterans," poster presentation at the XX Biennial Symposium of the World Professional Association for Transgender Health, Chicago, Illinois, September, 2007 (with R King, et al, coauthors).
- "Voice Parameters That Result in Identification or Misidentification of Biological Gender in Male-to-Female Transgender Veterans," poster presentation at the Southern Medical Association Annual Scientific Meeting, Nashville, TN, September, 2008 (presented by E McDuffie on behalf of Brown, King, et al, coauthors).
- "Evaluation and Management of Gender Identity Disorders," Cat I, 1.5 hour CME program, Annual Meeting of the Alaska Psychiatric Association, Alyeska, Alaska, April 18, 2009.
- "Forensic Issues and Case Presentations on GID," Cat I, 1.5 hour CME program, Annual Meeting of the Alaska Psychiatric Association, Alyeska, Alaska, April 18, 2009.
- "70 Veterans with Gender Identity Disturbances: A Descriptive Study," XXI Biennial Symposium of the World Professional Association for Transgender Health, Oslo, Norway, June 18, 2009.
- "70 Veterans with Gender Identity Disturbances: A Descriptive Study", Annual Scientific Meeting of the Southern Medical Association, Dallas , Texas, December 4, 2009.
- "Overview of Autocastration and Surgical Self Treatment in Prisons", National Commission on Correctional Healthcare Annual Meeting, October 10, 2010, Las Vegas, Nevada (invited two hour CME CAT I program)
- "Autocastration- Overview and Case Series Presentation," Grand Rounds, East Tennessee State University, Johnson City, TN, April 29, 2011.
- "Providing Healthcare for Transgender and Intersex Veterans," Live Meeting Series broadcast nationally by VA Talent Management System. Co-Presenters Leonard Pogache, MD, Meri Mallard, RN; CME category I credit for each of 3 programs completed, November 22 (2 programs) and November 30, 2011.
- "PBM Guidelines for Providing Care for Transgender and Intersex Veterans," copresenter with Lisa Longo, Pharm.D, Live Meeting Series broadcast nationally by VA Talent

- Management System, May 10 and May 14, 2012.
- "Providing Culturally Competent Care for Transgender Veterans," invited Keynote address at Houston VAMC for symposium (CEU accredited) on LGBT Veteran healthcare, Houston, TX, August 17, 2012.
- "Update on Version 7 of the WPATH Standards of Care," invited Keynote address for Mountain Area Health Education Center's Southeastern Summit on Transgender Healthcare, Category 1 CME accredited, Asheville, NC, August 24, 2012.
- "History of Transgender Healthcare in the Department of Veterans Affairs," invited Keynote address for Mountain Area Health Education Center's Southeastern Summit on Transgender Healthcare, Category 1 CME accredited, Asheville, NC, August 25, 2012.
- "Qualitative Analysis of Transgender Inmates' Correspondence: Implications for health Services in Departments of Correction", National Commission on Correctional Healthcare Annual Meeting, October 14, 2012, Las Vegas, Nevada (invited one hour CME CAT I program).
- "Cross Sex Hormonal Treatment for Transgender Veterans," national Live Meeting for Women's Health Program, Department of Veterans Affairs, July 16, 2013.
- "Transgender Health Care Training for VA Health Care Providers", 3 hours Category 1 CME accredited , Minneapolis, MN, September 26, 2013.
- "Sex Reassignment Options", national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, July 2, 2013.
- "Access to Care for Gender Dysphoric Inmates: Issues and Cases," Invited plenary speaker for the 21<sup>st</sup> Annual Forensic Rights and Treatment Conference, sponsored by Drexel University College of Medicine, Category 1 CME credit (1.5 hours), Harrisburg, PA, December 5, 2013.
- "Forensic Aspects of Transgender Health Care in Prison," Grand Rounds, East Tennessee State University, Category 1 CME, March 7, 2014.
- "Health Disparities Research: Suicidality in Gender Minorities as a Research Model," Grand Rounds, East Tennessee State University, Category 1 CME credit, May 20, 2014.
- "Sex reassignment surgeries: female-to-male," national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, June 24, 2014.
- "Sex reassignment surgeries: male-to-female," national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, July 8, 2014.; December 2, 9, 16, 23, 2014; February 24, 20-15.
- "Medico-Legal Aspects of Providing Transgender Healthcare for Inmates," invited 2.5 hour presentation for national training program in LGBT healthcare for the Federal Bureau of Prisons, September 4, 2014.
- "Mental health and medical outcome disparities in 5,135 transgender veterans: a case-control study," 32nd Annual Conference of the Gay and Lesbian Medical Association, Category 1 CME credit, Baltimore, MD, September 11, 2014.
- "Mental health and medical outcome disparities in 5,135 transgender veterans: a case-control study," Vanderbilt University Grand Rounds, Department of Psychiatry, Cat 1 CME credit, Nashville, TN, September 26, 2014.
- "Mental health and medical outcome disparities in 5,135 transgender veterans: a case-control study," Drexel University Grand Rounds, Department of Psychiatry, Cat 1 CME credit, Philadelphia, PA, October 23, 2014.
- "Pharmacotherapy issues with gender dysphoria," College of Psychiatric and Neuropsychiatric Pharmacists, Annual Meeting, Cat I CME credit, Tampa, FL, April 19, 2015.
- "Lesbian, gay, bisexual, and transgender (LGBT) sociopolitical indicators and mental health diagnoses among transgender Veterans receiving VA care. Blosnich, J.R., Marsiglio, M.C., Gao, S., Gordon, A.J., Shipherd, J.C., Kauth, M., Brown, G.R., Fine, M.J. (2015, July). Department of Veterans Affairs Health Services Research & Development/Quality Enhancement Research Initiative National Conference, Philadelphia, PA, July, 2015.

- “Killing the Bore: How to Give Effective Medical Presentations,” East Tennessee State University Department of Psychiatry and Behavioral Sciences Grand Rounds (Cat I CME), May 1, 2015.
- “Sex reassignment surgeries: male-to-female,” national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, July 21, July 28, 2015
- “Sex reassignment surgeries: female-to-male,” national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, September 15, September 22, 2015.
- “Transgender military service: Moving past ignorance in DoD and VHA,” invited Keynote Address, Rush Medical University, Cat I CME credit, Chicago, IL, October 9, 2015.
- “Health correlates of criminal justice involvement in 4,793 transgender veterans. Poster Presentation at the Annual National Conference on Correctional Health Care, Denver, CO, October 18, 2015.
- “Open Transgender Military Service: Health Considerations,” presentation to medical leadership of the USMC, Washington, DC, by videolink, January 27, 2016.
- “Sex reassignment surgeries; masculinizing and feminizing,” national presentations to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, June 7 and 28, 2016.
- “Orange is not the new black—yet,” Symposium on prison transgender mental health care and update on recent court cases supporting access to transgender health care in US prisons, 24<sup>th</sup> Biennial Scientific Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, Cat I CME (1.5 hours), June 20, 2016.
- “Harry Benjamin Plenary Lecture,” invited Keynote address for the 24th Biennial Scientific Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, Cat 1 CME, June 18, 2016. Available at [www.wpath2016.com](http://www.wpath2016.com), timer marker 4:20.
- “Health correlates of criminal justice involvement in 4,793 transgender veterans. Poster Presentation at the 24th Biennial Scientific Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 18, 2016.
- “Breast cancer in a cohort of 5,135 transgender veterans over time,” 24th Biennial Scientific Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, Cat 1 CME, June 20, 2016.

**SYMPOSIA ORGANIZED AND/OR MODERATED:**

1. Psychosocial Aspects of HIV Disease in the Military, organizer/moderator/ presenter, Wichita Falls, Texas, 25 April, 1990.
2. Full Day Roundtable Symposium on Atypical Antipsychotics, organizer/moderator, Excerpta Medica, Asheville, North Carolina, 22 April, 1995.
3. Mountain Update on Anxiety Disorders, Course Director, East Tennessee State University, Blowing Rock, North Carolina, 28-29 April, 1995.
4. Medicine and Sexuality Course, Course Director, East Tennessee State University and James H. Quillen VAMC, Johnson City, TN, 13 June, 1997.



5. Half Day audiotaped symposium moderater/organizer on Innovative Uses of Atypical Antipsychotics, Excerpta Medica, Blackberry Inn, Townsend, TN, 16 November, 1997.
6. Novel Uses of Atypical Antipsychotics, Symposium Moderator, Marriot Griffin Resort, Janssen Research Foundation, Lexington, KY, 4 December, 1998.
7. Novel Uses of Atypical Antipsychotics, Symposium Moderator, Blackberry Inn, Townsend, TN, 10 April, 1999.
8. Psychiatry and Neurology Poster Session Moderator for Southern Medical Association's 97<sup>th</sup> Annual Scientific Assembly, Atlanta, Georgia, November 6, 2003.
9. Moderator for East Tennessee State University Department of Psychiatry monthly Journal Club/Critical Evaluation of the Literature series, 2002-2011.

**TELEVISED and TAPED MEDIA EVENTS:**

WKPT local television interview on sleep disorders, Johnson City, 1995.

TNN (The Nashville Network), filmed winning an international revolver competition and then interviewed on silhouette handgun shooting, Oakridge, TN, 1998.

CME, Inc. audiotaped faculty presentations as advertised in "Psychiatric Times," various cities and topics.

Channel 5, London, England; documentary on psychiatric aspects of firearms, 2004.

"Cruel and Unusual", documentary on transgender health care issues in the prison setting, 2005 release, available from [jbaus@aol.com](mailto:jbaus@aol.com); aired on Women's Entertainment channel on July 2, 2007

ABC 20/20, "Becoming Diane" segment on gender identity disorders, October 12, 2005.

The Carter Jenkins Center, [www.thecjc.org](http://www.thecjc.org), taped CME cat I lecture available on the internet, "Evaluation and Management of Gender Identity Disorder," January 6, 2006.

CNN, Kosilek Trial testimony/interview, June 1, 2006.

CNBC, "The Big Idea with Donny Deutsch," interview, June 6, 2006.

PBS News Hour, Transgender Soldiers Gain Ground as US Military Transitions, May 9, 2016, <http://www.pbs.org/newshour/bb/transgender-soldiers-gain-ground-as-u-s-military-transitions/>

**RESEARCH PROJECTS AND GRANT SUPPORT:**

Principal Investigator, "Phase III Comparison of Two Doses of Risperidone For Acute Exacerbations of Chronic Schizophrenia." Inpatient setting, grant support from Janssen Pharmaceutica, approximately \$50,000. Completed 1996.

Principal Investigator, Sexual Functioning and Personality Characteristics of Transgendered Men in a Nonclinical Setting. Collaboration with Tom Wise, M.D. (Chair, Dept. of Psychiatry, Fairfax Hospital, Falls Church, VA), Peter Fagan, Ph.D. (Johns Hopkins Sexual Behaviors Consultation Unit), and Paul Costa, Ph.D. (NIMH). Completed 1990-1995.

DSM-IV Reliability Field Trials, Site Coordinator, 10 investigators, completed in 1995.

Principal Investigator, Psychosocial Adjustment of Spouses of Transgendered Men; study involving long-term support group work and nationwide questionnaire data collection from 1986 to 1997. Completed. Private non-profit organization grant support received.

Coinvestigator, International Study of 800 Transgender Men: The Boulton and Park Experience. 1988-1992. This was the largest community based survey study of transgender people in the U.S. conducted to date. Completed.

Principal Investigator, "A Double-Blind, Placebo-Controlled, Dose-Response Comparison of the Safety and Efficacy of Three Doses of Sertindole and Three Doses of Haloperidol in Schizophrenic Patients." Phase III trial, inpatient setting. Grant support by Abbott Laboratories, approximately \$60,000 over one year. Completed 1994-1995. Contributed to FDA consideration of Serlect for U.S. marketing, 1996-1997.

Principal Investigator, "An Open Label, Long Term, Safety Study of Sertindole in Schizophrenic Patients." Phase II trial, outpatient setting. Grant support from Abbott Laboratories, approximately \$50,000 over two years. Completed 1996.

Principal Investigator, "Biopsychosocial Natural History Study of HIV Infection in the USAF." RO-1 equivalent grant from Henry M. Jackson Foundation for the Advancement of Military Medicine, approximately \$2,000,000. Completed 1987-1993, including pilot data collection.

Unrestricted Educational Grants, \$19,000, for Mountain Update on Anxiety Disorders CME conference (SKB, Lilly, Mead-Johnson), 1995.

Unrestricted Educational Grants totaling approximately \$30,000 annually in support of the VAMC/ETSU Psychiatry Grand Rounds and Visiting Professor Program, 1994-2000; 2002-2006. Grant funding following CME guidelines and administered through the ETSU Office of Continuing Education.

Principal Investigator, "Double-Blind Crossover Study of Zolpidem and Temazepam in Elderly, Hospitalized Patients." Funded through Psychiatry Research Fund, Mountain Home VAMC, and Chair of Excellence in Geriatrics, ETSU. Approved study, ultimately closed due to lack of appropriate subjects available for recruitment.

Principal Investigator, "A Randomized, Double-Blind Placebo Controlled Study of Risperidone for Treatment of Behavioral Disturbances in Subjects with Dementia." Collaboration with R. Hamdy, Cecile Quillen Chair of Excellence in Geriatrics, approximately \$100,000 at full recruitment, 1995-1997; completed.

Associate Investigator, "Use of Nefazodone in Depressed Women with Premenstrual Amplification of Symptoms: a Pilot Study." Principal Investigator: Merry Miller, M.D. \$5,000 pilot study grant, 1996-1999; completed.

Associate Investigator, "Voice Characteristics Associated with Gender Misidentification: A Pilot Study." Principal Investigator: Robert King, M.A. Unfunded study in data analysis phase, 2001-2005; completed in 2007.

Principal Investigator, Johnson City site, VA Cooperative Study #430, "Reducing the Efficacy-Effectiveness Gap in Bipolar Disorder." Health services research conducted at 12 sites nationwide. Grant for this site's operations total \$435,000 over five years of study, 1997-2003; completed.

Coinvestigator, "Treatment for Erectile Disorder with Viagra in a VA Population: Efficacy and

Patient and Partner Satisfaction." Principal Investigator: William Finger, Ph.D. Approximately \$30,000 total grant over two year period, 2000-2001; study concluded.

Principal Investigator, Johnson City site, "A Multicenter, Randomized, Double-Blind, Placebo Controlled Study of Three Fixed Doses of Aripiprazole in the Treatment of Institutionalized Patients with Psychosis Associated with Dementia of the Alzheimer's Type." Phase III clinical trial, sponsored by Bristol-Meyers Squibb, 2000-2001, \$174,000 at full recruitment. Extension phase, 42 weeks, separate grant at maximum of \$232,800. Approved April, 2000; completed.

Coinvestigator, "Effects of zaleplon on postural stability in the elderly." Principal Investigator: Faith Akin, Ph.D. \$1000 grant for subject recruitment expenses, 2000-2001.

Principal Investigator, James H. Quillen VA site, "ZODIAK study; An International, Multicenter Large Simple Trial (LST) To Compare the Cardiovascular Safety of Ziprasidone and Olanzapine." Pfizer Pharmaceuticals, approximately \$20,000 at full recruitment. Approved April, 2002, recruitment completed and closed in 2004. Results published: Strom B, Eng S, Faich G, et al: comparative mortality associated with ziprasidone and olanzapine in real-world use among 18,154 patients with schizophrenia: The ziprasidone Observational Study of Cardiac Outcomes (ZODIAC). *Amer J Psychiatry* 168(2):193-201, 2011.

Coinvestigator, "Survey of Family and Systems Aggression Against Therapists." Unfunded study, completed between 2002 and 2003; Randi Ettner, Ph.D., Principle Investigator; completed.

Coinvestigator, "Effect of Olanzapine on the Auditory Gating Deficit in Patients with Schizophrenia." Principal Investigator: Barney Miller, Ph.D. Investigator-initiated study funded by Lilly, approximately \$85,000. 2002. Study did not recruit subjects at ETSU and was closed 2003.

Principal Investigator, multicenter study, "The SOURCE Study: Schizophrenia Outcomes, Utilization, Relapse, and Clinical Evaluation." Janssen Research, \$100,000 grant at full recruitment (two year open label followup study of risperidone Consta), 2005-2007; second highest recruitment of 43 centers in multicenter study. Completed. See publications from this study under the Publications section, numbers 128 and 129.

Coauthor on grants to VA Central Office for program enhancements to mental health programs at Mountain Home VAMC; approximately \$2,000,000 received for additional staff and support for residential treatment programs and PTSD clinic expansion, 2006-2007.

Principal Investigator in conjunction with Herbert Meltzer, MD, Vanderbilt University, " High Dose Risperidone Consta for Patients with Schizophrenia with Unsatisfactory Response to Standard Dose Risperidone or Long-Acting Injectable." Phase IV study of outpatients with schizophrenia who are partially responsive to risperidone oral and/or long-acting injectable, using a double-blind methodology to study doses between 50 and 100 mg every two weeks. Site funding of approximately \$100,000. 2008-2010. Approved by ETSU IRB but negotiations between sponsor and Department of Veterans Affairs were not completed on intellectual property rights. Study not initiated at Mountain Home VAMC.

Principal Investigator (Everett McDuffie, MD, coinvestigator), "Descriptive study of veterans with gender identity disturbances: Characteristics and comorbidities, 1987-2007." Unfunded study that is first to characterize a population of 75 U.S. veterans with gender identity disturbances over a 20 year time frame. Completed 2009.

Principal Investigator: "Analysis of State and Federal Prison Directives Related to Transgender Inmate Medical Care and Placement." Unfunded review of existing prison policies through the end of 2007. Completed 2008.

Principal Investigator: "Qualitative Analysis of Concerns of Transgender Inmates in the United States. Unfunded analysis of 129 letters from self-identified transgender inmates across the US." Completed 2012.

Coinvestigator, "Prevalence and Suicidality in Transgender Veterans"; coinvestigator with collaborators at the VA Center of Excellence for Suicide Prevention. 2011-2013. Completed; publication of results in October, 2013.

Principal Investigator, "Assessing Health Outcomes, Health Care Utilization, and Health Disparities in Transgender Veterans Receiving Care in the Veterans Health Administration." Approved by ETSU IRB 7/1/13; protocol remains open. Six manuscripts published; one in preparation.

Consultant, Patient-Centered Outcomes Research Institute grant on transgender healthcare outcomes (STRONG), Michael Goodman, MD, Principal Investigator, Emory University, 2014-present.

**References available upon request.**

# EXHIBIT B

Exhibit B to George Brown Declaration

## Bibliography

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