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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

LINDSAY HECOX, et al.,

Plaintiffs,

v.

BRADLEY LITTLE, et al.,

Defendants.

No. 1:20-cv-184-CWD

EXPERT DECLARATION OF JACK L. TURBAN, MD, MHS, IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

I, Jack L. Turban, MD, MHS, have been retained by counsel for Plaintiffs Lindsay Hecox and Jane Doe, with her next friends, Jean Doe and John Doe, as an expert in connection with the above-captioned litigation.

1. The purpose of this declaration is to respond to certain opinions set forth by Dr. Stephen Levine in opposition to Plaintiffs' Motion for Preliminary Injunction. Here, I respond to the central points raised in Dr. Levine's declaration ("Levin Decl."). I do not specifically address each study or article cited by Dr. Levine, but instead explain the overall problems with the conclusions that he draws and provide data showing why such conclusions are in error. I reserve the right to supplement my opinions concerning Dr. Levine's opinions if necessary as the case proceeds.

2. I have actual knowledge of the matters stated in this declaration. In preparing this declaration, I reviewed the materials listed in the attached Bibliography (Exhibit B), as well as the Expert Report of Dr. Stephen Levine. I may rely on those documents as additional support for my opinions. I have also relied on my years of research and other experience, as set out in my curriculum vitae (Exhibit A), and on the materials listed therein. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

BACKGROUND AND QUALIFICATIONS

3. I am currently a clinical fellow in psychiatry at Harvard Medical School, where I research the mental health of transgender youth. Beginning on July 1, 2020, I will be a Fellow in Child and Adolescent Psychiatry at Stanford University.

4. I received my undergraduate degree in neuroscience from Harvard College. I received both my MD and Masters of Health Science degree from Yale University School of Medicine. I am writing in my capacity as a mental health researcher.

5. My research focuses on the mental health of transgender youth. While at Yale, I was awarded the Ferris Prize for my thesis entitled "Evolving Treatment Paradigms for Transgender Youth." In 2017, I received the United States Preventative Health Services Award for Excellence in Public Health based on my work related to the mental health of transgender youth. I have lectured on the mental health of transgender youth at Yale School of Medicine and Massachusetts General Hospital (a teaching hospital of Harvard Medical School).

6. I have served as a manuscript reviewer for numerous professional publications including *The Journal of The American Medical Association*, *The Journal of The American Academy of Child & Adolescent Psychiatry*, *Pediatrics*, *The Journal of Adolescent Health*, and *The American Journal of Public Health*. I have served as lead author for textbook chapters on the mental health of transgender youth, including for *Lewis's Child & Adolescent Psychiatry: A Comprehensive Textbook* and the textbook of The International Academy for Child & Adolescent

Psychiatry and Allied Professionals. I am co-editor of the textbook, *Pediatric Gender Identity: Gender-affirming Care for Transgender and Gender Diverse Youth.*

7. I have published extensively on the topic of transgender youth, including five articles in peer-reviewed journals in the past two years alone.

8. I have never testified as an expert at trial or in deposition. I am being compensated at an hourly rate of $250 per hour for preparation of expert declarations and reports, and $400 per hour for time spent preparing for or giving deposition or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

SUMMARY OF OPINIONS

9. Dr. Levine is an adult psychiatrist who appears to have limited understanding of the research involving the mental health of children and adolescents who are transgender. He applies outdated research about pre-pubertal children presenting to gender clinics to make broad arguments about the treatment of transgender patients of all ages. His sweeping claims about alleged harms of affirming treatment for transgender youth are contradicted by all recent data, which show precisely the opposite of what he argues: youth and young adults who are affirmed in their gender identity and who have access to social transition and appropriate medical treatment, including puberty blockers and gender affirming hormones, have favorable mental health outcomes.

10. In this declaration, I cite relevant literature to support my opinions that: (1) existing evidence supports transition for transgender youth; (2) the "desistence"

literature that Dr. Levine cites does not apply once a young person reaches the earliest stages of puberty; (3) the "watchful waiting" approach that Dr. Levine describes is only relevant to pre-pubertal children and is not generally practiced in the United States; (4) "regret" is not common among youth who receive gender affirming treatment and all existing evidence regarding gender-affirming care for transgender youth has shown positive mental health outcomes; and (5) efforts to force transgender people to be cisgender are dangerous and unethical.

EXISTING EVIDENCE SUPPORTS SOCIAL TRANSITION FOR TRANSGENDER YOUTH

11. Though the premise of Dr. Levine's declaration is that social transition for transgender youth is harmful to youth who undergo it, existing evidence shows the opposite. For example, Dr. Levine neglects to cite the recent work of Dr. Kristina Olson at The University of Washington, which found that transgender youth who socially transition have levels of depression no different from cisgender controls and only marginally elevated levels of anxiety (in the pre-clinical range).[1] As Olson's team explains in their 2017 manuscript (Durwood et al.), "our findings of normative levels of depression, slightly higher rates of anxiety [pre-clinical], and high self-worth in socially transitioned transgender children stand in marked contrast with previous

[1] Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, *137*(3). Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, *56*(2), 116-123.

work with gender non-conforming children who had not socially transitioned."[2] In other words, the research shows that youth who are treated consistent with their gender identity and allowed to socially transition have better mental health than cohorts of youth who were not allowed to socially transition. In contrast, if a transgender child's gender identity is not supported, and professionals attempt to make them cisgender, they have a higher likelihood of attempting suicide.[3] Among transgender people who were exposed to efforts to make them cisgender during childhood, 90% had considered suicide.[4] The dangers of efforts to force transgender people to be cisgender are further described below.

12. Dr. Levine also implies that allowing a child to socially transition makes them identify more strongly as transgender and thus more likely to "persist" in their transgender identity. (Levine Decl. ¶ 64.) A study recently published by Dr. Olson's group, which Dr. Levine also failed to cite, has found this not to be true.[5] The study authors found that gender identification did not meaningfully differ before and after social transition.

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[2] Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(2), 116-123.
[3] Turban, J. L., Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*, *77*(1), 68-76.
[4] *Id.*
[5] Rae, J. R., Gülgöz, S., Durwood, L., DeMeules, M., Lowe, R., Lindquist, G., & Olson, K. R. (2019). Predicting early-childhood gender transitions. *Psychological Science*, *30*(5), 669-681.

13. In addition, no evidence establishes a "social contagion" theory of gender transition mentioned by Dr. Levine. He claims that "[i]n the case of adolescents . . . there is evidence that peer social influences through 'friend groups' (Littman) or through the internet can increase the incidence of gender dysphoria or claims of transgender identity." (Levine Decl. ¶ 51.) The Littman study he cites was an anonymous online survey of the parents of transgender youth, recruited from websites where this notion of "social contagion" leading to transgender identity is popular. The anonymous survey participants were asked what they thought was the etiology of their children's transgender identity. Some of these parents believed that their children became transgender as a result of watching transgender-related content on websites like YouTube and having LGBTQ friends. The obvious alternative interpretation is that these youth sought out transgender-related media and LGBTQ friends because they wanted to find other people who understood their experiences and could offer support. If the study had surveyed the children in addition to their parents, they may have been able to establish if this were the case. Unfortunately, the Littman study is based on an anonymous survey of parents only. No conclusions can be drawn from the Littman study other than the fact that some anonymous people recruited from the Internet theorize that transgender identity is due to social contagion. This theorizing from people online does not establish a true phenomenon. No study to date has found a psychosocial determinant of gender

identity. Preliminary biological studies have estimated that gender identity is as much as 70% heritable.[6]

14. In addition, there is no established medical phenomenon of "rapid onset gender dysphoria" as Dr. Levine claims. (Levine Decl. ¶ 63.) This term entered the literature through this same article from Dr. Lisa Littman. A correction was published on this article, which noted, "Rapid-onset gender dysphoria (ROGD) is not a formal mental health diagnosis at this time. This report did not collect data from the adolescents and young adults (AYAs) or clinicians and therefore does not validate the phenomenon."[7] The correction goes on to say "the term should not be used in any way to imply that it explains the experiences of all gender dysphoric youth . . . "

"DESISTENCE LITERATURE" DOES NOT APPLY ONCE YOUTH REACH THE EARLIEST STAGES OF PUBERTY

15. Dr. Levine references a body of literature commonly referred to as the "desistence literature." (Levine Decl. ¶ 61.) He incorrectly states that this literature found that "the large majority of children who present with gender dysphoria will desist from desiring a transgender identity." (Levine Decl. ¶ 33.) The studies cited by Dr. Levine did not use the current DSM-5 gender dysphoria diagnosis. Rather, most of these studies used the DSM-IV construct of "gender identity disorder." One could meet criteria for the DSM-IV diagnosis of gender identity disorder without identifying

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

[7] Littman, L. (2019). Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PloS One*, *14*(3), e0214157.

as transgender because the diagnostic criteria did not require identification with a gender other than the one assigned to the person at birth. This problem with the diagnosis was remedied with the new DSM-5 diagnosis of "gender dysphoria in children," which requires a child to have "a strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)." Furthermore, a large proportion of children in these studies did not even meet criteria for DSM-IV's "gender identity disorder" diagnosis. Because these children did not necessarily identify as transgender to begin with, it is not surprising that they did not identify as transgender at follow-up.

16. Perhaps more importantly, these studies all examined *pre-pubertal* children. There is broad consensus that once youth reach the earliest stages of puberty (i.e. Tanner 2) and identify as transgender, "desistence" is rare.[8] The notion of "desistence" therefore is not generally applied to transgender people once they reach Tanner 2 (the earliest stage of puberty). Even the researchers who published the dataset about desistance that Dr. Levine cites are clear that once a child reaches puberty, it is not medically appropriate to withhold affirming treatment. When discussing individuals in high school and college who have transitioned, this data is completely irrelevant.

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[8] Turban JL, DeVries ALC, Zucker K. Gender Incongruence & Gender Dysphoria. In Martin A, Bloch MH, Volkmar FR (Editors): *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook*, Fifth Edition. Philadelphia: Wolters Kluwer 2018.

THE "WATCHFUL WAITING" APPROACH REFERS TO THE TREATMENT OF PREPUBERTAL YOUTH ONLY

17. Dr. Levine references the "watchful waiting" approach to the treatment of transgender youth. (Levine Decl. ¶¶ 33–34.) This approach was developed by the VUMC Center for Expertise in Gender Dysphoria in Amsterdam and only applies to the treatment of prepubertal youth.

18. "Watchful waiting" refers to advising parents to wait until the earliest stages of puberty before facilitating a social transition for their child. The VUMC clinic does not advocate for "watchful waiting" once transgender adolescents reach the earliest stages of puberty (i.e. Tanner 2). At that developmental stage, they recommend affirmation of the adolescent's gender identity. In fact, the VUMC clinic was the first clinic in the world to utilize pubertal suppression and gender-affirming hormones for transgender youth and has published on the positive outcomes for youth who receive these medical interventions.[9]

19. Most practitioners in the U.S. do not follow the "watchful waiting" approach for prepubertal youth, as there is concern that forcing a child to wait until the beginning of puberty to facilitate social transition may promote stigma and damage relationships between the child and their parents and clinicians, which could subsequently lead to adverse mental health outcomes.[10] In any event, "watchful

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[9] De Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, *134*(4), 696-704.

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

waiting" is not considered an ethical model of treatment for a young person once puberty has begun in the U.S. or elsewhere.

ALL EXISTING EVIDENCE SHOWS THAT, AMONG TRANSGENDER YOUTH WHO RECEIVE GENDER-AFFIRMING MEDICAL INTERVENTIONS, MENTAL HEALTH OUTCOMES ARE FAVORABLE AND REGRET IS RARE

20. In the largest longitudinal study of transgender adolescents to date, 98.1% of those who started pubertal suppression continued on to receive gender-affirming medical care.[11] This same study found extremely low rates of surgical regret among transgender adults: 99.4% of transgender women and 99.7% of transgender men did not have identified surgical regret.

21. All existing data examining the mental health outcomes of transgender adolescents who received pubertal suppression indicate positive mental health outcomes. In a study of 55 transgender people from the Netherlands—the only study following young transgender people through receiving pubertal suppression, gender-affirming hormones, and gender-affirming surgeries—none regretted treatment.[12] Over the course of treatment, their mental health and global functioning scores improved. By the end of the treatment protocol, these properly treated transgender young adults had global functioning scores on par with the general population of the

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[11] Wiepjes, C. M., Nota, N. M., de Blok, C. J., Klaver, M., de Vries, A. L., Wensing-Kruger, S. A., ... & Gooren, L. J. (2018). The Amsterdam cohort of gender dysphoria study (1972–2015): trends in prevalence, treatment, and regrets. *The Journal of Sexual Medicine*, *15*(4), 582-590.

[12] De Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, *134*(4), 696-704.

Netherlands. This is a remarkable finding, given the high rates of anxiety, depression, and suicidality generally seen among transgender people, most of whom are unable to access this type of care. A recent study from our group found that among transgender people who expressed a desire for pubertal suppression, those who accessed it had a 70% lower odds of considering suicide in their lifetime.[13] In another study by Costa et al., transgender youth who received pubertal suppression in addition to psychological support had better global functioning scores than those who received psychological support alone.[14] In other words, Dr. Levine's suggestion that "[w]hat is known [about the impact of treatment] . . . is not encouraging" is not accurate. (Levine Decl. ¶ 77.) The data that we do have is all encouraging regarding the mental health benefits of gender-affirming medical interventions for transgender youth.

22. Dr. Levine cites a study by Dhejne et al. that examined long-term follow-up of transgender individuals who received gender-affirming surgeries. He states that, "the Swedish follow-up study found a suicide rate in the post-SRS [Sex Reassignment Surgery] population 19.1 times greater than that of controls . . . " (Levine Decl. ¶ 78.) Dr. Levine's extrapolation from this data set is flawed. First, the control group Dr. Levine references consists of cisgender people. This is not an

[13] Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, *145*(2).
[14] Costa, R., Dunsford, M., Skagerberg, E., Holt, V., Carmichael, P., & Colizzi, M. (2015). Psychological support, puberty suppression, and psychosocial functioning in adolescents with gender dysphoria. *The journal of sexual medicine*, *12*(11), 2206-2214.

appropriate control group. Transgender people face a range of stressors that affect their mental health, most prominently societal rejection based on being transgender. Though gender-affirming surgery improves mental health, it cannot eliminate societal discrimination for many people, and thus even after surgery, many transgender people still suffer elevated rates of mental health problems compared to cisgender people. This reality of mental health challenges even with gender-affirming care is not a valid argument against the provision of gender-affirming care. The very study Dr. Levine cites explains this point: "no inferences can be drawn as to the effectiveness of sex reassignment as a treatment for transsexualism [sic]. In other words, the results should not be interpreted such as sex reassignment *per se* increases morbidity and mortality. Things might have been even worse without sex reassignment. As an analogy, similar studies have found increased somatic morbidity, suicide rate, and overall mortality for patients treated for bipolar disorder and schizophrenia. This is important information, but it does not follow that mood stabilizing treatment or antipsychotic treatment is the culprit."[15] Second, the study was published in 2011, and it followed individuals who had surgery when the surgical techniques were not as advanced and discrimination in society was far worse.

23. A more recent study of Swedish population registry data once again found (unsurprisingly, given the stressors faced) evidence that transgender people suffer from mental health needs at higher rates than cisgender people; however, this

[15] C. Dhejne et al. (2011), Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden, *PLoS ONE* 6(2) e16885, 7.

study also found a reduction in mental health treatment needs among transgender people following gender-affirming surgery.[16] The authors of this more recent study conclude: "The longitudinal association found in the present study between gender-affirming surgery and reduced mental health treatment utilization, combined with the physical and mental health risks of surgery denial, supports policies that provide gender affirming surgeries to transgender individuals who seek such treatments."[17]

EFFORTS TO FORCE TRANSGENDER PEOPLE TO BE CISGENDER ARE DANGEROUS AND UNETHICAL

24. Dr. Levine advocates for psychotherapeutic attempts to change a young person's gender identity from transgender to cisgender. He offers a litany of speculative and unsupported harms of "being transgender" and concludes that "one cannot assert with any degree of certainty that once a transgendered person, always a transgendered person, whether referring to a child, adolescent, or adult, male or female," suggesting that there should be a therapeutic goal of preventing someone from being transgender.[18] (Levine Decl. ¶ 109.) Often, this approach is colloquially referred to as "gender identity conversion therapy." Given that it is not considered an

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[16] Bränström, R., & Pachankis, J. E. (2019). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *American Journal of Psychiatry*.
[17] *Id*.
[18] As just one example of this, Dr. Levine cites only himself in non-peer reviewed articles in support of the idea that transgender individuals are "strongly narcissistic" and have difficulty forming romantic attachments. (Levine ¶ 98.) I am not familiar with any data that demonstrate increased rates of narcissism among transgender individuals. Likewise, Dr. Levine suggests that transgender individuals only form attachments to other transgender individuals, again without any data to support this supposition, which I have never seen borne out in any data. (Levine ¶ 96.)

appropriate therapeutic modality, it is often referred to in the academic literature as "gender identity conversion efforts."

25. All relevant major medical organizations have issued clear statements that gender identity conversion efforts should not be practiced, including The American Medical Association,[19] The American Academy of Pediatrics,[20] and The American Academy of Child & Adolescent Psychiatry.[21]

26. In a recent paper from our team at Harvard Medical School, published in *JAMA Psychiatry*, we found that, after adjusting for a range of potentially confounding variables, exposure to gender identity conversion efforts was associated with greater odds of attempting suicide.[22] The increased odds of attempting suicide were even greater for transgender people who were exposed to gender identity conversion efforts during childhood.

27. Dr. Levine is correct in pointing out that our study in *JAMA Psychiatry* was cross-sectional. In the realm of scientific evidence, this level of evidence is less

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[19] American Medical Association. Health care needs of lesbian, gay, bisexual and transgender populations. H-160.991. 2017. https://policysearch.ama-assn.org/policyfinder/detail/H-160.991%20?uri=%2FAMADoc%2FHOD.xml-0-805.xml. Accessed June 21, 2020.

[20] Rafferty, J., & Committee on Psychosocial Aspects of Child and Family Health. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, *142*(4).

[21] The American Academy of Child & Adolescent Psychiatry. Conversion Therapy. 2018. https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx Accessed June 21, 2020.

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

conclusive than a randomized controlled trial. However, given that gender identity conversion efforts have been labeled unethical by the major medical organizations cited above, it is not possible to conduct a randomized controlled trial of gender identity conversion efforts. No institutional review board would allow such a study to proceed. Because such a study design is not ethically permissible or feasible, we must rely on the evidence we currently have. All existing evidence suggests that trying to force a transgender person to be cisgender is harmful to those exposed to this intervention.[23] There is no evidence of any benefit from such interventions.

28. Rejection of a young transgender person's gender identity is one of the strongest predictors for adverse mental health outcomes. Family rejection of a young transgender person's gender identity is associated with mental health problems for these youth.[24] Non-acceptance by peers is another major risk factor for mental health problems.[25] Inability to obtain gender congruent government identification has been shown to be associated with adverse mental health outcomes.[26] Given that all data

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[23] Not all transgender people will desire medical or surgical interventions. However, for these individuals, it would still be unsafe and unethical to try to force them to live as their sex assigned at birth. Doing so would be a clear violation of the policy statements set forth by these major professional organizations.

[24] Travers, R., Bauer, G., & Pyne, J. (2012). Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services. Trans Pulse.

[25] de Vries, A. L., Steensma, T. D., Cohen-Kettenis, P. T., VanderLaan, D. P., & Zucker, K. J. (2016). Poor peer relations predict parent-and self-reported behavioral and emotional problems of adolescents with gender dysphoria: a cross-national, cross-clinic comparative analysis. *European Child & Adolescent Psychiatry*, *25*(6), 579-588.

[26] Scheim, A. I., Perez-Brumer, A. G., & Bauer, G. R. (2020). Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study. *The Lancet Public Health*, 5(4), e196-e203.

point to the conclusion that non-acceptance of a person's gender identity leads to poor mental health outcomes, it is likely that rejection of a transgender person's gender identity by forcing them to play on a sports team that does not match their gender identity would damage their mental health. Doing so would also be, in essence, forcing them to express themselves as cisgender, and as described above, forcing a transgender person to be cisgender is associated with adverse mental health outcomes.

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

Executed on: June 26, 2020

JACK L. TURBAN, MD, MHS

EXHIBIT A

Jack L. Turban MD MHS
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EDUCATION

Yale School of Medicine New Haven, CT 2012-2017
Doctor of Medicine & Master of Health Science with honors. Clinical rotations included inpatient pediatrics, inpatient child psychiatry, inpatient adolescent psychiatry, residential adolescent psychiatry, psychiatric consult liaison service, clinical neuromodulation, neurology clinics, and neurosurgery. Completed award-winning masters' thesis as a Howard Hughes Medical Institute (HHMI) medical research fellow on evolving treatment paradigms for transgender youth. Clerkship Grades: All Honors

Harvard University Cambridge, MA 2007-2011
B.A. Neurobiology magna cum laude. Coursework included clinical neuroscience, systems neurobiology, visual neuroscience, positive psychology, neurobiology of behavior, CNS regenerative techniques, neuroanatomy, vertebrate surgery, and extensive coursework in dramatic theory and practice. International study included Spanish language (Alicante, Spain), stem cell biology (Shanghai, China), and studying how visual art may be used as a window into the mechanisms of neural processing (Trento, Italy). Honors thesis completed at The Massachusetts Eye & Ear Infirmary studying inner-ear development and regeneration. GPA: 3.8/4.0

WORK EXPERIENCE

Stanford Healthcare Palo Alto, CA 2020-2022
Fellow in Child & Adolescent Psychiatry. Fellow in child and adolescent psychiatry. Research focuses on pediatric gender identity and LGBTQ health.

Harvard Medical School Boston, MA 2017-2020
Clinical Fellow in Psychiatry. Resident physician in the MGH/McLean integrated adult, child, and adolescent psychiatry program. Research focuses on pediatric gender identity and LGBT mental health.

Clarion Healthcare Consulting, LLC Boston, MA 2011-2012
Associate Consultant. Worked as a strategy and management consultant for top ten pharmaceutical companies and emerging biotech. Areas of focus included neuroscience business development, life cycle management, and innovation in new product commercialization.

Harvard Summer School in Mind/Brain Sciences Trento, Italy 2011-2012
Resident Director. Directed a study abroad program for Harvard undergraduate and Italian graduate students, introducing them to the basic principles of neuroscience and cognitive psychology.

RESEARCH EXPERIENCE

The Fenway Institute Boston, MA 2017-Present
LGBT Mental Health Research. Currently using data from the National Transgender Discrimination Survey to determine the adult mental health correlates of recalled childhood experiences including exposure to conversion therapy and access to gender-affirming hormonal interventions.

McLean Institute for Technology in Psychiatry Belmont, MA 2017-Present
LGBT Mental Health Research. Conducting cross-sectional studies that examine the associations between geosocial "hook-up apps," internalizing psychopathology, and compulsive sexual behavior. Utilizing the TestMyBrain platform.

Yale Program for Research on Impulsivity & Impulse Control Disorders New Haven, CT 2016-Present
Clinical Research. Conducted a study on US military veterans who had recently returned from deployment, studying rates and comorbidities of those veterans who exhibit compulsive sexual behavior facilitated by social media. Currently studying psychiatric morbidities among veterans who send sexually explicit self-images over social media.

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Yale Child Study Center New Haven, CT 2015-2017
Medical Education Research. Conducted a study to evaluate pediatric attending and medical student knowledge regarding transgender pediatric patient care. Additionally studied participants' personal ethical views regarding pubertal blockade and cross-sex hormone therapy for adolescent patients.

Eaton-Peabody Laboratory Cambridge, MA 2009-2011
Basic Research. Worked at the Massachusetts Eye and Ear Infirmary laboratory, studying stem cells of the inner ear and working toward cochlear hair cell regeneration.

Novartis Pharmaceuticals Shanghai, China 2009-2009
Intern. Worked as a biological research intern, studying the role of Math-1 in inner-ear development and regeneration.

LEADERSHIP

MGH Psychiatry Gender Lab Meetings 2019-Present
Founder. Established monthly lab meetings for those in the MGH psychiatry department to discuss ongoing research regarding transgender mental health.

Yale School of Medicine Cultural Competence Committee New Haven, CT 2012-2017
Chair. Worked with individual course directors to develop course material on cultural competence. Authored case studies on handling pediatric patient sexuality (Professional Responsibility Course), authored a pre-clinical lecture on LGBT healthcare (Ob/Gyn Module), and lectured on transgender pediatric patient care (Pediatrics Clinical Clerkship).

Dean's Advisory Committee on LGBTQ Affairs (Yale School of Medicine) New Haven, CT 2016-2017
Member. Served on the advisory committee to the Dean of Yale School of Medicine, advising on issues related to LGBTQ affairs.

Yale HIV Dermatology Roundtable New Haven, CT 2014-2017
Founder. Eighty percent of patients suffering from HIV face a dermatologic manifestation of their disease. Struck by these patients' experience of stigma, I organized a bi-monthly interdisciplinary roundtable to improve research, education, and clinical care in HIV dermatology. Interventions have included primary care provider training on the treatment of genital warts and improved referral systems for cutaneous malignancies.

Yale Gay & Lesbian Medical Association New Haven, CT 2013-2017
President. Led a group of medical students focused on supporting careers in medicine for LGBT individuals. Organized mixers with LGBT organizations from other graduate schools and with LGBT faculty. Coordinated trips to GLMA national conferences. Worked with the medical school administration to create an LGBT faculty advisor position.

VOLUNTEER WORK & ADVOCACY

American Academy of Child & Adolescent Psychiatry "Break the Cycle" 2017-2017
Event Coordinator. Worked with Dr. Andres Martin to coordinate a fundraising indoor cycling event for the AACAP *Break The Cycle* fundraising campaign to fight children's mental illness.

Yale Hunger & Homelessness Auction New Haven, CT 2012-2014
Logistics Co-Chair. Organized a group of ten students to coordinate entertainment, donations, and event logistics for the Yale annual charity auction. All proceeds for the auction go to support local charities.

Yale School of Medicine Admissions Committee New Haven, CT 2015-2017
Interviewer. Served as a full voting member of the admissions committee. Responsibilities include student interviewing, recruitment, and organizing LGBT-focused activities for admitted students.

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Harvard College Admissions New Haven, CT 2012-Present
Interviewer. Interviewing students from the Boston area for admission to Harvard College.

SELECTED PUBLICATIONS

Turban, J. L., Passell E, Scheer L, Germine L. Use of Geosocial Networking Applications Is Associated With Compulsive Sexual Behavior Disorder in an Online Sample. *The Journal of Sexual Medicine*. [ePub ahead of print]

Turban, J. L., Keuroghlian, A. S., & Mayer, K. H. Sexual Health in the SARS-CoV-2 Era. *Annals of Internal Medicine*. [ePub ahead of print]

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

Malta, M., LeGrand, S., **Turban, J.**, Poteat, T., & Whetten, K. (2020). Gender-congruent government identification is crucial for gender affirmation. *The Lancet Public Health*. [ePub ahead of print]

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

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

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

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

Turban, J. L. (2019). Medical Training in the Closet. *The New England Journal of Medicine*, *381*(14), 1305.

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

Turban, J. L., & Keuroghlian, A. S. (2018). Dynamic gender presentations: understanding transition and" de-transition" among transgender youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, 57(7), 451-453.

Turban, J. L., Carswell, J., & Keuroghlian, A. S. (2018). Understanding pediatric patients who discontinue gender-affirming hormonal interventions. *JAMA Pediatrics*, *172*(10), 903-904.

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

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

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

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

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

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

The American Academy of Child & Adolescent Psychiatry. Policy Statement on 'Reparative Therapy' for LGBT Youth, 2017.

Turban, J. L., Genel, M. (2017) Evolving Treatment Paradigms for Transgender Patients. *Connecticut Medicine*, 81(8), 483-486.

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

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

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

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

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

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

PRESENTATIONS & ABSTRACTS

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

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

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

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

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

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

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

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

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

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

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

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

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

Lewis J, Monaco P, **Turban JL**, Girardi M. UV-induced mutant p53 ketatinocyte clonal expansion dependence on IL-22 and RORγT. Poster, Society of Investigative Dermatology, Portland, 2017.

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

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

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

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

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

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

EDUCATIONAL PRESENTATIONS

Gender-affirming Care for Transgender Elders. McLean Geriatric Psychiatry Seminar Series, 2019
Writing about Gender & Sexuality (Guest Lecture), Course: Sexual Outcasts & Uncommon Desires, Emerson College, 2019
Gender-affirming Care for Transgender and Gender Diverse Patients on Inpatient Psychiatric Units, MGH Inpatient Psychiatry Seminar Series, 2019
Transgender & Gender Non-conforming Youth, MGH/McLean Adult Residency program, 2018
Writing about Gender Identity for the Lay Audience (Guest Lecture), Course: Kids These Days, Emerson Journalism Program, 2017
International Approaches to the Treatment of Gender Incongruence, VU Medical Center, Amsterdam, 2017
Time to Talk About It: Physician Depression and Suicide, Yale Clerkship Didactics, 2017
Medical Management of Adolescent Gender Dysphoria. Yale Pediatrics Clerkship, 2015-2016
Medical Management of Children and Adolescents with Gender Dysphoria, Yale Pediatrics Residency Didactics, 2016
Reflective Writing Workshop Leader. Yale Surgery Clerkship, 2015-2016
Langerhans Cell Facilitation of Photocarcinogenesis. Yale Department of Dermatology Research Forum, 2016
Panel: Treating Transgender & Gender Non-conforming Patients in the Emergency Setting. Yale Emergency Medicine Clerkship, 2016
Panel: Challenges to the Learning Climate: Difficult Patients, Harassment, and Mistreatment. Yale Pre-Clinical Orientation, 2016
Panel: Personal Behavior and Professionalism, Introduction to the Profession, 2016

AWARDS & HONORS

American Academy of Child & Adolescent Psychiatry Pilot Research Award, $15,000 (2019-2020)
American Psychiatric Association Child & Adolescent Psychiatry Fellowship (2019-2021)
Ted Stern Scholarship and Travel Award (2019)
Ted Stern Scholarship and Travel Award (2018)
Medaris Grant (2018)
United States Preventative Health Services Award for Excellence in Public Health (2017)
NBC Pride 30 Innovator (2017)
Ferris Thesis Prize, Yale School of Medicine (2017)
Parker Prize, Yale School of Medicine (2017)
Howard Hughes Medical Institute Medical Research Fellowship (2015-2016)
American Academy of Child and Adolescent Psychiatry Life Members Mentorship Grant (2016)
Student Scholarship, Gender Conference East (2016)
Farr Award for Excellence in Research (2016)
Yale Office of International Medical Education Grant, Buenos Aires, Argentina (2016)
Yale Office of International Medical Education Grant, VU Medical Center, The Netherlands (2016)
Yale Summer Research Grant (2012)

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AIG International Scholar, Harvard College (2007-2011)
Harvard International Study Grant, Alicante, Spain (2008)
David Rockefeller International Study Grant, Shanghai, China (2009)

PROFESSIONAL MEMBERSHIPS

American Medical Association, Member
American Psychiatric Association, Member
American Psychiatry Association, Council on Communications
American Academy of Child & Adolescent Psychiatry, Member
American Academy of Child & Adolescent Psychiatry, Media Committee
Journal of the American Medical Association, Peer Reviewer
Journal of the American Academy of Child & Adolescent Psychiatry, Peer Reviewer
Pediatrics, Peer Reviewer
Journal of Adolescent Health, Peer Reviewer
Academic Psychiatry, Peer Reviewer
Journal of Autism and Developmental Disorders, Peer Reviewer
Journal of Child Psychology and Psychiatry, Peer Reviewer
American Journal of Public Health, Peer Reviewer
Journal of Clinical Medicine, Peer Reviewer
Brain Sciences, Peer Reviewer
Journal of Homosexuality, Peer Reviewer
American Journal of Geriatric Psychiatry, Peer Reviewer

EXHIBIT B

BIBLIOGRAPHY

1. The American Academy of Child & Adolescent Psychiatry. Conversion Therapy. 2018. https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx.

2. American Medical Association. Health care needs of lesbian, gay, bisexual and transgender populations. H-160.991. 2017. https://policysearch.ama-assn.org/policyfinder/detail/H-160.991%20?uri=%2FAMADoc%2FHOD.xml-0-805.xml.

3. Bränström, R., & Pachankis, J. E. (2019). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *American Journal of Psychiatry*.

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5. de Vries, A. L., Steensma, T. D., Cohen-Kettenis, P. T., VanderLaan, D. P., & Zucker, K. J. (2016). Poor peer relations predict parent-and self-reported behavioral and emotional problems of adolescents with gender dysphoria: a cross-national, cross-clinic comparative analysis. *European Child & Adolescent Psychiatry*, *25*(6), 579-588.

6. de Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, *134*(4), 696-704.

7. Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, *56*(2), 116-123.

8. Littman, L. (2019). Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PloS one*, *14*(3), e0214157.

9. Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, *137*(3).

10. Rae, J. R., Gülgöz, S., Durwood, L., DeMeules, M., Lowe, R., Lindquist, G., & Olson, K. R. (2019). Predicting early-childhood gender transitions. *Psychological Science*, *30*(5), 669-68.

11. Rafferty, J., & Committee on Psychosocial Aspects of Child and Family Health. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, *142*(4).

12. Scheim, A. I., Perez-Brumer, A. G., & Bauer, G. R. (2020). Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study. *The Lancet Public Health*, 5(4), e196-e203.

13. Travers, R., Bauer, G., & Pyne, J. (2012). Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services. Trans Pulse.

14. Turban JL, DeVries ALC, Zucker K. Gender Incongruence & Gender Dysphoria. In Martin A, Bloch MH, Volkmar FR (Editors): *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook*, Fifth Edition. Philadelphia: Wolters Kluwer 2018.

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

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

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

18. Wiepjes, C. M., Nota, N. M., de Blok, C. J., Klaver, M., de Vries, A. L., Wensing-Kruger, S. A., ... & Gooren, L. J. (2018). The Amsterdam cohort of gender dysphoria study (1972–2015): trends in prevalence, treatment, and regrets. *The Journal of Sexual Medicine*, *15*(4), 582-590.