

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
Tallahassee Division

JANE DOE et al.,

Plaintiffs,

Civil No. 4:23-cv-00114-RH-MAF

v.

JOSEPH A. LADAPO et al.,

Defendants.

**EXPERT REPORT OF DAN H. KARASIC, M.D.
ON BEHALF OF PLAINTIFFS**

August 16, 2023

Prepared by
Dan H. Karasic, M.D.

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PL000684

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I. INTRODUCTION AND SUMMARY OF OPINIONS

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

2. In summary, Florida's informed consent requirements conflict with well-established medical research on treatment of transgender people with gender dysphoria. Decades of medical research and clinical experience demonstrate that the medical treatments Florida seeks to limit are safe, effective, and medically necessary to relieve gender dysphoria for transgender people. This research is recognized by major medical and mental health professional associations in the United States. Placing substantial obstacles to accessing gender-affirming medical care for transgender people for whom it is medically necessary puts their health and wellbeing at risk, including causing a heightened risk of depression and suicidality.

A. *Qualifications*

3. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae ("CV"). A true and correct copy of my most up-to-date CV is attached as **Exhibit**

A.

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4. I am a Professor Emeritus of Psychiatry at the University of California – San Francisco (UCSF) Weill Institute for Neurosciences. I have been on faculty at UCSF since 1991. I have also had a telepsychiatry private practice since 2020.

5. I received my Doctor of Medicine (M.D.) degree from the Yale Medical School in 1987. In 1991, I completed my residency in psychiatry at the University of California – Los Angeles (UCLA) Neuropsychiatric Institute, and from 1990 to 1991, I was a postdoctoral fellow in a training program in mental health services for persons living with AIDS at UCLA.

6. For over 30 years, I have worked with patients with gender dysphoria.

7. I am a Distinguished Life Fellow of the American Psychiatric Association and the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, as well as the sole author of the chapter on transgender care in the American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition.

8. Over the past 30 years, I have provided care for thousands of transgender patients. For 17 years, I was the psychiatrist for the Dimensions Clinic, for transgender youth ages 12–25 years old, in San Francisco.

9. I previously sat on the Board of Directors of the World Professional Association for Transgender Health (WPATH) and am lead author of the Mental Health chapter of WPATH's *Standards of Care for the Health of Gender Diverse*

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and Transgender People Version 8 (WPATH SOC 8), which are the internationally accepted guidelines designed to promote the health and welfare of transgender, transsexual, and gender variant persons. I was also a co-author of WPATH SOC 7.

10. As a member of the WPATH Global Education Initiative, I helped develop a specialty certification program in transgender health and helped train over 2,000 health providers. At UCSF, I developed protocols and outcome measures for the Transgender Surgery Program at the UCSF Medical Center. I also served on the Medical Advisory Board for the UCSF Center of Excellence for Transgender Care and co-wrote the mental health section of the original *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* and the revision in 2016.

11. I have worked with the San Francisco Department of Public Health, having helped develop and implement their program for the care of transgender patients and for mental health assessments for gender-affirming surgery. I served on the City and County of San Francisco Human Rights Commission's LGBT Advisory Committee, and I have been an expert consultant for California state agencies and on multiple occasions for the United Nations Development Programme on international issues in transgender care.

12. I have held numerous clinical positions concurrent to my clinical professorship at UCSF. Among these, I served as an attending psychiatrist for San

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Francisco General Hospital's consultation-liaison service for AIDS care, as an outpatient psychiatrist for HIV-AIDS patients at UCSF, as a psychiatrist for the Transgender Life Care Program and the Dimensions Clinic at Castro Mission Health Center, and as the co-founder and co-lead of the UCSF Alliance Health Project's Transgender Team. In these clinical roles, I specialized in the evaluation and treatment of transgender, gender dysphoric, and HIV-positive patients. I also regularly provide consultation on challenging cases to psychologists and other psychotherapists working with transgender and gender dysphoric patients. I have been a consultant in transgender care to the California Department of State Hospitals and the California Department of Corrections and Rehabilitation.

13. As part of my psychiatric practice treating individuals diagnosed with gender dysphoria and who receive medical and surgical treatment for that condition, as well as a co-author of the WPATH Standards of Care and UCSF's *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*, I am and must be familiar with additional aspects of medical care for the diagnosis of gender dysphoria, beyond mental health treatment, assessment, and diagnosis.

14. In addition to this work, I have done research on the treatment of depression. I have authored many articles and book chapters and edited the book

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Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation.

15. Since 2018, I have performed over 100 independent medical reviews for the State of California to determine the medical necessity of transgender care in appeals of denial of insurance coverage.

B. Compensation

16. I am being compensated for my work on this matter at a rate of \$400.00 per hour for preparation of declarations and expert reports. I will be compensated \$3,200.00 per day for any deposition testimony or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

C. Previous Testimony

17. Over the past four years, I have given expert testimony at trial or by deposition in the following cases: *C.P. v. Blue Cross Blue Shield of Illinois*, No. 3:20-cv-06145-RJB (W.D. Wash.); *Kadel v. Folwell*, No. 1:19-cv-00272 (M.D.N.C.); *Fain v. Crouch*, 3:20-cv-00740 (S.D.W. Va.); *Brandt v. Rutledge*, No. 4:21-cv-00450 (E.D. Ark.); *K.C. et al. vs Individual Members of the Indiana Licensing Board, et al.*, and *Dekker, et al. v. Weida, et al.*, No. 4:22-cv-00325-RH-MAF. To the best of my recollection, I have not given expert testimony at a trial or at a deposition in any other case during this period.

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D. *Bases for Opinions*

18. In preparing this report, I have relied on my training and years of research and clinical experience, as set out in my curriculum vitae, and on the materials listed therein, as documented in my curriculum vitae, which is attached hereto as **Exhibit A**.

19. I have also reviewed the materials cited in the text of this report and/or listed in the bibliography attached hereto as **Exhibit B**. The sources cited therein include authoritative, scientific peer-reviewed publications. They include the documents specifically cited as supportive examples in particular sections of this report.

20. Additionally, I reviewed the text of Florida Senate Bill 254, and the text of the emergency rules adopted by the Florida Boards of Medicine and Osteopathic Medicine entitled “Sex-reassignment Standards of Practice in Minors” (64B8ER23-7, 64B15ER23-9) and “Mandatory Standardized Informed Consent for Sex-reassignment Prescriptions or Procedures in Adults” (64B15ER23-10), along with the informed consent forms that the rules incorporate by reference.

21. The materials I have relied upon in preparing this report are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes

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available in the future, including as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

22. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes available in the future, including as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise. I may also further supplement these opinions in response to information produced by Defendants in discovery and in response to additional information from Defendants' designated experts.

II. EXPERT OPINIONS

A. The Boards' Informed Consent Forms Undermine Informed Consent Because They Are Riddled with False and Misleading Statements.

23. I understand that while Florida Senate Bill 254 prohibits minors from being prescribed puberty blockers or hormone therapy after May 17, 2023, minors who had begun treatment before that date may continue to receive these medications but only if they comply with the required consent forms and other requirements imposed by the Florida medical boards. I understand that transgender adults may also receive medical treatments for gender dysphoria if they comply with the required consent forms and other requirements imposed by the Florida medical boards. I have reviewed the informed consent forms adopted by the boards for

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continuing treatment of minors and treatment of adults. In my opinion, those forms include many false and misleading statements, as well as imposing unnecessary requirements that have no medical justification, conflict with standard care, and serve only to cause harm by deterring individuals from obtaining needed medical care.

24. The “informed consent” forms required by SB 254 for feminizing hormones, masculinizing hormones, and sex-reassignments surgeries are riddled with false and misleading statements. All three forms state the following: “Medical treatment of people with gender dysphoria is based on very limited, poor-quality research with only subtle improvements seen in some patient’s psychological functioning in some, but not all, research studies. This practice is purely speculative, and the possible psychological benefits may not outweigh the substantial risks of medical treatments and, in many cases, the need for lifelong medical treatments.”

25. The forms undermine informed consent because these statements are false. Substantial research has confirmed that transgender patients derive significant benefit from hormone therapy and surgeries.

26. Gender-affirming medical and surgical interventions in accordance with the WPATH SOC 7 and Endocrine Society Guidelines are widely recognized in the medical community as safe, effective, and medically necessary for many transgender people with gender dysphoria. (*See* American Academy of Pediatrics,

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2018; the American Medical Association, 2021; the Endocrine Society, 2020, the Pediatric Endocrine Society, 2021; the American Psychiatric Association, 2018; the American Psychological Association, 2021; the American Congress of Obstetricians and Gynecologists, 2021; the American Academy of Family Physicians, 2020; WPATH, 2012).

27. There is substantial evidence that gender-affirming medical and surgical care is effective in treating gender dysphoria. This evidence includes scientific studies assessing mental health outcomes for transgender people who are treated with these interventions, including adolescents, and decades of clinical experience.

28. The research and studies supporting the necessity, safety, and effectiveness of medical and surgical care for gender dysphoria are the same type of evidence-based data that the medical community routinely relies upon when treating other medical disorders.

29. Medical treatment for gender dysphoria has been studied for over half a century, and there is substantial evidence that it improves quality of life and measures of mental health in both youth and adults. (Chen, et al, 2023; Tordoff, et al., 2022; Green, et al., 2022, Allen, et al., 2019; de Vries, et al, 2014; Turban, et al, 2020; Almazan, et al., 2021; Baker et al., 2021; Murad, et al., 2010; Nobili et al.,

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2018; Pfafflin & Junge, 1998; T’Sjoen et al., 2019; van de Grift et al., 2018; White Hughto and Reisner, 2016; Wierckx et al., 2014).

30. A systematic review of 20 studies showed improved quality of life, decreased depression, and decreased anxiety with hormonal treatment in transgender people. (Baker, et al., 2021). Another systematic review showed improvement in mental health and quality of life measures in transgender people with hormonal treatment (White Hughto and Reisner, 2016).

31. In a secondary analysis of data from the U.S. Transgender Survey, having had genital surgery was associated with decreased psychological distress and suicidal ideation. (Almazan, et al., 2021). In transgender patients followed 4–6 years after surgery, satisfaction was very high (over 90%) and regret was low. (van de Grift et al., 2018). The Cornell “What We Know” systematic review of 55 studies from 1991-2017 strongly supported that gender-affirming hormone and surgical treatment improved the wellbeing of transgender individuals. (What We Know, 2018). Regret rates after surgery in the largest systematic review (Bustos, et al, 2021) were 1%. A recent cross-sectional study (Bruce, et al, 2023) of transgender patients who underwent gender-affirming mastectomies found very low levels of decisional regret and very high levels of satisfaction 2.0 to 23.6 years after surgery.

32. The studies on gender-affirming medical care for treatment of dysphoria are consistent with decades of clinical experience of mental health

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providers across the U.S. and around the world. At professional conferences and other settings in which I interact with colleagues, clinicians report that gender affirming medical care, for those for whom it is indicated, provides great clinical benefit. In my over 30 years of clinical experience treating gender dysphoric patients, I have seen the benefits of gender-affirming medical care on my patients' health and well-being. I have seen many patients show improvements in mental health, as well as in performance in school, in social functioning with peers, and in family relationships when they experience relief from gender dysphoria with gender affirming medical care.

33. The consent forms for hormone therapy state that “psychological therapy with a mental health provider” is an “option” for patients who do not wish to start or continue hormone therapy. This statement is false insofar as it suggests that psychological therapy is an effective alternative treatment for transgender people for whom hormone therapy is medically indicated. While psychological therapy can be beneficial for many people, including transgender people, there is no evidence that psychological therapy can alleviate gender dysphoria in those for whom gender affirming medical care is indicated. This is true for both adults and minors.

34. The consent forms for hormone therapy also state: “Treatment with femininizing [or masculinizing] medications will not prevent serious psychiatric

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events, including suicide.” This statement is false insofar as it suggests that hormone therapy does not or is not likely to have a positive impact on a transgender patient’s mental health, including the reduction of suicidality. In fact, as described above, substantial research shows that hormone therapy likely improves gender dysphoria, psychological function, comorbidities (e.g., depression, anxiety, and suicidality), and overall quality of life. While no treatment can provide an absolute guarantee against “psychiatric events, including suicide,” it is false to suggest that hormone therapy is ineffective in improving psychological health, including reducing suicidality.

35. In addition to conveying false and misleading information, the consent forms also undermine informed consent by forcing providers to give patients information about medications that the patient is not being prescribed. To be effective, consent must be specific to what is being prescribed. For example, if a patient is being prescribe a specific drug to treat cardiovascular disease or depression, the provider does not give them a list of all cardiovascular medications or all medications used to treat depression, which would defeat the purpose of informed consent. Providing such a laundry list would be confusing and stifles the critical back and forth that is integral to securing informed consent, which requires a provider to engage in discussion with the patient about the specific drug. The laundry list approach mandated by these forms contradicts medical practice and

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impedes providers from fulfilling their professional responsibilities. It is not only ineffective, but harmful—because it makes it far less likely that the provider is transmitting the information the patient needs. Most people do not absorb everything that is stated on informed consent forms upon initial reading; that is why it is important to focus on what is prescribed and allow for further discussion between patient and provider about the specific drug.

B. The Boards' Informed Consent Forms Impose Arbitrary and Unnecessary Mental Health Requirements That Contradict the Standards of Care and Have No Medical Basis.

36. The consent forms for puberty blockers and hormone therapy require transgender patients to undergo a psychological and social evaluation by a Florida licensed board-certified psychiatrist or a Florida licensed psychologist before beginning or continuing puberty blockers or hormone therapy and “every two years thereafter.” There is no medical basis for these requirements. The WPATH Standards of Care states that a wide range of health care professionals are qualified to evaluate a transgender adolescent or adult transgender patient for puberty blockers or hormone replacement therapy (HRT).

37. WPATH Standards of Care Version 8 explains that health care professionals working with transgender adolescents should have appropriate licensing and qualifications in a relevant clinical field and have relevant training and expertise in gender identity. They also encourage care to be provided by a

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multidisciplinary team. However, they do not limit mental health assessment or care to psychiatrists or psychologists only, which serves no medical purpose and causes harm by creating an arbitrary barrier to care. The WPATH standards stress that “lack of available disciplines should not preclude a young person from accessing needed care in a timely manner.”

38. Similarly, WPATH Standards of Care Version 8 states that health professionals providing the initial assessment for adults should be knowledgeable in performing this assessment, and adults can be assessed either by the provider providing the gender affirming medical care, or by another knowledgeable health professional, including mental health professionals. Primary care providers have safely assessed adult patients for hormones and prescribed hormones for over 30 years (Deutsch, 2012). Many primary care providers are nurse practitioners or physician assistants, and many mental health providers are licensed clinical social workers or other licensed therapists. These care providers are allowed to work with non-transgender patients, and for many patients are the only available care providers. Restricting care provision to psychiatrists and psychologists is without an evidence base and appears to serve no purpose other than to limit access to care.

39. In addition, there is no evidence base for a requirement that a transgender patient, undergo an additional evaluation or re-evaluation by a psychiatrist or psychologist “every two years.” The health provider prescribing the

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medications sees their patient regularly and can refer them to a mental health provider if necessary. Primary care providers treat 60% of cases of depression in the US and provide 79% of antidepressants prescribed. (Barkil-Oteo, 2013). With these patients, primary care providers are screening for suicidality and referring to mental health professionals when appropriate. To require a psychiatrist or psychologist to do this periodic screening has no medical justification and serves only to limit care.

40. The forms include additional stipulations in order to receive care, stating, “The following may also be recommended by your prescribing physician:” While physicians may exercise their best judgment on recommendations made to patients to receive any care, the presence of this additional list suggests to physicians and patients that this list reflects restrictions that might routinely be imposed on patients, when in fact they diverge from practice guidelines and usual care.

41. One of these additional stipulations is that transgender patients undergo ongoing psychotherapy throughout the course of hormonal treatment in order for the treatment to be maintained. Not all people benefit from psychotherapy, and cost and access issues will effectively bar the ability to obtain care for many transgender people. WPATH Standards of Care Version 8 states that psychotherapy should not be a requirement in order to receive care (Coleman, et al., 2022). There is no reason

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to require transgender people to undergo repeated mental health evaluations or lifelong psychotherapy in order to maintain medical care.

Similarly, there is no medical justification for requiring a transgender adolescent receiving puberty blockers or hormone therapy to receive a “suicide risk assessment by a licensed mental health professional” every three months or to have “[c]ontinued counseling with a licensed mental health care professional during the treatment period.” Many adolescents, both transgender and non-transgender, experience suicidality, but there is no evidence that being treated with puberty blockers or hormone therapy puts youth at increased risk of suicidality (as noted above, the opposite is true) or requires this type of special ongoing mental health assessment without regard to the individual circumstances of a particular patient. WPATH Standards of Care Version 8 encourages health care providers to maintain an ongoing relationship that “provides space for adolescents and caregivers to share important psychosocial aspects of emotional well-being” but do not require ongoing psychotherapy in all cases. The WPATH Standards of Care Version 8 also notes that “many transgender adolescents are well-functioning and experience few if any mental health concerns.” Requiring all transgender adolescents receiving medical care to undergo continuing, ongoing psychotherapy has no medical basis and would serve only as an arbitrary impediment to needed care.

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42. The consent forms for hormone therapy state: “HRT, the use of androgen blockers and antiandrogens, and the treatment process can affect your mood. Therefore, you must be under the care of a licensed mental health care professional while undergoing treatment.” This requirement contradicts the Standards of Care and has no medical basis. There is no need for every transgender person using hormone therapy to be under the care of a licensed mental health professional.

43. This requirement also singles out transgender patients for no legitimate reason. The same medications prescribed for gender-affirming care are commonly prescribed for other purposes to non-transgender patients, with no requirement for being under the care of a mental health professional. For example, men with prostate cancer are often prescribed anti-androgens and many post-menopausal women receive hormone replacement therapy, yet neither are required to see a licensed mental health professional.

44. Many other medications (such as beta blockers or birth control pills) can also affect mood, but none are subject to a similar requirement that an adult patient be under the care of a licensed mental health professional for that reason. Prescribed opioids led to over 16,000 overdose deaths in 2021 (National Institute on Drug Overdose), but have no requirement for mental health monitoring.

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45. The consent forms for hormone therapy also falsely state that because the Food and Drug Administration (FDA) has not specifically approved HRT for treating gender dysphoria, this means that these medications are “not being used for their intended purposes.” That statement is grossly misleading, as the off-label use of FDA-approved medications is extremely common and in no way medically inappropriate. This statement (like many others in these forms) seems designed to engender irrational fear and deter transgender patients from seeking medical care, rather than convey useful or accurate information.

C. Additional Requirements Imposed by the Law Are Harmful, Unnecessary, and Have No Medical Basis.

46. SB 254 also prohibits advanced practice registered nurses (APRNs) from prescribing and administering hormone therapy for transgender patients. There is no medical reason for this restriction for youth or adults, which will only harm transgender patients by artificially curtailing the pool of available providers. This requirement does not protect the health, safety, or well-being of transgender people.

47. SB 254 also requires physicians to be physically present while obtaining a transgender patient’s informed consent. There is no medical justification for this restriction for youth or adults. Obtaining informed consent involves a conversation with patients, not a physical exam. This requirement is irrational and arbitrary and seems designed only to deter transgender patients from obtaining care.

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III. CONCLUSION


48. Florida's informed consent requirements are contrary to widely accepted medical protocols for the treatment of transgender people with gender dysphoria that are recognized by major medical and mental health professional associations in the United States.

49. Decades of medical research and clinical experience have demonstrated that the medical treatments Florida seeks to limit are safe, effective, and medically necessary to relieve gender dysphoria for transgender people. Any conclusion otherwise is not supported by medical evidence or consensus.

50. Placing substantial burdens on access to gender-affirming medical care to transgender people for whom it is medically indicated puts them at risk of significant harm to their health and wellbeing, including heightened risk of depression and suicidality.

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

Executed this 16th day of August 2023.



Dan H. Karasic, M.D.

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EXHIBIT A

Curriculum Vitae

University of California, San Francisco**CURRICULUM VITAE**

Name: Dan H. Karasic, MD
Position: Professor Emeritus
 Psychiatry
 School of Medicine

Voice: 415-935-1511
 Fax: 888-232-9336

EDUCATION

1978 - 1982	Occidental College, Los Angeles	A.B.; Summa Cum Laude	Biology
1982 - 1987	Yale University School of Medicine	M.D.	Medicine
1987 - 1988	University of California, Los Angeles	Intern	Medicine, Psychiatry, and Neurology
1988 - 1991	University of California, Los Angeles; Neuropsychiatric Institute	Resident	Psychiatry
1990 - 1991	University of California, Los Angeles; Department of Sociology	Postdoctoral Fellow	Training Program in Mental Health Services for Persons with AIDS

LICENSES, CERTIFICATION

1990	Medical Licensure, California, License Number G65105
1990	Drug Enforcement Administration Registration Number BK1765354
1993	American Board of Psychiatry and Neurology, Board Certified in Psychiatry

PRINCIPAL POSITIONS HELD

1991 - 1993	University of California, San Francisco	Health Sciences Psychiatry Clinical Instructor
1993 - 1999	University of California, San Francisco	Health Sciences Psychiatry Assistant Clinical Professor
1999 - 2005	University of California, San Francisco	Health Sciences Psychiatry Associate Clinical Professor
2005 - present	University of California, San Francisco	Health Sciences Psychiatry Clinical Professor

OTHER POSITIONS HELD CONCURRENTLY

1980 - 1980	Associated Western Universities / U.S. Department of Energy	Honors Undergraduate Research Fellow	UCLA Medicine
1981 - 1981	University of California, Los Angeles; American Heart Association, California Affiliate	Summer Student Research Fellow	UCLA Medicine
1986 - 1987	Yale University School of Medicine; American Heart Association,	Medical Student Research Fellow	Psychiatry

1990 - 1991	Connecticut Affiliate University of California, Los Angeles	Postdoctoral Sociology Fellow	
1991 - 2001	SFGH Consultation-Liaison Service; AIDS Care	Attending Psychiatry	Psychiatrist
1991 - 2001	AIDS Consultation-Liaison Medical Student Elective	Course Director	Psychiatry
1991 - present	UCSF Positive Health Program at San Francisco General Hospital (Ward 86)	HIV/AIDS Outpatient Psychiatrist	Psychiatry
1991 - present	UCSF AHP (AIDS Health Project/Alliance Health Project)	HIV/AIDS Outpatient Psychiatrist	Psychiatry
1994 - 2002	St. Mary's Medical Center CARE Unit. The CARE Unit specializes in the care of patients with AIDS dementia.	Consultant	Psychiatry

2001 - 2010 Depression and Antiretroviral Adherence Clinical Director
Psychiatry and Study (The H.O.M.E. study: Health Outcomes of Mood Enhancement) Medicine

2003 - 2020 Transgender Life Care Program and Psychiatrist Dimensions
Dimensions Clinic, Castro Mission Health Clinic Center

2013 - 2020 UCSF Alliance Health Project, Co-lead, Co-Lead and
Team Psychiatry Transgender
Psychiatrist

HONORS AND AWARDS

1981 Phi Beta Kappa Honor Society Phi Beta Kappa

- 1990 NIMH Postdoctoral Fellowship in National Institute of Mental Health
Mental Health Services for People with
AIDS (1990-1991)
- 2001 Lesbian Gay Bisexual Transgender SFGH Department of
Psychiatry Leadership Award, LGBT Task Force
of the Cultural Competence and
Diversity Program
- 2006 Distinguished Fellow American Psychiatric
Association 2012 Chancellor's Award for
Leadership in UCSF
LGBT Health
- 2023 Alumni Seal Award for Occidental College
Professional Achievement

MEMBERSHIPS

- 1992 - present Northern California Psychiatric
Society 1992 - present American Psychiatric
Association
- 2000 - 2019 Bay Area Gender Associates (an organization of psychotherapists working
with transgendered clients)
- 2001 - present World Professional Association for Transgender Health

SERVICE TO PROFESSIONAL ORGANIZATIONS

- 1981 - 1982 The Occidental News Editor
- 1984 - 1985 Yale University School of Medicine Class
President
- 1989 - 1991 Kaposi's Sarcoma Group, AIDS Project Los Angeles Volunteer
Facilitator
- 1992 - 1996 Early Career Psychiatrist Committee, Association of Gay and Lesbian Psychiatrists Chair and
- 1992 - 1996 Board of Directors, Association of Gay and Lesbian Psychiatrists Member
- 1993 - 1993 Local Arrangements Committee, Association of Gay and
Chair Lesbian
Psychiatrists
- 1994 - 1995 Educational Program, Association of Gay and Lesbian Psychiatrists, 1995 Annual Meeting Director

1994 - 1998 Board of Directors, BAY Positives

Member 1994 - 2020 Committee on Lesbian, Gay, Bisexual
and Transgender Member
Issues, Northern California Psychiatric Society

1995 - 1997 Board of Directors, Bay Area Young Positives. BAY President

Positives is the nation's first community-based organization providing psychosocial and recreational services to HIV-positive youth

- 1995 - 1997 Executive Committee, Bay Area Young Positives. Chair
- 1996 - 2004 Committee on Lesbian, Gay, Bisexual and Transgender Issues, Northern California Psychiatric Society Chair
- 1998 - 2002 City of San Francisco Human Rights Commission, Lesbian, Gay Bisexual Transgender Advisory Committee Member
- 2000 - 2004 Association of Gay and Lesbian Psychiatrists. Vice President Responsible for the organization's educational programs
- 2004 - 2005 Association of Gay and Lesbian Psychiatrists President-elect
- 2005 - 2007 Caucus of Lesbian, Gay, and Bisexual Psychiatrists of the American Psychiatric Association Chair
- 2005 - 2007 Association of Gay and Lesbian Psychiatrists President
- 2007 - 2009 Association of Gay and Lesbian Psychiatrists Immediate Past President
- 2009 - 2010 Consensus Committee for Revision of the Sexual and Gender Identity Disorders for DSM-V, GID of Adults subcommittee. (Wrote WPATH recommendations as advisory body to the APA DSM V Committee for the Sexual and Gender Identity Disorders chapter revision.) Member
- 2010 - 2011 Scientific Committee, 2011 WPATH Biennial Symposium, Member
- Atlanta 2010 -2022 World Professional Association for Transgender Care Member
 - Standards of Care Workgroup and Committee (writing seventh and eighth revisions of the WPATH Standards of Care, which is used internationally for transgender care.)
- 2010 - 2018 ICD 11 Advisory Committee, World Professional Association for Transgender Health Member
- 2012 - 2014 Psychiatry and Diagnosis Track Co-chair, Scientific Committee, 2014 WPATH Biennial Symposium, Bangkok Member
- 2014 - 2016 Scientific Committee, 2016 WPATH Biennial Symposium, Amsterdam 2014 - 2018 Board of Directors
- (elected to 4 year term), World Professional Association for Transgender Health Member

- 2014 - 2018 Public Policy Committee, World Professional Association Chair for Transgender Health
- 2014 - 2018 WPATH Global Education Initiative: Training providers Trainer and and specialty certification in transgender health Steering Committee Member

2014 - 2016 American Psychiatric Association Workgroup on Gender Member
 Dysphoria 2016 - present American Psychiatric Association Workgroup on Gender
 Chair Dysphoria

2016 USPATH: Inaugural WPATH U.S. Conference, Los Angeles, 2017 Conference Chair

SERVICE TO PROFESSIONAL PUBLICATIONS

- 2011 - present Journal of Sexual Medicine, reviewer
- 2014 - present International Journal of Transgenderism, reviewer
- 2016 - present LGBT Health, reviewer

INVITED PRESENTATIONS - INTERNATIONAL

- 2009 World Professional Association for Transgender Health, Oslo, Norway Plenary Session Speaker
- 2009 World Professional Association for Transgender Health, Oslo, Norway Symposium Speaker
- 2009 Karolinska Institutet, Stockholm Sweden Invited Lecturer
- 2012 Cuban National Center for Sex Education (CENESEX), Cuba Invited Speaker Havana,
- 2013 Swedish Gender Clinics Annual Meeting, Stockholm, Sweden Keynote Speaker
- 2013 Conference on International Issues in Transgender care, Expert Consultant United Nations Development Programme - The Lancet, Beijing, China
- 2014 World Professional Association for Transgender Health, Bangkok, Thailand Track Chair
- 2014 World Professional Association for Transgender Health, Bangkok, Thailand Invited Speaker
- 2014 World Professional Association for Transgender Health, Bangkok, Thailand Invited Speaker

- 2015 European Professional Association for Transgender Health, Ghent, Belgium Invited Speaker
- 2015 European Professional Association for Transgender Health, Ghent, Belgium Symposium Chair
- 2015 Israeli Center for Human Sexuality and Gender Identity, Tel Aviv Invited Speaker
- 2016 World Professional Association for Transgender Health, Amsterdam Symposium Chair
- 2016 World Professional Association for Transgender Health, Amsterdam Invited Speaker
- 2016 World Professional Association for Transgender Health, Invited Speaker

Amsterdam
201
7 Brazil
Professional
Association for
Transgender Health,
Sao Paulo

2017 Vietnam- United Nations Development Programme
Asia Transgender Health Conference, Hanoi

2018 United Nations Development Programme Asia
Conference on Transgender Health and Human Rights,
Bangkok

2018 World Professional Association for Transgender Health, Invited Speaker
Buenos Aires

2021 Manitoba Psychiatric Association, Keynote Speaker

2022 World Professional Association for Public Health, invited speaker, Montreal

INVITED PRESENTATIONS - NATIONAL

1990 Being Alive Medical Update, Century Cable Television Televised
Lecturer 1992 Institute on Hospital and Community Psychiatry, Toronto Symposium
Speaker

1992 Academy of Psychosomatic Medicine Annual Meeting,
Symposium San Diego Speaker

1994 American Psychiatric Association 150th Annual Meeting, Workshop
Chair Philadelphia

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

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

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

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

1997	American Psychiatric Association Annual Meeting, San Diego	Workshop Speaker
1997	Gay and Lesbian Medical Association Annual Symposium	Invited Speaker
1998	American Psychiatric Association Annual Meeting, Toronto	Workshop Chair
1998	American Psychiatric Association Annual Meeting, Toronto	Workshop Chair
1998	American Psychiatric Association Annual Meeting, Toronto	Media Session Chair
1998	American Psychiatric Association Annual Meeting, Toronto	Media Session Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Presenter
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Workshop Chair
2000	American Psychiatric Association Annual Meeting, Chicago	Workshop Chair
2000	National Youth Leadership Forum On Medicine, University of California, Berkeley	Invited Speaker
2001	American Psychiatric Association Annual Meeting, New Orleans	Workshop Chair
2001	American Psychiatric Association Annual Meeting, New Orleans	Media Program Chair
2001	Association of Gay and Lesbian Psychiatrists, New Orleans	Chair Symposium,
2001	Harry Benjamin International Gender Dysphoria Association Biennial Meeting, Galveston, Texas	Invited Speaker
2002	American Psychiatric Association Annual Meeting, Philadelphia	Media Program Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair

2003	Association of Gay and Lesbian Psychiatrists CME	Chair	Conference
2003	American Psychiatric Association Annual Meeting, San Francisco	Chair	Symposium
2003	American Psychiatric Association Annual Meeting, San Francisco	Co-Chair	Symposium
2003	American Psychiatric Association Annual Meeting, San Francisco	Chair	Workshop
2003	American Public Health Association Annual Meeting, San Francisco	Invited Speaker	
2004	Mission Mental Health Clinic Clinical Conference	Invited Speaker	
2004	Association of Gay and Lesbian Psychiatrists	Co-Chair	

	Conference, New York	
2004	Mental Health Care Provider Education Program: Los Angeles. Sponsored by the American Psychiatric Association Office of HIV Psychiatry	Invited Speaker
2005	American Psychiatric Association Annual Meeting, Atlanta	Workshop Speaker
2005	Association of Gay and Lesbian Psychiatrists Saturday Symposium	Invited Speaker
2008	Society for the Study of Psychiatry and Culture, San Francisco	Invited Speaker
2009	American Psychiatric Association Annual Meeting, San Francisco	Symposium Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Chair
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	Invited Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	Invited Speaker

Invited Speaker

2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	
2011	Institute on Psychiatric Services, San Francisco	Invited Speaker
2012	Gay and Lesbian Medical Association Annual Meeting	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	American Psychiatric Association Annual Meeting, San Francisco	Invited Speaker
2013	Gay and Lesbian Medical Association, Denver, CO	Invited Speaker
2014	American Psychiatric Association Annual Meeting, New York	Invited Speaker
2014	Institute on Psychiatric Services, San Francisco	Moderator
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	American Psychiatric Association Annual Meeting, Speaker Toronto	Workshop
2015	American Psychiatric Association Annual Meeting, Toronto	Course Faculty
2016	American Psychiatric Association Annual Meeting	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Atlanta	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Springfield, MO	Course Faculty
2016	World Professional Association for Transgender Health Faculty Global Education Initiative, Fort Lauderdale, FL	Course
2017	World Professional Association for Transgender Health, GEI, Los Angeles	Course Faculty
	World Professional Association for Transgender Health	

Surgeon's Training, Irvine, CA Course Faculty

- 2017 American Urological Association Annual Meeting, San Francisco CA
Invited Speaker
- 2018 World Professional Association for Transgender Health GEI, Portland OR,
Course Faculty
- 2018 World Professional Association for Transgender Health GEI, Palm Springs,
Course Faculty
- 2019 American Society for Adolescent Psychiatry Annual Meeting, San
Francisco, Speaker
- 2019 American Psychiatric Association Annual Meeting, San Francisco,
Session
Chair
- 2020 Psychiatric Congress, Invited Speaker
- 2022 World Professional Association for Transgender Health, Montreal,
invited speaker
- 2023 National Transgender Health Summit, San Francisco, invited speaker
- 2023 American Psychiatric Association Annual Meeting, San Francisco,
invite
d speaker

INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS

- 1990 Advanced Group Therapy Seminar, UCLA Invited
Lecturer Neuropsychiatric Institute
- 1991 Joint Project of the Southern California AIDS Interfaith
Symposiu
m Council and UCLA School of Medicine Speaker
- 1991 Joint Project of the Southern California AIDS Interfaith Workshop
Panelist Council and UCLA School of Medicine
- 1992 Advanced Group Therapy Seminar, UCLA Invited Lecturer
Neuropsychiatric Institute
- 1993 UCSF School of Nursing Invited Lecturer
- 1995 UCSF/SFGH Department of Medicine Clinical Care Invited
Speaker Conference

1996	UCSF School of Nursing	Invited Speaker
1996	Psychopharmacology for the Primary Care AIDS/Clinician, Invited Lecturer series of four lectures, UCSF Department of Medicine	Invited Speaker
1996	UCSF AIDS Health Project Psychotherapy Internship Training Program	
1996	UCSF/SFGH Department of Medicine AIDS Quarterly Update	Invited Speaker
1996	San Francisco General Hospital, Division of Addiction Medicine	Invited Speaker
1996	UCSF Langley Porter Psychiatric Hospital and Clinics Rounds	Invited Speaker Grand
1997	UCSF School of Nursing	Invited Speaker
1997	UCSF Department of Medicine AIDS Program	Invited Speaker
1997	Northern California Psychiatric Society Annual Meeting, Monterey	Workshop Speaker
1997	San Francisco General Hospital Department of Psychiatry	Invited Speaker Grand Rounds
1997	San Francisco General Hospital Department of Psychiatry	Invited Speaker Grand Rounds
1997	Northern California Psychiatric Society LGBT Committee	Chair Fall Symposium
1997	Progress Foundation, San Francisco	Invited Speaker
1998	San Francisco General Hospital Department of Psychiatry	Invited Speaker Grand Rounds
1999	Northern California Psychiatric Society Annual Meeting, Santa Rosa	Invited Speaker
1999	Northern California Psychiatric Society Annual Meeting, Santa Rosa	Invited Speaker
1999	University of California, Davis, Department of Psychiatry	Invited Speaker Grand Rounds
1999	California Pacific Medical Center Department of Psychiatry Grand Rounds	Invited Speaker
1999	San Francisco General Hospital Department of Psychiatry	Discussant Departmental Case Conference
2000	Langley Porter Psychiatric Hospital and Clinics	Invited Speaker Consultation Liaison Seminar

2000	San Francisco General Hospital, Psychopharmacology Speaker Seminar	Invited
2000	UCSF Transgender Health Conference, Laurel Heights Speaker Conference Center	Invited
2000	Psychiatry Course for UCSF Second Year Medical Students	Invited Lecturer
2000	Community Consortium Treatment Update Symposium, California Pacific Medical Center, Davies Campus	Invited Speaker
2000	San Francisco General Hospital Department of Psychiatry Speaker Grand Rounds	Invited
2001	Psychiatry Course for UCSF Second Year Medical Lecturer Students	Invited
2003	Tom Waddell Health Center Inservice	Invited Speaker
2003	San Francisco Veterans Affairs Outpatient Clinic	Invited Speaker
2004	San Francisco General Hospital Psychiatric Emergency Service Clinical Conference	Invited Speaker
2004	South of Market Mental Health Clinic, San Francisco	Invited Speaker
2005	Northern Psychiatric Psychiatric Society Annual Meeting	Invited Speaker
2005	Equality and Parity: A Statewide Action for Transgender HIV Prevention and Care, San Francisco	Invited Speaker
2005	San Francisco General Hospital Department of Psychiatry Speaker Grand Rounds.	Invited
2006	SFGH/UCSF Department of Psychiatry Grand Rounds	Invited Speaker
2007	UCSF Department of Medicine, HIV/AIDS Grand Rounds, Positive Health Program	Invited Speaker
2007	California Pacific Medical Center LGBT Health Symposium, San Francisco LGBT Community Center	Invited Speaker
2007	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco	Invited Speaker
2008	UCSF Department of Medicine, Positive Health Program, HIV/AIDS Grand Rounds	Invited Speaker
2008	San Francisco General Hospital Psychiatry Grand Rounds	Invited Speaker
2008	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco	Invited Speaker

- 2010 Northern California Psychiatric Society Annual Meeting, Invited Speaker
Monterey, CA
- 2011 Transgender Mental Health Care Across the Life Span, Invited Speaker
Stanford University
- 2011 San Francisco General Hospital Department of Psychiatry Invited
Speaker Grand Rounds
- 2012 UCSF AIDS Health Project Invited Speaker 2012 San Francisco
Veterans Affairs Medical Center.

		Invited Speaker
2013	Association of Family and Conciliation Courts Conference, Invited	
Speaker Los	Angeles, CA	
2014	UCSF Transgender Health elective	Invited Speaker
2014	UCSF Department of Psychiatry Grand Rounds	Invited Speaker
2014	California Pacific Medical Center Department of Psychaitry Grand Rounds	Invited Speaker
2014	UCLA Semel Institute Department of Psychiatry Grand Rounds	Invited Speaker
2015	UCSF Transgender Health elective	Invited Speaker
2015	Fenway Health Center Boston, MA (webinar)	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Co-Chair
2015	Santa Clara Valley Medical Center Grand Rounds	Invited Speaker
2016	UCSF School of Medicine Transgender Health elective series	Invited Speaker
) 2016	Zuckerberg San Francisco General Department of Psychiatry Grand Rounds	Invited Speaker
2016	UCSF Mini-Medical School Lectures to the Public	Invited Speaker
2021	Los Angeles County Department of Mental Health,	Invited Speaker

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT ACTIVITIES

2005	Northern California Psychiatric Society
2005	Northern California Psychiatric Society Annual Meeting, Napa
2005	Association of Gay and Lesbian Psychiatrist Annual Conference
2006	Annual Meeting, American Psychiatric Association, Atlanta
2006	Annual Meeting, American Psychiatric Association, Toronto
2006	Institute on Psychiatric Services, New York
2007	Association of Gay and Lesbian Psychiatrists Annual

Conference

- 2007 American Psychiatric Association Annual Meeting, San Diego
- 2007 The Medical Management of HIV/AIDS, a UCSF CME Conference

2008 Society for the Study of Psychiatry and Culture, San Francisco
2009 American Psychiatric Association, San Francisco
2009 World Professional Association for Transgender Health, Oslo, Norway
2010 Annual Meeting of the Northern California Psychiatric Society,
Monterey, CA
2011 Transgender Mental Health Care Across the Life Span, Stanford
University
2011 National Transgender Health Summit, San Francisco
2011 American Psychiatric Association Annual Meeting, Honolulu, HI
2011 World Professional Association for Transgender Health Biennial
Conference, Atlanta, GA
2011 Institute on Psychiatric Services, San Francisco
2012 Gay and Lesbian Medical Association Annual Meeting, San Francisco
2013 National Transgender Health Summit, Oakland, CA
2013 American Psychiatric Association Annual Meeting, San Francisco
2013 Gay and Lesbian Medical Association, Denver, CO
2014 American Psychiatric Association Annual Meeting, New York
2014 Institute on Psychiatric Services, San Francisco
2015 European Professional Association for Transgender Health, Ghent,
Belgium
2015 National Transgender Health Summit, Oakland
2015 American Psychiatric Association Annual Meeting, Toronto
2016 American Psychiatric Association Annual Meeting, Atlanta
2016 World Professional Association for Transgender Health, Amsterdam

GOVERNMENT AND OTHER PROFESSIONAL SERVICE

1998 - 2002 City and County of San Francisco Human Rights Member Commission
LGBT Advisory Committee

I am the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, which developed a CME course for the 2015 and 2016 APA Annual Meetings, and has a larger educational mission to train American psychiatrists to better care for transgender patients. I have been leading education efforts in transgender health at APA meetings since 1998. On the APA Workgroup on Gender Dysphoria, I am a co-author of a paper on transgender issues that has been approved by the American Psychiatric Association as a resource document and is in press for the American Journal of Psychiatry. I am also the sole author of the chapter on transgender care in the American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition.

I have been active internationally in transgender health through my work as a member of the Board of Directors of the World Professional Association for Transgender Health. I am an author of the WPATH Standards of Care, Version 7, and am Chapter Lead for the Mental Health Chapter of SOC 8.

I chaired the WPATH Public Policy Committee and was a member of the Global Education Initiative, which developed a specialty certification program in transgender health. I helped plan the 2016 WPATH Amsterdam conference, and was on the scientific committee for the last four biennial international conferences. I was on the founding committee of USPATH, the national affiliate of WPATH, and I chaired the inaugural USPATH conference, in Los Angeles in 2017. As a member of the steering committee of the WPATH Global Educational Initiative, I helped train over 2000 health providers in transgender health, and helped develop a board certification program and examination in transgender health.

UNIVERSITY SERVICE UC SYSTEM AND MULTI-CAMPUS SERVICE

1991 – 2003 HIV/AIDS Task Force Member

1992 - 1993 HIV Research Group Member

1992 - 1997 Space Committee Member

1992 - 2003 Gay, Lesbian and Bisexual Issues Task Force Member

1994 - 1997 SFGH Residency Training Committee Member

1996 - 1997 Domestic Partners Benefits Subcommittee. Chair

1996 - 2000 Chancellor's Advisory Committee on Gay, Lesbian, and Transgender Issues. Member
Bisexual

1996 - 2003 HIV/AIDS Task Force Co-Chair

1996 - 2003 Cultural Competence and Diversity Program Member

2009 - present Medical Advisory Board, UCSF Center of Excellence for Member
Transgender Health

2010 - 2013 Steering Committee, Child Adolescent Gender Center

Membe

r 2011 – 2017 Mental Health Track, National Transgender Health Summit

Chair

DEPARTMENTAL SERVICE

- 1991 - 2003 San Francisco General Hospital, Department of Psychiatry, Member HIV/AIDS Task Force
- 1992 - 1993 San Francisco General Hospital, Department of Psychiatry, Member HIV Research Group
- 1992 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Space Committee
- 1992 - 2003 San Francisco General Hospital, Department of Psychiatry, Member GLBT Issues Task Force
- 1994 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Residency Training Committee
- 1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Member Cultural Competence and Diversity Program
- 1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Co-Chair HIV/AIDS Task Force
- 2012 - 2020 San Francisco Department of Public Health Gender Member Competence Trainings Committee
- 2013 - 2020 San Francisco Department of Public Health Transgender Member Health Implementation Task Force
- 2014 - 2020 San Francisco General Hospital, Department of Psychiatry, Member Transgender Surgery Planning Workgroup

PEER REVIEWED PUBLICATIONS

1. Berliner JA, Frank HJL, **Karasic D**, Capdeville M. Lipoprotein-induced insulin resistance in aortic endothelium. *Diabetes*. 1984; 33:1039-44.
2. Bradberry CW, **Karasic DH**, Deutch AY, Roth RH. Regionally-specific alterations in mesotelencephalic dopamine synthesis in diabetic rats: association with precursor tyrosine. *Journal of Neural Transmission. General Section*, 1989; 78:221-9.
3. Targ EF, **Karasic DH**, Bystritsky A, Diefenbach PN, Anderson DA, Fawzy FI. Structured group therapy and fluoxetine to treat depression in HIV-positive persons. *Psychosomatics*. 1994; 35:132-7.
4. Karasic DH. Homophobia and self-destructive behaviors. *The Northern California Psychiatric Physician*. 1996; 37 Nov.-Dec. Reprinted by the Washington State Psychiatric Society and the Southern California Psychiatric Society newsletters.
5. Karasic D. Anxiety and anxiety disorders. *Focus*. 1996 Nov; 11(12):5-6. PMID: 12206111

6. Polansky JS, **Karasic DH**, Speier PL, Hastik KL, Haller E. Homophobia: Therapeutic and training considerations for psychiatry. *Journal of the Gay and Lesbian Medical Association*. 1997 1(1) 41-47.
7. Karasic DH. Progress in health care for transgendered people. Editorial. *Journal of the Gay and Lesbian Medical Association*, 4(4) 2000 157-8.
8. Perry S, **Karasic D**. Depression, adherence to HAART, and survival. *Focus: A Guide to AIDS Research and Counseling*. 2002 17(9) 5-6.
9. Fraser L, **Karasic DH**, Meyer WJ, Wylie, K. Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adults. *International Journal of Transgenderism*. Volume 12, Issue 2. 2010, Pages 80-85.
10. Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W., Monstrey, S., **Karasic D** and 22 others. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version. *International Journal of Transgenderism*, 13:165-232, 2011
11. Tsai AC, **Karasic DH**, et al. Directly Observed Antidepressant Medication Treatment and HIV Outcomes Among Homeless and Marginally Housed HIV-Positive Adults: A Randomized Controlled Trial. *American Journal of Public Health*. February 2013, Vol. 103, No. 2, pp. 308-315.
12. Tsai AC, Mimmiaga MJ, Dilley JW, Hammer GP, **Karasic DH**, Charlebois ED, Sorenson JL, Safren SA, Bangsberg DR. Does Effective Depression Treatment Alone Reduce Secondary HIV Transmission Risk? Equivocal Findings from a Randomized Controlled Trial. *AIDS and Behavior*, October 2013, Volume 17, Issue 8, pp 2765-2772.
13. **Karasic DH**. Protecting Transgender Rights Promotes Transgender Health. *LGBT Health*. 2016 Aug; 3(4):245-7. PMID: 27458863
14. Winter S, Diamond M, Green J, **Karasic D**, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. *Lancet*. 2016 Jul 23;388(10042):390-400. doi: 10.1016/S0140-6736(16)00683-8. Review./> PMID: 27323925
15. Grelotti DJ, Hammer GP, Dilley JW, **Karasic DH**, Sorensen JL, Bangsberg DR, Tsai AC. Does substance use compromise depression treatment in persons with HIV? Findings from a randomized controlled trial. *AIDS Care*. 2016 Sep 2:1-7. [Epub ahead of print]/> PMID: 27590273
16. Strang JF, Meagher H, Kenworthy L, de Vries AL, Menvielle E, Leibowitz S, Janssen A, Cohen-Kettenis P, Shumer DE, Edwards-Leeper L, Pleak RR, Spack N, **Karasic DH**, Schreier H, Balleur A, Tishelman A, Ehrensaft D, Rodnan L, Kushner ES, Mandel F, Caretto A, Lewis HC, Anthony LG.

Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents. *J Clin Child Adolesc Psychol.* 2016 Oct 24:1-

11. [Epub ahead of print]/> PMID: 27775428

17. Milrod C, **Karasic DH**. Age Is Just a Number: WPATH-Affiliated Surgeons' Experiences and Attitudes Toward Vaginoplasty in Transgender Females Under 18 Years of Age in the United States. *J Sex Med* 2017;14:624–634.

18. William Byne, Dan H. Karasic, Eli Coleman, A. Evan Eyler, Jeremy D. Kidd, Heino F.L. Meyer-Bahlburg, Richard R. Pleak, and Jack Pula. Gender Dysphoria in Adults:

An Overview and Primer for Psychiatrists. *Transgender Health.* Dec 2018.57-A3. <http://doi.org/10.1089/trgh.2017.0053>

19. Identity recognition statement of the world professional association for transgender health (WPATH). *International Journal of Transgenderism.* 2018 Jul 3; 19(3):1-2. Knudson KG, Green GJ, Tangpricha TV, Ettner ER, Bouman BW, Adrian AT, Allen AL, De Cuypere DG, Fraser FL, Hansen HT, **Karasic KD**, Kreukels KB, Rachlin RK, Schechter SL, Winter WS, Committee and Board of Direct

20. **Karasic, DH** & Fraser, L Multidisciplinary Care and the Standards of Care for Transgender and Gender Non-conforming Individuals. Schechter, L & Safa, B. (Eds.) *Gender Confirmation Surgery, Clinics in Plastic Surgery Special Issue, Vol 45, Issue 3, pp 295-299.* 2018

Elsevier, Philadelphia. <https://doi.org/10.1016/j.cps.2018.03.016>

21. Milrod C, Monto M, **Karasic DH**. Recommending or Rejecting "the Dimple": WPATH-Affiliated Medical Professionals' Experiences and Attitudes Toward Gender-Confirming Vulvoplasty in Transgender Women. *J Sex Med.* 2019 Apr;16(4):586-595. doi:

10.1016/j.jsxm.2019.01.316. Epub 2019 Mar 2.

22. ICD-11 and gender incongruence of childhood: a rethink is needed. *Lancet Child Adolesc Health.* 2019 10; 3(10):671-673. Winter S, [Ehrensaft D](#), Telfer M, T'Sjoen G, Koh J, Pickstone-Taylor S, Kruger A, Griffin L, Foigel M, De Cuypere G, **Karasic D**. PMID: 31439494.

23. Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists. *Focus (Am Psychiatr Publ).* 2020 Jul; 18(3):336-350. Byne W, **Karasic DH**, Coleman E, Eyler AE, Kidd JD, Meyer-Bahlburg HFL, Pleak RR, Pula J. PMID: 33343244; PMCID: [PMC7587914](#).

24. WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. E. Coleman, A. E. Radix, W. P. Bouman, G. R. Brown, A. L. C. de Vries, M. B. Deutsch, R. Ettner, L. Fraser, M. Goodman, J. Green, A. B. Hancock, T. W. Johnson, **D. H. Karasic**... J. Arcelus (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International
Journal of Transgender Health, 23:sup1, S1-S259, DOI:
10.1080/26895269.2022.2100644

BOOKS AND CHAPTERS

1. **Karasic DH**, Dilley JW. Anxiety and depression: Mood and HIV disease. In: The UCSF AIDS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention, and Therapeutic Practice. Dilley JW and Marks R, eds. Jossey-Bass. San Francisco, 1998, pp.227-248.
2. **Karasic DH**, Dilley JW. Human immunodeficiency-associated psychiatric disorders. In: The AIDS Knowledge Base, Third Edition. Cohen PT, Sande MA, Volberding PA, eds. Lippincott-Williams & Wilkins, Philadelphia, 1999, pp. 577-584.
3. **Karasic DH** and Drescher J. eds. Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation. 2005. Haworth Press, Binghamton, NY. (Book Co-Editor)
4. **Karasic DH**. Transgender and Gender Nonconforming Patients. In: Clinical Manual of Cultural Psychiatry, Second Edition. Lim RF ed. pp 397-410. American Psychiatric Publishing, Arlington VA. 2015.
5. **Karasic DH**. Mental Health Care of the Transgender Patient. In: Comprehensive Care of the Transgender Patient, Ferrando CA ed. pp. 8-11. Elsevier, 2019.
6. **Karasic DH**. The Mental Health Assessment for Surgery. In: Gender Confirmation Surgery – Principles and Techniques for an Emerging Field. Schechter L ed. Springer Nature, in press 2019.

OTHER PUBLICATIONS

1. **Karasic DH**, Dilley JW. HIV-associated psychiatric disorders: Treatment issues. In: Cohen P, Sande MA, Volberding P, eds., The AIDS Knowledge Base. Waltham, MA: The Medical Publishing Group/ Massachusetts Medical Society. 1994. pp. 5.31-1-5.
2. **Karasic DH**, Dilley JW. HIV-associated psychiatric disorders: Clinical syndromes and diagnosis. In: Cohen P, Sande MA, Volberding P, eds., The AIDS Knowledge Base, Second Edition. Waltham, MA: The Medical Publishing Group/Massachusetts Medical Society. 1994 pp. 5.30-1-5.

3. **Karasic DH.** A primer on transgender care. In: Gender and sexuality. The Carlat Report Psychiatry. April 2012. Vol 10, Issue 4.
4. **Karasic D and Ehrensaft D.** We must put an end to gender conversion therapy for kids. Wired. 7/6/15.

EXPERT WITNESS AND CONSULTATION ON TRANSGENDER CARE AND RIGHTS

2008 Consultant, California Department of State

Hospitals 2012 Dugan v. Lake, Logan UT

2012 XY v. Ontario

<http://www.canlii.org/en/on/onhrt/doc/2012/2012hrto726/2012hrto726.html>

2014 Cabading v California Baptist University

2014 CF v. Alberta

<http://www.canlii.org/en/ab/abqb/doc/2014/2014abqb237/2014abqb237.html>

2017 United Nations Development Programme consultant, transgender health care and legal rights in the Republic of Vietnam; Hanoi.

2017- Forsberg v Saskatchewan; Saskatchewan Human Rights v Saskatchewan

2018 <https://canliiconnects.org/en/summaries/54130>
<https://canliiconnects.org/en/cases/2018skqb159>

2018 United Nations Development Programme consultant, transgender legal rights in Southeast Asia; Bangkok.

2018 Consultant, California Department of State

Hospitals 2019, 2021 Consultant/Expert, Disability Rights

Washington

2019, 2021 Consultant/Expert, ACLU Washington

2021 Consultant, California Department of Corrections and

Rehabilitation 2021 Expert, Kadel v. Folwell, 1:19-cv-00272

(M.D.N.C.).

2021 Expert, Drew Glass v. City of Forest Park - Case No. 1:20-cv-914
(Southern District Ohio)

2021-2022 Expert, Brandt et al v. Rutledge et al. 4:21-cv-00450 (E.D. Ark.)

2021-2022 Expert, Fain v. Crouch, 3:20-cv-00740 (S.D.W. Va.)

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

2023 K.C. et al. vs Individual Members of the Indiana Licensing Board, et al

EXHIBIT B
Bibliography

DAN H. KARASIC, M.D. BIBLIOGRAPHY

Almazan, A. N., & Keuroghlian, A. S. (2021). Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA Surgery*, 156(7), 611-618. Available at: <https://doi.org/10.1001/jamasurg.2021.0952>.

American Academy of Family Physicians. (2020). Care for the Transgender and Nonbinary Patient. Available at: www.aafp.org/about/policies/all/transgender-nonbinary.html.

American Academy of Pediatrics. (2018, October 1). Policy Statement: Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents. Available at <https://pediatrics.aappublications.org/content/142/4/e20182162>.

American College of Obstetricians and Gynecologists. (2021, February 18). Committee Opinion No. 823: Health Care for Transgender and Gender Diverse Individuals. Available at

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>.

American Medical Association. (2021, April 26). Letter to National Governor's Association. Available at: <https://search.famaassn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf>.

American Psychiatric Association. (2018). Position Statement on Access to Care for Transgender and Gender Diverse Individuals. Available at: <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2018-Access-to-Care-for-Transgender-and-Gender-Diverse-Individuals.pdf>.

American Psychological Association. (2021, February). APA Resolution on Gender Identity Change Efforts. Available at: <https://www.apa.org/about/policy/resolution-gender-identitychange-efforts.pdf>.

Baker, K. E., Wilson, L. M., Sharma, R., Dukhanin, V., McArthur, K., & Robinson, K. A. (2021). Hormone therapy, mental health, and quality of life among transgender people: A systematic review. *Journal of the Endocrine Society*, 5(4), 1-16.

Barkil-Oteo A. Collaborative care for depression in primary care: how psychiatry could "troubleshoot" current treatments and practices. *Yale J Biol Med*. 2013 Jun 13;86(2):139-46.

Bruce, Lauren, et al. (2023). Long-Term Regret and Satisfaction With Decision Following Gender-Affirming Mastectomy. *JAMA Surgery*. Available at:

https://jamanetwork.com/journals/jamasurgery/article-abstract/2808129?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamasurg.2023.3352

Bustos, V. P., Bustos, S. S., Mascaro, A., Del Corral, G., Forte, A. J., Ciudad, P., Kim, E. A., Langstein, H. N., & Manrique, O. J. (2021). Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence. *Plastic and reconstructive surgery-Global open*, 9(3),

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e3477. Available at: <https://doi.org/10.1097/GOX.00000000000003477>.

Coleman, E., et al., (2022). Standards of Care for the Health of Transgender and Gender Diverse People (8th Version). *International Journal of Transgender Health*, 23(Suppl 1), S1– S259.

Coleman, E., Bockting, W., Botzer, M., et al. (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (7th Version). The World Professional Association for Transgender Health. Available at:

https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?_t=1613669341.

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