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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA
TUCSON DIVISION

Jane Doe, by her next friend and parents Helen Doe and James Doe; and Megan Roe, by her next friend and parents, Kate Roe and Robert Roe,

Plaintiffs,

v.

Thomas C. Horne in his official capacity as State Superintendent of Public Instruction; Laura Toenjes, in her official capacity as Superintendent of the Kyrene School District; Kyrene School District; The Gregory School; and Arizona Interscholastic Association Inc.,

Defendants.

Case No. _____

DECLARATION OF DR. DANIEL SHUMER, M.D., MPH, IN SUPPORT OF PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION AND PLAINTIFFS' MOTION TO PROCEED UNDER A PSEUDONYM

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**Pro hac vice application forthcoming*

I, Daniel Evan Shumer, M.D., declare as follows:

1. I submit this expert declaration based upon my personal knowledge.

2. If called to testify in this matter, I would testify truthfully based on my expert opinion.

Qualifications and Experience

3. I am a Pediatric Endocrinologist and Medical Director of the Comprehensive Gender Services Program at Michigan Medicine, University of Michigan. I also serve as the Clinical Director of Child and Adolescent Gender Services at C.S. Mott Children's Hospital, and as an Assistant Professor of Medicine at the University of Michigan, where the major focus of my clinical and research work pertains to transgender adolescents. A true and correct copy of my curriculum vitae is attached hereto as **Exhibit A**.

4. I received my medical degree from Northwestern University in 2008. After completing a residency in pediatrics at Vermont Children's Hospital, Fletcher Allen Health Care, University of Vermont, I began a clinical fellowship in pediatric endocrinology at Harvard University's Boston Children's Hospital. During that clinical fellowship, I completed a Master of Public Health from Harvard University's T.H. Chan School of Public Health. I finished both the fellowship and my MPH degree in 2015.

5. As a fellow at Harvard, I was mentored by Dr. Norman Spack, a pioneer in transgender medicine who established the Gender Management Services Clinic (GeMS), the first major program in the U.S. to focus on gender-diverse and transgender adolescents. GeMS is located at Boston Children's Hospital. Working at GeMS, I became a clinical expert in the field of transgender medicine within pediatric endocrinology and began conducting research on gender identity and the evaluation and management of transgender children and adolescents.

6. Based on my work at GeMS, I was recruited to establish a similar program focusing on gender-diverse and transgender children and adolescents at the C.S. Mott

Children's Hospital. In October 2015, I founded the hospital's Child and Adolescent Gender Services Clinic.

7. The Child and Adolescent Gender Services Clinic has treated over 600 patients since its founding. I have personally evaluated and treated over 400 patients for gender dysphoria. As the Clinical Director, I oversee the clinical practice, which includes four other physicians, two clinical social workers, and nursing and administrative staff. I also actively conduct research related to transgender medicine and mental health concerns specific to transgender youth.

8. In addition to my work with transgender children and adolescents, I also treat children and adolescents with differences of sex development ("DSD"), commonly referred to as intersex conditions. I participate in the DSD Clinic's monthly meetings and approximately 5% of my patients are children and adolescents with DSDs.

9. My academic duties as an assistant professor include teaching lectures entitled "Puberty," "Transgender Medicine," and "Pediatric Growth and Development." I am also the Director of the Transgender Medicine elective for the University of Michigan Medical School.

10. My recent publications include *Health Disparities Facing Transgender and Gender Nonconforming Youth Are Not Inevitable*, Pediatrics, 141(3), 1–2 (2018); *Psychological Profile of the First Sample of Transgender Youth Presenting for Medical Intervention in a U.S. Pediatric Gender Center*, Psych. Sexual Orientation & Gender Diversity, 4(3), 374–82 (2017); *The Effect of Lesbian, Gay, Bisexual, and Transgender-Related Legislation on Children*, J. Pediatrics, 178(5-6.e1), 5–7 (2016); *Advances in the Care of Transgender Children and Adolescents*, Advances Pediatrics, 63(1), 79-102 (2016); *The Role of Assent in the Treatment of Transgender Adolescents*, Int'l J. Transgenderism, 16(2), 97-102 (2015); and *Serving Transgender Youth: Challenges, Dilemmas, and Clinical Examples*, Professional Psychology: Research and Practice, 46(1), 37–45 (2015). I have also co-authored chapters of textbooks, including "Medical

Treatment of the Adolescent Transgender Patient" in *Gender Affirmation: Medical and Surgical Perspectives* (Christopher J. Salgado et al. eds., 2016). A listing of my publications is included in my curriculum vitae in **Exhibit A**.

11. I have been invited to speak at numerous hospitals, clinics, and conferences on topics related to clinical care and standards for treating transgender children and youth. For example, in December 2017 I spoke at the Nursing Unit (12-West) Annual Educational Retreat in Michigan on the topic of "Gender Identity at the Children's Hospital," and in October 2017, I planned, hosted, and spoke at a conference in Michigan entitled "Transgender and Gender Non-Conforming Youth: Best Practices for Mental Health Clinicians, Educators, & School Staff."

12. In October 2019, I was invited by the Michigan Organization on Adolescent Sexual Health to speak to community groups across Southeast Michigan on the topic of "Gender Identity in Adolescents—Supporting Transgender Youth." A listing of my lectures is included in my curriculum vitae in **Exhibit A**.

13. I belong to a number of professional organizations and associations relating to (i) the health and well-being of children and adolescents, including those who are transgender; and (ii) appropriate medical treatments for transgender individuals. For example, I am currently a member of the Pediatric Endocrine Society where I serve on the Gender Identity Special Interest Group's Education Committee, and the World Professional Association for Transgender Health ("WPATH"), an international multidisciplinary professional association to promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health. Both organizations are central in the development of the standards of care for the treatment of gender dysphoria. A complete list of my involvement in various professional associations is located in my curriculum vitae in **Exhibit A**.

14. In preparing this declaration, I reviewed the text of Senate Bill 1165 ("SB 1165") at issue in this matter. I also relied on my scientific education and training, my

research experience, and my knowledge of the scientific literature in the pertinent fields. 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 these subjects. 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.

15. I have not met or spoken with the Plaintiffs or their parents for purposes of this declaration. My opinions are based solely on the information that I have been provided by Plaintiffs' attorneys as well as my extensive background and experience treating transgender patients.

16. In the past four years, I have been retained as an expert and provided testimony on behalf of transgender plaintiffs in the following cases: *Dekker v. Weida*, No. 4:22-cv-00325-RH-MAF (N.D. Fla.); *Boe v. Marshall*, No. 2:22-cv-00184-LCB-CWB (M.D. Ala.); *Roe v. Utah High Sch. Activities Ass'n*, No. 220903262 (3d Jud. Dist. in and for Salt Lake County, Utah); *Menefee v. City of Huntsville Bd. of Educ.*, No. 5:18-cv-01481-LCB (N.D. Ala.); *Flack v. Wis. Dep't of Health Servs.*, No. 3:18-cv-00309-wmc (W.D. Wis.); *Whitaker v. Kenosha Unified Sch. Dist. No. 1 Bd. of Educ.*, No. 2:16-cv-00943-PP (E.D. Wis.). I also provided expert witness testimony on behalf of a parent in a custody dispute involving a transgender child in the following case: *In the Interest of Younger*, No. DF-15-09887 (Dallas County, Tex.) and have been retained on a case in Arizona related to gender identity and legal documentation of sex.

17. I am being compensated at an hourly rate for the actual time that I devote to this case, at the rate of $300 per hour for any review of records, preparation of reports, or declarations. I will be compensated with a day rate of $1920 for deposition and trial testimony. My compensation does not depend on the outcome of this litigation, the opinions that I express, or the testimony that I provide.

Medical and Scientific Background on Gender Identity and Gender Dysphoria

18. "Gender identity" is the medical term for a person's internal, innate sense of belonging to a particular sex. Everyone has a gender identity.

19. A person's gender identity has a strong biological basis, although the precise causal mechanism is not yet known. Research suggests that differences in prenatal hormonal exposures, genetic factors, and brain structural differences may all contribute.

20. The terms "gender role" and "gender identity" refer to different things.

21. Gender roles are behaviors, attitudes, and personality traits that a particular society considers masculine or feminine, or associates with male or female social roles. For example, the convention that girls wear pink and have longer hair, or that boys wear blue and have shorter hair, are socially constructed gender roles from a particular culture and historical period.

22. By contrast, gender identity does not refer to socially contingent behaviors, attitudes, or personality traits. It is an internal and largely biological phenomenon.

23. A person's gender identity is innate and cannot be changed by medical or psychological intervention.

24. Living consistently with one's gender identity is critical to the health and well-being of any person, including transgender people.

25. Attempts to "cure" transgender individuals by forcing their gender identity into alignment with their birth sex are harmful and ineffective. Those practices have been denounced as unethical by all major professional associations of medical and mental health professionals, such as the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, and the American Psychological Association, among others.

26. From a medical perspective, a person's sex is comprised of several components, including, among others, internal reproductive organs, external genitalia,

chromosomes, hormones, gender identity, and secondary-sex characteristics. Diversity and incongruence in these components of sex are a naturally occurring source of human biological diversity.

27. When a child is born, a healthcare provider designates the child's sex as male or female based on the child's observable anatomy. For most people, that initial designation (often referred to as "assigned sex") turns out to be consistent with the person's gender identity. For a transgender person, however, that initial designation turns out to be inaccurate because it does not reflect the person's gender identity.

28. Due to the incongruence between their assigned sex and gender identity, transgender people experience varying degrees of gender dysphoria, a serious medical condition recognized in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* ("DSM-5") and the World Health Organization's *International Classification of Diseases* ("ICD-10"), where it is referred to as "gender incongruence." Gender dysphoria is highly treatable and can be effectively managed. If left untreated, however, it can result in severe anxiety and depression, eating disorders, substance abuse, self-harm, and suicidality.

29. When transgender adolescents are provided with appropriate medical treatment and have parental and social support, they can thrive and grow into healthy adults.

The Medical Treatment of Gender Dysphoria in Adolescents

30. The goal of medical treatment for transgender patients is to alleviate their distress by allowing them to live consistently with their gender identity. Research and clinical experience have consistently shown the medical treatments for gender dysphoria to be safe and effective.

31. The prevailing standards of care for the treatment of gender dysphoria are developed by WPATH. The WPATH Standards of Care represent expert consensus for clinicians related to medical care for transgender people, based on the best science and

clinical experience. The WPATH Standards of Care were first published in 1979, more than four decades ago, and have been continually updated to reflect new knowledge and research. These standards have been endorsed by the major professional associations of medical and mental health providers in the United States, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, and the Pediatric Endocrine Society.

32. The Endocrine Society is a 100-year-old global membership organization representing professionals in the field of adult and pediatric endocrinology. In 2017, the Endocrine Society published clinical practice guidelines on treatment recommendations for the medical management of gender dysphoria, in collaboration with the Pediatric Endocrine Society, the European Societies for Endocrinology and Pediatric Endocrinology, and WPATH, among others.

33. Together, the WPATH Standards of Care and the Endocrine Society's clinical practice guidelines establish the prevailing standards governing the healthcare and treatment of gender dysphoria in both youth and adults.

34. Undergoing treatment to alleviate gender dysphoria is commonly referred to as transition. The transition process typically includes one or more of the following three components: (i) social transition, including adopting a new name, pronouns, appearance, and clothing, and correcting identity documents; (ii) medical transition, including puberty-delaying medication and hormone-replacement therapy; and (iii) for adults, surgeries to alter the appearance and functioning primary- and secondary-sex characteristics. Surgery is rarely indicated for transgender minors.

35. At the onset of puberty, adolescents diagnosed with gender dysphoria may be prescribed puberty-delaying medications to prevent the distress of developing physical characteristics that conflict with the adolescent's gender identity. For example, a transgender girl will experience no progression of physical changes caused by

testosterone, including male muscular development, facial and body hair, an Adam's apple, or masculinized facial structures. And in a transgender boy, puberty-blocking medication will prevent breast development, menstruation, and widening of the hips.

36. Thereafter, the treating provider may prescribe cross-sex hormones to induce the puberty associated with the adolescent's gender identity. This treatment is referred to as hormone therapy. The result of this treatment is that a transgender boy typically has the same levels of circulating testosterone as other boys. Similarly, a transgender girl who receives hormone therapy will typically have the same levels of circulating estrogen and testosterone levels as other girls and significantly lower than boys who have begun pubertal development.

Sports and Gender

37. Being transgender is not an accurate proxy for athletic performance or ability. Sex chromosomes and genitals alone do not meaningfully affect athletic performance.

38. Before puberty, there are no significant differences in athletic performance between boys and girls. After puberty, boys perform better on average than girls in most athletic competitions.

39. The biological driver of these average group differences is testosterone, not anatomy or genetics. Both boys and girls produce testosterone. After puberty, however, boys produce much higher levels of testosterone than girls, which results in increased muscle mass and muscle strength. As a result, post-pubertal boys and men have an athletic advantage over girls and women in many sports. *See*, *e.g.*, David J. Handelsman, et al., *Circulating Testosterone as the Hormonal Basis of Sex Differences in Athletic Performance*, 39 Endocrine Revs. 803–29 (2018).

40. Setting aside the narrow category of individuals with DSDs,[1] the ranges of

[1] DSD includes a group of congenital conditions associated with atypical development of internal and external genital structures. These conditions are caused by variations in genes,

testosterone in males and females do not overlap with each other.

41. There are transgender girls and women who have testosterone in the female range because they are receiving hormone therapy or because, as a result of receiving puberty-blocking medication, they never have gone through male puberty.

42. The fact that a girl is transgender, in itself, does not indicate that she has any athletic advantage over other girls.

Plaintiffs and Arizona's Ban on Transgender Girls in Sports

43. There is no medical justification for Arizona to exclude Plaintiffs from girls' interscholastic athletics because they are transgender.

44. Plaintiffs' attorneys have explained to me that Plaintiff Jane Doe is an 11-year-old transgender girl who was diagnosed with gender dysphoria when she was about seven years old and has lived her life as a girl since that time.

45. As part of her medical treatment for gender dysphoria, Jane's doctors have determined that she has not yet started puberty. As a result, Jane has not experienced any of the physiological changes that increased testosterone levels would cause in a pubescent boy.

46. Plaintiffs' attorneys have explained to me that Plaintiff Megan Roe is a 15-year-old transgender girl who was diagnosed with gender dysphoria when she was about 10 years old and has lived as a girl since that time.

47. As part of her medical treatment for gender dysphoria, Megan started to receive puberty-blocking medication when she was 11 years old after clinical documentation of the initial signs of puberty. This medication prevented her from undergoing male puberty. Megan then started to receive hormone therapy when she was 12 years old. As a result, she has not experienced any of the physiological changes, including muscle development, that increased testosterone levels would cause in a

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development in utero, or hormones. Some women who have certain disorders of sexual development may produce levels of testosterone that are typically seen only in men.

pubescent boy. Instead, the hormone therapy she has received has caused her to develop many of the physiological changes associated with puberty in females.

48. SB 1165 suggests that biological "sex is determined at [fertilization] and revealed at birth or . . . *in utero*." S.B. 1165, 55th Leg., 2d Reg. Sess. (Ariz. 2022), § 2.

49. By suggesting sex to mean only biological sex determined at fertilization and revealed in utero or at birth, Arizona prevents Plaintiffs from participating on girls' teams because they are transgender girls. But the biological driver of average differences in athletic performance between men and women is circulating testosterone—not a person's transgender status or their biological sex determined at fertilization and revealed in utero or at birth. A person's genetic makeup and anatomy at birth alone are not reliable indicators of athletic performance.

50. Because both Jane and Megan have not experienced increased testosterone levels that accompany male puberty, they do not have the biological characteristics that would cause them to have an athletic advantage over other girls in some sports.

51. In addition, requiring Plaintiffs to participate on a boys' team would conflict with the standards of care for treating gender dysphoria in adolescents. Such a requirement would be harmful to Plaintiffs' mental, emotional, and physical health.

52. I declare under criminal penalty under the laws of Arizona that the foregoing is true and correct.

Signed on the 4th day of April, 2023, in Ann Arbor, Michigan.

Daniel Shumer, M.D.

EXHIBIT A

Daniel Shumer, MD MPH

Clinical Associate Professor in Pediatrics - Endocrinology

Email: dshumer@umich.edu

EDUCATION AND TRAINING

Education

08/2000-08/2003	BA, Northwestern University, Evanston, United States
08/2004-05/2008	MD, Northwestern University, Feinberg School of Medicine, Chicago, United States
07/2013-05/2015	MPH, Harvard T.H. Chan School of Public Health, Boston, United States

Postdoctoral Training

06/2008-06/2011	Residency, Pediatrics, Vermont Children's Hospital at Fletcher Allen Health Care, Burlington, VT
07/2011-06/2012	Chief Resident, Chief Resident, Vermont Children's Hospital at Fletcher Allen Health Care, Burlington, VT
07/2012-06/2015	Clinical Fellow, Pediatric Endocrinology, Boston Children's Hospital, Boston, MA

CERTIFICATION AND LICENSURE

Certification

10/2011-Present	American Board of Pediatrics, General

Licensure

	Michigan, Medical License
	Michigan, Controlled Substance
08/2015-Present	Michigan, Medical License

09/2015-Present Michigan, DEA Registration

09/2015-Present Michigan, Controlled Substance

WORK EXPERIENCE

Academic Appointment

10/2015-9/2022 Clinical Assistant Professor in Pediatrics - Endocrinology, University of Michigan - Ann Arbor, Ann Arbor

09/2022-Present Clinical Associate Professor in Pediatrics - Endocrinology, University of Michigan - Ann Arbor, Ann Arbor

Administrative Appointment

07/2019-Present Fellowship Director - Pediatric Endocrinology, Michigan Medicine, Department of Pediatrics, Ann Arbor

07/2020-Present Medical Director of the University of Michigan Comprehensive Gender Services Program, Michigan Medicine, Ann Arbor

Oversee the provision of care to transgender and gender non-conforming patients at Michigan Medicine.

07/2020-Present Education Lead - Pediatric Endocrinology, University of Michigan - Department of Pediatrics, Ann Arbor

Clinical Appointments

04/2022-05/2023 Medical Director in UMMG Faculty Benefits Appt., University of Michigan - Ann Arbor, Ann Arbor

Private Practice

08/2013-09/2015 Staff Physician, Harvard Vanguard Medical Associates, Braintree

RESEARCH INTERESTS

- Gender dysphoria
- Prader Willi Syndrome

CLINICAL INTERESTS

- Gender dysphoria
- Disorders of Sex Development
- Prader Willi Syndrome

GRANTS

Past Grants

A Phase 2b/3 study to evaluate the safety, tolerability, and effects of Livoletide (AZP-531), an unacylated ghrelin analog, on food-related behaviors in patients with Prader-Willi syndrome
PI
Millendo Therapeutics
04/2019 - 04/2021

HONORS AND AWARDS

National

2014 — Annual Pediatric Endocrine Society Essay Competition: Ethical Dilemmas in Pediatric Endocrinology: competition winner - The Role of Assent in the Treatment of Transgender Adolescents

Institutional

2012 - 2015 — Harvard Pediatric Health Services Research Fellowship; funded my final two years of pediatric endocrine fellowship and provided tuition support for my public health degree

2016	The University of Michigan Distinguished Diversity Leaders Award, awarded by The Office of Diversity, Equity and Inclusion to the Child and Adolescent Gender Services Team under my leadership
2019	Lecturer of the Month, Department of Pediatrics, Michigan Medicine

TEACHING MENTORSHIP

Resident

07/2020-Present	Rebecca Warwick, Michigan Medicine (co-author on publication #22)

Clinical Fellow

07/2017-06/2020	Adrian Araya, Michigan Medicine (co-author on publication #22, book chapter #4)
12/2020-Present	Jessica Jary, Michigan Medicine - Division of Adolescent Medicine

Medical Student

09/2017-06/2020	Michael Ho, Michigan Medicine
07/2019-Present	Hadrian Kinnear, University of Michigan Medical School (co-author on book chapter #3, abstract #3)
07/2019-Present	Jourdin Batchelor, University of Michigan

TEACHING ACTIVITY

Regional

08/2018-Present	Pediatric Boards Review Course sponsored by U-M: "Thyroid Disorders and Diabetes". Ann Arbor, MI

Institutional

12/2015-12/2015	Pediatric Grand Rounds: "Transgender Medicine - A Field in Transition". Michigan Medicine, Ann Arbor, MI
02/2016-02/2016	Medical Student Education: Panelist for M1 Class Session on LGBT Health, Doctoring Curriculum. Michigan Medicine, Ann Arbor, MI
02/2016-02/2016	Psychiatry Grand Rounds: "Transgender Medicine - A Field in Transition". Michigan Medicine, Ann Arbor, MI
03/2016-03/2017	Pharmacy School Education: "LGBT Health". University of Michigan School of Pharmacy, Ann Arbor, MI
04/2016-Present	Course Director: Medical Student (M4) Elective in Transgender Medicine. Michigan Medicine, Ann Arbor, MI
04/2016-04/2016	Rheumatology Grand Rounds: "Gender Identity". Michigan Medicine, Ann Arbor, MI
05/2016-05/2016	Lecture to Pediatric Rheumatology Division: "Gender Dysphoria". Michigan Medicine, Ann Arbor, MI
07/2016-07/2016	Internal Medicine Resident Education: "Gender Identity". Michigan Medicine, Ann Arbor, MI
09/2016-09/2016	Presentation to ACU Leadership: "Gender Identity Cultural Competencies". Michigan Medicine, Ann Arbor, MI
10/2016-10/2016	Presentation to Department of Dermatology: "The iPledge Program and Transgender Patients". Michigan Medicine, Ann Arbor, MI
02/2017-02/2017	Swartz Rounds Presenter. Michigan Medicine, Ann Arbor, MI
02/2017-02/2017	Lecture to Division of General Medicine: "Transgender Health". Michigan Medicine, Ann Arbor, MI

02/2017-02/2017	Presentation at Collaborative Office Rounds: "Transgender Health". Michigan Medicine, Ann Arbor, MI
10/2017-10/2017	Family Medicine Annual Conference: "Transgender Medicine". Michigan Medicine, Ann Arbor, MI
12/2017-12/2017	Presenter at Nursing Unit 12-West Annual Educational Retreat: "Gender Identity at the Children's Hospital". Michigan Medicine, Ann Arbor, MI
02/2018-Present	Pediatrics Residency Lecturer: "Puberty". Michigan Medicine, Ann Arbor, MI
02/2019-Present	Medical Student (M1) Lecturer: "Pediatric Growth and Development". Michigan Medicine, Ann Arbor, MI
02/2019-Present	Doctors of Tomorrow Preceptor: offering shadowing opportunities to students from Cass Technical High School in Detroit. Michigan Medicine, Ann Arbor, MI
03/2019-03/2019	Lecture to Division of Orthopedic Surgery: "Transgender Health". Michigan Medicine, Ann Arbor, MI

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

2012 - Present	Pediatric Endocrine Society

COMMITTEE SERVICE

National

2014 - 2016	Pediatric Endocrine Society - Ethics Committee, Other, Member
2017 - present	Pediatric Endocrine Society - Special Interest Group on Gender Identity, Other, Member
2018 - present	Pediatric Endocrine Society - Program Directors Education Committee, Other, Member

Regional

2013 - 2015 Investigational Review Board - The Fenway Institute, Boston, MA, Other, Voting Member

Institutional

2017 - 2019 Department of Pediatrics at Michigan Medicine; Diversity, Equity, and Inclusion Committee, Other, Fellowship Lead

2017 - 2019 University of Michigan Transgender Research Group, Other, Director

VOLUNTEER SERVICE

2014 Camp Physician, Massachusetts, Served at a camp for youth with Type 1 Diabetes

SCHOLARLY ACTIVITIES

PRESENTATIONS

Extramural Invited Presentation Speaker

1. Grand Rounds, Shumer D, Loyola University School of Medicine, 07/2022, Chicago, Illinois

Other

1. Gender Identity, Groton School, 04/2015, Groton, MA

2. Television Appearance: Gender Identity in Youth, Channel 7 WXYZ Detroit, 04/2016, Southfield, MI

3. It Gets Better: Promoting Safe and Supportive Healthcare Environments for Sexual Minority and Gender Non-Conforming Youth, Adolescent Health Initiative: Conference on Adolescent Health, 05/2016, Ypsilanti, MI

4. Gender Identity, Humanists of Southeast Michigan, 09/2016, Farmington Hills, MI

5. Gender Identity, Pine Rest Christian Mental Health Services, 10/2016, Grand Rapids, MI

6. Pediatric Grand Rounds - Hormonal Management of Transgender Youth, Beaumont Children's Hospital, 11/2016, Royal Oak, MI

7. Transgender Youth: A Field in Transition, Temple Beth Emeth, 11/2016, Ann Arbor, MI

8. Transgender Youth: A Field in Transition, Washtenaw County Medical Society, 11/2016, Ann Arbor, MI

9. Pediatric Grand Rounds: Transgender Youth - A Field in Transition, St. John Hospital, 02/2017, Detroit, MI

10. Transgender Medicine, Veterans Administration - Ann Arbor Healthcare System, 05/2017, Ann Arbor, MI

11. Gender Identity, Hegira Programs, 05/2017, Detroit, MI

12. Care of the Transgender Adolescent, Partners in Pediatric Care, 06/2017, Traverse City, MI

13. Conference planner, host, and presenter: Transgender and Gender Non-Conforming Youth: Best Practices for Mental Health Clinicians, Educators, & School Staff; 200+ attendees from fields of mental health and education from across Michigan, Michigan Medicine, 10/2017, Ypsilanti, MI

14. Endocrinology Grand Rounds: Transgender Medicine, Wayne State University, 11/2017, Detroit, MI

15. Care of the Transgender Adolescent, St. John Hospital Conference: Transgender Patients: Providing Compassionate, Affirmative and Evidence Based Care, 11/2017, Grosse Pointe Farms, MI

16. Hormonal Care in Transgender Adolescents, Michigan State University School of Osteopathic Medicine, 11/2017, East Lansing, MI

17. Working with Transgender and Gender Non-Conforming Youth, Michigan Association of Osteopathic Family Physicians, 01/2018, Bellaire, MI

18. Community Conversations, Lake Orion, 01/2018, Lake Orion, MI

19. "I Am Jazz" Reading and Discussion, St. James Episcopal Church, 03/2019, Dexter, MI

20. Gender Identity, Michigan Organization on Adolescent Sexual Health, 10/2019, Brighton, MI; Port Huron, MI

21. Ask The Expert, Stand With Trans, 05/2020, Farmington Hills, MI (Virtual due to COVID)

22. Transgender Medicine, Michigan Association of Clinical Endocrinologists Annual Symposium, 10/2020, Grand Rapids, MI (Virtual due to COVID)

23. Transgender Youth in Primary Care, Michigan Child Care Collaborative (MC3), 10/2020, Ann Arbor, MI (Virtual due to COVID)

24. Lets Talk About Hormones, Stand With Trans, 10/2020, Farmington Hills, MI (Virtual due to COVID)

25. Gender Identity, Universalist Unitarian Church of East Liberty, 04/2021, Virtual due to COVID

26. Unconscious Bias, Ascension St. John Hospital, 05/2021, Virtual due to COVID

PUBLICATIONS/SCHOLARSHIP

Peer-Reviewed Articles

1. Vengalil N, Shumer D, Wang F: Developing an LGBT curriculum and evaluating its impact on dermatology residents, *Int J Dermatol*.61: 99-102, 01/2022. PM34416015

Chapters

1. Shumer: Coma. In Schwartz MW6, Lippincott Williams & Wilkins, Philadelphia, PA, (2012)

2. Shumer, Spack: Medical Treatment of the Adolescent Transgender Patient. In Đorđević M; Monstrey SJ; Salgado CJ Eds. CRC Press/Taylor & Francis, (2016)

3. Kinnear HA, **Shumer DE**: Duration of Pubertal Suppression and Initiation of Gender-Affirming Hormone Treatment in Youth. In FinlaysonElsevier, (2018)

4. Araya, **Shumer DE**: Endocrinology of Transgender Care – Children and Adolescents. In Poretsky; Hembree Ed. Springer, (2019)

Non-Peer Reviewed Articles

1. Shumer D: The Effect of Race and Gender Labels in the Induction of Traits, *Northwestern Journal of Race and Gender Criticism*.NA01/2014

2. Shumer D: A Tribute to Medical Stereotypes, *The Pharos, Journal of the Alpha Omega Alpha Medical Society*.Summer07/2017

3. Mohnach L, Mazzola S, Shumer D, Berman DR: Prenatal diagnosis of 17-hydroxylase/17,20-lyase deficiency (17OHD) in a case of 46,XY sex discordance and low maternal serum estriol, *Case Reports in Perinatal Medicine*.8(1)01/2018

4. Mohnach L, Mazzola S, Shumer D, Berman DR: Prenatal Diagnosis of 17-hydroxylase/17,20-lyase deficiency (17OHD) in a case of 46,XY sex discordance and low maternal serum estriol, *Case Reports in Perinatal Medicine*.8(1)12/2018

5. Kim C, Harrall KK, Glueck DH, **Shumer DE**, Dabelea D: Childhood adiposity and adolescent sex steroids in the EPOCH (Exploring Perinatal Outcomes among Children) study, *Clin Endocrinol (Oxf)*.91(4): 525-533, 01/2019. PM31278867

6. Araya A, Shumer D, Warwick R, Selkie E: 37. “I’ve Been Happily Dating For 5 Years” - Romantic and Sexual Health, Experience and Expectations in Transgender Youth, *Journal of Adolescent Health*.66(2): s20, 02/2020

7. Araya A, Shumer D, Warwick R, Selkie E: 73. "I think sex is different for everybody" - Sexual Experiences and Expectations in Transgender Youth, *Journal of Pediatric and Adolescent Gynecology*.33(2): 209-210, 04/2020

8. Araya AC, Warwick R, Shumer D, Selkie E, Rath T, Ibrahim M, Srinivasan A: Romantic Health in Transgender Adolescents, *Pediatrics*.Pediatrics01/2021

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