

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

VICTOR VOE, *et al.*,

*Plaintiffs,*

v.

THOMAS MANSFIELD, *et al.*,

*Defendants.*

Civil No. 1:23-cv-864

**EXPERT DECLARATION OF JOHANNA OLSON-KENNEDY, M.D., M.S.**

I, Johanna Olson-Kennedy, M.D., M.S., hereby declare and state as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. The opinions expressed herein are my own and do not express the views or opinions of my employer.
3. 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.

**BACKGROUND AND QUALIFICATIONS**

**A. Qualifications and Experience**

4. I am a double board-certified physician in Pediatrics and Adolescent Medicine. I specialize in the care of transgender youth and gender diverse children.

5. I received my Doctor of Medicine (M.D.) degree from the Chicago Medical School in 1997. In 2000, I completed my residency in pediatrics at the Children's Hospital of Orange County, California. In 2003, I completed a three-year fellowship in adolescent medicine at Children's Hospital Los Angeles. In 2015, I received a Master of Science degree in Clinical, Biomedical and Translational Investigations.

6. I have been a licensed physician in California since 2000.

7. I am currently the Medical Director of the Center for Transyouth Health and Development (the "Center"), in the Division of Adolescent Medicine at Children's Hospital Los Angeles in California. The Center is the largest clinic in the United States for transgender youth and gender diverse youth and provides them with both medical and mental health services, including consultation and support for families with transgender and gender diverse children; gender-affirming medical treatments, when indicated, including medications to suppress puberty in peri-pubertal youth (i.e., youth at the onset of puberty) and gender-affirming hormones used for masculinization or feminization; as well as surgical referrals when indicated for older adolescents. Under my direction, the Center conducts rigorous research aimed at understanding the experience of gender diversity and gender dysphoria from childhood through early adulthood.

8. Over the course of my work with this population during the past 17 years, I have provided services for approximately 1,200 young people and their families, and currently have an active panel of around 650 patients of varying ages, up to 25 years old.

9. I have been awarded research grants to examine the impact of early medical interventions to treat gender dysphoria, including puberty-delaying medication (commonly known as puberty blockers) and gender-affirming hormones, on the physiological and psychosocial development of gender diverse and transgender youth.

10. I have lectured extensively across the United States and internationally on the treatment and care of gender diverse children and transgender adolescents, with the subjects including pubertal suppression, gender-affirming hormone therapy, transitioning teens and the adolescent experience, age considerations in administering hormones, and the need for, risks, and outcomes of hormonal treatments.

11. I have published over 20 peer-reviewed journal articles on transgender health-related issues, as well as over two dozen additional publications, such as articles, chapters, and editorials, both peer-reviewed and non-peer-reviewed.

12. I am the principal investigator on a multisite National Institutes of Health grant to continue, for an additional 5 years, an ongoing study examining the impact of gender-affirming medical care for transgender youth on physiologic and psychological health and well-being. The first seven years have already been completed. This was the first study of its kind in the U.S. to determine longitudinal outcomes among this population of vulnerable youth. The study to date has yielded approximately 28 manuscripts.

13. I am an Associate Professor at the Keck School of Medicine at the University of Southern California and an attending physician at Children's Hospital Los Angeles.

14. I have been a member of the World Professional Association for Transgender Health (“WPATH”) since 2010, and a Board Member of the U.S. Professional Association for Transgender Health (“USPATH”) since 2017. In 2022, I was appointed to the Executive Board of the USPATH. I am also a member of the Society for Adolescent Health and Medicine and the American Academy of Pediatrics. In addition, I am a member of the LGBT Special Interest Group of the Society for Adolescent Health and Development.

15. I am the 2014 Recognition Awardee for the Southern California Regional Chapter of the Society for Adolescent Health and Medicine.

16. In 2019, I was invited by the University of Bristol as a Benjamin Meaker visiting professor, the purpose of which is to bring distinguished researchers from overseas to Bristol in order to enhance the research activity of the university.

17. My professional background, experience, publications, and presentations are further detailed in my curriculum vitae (“CV”). A true and correct copy of my most up-to-date CV is attached as **Exhibit A**.

**B. Previous Testimony**

18. In the last four years, I have testified as an expert in court or by deposition in the following cases: *van Garderen v. Montana*, Cause No. DV-23-541, Slip Op., at 33-34 (Fourth Jud. Dist. Ct., Missoula Cnty., Mont.); *Noe v. Parson*, Case No. 23AC-CC04530 (Cole Cnty. Circuit Ct., Mo.); *Loe v. Texas*, Case No. D-1-GN-23-003616 (201st Jud. District Ct., Travis Cnty., Tex.); *Dekker v Weida*, Case No. 4:22-cv-00325-RH-MAF (N.D. Fla.); *Fain v. Crouch*, No. 3:20-cv-00740 (S.D. W.Va.); *Kadel v. Folwell*, Case No.

1:19-cv-00272-LCB-LPA (M.D.N.C.); *Miller v. Purdue* (Colorado); *In the interest of JA.D.Y. and JU.D.Y., Children*, Case No. DF-15-09887 (255th Jud. District Ct., Dallas Cnty., Tex.); and *Paul E. v. Courtney F.*, No. FC2010-051045 (Superior Ct., Maricopa Cnty., Ariz.).

**C. Compensation**

19. I am being compensated for my work on this matter at a rate of \$200.00 per hour for preparation of declarations and expert reports, as well as any pre-deposition and/or pre-trial preparation and 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.

**D. Bases for Opinions**

20. In preparing this report, I have relied on my training and years of research and clinical experience, as set out in my CV, and the materials listed in the CV. See Exhibit A.

21. I have also relied on the published research relating to gender dysphoria and its treatments, including the materials listed in the attached bibliography. See **Exhibit B**. The sources cited therein are authoritative, scientific peer-reviewed publications. Some of these publications are specifically cited as supportive examples in particular sections of this declaration.

22. 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 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.

23. In addition, I have reviewed North Carolina House Bill 808 (hereafter, “HB808” or “the Ban”), enacted by the North Carolina General Assembly and entitled “An Act to Prohibit Gender Transition Procedures for Minors”.

## **EXPERT OPINIONS**

### **A. Gender Identity**

24. The term gender identity was originally coined in 1964 by American psychiatrist Robert J. Stoller, a noted psychoanalyst who studied sexual orientation, gender identity, and differences in sexual development.<sup>1</sup> Gender identity is a distinct characteristic and is defined as one’s internal sense of being male or female (or rarely, both or neither). It has a strong biological basis. Every person has a gender identity.

25. The concept of gender identity is contemporaneously understood both colloquially and within the domain of science and medicine to denote someone’s gender. It is a concept well-understood and accepted in medicine and science. Indeed, gender

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<sup>1</sup> Stoller, R.J. (1964). A Contribution to the Study of Gender Identity, *The International journal of psycho-analysis*, 45, 220–226.

identity information is commonly collected and reported on within the context of scientific research.<sup>2</sup>

26. The term cisgender refers to a person whose gender identity matches their sex assigned at birth. The term transgender refers to a person whose gender identity does not match their sex assigned at birth.

27. Historically, a person is assigned a sex when they are born, typically in binary fashion (i.e., male or female), based on the appearance of their external genitalia. However, a more contemporary understanding of sex shows that sex comprises multiple characteristics. Among the multiple sex-related characteristics are genitalia, chromosomal makeup, hormones, variations in brain structure and function, and gender identity. For some of these characteristics there is significant variance as reflected by the dozens of intersex mechanisms and varying gender identities. Additionally, not all sex characteristics, including gender identity, are always in alignment. Accordingly, the Endocrine Society Guidelines state that, “As these may not be in line with each other (e.g., a person with XY chromosomes may have female-appearing genitalia), the terms biological sex and biological male or female are imprecise and should be avoided.”<sup>3</sup>

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<sup>2</sup> Clayton JA, Tannenbaum C. (2016). Reporting Sex, Gender, or Both in Clinical Research? *JAMA*. 316(18): 1863–1864.

<sup>3</sup> Hembree, W.C., Cohen-Kettenis, P.T., Gooren, L., et al. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, 102(11): 3869–3903.

28. As early as 1966 it has been understood that gender identity cannot be changed.<sup>4</sup> Efforts to do so have been shown to be unsuccessful and harmful.

29. While some individuals have advocated for models of therapy like “conversion” or “reparative” therapy for individuals with a transgender identity or experience, there is no evidence that such approaches are effective. Instead, such practices (also known as termed “gender identity conversion efforts”) have been linked to adverse mental health outcomes, including suicide attempts.<sup>5</sup> Accordingly, 20 states and the District of Columbia have banned reparative therapy for youth, and major medical organizations have issued statements deeming the practice to be unethical.<sup>6</sup>

**B. Gender Dysphoria and its Treatment**

30. Gender Dysphoria is a serious medical condition characterized by distress due to a misalignment between assigned birth sex and a person’s internal sense of their gender. Because, by definition, a transgender person is a person who experiences a misalignment between assigned birth sex and a person’s internal sense of their gender, only transgender people can suffer gender dysphoria.

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<sup>4</sup> Benjamin, H. (1966). *The Transsexual Phenomenon*. New York: The Julian Press, Inc. Publishers.

<sup>5</sup> Turban, J.L., Beckwith, N., Reisner, S.L., & Keuroghlian, A.S. (2020). Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. *JAMA Psychiatry*, 77(1), 68-76.

<sup>6</sup> Movement Advancement Proj., *Conversion “Therapy” Laws*, [https://www.lgbtmap.org/equality-maps/conversion\\_therapy](https://www.lgbtmap.org/equality-maps/conversion_therapy) (last updated Jan. 30, 2023).



31. Gender Dysphoria was formerly categorized as Gender Identity Disorder (“GID”) but the condition was renamed in May 2013, with the release of the American Psychiatric Association (“APA”)’s fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (“DSM”).<sup>7</sup> In announcing this change, the APA explained that in addition to the name change, the criteria for the diagnosis were revised “to better characterize the experiences of affected children, adolescents, and adults.”<sup>8</sup> The APA further stressed that “gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.”<sup>9</sup>

32. For a person to be diagnosed with Gender Dysphoria, there must be a marked difference between the individual’s expressed/experienced gender and the gender others would assign to the individual, present for at least six months. In children, the desire to be of the other gender must be present and verbalized.<sup>10</sup> The condition must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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<sup>7</sup> A text revision to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition was published in 2022 (“DSM-5-TR”).

<sup>8</sup> DSM-5.

<sup>9</sup> *Id.*

<sup>10</sup> Notably, the DSM-IV included a separate diagnosis for GID in children, which required the child to display a number of behaviors stereotypical of the non-natal gender. That diagnosis, and its list of behavioral requirements, have been deleted from the DSM-5 and replaced by updated and more precise diagnostic criteria.

33. The World Professional Association of Transgender Health (“WPATH”) has clear recommendations for the health of transgender and gender non-conforming people in what is now the *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8* (“SOC 8”).<sup>11</sup> The SOC are based on the best available science and expert professional consensus in transgender health. The SOC-8’s recommendation statements were developed based on data derived from independent systematic literature reviews, background reviews, and expert opinions. Its grading of recommendations was based on the available evidence supporting interventions, a discussion of risks and harms, as well as the feasibility and acceptability of these. SOC-8 recommends the provision of medical interventions for adolescents and adults (but not for prepubertal children) with gender dysphoria, based on an individual patient’s needs. These medical interventions include puberty-delaying medications, hormone therapy, and surgery.

34. The WPATH SOC have been endorsed and cited as authoritative by the major medical associations in the United States, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, the Endocrine Society, the Pediatric Endocrine Society, the American College of Physicians, and the American Academy of Family Physicians, among others.

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<sup>11</sup> Coleman, et al. (2022) (SOC 8).

35. The UCSF Center for Excellence in Transgender Care as well as the Endocrine Society have also both published comprehensive guidelines for the care of transgender and non-binary individuals that are largely consistent with the WPATH SOC.<sup>12</sup>

36. Under the WPATH SOC and other clinical practice guidelines for the treatment of gender dysphoria, care should be provided using an individualized approach.

37. For children who have not yet reached puberty, medical intervention is unnecessary and unwarranted. After the onset of puberty, medical interventions such as puberty blockers, and later hormones and surgery, may be appropriate.

38. The gender-affirmative model is defined as a method of therapeutic care that includes allowing children to speak for themselves about their self-experienced gender identity and expressions and providing support for them to evolve into their authentic gender selves, no matter at what age. The affirmative approach to care considers no gender identity outcome – transgender, cisgender, or otherwise – to be preferable.<sup>13</sup> It permits a patient to explore gender development and self-definition within a safe setting. A fundamental concept of this approach is that gender diversity is not a mental illness.

39. Under the gender-affirmative model, support is not characterized by “encouraging” children or youth to be transgender or not, but rather by allowing children

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<sup>12</sup> Deutsch, M.B. (ed.). (2016). Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2d ed.). San Francisco, CA: UCSF Center of Excellence for Transgender Health, <https://transcare.ucsf.edu/guidelines> (UCSF Guidelines); Hembree, et al. (2017) (Endocrine Society Guidelines).

<sup>13</sup> Turban and Ehrensaft (2018).

who express a desire to undergo a social transition (which may include changing names, pronouns, clothing, hairstyles, etc.) to do so. There is no evidence, either in the scientific or the clinical setting, that gender affirmation leads a child or adolescent down a path of inevitable transgender identity. To the contrary, studies show that gender identification does not meaningfully differ before and after social transition.<sup>14</sup>

40. Under the affirmative care model, as understood in the scientific literature, medical care may be recommended following the onset of puberty.

41. Consistent with the current widely accepted clinical practice guidelines, the most effective treatment for adolescents with gender dysphoria, in terms of both their mental and medical health, contemplates an individualized approach. Under the guidelines, medical and surgical interventions for adolescents with gender dysphoria are determined by the care team (usually a medical and mental health professional) in collaboration with the patient, and the patient's parent(s) or guardian(s), if the patient is a minor after a comprehensive biopsychosocial evaluation of the patient. These medical decisions are made by the care team in conjunction with the patient and, if the patient is a minor, the patient's parent(s) or guardian(s), and consider the patient's social situation, level of gender dysphoria, developmental stage, existing medical and mental health conditions, and other relevant factors. Sometimes treatment begins with puberty-delaying

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<sup>14</sup> Rae, J. R., Gülgöz, S., Durwood, L., DeMeules, M., Lowe, R., Lindquist, G., & Olson, K. R. (2019). Predicting early-childhood gender transitions. *Psychological Science*, 30(5), 669-681.

medications, later followed by gender-affirming hormones. The majority of youth, and certainly all adults, accessing treatment are already well into or have completed puberty.

### ***1) Puberty Blockers***

42. The beginning signs of puberty in transgender youth (the development of breast buds in assigned birth females and increased testicular volume in assigned birth males) is often a painful and sometimes traumatic experience that brings increased gender dysphoria and the potential development of a host of comorbidities including depression, anxiety, substance abuse, self-harming behaviors, social isolation, high-risk sexual behaviors, and increased suicidality. The development of secondary sex characteristics is a permanent change in an individual's phenotype.

43. Puberty suppression, which involves the administration of gonadotrophin-releasing hormone analogues ("GnRHa"), essentially pauses puberty, thereby allowing the young person the opportunity to explore gender without having to experience the anxiety and distress associated with developing undesired secondary sexual characteristics. In addition, for parents/guardians who are uneducated about gender diversity and/or who have only recently become aware of their child's transgender identity, puberty blockers provide additional time and opportunity to integrate this new information into their own experience and to develop skills to support their child. Puberty suppression also has the benefit of potentially rendering obsolete some gender-affirming surgeries down the line, such as male chest reconstruction, tracheal shave, facial feminization, and vocal cord alteration, which otherwise would be required to correct the initial "incorrect" puberty.

44. Puberty suppression has been used safely for decades in children with other medical conditions, including precocious puberty, and is a reversible intervention.<sup>15</sup> Both the Endocrine Society and the WPATH SOC recommend initiation of puberty suppression at the earliest stages of puberty (usually, Tanner 2) assuming someone has engaged in medical services before or around this time, regardless of chronological age, in order to avoid the stress and trauma associated with developing secondary sex characteristics of the natal sex. If the medication is discontinued, the young person continues their endogenous puberty.

45. A robust and growing body of reliable evidence, including peer-reviewed cross-sectional and longitudinal studies, demonstrates the positive impact of pubertal suppression in youth with gender dysphoria on psychological functioning including a decrease in behavioral and emotional problems, a decrease in depressive symptoms, and improvement in general functioning.<sup>16</sup>

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<sup>15</sup> Mul, D. & Hughes, I. (2008). The use of GnRH agonists in precocious puberty. *European journal of endocrinology / European Federation of Endocrine Societies*. 159 Suppl 1. S3-8.

<sup>16</sup> See for example: de Vries, A.L., Steensma, T.D., Doreleijers, T.A., & Cohen-Kettenis, P.T. (2011). Puberty Suppression in Adolescents with Gender Identity Disorder: A Prospective Follow-Up Study. *The Journal of Sexual Medicine*, 8(8), 2276-2283; Turban, J.L., King, D., Carswell, J.M., & Keuroghlian, A.S. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*, 145(2):e20191725; van der Miesen, A.I., Steensma, T.D., de Vries, A.L., *et al.* (2020). Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared with Cisgender General Population Peers. *Journal of Adolescent Health*, 66(6), 699-704; Achille, C., Taggart, T., Eaton, N.R., *et al.* (2020). Longitudinal Impact of Gender-Affirming Endocrine Intervention on the Mental Health and Well-Being of Transgender Youths: Preliminary Results. *International Journal of Pediatric Endocrinology*, 2020(8),

46. The initial follow-up studies evaluating the use of puberty suppression in relation to psychological well-being in adolescents with gender dysphoria came from the Netherlands and demonstrated that behavioral and emotional problems and depressive symptoms decreased, and general functioning significantly improved during treatment.<sup>17</sup>

47. A study from the United Kingdom demonstrated that a combination of psychological support and puberty suppression were associated with improved psychosocial functioning in adolescents with gender dysphoria than psychological support only.<sup>18</sup>

48. A more recent cross-sectional study from the Dutch team demonstrated that transgender youth undergoing pubertal suppression had better psychological functioning than those youth who had not yet begun puberty delaying treatment.<sup>19</sup>

49. Achille et al. demonstrated a positive effect of puberty blockade on mental health in a small, prospective investigation. The study characterized a treatment cohort over progressive interventions moving from puberty blockade to GAH treatment.<sup>20</sup>

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1-5; and Costa, R., Dunsford, M., Skagerberg, E., Holt, V., Carmichael, P., & Colizzi, M. (2015). Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria. *The journal of sexual medicine*, 12(11), 2206–2214.

<sup>17</sup> de Vries, et al. (2011); de Vries, et al. (2014).

<sup>18</sup> Costa, et al. (2015).

<sup>19</sup> Van der Miesen, et al. (2020).

<sup>20</sup> Achille, et al. (2020).

50. Overall, this growing body of evidence is consistent with and supports the clinical experience spanning a period of decades demonstrating the significant positive effects of puberty blockade in youth with gender dysphoria.

51. Over the course of my work with gender diverse and transgender youth during the past 17 years, I have prescribed puberty-delaying medications for over 350 patients. All of those patients have benefitted from putting their endogenous puberty process on pause, even the small handful who discontinued GnRH analogues and went through their endogenous puberty. Many of these young people were able to matriculate back into school environments, begin appropriate peer relationships, and participate meaningfully in therapy and family functions. Children who had contemplated or attempted suicide or self-harm (including cutting and burning) associated with monthly menstruation or the anxiety about their voice dropping were offered respite from those dark places of despair. GnRH analogues for puberty suppression are, in my opinion, a sentinel event in the history of transgender medicine, and have changed the landscape almost as much as the development of synthetic hormones.

52. Puberty blockers, thus, can significantly alleviate and prevent worsening distress of gender dysphoria that frequently comes with puberty.

53. Puberty blockers also afford youth the opportunity to undergo a single, congruent pubertal process and avoid many of the surgical interventions previously necessary to physically align with their gender, and other physical changes that cannot be



addressed later by surgery. It is a simple and reversible intervention that has the capacity to improve health outcomes and, for some patients, save lives.

## ***2) Gender-Affirming Hormones***

54. Cross-gender or gender-affirming hormone therapy involves administering steroids of the experienced sex (i.e., their gender identity) (estrogen for transfeminine individuals and testosterone for transmasculine individuals). The purpose of this treatment is to attain the appropriate masculinization or feminization of the transgender person to achieve a gender phenotype that matches as closely as possible to their gender identity. Gender-affirming hormone therapy is a partially reversible treatment in that some of the effects produced by the hormones are reversible (e.g., changes in body fat composition, decrease in facial and body hair) while others are irreversible (e.g., deepening of the voice, breast tissue development).

55. Under the widely accepted clinical practice guidelines, including the WPATH SOC-8, eligibility and medical necessity should be determined case-by-case, based on an assessment of the youth's unique circumstances and needs and their cognitive and emotional maturation and ability to provide informed consent. The decision should be made only after a careful review with the youth and parents/guardians of the potential risks and benefits of hormone therapy, including potential risks to fertility and options for fertility preservation. The youth's primary care provider, therapist, or another experienced mental health professional can help document and confirm the patient's history of gender

dysphoria, the medical necessity of the intervention, and the youth's readiness to transition medically.

56. As with the use of puberty blockers, the data demonstrating the positive effects of gender-affirming hormones and gender-affirming surgery, including in adolescents, is well established and growing.<sup>21</sup>

57. The Dutch team at The Center of Expertise on Gender Dysphoria at the VU University Medical Center Amsterdam continued to report out the improvement within their cohort of youth with gender dysphoria after GAH. De Vries et al. reported in 2014 that their cohort of young adults who began care in adolescence had steadily improving mental health (including lessening of depression, anxiety, anger, internalizing and externalizing psychopathologic symptoms) following puberty blockade, gender-affirming hormones and gender-affirming surgery.<sup>22</sup>

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<sup>21</sup> See, e.g., Chen, D., Berona, J., Chan, Y. M., Ehrensaft, D., Garofalo, R., Hidalgo, M. A., ... & Olson-Kennedy, J. (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *New England Journal of Medicine*, 388(3), 240-250; Turban, J. L., King, D., Kobe, J., Reisner, S. L., & Keuroghlian, A. S. (2022). Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*, 17(1), e0261039; Achille, C., Taggart, T., Eaton, N.R., et al. (2020). Longitudinal Impact of Gender-Affirming Endocrine Intervention on the Mental Health and Well-Being of Transgender Youths: Preliminary Results. *International Journal of Pediatric Endocrinology*, 2020(8), 1-5; de Lara, D.L., Rodríguez, O.P., Flores, I.C., et al. (2020). Psychosocial Assessment in Transgender Adolescents. *Anales de Pediatría (English Edition)*, 93(1), 41-48; and Allen, L.R., Watson, L.B., Egan, A.M., & Moser, C.N. (2019). Well-Being and Suicidality Among Transgender Youth After Gender-Affirming Hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302-311.

<sup>22</sup> de Vries, et al. (2014).

58. A German observational study reported that among the participants at follow-up, adolescents in the gender-affirming hormone and gender-affirming surgery groups reported emotional and behavioral problems and physical quality of life scores similar to the German norm mean.<sup>23</sup>

59. Also from Germany, Neider et al. reported that among a group of 75 adolescents with gender dysphoria satisfaction improved the further along the treatment course had progressed.<sup>24</sup>

60. From the United States, Kuper et al. carried out a prospective study and reported their cohort of transgender and non-binary youth starting either puberty delaying treatment or gender-affirming hormones demonstrated improvement at follow up (around a year) in depression, anxiety and body esteem.<sup>25</sup>

61. While small, Grannis et al. demonstrated decreased depression and anxiety in a group of transmasculine youth taking testosterone versus an untreated control group.<sup>26</sup>

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<sup>23</sup> Becker-Hebly, I., Fahrenkrug, S., Campion, F., Richter-Appelt, H., Schulte-Markwort, M., & Barkmann, C. (2021). Psychosocial health in adolescents and young adults with gender dysphoria before and after gender-affirming medical interventions: A descriptive study from the Hamburg Gender Identity Service. *European Child & Adolescent Psychiatry*, 30(11), 1755–1767.

<sup>24</sup> Nieder, T. O., Mayer, T. K., Hinz, S., Fahrenkrug, S., Herrmann, L., & Becker-Hebly, I. (2021). Individual treatment progress predicts satisfaction with transition-related care for youth with gender dysphoria: A prospective clinical cohort study. *The Journal of Sexual Medicine*, 18(3), 632–645.

<sup>25</sup> Kuper, L. E., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. *Pediatrics*, 145(4).

<sup>26</sup> Grannis, C., Leibowitz, S. F., Gahn, S., Nahata, L., Morningstar, M., Mattson, W. I., Chen, D., Strang, J. F., & Nelson, E. E. (2021). Testosterone treatment, internalizing

62. Similarly, Allen et al. followed a cohort of 47 adolescents with gender dysphoria and found statistically significant improvements in general well-being and suicidality, as measured by the National Institutes of Health “Ask Suicide Screening Questions” instrument.<sup>27</sup>

63. Most recently our team at the Trans Youth Care United States reported in the New England Journal of Medicine an improvement among 315 youth in positive affect and life satisfaction as well as a decrease in depressive and anxiety symptoms after two years of gender-affirming hormone treatment.<sup>28</sup>

64. The data documenting the efficacy of hormone treatment in transgender adults is robust and goes back even further. Numerous longitudinal studies document improvement in various mental health parameters including depression, anxiety, self-confidence, body image and self-image, general psychological functioning.<sup>29</sup>

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symptoms, and body image dissatisfaction in transgender boys. *Psychoneuroendocrinology*, 132, 105358, 1-8.

<sup>27</sup> Allen, L.R., Watson, L.B., Egan, A.M., & Moser, C.N. (2019). Well-Being and Suicidality Among Transgender Youth After Gender-Affirming Hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302-311.

<sup>28</sup> Chen D, Berona J, Chan YM, Ehrensaft D, Garofalo R, Hidalgo MA, Rosenthal SM, Tishelman AC, Olson-Kennedy J. (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *New England Journal of Med.* 2023 Jan 19;388(3):240-250.

<sup>29</sup> See for example: Colizzi, M., et al. (2014). Transsexual patients' psychiatric comorbidity and positive effect of cross-sex hormonal treatment on mental health: results from a longitudinal study. *Psychoneuroendocrinology*, 39, 65–73; Colizzi, M., et al. (2013). Hormonal treatment reduces psychobiological distress in gender identity disorder, independently of the attachment style. *The journal of sexual medicine*, 10(12), 3049–3058; Corda, E., et al. (2016). Body image and gender role perceived in gender dysphoria: Cross-sex hormone therapy effects. *European Psychiatry*, 33(S1), S589-S589; Fisher, A. D., et al. (2016). Cross-Sex Hormone Treatment and Psychobiological Changes in Transsexual

65. This established and growing body of evidence is consistent with decades of clinical experience demonstrating the positive effect of gender-affirming hormones in adolescents and adults with gender dysphoria.

66. Over the past 17 years, I have prescribed gender-affirming hormones for over 1,000 adolescents and young adults. Many of my patients have described the opportunity to align their physical body with their gender as lifesaving. Being afforded the opportunity to have one's gender perceived accurately by others changes the life trajectory of adolescents and young adults. When I began doing this work in 2006, I considered it a victory for transgender adolescents to finish high school. Currently I witness my patients being able to go to college, graduate school, learn trades, become doctors, lawyers, filmmakers, artists, get married, raise families and many other things. This shift directly correlates with access to early gender-affirming care, as gender dysphoria takes up an

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Persons: Two-Year Follow-Up Data. *The Journal of clinical endocrinology and metabolism*, 101(11), 4260–4269; Heylens, G., et al. (2014). Effects of different steps in gender reassignment therapy on psychopathology: a prospective study of persons with a gender identity disorder. *The journal of sexual medicine*, 11(1), 119–126; Keo-Meier, C. L., et al. (2015). Testosterone treatment and MMPI-2 improvement in transgender men: a prospective controlled study. *Journal of consulting and clinical psychology*, 83(1), 143–156; Manieri, C., et al. (2014) Medical Treatment of Subjects with Gender Identity Disorder: The Experience in an Italian Public Health Center, *International Journal of Transgenderism*, 15:2, 53-65; Motta, G., et al. (2018). Does Testosterone Treatment Increase Anger Expression in a Population of Transgender Men? *The journal of sexual medicine*, 15(1), 94–101; Oda, H., & Kinoshita, T. (2017). Efficacy of hormonal and mental treatments with MMPI in FtM individuals: cross-sectional and longitudinal studies. *BMC psychiatry*, 17(1), 256; and Turan, Ş., et al. (2018). Alterations in Body Uneasiness, Eating Attitudes, and Psychopathology Before and After Cross-Sex Hormonal Treatment in Patients with Female-to-Male Gender Dysphoria. *Archives of sexual behavior*, 47(8), 2349–2361.

enormous amount of energy that prevents adolescents from performing the tasks required of all adolescents. If gender dysphoria gets addressed early, adolescents and young adults can carry on with the tasks of school, family, relationships, friendships and others. Prior to accessing gender-affirming care, many young people with gender dysphoria can't imagine their futures, and many actively try to end their own lives.

67. As is the case for all medical interventions for minors, before the initiation of puberty blockers and gender-affirming hormone treatment, a process of informed consent is followed. Youth and their parent(s) or legal guardian are given information about the permanent changes as well as those that require ongoing use of hormones, potential side effects and what is known and unknown about each medication. Youth and family members have the opportunity to ask and get answers to questions. Parents must consent before treatment is provided.

### ***3) Gender-Affirming Surgeries***

68. Some transgender individuals need surgical interventions to help bring their phenotype into alignment with their gender. For youth with gender dysphoria under the age of 18, the most common gender-affirming surgery is masculinizing chest surgery. While the WPATH SOC 8 do not preclude genital surgery based on a patient's age, it is extraordinarily rare that a minor would undergo genital surgery. As with puberty blockers and gender-affirming hormones, surgery performed on minors requires informed consent from the parent(s) or legal guardian of the youth, as well as assent from the youth.

69. Peer-reviewed research has shown improvements in mental health following gender-affirming chest surgery for transgender males with gender dysphoria where medically indicated.<sup>30</sup>

70. A recent systematic review that included data from 1,052 transmasculine patients who obtained chest surgery found that pooled overall postoperative satisfaction was 92%,<sup>31</sup> while another recent study that examined 209 adolescents who had undergone gender-affirming chest surgery between 2013 and 2020 found an extremely low rate of post-operative regret (0.95%).<sup>32</sup>

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<sup>30</sup> See, e.g., Ascha, M., Sasson, D. C., Sood, R., Cornelius, J. W., Schauer, J. M., Runge, A., Muldoon, A. L., Gangopadhyay, N., Simons, L., Chen, D., Corcoran, J. F., & Jordan, S. W. (2022). Top Surgery and Chest Dysphoria Among Transmasculine and Nonbinary Adolescents and Young Adults. *JAMA Pediatrics*, 176(11), 1115–1122; Sood, R., Chen, D., Muldoon, A. L., Chen, L., Kwasny, M. J., Simons, L. K., Gangopadhyay, N., Corcoran, J. F., & Jordan, S. W. (2021). Association of Chest Dysphoria With Anxiety and Depression in Transmasculine and Nonbinary Adolescents Seeking Gender-Affirming Care. *The Journal of Adolescent Health*, 68(6), 1135–1141; Mehringer, J. E., et al. (2021). Experience of Chest Dysphoria and Masculinizing Chest Surgery in Transmasculine Youth. *Pediatrics*, 147(3), e2020013300; Olson-Kennedy, J., et al. (2018). Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts. *JAMA Pediatrics*, 172(5), 431–436.

<sup>31</sup> 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), e3477.

<sup>32</sup> Tang, A., Hojilla, J. C., Jackson, J. E., Rothenberg, K. A., Gologorsky, R. C., Stram, D. A., ... & Yokoo, K. M. (2022). Gender-affirming mastectomy trends and surgical outcomes in adolescents. *Annals of Plastic Surgery*, 88(4), S325-S331.

71. This is consistent with decades of research confirming that gender confirmation surgery is therapeutic and therefore an effective treatment for gender dysphoria.<sup>33</sup>

\* \* \*

72. Recognizing the importance of individualized care, the WPATH SOC-8 has this to say about all gender-affirming medical interventions: “The SOC-8 guidelines are intended to be flexible to meet the diverse health care needs of TGD people globally. While adaptable, they offer standards for promoting optimal health care and for guiding treatment of people experiencing gender incongruence. As in all previous versions of the SOC, the criteria put forth in this document for gender-affirming interventions are clinical guidelines; individual health care professionals and programs may modify them in consultation with the TGD person. Clinical departures from the SOC may come about because of a patient’s unique anatomic, social, or psychological situation; an experienced health care professional’s evolving method of handling a common situation; a research protocol; lack of resources in various parts of the world; or the need for specific harm-

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<sup>33</sup> See, e.g., Almazan, A. N., & Keuroghlian, A. S. (2021). Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA surgery*, 156(7), 611–618; Almazan, et al. (2021); Murad, M. H., et al. (2010). Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. *Clinical Endocrinology*, 72(2), 214-231; Smith, Y., et al. (2005). Sex reassignment: Outcomes and predictors of treatment for adolescent and adult transsexuals. *Psychological Medicine* 35(1): 89-99; and Pfafflin, F., & Junge, A. (1998). Sex reassignment: Thirty years of international follow-up studies after sex reassignment surgery, a comprehensive review, 1961-1991.



reduction strategies. These departures should be recognized as such, explained to the patient, and documented for quality patient care and legal protection.”

73. Gender-affirming medical interventions are considered medically necessary for many adolescents with gender dysphoria and are recognized as such by the major professional organizations.

74. There are no evidence-based interventions, other than gender-affirming medical care, to treat gender dysphoria for those who need it.

75. I am familiar with the practices of many gender-affirming care medical providers across the country based on my professional interactions with them through research including our NIH-funded multisite study, professional collaborations, and conferences. Providers across the country, including in Texas, report having observed the same positive outcomes for their patients with gender dysphoria as a result of gender-affirming medical interventions that I have outlined in this declaration and have observed in my over 17 years providing this care.

76. Under HB808, medical providers would be left with no evidence-based treatment approaches to support their adolescent patients with gender dysphoria. This denial of necessary and effective care will thus result in negative health consequences for transgender adolescents in North Carolina.

### **CONCLUSION**


77. Gender-affirming medical and surgical care is effective, beneficial, and necessary for transgender people suffering with gender dysphoria, including transgender

youth after the onset of puberty. It is well documented and studied, through years of clinical experience, observational scientific studies, and even some longitudinal studies. It is also the accepted standard of care by all major medical organizations in the United States.

78. The denial of gender-affirming medical care, on the other hand, is harmful to transgender people. It exacerbates their dysphoria and may cause anxiety, depression, and suicidality, among other harms.

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

Executed this 6th day of October 2023.

  
\_\_\_\_\_  
Johanna Olson-Kennedy, M.D., M.S.

# **Exhibit A**

**CURRICULUM VITAE**  
**JOHANNA OLSON-KENNEDY MS, MD**  
**JUNE 28, 2023**

**PERSONAL INFORMATION:**

<b>Work</b>
4650 Sunset Blvd. MS 2 Los Angeles, CA 90027
Phone: 323-361-3128
Fax: 323-953-8116
Work Email: jolson@chla.usc.edu

**EDUCATION AND PROFESSIONAL APPOINTMENTS**

**EDUCATION:**

<i>Year</i>	<i>Degree, Field, Institution, City</i>
1992	BA, Mammalian Physiology, UC San Diego, San Diego
1993	MS, Animal Physiology, The Chicago Medical School, Chicago
1997	MD, Medical Doctor, The Chicago Medical School, Chicago
2015	MS, Clinical and Biomedical Investigations in Translational Science, USC, Los Angeles

**POST-GRADUATE TRAINING:**

<i>Year-Year</i>	<i>Training Type, Field, Mentor, Department, Institution, City</i>
1997 - 1998	Internship, Pediatrics, Children's Hospital Orange County, Orange
1998 - 2000	Residency, Pediatrics, Antonio Arrieta, Children's Hospital Orange County, Orange
2000 - 2003	Fellowship, Adolescent Medicine, Children's Hospital Los Angeles, Los Angeles
2012 - 2015	Master's Degree, Clinical and Biomedical Investigations in Translational Science, USC

**ACADEMIC APPOINTMENTS:**

<i>Year-Year</i>	<i>Appointment</i>	<i>Department, Institution, City, Country</i>
2006 - 2016	Assistant Professor of Clinical Pediatrics	Division of Adolescent Medicine, Children's Hospital Los Angeles/USC Keck School of Medicine, Los Angeles, USA
2016 - Present	Associate Professor of Clinical Pediatrics	Division of Adolescent Medicine, Children's Hospital Los Angeles/USC Keck School of Medicine, Los Angeles, USA

**CLINICAL/ADMINISTRATIVE APPOINTMENTS:**

2008 - 2012	Fellowship Director	Division of Adolescent Medicine, Children's Hospital Los Angeles, Los Angeles, USA
2012 - present	Medical Director	The Center for Transyouth Health and Development, Division of Adolescent Medicine, Children's Hospital Los Angeles, Los Angeles, USA

2021 - present	Clinical consultant	Santa Barbara Neighborhood Clinics
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**LICENSURE, CERTIFICATIONS**

**LICENSURE:**

<i>Year</i>	<i>License number, State, Status</i>
2000	A-67352, California, Active

**BOARD CERTIFICATION OR ELIGIBILITY:**

<i>Year</i>	<i>Board, State, Status</i>
2001, 2009, 2015	Pediatrics, California, active

**SPECIALTY CERTIFICATION:**

<i>Year</i>	<i>Specialty Certification, Status</i>
2003, 2013	Adolescent Medicine, California, active

**HONORS, AWARDS:**

<i>Year</i>	<i>Description</i>	<i>Awarding agency, address, city</i>
2009	Health Care Advocacy Champion	Democratic Advocates for Disability Issues, Los Angeles
2010	Clinical Research Academic Career Development Award	Saban Research Center TSRI Program: Community Health Outcomes and Intervention, Los Angeles
2012	Extraordinary Service Award	Equality California, 202 W 1st St., Suite 3-0130, Los Angeles
2013	Top Doctor	Castle Connolly
2014	Anne Marie Staas Ally Award	Stonewall Democratic Club; 1049 Havenhurst Drive #325, West Hollywood
2014	Top Doctor	Castle Connolly
2014	Recognition Award for Outstanding, Compassionate and Innovative Service	SoCal Society for Adolescent Health and Medicine Regional Chapter, Los Angeles
2015	The Champion Award	The Division of Adolescent Medicine; CHAMPION FUND 5000 Sunset Blvd. Los Angeles
2016	America's Most Honored Professional's – Top 10%	America's Most Honored Professional's
2016	Regional Top Doctor	Castle Connolly
2017	Exceptional Women in Medicine	Castle Connolly
2017	Regional Top Doctor	Castle Connolly
2017	America's Most Honored Professional's – Top 5%	America's Most Honored Professional's
2018	Regional Top Doctor	Castle Connolly
2019	Benjamin Meaker Visiting Professorship	University of Bristol, Bristol UK
2019	Regional Top Doctor	Castle Connolly
2019	L.A's Top Docs	Los Angeles Magazine
2019	Top Docs	Pasadena Health
2019	America's Most Honored Professional's – Top 1%	America's Most Honored Professional's
2020	Regional Top Doctor	Castle Connolly
2020	Southern California Top Doc	Castle Connolly

2020	Southern California Top Doctors	
2020	L.A's Top Docs	Los Angeles Magazine
2020	America's Most Honored Professional's – Top 1%	America's Most Honored
2021	Southern California Top Doc	Castle Connolly
2021	America's Most Honored Doctors – Top 1%	America's Most Honored
2021	Top Doctors	Castle Connolly
2022	America's Most Honored Doctors – Top 1%	America's Most Honored
2022	Top Doctors	Castle Connolly

## TEACHING

### **DIDACTIC TEACHING:**

#### *Keck School of Medicine at USC*

<i>Year-Year</i>	<i>Course Name</i>	<i>Units/Hrs</i>	<i>Role</i>
2019	Puberty Suppression and Hormones; Medical Interventions for Transgender Youth	One hour	Curriculum development and delivery
2020, 2021, 2022	Approach to the Care of Gender Non-conforming Children and Transgender Youth	One hour	Curriculum development and delivery
2023	Transgender and Non-binary Youth and Young Adults 101	One hour	Curriculum development and delivery

#### *CalState Fullerton*

<i>Year-Year</i>	<i>Course Name</i>	<i>Units/Hrs</i>	<i>Role</i>
2017	Gender Nonconforming and Transgender Youth	One hour	Curriculum development and delivery

### **UNDERGRADUATE, GRADUATE AND MEDICAL STUDENT (OR OTHER) MENTORSHIP:**

<i>Year-Year</i>	<i>Trainee Name</i>	<i>Trainee Type</i>	<i>Dissertation/Thesis/Project Title</i>
2015 - 2016	David Lyons	MD	Transgender Youth Clinical Clerkship
2016 - 2019	Jonathan Warus	MD	Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts
2019 - 2021	Laer Streeter	MD	Comparison of Histrelin Implants
2020 - Present	Richard Mateo Mora	MD	Fertility Preservation Among Transgender Women
2022	Avery Everhart	PhD	Incomplete Data & Insufficient Methods: Transgender Population Health Research in the US

**GRADUATE STUDENT THESIS, EXAM AND DISSERTATION COMMITTEES:**

<i>Year-Year</i>	<i>Trainee Name</i>	<i>Committee Type</i>	<i>Student Department</i>
2022	Avery Everhart	Dissertation	Social Work

**POSTGRADUATE MENTORSHIP:**

<i>Year-Year</i>	<i>Trainee Name</i>	<i>If past trainee, current position and location</i>
2012-2013	Lisa Simons, MD	Clinical Instructor – Lurie Children’s Hospital
2013	Shelley Aggarwal, MD	Clinical Instructor – Stanford University School of Medicine
2014	Julie Spencer, MD	Adolescent Medicine Provider Kaiser Hospital
2014-2015	Michael Haymer, MD	Program Director, Psychiatry Department UCLA
2015-2017	Patrick Shepherd, MD	CHLA Endocrinology Fellow
2015-2018	Jonathan Warus, MD	Faculty, CHLA/USC Keck School of Medicine
2015-2020	Shannon Dunlap, PhD	Postdoctoral Scholar - Research Associate, University of Southern California, Suzanne Dworak-Peck School of Social Work
2020-Present	Marianela Gomez-Rincon, MD	Adolescent Medicine Fellow
2020-Present	Jonathan Warus, MD	CHLA, Assistant Professor of Clinical Pediatrics
2022	Emmett Henderson, PhD, MS	USC Suzanne Dworak-Peck School of Social Work Senior mentor K99; USC

**MENTORSHIP OF FACULTY:**

<i>Year-Year</i>	<i>Mentee Name</i>	<i>Mentee Department</i>
2021 - present	Jonathan Warus, MD	Division of Adolescent Medicine, CHLA
2022 - present	Brigid Conn, PhD	Clinical Psychologist, CHLA

**SERVICE****DEPARTMENT SERVICE:**

<i>Year-Year</i>	<i>Position, Committee</i>	<i>Organization/Institution</i>
2010-2015	Secretary, The CHAMPION Fund Executive Board	The Division of Adolescent Medicine, Children’s Hospital Los Angeles

**HOSPITAL OR MEDICAL GROUP SERVICE:**

<i>Year-Year</i>	<i>Position, Committee</i>	<i>Organization/Institution</i>
2021 - present	Committee Member	SOGI work group, CHLA

**PROFESSIONAL SERVICE:**

<i>Year-Year</i>	<i>Position, Committee</i>	<i>Organization/Institution</i>
2012-present	Member, LGBT Special Interest Group	Society for Adolescent Health and Medicine
2022	Secretary, Executive Board of Directors	US Professional Association of Transgender Health
2016-present		

**CONSULTANTSHIPS AND ADVISORY BOARDS:**

<i>Year</i>	<i>Position, Board</i>	<i>Organization/Hospital/School, Institution</i>
2010-2017	Member, Advisory Board	Transyouth Family Allies
2017-present	Member, National Medical Committee	Planned Parenthood
2017 - Present	Board Member	US Professional Association of Transgender Health
2021	Expert Panelist	Robert Wood Johnson Foundation - National Commission on Data Transformation for Health Equity
2021	Member, Advisory Board	The National LGBTQIA+ Health Education Center
2023	Working Group Member; Expanding the Evidence Base in Gender-Affirming Care for Transgender and Gender Diverse Populations	NIH, Sexual & Gender Minority Research Office
2023	Consultant	Behavioral Health Excellence-Technical Assistance Center funded by the Health Resources and Services Administration (HRSA) to provide technical assistance, training, resources, tools, and consultation to their BHWET (Behavioral Health Workforce Education and Training), OWEP (Opioid Workforce Expansion Program) and GPE (Graduate Psychology Education) grantees.

**PROFESSIONAL SOCIETY MEMBERSHIPS:**

<i>Year- Year</i>	<i>Society</i>
2003 - present	Society for Adolescent Health and Medicine
2005 - present	American Academy of Pediatrics
2006 - 2011	Los Angeles Pediatric Society (Past president 2010)
2010 - present	Professional Association for Transgender Health
2014 - present	Society for Pediatric Research
2017 - present	US Professional Association for Transgender Health

**MAJOR LEADERSHIP POSITIONS: (E.G., DEAN, CHAIR, INSTITUTE DIRECTOR, HOSPITAL ADMINISTRATION, ETC.)****RESEARCH AND SCHOLARSHIP****EDITORSHIPS AND EDITORIAL BOARDS:**

<i>Year-Year</i>	<i>Position</i>	<i>Journal/Board Name</i>
2015 - present	Associate Editor	Journal of Transgender Health



**MANUSCRIPT REVIEW:**

<i>Year-Year</i>	<i>Journal</i>
2014 - present	Pediatrics
2014 - present	Journal of Adolescent Health
2014 - present	LGBT Health
2014 - present	International Journal of Transgenderism
2015 - present	Journal of Transgender Health
2018 - present	Clinical Child Psychology and Psychiatry
2018 - present	Journal of Sexual Medicine
2021 - present	JAMA Peds

**GRANT REVIEWS:**

<i>Year</i>	<i>Description</i>	<i>Awarding agency, City, State, Country</i>
2017	Cognition and Perception Study Section	National Institutes of Health, Bethesda, Maryland, USA
2017	Neurological, Aging and Musculoskeletal Epidemiology Study Section	National Institutes of Health, Bethesda, Maryland, USA
2018	Social Psychology, Personality and Interpersonal Processes Study Section	National Institutes of Health, Bethesda, Maryland, USA
2018	Neurological, Aging and Musculoskeletal Epidemiology Study Section	National Institutes of Health, Bethesda, Maryland, USA
2019	Special Emphasis Panel Review of Research Conference (R13) Grants	National Institutes of Health, Bethesda, Maryland, USA
2019	The Einstein Foundation Award for Promoting Quality in Research	Einstein Foundation, Berlin
2020	Biobehavioral and Behavioral Sciences Study Section	National Institutes of Health, Bethesda, Maryland, USA
2021	Social Psychology, Personality and Interpersonal Processes Study Section	National Institutes of Health, Bethesda, Maryland, USA

**MAJOR AREAS OF RESEARCH INTEREST**

Research Areas
1. Transgender and non-binary children, adolescents and young adults
2. HIV medication adherence

**GRANT SUPPORT - CURRENT:**

<i>Grant No. (PI)2R01HD082554-06A1 (Olson-Kennedy)</i>	<i>Dates of Award: 2021-2026</i>
<i>Agency: NICHD</i>	<i>Percent Effort 25%</i>
<i>Title: The Impact of Early Medical Treatment in Transgender Youth</i>	
<i>Description: This is the continuations of a multicenter study, the first of its kind in the U.S. to evaluate the long-term outcomes of medical treatment for transgender youth. This study will provide essential, evidence-based information on the physiological and psychosocial impact, as well as safety, of hormone blockers and cross-sex hormones use in this population.</i>	

<i>Role: Principle Investigator</i>	
<i>Total Direct Costs: \$4,918,586</i>	

<i>Grant No. 1R01HD097122-01 (Hidalgo)</i>	<i>Dates of Award: 2019-2024</i>
<i>Agency: NICHD</i>	<i>Percent Effort 2.5%</i>
<i>Title: A Longitudinal Study of Gender Nonconformity in Prepubescent Children</i>	
<i>Description: The purpose of this study is to establish a national cohort of prepubertal transgender/gender nonconforming (TGNC) children (and their parents), and longitudinally observe this cohort to expand the body of empirical knowledge pertaining to gender development and cognition in TGNC children, their mental health symptomology and functioning over time, and how family-initiated social gender transition may predict or alleviate mental health symptoms and/or diagnoses.</i>	
<i>Role: Site PI</i>	
<i>Total Direct Costs: \$2,884,950</i>	

<i>Grant No. LGBT Health Equity</i>	<i>Dates of Award: 2023-2025</i>
<i>Agency: California Department of Public Health</i>	<i>Percent Effort 10%</i>
<i>Title: Beliefs, Knowledge, and Attitudes of Pediatric Primary Care Providers Serving Latine Communities Regarding Gender-Affirming Care for Minors</i>	
<i>Description: This study aims to better understand the current barriers facing Latine pubertal TGNB youth and their parents/caretakers in accessing gender affirming care, assess the attitudes, beliefs, knowledge, perspectives, and comfort level of pediatric primary care providers serving people in predominately Latine communities regarding TGNB youth.</i>	
<i>Role: Principle Investigator</i>	
<i>Total Direct Costs: \$237,857</i>	

**GRANT SUPPORT - PAST:**

<i>Grant No. (PI) 1R01HD082554-01A1</i>	<i>Dates of Award: 2015-2020</i>
<i>Agency: NICHD</i>	<i>Percent Effort 45%</i>
<i>Title: The Impact of Early Medical Treatment in Transgender Youth</i>	
<i>Description: This is a multicenter study, the first of its kind in the U.S. to evaluate the long-term outcomes of medical treatment for transgender youth. This study will provide essential, evidence-based information on the physiological and psychosocial impact, as well as safety, of hormone blockers and cross-sex hormones use in this population.</i>	
<i>Role: Principle Investigator</i>	
<i>Total Direct Costs: \$4,631,970</i>	
<i>Grant No. (COI) R01AI128796-01</i>	<i>Dates of Award: 2/24/17-1/31/18</i>
<i>Agency: NIAID</i>	<i>Percent Effort: 5%</i>
<i>Title: Maturation, Infectibility and Trauma Contributes to HIV Susceptibility in Adolescents</i>	

<p>Description: This proposal explores the overarching hypothesis that fluctuations in sex steroid levels and mucosal trauma (sexual activity) are key determinants of mucosal immune activation and epithelial integrity, and that microbial communities are central to these processes. We will pursue this hypothesis by examining longitudinal changes in the anogenital microbiome as well as protein expression at these mucosal sites during sexual maturation (cisgender youth) and in hormonally-controlled sexual maturation (transgender youth). Associations between sex steroid levels, microbial community composition, mucosal trauma, and vaginal proteins will be determined and modeled.</p>
<p><i>Role: Co-Investigator</i></p>
<p><i>Total Direct Costs: \$44,816</i></p>

<p><i>Grant No. (PI) U01HD040463</i></p>	<p><i>Dates of Award 2006 – 2016</i></p>
<p><i>Agency: NIH/NICHD</i></p>	<p><i>Percent Effort: 10%</i></p>
<p><i>Title: Adolescent Medicine Trials Network for HIV/AIDS</i></p>	
<p><i>Description: Adolescent Medicine Trials Network for HIV/AIDS</i></p>	
<p><i>Role: Co-Investigator</i></p>	
<p><i>Total Direct Costs: 2,225,674</i></p>	

<p><i>Grant No. (PI) SC CTSI 8KL2TR000131</i></p>	<p><i>Dates of Award: 2012-2014</i></p>
<p><i>Agency: KL2 Mentored Career Research Development Program of the Center for Education, Training and Career Development</i></p>	<p><i>Percent Effort: 37.5%</i></p>
<p><i>Title: The Impact of Hormone Blockers on the Physiologic and Psychosocial Development of Gender Non-Conforming Peri-Pubertal Youth</i></p>	
<p><i>Description: This study aimed to understand the impact of puberty blocking medications on mental health and physiologic parameters in peri-pubertal transgender youth.</i></p>	
<p><i>Role: Principal Investigator</i></p>	
<p><i>Total Direct Costs: 191,525</i></p>	

**Invited Lectures, Symposia, keynote addresses**

<i>Date</i>	<i>Type</i>	<i>Title, Location</i>
2014	Invited Lecture	Transgender Youth; Needs, Risks, Outcomes and the Role of the System, Including Permanency and Inclusion for Our Youth, Administrative Office of the Courts, Center for Families and Children, San Diego, California
2015	Invited Lecture	Caring for Gender Non-Conforming and Transgender Youth, Lopez Family Foundation Special Lecture for Puerto Rico and Panama, Lopez Family Foundation, Children’s Hospital Los Angeles, Los Angeles, California
2015	Symposium	Transgender Youth – An Overview of Medical and Mental Health Needs of Gender Non-Conforming Children and Transgender Adolescents, Public Child Welfare Training Academy, Academy for Professional Excellence at San Diego State University School of Social Work, San Diego, California
2015	Invited Lecture	Meeting the Needs of Transgender Adolescents; 1 <sup>st</sup> Annual Southern California LGBT Health Symposium; USC/UCLA, Los Angeles, California

2015	Symposium	Transgender Youth; An Overview of Medical and Mental Health Needs of Gender Non-conforming Children and Transgender Adolescents; GetReal California's Initiative; "Integrating Sexual Orientation, Gender Identity, and Expression (SOGIE) into California's Child Welfare System," Oakland, California
2016	Invited Symposium	Caring for Gender Nonconforming and Transgender Youth; Idyllwild, California
2016	Educational symposium	Gender 101: A Primer; Vista Mar, California
2016	Invited Lecture	Caring for Gender Non-conforming Children and Teens in the New Millennium - A Multidisciplinary Team Approach, California Association of Marriage and Family Therapists, Los Angeles, California
2016	Invited Lecture	Caring for Gender Nonconforming Children and Transgender Youth, California Psychological Association, Continuing Education Institute, Irvine, California
2016	Invited Lecture	Health Issues Related to Transgender Youth; LA City Health Commission, Los Angeles, California
2016	Invited Lecture	Caring for Gender Nonconforming and Transgender Youth, Medical Directors 12th Annual Update on Reproductive Health and Medical Leadership, Planned Parenthood, Steamboat Springs, Colorado
2016	Invited Lecture	Caring For Transgender Teens, UCLA Meet the Professor, Los Angeles, CA
2017	Symposium	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, Santa Barbara, CA
2017	Invited Lecture	Healthcare for TGNC Youth, Expanding Competency for LGBT Youth in the System Conference, Center for Juvenile Justice Reform, Washington DC
2017	Invited Lecture	Gender Non-conforming and Transgender Children and Youth; Center for Early Education, West Hollywood, CA
2017	Invited Lecture	Gender Non-Conforming Children and Transgender Youth, Board of Behavioral Sciences, Orange, CA
2017	Invited Lecture	Puberty Suppression and Hormones; Medical Interventions for Transgender Youth, Santa Monica Rape Treatment Center, Santa Monica, CA
2017	Invited Lecture	Transgender Youth Care in the New Millennium, USC Law and Global Health Initiative, Los Angeles, CA
2018	Invited Lecture	Supporting Gender Diverse and Transgender Youth: A Deeper Look at Gender Dysphoria, Invited lecture, Oakwood School, Studio City, California, 2018
2018	Invited Lecture	Working with Trans and Gender Non-Conforming Youth, Children's Hospital Orange County, CA
2018	Invited Lecture	Caring for gender Non-conforming and Transgender Youth and Young Adults, Ascend Residential, Encino CA
2018	Invited Lecture	Caring for gender Non-conforming and Transgender Youth and Young Adults, California State University Northridge, Northridge, CA
2018	Invited Lecture	Gender Dysphoria; School Nurse Association of Idaho Annual Conference, School Nurse Association of Idaho Association, Boise Idaho
2018	Invited Lecture	Gender and What You Should Know, Archer School for Girls, Brentwood, CA
2018	Symposium	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, Oceanside, CA
2018	Invited Lecture	Gender Dysphoria: Beyond the Diagnosis, Advance LA Thriving Through Transitions Conference, The Help Group, Los Angeles, California

2018	Invited Lecture	Caring for Gender Non-Conforming and Transgender Youth, Andrology Society of America Clinical Symposium, Andrology Society of America, Portland, Oregon
2018	Symposium	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, Los Angeles, CA
2018	Invited Lecture	Caring for Gender Non-Conforming and Transgender Youth, Center for Early Education, Los Angeles, CA
2019	Symposium	The Care of Trans and Gender Non-Conforming Youth and Young Adults, Cal State Los Angeles, California
2019	Symposium	The Care of Trans and Gender Non-Conforming Youth and Young Adults, Claremont Colleges, California
2019	Symposium	TransYouth Care; Flagstaff, AZ
2019	Invited Lecture	Transgender and Gender Non-conforming Youth, Invited lecture, Elevations Residential Treatment, Salt Lake City, Utah
2019	Invited Lecture	Gender Diverse and Transgender Youth; What Pediatricians Should Know, Common Problems in Pediatrics Conference, Utah AAP, Utah
2019	Invited Lecture	Caring for Gender Diverse and Transgender Youth, Grand Rounds, UCLA Olive View, CA
2019	Invited Lecture	Caring for Gender Diverse and Transgender Youth, Grand Rounds, Good Samaritan, Los Angeles, California
2019	Invited Lecture	Puberty Suppression in Youth with Gender Dysphoria, Fenway Trans Health Program, Boston
2019	Invited Lecture	Recognizing the Needs of Transgender Youth, California Department of Corrections and Rehabilitation, Ventura, CA
2019	Invited Lecture	Gender Dysphoria; Beyond the Diagnosis, Gender Education Demystification Symposium, Gender Education and Demystification, Atlanta, Georgia
2019	Invited Lecture	Caring for Gender Nonconforming and Transgender Youth, Los Angeles Superior Court/Los Angeles Bar Association Training, CA
2019	Invited Lecture	Supporting Gender Diverse and Transgender Youth; A Deeper Look at Gender Dysphoria, Oakwood School, CA
2020	Symposium	Trans Youth Care, Chico Transgender Week, Virtual Presentation
2020	Invited Lecture	Gender Nonconforming and Transgender Youth, Novartis, Virtual Presentation
2020	Invited Lecture	Advanced Hormones; More than Just T and E, CHLA, Virtual Presentation
2020	Invited Lecture	Video Telehealth and Transgender Youth, Telehealth Best Practices for the Trans Community, The Central Texas Transgender Health Coalition, Virtual Presentation
2020	Invited Lecture	Gear Talk, Transforming Families, Virtual Lecture
2020	Invited Lecture	Tips for Parenting a Trans or Gender Diverse Youth, Models of Pride, Virtual Presentation
2020	Invited Lecture	Caring for Gender Diverse and Transgender Youth, LGBTQ+ Clinical Academy, Palo Alto University, Virtual presentation
2020	Invited Lecture	Medical Interventions for transgender youth, Cal State Los Angeles, Los Angeles
2020	Plenary Session	Understanding Issues Involving Gender Non-Conforming and Transgender Individuals Coming to a Courtroom Near You, Mid-Winter Workshop for Judges of the Ninth Circuit, Palm Springs, CA

2021	Invited Lecture	Gender Affirmation through a Social Justice Lens; Center for Gender Equity in Medicine and Science (GEMS) at Keck School of Medicine, Los Angeles
2021	Invited Lecture	Introduction to the Care of Gender Diverse and Transgender Youth, Providence Medical Group – South Bay Pediatrics (Torrance, San Pedro, Redondo Beach), virtual lecture
2021	Invited Lecture	Caring for Gender Diverse and Transgender Youth. San Luis Obispo Acceptance, Cal Poly, Virtual Presentation
2022	Invited Lecture	Transgender and Non-binary children and youth, Board of Behavioral Sciences
2022	Invited Lecture	Gender Affirmation through a Social Justice Lens; University of Arizona Health Sciences LGBTQ+ Symposium & Health Fair
2022	Invited Lecture	Gender Dysphoria in Children, Adolescents and Young Adults, MedLambda and PsychSIG Keck USC School of Medicine, Virtual Lecture
2022	Invited Lecture	Caring for Transgender and Gender Nonconforming Youth, Presbyterian Healthcare Services, New Mexico, Virtual lecture
2022	Invited Lecture	Transgender and Non-Binary Youth, Rogers Behavioral Health, Virtual Lecture
2023	Invited Lecture	Transgender and Non-binary Youth and Young Adults 101, When Healthcare Gets Political; Health Justice and Systems of Care course, Keck USC School of Medicine, Los Angeles
2023	Invited Lecture	Transgender and Non-Binary Youth; Navigating Gender Care in 2023, Improving Outcomes Conference, UC Davis, Sacramento, CA
2023	Invited Lecture	Gender Affirming Medical and Mental Health Care for Transgender Adolescents, California Association of Marriage and Family Therapists Annual Conference, Santa Clara, CA
2023	Invited Lecture	Trans Youth Care in 2023; What's New, What's Not, Behavioral Health Excellence-Technical Assistance Center
2023	Invited Lecture	Pharmacology for Transgender Children and Adolescents, NICHD Pediatric Clinical Pharmacological Lecture Series, May 2023
2023	Invited Lecture	The Transyouth Center for Health and Development at CHLA, USC Ellison Institution, Pride Week, June 2023

**Invited Grand Rounds, CME Lectures**

<i>Date</i>	<i>Type</i>	<i>Title, Location</i>
2014	Grand Rounds	Caring for Gender Non-conforming Children and Teens in the New Millennium - A Multidisciplinary Team Approach; Seattle Children's Hospital, Seattle, Washington
2014	CME lecture	Transgender Youth; An Overview of Medical and Mental Health Needs of Gender Non-conforming Children and Transgender Adolescents; Eisenhower Medical Center Transgender Health Symposium, Palm Springs, California
2014	Grand Rounds	Toddlers to Teens: Comprehensive Health Care for the Transgender Child, Cultural Psychiatry Lecture Series, University of Iowa Carver College of Medicine, Iowa City, Iowa

2014	Grand Rounds	Caring for Gender Non-conforming Children and Teens in the New Millennium; A Multidisciplinary Team Approach, Children's Hospital Los Angeles, Los Angeles, California
2014	CME lecture	Difficult Cases, Gender Spectrum Family Conference, Gender Spectrum, Moraga, California
2014	CME lecture	Cross-sex Hormones for Teenagers, How Young is Too Young? Philadelphia Trans Health Conference, Philadelphia, Pennsylvania
2014	CME lecture	Pediatric Update, Philadelphia Trans Health Conference, Philadelphia, Pennsylvania
2015	Grand Rounds	Caring for Gender Nonconforming and Transgender Youth, Stanford Division of Adolescent Medicine, Palo Alto, CA
2015	CME Educational Lecture	Update on the Transgender Patient for the PCP, St. Joseph's Providence, Burbank, CA
2015	CME Educational Lecture	Caring for Gender Non-Conforming Children and Transgender Teens, Providence Tarzana, CA
2015	Grand Rounds	Caring for Gender Nonconforming and Transgender Youth, University of Southern California, Los Angeles, California
2015	Grand Rounds	Puberty Blockers and Cross Sex Hormones, Pediatric Endocrinology, Children's Hospital Los Angeles, Los Angeles, California
2015	CME lecture	Youth and Hormones, 2015 Gender Expansion Conference, University of Montana, Missoula Montana
2015	CME lecture	Transyouth Healthcare, 2015 Gender Expansion Conference, University of Montana, Missoula Montana
2015	CME lecture	Supporting Transgender Youth, Southern Oregon University Student Health and Wellness Center Workshop, Southern Oregon University, Ashland, Oregon
2015	PCS Grand Rounds	Caring for Gender Nonconforming Children and Transgender Youth, Children's Hospital Los Angeles, Los Angeles, California
2015	CME lecture	Medical Care for Gender Non-Conforming Children, Transgender Adolescents and Young Adults in the New Millennium, Continuing Medical Education of Southern Oregon, Medford, Oregon
2015	Grand Rounds	Medical Care for Gender Non-Conforming Children and Transgender Youth, Olive View Medical Center-UCLA, Sylmar, California
2015	Grand Rounds	Caring for Gender Non-conforming Children and Transgender Teens, Harbor-UCLA Department of Pediatrics, Torrance, California
2015	CME lecture	Caring for Gender Non-conforming Children and Teens in the New Millennium, Healthcare Partners Pediatric Town Hall Meeting, Healthcare Partners CME, Glendale, California
2016	Pediatric Grand Rounds	Puberty Suppression and Hormones; Medical Interventions for Transgender Youth; Children's Hospital Los Angeles, Los Angeles, California
2016	Endocrine Grand Rounds	Approach to Care of Gender Non-Conforming Children and Transgender Adolescents; Cedars Sinai Hospital, Los Angeles, California
2016	Pediatric Grand Rounds	Care of Gender Non-Conforming Children and Transgender Adolescents in the New Millennium, Stanford Lucille Packard Children's Hospital, Palo Alto, California
2016	Pediatric Update	Caring for Gender Variant Children and Adolescents, Pediatric Update for the Primary Provider, Children's Hospital St. Louis, St. Louis, Missouri

2016	Grand Rounds	Care of Gender Non-Conforming Children and Transgender Adolescents in the New Millennium, St. Jude's Grand Rounds, Memphis, Tennessee
2016	CME Educational Lecture	Transgender and Gender Non-Conforming Youth: Innovative Approaches to Care in 2016; Integrating Substance Use, Mental Health, and Primary Care Services: Courageous and Compassionate Care, Los Angeles, California
2016	CME; professional conference	Caring for Gender Non-conforming Children and Teens in the New Millennium - A Multidisciplinary Team Approach, Arizona Psychiatric Society, Tempe, Arizona
2016	CME/Educational Symposium	Caring for Gender Nonconforming and Transgender Youth, San Diego, California
2016	CME/CEU Educational Training	Medical Interventions for Transgender Youth and Young Adults, San Diego State University, San Diego, California
2016	Grand Rounds	Caring for Gender Nonconforming Children and Transgender Youth, Mt. Sinai Hospital, Pediatric Grand Rounds George J. Ginandes Lecture, New York, New York
2016	CME Educational Lecture	The Transgender Experience, Providence Tarzana, CA
2017	CME Educational Seminar	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, San Diego, CA
2017	CME Educational Seminar	The Care of Gender Non-Conforming children and Transgender Youth; Orange County Health Care Agency, Orange County, CA
2017	CME Educational Lecture	Rethinking Gender, Adolescent Grand Rounds, Children's Hospital Los Angeles, Los Angeles, CA
2017	CME Educational Lecture	Gender Non-Conforming Children and Transgender Youth, CME lecture for OB/Gyn, Omnia-Prova Education Collaborative, inc. Pasadena, California
2017	CME Educational Lecture	Gender Non-Conforming and Transgender Children and Adolescents, Developmental Pediatrics continuing education lecture, Children's Hospital Los Angeles, CA
2017	CME Educational Lecture	Care of Gender Non-Conforming Children and Transgender Adolescents, Lopez Family Foundation Educational Lecture, Los Angeles, CA
2017	CME Educational Lecture	Puberty Suppression and Hormones; Medical Interventions for Transgender Youth, USC Keck School of Medicine Reproductive Health, Los Angeles, CA
2017	CME Educational Seminar	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, San Diego, CA
2018	CME Symposium	Caring for Gender Nonconforming and Transgender Youth, Glendale Unified School District, CA
2018	CME Educational Lecture	Caring for Gender Non-Conforming Children and Transgender Youth, CME by the Sea, CA



2018	CME Symposium	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, Austin, TX
2018	CME Educational Lecture	Approach to the Care of Gender Non-Conforming Children and Transgender Youth, Desert Oasis Healthcare, Palm Desert, CA
2018	CME Workshop	Mental and Medical Healthcare for Transgender Adolescents, California Association of Marriage and Family Therapists, Garden Grove, CA
2018	CME Educational Lecture	Approach to the Care of Gender Non-Conforming Children and Transgender Youth, Keck School of Medicine, Los Angeles, CA
2018	Grand Rounds	Caring for Gender Non-Conforming Children and Transgender Adolescents, Primary Children's Hospital, Salt Lake City, UT
2018	CME Educational Lecture	Caring for Transgender Youth, Chico Trans Week, Chico, CA
2018	CME Educational Lecture	Rethinking Gender, UCSD Medical School, San Diego, CA
2018	CME Educational Lecture	Rethinking Gender, UCLA Medical School, Los Angeles, CA
2019	Symposium	Recognizing the Needs of Transgender Youth, California Department of Corrections and Rehabilitation, Stockton, CA
2019	Symposium	The Care of Trans and Gender Non-Conforming Youth and Young Adults, Cal State Los Angeles, California
2019	Symposium	The Care of Trans and Gender Non-Conforming Youth and Young Adults, Claremont Colleges, California
2019	CME Lecture	Gender Diverse and Transgender Youth, Harbor UCLA Medical Center Grand Rounds, Torrance, CA
2019	CME Lecture	Gender Dysphoria – Beyond the Diagnosis, Gender Odyssey San Diego, San Diego, CA
2019	Grand Rounds	Transgender Youth; What's New in 2019?, Children's Hospital Los Angeles, CA
2019	CME Symposium	Caring for Gender Nonconforming and Transgender Youth, Children's Hospital Orange County, CA
2019	CME Symposium	Caring for Gender Nonconforming and Transgender Youth, Stanislaus County Behavioral Health and Recovery Services, CA
2019	CME Educational Lecture	Rethinking Gender, Olive View Medical Center Grand Rounds, CA
2020	CME Lecture	Gender Affirmation Through a Social Justice Lens, SAHM Conference, Virtual Presentation
2020	CME Lecture	Introduction to the Care of Gender Diverse and Transgender Youth, AAP Conference, Virtual Lecture
2020	CME Lecture	Conversations with LGBTQ youth; the role of the pediatrician, AAP Conference, Virtual Lecture

2020	Grand Rounds	Creating Affirming Environments for Trans and Gender Diverse Patients, USC OB/Gyn Grand Rounds, Virtual Presentation
2020	CME Lecture	Introduction to the Care of Gender Diverse and Transgender Youth, Resident Lecture, CHLA
2020	CME Lecture	Introduction to the Care of Gender Diverse and Transgender Youth, Facey Medical Group, Los Angeles, CA
2020	Plenary Lecture	Reframing Gender Dysphoria, LEAH Conference, Los Angeles, CA
2020	CME Lecture	Gender Affirming Care for Pre and Peri-pubertal Trans and Gender Diverse Youth, LEAH Conference, Los Angeles, CA
2020	CME Lecture	Introduction to the Care of Gender Diverse and Transgender Youth, Division of Endocrinology, USC, Los Angeles, CA
2021	CME Lecture	Transitioning from Invalidation and Trauma to Gender Affirming Care; ACCM Grand Rounds, Children's Hospital Los Angeles, Virtual presentation
2021	CME Symposium	TransYouth Care; Transfamily Support San Diego, Virtual Symposium
2021	Symposium	TransYouth Care for Parents; Santa Clara, CA
2022	CME Lecture	Gender affirming medical interventions; An Evolving landscape, Critical Issues in Child and Adolescent Mental Health Conference, San Diego, California
2022	CME Symposium	TransYouth Care for Mental Health Providers; Santa Clara, CA
2022	CME Symposium	TransYouth Care; Transfamily Support San Diego, Virtual Symposium
2023	CME Lecture	Transgender Patients, Unique Considerations, Scripps Mercy Hospital, Virtual Symposium, Aug 2023

### International Lectures

<i>Date</i>	<i>Type</i>	<i>Title, Location</i>
2013	Keynote	Caring for Gender Non-conforming Children and Adolescents in the New Millennium, Vancouver, Canada
2016	CME; professional conference	Social Transitions in Pre-pubertal Children; What do we know? World Professional Association of Transgender Health, Amsterdam, The Netherlands
2016	CME; professional conference	Beyond Male and Female; Approach to Youth with Non-Binary Gender Identities, World Professional Association of Transgender Health, Amsterdam, The Netherlands
2016	CME; professional conference	Workgroup on Gender Nonconforming/Transgender Youth: Biopsychosocial Outcomes and Development of Gender Identity, World Professional Association of Transgedner Health, Amsterdam, The Netherlands
2017	Invited Lecture	Gender Dysphoria, Beyond the Diagnosis, Pink Competency, Oslo Norway

2017	Invited Lecture	Caring for Gender Non-Conforming Children and Transgender Adolescents: A United States Perspective, Pink Competency, Oslo Norway
2017	Invited Lecture	Caring for Gender Non-conforming and Transgender youth and Young Adults, Diverse Families Forum: The Importance of Family Support in The Trans And LGBT Children, Organized by COPRED and The International Association Of Families For Diversity (FDS), Mexico City, Mexico
2018	Invited Lecture	Chest Reconstruction and Chest Dysphoria in Transmasculine Adolescents and Young Adults: Comparison of Nonsurgical and Postsurgical Cohorts, Buenos Aires, Argentina
2018	Invited Lecture	Transgender Youth and Gender Affirming Hormones; A 6-8 year follow-up, Buenos Aires, Argentina
2018	Invited Lecture	Transyouth Care – An NIH Multisite Study About the Impact of Early Medical Treatment in Transgender Youth in the US, Buenos Aires, Argentina
2018	Invited Lecture	Uso de Hormonas Reafirmantes de Genero en Adolescentes Transgenero, Trans Amor Congreso Nacional de Transexualidad Juvenil y Infantes, Monterey, Mexico
2018	Invited Lecture	Bloqueadores de la Pubertad, Trans Amor Congreso Nacional de Transexualidad Juvenil y Infantes, Monterey, Mexico
2018	CME Educational Lecture	Puberty Blockers and Gender Affirming Hormones for Transgender Youth: What Do We Know, and What Have We Learned, Pediatric Academic Societies, Toronto, Canada
2019	Grand Rounds	Rethinking Gender, Grand Rounds, The Hospital for Sick Children, Toronto, Canada
2019	Keynote	<b><i>Gender Dysphoria; Beyond the Diagnosis</i></b> , Promoting Innovation and Collaboration to Support Gender Diverse Youth Conference, The Hospital for Sick Children, Toronto, Canada, December 2019
2019	Invited Lecture	Hormonas que Affirman el Genero pasa Juventud y Adultos Menores Trans, Transformando Desde el Amor y Las Familias, Colombia
2019	Invited Lecture	Infancia Trans y da Genero Diverso, Transformando Desde el Amor y Las Familias, Colombia
2019	Invited Lecture	Transgender Youth: Medical and Mental Health Needs, Bristol, United Kingdom
2019	Invited Lecture	Rethinking Gender, University of Bristol, United Kingdom
2019	CME; professional conference	Male Chest Reconstruction and Chest Dysphoria in Transmasculine Adolescents and Young Adults, European Professional Association of Transgender Health, Rome Italy
2019	CME; professional conference	Transgender Youth and Gender Affirming Hormones; 5-7 Year Follow Up, European Professional Association of Transgender Health, Rome Italy
2019	CME Educational Lecture	Gender Dysphoria; Beyond the Diagnosis, European Professional Association of Transgender Health, Rome Italy

2022	Plenary Session	The Landscape of Gender Affirming Care for Youth in the US, AusPATH, Virtual
2022	CME; professional conference	Emotional Functioning of Adolescents with Gender Dysphoria After Two Years of Treatment; WPATH Conference, Montreal, Canada
2022	CME; Professional Conference	Creating Enduring Materials; WPATH Conference, Montreal, Canada

### Keynote/Plenary Presentations

<i>Date</i>	<i>Type</i>	<i>Title, Location</i>
2015	Keynote	The Future of Trans Care in the New Millennium, Gender Infinity Conference, Houston, Texas
2016	Plenary Session	Caring for Trans Youth and Gender Non-Conforming Children, Transgender Spectrum Conference, St. Louis, Missouri
2017	Invited Lecture	Rethinking Gender, Keynote, Annual Convocation Welcome Luncheon for the LGBTQA Community, University of Massachusetts, Worcester, Massachusetts, 2017
2018	Keynote	Future Directions, USPATH, Washington DC
2019	Keynote	Gender Dysphoria; A Deeper Dive Beyond the Diagnosis, Inaugural LGBTQ summit, Santa Clara CA
2021	CME; professional conference	Advances and Challenges in the Care of Transgender/Gender Diverse Youth; USPATH Conference, Virtual presentation
2022	Keynote	Gender Affirmation Through a Social Justice Lens, Indiana University School of Medicine
2022	Invited Lecture	Transgender and Non-Binary Youth, Supporting the Well-Being of LGBTQ Youth Certificate Program Center for Juvenile Justice Reform Georgetown University, virtual training
2022	Invited Lecture	Transgender and Non-Binary Youth, Young Women's Career Conference (YWCC) for the Girls Academic Leadership Academy; virtual lecture
2023	Invited Lecture	

### PUBLICATIONS:

\* INDICATES TRAINEES

\*\* INDICATE YOURSELF AS CO-FIRST OR CO-CORRESPONDING OR SENIOR AUTHORS

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3. **Olson J\*\***, Forbes C, Belzer M. Management of the transgender adolescent. *Arch Pediatr Adolesc Med.* 2011 Feb;165(2):171-6. doi: 10.1001/archpediatrics.2010.275. Review. PubMed PMID: 21300658.
4. Simons L\*, Schrager SM, Clark LF, Belzer M, **Olson J\*\***. Parental support and mental health among transgender adolescents. *J Adolesc Health.* 2013 Dec;53(6):791-3. DOI: 10.1016/j.jadohealth.2013.07.019. Epub 2013 Sep 4. PubMed PMID: 24012067; PubMed Central PMCID: PMC3838484.
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6. **Olson J\*\***, Garofalo R. The peripubertal gender-dysphoric child: puberty suppression and treatment paradigms. *Pediatr Ann.* 2014 Jun;43(6):e132-7. doi: 10.3928/00904481-20140522-08. PMID: 24972421.
7. **Olson J\*\***, Schrager SM, Clark LF, Dunlap SL, Belzer M. Subcutaneous Testosterone: An Effective Delivery Mechanism for Masculinizing Young Transgender Men. *LGBT Health.* 2014 Sep;1(3):165-7. doi: 10.1089/lgbt.2014.0018. Epub 2014 Jun 26. PMID: 26789709.
8. Schrager SM, **Olson J**, Beharry M\*, Belzer M, Goldsich K\*, Desai M, Clark LF. Young men and the morning after: a missed opportunity for emergency contraception provision? *J Fam Plann Reprod Health Care.* 2015 Jan;41(1):33-7. doi: 10.1136/jfprhc-2013-100617. Epub 2014 Jan 24. PubMed PMID: 24465024.
9. Belzer M, Kolmodin MacDonell K, Clark L, Huang J, **Olson J**, Kahana S, Naar S, Sarr M, Thornton S. Acceptability and Feasibility of a Cell Phone Support Intervention for Youth Living with HIV with Nonadherence to Antiretroviral Therapy, *AIDS Patient Care and STDs*, Vol. 29, No. 6, June 2015: 338-345. doi: 10.1089/apc.2014.0282; PMID: 25928772
10. Klein DA, Ellzy JA, **Olson J\*\***. Care of a Transgender Adolescent. *Am Fam Physician.* 2015 Jul 15;92(2):142-8. PMID: 26176373.
11. **Olson J\*\***, Schrager SM, Belzer M, Simons LK\*, Clark LF. Baseline Physiologic and Psychosocial Characteristics of Transgender Youth Seeking Care for Gender Dysphoria. *J Adolesc Health.* 2015 Oct;57(4):374-80. doi: 10.1016/j.jadohealth.2015.04.027. Epub 2015 Jul 21. PMID: 26208863; PMCID: PMC5033041.
12. **Olson-Kennedy J\*\***, Cohen-Kettenis PT, Kreukels BP, Meyer-Bahlburg HF, Garofalo R, Meyer W, Rosenthal SM. Research priorities for gender nonconforming/transgender youth: gender identity development and biopsychosocial outcomes. *Curr Opin Endocrinol Diabetes Obes.* 2016 Apr;23(2):172-9. doi: 10.1097/MED.000000000000236. PMID: 26825472; PMCID: PMC4807860.
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19. **Olson-Kennedy J\*\***, Chan YM, Rosenthal S, Hidalgo MA, Chen D, Clark L, Ehrensaft D, Tishelman A, Garofalo R. Creating the Trans Youth Research Network: A Collaborative Research Endeavor. *Transgend Health.* 2019 Nov 1;4(1):304-312. doi: 10.1089/trgh.2019.0024. PMID: 31701011; PMCID: PMC6830532.
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6. **Olson J**, Medical Care of Transgender Adolescents, Cross sex Hormones, Gender Infinity Conference, Houston, TX, 2014
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10. **Olson J**, Transgender Youth 101, Stonewall LGBT Health Symposium, Los Angeles, CA, 2014
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16. **Olson J**, Just a Boy, Just a Girl, Gender Spectrum, Gender Spectrum Professional Conference, Moraga, California, 2015
17. **Olson J**, Transition for Teens and Young Adults, Gender Infinity Provider and Advocacy Day, Gender Infinity Conference, Houston, TX, 2015
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- 2011, My Extraordinary Family, ABC Nightline
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# **Exhibit B**

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