Exhibit 16

CAUSE NO.

LAZARO LOE, *et al.*,	§	
	§	
Plaintiffs,	§	
v.	§	IN THE DISTRICT COURT OF
	§	TRAVIS COUNTY, TEXAS
THE STATE OF TEXAS, *et al.*,	§	____ JUDICIAL DISTRICT
	§	
Defendants.	§	
	§	
	§	

EXPERT AFFIDAVIT OF ARON JANSSEN, M.D.

I, Aron Janssen, M.D., 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

4. I am the Vice Chair of the Pritzker Department of Psychiatry and Behavioral Health at the Ann and Robert H. Lurie Children's Hospital of Chicago ("Children's Hospital"), where I also serve as Clinical Associate Professor of Child and Adolescent Psychiatry. I maintain a clinical practice in Illinois where I treat patients from Illinois and the surrounding states.

5. I received my medical degree from the University of Colorado School of Medicine and completed by residency in psychiatry and fellowship in child and adolescent psychiatry at New York University Langone Medical Center.

6. In 2011, I founded the Gender and Sexuality Service at New York University, for which I served as Clinical Director. I also previously served as Co-Director of the New York University Pediatric Consultation Liaison Service for the New York University Department of Child and Adolescent Psychiatry.

7. I am board certified in Child and Adolescent Psychiatry and Adult Psychiatry.

8. I have been treating children and adolescents with gender dysphoria for over 12 years. I have seen and treated over 500 children and adolescents with gender dysphoria during my medical career. Currently, approximately 90 percent of the patients in my clinical practice are transgender children and adolescents.

9. As part of my practice, I stay current on medical research and literature relating to the care of transgender persons and patients with gender dysphoria. I am an Associate Editor of the peer-reviewed publication *Transgender Health* and a reviewer for *LGBT Health* and *Journal of the American Academy of Child and Adolescent Psychiatry*, both of which are peer-reviewed journals.

10. I am the author or co-author of 16 peer-reviewed articles on care for transgender patients and am the co-editor of *Affirmative Mental Health Care for Transgender and Gender Diverse Youth: A Clinical Casebook* (Springer Publishing, 2018), which is the first published clinical casebook on the mental health treatment for children and adolescents with gender dysphoria. I have also authored or co-authored numerous book chapters on treatment for transgender adults and youth.

11. I have been a member of the World Professional Association for Transgender Health ("WPATH") since 2011. I was actively involved in the revision of WPATH's *Standards of Care for the Health of Transgender and Gender Diverse People* ("Standards of Care"), serving as

a member of revision committees for both the child and adult mental health chapters of version 8 of WPATH's Standards of Care (SOC 8), published in 2022.

12. In addition to the above, I am involved in training other medical and mental health providers in the treatment of children and adolescents with gender dysphoria. I have conducted trainings for over 1,000 medical and mental health providers and have given dozens of public addresses, seminars, and lectures on the treatment of gender dysphoria in children and adolescents.

13. I am also involved in a number of international, national, and regional committees that contribute to the scholarship and provision of care to transgender people. I am the Chair of the American Academy of Child and Adolescent Psychiatry's Sexual Orientation and Gender Identity Committee. I serve as a member of the Transgender Health Committee for the Association of Gay and Lesbian Psychiatrists. I am the Founder and former Director of the Gender Variant Youth and Family Network.

14. Further information about my professional background and experience is outlined in my curriculum vitae, a true and accurate copy of which is attached as **Exhibit A** to this declaration.

B. Prior Testimony

15. Within the last four years, I testified as an expert at trial or by deposition in: *Dekker v. Weida*, No. 4:22-cv-00325 (N.D. Fla.); *B.P.J. v. W. Va. Bd. of Educ.*, Case No. 2:21-cv-00316 (S.D. W.Va.); and *L.E. v. Lee*, Case No. 3:21-CV-00835 (M.D. Tenn.).

C. Compensation

16. I am being compensated for my work on this matter at a rate of $400 per hour for preparation of this declaration and for time spent preparing for and giving local deposition or trial testimony. In addition, I would be compensated $2,500 per day for deposition or trial testimony requiring travel and $300 per hour for time spent travelling, plus reasonable expenses. 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

17. My opinions contained in this declaration are based on: (1) my clinical experience as a psychiatrist treating patients with gender dysphoria, including transgender children, adolescents, and young adults; (2) my knowledge of the peer-reviewed research, including my own, regarding the treatment of gender dysphoria, which reflects advancements in the field of transgender health; (3) my knowledge of the clinical practice guidelines for the treatment of gender dysphoria, including my work as a contributing author of WPATH SOC 8; and (4) my review of any of the materials cited herein.

18. In preparing this declaration, I reviewed the text of Senate Bill 14 (hereafter, "SB 14", "the Act", or "the Ban"), enacted by the 88th Texas legislature and signed into law by Governor on June 2, 2023, as well as the House Research Organization bill analysis of SB 14, dated May 12, 2023.

19. I have relied on my years of research and clinical experience in child, adolescent, and adult psychiatry, as well as my professional knowledge, as set out in **Exhibit A** and the materials listed therein.

20. In addition, I have also reviewed the materials listed in the bibliography attached as **Exhibit B**. I may rely on those documents as additional support for my opinions.

21. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

22. To my knowledge, I have not met or spoken with any of the Plaintiffs in this case.

SUMMARY OF OPINIONS

23. Gender-affirming medical care for transgender adolescents—including puberty-delaying medication and gender-affirming hormones—is widely accepted as medically necessary treatment for gender dysphoria.

24. The following medical groups, among others, recognize that gender-affirming medical care is safe and effective: American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Psychological Association, the American Psychiatric Association, and the American Medical Association, among many other mainstream medical organizations.

25. Under the World Professional Association for Transgender Health ("WPATH") Standards of Care and treatment guidelines from the Endocrine Society, gender-affirming medical treatment is provided only after a careful and thorough assessment of a patient's mental health, including co-occurring conditions, history of trauma, and substance use, among many other factors.

26. There is robust evidence demonstrating the value of medical interventions for adolescents when in the context of an appropriate psychosocial evaluation.

27. Studies have repeatedly documented that puberty-delaying medication and gender-affirming hormone therapy are associated with mental health benefits in both the short and long term. Further, I have seen first-hand countless times the benefits that adolescents can have when they have access to this safe and necessary medical care.

28. By contrast, there is no evidence that adolescents with persistent gender dysphoria can be treated with mental health therapy to stop being transgender, and such practices have been

shown to be harmful and unethical. Banning transgender youth from receiving gender-affirming care will profoundly harm the mental health and wellbeing of people who need it.

EXPERT OPINIONS

A. Gender Identity

29. At birth, infants are assigned a sex, either male or female, based on the appearance of their external genitalia. For most people, their sex assigned at birth, or assigned sex, matches that person's gender identity. For transgender people, their assigned sex does not align with their gender identity.

30. Gender identity is a person's core sense of belonging to a particular gender, such as male or female.

31. Gender identity is one of a person's multiple sex characteristics, which also include, among others, internal reproductive organs, external genitalia, chromosomes, hormones, and secondary sex characteristics.

32. Living in a manner consistent with one's gender identity is critical to the health and wellbeing of any person, including transgender people.

33. Every person has a gender identity. It is not a personal decision, preference, or belief. A transgender boy cannot simply turn off his gender identity like a switch, any more than a non-transgender boy or anyone else could.[1]

[1] Some older studies have shown that prepubertal children with gender non-conforming expression realize with the onset of puberty that their gender identity is consistent with their sex assigned at birth. Those studies are subject to criticism for not accurately measuring "desistance" of a transgender identity among children. But even if those studies of prepubertal children were accepted uncritically, there are no studies that claim to document similar "desistance" once a minor reaches adolescence. *See* Madeleine S.C. Wallien, Peggy T. Cohen-Kettenis, *Psychosexual Outcome of Gender-Dysphoric Children*, JOURNAL OF THE AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY, Volume 47, Issue 12, 2008, Pages 1413-1423, ISSN 890-8567, https://doi.org/10.1097/CHI.0b013e31818956b9.

34. Current science recognizes that gender identity is innate and strongly indicates that gender identity has a biological basis.

35. The evidence demonstrating that gender identity cannot be altered, either for transgender or for non-transgender people, further underscores the innate nature and immutable of gender identity. Past attempts to "cure" transgender persons by using talk therapy, and even aversive therapy, to change their gender identity to match their birth-assigned sex were ineffective and caused extreme psychological damage.[2] That conclusion is further bolstered by the extensive evidence that rejection of a young person's gender identity from family and peers are the strongest predictors for adverse mental health outcomes.

36. Every leading medical and mental health organization has issued clear statements that those practices are discredited, harmful, and ineffective. This includes the American Medical Association (2017), the American Psychiatric Association (2018), the American Academy of Child & Adolescent Psychiatry (2018), the American Psychological Association (2021), and the American Academy of Pediatrics (Rafferty, et al., 2018), among others.

37. There is no one way by which people experience their gender identity development from early questioning to consolidation and affirmation. Though it is common for transgender youth to come out at puberty, for other transgender persons this is not true, and it may take them longer to come to recognize and acknowledge their gender identity. For the latter group, this is not due to some "late onset" of dysphoric feelings or sudden understanding themselves as

[2] Turban, et al., *Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults*, 77 JAMA PSYCHIATRY 68 (2020); Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C.J. (2020). *Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018*. AMERICAN JOURNAL OF PUBLIC HEALTH, 110(8), 1221–1227; Craig, S. L., Austin, A., Rashidi, M., & Adams, M. (2017). *Fighting for survival: The experiences of lesbian, gay, bisexual, transgender, and questioning students in religious colleges and universities*. JOURNAL OF GAY & LESBIAN SOCIAL SERVICES*, 29*(1), 1–24.

transgender, it is the result of a long and difficult process toward accepting and understanding themselves in a social context where being transgender is still a difficult reality due to external stigma, fears of family and social rejection, and even internalized transphobia (Pullen Sansfaçon, et al., 2020).

B. Gender Dysphoria and Its Diagnostic Criteria

38. The term "gender dysphoria" is the distress related to the incongruence between one's gender identity and one's sex assigned at birth.

39. Gender Dysphoria (capitalized) is the clinical diagnosis for the significant distress that results from the incongruity between one's gender identity and sex assigned at birth. It is a serious medical condition, and it is codified in the American Psychiatric Association's in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR) (DSM-5 released in 2013 and DSM-5-TR released in 2022).

40. The DSM-5 defines gender dysphoria as a: "marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children, the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning."

41. The DSM-5 also states that: "gender dysphoria is manifested in a variety of ways, including strong desires to be treated as the other gender or to be rid of one's sex characteristics, or a strong conviction that one has feelings and reactions typical of the other gender."

42. "Gender Dysphoria in Children" is a diagnosis applied only to prepubertal children in the DSM-5. The DSM-5 has a separate diagnosis of "Gender Dysphoria in Adolescents and Adults." The diagnostic criteria for these diagnoses are distinct.

43. Understanding that children have less capacity to articulate abstract concepts about the sense of self as well as a reflection of what can be a lack of specificity of gender nonconforming behaviors in childhood, there are more nuanced criteria to make the diagnosis for children.

44. The criteria for the diagnosis of "Gender Dysphoria in Children" are:

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least six of the following (one of which must be Criterion A1):

1. A strong desire to be of the other gender or insistence that one is the other gender (or some alternative gender different from one's assigned gender)

2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.

3. A strong preference for cross-gender roles in make-believe play or fantasy play.

4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.

5. A strong preference for playmates of the other gender.

6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.

7. A strong dislike of one's sexual anatomy.

8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

B. The condition is associated with clinically significant distress or impairment in social circles, school, or other important areas of functioning.

45. By contrast, the criteria for the separate DSM-5 diagnosis of "Gender Dysphoria in Adolescents and Adults" are:

A. A marked incongruence between experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

1. A marked incongruence between one's experienced/expressed gender and primary or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).

2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).

3. A strong desire for the primary and/or secondary sex characteristics of the other gender.

4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

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

46. Simply being transgender or gender nonconforming is not a medical condition or pathology to be treated. As the DSM-5 recognizes, diagnosis and treatment are "focus[ed] on dysphoria as the clinical problem, not identity per se." (DSM-5, at 451). The DSM-5 unequivocally repudiated the outdated view that being transgender is a pathology by revising the diagnostic criteria (and name) of gender dysphoria to recognize the clinical distress as the focus of the treatment, not the patient's transgender status.

47. When untreated, gender dysphoria can cause significant distress including increased risk of depression, anxiety, and suicidality. This is noted both in adolescents and adults. However, these risks decline when transgender people are supported and live according to their gender identity. Not only is this documented in scientific literature and published data, but I

witness this each time I see my patients being supported by their community, family, school, and medical providers.

C. Evidence-Based Guidelines for the Treatment of Gender Dysphoria

48. The World Professional Association of Transgender Health ("WPATH") has issued Standards of Care for the Health of Transgender and Gender Diverse People ("WPATH Standards of Care") since 1979. The current version is SOC 8, published in 2022. The WPATH Standards of Care, which are widely accepted in the medical community, provide guidelines for multidisciplinary care of transgender individuals, including children and adolescents, and describes criteria for medical interventions to treat gender dysphoria, including hormone treatment and surgery when medically indicated, for adolescents and adults.

49. The SOC 8 is based upon a rigorous and methodological evidence-based approach. (Coleman, et al., 2022). Its recommendations are evidence-based, informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options, as well as expert consensus. The process for development of SOC 8 incorporated recommendations on clinical practice guideline development from the National Academies of Medicine and The World Health Organization. Its recommendations were graded using a modified GRADE methodology (Guyatt, et al., 2011), considering the available evidence supporting interventions, risks and harms, and feasibility and acceptability.

50. A clinical practice guideline from the Endocrine Society (the Endocrine Society Guidelines) provides similar widely-accepted protocols for the medically necessary treatment of gender dysphoria. (Hembree, et al., 2017).

51. Each of these guidelines are evidence-based and supported by scientific research and literature, as well as extensive clinical experience.

52. Each of these guidelines also provides distinct guidance for age-appropriate care for children, adolescents, and adults with gender dysphoria. And none of these guidelines recommend medical treatment for prepubertal children, meaning no medical treatment is recommended until after the onset of puberty.

53. The protocols and policies set forth by the WPATH Standards of Care and the Endocrine Society Guidelines are endorsed and cited as authoritative by the major professional medical and mental health associations in the United States, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, the American College of Obstetrics and Gynecology, the American College of Physicians, and the World Medical Association, among others.

D. Assessment and Treatment of Gender Dysphoria in Children

54. As with all health care, treatment of prepubertal gender diverse children is individualized based on the needs of the child and the family and other psychosocial considerations and is decided upon only after a discussion of possible benefits and risks (Hidalgo, et al., 2013).

55. The term "gender diverse" includes transgender children as well as children who will ultimately not identify as transgender later in life (Coleman, et al., 2022).

56. As part of those discussions, the child and their family are advised that prepubertal gender diverse children do not always go on to identify as transgender when they reach adolescence, and that children are encouraged to continue developing an understanding of their gender identity without expectation of a specific outcome even after social transition takes place (American Psychological Association, 2015; Edwards-Leeper and Spack, 2012).

57. The Standards of Care and clinical practice guidelines state that prepubertal gender diverse children "are not eligible to access medical intervention," and therefore focuses on developmentally appropriate psychosocial practices (Coleman, et al., 2022; Hembree, et al., 2017).

E. Assessment and Treatment of Gender Dysphoria in Adolescents

58. Under the WPATH Standards of Care and Endocrine Society Guidelines, no medical or surgical treatments are provided before the onset of puberty.[3]

59. If medically indicated, adolescents with gender dysphoria who have entered puberty may be prescribed puberty-delaying medications (GnRHa) to prevent the distress of developing permanent, unwanted physical characteristics that do not align with the adolescent's gender identity. Puberty-delaying medications allow the adolescent time to better understand their gender identity, while delaying distress from the progression of the development of secondary sex characteristics such as breasts or facial hair.

60. Prior to initiation of puberty-delaying medications, providers counsel patients and their families extensively on potential benefits and risks. The intended benefit of treatment is to reduce the risk of worsening gender dysphoria and mental health deterioration. The goal in using puberty-delaying medications is to minimize the patient's dysphoria related to progression of puberty and allow for later initiation of puberty consistent with gender identity. The pubertal stage and individual needs of the patient direct conversations regarding care options.

61. If medically indicated, adolescents may start treatment with hormones (testosterone for transgender boys, estrogen and testosterone suppressants for transgender girls). Eligibility and medical necessity are determined case-by-case, based on an assessment of the adolescent's unique cognitive and emotional maturation and ability to provide a knowing and informed assent in addition to the informed consent of the legal medical decision maker, most often the parent or guardian. As with puberty-delaying medications, the risks and benefits of hormone treatment are discussed with the patient and their families, prior to initiation of gender affirming hormone therapy.

[3] Coleman 2022 at S64; Hembree 2017 at 3881.

62. Under the WPATH Standards of Care, puberty-delaying medication for transgender adolescents who reach the beginning of puberty and gender-affirming hormone therapy for older adolescents may be medically indicated if the following criteria are met: (a) Gender diversity/incongruence is marked and sustained over time; (b) Meets the diagnostic criteria of gender dysphoria; (c) Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment; (d) Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed sufficiently so that gender-affirming medical treatment can be provided optimally; and (e) Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility (Coleman, et al., 2022).

63. Puberty-delaying medications and gender-affirming hormones are prescribed only after a comprehensive psychosocial assessment by a qualified mental health professional who (i) assesses for the diagnosis of gender dysphoria and any other co-occurring diagnoses, (ii) ensures the child can assent and the parents/guardians can consent to the relevant intervention after a thorough review of the risks, benefits and alternatives of the intervention, and (iii) if co-occurring mental health conditions are present, that they do not interfere with the accuracy of the diagnosis of gender dysphoria or impair the ability of the adolescent to assent to care (Coleman, et al., 2022; Hembree, et al., 2017).

64. A comprehensive assessment is a critical element of providing care before any medically necessary medical or surgical intervention for adolescents with gender dysphoria. The assessment should include gender identity development, social development and support, diagnostic assessment of co-occurring mental health or developmental concerns, and capacity for decision-making. SOC 8 also highlights the importance of involving parent(s)/guardian(s) in the assessment and treatment process for minors (Coleman, et al., 2022).

65. In my own practice, I have had patients who presented with some symptoms of gender dysphoria, but who ultimately did not meet the diagnostic criteria for a variety of reasons, and therefore I recommended treatments other than gender-affirming care to alleviate their psychological distress. I have also seen patients that did meet the diagnostic criteria for gender dysphoria but had mental health impairments that precluded proceeding with gender affirming hormonal and surgical care.

66. Some transgender people who do not come forward until adolescence may have experienced symptoms of gender dysphoria for long periods of time but been uncomfortable disclosing those feelings to parents. Other transgender people do not experience distress until they experience the physical changes accompanying puberty. In either case, gender-affirming care requires a comprehensive assessment and persistent, sustained gender dysphoria before medical treatment is recommended to be prescribed.

67. Under the SOC 8, the precise nature of the comprehensive assessment may vary depending on the individual circumstances of the adolescent so long as the assessment effectively obtains information about the adolescent's strengths, vulnerabilities, diagnostic profile, and individual needs. In some cases, a more extended assessment process may be appropriate, such as for youth with more complex presentations (e.g., complicating mental health histories, co-occurring autism spectrum characteristics, and/or an absence of experienced childhood gender incongruence before puberty).

68. Thus, gender-affirming treatment also requires a careful and thorough assessment of a patient's mental health, including co-occurring conditions, history of trauma, and substance use, among many other factors (Olson-Kennedy, et al., 2019; Edwards-Leeper and Spack, 2012). Providers should have the training and experience to distinguish between Gender Dysphoria and other mental health conditions or developmental anxieties (Coleman, et al., 2022).

69. While addressing mental health concerns is important during the course of medical treatment, it does not mean all mental health challenges can or should be resolved completely. Rather, such conditions should not impair the ability of the patient to make an informed decision or interfere with the accuracy of the diagnosis of Gender Dysphoria. Indeed, some co-occurring conditions (for example, Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder, to name a few) could be chronic disorders where complete resolution is impossible and the goal of treatment is mitigating harm and improving functioning.

70. Further, it is important to note that distress associated with untreated gender dysphoria can also amplify co-occurring conditions that developed independently of the gender dysphoria. Thus, treating the underlying gender dysphoria is essential to alleviating the psychological distress associated with co-occurring conditions.

F. Efficacy of Gender-Affirming Treatment for Gender Dysphoria in Adolescents

71. "For some youth, obtaining gender-affirming medical care is important while for others these steps might not be necessary." (Coleman, et al., 2022). In my clinical experience, some adolescent patients have a critical need for medical interventions at or at some point after the onset of puberty and others do not. As with all medical interventions, it is highly individualized and responsive to the specific medical and mental health needs of each patient.

72. Studies, including peer-reviewed cross-sectional and longitudinal studies, demonstrate the positive impact of pubertal suppression in adolescents with gender dysphoria on psychological functioning and quality of life, including a decrease in behavioral and emotional problems, a decrease in depressive symptoms, and improvement in general functioning (e.g., Achille, et al., 2020; Turban, et al., 2020a; van der Miesen, et al., 2020; Costa, et al., 2015; de Vries, et al., 2011b). Furthermore, studies show improvements in body satisfaction with gender-

affirming treatment, and the extant literature recognizes that the body satisfaction is a mediator for improved quality of life and mental health outcomes. (Chen, et al., 2023).

73. In my own practice, I have had patients describe pubertal suppression as lifesaving and a vast majority have experienced a great deal of relief when the treatment is initiated. In contrast to assertions that starting pubertal suppression is a one-way road to hormones, I have also had patients who, through gender affirming psychotherapy, came to understand their gender identity to be congruent with their sex assigned at birth and discontinued this treatment with a resumption of puberty. While each patient and each family is unique, a thorough assessment and a clear discussion of the risks, benefits and alternatives of this interventions is consistent among all of my patients.

74. As with the use of puberty-delaying medications, treatment of gender dysphoria with testosterone or estrogen is highly beneficial for both short-term and long-term psychological functioning of adolescents with gender dysphoria and withholding treatment from those who need it is harmful (e.g., Achille, et al., 2020; Allen, et al., 2019; Chen, et al., 2023; de Lara, et al., 2020; de Vries, et al., 2014; Grannis, et al., 2021; Green, et al., 2022; Kaltiala, et al., 2020; Kuper, et al., 2020; Olsavsky, et al., 2023).

75. In my own practice, I have seen youth with severe gender dysphoria who avoided all social contacts who were able to thrive with the initiation of gender affirming hormones and feel confident with the changes seen as they developed secondary sex characteristics aligned with their gender identity. I have seen my patients start hormones and find themselves more able to build social and romantic relationships.

76. For some older transgender adolescents, surgery may be provided prior to age 18 if medically indicated (typically, chest surgery for transgender male adolescents). Peer-reviewed research has also shown improvements in mental health following gender-affirming chest surgery

for transgender males with gender dysphoria where medically indicated (Mehringer, et al., 2021; Olson-Kennedy, et al., 2018).

77. By contrast, there are no studies supporting speculation that an adolescent's gender dysphoria can be resolved by therapy alone or that such treatment is likely to have better outcomes for adolescents with gender dysphoria. And, as discussed above, to the extent that the goal of therapy is to encourage minors to identify with their sex assigned at birth, such therapies have been shown to be ineffective, harmful, and unethical.

78. In my own practice, I have seen firsthand countless times the benefits that adolescents can have when they get access to safe and necessary gender-affirming medical care. I have had patients that had worsening thoughts of suicide every time they would near menstruation that completely resolved when puberty suppression was initiated. I have had patients who had previously been admitted to psychiatric hospitalizations and received multiple psychiatric medications improve to the point that those medications were no longer necessary after finding family support and receiving gender-affirming hormones. If there was space, I could include hundreds of such stories of adolescents who, with access to appropriate care, began to thrive and engage with the family, their friends and in their schools and communities.

G. Specific Observations and Criticisms for Justifications for the SB 14

79. The House Research Organization published a bill analysis of SB 14 on May 12, 2023, that lists the justifications for the Ban. None of these arguments have merit, however.

80. The bill analysis notes that supporters argue that "[c]hildren and adolescents are not able to give fully informed consent for such serious treatment," but this misrepresents how medical care is provided to adolescents with gender dysphoria. When dealing with adolescent minor patients, it is the parents or legal guardians of the patient who provide consent while the adolescent patient provides assent. Moreover, the WPATH Standards of Care recommend that

prior to the initiation of any medical intervention a provider determine whether the adolescent "demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment" (Coleman, et al., 2022).

81. Likewise, supporters argue that "in many cases adolescent gender dysphoria resolves itself over time." Presumably, in making such an argument, supporters refer (incorrectly) to the notion of desistance. The notion of desistance, however, is not generally applied to transgender people once they reach puberty. Indeed, the desistance studies to which supporters of laws like the Act usually refer are studies pertaining to *prepubertal/preadolescent* youth diagnosed under the now obsolete and overly broad categorizations contained in the DSM III-R and DSM IV for "Gender Identity Disorder in Children." But a child could meet criteria for the DSM III-R or DSM-IV diagnosis of gender identity disorder without identifying as transgender because the diagnostic criteria did not require identification with a gender other than the one assigned to the person at birth. This problem with the diagnosis was remedied with the new DSM-5 diagnosis of "Gender Dysphoria in Children," which requires a child to have "a strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)." Given the broader criteria used at the time, it is unsurprising that these studies demonstrated that most children who exhibited gender-nonconforming behavior did not go on to have a transgender identity in adolescence. To be clear, not only do none of the studies pertaining to desistance use the current DSM-5 gender dysphoria diagnosis, they also do not pertain to adolescents or adults, which are the patients who are eligible for gender-affirming medical care. And studies show that if gender dysphoria is present in adolescence, it usually persists (e.g., de Vries, et al., 2011).

82. The bill analysis likewise sets forth the Act's supporters argument that "[t]here is not conclusive evidence to suggest that treatments aimed at physical transition are effective in

resolving dysphoria." This is not true. As noted throughout this declaration, there is ample scientific literature documenting studies and years of clinical experience documenting the effectiveness of gender-affirming medical care.

83. The House Research Organization's bill analysis likewise notes the Act's supporters' argument that "[p]rofessional counseling remains the best and most scientifically supported treatment for minors with gender dysphoria." There is absolutely no evidence counseling alone is sufficient to resolve adolescent patient's gender dysphoria particularly when medical interventions are medically indicated for such patient.

84. Finally, the bill analysis makes reference to the Act's supporters' argument that "[r]egulatory authorities in several European nations where gender-related healthcare is long established have begun to reverse support for hormonal gender-related treatment for minors based on a lack of supporting evidence in systematic reviews." Presumably, this is in reference to limited restrictions in *how* gender-affirming medical care is provided to adolescents with gender dysphoria in a small handful of countries (like Finland and Sweden). However, none of these countries have banned the provision of this gender-affirming medical care to adolescents with gender dysphoria; rather, these countries have modified how this care is provided to adolescents based in part on their centralized health care systems—something that does not exist in the United States. Moreover, Europe is made up of many more countries than the small handful of countries to which the Act's supporters refer. Most European countries provide access to and coverage for gender-affirming care based on the same evidence available to everyone.

H. Prohibiting Access to Gender-Affirming Medical Care Harms Transgender People

85. In enacting the Ban, the Texas legislature and the Governor not only ignore the volumes of data showing the efficacy of gender-affirming medical care, but also the undeniable

fact that there are transgender adolescents that persist into transgender adults and who benefit from this care.

86. The Texas legislature and the Governor also completely ignore the harms associated with prohibiting access to gender-affirming care to adolescents and adults with gender dysphoria for whom it is necessary and appropriate. They also ignore the harmful effects of governmental actions like the Rule.

87. The overarching goal of treatment for gender dysphoria is to eliminate clinically significant distress. For some, this is achieved by aligning an individual patient's body and presentation with their internal sense of self. The denial of medically indicated care to transgender adolescents not only frustrates this goal and results in the prolonging of their gender dysphoria, but also causes additional distress and poses other health risks, such as depression, trauma, self-harm, and suicidality.

88. Lack of access to gender-affirming care therefore directly contributes to poorer mental health outcomes for transgender people (Owen-Smith, et al., 2018).

89. It is also well documented that experiencing discrimination has negative impacts on people's mental health and wellbeing. For example, a 2019 study found that experiencing discrimination in health care settings posed a unique risk factor for heightened suicidality among transgender people, a population already at heightened risk compared with the general population (Herman, et al., 2019). And of note, the 2022 National Survey on LGBTQ Youth Mental Health found that LGBTQ youth who had experienced discrimination based on sexual orientation or gender identity had attempted suicide in the past year at nearly three times the rate as those who had not (19% vs. 7%) (The Trevor Project, 2022).

90. In addition, the 2022 National Survey on LGBTQ Youth Mental Health found that 93% of transgender and nonbinary youth said that they have worried about transgender people

being denied access to gender-affirming medical care due to state or local laws (The Trevor Project, 2022).

91. Research has shown that the mere introduction, debate, and adoption of discriminatory laws like the Ban negatively affects the mental health of transgender youth. A prospective study with sexual minority populations found that living in states with discriminatory policies was associated with a statistically significant increase in the number of psychiatric disorder diagnoses (Hatzenbuehler, et al., 2010). Other studies have "shown that restrictive laws and policies are related to destructive health behaviors on the part of transgender individuals" (Cunningham, et al., 2022; Du Bois, et al., 2018).

92. Recent surveys show the negative toll that anti-LGBTQ measures, like the Ban, and debates surrounding them have had on the mental health of transgender youth. For example, in a survey of youth in November 2022, 86% of transgender and nonbinary youth said that the debates about anti-transgender bills had negatively impacted their mental health (Movement Advancement Project, 2023; The Trevor Project and Morning Consult, 2023). And a study from 2022, though with limitations, showed that the passage of anti-transgender bills is linked with Internet searches related to depression and suicide (Cunningham, et al., 2022).

93. Perhaps, more poignantly, those of us with clinical experience hear from our patients about how it feels to be targeted with this kind of legislation. As two of my transgender patients expressed to me within the past few weeks, "why does everyone hate me just for existing?" and "it's a hard time to be transgender right now."

CONCLUSION

94. By prohibiting access to necessary, safe, and effective medical care as treatment for gender dysphoria, the Texas legislature and governor endanger the health and wellbeing of transgender youth in Texas. But discriminating against transgender adolescents, or withholding

gender-affirming care, will not prevent them from being transgender. To the contrary, as noted previously, stigma, discrimination, and denial of care have been shown to have a profoundly harmful impact on the mental health of transgender people and other minority groups (Hughto, et al., 2015; Owen-Smith, et al., 2018).

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

Executed this 11th day of July 2023.

Aron Janssen
Signed on 2023/07/11 11:18:52 -6:00

Aron Janssen, M.D.

JURAT

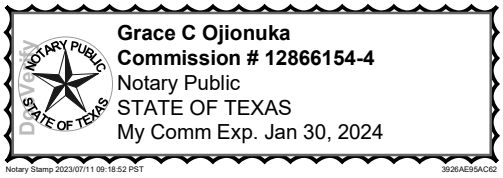
State of TEXAS)
)
County of HARRIS)

Before me, a notary public, on this day personally appeared, Aron Janssen, M.D., known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument, and being first duly sworn by me states that the statements contained in the foregoing are true and correct to the best of his knowledge, information, and belief.

Sworn to and subscribed before me on the 11th day of July 2023, by Aron Janssen, M.D.

IN TESTIMONY WHEREOF, I have set my hand and affixed my official seal on the day and year first written above.

Notary Public, State of Texas



Notarial act performed by audio-visual communication

EXHIBIT A

Curriculum vitae

Curriculum Vitae

Aron Janssen, M.D.
312-227-7783
aronjans@gmail.com

Personal Data

Born	Papillion, Nebraska
Citizenship	USA

Academic Appointments

2011-2017	Clinical Assistant Professor of Child and Adolescent Psychiatry
2011-2019	Founder & Clinical Director, NYU Gender and Sexuality Service Director, LGBT Mental Health Elective, NYULMC
2015-2019	Co-Director, NYU Pediatric Consultation Liaison Service New York University Department of Child and Adolescent Psychiatry
2017-present	Clinical Associate Professor of Child and Adolescent Psychiatry
2019-present	Vice Chair, Pritzker Department of Psychiatry and Behavioral Health Ann and Robert H. Lurie Children's Hospital of Chicago
2020-present	Medical Director, Outpatient Psychiatric Services Ann and Robert H. Lurie Children's Hospital of Chicago

Education

Year	Degree	Field	Institution
6/97	Diploma		Liberty High School
5/01	B.A.	Biochemistry	University of Colorado
5/06	M.D.	Medicine	University of Colorado

Postdoctoral Training

2006-2009	Psychiatry Residency	Ze'ev Levin, M.D.	NYU Department of Psychiatry
2009-2011	Child and Adolescent Psychiatry Fellowship – Fellow and Clinical Instructor		
		Jess Shatkin, M.D.	NYU Dept of Child/Adolescent Psychiatry

Licensure and Certification

2007-2018	New York State Medical License
2017-present	Illinois Medical License
2011-present	Certification in Adult Psychiatry, American Board of Psychiatry and Neurology
2013-present	Certification in Child and Adolescent Psychiatry, ABPN

Academic Appointments

2009-2011	Clinical Instructor, NYU Department of Child and Adolescent Psychiatry
2011-2017	Clinical Asst Professor, NYU Dept of Child and Adolescent Psychiatry
2017-2019	Clinical Assoc Professor, NYU Dept of Child and Adolescent Psychiatry
2011-2019	Clinical Director, NYU Gender and Sexuality Service
2015-2019	Co-Director, NYU Pediatric Consultation-Liaison Service
2019-present	Associate Professor of Child and Adolescent Psychiatry, Northwestern University
2019-present	Vice Chair of Clinical Affairs, Pritzker Department of Psychiatry and Behavioral Health, Lurie Children's Hospital of Chicago

Major Committee Assignments

International, National and Regional

2021-present	Sexual Orientation and Gender Identity Committee, Chair, AACAP
2019-present	WPATH Standards of Care Revision Committee, Children
2019-present	WPATH Standards of Care Revision Committee, Adult Mental Health
2015-2019	Department of Child Psychiatry Diversity Ambassador
2013-2021	Sexual Orientation and Gender Identity Committee Member, AACAP
2012-2019	Founder and Director, Gender Variant Youth and Family Network
2012-present	Association of Gay and Lesbian Psychiatrists, Transgender Health Committee
2012-2019	NYULMC, Chair LGBTQ Advisory Council
2012-2019	NYULMC, Child Abuse and Protection Committee
2013-2015	NYULMC, Pediatric Palliative Care Team
2003-2004	American Association of Medical Colleges (AAMC), Medical Education Delegate
2004-2006	AAMC, Western Regional Chair

Psychiatry Residency

2006-2009	Resident Member, Education Committee
2007-2008	Resident Member, Veterans Affairs (VA) Committee

Medical School

2002-2006	Chair, Diversity Curriculum Development Committee
2002-2006	AAMC, Student Representative
2003-2004	American Medical Student Assoc. (AMSA) World AIDS Day Coordinator
2003-2004	AMSA, Primary Care Week Coordinator
2004-2006	Chair, Humanism in Medicine Committee

Memberships, Offices, and Committee Assignments in Professional Societies

2006-present	American Psychiatric Association (APA)
2009-present	American Academy of Child and Adolescent Psychiatry (AACAP)
2011-present	World Professional Association for Transgender Health (WPATH)
2011-2019	Director, Gender Variant Youth and Family Network, NYC
2013-2019	Chair, NYU Langone Medical Center LGBTQ Council

Editorial Positions

2016-2018	Clinical Assistant Editor, *Transgender Health*
2014-present	Ad Hoc Reviewer, *LGBT Health.*
2016-present	Ad Hoc Reviewer, *JAACAP*
2018-present	Associate Editor, *Transgender Health*
2020-present	Ad Hoc Reviewer, *Pediatrics*

Principal Clinical and Hospital Service Responsibilities

2011-2019	Staff Psychiatrist, Pediatric Consultation Liaison Service
2011-2019	Faculty Physician, NYU Child Study Center
2011-2019	Founder and Clinical Director, NYU Gender & Sexuality Service
2015-2019	Co-Director, Pediatric Consultation Liaison Service
2019-present	Vice Chair, Pritzker Dept of Psychiatry and Behavioral Health
2019-present	Chief Psychiatrist, Gender Development Program

2020-present Medical Director, Outpatient Psychiatry Services

Relevant Program Development

Gender and Sexuality Service

-founded by Aron Janssen in 2011, who continues to direct the service

-first mental health service dedicated to transgender youth in NYC

-served over 200 families in consultation, with 2-3 referrals to the gender clinic per week

-trained over 500 mental health practitioners in transgender mental health – 1 or 2 full day trainings in partnership with the Ackerman Institute's Gender and Family Project (GFP) and with WPATH Global Educational Initiative (GEI)

-New hires in Adolescent Medicine, Psychology, Plastic Surgery, Urology, Gynecology, Endocrinology, Social Work, Department of Population Health with focus on transgender care has led to expansion of available services for transgender youth at NYULMC in partnership with the Gender and Sexuality Service

-development of partnerships with Ackerman Institute, Callen-Lorde Health Center – both institutions have been granted access to our IRB and have agreed to develop shared research and clinical priorities with the Gender and Sexuality Service.

-multiple IRB research projects underway, including in partnership with national and international clinics

-model has been internationally recognized

Clinical Specialties/Interests

Gender and Sexual Identity Development

Co-Occurring Mental Health Disorders in Transgender children, adolescents and adults

Pediatric Consultation/Liaison Psychiatry

Psychotherapy

-Gender Affirmative Therapy, Supportive Psychotherapy, CBT, MI

Teaching Experience

2002-2006 Course Developer and Instructor, LGBT Health (University of Colorado School of Medicine

2011-2019 Instructor, Cultural Competency in Child Psychiatry (NYU Department of Child and Adolescent Psychiatry) – 4 hours per year

2011-2019 Course Director, Instructor "Sex Matters: Identity, Behavior and Development" – 100 hours per year

2011-2019 Course Director, LGBT Mental Health Elective (NYU Department of Psychiatry) - 50 hours of direct supervision/instruction per year

2011-2019 Course Director, Transgender Mental Health (NYU Department of Child and Adolescent Psychiatry – course to begin in Spring 2018.

2015-2019 Instructor, Gender & Health Selective (NYU School of Medicine) – 4 hours per year.

Academic Assignments/Course Development

New York University Department of Child and Adolescent Mental Health Studies

-Teacher and Course Director: "Sex Matters: Identity, Behavior and Development." A full semester 4 credit course, taught to approximately 50 student per year since 2011, with several students now in graduate school studying sexual and gender

identity development as a result of my mentorship.

NYU Department of Child and Adolescent Psychiatry
-Instructor: Cultural Competency in Child and Adolescent Psychiatry
-Director: LGBTQ Mental Health Elective
World Professional Association of Transgender Health
-Official Trainer: Global Education Initiative – one of two child psychiatrists charged with training providers in care of transgender youth and adults.

Peer Reviewed Publications

1. Janssen, A., Erickson-Schroth, L., "A New Generation of Gender: Learning Patience from our Gender Non-Conforming Patients," Journal of the American Academy of Child and Adolescent Psychiatry, Volume 52, Issue 10, pp. 995-997, October, 2013.
2. Janssen, A., et. al. "Theory of Mind and the Intolerance of Ambiguity: Two Case Studies of Transgender Individuals with High-Functioning Autism Spectrum
3. Janssen A, Huang H, and Duncan C., Transgender Health. February 2016, "Gender Variance Among Youth with Autism: A Retrospective Chart Review." 1(1): 63-68. doi:10.1089/trgh.2015.0007.
4. Goedel WC, Reisner SL, Janssen AC, Poteat TC, Regan SD, Kreski NT, Confident G, Duncan DT. (2017). Acceptability and Feasibility of Using a Novel Geospatial Method to Measure Neighborhood Contexts and Mobility Among Transgender Women in New York City. Transgender Health. July 2017, 2(1): 96-106.
5. Janssen A., et. al., "Gender Variance Among Youth with ADHD: A Retrospective Chart Review," in review
6. Janssen A., et. al., "Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents," Journal of Child & Adolescent Psychology, 105-115, January 2018.
7. Janssen A., et. al., "A Review of Evidence Based Treatments for Transgender Youth Diagnosed with Social Anxiety Disorder," Transgender Health, 3:1, 27–33, DOI: 10.1089/ trgh.2017.0037.
8. Janssen A., et. al., "'The Complexities of Treatment Planning for Transgender Youth with Co-Occurring Severe Mental Illness: A Literature Review and Case Study," Archives of Sexual Behavior, 2019. # 3563492
9. Kimberly LL, Folkers KM, Friesen P, Sultan D, Quinn GP, Bateman-House A, Parent B, Konnoth C, Janssen A, Shah LD, Bluebond-Langner R, Salas-Humara C., "Ethical Issues in Gender-Affirming Care for Youth," Pediatrics, 2018 Dec;142(6).
10. Strang JF, Janssen A, Tishelman A, Leibowitz SF, Kenworthy L, McGuire JK, Edwards-Leeper L, Mazefsky CA, Rofey D, Bascom J, Caplan R, Gomez-Lobo V, Berg D, Zaks Z, Wallace GL, Wimms H, Pine-Twaddell E, Shumer D, Register-Brown K, Sadikova E, Anthony LG., "Revisiting the Link: Evidence of the Rates of Autism in Studies of Gender Diverse Individuals," Journal of the American Academy of Child and Adolescent Psychiatry, 2018 Nov;57(11):885-887.
11. Goedel William C, Regan Seann D, Chaix Basile, Radix Asa, Reisner Sari L, Janssen Aron C, Duncan Dustin T, "Using global positioning system methods to explore mobility patterns and exposure to high HIV prevalence neighbourhoods among transgender women in New York City," Geospatial Health, 2019 Jan; 14(2): 351-356.
12. Madora, M., Janssen, A., Junewicz, A., "Seizure-like episodes, but is it really epilepsy?" Current Psychiatry. 2019 Aug; 18(8): 42-47.

13. Janssen, A., Busa, S., Wernick, J., "The Complexities of Treatment Planning for Transgender Youth with Co-Occurring Severe Mental Illness: A Literature Review and Case Study," Archives of Sexual Behavior. 2019 Oct; 48(7): 2003-2009.
14. Wernick Jeremy A, Busa Samantha, Matouk Kareen, Nicholson Joey, Janssen Aron, "A Systematic Review of the Psychological Benefits of Gender-Affirming Surgery," Urol Clin North Am. 2019 Nov; 46(4): 475-486.
15. Strang, J.F., Knauss, M., van der Miesen, A.I.R., McGuire, J., Kenworthy, L., Caplan, R., Freeman, A.J., Sadikova, E., Zacks, Z., Pervez, N., Balleur, A., Rowlands, D.W., Sibarium, E., McCool, M.A., Ehrbar, R.D., Wyss, S.E., Wimms, H., Tobing, J., Thomas, J., Austen, J., Pine, E., Willing, L., Griffin, A.D., Janssen, A., Gomez-Lobo, A., Brandt, A., Morgan, C., Meagher, H., Gohari, D., Kirby, L., Russell, L., Powers, M., & Anthony, L.G., (in press 2020). A clinical program for transgender and gender-diverse autistic/neurodiverse adolescents developed through community-based participatory design. *Journal of Clinical Child and Adolescent Psychology.* DOI 10.1080/15374416.2020.1731817
16. Coyne, C. A., Poquiz, J. L., Janssen, A., & Chen, D. Evidence-based psychological practice for transgender and non-binary youth: Defining the need, framework for treatment adaptation, and future directions. Evidence-based Practice in Child and Adolescent Mental Health.
17. Janssen, A., Voss, R.. Policies sanctioning discrimination against transgender patients flout scientific evidence and threaten health and safety. Transgender Health.
18. Dubin, S., Cook, T., Liss, A., Doty, G., Moore, K., Janssen, A. (In press 2020). Comparing Electronic Health Records Domains' Utility to Identify Transgender Patients. Transgender Health, DOI 10.1089/trgh.2020.0069
19. Busa, S., Wernick, J.,…Janssen, A. A Descriptive Case Study of a Cognitive Behavioral Therapy Group Intervention Adaptation for Transgender Youth With Social Anxiety Disorder, Behavioral Therapy, April, 2022
20. Ramsden SC, Pergjika A, Janssen AC, Mudahar S, Fawcett A, Walkup JT, Hoffmann JA. A Systematic Review of the Effectiveness and Safety of Droperidol for Pediatric Agitation in Acute Care Settings. Acad Emerg Med. May, 2022.
21. Janssen, A., Walkup, J., More is Not Always Better, When Different is Required, J Am Acad Child Adolesc Psychiatry. June, 2022 doi: 10.1016/j.jaac.2022.05.006.
22. Wanta, J., Gianakakos, G., Belfort, A., Janssen, A., Considering "Spheres of Influence" in the Care of LGBTQ Youth, CAP Clinics of North America. Volume 31, Issue 4, p649-664, October 2022 doi: 10.1016/j.chc.2022.05.008
23. Coleman, E., Radix, A…. Janssen, A., et. al., Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of Transgender Health, 23:sup1, S1-2259, September 2022. doiL 10.1080/26895269.2022.2100644
24. Westley, L., Richey, K.,.. Janssen, A., Using Hospital Incident Command Systems to Respond to the Pediatric Mental and Behavioral Health Crisis of the COVID-19 Pandemic, Journal of Nursing Administration, Feb 2023.

Published Abstracts

1. Thrun, M., Janssen A., et. al. "Frequency of Patronage and Choice of Sexual Partners may Impact Likelihood of HIV Transmission in Bathhouses," original research poster

presented at the 2007 Conference on Retroviruses and Opportunistic Infections, February, 2007.

2. Janssen, A., "Advocating for the mental health of Lesbian, Gay, Bisexual and Transgender (LGBT) population: The Role of Psychiatric Organizations." Workshop for the American Psychiatric Association Institute of Psychiatric Services Annual Meeting, October 2012.
3. Janssen, A., "Gender Variance in Childhood and Adolescents: Training the Next Generation of Psychiatrists," 23rd Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, February 2014.
4. Janssen, A., "When Gender and Psychiatric Acuity/Comorbidities Overlap: Addressing Complex Issues for Gender Dysphoric and Non-Conforming Youth," AACAP Annual Meeting, October 2014.
5. Janssen, A., "Patient Experiences as Drivers of Change: A unique model for reducing transgender health disparities as an academic medical center," Philadelphia Transgender Health Conference, June 2016.
6. Janssen, A., "How much is too much? Assessments & the Affirmative Approach to TGNC Youth," 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
7. Janssen, A., "Trauma, Complex Cases and the Role of Psychotherapy," 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
8. Janssen, A., "Gender Variance Among Youth with Autism: A Retrospective Chart Review," Research Poster, 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
9. Janssen, A., "Gender Fluidity and Gender Identity Development," Center for Disease Control – STD Prevention Conference, September 2016.
10. Janssen, A., "Transgender Identities Emerging During Adolescents' Struggles With Mental Health Problems," AACAP Annual Conference, October 2016.
11. Janssen, A., "How Much is Too Much? Assessments and the Affirmative Approach to Transgender and Gender Diverse Youth," US Professional Association for Transgender Health Inaugural Conference, Los Angeles, February 2017.
12. Janssen, A., "Trauma, Complex Cases and the Role of Psychotherapy," US Professional Association for Transgender Health Inaugural Conference, Los Angeles, February 2017.
13. Sutter ME, Bowman-Curci M, Nahata L, Tishelman AC, Janssen AC, Salas-Humara C, Quinn GP. Sexual and reproductive health among transgender and gender-expansive AYA: Implications for quality of life and cancer prevention. Oral presentation at the Oncofertility Consortium Conference, Chicago, IL. November 14, 2017.
14. Janssen, A., Sidhu, S., Gwynette, M., Turban, J., Myint, M., Petersen, D., "It's Complicated: Tackling Gender Dysphoria in Youth with Autism Spectrum Disorders from the Bible Belt to New York City," AACAP Annual Conference, October 2017.
15. May 2018: "A Primer in Working with Parents of Transgender Youth," APA Annual Meeting.
16. October 2018: "Gender Dysphoria Across Development" – Institute for AACAP Annual Conference.

17. November 2018: "Gender Variance Among Youth with Autism," World Professional Association for Transgender Health Biannual Conference.
18. March 2019: "Gender Trajectories in Child and Adolescent Development and Identity," Austin Riggs Grand Rounds.
19. Janssen, A., et. al., "Ethical Principles in Gender Affirming Care," AACAP Annual Conference, October 2019.
20. Janssen, A., "Gender Diversity and Gender Dysphoria in Youth," EPATH Conference, April 2019
21. Englander, E., Janssen A., et. al., "The Good, The Bad, and The Risky: Sexual Behaviors Online," AACAP Annual Conference, October 2020
22. Englander, E., Janssen, A., et. al., "Love in Quarantine," AACAP Annual Conference, October 2021
23. Janssen, A., Leibowitz, S., et. al., "The Evidence and Ethics for Transgender Youth Care: Updates on the International Standards of Care, 8th Edition," AACAP Annual Conference, October 2021
24. Turban, J., Janssen, A., et. al., "Transgender Youth: Understanding "Detransition," Nonlinear Gender Trajectories, and Dynamic Gender Identities," AACAP Annual Conference, October 2021
25. Hoffmann JA, Pergjika, A, Liu X, Janssen AC, Walkup JT, Alpern ER, Johnson EJ, Corboy JB. Standardizing and Optimizing Care for Pediatric Acute Agitation Management in the Emergency Department. Oral Abstract Presentation. Academic Pediatric Association Annual Conference on Advancing Quality Improvement Science for Children's Healthcare. New Orleans. Accepted for presentation on April 22, 2022.
26. Janssen, A., Malpas, J., Glaeser, E., "Family-Based Interventions with Transgender and Gender Nonbinary Youth," World Professional Association of Transgender Health 27th Scientific Symposium, September 2022.
27. Tishelman, A., Janssen A., et. al., WPATH Standards of Care – "Child Chapter," World Professional Association of Transgender Health 27th Scientific Symposium, September 2022
28. Janssen, A., Leibowitz, S., et al, "The Evidence and Ethics for Transgender Youth Care: Updates on the New International Standards of Care, Eighth Edition. AACAP Annual Conference, October 2022.
29. Turban, J., Janssen, A., et al, "Transgender Youth: Evolving Gender Identities and "Detransition," AACAP Annual Conference, October 2022.

Books

1. Janssen, A., Leibowitz, S (editors), Affirmative Mental Health Care for Transgender and Gender Diverse Youth: A Clinical Casebook, Springer Publishing, 2018.

Book Chapters

1. Janssen, A., Shatkin, J., "Atypical and Adjunctive Agents," Pharmacotherapy for Child and Adolescent Psychiatric Disorders, 3rd Edition, Marcel Dekker, Inc, New York, 2012.
2. Janssen, A; Liaw, K: "Not by Convention: Working with People on the Sexual & Gender Continuum," book chapter in The Massachusetts General Hospital Textbook on Cultural Sensitivity and Diversity in Mental Health. Humana Press, New York, Editor R. Parekh, January 2014.

3. Janssen, A; Glaeser, E., Liaw, K: "Paving their own paths: What kids & teens can teach us about sexual and gender identity," book chapter in Cultural Sensitivity in Child and Adolescent Mental Health, MGH Psychiatry Academy Press, Editor R. Parekh, 2016
4. Janssen A., "Gender Identity," Textbook of Mental and Behavioral Disorders in Adolescence, February 2018.
5. Busa S., Wernick, J., & Janssen, A. (In Review) Gender Dysphoria in Childhood. Encyclopedia of Child and Adolescent Development. Wiley, 2018.
6. Janssen A., Busa S., "Gender Dysphoria in Childhood and Adolescence," Complex Disorders in Pediatric Psychiatry: A Clinician's Guide, Elsevier, Editors Driver D., Thomas, S., 2018.
7. Wernick J.A., Busa S.M., Janssen A., Liaw K.RL. "Not by Convention: Working with People on the Sexual and Gender Continuum." Book chapter in The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health, editors Parekh R., Trinh NH. August, 2019.
8. Weis, R., Janssen, A., & Wernick, J. The implications of trauma for sexual and reproductive health in adolescence. In *Not Just a nightmare: Thinking beyond PTSD to help teens exposed to trauma.* 2019
9. Connors J., Irastorza, I., Janssen A., Kelly, B., "Child and Adolescent Medicine," The Equal Curriculum: The Student and Educator Guide to LGBTQ Health, editors Lehman J., et al. November 2019.
10. Janssen, A., et. al., "Gender and Sexual Diversity in Childhood and Adolescence," Dulcan's Textbook of Child and Adolescent Psychiatry, 3rd edition, editor Dulcan, M., (in press)
11. Busa S., Wernick J, Janssen, A., "Gender Dysphoria," The Encyclopedia of Child and Adolescent Development, DOI: 10.1002/9781119171492. Wiley, December 2020.

Invited Academic Seminars/Lectures

1. April 2006: "How to Talk to a Gay Medical Student" – presented at the National AAMC Meeting.
2. March 2011: "Kindling Inspiration: Two Model Curricula for Expanding the Role of Residents as Educators" – workshop presented at National AADPRT Meeting.
3. May 2011: Janssen, A., Shuster, A., "Sex Matters: Identity, Behavior and Development," Grand Rounds Presentation, NYU Department of Child and Adolescent Psychiatry.
4. March 2012: Janssen, A., Lothringer, L., "Gender Variance in Children and Adolescents," Grand Rounds Presentation, NYU Department of Child and Adolescent Psychiatry.
5. June 2012: Janssen, A., "Gender Variance in Childhood and Adolescence," Grand Rounds Presentation, Woodhull Department of Psychiatry
6. October 2012: "Advocating for the mental health of Lesbian, Gay, Bisexual and Transgender (LGBT) population: The Role of Psychiatric Organizations." Workshop for the American Psychiatric Association Institute of Psychiatric Services Annual Meeting.
7. March 2013: "Gender Variance in Childhood and Adolescence," Sexual Health Across the Lifespan: Practical Applications, Denver, CO.
8. October 18th, 2013: "Gender Variance in Childhood and Adolescence," Grand Rounds Presentation, NYU Department of Endocrinology.

9. October, 2014: GLMA Annual Conference: “Theory of Mind and Intolerance of Ambiguity: Two Case Studies of Transgender Individuals with High-Functioning ASD,” Invited Presentation
10. October 2014: New York Transgender Health Conference: “Mental Health Assessment in Gender Variant Children,” Invited Presentation.
11. November, 2014: Gender Spectrum East: “Affirmative Clinical Work with Gender-Expansive Children and Youth: Complex Situations.”
12. October 2015: “Gender Dysphoria and Complex Psychiatric Co-Morbidity,” LGBT Health Conference, Invited Speaker
13. October 2015: “Transgender Health Disparities: Challenges and Opportunities,” Grand Rounds, Illinois Masonic Department of Medicine
14. November 2015: “Autism and Gender Variance,” Gender Conference East, Invited Speaker
15. February 2016: “Working with Gender Variant Youth,” New York State Office of Mental Health State Wide Grand Rounds, Invited Speaker
16. March, 2016: “Working with Gender Variant Youth,” National Council for Behavioral Health Annual Meeting, Invited Speaker
17. March 2016: “Gender Variance Among Youth with Autism: A Retrospective Chart Review and Case Presentation,” Working Group on Gender, Columbia University, Invited Speaker.
18. September, 2016: “Best Practices in Transgender Mental Health: Addressing Complex Issues for Gender Dysphoric and Non-Conforming Youth,” DeWitt Wallace Institute for the History of Psychiatry, Weill Cornell.
19. October, 2016: “LGBTQ Youth Psychiatric Care,” Midwest LGBTQ Health Symposim
20. October, 2016: “Gender Fluidity and Gender Identity Development,” NYU Health Disparities Conference.
21. February, 2017: “Best Practices in Transgender Mental Health,” Maimonides Grand Rounds
22. March, 2017: “Transgender Health: Challenges and Opportunities,” Invited speaker, Center for Disease Control STD Prevention Science Series.
23. September 2017: “Autism and Gender Dysphoria,” Grand Rounds, NYU Department of Neurology.
24. November 2017: “Consent and Assent in Transgender Adolescents,” Gender Conference East.
25. November 2017: “Transgender Mental Health: Challenges and Opportunities,” Grand Rounds, Lenox Hill Hospital.
26. April 2018: “Gender Trajectories in Childhood and Adolescent Development and Identity,” Sex, Sexuality and Gender Conference, Harvard Medical School.
27. September 2019: “Social and Psychological Challenges of Gender Diverse Youth,” Affirmative Mental Health Care for Gender Diverse Youth, University of Haifa.
28. October 2019: “Best Practices in Transgender Mental Health,” Grand Rounds, Rush Department of Psychiatry.
29. February 2020: “The Overlap of Autism and Gender Dysphoria,” Grand Rounds, Northwestern University Feinberg School of Medicine Department of Psychiatry
30. February 2020: “Gender Dysphoria and Autism,” Grand Rounds, University of Illinois at Chicago Department of Psychiatry
31. September 2021: “Gender Diversity and Autism,” Grand Rounds, Kaiser Permanente Department of Pediatrics

32. October 2021: Gender Dysphoria and Autism," Grand Rounds, Case Western Reserve University Department of Psychiatry.

Selected Invited Community Seminars/Lectures

1. April 2012: "Gender and Sexuality in Childhood and Adolescence," Commission on Race, Gender and Ethnicity, NYU Steinhardt Speakers Series.
2. February 2013: "Supporting Transgender Students in School," NYC Independent School LGBT Educators Panel, New York, NY.
3. June 2013: "LGBT Health," Presentation for Neuropsychology Department
4. August 2013: "Chronic Fatigue Syndrome: Etiology, Diagnosis and Management," invited presentation.
5. September 2013: Panelist, "LGBTQ Inclusive Sex Education."
6. April 2015: Transgender Children, BBC News, BBCTwo, invited expert
7. January 2016: Gender Dysphoria and Autism – Ackerman Podcast - http://ackerman.podbean.com/e/the-ackerman-podcast-22-gender-dysphoria-autism-with-aron-janssen-md/
8. February 2016: "Best Practices in Transgender Mental Health," APA District Branch Meeting, Invited Speaker.
9. May 2016: "Best Practices in Transgender Mental Health," Washington D.C., District Branch, APA, Invited Speaker
10. July 2016: "Transgender Youth," Union Square West
11. November 2017: "Understanding Gender: Raising Open, Accepting and Diverse Children," Heard in Rye, Conversations in Parenting.
12. January 2018: "The Emotional Life of Boys," Saint David's School Panel, Invited Speaker
13. June 2018: "Supporting Youth Engaged in Gender Affirming Care," NYU Child Study Center Workshop.
14. October 2018: "Medicine in Transition: Advances in Transgender Mental Health," NYCPS HIV Psychiatry and LGBT Committee Meeting.
15. October 2018: "Understanding Gender Fluidity in Kids," NYU Slope Pediatrics.
16. October, 2021: Issues of Ethical Importance: Health Care for Pediatric LGBTQ+ Patients, American Medical Association, Invited Talk

Major Research Interests

Gender and Sexual Identity Development
Member, Research Consortium for Gender Identity Development
Delirium: Assessment, Treatment and Management
Suicide Prevention

Research Studies

Study Title	IRB Study#	Dates
Suicide Attempts Identified in a Children's Hospital Before and During COVID-19	2021-4428	2/26/21-present
Lurie Children's Sex & Gender Development Program Clinical Measure Collection	2019-2898	2019-present

Adolescent Gender Identity Research Study (principal investigator) - unfunded	s15-00431	4/15-5/19
Co-Occurrence of Autism Spectrum Disorders and Gender Variance: Retrospective Chart Review (principal investigator) - unfunded	s14-01930	10/14-5/19
Expert Consensus on Social Transitioning Among Prepubertal Children Presenting with Transgender Identity and/or Gender Variance: A Delphi Procedure Study (principal investigator) - unfunded	s13-00576	3/16-5/19
Co-Occurrence of ADHD/Gender Dysphoria (principal investigator) - unfunded	s16-00001	1/16-5/19
PICU Early Mobility- unfunded	s16-02261	12/16-5/19
Metformin for Overweight and Obese Children and Adolescents with Bipolar Spectrum Disorders Treated with Second-Generation Antipsychotics – Funded by PCORI	s16-01571	8/16-5/19

Other

Grant Funding:
Zero Suicide Initiative, PI Aron Janssen, M.D.
Awarded by Cardinal Health Foundation, 9/2020
Total amount: $100,000

Catalyst Fund, PI Aron Janssen, M.D.
Suicide Prevention in Pediatric Primary Care
Total amount: $750,000

Selected Media Appearances:

Guest Expert on Gender Identity on Anderson, "When Your Husband Becomes Your Wife," Air Date February 8th, 2012
Guest Host, NYU About Our Kids on Sirius XM, 2011
NYU Doctor Radio: LGBT Health, September 2013
NYU Doctor Radio: LGBT Kids, November 2013
NYU Doctor Radio: LGBT Health, July 2014
NYU Doctor Radio: Gender Variance in Childhood, December 2014
BBC Two: Transgender Youth, April 2015
NYU Doctor Radio: Transgender Youth, June 2015
Fox-5 News: Trump's proposed military ban and Transgender Youth, July, 2017
Healthline.com: Mental Health Experts Call President's Tweets 'Devastating' for Trans Teens, July, 2017
Huffington Post: What the Military Ban Says to Our Transgender Youth: August, 2017
Metro: How to talk to your transgender kid about Trump, August 2017
NYU Doctor Radio: Transgender Youth, August 2017

EXHIBIT B

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