

# EXHIBIT 36

Lin Fraser Declaration

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

UNITED STATES OF AMERICA,

Plaintiff,

v.

STATE OF NORTH CAROLINA;  
PATRICK MCCRORY, in his official  
capacity as Governor of North Carolina;  
NORTH CAROLINA DEPARTMENT  
OF PUBLIC SAFETY; UNIVERSITY  
OF NORTH CAROLINA; and BOARD OF  
GOVERNORS OF THE  
UNIVERSITY OF NORTH CAROLINA,

Defendants.

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Case No. 1:16-cv-00425

**EXPERT DECLARATION OF LIN FRASER**

**PRELIMINARY STATEMENT**

1. I have been retained by counsel for Plaintiff as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration.

2. My professional background, experience, and publications are detailed in my curriculum vitae, a true and accurate copy of which is attached as Exhibit A to this declaration.

3. I received my Bachelor of Arts in Psychology from Duke University in 1967, my Master's in Counseling from San Francisco State University in 1975, and my doctorate in Counseling Psychology from the University of San Francisco in 1991. I have been in private practice in the same location in San Francisco, California, since 1976.

4. I have expertise working with adults with gender dysphoria. I have been involved in the treatment of gender dysphoric individuals since 1972, when I was an intern at Fort Help, a counseling center in San Francisco. In the course of my career, I have spent approximately 38,000 direct client hours with individuals who experience gender dysphoria and mental health issues related to gender variance, and the families of those individuals. I have also spent approximately 22,000 hours devoted to writing; research; consulting with corporations, educational and health-care facilities; and doing public service over the course of my 44 year-career in the field.

5. I have authored or co-authored numerous articles in peer-reviewed journals regarding the provision of health care to this population. I am a member of the editorial board for the International Journal of Transgenderism.

6. I am the immediate past president of the World Professional Association for Transgender Health ("WPATH") (formerly the Harry Benjamin International Gender Dysphoria Association). I am currently a member of the Executive Committee and Board of Directors. During my presidency, I oversaw two strategic plans for the organization; the WPATH International Classification of Diseases (ICD) consensus process, comprised of international experts for recommendations to the World Health Organization regarding gender dysphoria-related diagnoses in the ICD; the publication of the WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

(“Standards of Care”) (7th version) (2012); and the conceptualization, development, and implementation of the Global Education Initiative (“GEI”), of which I continue to be Co-Chair. GEI is an initiative to increase access to competent, compassionate, and evidence-based healthcare for transgender people worldwide.

7. I am one of the eleven authors of the most recent edition of the WPATH Standards of Care, which I discuss in greater detail below. I am also a co-author of the WPATH recommendation to the American Psychiatric Association (“APA”) regarding the adult diagnosis of gender dysphoria in the fifth edition of the APA’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The APA accepted the WPATH recommendation.

8. I am a full member of the American Psychological Association and belong to several divisions, including Division 44, Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues.

9. In preparing this declaration, I relied on my education and training, as well as my knowledge of the literature in the pertinent fields (a non-exhaustive list of those references is included as Exhibit B to this document). I have also relied on my 44 years of experience in this field, as set out in my curriculum vitae, and on the materials listed therein. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I may wish to supplement these opinions or the bases for them as a result of new research or publications or in response to statements and issues that may arise in my area of expertise.

10. In the past two years, I have testified in a deposition in the following matter:  
*Domainlor Cabading v. California Baptist University*, No. RIC1302245 (Cal. Super. Ct.).

11. I am being compensated at an hourly rate for actual time devoted, at the rate of \$350 per hour for any clinical services, review of records, or preparation of reports or declarations; \$475 per hour for deposition and trial testimony; \$1250 per half day for travel time; and \$2500 per full day spent out of the office. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

### OPINIONS AND CONCLUSIONS

12. The term “gender identity” refers to one’s sense of belonging to a particular gender, such as male or female. Every individual has a gender identity. In most cases, gender identity is fixed at a young age and is stable over time.

13. People born with anatomy typically associated with females (*e.g.*, vagina) generally have a female gender identity, and people born with anatomy typically associated with males (*e.g.*, penis) generally have a male gender identity. However, this is not the case for all individuals. Transgender individuals are those who have a gender identity that differs from the sex assigned at birth, a designation that is usually based only on an examination of external genitalia at the time of birth.

14. Gender Dysphoria is the diagnosis used to describe the clinically significant distress experienced by a person whose gender identity does not match the sex assigned at birth. Individuals with gender dysphoria are referred to as transgender. However, not all people whose physical anatomy is misaligned with their gender identity suffer clinically significant distress as a result of that misalignment.

15. WPATH is an interdisciplinary, professional and educational organization devoted to transgender health. As explained on its website, the organization's "professional, supporting, and student members engage in clinical and academic research to develop evidence-based medicine and strive to promote a high quality of care for transsexual, transgender, and gender non-conforming individuals internationally."<sup>1</sup>

16. WPATH publishes internationally accepted Standards of Care, the goal of which is to provide clinical guidance for health professionals to assist transgender people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment.

17. While the course of care for any particular individual must be tailored to that individual's specific situation, the Standards of Care identify the following evidence-based protocols for the treatment of individuals with gender dysphoria:

- a. Social transition or changes in gender expression to present consistent with one's gender identity;
- b. Psychotherapy to address the negative psychological impact of gender dysphoria, including depression, the lack of appropriate social feedback during identity formation, stigma, alleviating internalized transphobia, lack of social and peer support, and negative body image;

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<sup>1</sup> See generally Mission and Values, World Professional Association for Transgender Health, available at [http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1347&pk\\_association\\_webpage=3910](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1347&pk_association_webpage=3910). Out of respect for the various ways in which people in this community self-identify, WPATH uses the phrase "transsexual, transgender and gender non-conforming" to describe the population that is both the subject of its research and the intended beneficiaries of the services provided by its members. To avoid confusion in this document, I use the term "transgender" as the umbrella term encompassing those who would self-identify as transsexual.

- c. Medical intervention where appropriate, including hormone therapy to feminize or masculinize the body and surgery to alter primary and/or secondary sex characteristics; and
- d. Other ancillary treatments, such as voice therapy and electrolysis.

18. The primary goal of treatment for gender dysphoria is to alleviate the distress resulting from an internal sense of gender that is inconsistent with sex assigned at birth. Treatment for gender dysphoria includes the development of an individualized plan with a mental health provider. This plan has both internal and external components and objectives. For some, the internal components of therapy focus on helping the person to simply acknowledge and accept their authentic gender identity. For those who have accepted that they have a gender identity different than the sex that was assigned to them at birth, therapy focuses on exploring what options exist going forward; building the self-confidence necessary to pursue various options; developing a strategy for alleviating the distress caused by the dysphoria; and reducing internalized transphobia (*i.e.*, self-hatred of transgender people because they are transgender). External components include receiving appropriate social feedback during social transition. Medical intervention may be part of an overall treatment plan designed to accomplish both these internal and external objectives, but is not necessarily appropriate or required to accomplish these goals.

19. Social transition is the process by which a transgender individual begins to express and experience the world as his or her true self. Social transition includes changing the name by which one is referred from the name selected for the individual at birth to the name that the individual chooses for himself or herself. It also includes using the preferred pronouns, as well as dressing, grooming, and otherwise outwardly presenting oneself consistently through social signifiers that correspond to one's gender identity in every aspect of life – at home, work, school, and in the broader community.

20. Social feedback is an important part of social transition and is critical to identity consolidation. Identity consolidation is the process by which an individual is able to integrate all aspects of their identity into one life, as opposed to having to maintain an external identity that is at odds with one's internal sense of self.

21. For most people, social feedback affirms their inner experience – when I recognize you as a male and you identify as male, my social feedback confirms that you are who you think you are. For most transgender people (particularly the adults whom I see as part of my practice), their core self in terms of gender develops in secret over time and keeping one's true self a secret is damaging. Their interactions with the social world have undermined, rather than affirmed, their identity. For example, a transgender male, before social transition, is seen by the world as female, and the social feedback he receives tells him that the world does not see him as he sees himself. For transgender individuals, their life before transition is typically dominated by social feedback that is contrary to their own identity. This can lead to feelings of unrealness, numbness, dissociation, depression and anxiety, and other mental health concerns.



22. When a transgender woman begins a social transition, she is seeking affirmative social feedback; she is testing out whether the world will see her as she sees herself. By using sex-segregated spaces, she has the opportunity to receive social feedback that affirms her gender identity. This feedback can be as subtle as going unnoticed in a space designated for women, to as explicit as being called “Miss” or “M’am” by a stranger. The same is true for transgender men.

23. Social feedback that affirms one’s gender identity can have an almost immediate positive impact on the distress associated with gender dysphoria.

24. The importance of a social transition that is affirmed, consistent, and unimpeded once it begins cannot be overestimated. For identity consolidation to occur, this process needs to continue consistently in the outside world. Access to gender identity-appropriate restrooms and locker rooms is a particularly important component of social transition and identity consolidation.

25. By contrast, being denied access to gender identity-appropriate facilities can be traumatizing for transgender individuals who have socially transitioned. Restroom and locker rooms, unlike gender-neutral settings (*e.g.*, the library), categorize people according to gender. Denying transgender individuals access to such facilities in a manner consistent with their identity stigmatizes transgender individuals and prevents them from receiving critical social feedback.

26. To deny a transgender individual access to a facility consistent with that person's gender identity, or to insist that a transgender individual use a separate restroom, communicates to that person, and to the world, that the transgender person is not a "real" man or woman; they are some undifferentiated "other." In my experience, interrupting or impeding an individual's social transition often causes the return of any symptoms that the individual experienced prior to their social transition, including anger, self-hatred, depression, and anxiety.

27. The Standards of Care identify social transition and gender expression consistent with one's gender identity as part of the protocols for treatment. Denying transgender individuals access to sex-segregated spaces consistent with their gender identities would create obstacles to their ability to follow the medically appropriate treatment protocols.

28. While some transgender individuals are more resilient, and thus less susceptible to long-term psychic trauma as a result of denial of access to gender identity-appropriate facilities, any interference with a transgender individual's social transition risks destabilizing a transgender patient and undermining treatment goals.

29. A significant focus of psychotherapy for a transgender client involves the issue of when and how to tell people that the individual is transgender. Revealing this information about oneself requires courage in the face of stigma and rejection. As a result, much time in therapy is spent on developing a plan for "coming out," similar to the process that gay people go through when deciding when to share information about their sexual orientation with others. For transgender people, having control over when, how, and to whom they will reveal information about their gender history is an important part of

maintaining (or regaining) a sense of control over one's identity during a period of tremendous vulnerability.

30. This desire to carefully control when and how others become aware of their gender history often translates into a heightened sense of modesty when a transgender person is in a sex-segregated space such as a locker room. My experience is that transgender adults are hyper aware of the ways in which their bodies are different from the bodies of non-transgender people; thus, they seek to minimize the extent to which their physical differences are noticed by other people. When transgender people use sex-segregated facilities consistent with their gender identity, their goal is to stay invisible, and to avoid doing anything that would suggest that they do not belong in that space.

Transgender individuals are very uncomfortable with the idea that someone may notice their anatomical differences, and thus are particularly vigilant about their modesty in such spaces.

31. My experience working with transgender clients for more than 40 years has demonstrated that transgender individuals want to be included in what they perceive to be the inner circle of the gender with which they identify. The last thing they want to do is compromise the opportunity to be accepted in those spaces. Of the thousands of clients with whom I have worked, I have never encountered anyone who wanted to expose their physical differences to others. No one wants to be ridiculed; no one wants to be seen as not belonging. Least of all transgender individuals. Transgender individuals want to be seen as the person they are. They dream that they will be able to use a restroom, go shopping, participate in activities, go to school or work – in short, to live in their gender without drawing undue attention because they don't "look the part." They want to remain invisible

for the most part because that means they are just like every other man or woman walking down the street. Transgender women want to be seen as women because they are women. Transgender men want to be seen as men because they are men.

32. When a transgender person who has already socially transitioned is required to use a sex-segregated facility other than a facility consistent with their gender identity, this may have the effect of revealing the individual's transgender status without that person's consent (often referred to as "outing" a person). This is also true when a transgender person is required to use a gender-neutral facility. Being denied access to the gender identity-appropriate facility is shaming and stigmatizing – marking them as something other than a "real woman" or "real man."

33. Denial of restroom use in accordance with gender identity causes the use of such facilities to become a source of anxiety for transgender individuals. For example, when faced with the possibility of being forced to use facilities based on the sex that they were assigned at birth, some of my clients have tried not to drink anything all day to avoid going to the bathroom and have developed medical complications, such as urinary tract infections, due to lack of voiding. Individuals have limited their social interactions, and in extreme cases, will become home bound, except for short periods, rather than face the shame and danger of using inappropriate facilities. This negatively affects their ability to work, participate in social events, access public services, and engage in civic life generally. In my experience, when transgender individuals fear that they will not be able to use the restroom consistent with their identity, they will take extraordinary steps to plan for how they will operate in the world without access to such facilities. The burdens are real and significant.

34. Based on conversations with my clients, it is clear to me that laws or policies which force transgender individual into spaces designated for their birth-assigned sex and inconsistent with their gender identity can trigger intense emotions ranging from shame and embarrassment to fear of harassment and possibly violence. Even if the risk of actual physical violence is low, in my experience, the fear and anxiety that such policies inspire can result in transgender people removing themselves from work-related or social interactions. Having to forego these important professional and personal opportunities due to fear that an attempt to use the restroom at such an event could result in being outed, harassed, or worse is not only harmful in the moment, but can also have lasting psychological, social, and economic effects (*e.g.*, loss of self-confidence, isolation, professional stagnation).

35. Being required to use a facility where their physical safety may be at risk can trigger acute, and potentially debilitating, anxiety for transgender people. Transgender women, in particular, often fear for their physical safety when forced to use male restroom facilities. Although transgender people are often targeted for harassment and violence, a transgender individual does not have to have personally been a victim of physical violence in order for restrictive restroom laws or policies to trigger such negative, and deeply painful, emotions. Based on my four decades of experience in the field, however, it is clear to me that such fear and anxiety would be even more acute for someone who had previously been accosted, or if they live in an area where the likelihood of harassment and violence in a restroom was viewed as more likely to occur.

36. Laws that limit an individual's access to bathrooms and changing facilities consistent with their gender identity can have the effect of making people feel that they do not belong in the world. The message communicated by policies that deny transgender people access to gender identity-appropriate facilities can be traumatic and exacerbate the depression, anxiety, and isolation that many transgender people experience. Such feelings of rejection and hopelessness can cause symptoms to return which had been alleviated through the gender consolidation process.

37. For example, transgender individuals can experience a resurgence of internalized transphobia, anxiety, depression, anger, stigma, and dissociation. Internalized transphobia is particularly damaging when transgender individuals believe that society views them as sexual deviants, criminals, and exhibitionists. For example, a transgender man forced to use the women's room will be acutely aware that the women in that space may see him as threatening their physical safety because they do not understand why he is using the women's restroom. After such encounters, transgender men may experience tremendous shame, anxiety, and depression. Indeed, research shows that transgender individuals are at far greater risk for severe health consequences, and 41% have attempted suicide, which is an extraordinarily high rate.

38. To the contrary, when transgender individuals feel accepted at work, at school, or in other public spaces, their personalities emerge and they blossom. They can also focus and concentrate better, no longer distracted by gender dysphoria. In many cases, shy people become more friendly, animated, outward-oriented and social. They become their natural selves, whatever that would have been in the first place.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on this 20 day of June, 2016.

By: Lin Fraser  
Lin Fraser

# EXHIBIT A

Exhibit A to Lin Fraser Declaration



**Curriculum Vitae**  
**Lin Fraser Ed.D.**

2538 California Street  
San Francisco, CA 94115  
415-922-9240  
linfraser@gmail.com

**Current**

Psychotherapist in private practice 1976 - present

**Education**

Duke University, B.A. Psychology (*in 3 years*) 1967 Summer School: Stanford University, Radcliffe College.

San Francisco State University, M.A. Counseling 1975.

University of San Francisco, Ed.D. Counseling Psychology 1991.

**Post-Graduate Training**

*Internships:* Haight-Ashbury Free Clinic, 1972; Fort Help, 1973-1979.

*Postgraduate Professional Training:* Human Sexuality Training, UCSF and San Francisco Psychoanalytic Institute; National Council on Alcoholism Professional Training; Family Therapy Institute of Marin; San Francisco Psychoanalytic Institute Yearlong Program for Professionals; C.G. Jung Institute Seminars for Professionals.

Specialized training and certification in online counseling.

*Consultation:* Group Consultation: Bay Area Gender Associates, 1986-current. Individual consultation: Paul Walker PhD, founding President of HBIGDA, 1983-1986. Jean Shinoda Bolen M.D, Author, Activist and Jungian Analyst, 1986 to present.

**Certification and License**

California Marriage and Family Therapist, MFT8288, 1976.

Licensed Professional Clinical Counselor LPCC1816, 2015

National Certified Counselor, NCC 17402, 1987.

Pupil Personnel Worker, California Community College System, Instructor, Psychology, California Community College System, 1975.

Distance Credentialed Counselor, DCC 553, (*Internet Counseling Credential*), 2006.

Mental Health Facilitator (MHF) from NBCC International, Center for Credentialing & Education, Aug 2015 Kigali, Rwanda

### **Public and Professional Service**

WPATH (*World Professional Association for Transgender Health*):

President 2011-2014, founding professional member

Executive Committee 2009 – 2016

Board of Directors 2007-2016

Global Education Initiative, Co-Chair 2013- present.

Development Committee, Co-Chair- 2013- present. ,

*SOC7 (2012) (Standards of Care) co-author.* Responsibilities include Adult Psychotherapy and Web-Based Transgender Care.

Standards of Care SOC8- Revision committee- current.

Steering Committee – USPATH- United States Chapter of WPATH

Conference Co- Chair, WPATH 23<sup>rd</sup> International Symposium, Bangkok, Thailand. February 2014

Journal of Sexual Medicine- Reviewer, 2013-current.

Asian Pacific Trans Health Blueprint, Reviewer, April 2015

Co-Chair Mental Health Track, National Transgender Health Summit, Oakland, CA, Spring 2013.

Technical Consultation for the development of Blueprint for provision of care to Transgender persons in Latin America and the Caribbean- Group Member, sponsored by PAHO, Washington DC, Dec 19-21-2011. Trinidad, Spring 2013.

International Journal of Transgenderism: Editorial Board, 2006-present; reader and reviewer.

Conference on Family Law: Consultant/Participant, June 2006.

Transgender Mental Health Guidelines: Reviewer 2005.

Cathedral School for Boys: Board of Trustees, 1996-2002, Chair-Education Policy Committee, 1997-2002, Chair and Founder, Gender Issues and Boys Study Committee, 1997-2002, Cathedral School for Boys: Consultant and Co-Chair, Boys Study Committee- 2005-2008.

Duke University: Alumni Admissions Interviewer for Northern California- 2002-present.

The Urban School of San Francisco: Senior Endowment Committee, Chair 2003-2004, Diversity Committee, 2000-2004, Nominating Committee Chair- 2002-2004.

Church Divinity School of the Pacific: reader for doctoral dissertation on "The Spiritual Life of Boys" 2004.

University of California San Francisco, Supervisor of Psychiatry Resident, 1998.

California School of Professional Psychology Adjunct Faculty, 1995-1997, Co-taught course – Gender Identity Issues.

TGSF (*Transgender San Francisco, formerly ETVC*); professional advisor and consultant for phone line for transgender peer counseling, 1990-1992.

Bay Area Gender Associates (*BAGA*): founder and participant: 1986 – current.

Pacific Center, Group Facilitator, TV/TS Rap Group, 1978-1981.

Lone Mountain (*University of San Francisco*) Adjunct Faculty, 1979-1981.

### **Professional Associations**

WPATH (*World Professional Association for Transgender Health*) formerly HBIGDA (*Harry Benjamin International Gender Dysphoria Association*), founding professional member and President (2011-2014).

APA (*American Psychological Association*), clinical member, Division 46

(Media Psychology), Division 52 (International Psychology), Divisions 39 (Psychoanalysis), Division 44 (LGBT), Division 36 (Society for the Psychology of Religion and Spirituality).

CAMFT (*California Association of Marriage and Family Therapists*), clinical member.

ISMHO (*International Society Mental Health Online*)- member.

## **Publications and Internet**

Website <http://www.linfraser.com>

Twitter <http://www.twitter.com/linfraserWPATH>

<http://www.twitter.com/drlinsf>

Fraser, L (2016) *Psychotherapy. Principles of Transgender Medicine and Surgery*. Edited by Randi Ettner & Stan Monstrey (in press)

Fraser, L & Knudson, G (2015) *Gender Dysphoria and Transgender Health in ABC of Sexual Health*, 3<sup>rd</sup> Edition. Wylie, K (ed). Wiley.

Fraser, L (2015). *Gender Dysphoria: Definition and Evolution Through the Years in Management of Gender Dysphoria, A Multidisciplinary Approach*. Eds. Carlo Trombetta, Springer,

Fraser, L (2015) "*Standards of Care, transgender health*", *Encyclopedia of Human Sexuality*, (Edited by Patricia Whelehan and Anne Bolin) Wiley and Co. May 2015.

Coleman et al, *WPATH Standards of Care, Version 7 2011*. I am one of 10 members on the writing committee.

Fraser, L et.al (2010), *Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adults*. *International Journal of Transgenderism*, 12:80-85 (with Drs. Dan Karasic, Walter Meyer and Kevan Wylie).

Fraser, Lin (2009) *Etherapy: Ethical and Clinical Considerations for Version 7 of the World Professional Association for Transgender Health's Standards of Care*. *International Journal of Transgenderism*; Volume 11, Issue 4, Pages 247-263.

Fraser, Lin (2009) *Depth psychotherapy with transgender people*. *Sexual and Relationship Therapy*, 24:2,126 — 142).

*Fraser, Lin (2009) Psychotherapy in the Standards of Care, International Journal of Transgenderism, 1434-4599, Volume 11, Issue 2, 2009, Pages 110 – 126.*

*Classification, Assessment and Management of Gender Identity Disorders in the Adult Male: A Manual for Counselors, 1991, Doctoral Dissertation, University of San Francisco.*

*Transgender Identity Issues, A Binder for Graduate Students (with William Henkin, Ph.D.), 1996.*

*Therapy with Transgender People Across the Life Span (edited version) <http://www.apadivision44.org/newsletter/2005summer.pdf> APA Division 44 Newsletter, Summer 2005.*

*Therapy with Transgender People Across the Life Span (expanded version) ACA AGLBIC Newsletter 2006.*

*Can Same Sex-Schooling Survive? A Forum at Grace Cathedral [http://www.gracecathedral.org/enrichment/forum/for\\_19990516.shtml](http://www.gracecathedral.org/enrichment/forum/for_19990516.shtml)*

*Addressing Psycho-Social Issues in the Transgender Client, Transgender Care Conference <http://hivinsite.ucsf.edu/InSite?page=cftg-07&ss=xsl%2Fconf-t2> May 2000.*

*Observations About Transgender People, Talk at ETVC, 1991 <http://www.transkids.us/obstg.html>*

## **Media**

### Films/Documentaries

*The Case of John Brown 2007 Form Media, UK, Channel 1.*

*Sex Change, Her to Him 2006 Beyond, Australia.*

*Changing Sexes, Follow-up 2005 Discovery Channel *Changing Sexes, Female to Male* 2003 Discovery Channel.*

*Changing Sexes, Male to Female 2002 Discovery Channel.*

*The Blank Point- What is Transsexualism? 1992 Award-winning Independent Film.*

*A Question of Gender* 1986 Independent Film.

*Easing Stress* 1979 Pan Am Training Film.

### Radio/Television

Interviewed on CNN, Discovery Channel, KPFA, KTVU, Learning Channel, KPIX and others Print Media Interviewed for San Francisco Chronicle, Bay Times, Independent, Guardian, CNN Print Version, Blender, Baltimore Sun, New York Times, XPress and others.

### **Training/ Consulting/ Legal**

Consultant to Dignity Health & St Francis Hospital, San Francisco, CA. I am on the core team to set up a Transgender Health Program from the ground up. Contract runs from May 2016 – May 2017.

Consultant to Benefits Department, Oracle Corporation, May 2015

Expert witness in *Domainlor Cabading vs. Cal Baptist University*, July 2014.

Training for Cal Berkeley Health Care Professionals- Transgender Clinical Care Across the Lifespan June 3, 2014

Training for Stanford Medical Residents, Transgender Care Across the Lifespan, August 2013

Report for Transgender Law Center petitioning nondiscrimination of transgender pilot, December 2010.

Report for Prison Law Project Advocating Treatment for Transgender inmate August 2010.

Training for 3PAR Corporation, informational session regarding a transgender employee transitioning in the workplace, Feb 12, 2010.

All-day seminar for psychotherapists on Gender Variant and Transgender Identities, Clinical and Ethical Issues, in Bakersfield, California, February 27, 2009. For information on this seminar, see <http://sites.google.com/site/transgendertherapyandtraining/>

Training for State Fund, informational session regarding a transgender employee transitioning in the workplace, June 2005.

Training for Primavera Corporation, informational session regarding a transgender employee transitioning in the workplace, Nov 17, 2003.

Staff Training on Transgender Issues, University Health Services, UC Berkeley, Berkeley, CA, Oct. 8, 1999.

Staff Training on Transgender Health Care, Dept. of Veteran Affairs Medical Center, San Francisco, CA, April 15, 1998.

Two-Day Seminar on Gender Identity Issues for doctoral psychology students at CSPP (with Dr. William Henkin), 1995-1997.

Training of members of Episcopal Church regarding transitioning member, Benicia, CA Jan. 1997.

Training for Naval Post Graduate School regarding transitioning TG Employee, May 24 1996.

Training for State Fund regarding transitioning executive employee, San Francisco and Los Angeles, May 1995.

Prior to 1995, I did trainings at San Quentin, Family Therapy Institute of Marin, San Francisco State University Departments of Counseling as well as Psychology among others. Served as professional advisor to lawyers and as expert witness in various court cases relating to trans issues.

## **Lectures**

*Trauma, Complex Cases and the Role of Psychotherapy*, WPATH 24th International Symposium, Amsterdam, June 20, 2016. (with Drs. SJ Langer, Jack Pula & Aron Jansson)

*Symposia- Standards of Care Version 8: Questions for the Next Revision*, Amsterdam, June 21, 2016 (with Drs. Dan Karasic, Eli Coleman, Annelou de Vries, Stan Monstrey, Vin Tangpricha, Griet DeCuypere)

*Transgender Care Across the Lifespan, Psychotherapy and Aging*, California Psychological Association Annual Conference, Los Angeles, April 14, 2016.

*WPATH and the Standards of Care*, Best Practices In Medical and Mental Health Care, WPATH Global Education Initiative, March 30, 2016, Springfield MO.

*Advanced Psychotherapy*, Best Practices In Medical and Mental Health Care,

WPATH Global Education Initiative, March 31, 2016, Springfield MO.

Springfield, MO

*Assessment and Letter Writing*, Best Practices In Medical and Mental Health Care, WPATH Global Education Initiative, April 1, 2016, Springfield MO.

*WPATH History*, Best Practices In Medical and Mental Health Care, WPATH Global Education Initiative, January 20, 2016 Atlanta, GA

*Evolution of The Standards of Care*, Best Practices In Medical and Mental Health Care, Global Education Initiative, Jan 21, 2016, Atlanta, GA

*Psychotherapy and the Standards of Care*, Best Practices In Medical and Mental Health Care, Global Education Initiative, Jan 22, 2016, Atlanta, GA

*WPATH, Yesterday, Today and Tomorrow*, Best Practices In Medical and Mental Health Care, WPATH Global Education Initiative, Chicago, Illinois, Nov 7, 2015 (with Drs. Gail Knudson & Jamison Green)

*Psychotherapy, Transgender Health*, Best Practices In Medical and Mental Health Care, WPATH Global Education Initiative, Chicago, Illinois, Nov 6 2015.

*From Treating Transsexualism to Promoting Transgender Health, WPATH History and Professional Evolution, Transgender Beyond Disorder, New Paradigms and SOC7*. SFSU Summer Institute, San Francisco, CA, June 19, 2015.

*Psychotherapy with the Aging Transgender Client*, National Transgender Health Summit, Oakland, CA, April 18, 2015

*WPATH Perspectives on Major Issues in Trans Health* (Moderator), National Transgender Health Summit, Oakland, CA, April 17, 2015

*Emergent Issues, Controversies and Ethics as we evolve outside the binary*. National Transgender Health Summit, Oakland, CA, April 17, 2015

*Standards of Care 7.x: Questions for the Next Revision*, European Professional Association for Transgender Health 1<sup>st</sup> Symposium, Ghent, Belgium, Mar 13, 2015

*President's Welcome Plenary*, WPATH 23rd International Symposium, Bangkok Thailand, February 15, 2014.



*Long-term Psychotherapy in Advances in Transgender Care*, WPATH 23<sup>rd</sup> International Symposium, Bangkok, Thailand, February 15, 2014

*Psychotherapy from the Heart in the WPATH Standards of Care*, Invited Plenary, World Association for Sexual Health 21<sup>st</sup> Conference, Porto Alegre, Brasil, September 23<sup>rd</sup>, 2013

*Opening Plenary* (delivered via Skype), 1<sup>st</sup> Trans Care Conference for the Confederation of Independent States, Moscow, Russia, November 11, 2013

*Opening Welcome Plenary* at National Transgender Health Summit, Oakland, CA, Spring 2013.

*Interdisciplinary complex cases*, National Transgender Health Summit, Oakland, CA, Spring 2013.

*WPATH Global Education Initiative, Panel on Transgender Education and Training*, National Transgender Health summit, Oakland, CA, Spring 2013.

*Advanced Psychotherapy Cases with Trans People*, Moderator, National Transgender Health Summit, Oakland, CA, Spring 2013.

*Shifting Paradigms: Breaking with Pathology, Affirming Gender Diversity*. Keynote Address, CPATH Biennial Meeting, Winnipeg, Canada Sept 22 2012.

*Transgender Beyond Disorder: WPATH, New Paradigms & Global Connections*, WPATH/UCSF/CENESEX, Forum at SFGH, May 23 2012

*Transgender Care Across the Lifespan: Psychotherapy and Aging*. AAGP Annual Meeting, Washington DC, March 18, 2012

*Transgender Beyond Disorder: New Paradigms and the SOC7 in II Colloquium "Trans Identidades, Género y Cultura"*. The 6<sup>th</sup> Cuban Congress on Sexual Education, Counseling and Therapy, Havana, Cuba, January 24, 2012.

*Meet the Presidents, WPATH Vision and Goals*, with Jamison Green PhD and Walter Bockting PhD, WPATH 2011 International Symposium, Atlanta, GA, September 28, 2011.

*Implementation of version 7 of the WPATH Standards of Care for Transgender Health*, with the SOC7 Writing Committee, WPATH 2011 International Symposium, Atlanta, GA, September 28, 2011.

*Plans for the 2014 WPATH International Symposium in Bangkok, Thailand, WPATH 2011 International Symposium, Atlanta, GA September 26, 2011.*

*Transgender mental health care across the lifespan, Aging and the transgender person, WPATH 2011 Biennial Symposium, Atlanta, GA. September 26, 2011*

*Launch of version 7 of the WPATH Standards of Care for Transgender Health, Plenary with Eli Coleman PhD, WPATH 2011 Biennial Symposium, Atlanta GA, September 26, 2011.*

*WPATH Standards of Care for Transgender Health, with Jamison Green PhD, Eli Coleman, PhD, Jamie Feldman MD, WPATH Sponsored Symposium at Gay and Lesbian Medical Association Site, Atlanta, GA, September 23, 2011*

*Observations about transgender people: 40 Years of Practice as a gender therapist, Presentation at Southern Comfort Conference, Atlanta, GA, September 22, 2011.*

*WPATH Day-to-Day, then and now, Standards of Care and trans men Keynote at the Robert Eads Health Fair, Atlanta, GA. September 22, 2011.*

*WPATH Day-to-Day, Professionals Workshop at Gender Spectrum Conference, Berkeley, CA, July 29, 2011.*

*Mental Health Care Across the Lifespan, Psychotherapy and Aging, American Psychiatric Association Annual Meeting, Honolulu, Hawaii, May 2011*

*Mental Health Care Across the Lifespan, Psychotherapy and Aging, Plenary Lunch, National Transgender Health Summit, San Francisco, CA April 9, 2011.*

*Co-Occurring Mental Health Issues in Transpeople: DID and GID with Dan Karasic MD, National Transgender Health Summit, San Francisco, CA April 9, 2011.*

*WPATH Symposium with Walter Bockting PhD and Jamison Green PhD, National Transgender Health Summit, San Francisco, CA April 9, 2011.*

*Transgender Mental Health Issues. Transgender Health Lecture Series (for medical students), UCSF, February 2, 2011.*

*Transgender Care Across the Lifespan, Aging and the Transgender Person, Northern California Psychiatric Society Annual Meeting, Monterey, CA, Mar 21, 2010.*

*Transition Issues for Transpeople with Dissociative Identity Disorder (with Dan Karasic MD)*, XXI Biennial Symposium, WPATH, Oslo, June 20, 2009.

*Transgender Identity Development and Depression*, Pre-Symposium for CME Credit, XX Biennial Symposium, WPATH, Chicago, Sept 5, 2007.

*2007 Web-Based Transgender Care, Ethical and Clinical Considerations*, Plenary Lecture, XX Biennial Symposium, WPATH, Chicago, Sept 7, 2007.

*Shadow Side of the Paradigm Shift; When Politically Correct is not Psychologically Correct*. Panel presentation at the 19th International Symposium of the Harry Benjamin International Gender Dysphoria Association, Bologna, Italy, April 6-9, 2005.

*The Transgender Phenomenon: Psychodynamic Viewpoint*. Opening Plenary lecture presented at the 18th International Symposium of the Harry Benjamin international Gender Dysphoria Association, Gent, Belgium, Sept. 10-13, 2003.

*Psychotherapy With Transgender People/ Across the Lifespan*. Plenary Lecture presented at Association of Gay & Lesbian Psychiatrists pre APA Conference "Beyond Coming Out, LGBT Mental Health Across the Lifespan", San Francisco, CA, May 17, 2003.

*Providing Therapeutic Care Outside the Binary Gender System*. Plenary Panel at the 17th International Symposium of the HBIGDA, Galveston, Texas, Oct.31-Nov.4, 2001.

*Nurturing the Emotional, Moral, and Spiritual Development of Boys*. Paper presented at the National Association of Episcopal Schools Biennial Conference, San Francisco, CA, Nov. 17, 2000.

*What About Boys? The Case for Single-Sex Education: One School's Perspective*. Paper presented at the 7th Annual Boys School Coalition Conference "Bridge to the Future: Mentoring Boys in the New Millennium". San Francisco, CA. June 25-28, 2000.

*Transgender Identity Development*. Paper presented at Transgender Care Conference, San Francisco, CA, May 5, 2000.

*Normative Transgender Identity Development*. Paper presented at the California Dreamin' Conference, April 2000.

*Can Same-Sex Schooling Survive?* Speaker at the Forum at Grace Cathedral, San Francisco, CA, May 17, 1999.

*Psychotherapy with TG People: A Jungian Perspective.* Paper presented to American Psychological Association Annual Conference, San Francisco, CA, August 1998.

*Observations About Transgender People.* Paper presented at California Dreamin' Conference, San Francisco, CA May 1998.

*A Transgender Issues Consultation Group in the San Francisco Bay Area.* Panel member at the 15th International Symposium of the HBIQDA, Vancouver, Canada, Sept 1997.

*Female-to-Male Transsexuals in Psychotherapy,* Paper presented at the 1st FTM International Conference, San Francisco, Ca. April 1997.

Earlier presentations for the Society for the Scientific Study of Sex, Conference on Sexual Compulsivity, Addiction, ETVC and other trans organizations, Pan American World Airways among others.

### **Nonprofessional training:**

Outward Bound School, Colorado Summer 1976; Yosemite Mountaineering School 1977; Advanced First Aid Teacher and Emergency Medicine Training 1978; Mountain Medicine and Outdoor Survival Skills Training 1979; Private Pilot Instruction & Solo Flight 1972.

### **International/Intercultural/Future Directions**

One of youngest transatlantic commercial airline passengers- America to UK 1947. Expat for many years. Lived in Wales and Brazil as a child. Visited parents in Mexico and Iran as young adult. Much international travel my entire life.

Conversant in Spanish and Portuguese.

Pan American World Airways, 1967-1976. Flight Attendant. Taken off flight status for 2 years to develop training programs in Communication for Pan Am Flight Service, Course Developer, Train the Trainer and Video Producer on Communication and Cross Cultural Communication, 1976-1979.

Foreign Language Institute, Moscow, USSR-Winter-1970.

Tom Dooley Foundation (*now InterMed*): volunteer researcher in remote mountain villages in Nepal, 1974-5.

Kibbutz Menara: volunteer in upper Galilee, Israel, summer 1973

Member-World Affairs Council.

Future plans include continued travel and doing international training and therapy online.

**Personal**

Married, one child.

Primary interests include people, cultures, world affairs, travel, reading, cooking and technology.

# EXHIBIT B

Exhibit B to Lin Fraser Declaration

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