

No. 18-107

IN THE
Supreme Court of the United States

R.G. & G.R. HARRIS FUNERAL HOMES, INC.,
Petitioner,

v.

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
and AIMEE STEPHENS,
Respondents.

**On Writ of Certiorari
to the United States Court of Appeals
for the Sixth Circuit**

**AMICI CURIAE BRIEF OF SCHOLARS WHO
STUDY THE TRANSGENDER POPULATION
IN SUPPORT OF RESPONDENT
AIMEE STEPHENS**

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INTEREST OF *AMICI CURIAE*¹

Amici curiae are 82 scholars of demographics, economics, epidemiology, law, medicine, political science, psychology, public health, public policy, and other disciplines. Many of them are affiliated with the Williams Institute—an academic research center at the UCLA School of Law dedicated to studying sexual orientation and gender identity. *Amici* have conducted extensive research and authored numerous studies regarding the transgender population in the United States, including on the extent of, effects of, and public attitudes regarding discrimination based on gender identity. Individual *amici* are identified in the Appendix.

Many of the individual *amici* have testified as expert witnesses in federal district courts and/or have appeared as an *amicus* in this Court and in other courts on related issues. This Court and federal appellate and district courts have expressly relied on research from the Williams Institute. See, e.g., *Obergefell v. Hodges*, 135 S. Ct. 2584, 2600 (2015); *Baskin v. Bogan*, 766 F.3d 648, 663, 668 (7th Cir. 2014); *Campaign for S. Equality v. Bryant*, 64 F. Supp. 3d 906, 943 n.42 (S.D. Miss. 2014); *DeBoer v. Snyder*, 973 F. Supp. 2d 757, 763–64 (E.D. Mich. 2014).

As scholars who specialize in issues related to transgender people, *amici* have a substantial interest

¹ Petitioner and Respondent Equal Employment Opportunity Commission have submitted letters granting blanket consent to *amicus curiae* briefs. Respondent Aimee Stephens has granted consent for the filing of this brief. Under Supreme Court Rule 37.6, *amici curiae* state that no counsel for a party authored this brief in whole or in part, and no persons other than *amici curiae* and their counsel made any monetary contribution intended to fund the preparation and submission of this brief.

in this case. In this brief, *amici* present social science and other research relevant to the legal questions before this Court, including research about: the demographics and socioeconomic characteristics of the transgender population, and the discrimination and stigmatization transgender people face on account of their non-conformity to sex and gender norms.

Particularly relevant to this case, *amici* present research finding that discrimination against and stigmatization of transgender people in the workplace is pervasive, can negatively impact their equal access to employment opportunities, and can threaten their future economic prospects, physical health, and emotional well-being. *Amici* believe that the research and data presented herein and *amici*'s academic expertise will aid the Court in evaluating why discrimination because of a transgender person's gender identity, expression, or status is a form of discrimination "because of . . . sex" under Title VII, see 42 U.S.C. § 2000e-2(a)(1), and in evaluating the impact the Court's decision will have on transgender employees and their employers.²

INTRODUCTION AND SUMMARY OF THE ARGUMENT

The United States is home to at least 1.55 million people who identify as transgender. They are entrepreneurs and inventors, religious leaders and political organizers, assembly workers and medical profes-

² Many of the individual *amici* are concurrently filing a brief in support of Petitioner in *Bostock v. Clayton County*, No. 17-1618, and Respondents in *Altitude Express, Inc. v. Zarda*, No. 17-1623. Whereas this brief focuses on research about gender identity and the transgender population, the brief in *Bostock* and *Zarda* presents different research about sexual orientation and the lesbian, gay, and bisexual population.

sionals, artists and entertainers, academics and public servants, and many other things—including, as in this case, funeral directors. They span the political spectrum. They have a diverse array of religious and spiritual identities. They are racially and ethnically diverse. They are parents, and they are people’s children.

There is no question that transgender people can thrive in this country, particularly when they find support from their families, communities, workplaces, schools, and faith institutions. Despite the many contributions transgender people make and have to offer, they face systemic discrimination and stigmatization. With respect to the workplace, surveys document that transgender people report alarming rates of discrimination and mistreatment, including verbal and physical assault. All too often, they are forced to leave jobs for which they are qualified, simply to avoid harassment or the need to repress who they are. This pervasive workplace discrimination can have devastating effects economically and psychologically, and it compounds the discrimination that transgender people face in other aspects of public and private life.

Amici agree with Respondent Aimee Stephens and the Sixth Circuit’s decision below: Title VII’s prohibition of sex discrimination encompasses discrimination based on a transgender person’s gender identity, expression, or status. That conclusion flows from the plain language of the statute and its application in *Price Waterhouse v. Hopkins*, 490 U.S. 228 (1989) (plurality opinion). It is also consistent with the well-recognized principle that “statutory prohibitions often go beyond the principal evil to cover reasonably comparable evils, and it is ultimately the provisions of our laws rather than the principal concerns of our

legislators by which we are governed.” See *Oncale v. Sundowner Offshore Servs., Inc.*, 523 U.S. 75, 79 (1998).

The purpose of this brief is not to repeat the legal arguments in the merits briefs. Rather, it is to provide a deeper understanding of the transgender population and the discrimination these individuals face in the workplace, which *amici* believe will assist the Court in appreciating the practical implications of its decision in this case.

First, research shows that discrimination against transgender individuals (like Respondent Aimee Stephens) frequently manifests because their gender identity or expression does not conform to the norms and stereotypes associated with their sex assigned at birth. Such discrimination is “because of . . . sex.”

Second, research also shows why such discrimination in employment is a “comparable evil” to other forms of sex discrimination barred by Title VII. Discrimination against transgender people has widespread negative ramifications in and outside the workplace, and for employers as a whole.

Third, affirming the Sixth Circuit’s decision—that Title VII bars discrimination in this context as a subset of discrimination “because of . . . sex”—is consistent with public opinion and the prevailing views of the business community.

BACKGROUND

Amici and other researchers have made great progress in collecting data to better understand the demographics and experiences of the transgender population. For example, many *amici* have participated in the Gender Identity in U.S. Surveillance Group, a multi-disciplinary, multi-institutional panel of ex-

perts who developed best practices for measuring gender identity in population-based surveys.³ In recent years, researchers published the U.S. Transgender Survey (USTS), which had 27,715 respondents, and is the largest and most comprehensive survey of transgender individuals.⁴

This background section begins by discussing the relevant terminology, as used in the research and literature and in this brief. It then reviews the demographics of the transgender population, and the pervasive discrimination this population faces within and beyond the workplace.

A. A Guide To The Terminology

The term “transgender” describes individuals whose gender identity is not fully congruent with their assigned sex at birth.⁵ Transgender individuals are distinguished from “cisgender” individuals—those whose gender identity matches their sex assigned at

³ See GenIUSS Grp., *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys* (2014), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuuss-report-sep-2014.pdf> [hereinafter *Best Practices*].

⁴ Sandy E. James et al., Nat’l Ctr. for Transgender Equality, *The Report of the 2015 U.S. Transgender Survey* 4 (2016), <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF> [hereinafter *USTS*].

⁵ See *Best Practices*, *supra* note 3, at x; see also *USTS*, *supra* note 4, at 40; Am. Psychol. Ass’n, *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*, 70 *Am. Psychol.* 832, 863 (2015), <https://www.apa.org/practice/guidelines/transgender.pdf> [hereinafter *Transgender Guidelines*]; Michael L. Hendricks & Rylan J. Testa, *A Conceptual Framework for Clinical Work with Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model*, 43 *Prof. Psychol.* 460, 461 (2012).

birth.⁶ “Sex assigned at birth” refers to the sex an infant is presumed to be at birth, usually based on a medical practitioner’s examination of external reproductive anatomy.⁷ “Gender identity” refers to a person’s deeply felt, internal sense of gender, *e.g.*, being a man or woman.⁸ “Gender expression” refers to an individual’s presentation of gender, *i.e.*, expressing one’s identity through appearance and behavior.⁹

An individual’s gender identity often emerges in young childhood. For example, in the USTS, a majority of respondents (60%) reported that they began to feel “different” from their assigned sex by age ten or younger; a plurality (32%) reported feeling different by age five or younger.¹⁰ Gender identity is distinct from sexual attraction (and often emerges prior to one having sexual feelings at all).¹¹ Indeed, transgender people report varying sexual orientations, including straight, bisexual, gay, lesbian, or queer.¹² Research also suggests that conflating the

⁶ *Best Practices*, *supra* note 3, at ix; *Transgender Guidelines*, *supra* note 5, at 861.

⁷ *Best Practices*, *supra* note 3, at x; *Transgender Guidelines*, *supra* note 5, at 862.

⁸ *Transgender Guidelines*, *supra* note 5, at 862; *see also Best Practices*, *supra* note 3, at ix.

⁹ *Transgender Guidelines*, *supra* note 5, at 861; *see also Best Practices*, *supra* note 3, at ix.

¹⁰ *USTS*, *supra* note 4, at 45.

¹¹ *See Transgender Guidelines*, *supra* note 5, at 835–36.

¹² *USTS*, *supra* note 4, at 59; *see generally* Jody L. Herman, *LGB Within the T: Sexual Orientation in the National Transgender Discrimination Survey and Implications for Public Policy*, in *Trans Studies: The Challenge to Hetero/Homo Normativities* 172, 172–88 (Yolanda Martínez-San Miguel & Sarah Tobias eds., 2016).

concept of sexual orientation with gender identity—or confusing lesbian, gay, and bisexual people with transgender people—contributes to continued marginalization of transgender people.¹³

Research indicates that immutable biological and genetic factors influence a person’s gender identity.¹⁴ Thus, Petitioner is wrong to imply that a transgender person’s gender identity is somehow a purely “subjective” experience that is less intrinsic or less important than their sex assigned at birth, or that it stands in contrast to “biological reality.” See Pet. 2. In any event, *amici* agree with Respondent Aimee Stephens that this Court “need not decide whether ‘gender identity’ is part of ‘sex’ for purposes of Title VII.” Br. for Resp. Aimee Stephens 20. That is because “the statute requires only that sex be a cause, rather than the sole cause, of an adverse action.” *Id.*; see also

¹³ See, e.g., *Transgender Guidelines*, *supra* note 5, at 852 (noting that transitioning should not be tied to whether the person wants to be in a heterosexual relationship post-transition); Kevin L. Nadal et al., *Sexual Orientation and Transgender Microaggressions: Implications for Mental Health and Counseling, in Microaggressions and Marginality: Manifestation, Dynamics, and Impact* 217, 217–40 (Derald Wing Sue ed., 2010).

¹⁴ See, e.g., Kevin M. Barry et al., *A Bare Desire to Harm: Transgender People and the Equal Protection Clause*, 57 B.C. L. Rev. 507, 515–16 (2016) (reviewing studies); Walter Bockting et al., *Adult Development and Quality of Life of Transgender and Gender Nonconforming People*, 23 *Current Opinion Endocrinology, Diabetes & Obesity* 188, 193–94 (2016); Robin Marantz Henig, *Rethinking Gender*, *Nat’l Geographic*, Jan. 2017, at 48, 56; Am. Psychological Ass’n, *Answers to Your Questions About Transgender People, Gender Identity, and Gender Expression 2* (copy. 2011, updated 2014), <https://www.apa.org/topics/lgbt/transgender.pdf> (explaining that “[m]any experts believe that biological factors such as genetic influences and prenatal hormone levels” may “contribute to the development of transgender identities”).

Phillips v. Martin Marietta Corp., 400 U.S. 542, 544 (1971) (per curiam).

B. The Demographics And Diversity Of The Transgender Population

According to several *amici*'s analysis of data managed by the Centers for Disease Control and Prevention, the United States is home to at least 1.55 million transgender people (aged 13 and older).¹⁵ This includes approximately 217,000 older people (aged 65 and older), 967,000 middle-aged persons (aged 25–64), 206,000 young adults (aged 18–24), and 150,000 youth (aged 13–17).

The transgender population within the United States is younger on average, representing an estimated 0.50% of the U.S. population aged 65 and older, 0.58% aged 25 to 64, and 0.66% of young adults.¹⁶ With respect to teenagers, between 0.73% and 2% identify as transgender.¹⁷

¹⁵ Jody R. Herman et al., Williams Inst., *Age of Individuals Who Identify as Transgender in the United States* 4 (2017), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/TransAgeReport.pdf> [hereinafter *Age Report*]; see also Andrew R. Flores et al., Williams Inst., *How Many Adults Identify as Transgender in the United States?* 2 (2016), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf> [hereinafter *How Many Identify*].

¹⁶ See, e.g., *How Many Identify*, *supra* note 15, at 5; *Age Report*, *supra* note 15, at 4 tbl.1.

¹⁷ *Age Report*, *supra* note 15, at 4; Michelle M. Johns et al., Ctrs. for Disease Control & Prevention, U.S. Dep't of Health & Human Servs., *Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students—19 States and Large Urban School Districts, 2017*, 68 *Morbidity & Mortality Wkly. Rep.* 67 (2019), <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6803-H.pdf> [hereinafter *Experiences of Violence*]; cf. Bianca

Transgender persons are residents of every state and geographical region, spanning rural, suburban, and urban areas.¹⁸ They live in “red states” as well as “blue states.” For example, Oklahoma (0.64%) and Oregon (0.65%) have roughly equal percentages of transgender persons.¹⁹ Their populations, by percentage, are only slightly higher than those of Alabama and Mississippi, all of which have a higher percentage than New York.²⁰

The transgender population is racially and ethnically diverse.²¹ Transgender people are 4–6% more likely to identify as African-American or Latino than the general population.²² Among adults who identify as transgender nationally, 55% identify as White, 16% identify as African-American or Black, 21% identify as Latino or Hispanic, and 8% identify as another race or ethnicity.²³

Transgender people also have varying religious identities and experiences. In the USTS, a majority of respondents reported that they had a religious or

D.M. Wilson et al., Williams Inst., *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles* 36–37 (2014), https://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf.

¹⁸ *USTS*, *supra* note 4, at 53–54.

¹⁹ *How Many Identify*, *supra* note 15, at 3–4 tbl.1.

²⁰ *Id.*

²¹ Andrew R. Flores et al., Williams Inst., *Race and Ethnicity of Adults Who Identify as Transgender in the United States* (2016), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Race-and-Ethnicity-of-Transgender-Identified-Adults-in-the-US.pdf>.

²² *Id.*

²³ *Id.* at 2.

spiritual identity.²⁴ While some reported experiencing rejection from their faith leaders and community, many others reported that their faith leader and community accepted them for who they are as a transgender person.²⁵ Even among those who were rejected by a faith community for being transgender, many came to find a new faith community that supported them.²⁶

C. Discrimination In The Workplace

A wide range of research provides data on the pervasiveness of discrimination and its effects on transgender people's education, future economic prospects, and health. This includes the USTS conducted in 2015, and another large national survey, the 2011 National Transgender Discrimination Survey (NTDS). The data reveals patterns of discrimination comparable to other forms of discrimination prohibited by Title VII.

The USTS found that 30% of respondents reported they had experienced unfair treatment in the workplace in the prior year, and 16% of respondents who have been employed reported losing a job due to their gender identity or expression at some point in life.²⁷ Twenty-seven percent of those who held or applied for a job reported being fired, denied a promotion, or not hired because of their gender identity or expression in just the prior year.²⁸

²⁴ *USTS*, *supra* note 4, at 54–55.

²⁵ *Id.* at 76–79.

²⁶ *Id.* at 78.

²⁷ *Id.* at 12–13.

²⁸ *Id.* at 12.

USTS respondents also reported disturbing rates of verbal harassment in the workplace, as well as other forms of mistreatment, including physical and sexual assault.²⁹ According to their reports, respondents were *more likely to be harassed* when others always or usually could tell they were transgender (compared to those who were perceived to be transgender only sometimes or rarely).³⁰ This reflects that the harassment is not occurring merely because of the transgender person’s “internal” sense of self, but because of bias towards the person’s perceived or expressed non-conformity with sex and gender roles. Anecdotally, respondents reported harassment occurring particularly when managers expressly or tacitly set the tone for such behavior.³¹

The results of the USTS are consistent with prior research from the NTDS, where respondents reported high rates of harassment, mistreatment, and discrimination at work.³² There, 90% of respondents said that they had “directly experienced” “near universal” “harassment or mistreatment at work or felt forced to take protective actions that negatively impacted their careers or their well-being, such as hiding who they were, in order to avoid workplace repercussions.”³³

²⁹ *Id.* at 153.

³⁰ *Id.*

³¹ *Id.* at 151.

³² Jaime M. Grant et al., Nat’l Ctr. for Transgender Equality & Nat’l Gay & Lesbian Task Force, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey* 50–71 (2011), https://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf [hereinafter *NTDS*].

³³ *Id.* at 51, 56; see also Brad Sears & Christy Mallory, Williams Inst., *Documented Evidence of Employment Discrimination & Its Effects on LGBT People 2* (2011), <http://>

More than three-quarters (78%) of respondents reported experiencing at least one form of harassment or mistreatment at work because of their gender identity, including 47% who had been discriminated against in hiring, promotion, or job retention.³⁴ Other studies have shown that individuals who transitioned from male to female experienced a large earnings decline (on the order of 30%).³⁵

In addition to self-reported surveys, controlled experiments show a high degree of employment discrimination against transgender job applicants. One experiment, for example, had real employers in the retail and service industry compare resumes from applicants marked as transgender (and more qualified for the job) or cisgender (and less qualified for the job).³⁶ The study found that 48% of employers appeared to prefer at least one less-qualified applicant perceived as cisgender over a more-qualified applicant perceived as transgender.³⁷ Thirty-three percent of employers offered interviews to one or more less-qualified applicants perceived as cisgender while not offering an interview to at least one of the more-

williamsinstitute.law.ucla.edu/wp-content/uploads/Sears-Mallory-Discrimination-July-2011.pdf.

³⁴ *NTDS*, *supra* note 32, at 51, 56.

³⁵ Kristen Schilt & Matthew Wiswall, *Before and After: Gender Transitions, Human Capital, and Workplace Experiences*, 8 *B.E. J. Econ. Analysis & Pol'y*, no. 1, 2008, at 1, 13, <http://www.bepress.com/bejeap/vol8/iss1/art39>.

³⁶ Teresa Rainey & Elliot E. Imse, D.C. Office of Human Rights, *Qualified and Transgender: A Report on Results of Resume Testing for Employment Discrimination Based on Gender Identity* 6 (2015), https://ohr.dc.gov/sites/default/files/dc/sites/ohr/publication/attachments/QualifiedAndTransgender_Full_Report_1.pdf.

³⁷ *Id.*

qualified applicants perceived as transgender.³⁸ In another study that provided carefully matched pairs of job applicants, nearly half of the employers tested gave no offer to the qualified transgender applicant while extending one to the cisgender applicant.³⁹

Recent state-level data confirm previous findings. A forthcoming study of representative data from 35 states has found “clear evidence that transgender individuals fare significantly worse than cisgender men with respect to employment, household income, [and] poverty.”⁴⁰

As discussed in further detail below, the research shows workplace discrimination has pernicious and disproportionate effects on transgender individual’s economic outcomes, as well as their physical and psychological health. The effects of such discrimination also compound (and are compounded by) the discrimination many transgender individuals face in other areas of public and private life. The pervasive discrimination experienced by the transgender population thus parallels the discrimination historically faced by other minority groups: such discrimination is rooted in similar stereotypes and biases, and it results in both “enacted stigma” (actual experiences of rejection and discrimination), as well as internalized

³⁸ *Id.*

³⁹ Make the Road N.Y., *Transgender Need Not Apply: A Report on Gender Identity Job Discrimination* 4 (2010), <https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1020&context=institutes>.

⁴⁰ Christopher Carpenter et al., *Transgender Status, Gender Identity, and Socioeconomic Outcomes in the United States* 6 (forthcoming 2019) (on file with counsel).

devaluation.⁴¹ Research shows that transgender individuals experience such stigmatization through the application of gender stereotypes.⁴²

As with other minority groups, there is no evidence that transgender people, simply by virtue of their gender identity, expression, or status, are less qualified or less productive. To the contrary, the research and anecdotal evidence shows that creating a supportive environment—*i.e.*, allowing transgender people to be who they authentically are—allows them to thrive and avoids such negative outcomes. See Part II.A.2, *infra*.

ARGUMENT

I. DISCRIMINATION BECAUSE OF TRANSGENDER STATUS, IDENTITY, OR EXPRESSION IS A FORM OF DISCRIMINATION BECAUSE OF SEX UNDER TITLE VII.

This case presents two questions: whether Title VII prohibits discrimination against transgender people (1) based on “transgender status” or (2) sex stereotyp-

⁴¹ Walter O. Bockting et al., *Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population*, 103 Am. J. Pub. Health 943 (2013) [hereinafter *Stigma*].

⁴² Kristina Howansky et al., *(Trans)gender Stereotypes and the Self: Content and Consequences of Gender Identity Stereotypes*, *Self & Identity* 14–15 (2019), <https://www.tandfonline.com/doi/abs/10.1080/15298868.2019.1617191> (“[W]hen it comes to transgender stereotypes, cisgender individuals may undermine transgender people’s expressed identities by applying stereotypes about their natal sex as well as by applying uniquely negative stereotypes about transgender people broadly We also found that transgender individuals felt less positively about being stereotyped according to the unique transgender stereotypes than cisgender individuals.”).

ing under *Price Waterhouse v. Hopkins*. *Amici* agree with Respondent Aimee Stephens and the Sixth Circuit that, under either framework, the type of discrimination manifest in this case is prohibited.

1. At the outset, as noted above, the research and literature do not support Petitioner’s attempt to define “sex”—much less sex discrimination—in terms of a “biological reality” and “what it means to be male or female.” Compare Pet. 2, with Background A, *supra*. Even if “sex” were strictly defined in terms of what Petitioner calls “biological sex,” Title VII would still prohibit the treatment of Respondent Aimee Stephens by her former employer.

A transgender person—by definition—is identified or perceived as being transgender because their gender identity or expression does not align with their *sex assigned at birth*.⁴³ Thus, as the Sixth Circuit correctly observed, it is “analytically impossible to fire an employee based on that employee’s status as a transgender person without being motivated, at least in part, by the employee’s sex.” Pet. App. 23a.

Likewise, when a transgender person is in the process of transitioning or has transitioned, that relates to “sex”—both in terms of the person’s perceived sex and certain biological indicators of sex that may

⁴³ Many transgender persons transition to living their daily lives in accordance with their gender identity. Some, on the advice of health care professionals, may seek to align certain physical traits with their gender identity through medical treatments, such as surgery or hormone therapy; however, a transgender identity is not dependent upon transitioning or on any specific medical treatment. See Virginia P. Quinn et al., *Cohort Profile: Study of Transition, Outcomes and Gender (STRONG) to Assess Health Status of Transgender People*, 7 *BMJ Open*, no. 12, Dec. 2017, at 1, 1, <https://bmjopen.bmj.com/content/bmjopen/7/12/e018121.full.pdf>.

change as part of a person’s transition. For example, a person may, on the recommendation of care providers, undergo hormone therapy or surgeries that change the shape of their genitals or breasts, the amount of body fat and hair they have, or the appearance of their face. Transitioning may also involve changing one’s “sex” as identified on legal documents. In those senses as well, discrimination against a transgender person is motivated, in substantial part, by sex. See Br. for Resp. Aimee Stephens 26 (“One cannot object to a perceived change of sex without basing the objection, at least in part, on a person’s sex assigned at birth.”).

2. Moreover, in *Meritor Savings Bank, FSB v. Vinson*, 477 U.S. 57 (1986), this Court explained that Title VII seeks “to strike at the entire spectrum of disparate treatment of men and women’ in employment.” *Id.* at 64. This is also true with respect to discrimination involving sex stereotyping. See *Price Waterhouse*, 490 U.S. at 251 (plurality opinion); see also *Phillips*, 400 U.S. at 545 (1971) (Marshall, J., concurring) (“By adding the prohibition against job discrimination based on sex to the 1964 Civil Rights Act Congress intended to prevent employers from refusing ‘to hire an individual based on stereotyped characterizations of the sexes.’” (footnote omitted)). That includes barring discrimination related to how “femininely” or “macho” a person should act. *Price Waterhouse*, 490 U.S. at 235 (plurality opinion). Discrimination against transgender people based on their gender identity or expression falls within that spectrum.

The research and literature described above confirms that sex stereotyping is inherent to discrimination based on a transgender person’s gender identity or expression. That is, transgender people face perva-

sive discrimination precisely because they do not conform to their sex assigned at birth and the norms associated with it.⁴⁴ Such discrimination is rooted in an “incorrect assumption that gender identity automatically aligns with sex assigned at birth” and is inherently unhealthy and pathological.⁴⁵

Data from the USTS (as noted above) and other research support what should be obvious: mistreatment of transgender persons in the workplace (and other spheres) tends to arise not merely because of that person’s “subjective” or “internal” identity, but because of how they are perceived by others.⁴⁶ As the Eleventh Circuit has observed, “[a] person is defined as transgender precisely because of the perception

⁴⁴ *Stigma*, *supra* note 41, at 943; *see also* Lauren Mizock & Kim T. Mueser, *Employment, Mental Health, Internalized Stigma, and Coping With Transphobia Among Transgender Individuals*, 1 *Psychol. of Sexual Orientation & Gender Diversity* 146, 146 (2014) (“Transgender individuals face significant stigma or transphobia—prejudice, discrimination, and gender-related violence due to negative beliefs, attitudes, irrational fear, and aversion to transgender people.” (citation omitted)); Elisa Bandini & Mario Maggi, *Transphobia, in Emotional, Physical and Sexual Abuse: Impact in Children and Social Minorities* 49, 49–59 (Giovanni Corona, Emmanuele A. Jannini & Mario Maggi eds., 2014) (discussing a form of prejudice against transgender people called “genderism,” which is “a social system of beliefs that reinforces the negative evaluation of individuals not conforming to the society’s gender role expectations”).

⁴⁵ *Transgender Guidelines*, *supra* note 5, at 835.

⁴⁶ *See USTS*, *supra* note 4, at 153; *see also, e.g.*, Sarah Warbelow & Ty Cobb, *Bullying of LGBT Youth in America: Prevalence, Effects, and Government Responses*, in *Handbook of LGBT Communities, Crime, & Justice* 405, 406 (Dana Peterson & Vanessa Panfil eds., 2014); Michelle Dietert & Dianne Dentice, *Gender Identity Issues and Workplace Discrimination: The Transgender Experience*, 14 *J. Workplace Rts.* 121, 128, (2009).

that his or her behavior transgresses gender stereotypes. “[T]he very acts that define transgender people as transgender are those that contradict stereotypes of gender-appropriate appearance and behavior.” *Glenn v. Brumby*, 663 F.3d 1312, 1316 (11th Cir. 2011) (second alteration in original) (quoting Ilona M. Turner, *Sex Stereotyping Per Se: Transgender Employees and Title VII*, 95 Calif. L. Rev. 561, 563 (2007)).

Thus, Respondent Aimee Stephens is correct that discrimination based on a transgender person’s gender identity, expression, or status is a form of sex-based discrimination prohibited under Title VII. *Amici’s* understanding of Title VII is also supported by an earlier statute, the Equal Pay Act of 1963. See 29 U.S.C. § 206(d)(1). That statute prohibits an employer from paying one sex less than the “opposite sex” for substantially equal work in the same establishment. *Id.* The Equal Pay Act’s use of “opposite sex” suggests a more limited, binary conception of what constitutes sex discrimination than does the text of Title VII. It also demonstrates Congress’ contemporaneous ability to draft a narrower sex discrimination statute than Title VII.⁴⁷

II. THE DISCRIMINATION AT ISSUE HERE IS A COMPARABLE EVIL TO OTHER FORMS OF SEX DISCRIMINATION PROHIBITED BY TITLE VII.

Anti-discrimination laws serve multiple, well-recognized purposes. Those purposes include protecting people from unwarranted economic injury and

⁴⁷ See Adam P. Romero, *Does the Equal Pay Act Prohibit Discrimination on the Basis of Sexual Orientation or Gender Identity?*, 10 Ala. C.R. & C.L. L. Rev. 35, 39, 90–92 (2019), http://www.law.ua.edu/acrc1/files/2019/06/2.-Romero_Published.pdf.

stigmatic harm—*i.e.*, harms that arise when a person faces discrimination and mistreatment based on factors that are unrelated to the person’s ability to perform the job (including their sex). See *Price Waterhouse*, 490 U.S. at 265 (“Congress was certainly not blind to the stigmatic harm which comes from being evaluated by a process which treats one as an inferior by reason of one’s race or sex. . . .” (O’Connor, J., concurring in judgment)); *id.* at 243 & n.9 (“[T]he very purpose of Title VII is to promote hiring on the basis of job qualifications, rather than on the basis of [a protected category].” (plurality opinion) (quoting 110 Cong. Rec. 7247 (1964))). Anti-discrimination laws also serve to promote a better workforce by ensuring that employers evaluate employees and applicants based on merit and not based on stereotypes. *Id.* at 251.

As explained below, the pervasive discrimination that transgender people face—both in the workplace and other areas of life—parallels the discrimination experienced by other protected minority groups and is rooted in similar stereotypes and biases. Discrimination based on gender identity, gender expression, or transgender status is therefore an evil comparable to the other forms of sex discrimination prohibited by Title VII.

A. Employment Discrimination Has Negative Effects On Transgender Employees And Harms Employers As A Whole.

1. As reflected in the research described above, transgender individuals face pervasive discrimination in the workplace. This discrimination has negative economic and psychological effects on transgender employees similar to (and often more serious than)

the negative effects caused by discrimination toward other minority groups.

Fifteen percent of transgender respondents to the USTS reported being unemployed, triple the national unemployment rate at the time of the survey.⁴⁸ Twice as many transgender respondents to the USTS live in poverty compared to the national average.⁴⁹ Transgender people of color were more likely to be living in poverty,⁵⁰ and faced substantially higher rates of unemployment compared to White transgender respondents.⁵¹ The high prevalence of poverty and unemployment also increase transgender people's risk of being subject to homelessness and violence.⁵²

In addition to economic harms, employment discrimination causes deleterious psychological and

⁴⁸ *USTS*, *supra* note 4, at 5.

⁴⁹ *See id.* at 144–45 (finding that 29% of transgender respondents were living in poverty—a rate more than twice that of the U.S. adult population at the time of the survey); *see also id.* at 143–44 (finding that 12% of transgender respondents reported earning an annual household income of less than \$10,000—a rate three times that of the U.S. adult population at the time of the survey).

⁵⁰ *Id.* at 144–45 (finding that 43% of Latino/a, 41% of American Indian, 40% of multiracial, 38% of Black, and 34% of Middle Eastern respondents reported living in poverty, compared to 24% of White transgender respondents).

⁵¹ *Id.* at 12 (finding that 35% of Middle Eastern, 23% of American Indian, 22% of multiracial, 21% of Latino/a, and 20% of Black respondents reported they were unemployed, compared to 12% of White transgender respondents).

⁵² *See id.* at 178, 198.

physical effects.⁵³ Among people who experienced sexual orientation- or gender-identity-based discrimination in the past year: 68.5% reported that discrimination at least somewhat negatively affected their psychological well-being; 43.7% reported that discrimination negatively impacted their physical well-being; 47.7% reported that discrimination negatively impacted their spiritual well-being; 52.8% reported that discrimination negatively impacted their work environment; and 56.6% reported that it negatively impacted their neighborhood and community environment.⁵⁴ These figures relate to social stigma and prejudice against lesbian, gay, bisexual, and transgender (collectively, “LGBT”) people, rather than being innate to lesbian, gay, or bisexual orientation or being transgender.

After an individual evinces gender nonconformity, they are often stigmatized to encourage adherence to sex stereotypes. See *Adkins v. City of New York*, 143 F. Supp. 3d 134, 139–40 (S.D.N.Y. 2015) (observing that “transgender people often face backlash in everyday life when their status is discovered”). Research also shows that stigma and mistreatment—not the fact of being transgender—result in transgender individuals experiencing disproportionately high rates of depression, anxiety, and other psychological dis-

⁵³ *Stigma*, *supra* note 41, at 943 (“Transgender people face systematic oppression and devaluation as a result of social stigma attached to their gender nonconformity.”).

⁵⁴ Sejal Singh & Laura E. Durso, Ctr. for Am. Progress, *Widespread Discrimination Continues to Shape LGBT People’s Lives in Both Subtle and Significant Ways* (2017), <https://www.americanprogress.org/issues/lgbt/news/2017/05/02/429529/widespread-discrimination-continues-shape-lgbt-peoples-lives-subtle-significant-ways/>.

tress.⁵⁵ Stigma, prejudice, and discrimination against transgender people remains common, resulting in a high prevalence of psychological distress.⁵⁶ In one study, transgender respondents reported rates of depression at 44.1%, of anxiety at 33.2%, and physical manifestation of psychological distress at 27.5%.⁵⁷ Such psychological distress has manifested in a higher likelihood of experiencing homelessness, a higher prevalence of HIV, smoking, substance abuse, and suicide attempts.⁵⁸

Transgender people may internalize stigma, devaluation, and fear of rejection, which exacerbates their psychological distress.⁵⁹ In response to such internalization, transgender people may hide their identities

⁵⁵ Ann P. Haas & Philip L. Rodgers, Am. Found. for Suicide Prevention, and Jody L. Herman, Williams Inst., *Suicide Attempts Among Transgender and Gender Non-Conforming Adults: Findings of the National Transgender Discrimination Survey* 14–15 (2014), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>; see also *USTS*, *supra* note 4, at 103 (“There is a well-documented link between experiences of discrimination and marginalization and poor physical and mental health outcomes.”).

⁵⁶ *Stigma*, *supra* note 41, at 943.

⁵⁷ *Id.*

⁵⁸ *USTS*, *supra* note 4, at 112–25; see also Office of Disease Prevention & Health Promotion, U.S. Dep’t of Health & Human Servs., *Lesbian, Gay, Bisexual, and Transgender Health*, <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health> (last updated June 28, 2019) (acknowledging that “LGBT individuals face health disparities [including psychiatric disorders, substance abuse, and suicide that are] linked to societal stigma, discrimination, and denial of their civil and human rights.”).

⁵⁹ Diane M. Quinn & Valerie A. Earnshaw, *Concealable Stigmatized Identities and Psychological Well-Being*, 7 *Soc. & Personality Psychol. Compass* 40 (2013).

and may also avoid situations—like seeking healthcare or retail shopping—out of fear of being discriminated against. Such “reduced levels of openness” negatively impact their career advancement because “studies show that LGBT individuals who are not out at work are less likely to be promoted than if they were.”⁶⁰ In harming transgender employees, prejudice against transgender people also harms employers and their businesses who could otherwise benefit from their diverse viewpoints.

2. Discrimination in the workplace also harms employers, as talented employees and applicants are driven away for reasons unrelated to their qualifications or performance. Research shows that creating more inclusive and supportive work environments boosts productivity.

For example, according to one recent study, “firms headquartered in states that passed [LGBT employee nondiscrimination policies] experienced an 8% increase in the number of patents and an 11% increase in the number of patent citations” compared to firms in states that did not pass such laws.⁶¹ A survey of 88 transgender employees, found that those who reported more workplace support were more satisfied with

⁶⁰ U.S. Chamber of Commerce Found., *Business Success and Growth Through LGBT-Inclusive Culture* 10 (2019), <https://www.uschamberfoundation.org/sites/default/files/Business-Success-Growth-LGBT-Inclusive-Culture-FINAL-WEB.pdf> [hereinafter *Business Success and Growth*]; see also Sylvia Ann Hewlett & Karen Sumberg, *For LGBT Workers, Being “Out” Brings Advantages*, Harv. Bus. Rev. (July-Aug. 2011), <https://hbr.org/2011/07/for-lgbt-workers-being-out-brings-advantages>.

⁶¹ Huasheng Gao & Wei Zhang, *Non-Discrimination Laws Make U.S. States More Innovative*, Harvard Business Review (Aug. 17, 2016), <https://hbr.org/2016/08/non-discrimination-laws-make-us-states-more-innovative>.

their jobs, had higher levels of affective and normative commitment, and had lower levels of job anxiety (although this finding was not statistically significant).⁶² These and other similar findings, as well as employers own experiences with creating inclusive environments for transgender employees, have prompted major businesses to reduce transgender stigma in the workforce.

Following from these findings, nearly all of the top 50 Fortune 500 companies and the top 50 federal government contractors (92%) state that diversity policies and inclusive benefit packages are generally good for their business.⁶³ Additionally, the majority of those companies (53%) have “specifically linked” policies prohibiting sexual orientation and gender identity discrimination to “improving their bottom line.”⁶⁴

The data bear that out. For instance, according to a 2015 study, “companies that had LGBT-inclusive practices improved their own financial performance and outperformed their respective sectors within 5 to 10 years after adopting such workplace practices.”⁶⁵ Consistent with Title VII’s expectation that eliminating discrimination would improve economic outcomes, companies that adopt LGBT-inclusive practices tend

⁶² M.V. Lee Badgett et al., Williams Inst., *The Business Impact of LGBT-Supportive Workplace Policies* 11, 17–18 (2013), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Business-Impact-LGBT-Policies-Full-May-2013.pdf> [hereinafter *Business Impact*] (citing Charlie L. Law et al., *Transparency in the Workplace: How the Experiences of Transsexual Employees Can Be Improved*, 79 J. Vocational Behav. 710 (2011)).

⁶³ *Id.* at 4.

⁶⁴ *Id.*

⁶⁵ *Business Success and Growth*, *supra* note 60, at 10.

to improve their financial standing and do better than companies that do not adopt them.⁶⁶

The situation changes for employers when discrimination occurs. The U.S. Chamber of Commerce Foundation has reported that “low levels of workplace discrimination and more openness about one’s sexual orientation and gender identity” correlate with “greater job devotion, improved workplace relationships, increased job satisfaction, improved health outcomes, and increased productivity among LGBT employees.”⁶⁷ Conversely, not having LGBT-inclusive practices can be “detrimental to businesses’ [returns on investment] on human capital and overall employee well-being.”⁶⁸

B. The Effects Of Workplace Discrimination Compound And Are Compounded By The Discrimination Transgender People Face In Other Areas Of Life.

1. Research confirms that the pervasive discrimination against transgender individuals in the workforce is mirrored in other areas of public and private life—including schools, housing, healthcare, and public accommodations—and also manifests in high rates

⁶⁶ John N. Roberts & Cristian A. Landa, Denver Invs., *Return on Equality™, the Real ROE: The Shareholder Case for LGBT Workplace Equality* (2014), <http://www.lmalloyds.com/CMDownload.aspx?ContentKey=f604124c-3411-4717-b03e-965bb4e9ee39&ContentItemKey=76fbec6d-cf0b-4de7-88d1-245bd001138b>.

⁶⁷ *Business Success and Growth*, *supra* note 65, at 10 (citing *Business Impact*, *supra* note 62).

⁶⁸ *Id.*

of physical and sexual violence.⁶⁹ As a result, discrimination in the workplace can have pernicious snowball effect on people who already face extreme challenges and lack of support outside their jobs. Conversely, properly applying Title VII to prohibit such discrimination in the workplace would help combat those effects and the sense of “second-class citizenship” experienced by the transgender community.

Tragically, the social stigma facing transgender people also contributes to their becoming victims of sexual and physical violence at high rates. In the USTS, nearly one in ten (9%) respondents reported being physically attacked in the past year as a result of anti-transgender bias, and one in ten (10%) were sexually assaulted in the past year.⁷⁰ Nearly half (47%) of respondents have been sexually assaulted at some point in their lifetime.⁷¹

Thirty percent of transgender respondents to the USTS reported homelessness, including 12% within the prior year.⁷² Nineteen percent of NTDS respondents reported being denied a home or apartment, and

⁶⁹ See *USTS*, *supra* note 4, at 130–38, 175–83, 93–103, 212–23, 202–09; *NTDS*, *supra* note 32, at 32–48, 106–23, 72–86, 124–37, 80; see also *Whitaker ex rel. Whitaker v. Kenosha Unified Sch. Dist. No. 1*, 858 F.3d 1034, 1051 (7th Cir. 2017) (“There is no denying that transgender individuals face discrimination, harassment, and violence because of their gender identity.”), *cert. dismissed*, 138 S. Ct. 1260 (2018); *Bd. of Educ. v. U.S. Dep’t of Educ.*, 208 F. Supp. 3d 850, 874 (S.D. Ohio 2016) (“[T]here is not much doubt that transgender people have historically been subject to discrimination including in education, employment, housing, and access to healthcare.”).

⁷⁰ *USTS*, *supra* note 4, at 5, 198, 203 & tbl.15.4, 206.

⁷¹ *Id.* at 198, 205.

⁷² See *id.* at 178.

11% reported being evicted in their lifetimes because of their gender identity.⁷³

Transgender people face significant hurdles to accessing healthcare: one-third of USTS respondents reported having at least one negative experience with a health care provider in the past year related to being transgender, such as verbal harassment or refusal of treatment.⁷⁴ The NTDS provides similar results: 19% of NTDS respondents reported that they were denied care, 28% reported being verbally harassed in a doctor's office, emergency room, or other medical setting, and 50% met healthcare providers who were ignorant of basic aspects of transgender health and had to be educated about the patient's special needs.⁷⁵ Further, transgender people have decreased access to physical and mental health services because of systemic barriers, such as professional and institutional discomfort or inexperience in working with this patient population.⁷⁶

⁷³ *NTDS*, *supra* note 32, at 106–13. Transgender individuals also face barriers to finding adequate housing due to discrimination in the housing search process. See Diane K. Levy et al., Urban Inst., *A Paired-Testing Pilot Study of Housing Discrimination Against Same-Sex Couples and Transgender Individuals*, xiv (2017), https://www.urban.org/sites/default/files/publication/91486/2017.06.27_hds_lgt_final_report_report_finalized.pdf (finding that “providers were less likely to tell transgender home-seekers who disclosed their gender status about any available units and told them about fewer units on average” in controlled study comparing transgender and similarly-situated study participants).

⁷⁴ See *USTS*, *supra* note 4, at 93.

⁷⁵ *NTDS*, *supra* note 32, at 72–76.

⁷⁶ Am. Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders* 458 (5th ed. 2013).

Pervasive discrimination and harassment against transgender individuals also extends to school settings. In a recent CDC study of students in ten states and nine large urban school districts, 35% of transgender students reported being bullied, 27% felt unsafe at or traveling to or from school, 24% responded that they had been threatened or injured with a weapon at school, and another 24% reported that they had been forced to have sexual intercourse—all within the 12 months preceding the survey.⁷⁷

Transgender people report high levels of harassment and abuse by law enforcement officers. In the USTS, 58% of respondents who interacted with law enforcement in the prior year reported negative treatment.⁷⁸ This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted, including being forced by officers to engage in sexual activity to avoid arrest.⁷⁹ Of the USTS respondents who interacted with police in the prior year, 20% reported verbal harassment or disrespect, and 4% reported being physically attacked.⁸⁰

The rates of discrimination in law enforcement find parallels in historical (and current) laws targeting transgender individuals. A common feature of these laws—such as bans on “cross-dressing”—has been to enforce rigid conceptions of an individual’s “sex” and

⁷⁷ See *Experiences of Violence*, *supra* note 17, at 69 tbl.2.

⁷⁸ See *USTS*, *supra* note 4, at 186.

⁷⁹ *Id.*

⁸⁰ *Id.*

to criminalize and stigmatize individuals for their failure to abide by sex norms.⁸¹

2. The research also shows that workplace anti-discrimination laws (or the lack thereof) have significant effects on the rates of discrimination or acceptance. Although evidence related to transgender people specifically remains limited, recent studies have indicated that LGBT people face higher and more intense levels of discrimination in states without adequate anti-discrimination laws or policies.

Currently, the statutes of 21 states (and the District of Columbia) expressly prohibit employment discrimination based on gender identity.⁸² Ruling for Petitioner in this case would leave nearly 600,000

⁸¹ In *Adkins*, 143 F. Supp. 3d at 139, the Southern District of New York reviewed a “long history of persecution” of transgender individuals. Much of that has involved laws “forcing transgender people to live” according to their sex assigned at birth and punishing them for the “mismatch” between their transgender identity or status and their sex assigned at birth. *Id.* at 139–40. For example, at local levels, city ordinances have long expressly criminalized “cross-dressing” to enforce gender norms, sweeping transgender people into the criminal justice system. *See Doe v. McConn*, 489 F. Supp. 76, 79 (S.D. Tex. 1980) (involving 53 people arrested under a Houston ordinance criminalizing “dress[ing] with the designed intent to disguise his or her true sex as that of the opposite sex”). Generally applicable laws have been applied in a discriminatory manner toward transgender people as well. In one such case, a transgender defendant was convicted of disguising himself “in a manner calculated to prevent [identification]” because he had “dressed in female attire and concealed his true gender.” *See People v. Archibald*, 296 N.Y.S.2d 834, 836 (Sup. Ct. App. Term 1968) (per curiam), *aff’d*, 260 N.E.2d 871 (N.Y. 1970).

⁸² *See* Movement Advancement Project, *Non-Discrimination Laws: Employment*, http://www.lgbtmap.org/equality-maps/non_discrimination_laws (last visited July 1, 2019) (data current as of June 30, 2019).

transgender workers living in the remaining states with no express state-level recourse or protection against workplace discrimination.⁸³ Compared to LGBT people in states with such explicit protections, LGBT people in states without such laws report a greater rate of “allegations of harassment (52% vs. 41%) and discharge (58% vs. 51%).”⁸⁴ Harassment and discharge—which are considered “more serious issues of discrimination” than, for example, constructive discharge—occurred at a greater rate in states without express protections.⁸⁵

These findings have led researchers to conclude that LGBT individuals in states with protective laws “might face less overt discrimination than individuals in states without nondiscrimination laws.”⁸⁶ By contrast, LGBT people “who live in states with less supportive legal climates also may face less social acceptance.”⁸⁷ On that basis, there is reason to believe that “more visible federal enforcement of Title VII laws . . . could result in more favorable workplace environments for LGBT individuals residing in states

⁸³ Kerith J. Conron & Shoshana K. Goldberg, Williams Inst., *LGBT Protections from Discrimination: Employment and Public Accommodations*, (2019), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/NonDiscrimWorkPubAccom.pdf>.

⁸⁴ Amanda K. Baumle et al., *New Research on Sexual Orientation and Gender Identity Discrimination: Effect of State Policy on Charges Filed at the EEOC*, J. Homosexuality, at 6 (2019).

⁸⁵ *Id.* at 8.

⁸⁶ *Id.*

⁸⁷ Amira Hasenbush et al., Williams Inst., *The LGBT Divide: A Data Portrait of LGBT People in the Midwestern, Mountain & Southern States* 6 (2014), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-divide-Dec-2014.pdf>.

without state level protection.”⁸⁸ For example, a recent study found that transgender veterans living in states with employment anti-discrimination policies that “include transgender status or gender identity had significantly lower odds of having a medical visit for mood disorders or self-directed violence.”⁸⁹

III. PUBLIC OPINION CONFIRMS THAT TITLE VII SHOULD BE UNDERSTOOD TO PROHIBIT DISCRIMINATION AGAINST TRANSGENDER PEOPLE.

As explained above, the transgender population faces pervasive employment discrimination that is “because of . . . sex.” 42 U.S.C. § 2000e-2(a)(1); see also *Price Waterhouse*, 490 U.S. at 240 (plurality opinion). *Amici’s* extensive research demonstrates that—as a factual matter—discrimination against transgender people based on their gender identity, transgender status, or gender nonconformity are “comparable evils” to the other forms of sex discrimination prohibited by Title VII. See *Oncale*, 523 U.S. at 79.

The American public agrees. According to recent opinion polls, a majority of Americans believe that transgender people face considerable discrimination in the country today; at the same time, a majority of Americans oppose laws that seek to enforce gender norms. So too with American businesses. Recent corporate studies demonstrate that a majority of companies at once publicly support equality for transgender

⁸⁸ Baumle, *supra* note 83, at 9.

⁸⁹ See generally John R. Blosnich et al., *Mental Health of Transgender Veterans in US States With and Without Discrimination and Hate Crime Legal Protection*, 106 Am. J. Pub. Health 534, 537 (2016).

people and oppose policies that discriminate against transgender people.

For example, in 2017, a study conducted by the Public Religion Research Institute (PRRI) found that “[r]oughly six in ten Americans believe . . . transgender people . . . face a lot of discrimination in the country today.”⁹⁰ According to another 2017 study conducted by PRRI, there is broad public support for laws protecting transgender people against discrimination in jobs, public accommodations, and housing.⁹¹ “Seven in ten (70%) Americans favor laws that would provide these protections to LGBT people,” and, more specifically, “[a] majority (53%) of Americans oppose laws that would require transgender people to use bathrooms that correspond to their sex at birth rather than their current gender identity.”⁹² Polls of corporate respondents found that “88% of respondents publicly support LGBT equality in the U.S., and 59% say they publicly oppose U.S. anti-LGBT policies.”⁹³ And only two months ago, the U.S. Chamber of Commerce “strongly” supported leg-

⁹⁰ Daniel Cox et al., PRRI, *Who Sees Discrimination? Attitudes on Sexual Orientation, Gender Identity, Race, and Immigration Status: Findings from PRRI's American Values Atlas* (June 21, 2017), <https://www.prri.org/research/americans-views-discrimination-immigrants-blacks-lgbt-sex-marriage-immigration-reform/>.

⁹¹ See Daniel Cox & Robert P. Jones, PRRI, *Majority of Americans Oppose Transgender Bathroom Restrictions* (Mar. 10, 2017), <https://www.prri.org/research/lgbt-transgender-bathroom-discrimination-religious-liberty/>.

⁹² *Id.*

⁹³ *Business Success and Growth*, *supra* note 65, at 24.

isolation that would make explicit Title VII's protections against gender identity discrimination.⁹⁴

Notably, affirming the Sixth Circuit's decision here would be consistent with public opinion and would not constitute an unwelcome imposition of federal anti-discrimination law on the states. According to a recent poll conducted by Reuters and Ipsos in coordination with the Williams Institute, 31% of Americans believe federal anti-discrimination protections already exist for transgender people and 37% of Americans did not know.⁹⁵ Further, nondiscrimination laws protecting LGBT people are widely supported across the U.S. today.⁹⁶ In fact, nearly 70% of Americans, including majorities in every state, favor laws that would protect LGBT people against discrimination in jobs, public accommodations, and housing.⁹⁷

⁹⁴ See Letter from Neil L. Bradley, Exec. Vice President & Chief Policy Officer, Chamber of Commerce of the U.S. of Am., to Members of U.S. House of Representatives (May 16, 2019), https://www.uschamber.com/sites/default/files/190516_equality_act_house.pdf. As Respondent Aimee Stephens correctly observes, “[t]he failure of later Congresses to pass a federal civil rights law explicitly adding the term ‘gender identity’ provides no basis for categorically excluding transgender people from Title VII’s scope.” Br. for Resp. Aimee Stephens 46; see also *Schroer v. Billington*, 577 F. Supp. 2d 293, 308 (D.D.C. 2008) (explaining that “legislative non-history” could suggest merely that “the statute requires, not amendment, but only correct interpretation”).

⁹⁵ See Reuters & Ipsos, *Reuters/Ipsos Poll Data: Stonewall Anniversary Poll 06.06.2019* (2019), <https://static.reuters.com/resources/media/editorial/20190612/StonewallFinalResults.pdf>.

⁹⁶ Daniel Greenberg et al., PRRI, *Americans Show Broad Support for LGBT Nondiscrimination Protections* (Mar. 12, 2019), <https://www.prii.org/research/americans-support-protections-lgbt-people/>.

⁹⁷ *Id.*

CONCLUSION

For the foregoing reasons, the judgment of the court of appeals should be affirmed.

Respectfully submitted,

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APPENDIX

LIST OF AMICI CURIAE

Institutional affiliations for identification purposes only.

1. **Katherine Allen**, Ph.D., is a Professor of Human Development and Family Science at Virginia Polytechnic Institute and State University. She is the author of 200 scholarly journal articles, books, and chapters. She studies family diversity, vulnerability, and change over the life course using qualitative, intersectional, and feminist methodological approaches in the area of non-normative family life course transitions. Her expertise in studying LGBTQ families includes ambiguous loss and complicated grief in LGBTQ family relationships; lesbian mother family formation, maintenance, and dissolution; and autoethnographic scholarship and pedagogy in researching, theorizing, and teaching about LGBTQ families. Dr. Allen is a member of six journal editorial boards, including the *Journal of Marriage and Family* and the *Journal of Sex Research*. She has received numerous university and national awards, including two lifetime achievement awards for her research: the Ernest Burgess Award for Outstanding Scholarly and Career Achievement in the Study of Families, and the Alexis Walker Award for Lifetime Achievement in Feminist Family Studies, both from the National Council on Family Relations. With Abbie Goldberg, she is currently editing the second edition of *LGBTQ-Parent Families: Innovations in Research and Implications for Practice*, to be published by Springer in 2020.

2. **Nadav Antebi-Gruszka**, Ph.D., is an Adjunct Assistant Professor of Psychology at Columbia University and the City College of New York. Nadav has published peer-review articles on resilience, pornography,

sex work, and HIV prevention, as well as multiple encyclopedia entries and op-ed pieces about various LGBTQ+ issues. Nadav's work has been supported by numerous sources, including the American Psychological Foundation, the American Psychological Association, and the Kinsey Institute. Nadav earned their Ph.D. in sociomedical sciences from Columbia University. Nadav also works at two private practices in Manhattan where they have the privilege of working with diverse clients, and especially LGBTQ+ individuals.

3. **Sean Arayasirikul**, Ph.D., is an Assistant Professor in Pediatrics at the University of California, San Francisco, and Senior Research Scientist at the San Francisco Department of Public Health's Center for Public Health Research and Trans Research Unit for Equity. As a Medical Sociologist, his health equity research focuses on disparities in the health and lived experiences of sexual and gender minorities, domestically and globally. He is an expert in the social etiology of the types of stigma that sexual and gender minorities face (*e.g.*, homophobia, transphobia, trans-misogyny), multiple intersections of oppressive ideology (*e.g.*, racism, classism, sexism), and how the resulting discrimination and violence impacts health disparities and inequity. He was an esteemed Minority Fellow of the American Sociological Association, and an NIH-funded trainee in alcohol, substance abuse, and LGBT population health. He is currently a Diversity Scholar of the Adolescent Medicine Trials Network for HIV/AIDS Interventions. He is a Principal Investigator or Co-Investigator on several federally funded studies that include the following: large, observational cohort studies of HIV risk and resilience; PrEP uptake and adherence; mobile health interventions to improve HIV-related outcomes among young people living with HIV; and stigma among trans women in Nepal.

4. **Emily A. Arnold**, Ph.D., is an Associate Professor of Medicine at the University of California, San Francisco. She is an NIH-funded researcher who specializes in developing and testing HIV prevention interventions with sexual and gender minority communities. Her research interests lie at the intersections of culture and health behavior, particularly as this relates to gender, sexuality, and HIV-related risk behavior. Much of her work has been concerned with sexual culture among gay and bisexual men, and its influence on sexual identity, sexual behavior, and HIV-related risk practices.

5. **George Ayala**, Psy.D., is the Executive Director of MPact Global Action on Gay Men's Health and Rights. A clinical psychologist by training, he has been conducting HIV social science and intervention research since 1996. His research has mainly focused on understanding the mechanisms through which social discrimination affects health.

6. **M.V. Lee Badgett**, Ph.D., is a Professor of Economics and serves on the faculty of the School of Public Policy at the University of Massachusetts Amherst, and is a Williams Distinguished Scholar at the Williams Institute at UCLA School of Law. Her current research focuses on poverty in the LGBT community, employment discrimination against LGBT people in the United States, and the cost of homophobia and transphobia in global economies. Dr. Badgett has written many journal articles and reports on economic and policy issues for LGBT people. Her newest book, *The Economic Case for LGBT Rights: Why Fair and Equal Treatment Benefits us All*, will be published in 2020. Dr. Badgett's book, *When Gay People Get Married: What Happens When Societies Legalize Same-Sex Mar-*

riage?, analyzes the positive U.S. and European experiences with marriage equality for gay couples. Her first book, *Money, Myths, and Change: The Economic Lives of Lesbians and Gay Men*, presented her groundbreaking work debunking the myth of gay affluence. Dr. Badgett is also the author of *The Public Professor: How to Use Your Research to Change the World*. Dr. Badgett's work includes testifying as an expert witness in legislative matters and litigation (including as an expert witness in California's Proposition 8 case), consulting with development agencies (World Bank and UNDP), analyzing public policies, consulting with regulatory bodies, briefing policymakers, writing op-ed pieces, speaking with journalists, and advising businesses.

7. **Amanda K. Baumle**, Ph.D., J.D., is a Chair and Professor in the Department of Sociology at the University of Houston, and a prior Public Policy Fellow at the Williams Institute at UCLA School of Law. She is an expert in the fields of demography and sociology of law, and has published extensively both books and articles on quantitative and qualitative research in the areas of demography of sexuality, labor demography, and LGBT individuals and the law. Dr. Baumle, along with Dr. M.V. Lee Badgett and Dr. Steven Boutcher, is conducting research on two large grant-funded projects that draw on the confidential EEOC charge data on sexual orientation and gender identity discrimination in employment. The first focuses on assessing the differences between charges and charge outcomes for federal contractors and non-contractors. The second examines the workplace experiences that prompt LGBT individuals to enter the dispute process by filing a charge with the EEOC or state FEPAs, including how workplace context and the presence or absence of state-level nondiscrimination laws shape charges and

charge outcomes. In addition, Dr. Baumle is a lawyer who previously practiced labor and employment law, including handling cases of discrimination filed under state and federal law.

8. **John R. Blosnich**, Ph.D., M.P.H., is an Assistant Professor in the Division of General Internal Medicine at the University of Pittsburgh School of Medicine. His research areas of expertise include the suicide risk of LGBT individuals with specific attention to examining ways that patients' social determinants of health can be integrated with adaptive health care systems. He has served as principal investigator on several research awards from both the U.S. Department of Veterans Affairs and the National Institutes of Health that focus on the health and well-being of LGBT populations.

9. **Walter O. Bockting**, Ph.D., is a Professor of Medical Psychology (in Psychiatry and Nursing) at Columbia University in the City of New York. He is a Clinical Psychologist and Co-Director of the Program for the Study of LGBT Health at Columbia University Irving Medical Center. His research interests are in LGBT health, gender identity development, successful aging, and the promotion of sexual health. He is an internationally known expert on the health of transgender and non-binary youth, adults, and their families, and is the author of numerous peer-reviewed publications in this area. Dr. Bockting is a past president of the World Professional Association for Transgender Health, and a past president and fellow of the Society for the Scientific Study of Sexuality. In 2010–2011, he served on the Institute of Medicine Committee of the National Academies whose work culminated in the Institute of Medicine's report, *The Health of Lesbian, Gay, Bisexual, and Transgender*

People: Building a Foundation for Better Understanding.

10. **Michael D. Boucai**, J.D., is an Associate Professor at University at Buffalo School of Law (SUNY). He teaches Criminal Law and Family Law, as well as courses on gender, sexuality, and reproduction—his main areas of scholarly interest. A former fellow in the Williams Institute at UCLA, Boucai’s recent work has focused on LGBT movement efforts to access the institutions of marriage and parenthood. *Glorious Precedents*, his study of the first same-sex marriage cases, was awarded the 2016 Michael Cunningham Prize, one of three Dukeminier Awards bestowed annually in recognition of the best legal scholarship on sexual orientation and gender identity.

11. **Steven A. Butcher**, Ph.D., is a Senior Research Fellow at the Institute for Social Science Research at UMass Amherst and Executive Officer of the Law and Society Association. His research focuses at the intersection of law, organizations, and social change. His current research focuses on sexual orientation and gender identity discrimination in large workplaces (with Lee Badgett and Amanda Baumle), and has been funded by the U.S. Department of Labor, the U.S. National Science Foundation, and the Gill Foundation.

12. **Sean R. Cahill**, Ph.D., is the Director of Health Policy Research at the Fenway Institute. He has conducted research on anti-LGBT discrimination for nearly 30 years and has authored over 70 articles, chapters, and monographs, and 3 books on LGBT and HIV issues. He holds academic appointments at Boston University School of Public Health and at Northeastern University.

13. **Christopher (Kitt) Carpenter**, Ph.D., is the E. Bronson Ingram Professor of Economics and the Director of the Program in Public Policy Studies at Vanderbilt University. He is a health and labor economist who studies the effects of public policies on health and family outcomes. He has studied earnings and income differentials for sexual and gender minorities. He is Vice President of the Association for Public Policy Analysis and Management and Co-Founder of the American Economic Association's Committee on the Status of LGBTQ+ Individuals in the Economics Profession. At Vanderbilt, he directs the Program in Public Policy Studies and the TIPS-supported Vanderbilt LGBT Policy Lab, and he is the faculty facilitator for Q&A (Queer & Asian). With interdisciplinary research teams, he is studying the effects of legal access to same-sex marriage in the United States and Europe. He has also published extensively on the causes and consequences of youth substance use and on other health behaviors such as bicycle helmet use, seatbelt use, cancer screening, and vaccination. His research has been continuously supported by the National Institutes of Health, the Robert Wood Johnson Foundation, and the American Cancer Society. He is a Research Associate at the National Bureau of Economic Research and Editor at the *Journal of Health Economics*. He also serves on the Editorial Boards of *American Journal of Health Economics* and the *Journal of Policy Analysis and Management*.

14. **Logan S. Casey**, Ph.D., is a Policy Researcher at the Movement Advancement Project where he conducts research and oversees MAP's tracking and analysis of nearly 40 LGBT-related laws and policies across the 50 states and U.S. territories. His research focuses on LGBT people in American politics, including: public opinion and emotions about LGBT people and policies;

LGBT people's experiences of discrimination and their impacts on health; transgender elected officials and candidates for office; LGBT people in rural communities; and federal, state, and local policies affecting LGBT people. He has published in multiple journals, edited volumes and encyclopedias, and has earned multiple awards and grants from the American Political Science Association and the University of Michigan, among others. His publications include *Where We Call Home: LGBT People in Rural America*.

15. **Susan D. Cochran**, Ph.D., M.S., is a Professor of Epidemiology at the UCLA Fielding School of Public Health with a joint appointment in the Department of Statistics. She has received numerous awards for her research and professional activities, including the prestigious Award for Distinguished Contributions to Research in Public Policy from the American Psychological Association for her body of research on lesbian and gay life. She provided expert witness testimony in in *Howard v. Child Welfare Agency Review (Arkansas Department of Human Services)*, 2004 (legality of gay foster care providers); *Doe v. Doe*, Miami-Dade County, 2008 (legality of gay adoptive parents); and *Cole v. Arkansas*, 2010 (legality of unmarried partners adoption of children). She was also a member of the World Health Organization-ICD-11 Working Group on the Classification of Sexual Disorders and Sexual Health, and a member of the American Psychological Association Senior Advisory Panel for the Development of the ICD-11 Manual. She served as Chair of the UCLA faculty in 2016–2017. Her current research program focuses on exploring the mechanisms by which social adversity affects health. Using funding from the National Institute on Mental Health, she is currently investigating proximal causes of suicide and homicide among LGBT individuals in the United States.

16. **Kate L. Collier**, Ph.D., M.P.H., is an independent scholar. She holds a Ph.D. in Social Sciences from the University of Amsterdam in the Netherlands. Her doctoral thesis (*Sexual and Gender Prejudice Among Adolescents and Enacted Stigma at School*) focused on peer victimization of sexual minority and gender non-conforming youth in secondary schools, including the psychosocial and health outcomes associated with such victimization, teachers' responses to it, and the attitudes underlying victimizing behaviors. Her publications have appeared in journals such as *Archives of Sexual Behavior*, *Journal of Sex Research*, *Sex Roles, Culture, Health & Sexuality*, *Journal of Youth & Adolescence*, and *AIDS Education & Prevention*, among others. She has earned an M.P.H. from the Columbia University Mailman School of Public Health, and is also a certified health education specialist (CHES) and certified in public health (CPH).

17. **Kerith J. Conron**, Sc.D., is a Blachford-Cooper Distinguished Scholar and Research Director at the Williams Institute at UCLA School of Law. She is a social and psychiatric epidemiologist whose work focuses on documenting and reducing health inequities that impact sexual and gender minority (LGBTQ) populations. She is committed to altering the landscape of adversity and opportunity for the most marginalized LGBTQ communities through collaborative activities that impact the social determinants of health. She has been supported by NIMHD to conduct community-based participatory research with LGBTQ youth of color and by NICHD to train scholars in LGBTQ population health research. She earned her doctorate from the Harvard School of Public Health and MPH from the Boston University School of Public Health. Her publications appear in the *American Journal of Public*

Health, Archives of Pediatrics and Adolescent Medicine, and Psychological Medicine.

18. **Paisley Currah**, Ph.D., is a Professor of Political Science and Women's and Gender Studies at Brooklyn College and the Graduate Center of the City University of New York. Currah is the founding co-editor of *TSQ: Transgender Studies Quarterly*. Currah is one of the co-editors of *Transgender Rights* (Minnesota 2006), which won the Sylvia Rivera Award in LGBT studies. His book, *Sex is as Sex Does: Regulating Transgender Identities* (NYU, forthcoming), looks at contradictions in state definitions of sex. He is the author of many articles on transgender rights. Currah sits on the editorial boards of *GLQ: A Journal of Gay and Lesbian Studies*, *WSQ: Women's Studies Quarterly*, and *Sexuality Research and Social Policy*. Currah served as the Executive Director of the Center for Lesbian and Gay Studies at the City University of New York from 2003–2007.

19. **Janelle Downing**, Ph.D., is an Assistant Professor at Oregon Health and Sciences University. Dr. Downing's background is in health policy and research focuses on the health of gender and sexual minority populations. Dr. Downing studies how policies like discrimination, health coverage, and marriage equality impact the health of these populations.

20. **Laura E. Durso**, Ph.D., is the Vice President of the LGBT Research and Communications Project at the Center for American Progress, where she uses multiple research methodologies to study the health and well-being of LGBT communities in order to improve their social and legal standing through evidence-based public policy. Previously, she was a public policy fellow at the Williams Institute at UCLA School of

Law, where she conducted research on the LGBT community, including LGBT homeless and at-risk youth; poor and low-income LGBT people; and the business impact of LGBT-supportive policies. Her research has been published in high-impact, peer-reviewed journals, including *Sexuality Research and Social Policy*, *Perspectives on Psychological Science*, *Obesity*, and the *International Journal of Eating Disorders*. She has presented her work at both national and international conferences, such as giving the opening plenary talk at the GLMA 36th Annual Conference on LGBTQ Health. She is a past awardee of the Lesbian Health Fund.

21. **Rachel H. Farr**, Ph.D., is an Assistant Professor of Psychology at the University of Kentucky. She received her Ph.D. in Developmental and Community Psychology from the University of Virginia and was a postdoctoral scholar at the University of Massachusetts Amherst. Her research focuses on diverse families, particularly those parented by LGBTQ adults and formed through adoption. For over 12 years, she has conducted a large longitudinal study about how parental sexual orientation relates to child, parent, and family outcomes among diverse adoptive families across the United States. The findings have been published in top-tier developmental psychology journals, such as *Child Development and Developmental Psychology*. Funded by the William T. Grant Foundation's Scholars Program, she is currently studying racially and socioeconomically diverse adolescents with LGBTQ parents. Her work has garnered national media attention (e.g., the *New York Times*, the *Washington Post*, and National Public Radio).

22. **Jamie Feldman**, M.D., Ph.D., is an Associate Professor of Family Medicine and Community Health

at the University of Minnesota. She has over 20 years' experience providing gender affirming care for adults and adolescents at the University of Minnesota's Center for Sexual Health, the largest transgender clinic in the Upper Midwest. She has made substantial contributions to transgender health through evidence-based review and standardization of medical interventions, as a co-author of the World Professional Association of Transgender Health's (WPATH) Standards of Care, Version 7 (Coleman et al., 2012), and developing a national agenda in transgender health research through a conference in partnership with the National Institutes of Health (R13 HD084267-01). She has also integrated clinical and research knowledge from the transgender health field with educational experience, creating educational materials in transgender health for the Association of American Medical Colleges. She has extensive research experience and peer-review publications in transgender health overall, notably in the areas of HIV, primary care, and hormone therapy.

23. **Jessica N. Fish**, Ph.D., is an Assistant Professor in the Department of Family Science at University of Maryland School of Public Health. Her research focuses on the health and well-being of LGBT people and their families. Broadly, her work attempts to explain how sociocultural and interpersonal factors shape the development and health of LGBT young people, including studies that demonstrate the deleterious impact of discrimination on the health of LGBT people across the life course. Dr. Fish has published over 40 peer-reviewed articles and book chapters, and her work has been published in several leading journals, including *Pediatrics*, *Child Development*, *Journal of Adolescent Health*, and *Addiction*.

24. **Andrew R. Flores**, Ph.D., is an Assistant Professor of Government at American University and Visiting Scholar at the Williams Institute at UCLA School of Law. He is a political scientist studying public opinion and public policy on LGBTQ politics and policy. His research has appeared in numerous peer-reviewed journals, including *Proceedings of the National Academy of Sciences*, *American Journal of Public Health*, *Public Opinion Quarterly*, and *Political Psychology*. He is presently on the American Political Science Association's Committee on the Status of LGBT People in the Profession and a member of the Consensus Committee on sexual and gender diversity convened by the National Academies of Sciences, Engineering, and Medicine.

25. **Karen Fredriksen Goldsen**, Ph.D., is a Professor and Director of Healthy Generations Hartford Center of Excellence at the University of Washington. Dr. Fredriksen Goldsen is a nationally and internationally recognized scholar addressing health disparities in resilient at-risk communities. With over 20 years of consecutive external funding, Dr. Fredriksen Goldsen has led many federally funded landmark studies, including *Aging with Pride: National Health, Aging, and Sexuality/Gender Study* (R01), the first national longitudinal study of LGBT midlife and older adult health to identify modifiable factors that account for health trajectories in these communities (investigation included the role of employment discrimination in health trajectories over time). She is also currently leading *Aging with Pride: IDEA (Innovations in Dementia Empowerment and Action)* (R01), the first federally funded study to develop and test related evidence-based interventions. She also serves as Investigator of *Rainbow Ageing: The 1st National Survey of*

the Health and Well-Being of LGBTI Older Australians, investigating pathways for evidence-based policy and practice initiatives. She was selected in PBS's Next Avenue's inaugural top U.S. 50 Influencers in Aging and is a Fellow of the American Academy of Social Welfare and the Gerontological Society of America, and is a Hartford Scholar. She received her Ph.D. from the University of California, Berkeley.

26. **David M. Frost**, Ph.D., is an Associate Professor in Social Psychology in the Department of Social Science at University College London. His research interests sit at the intersections of stress, stigma, health, sexuality, and close relationships. His primary line of research focuses on how stigma, prejudice, and discrimination constitute minority stress and, as a result, affect the health and well-being of marginalized individuals. He has published studies demonstrating the negative impact of minority stress on the health of sexual and gender minority individuals in several top-tier peer-reviewed journals in the fields of psychology, sociology, and public health. His research has been recognized by grants and awards from the National Institutes of Health, Society for the Psychological Study of Social Issues, and the New York Academy of Sciences.

27. **Kristi Gamarel**, Ph.D., Ed.M, is an Assistant Professor of Health Behavior and Health Education at the University of Michigan's School of Public Health. Previously, she was a Research Assistant Professor in the Department of Behavioral and Social Sciences and the Center for Alcohol and Addiction Studies at Brown University's School of Public Health. As a social psychologist with expertise in health psychology and public health, the major focus of her work seeks to eliminate health inequities in partnership with sexual and gender minority communities. Her research includes

cohort studies and couples-based and m-health/e-health approaches to address HIV prevention and treatment, alcohol reduction, and tobacco control and prevention. Guided by community-based participatory research principles, her currently funded projects aim to develop and evaluate relationship-focused HIV prevention and substance use interventions for diverse sexual and gender minority communities. She is currently the Principal Investigator of three NIH-funded studies designed to address HIV prevention and substance use with sexual and gender minority communities.

28. **Nanette Gartrell**, M.D., is a Visiting Distinguished Scholar at the Williams Institute at UCLA School of Law. She has a Guest Appointment at the University of Amsterdam, and she was formerly on the faculties of Harvard Medical School and UCSF. She is a psychiatrist, researcher, and writer whose 48 years of scientific investigations have focused primarily on sexual minority parent families. She is the principal investigator of the U.S. National Longitudinal Lesbian Family Study, which is the largest, longest running prospective investigation of American lesbian mothers and their children. She has authored numerous books, articles, and chapters. She has received numerous awards for her research and her article, *The U.S. National Longitudinal Lesbian Family Study: Psychological Adjustment of the 17- year-old Adolescents*, published in *Pediatrics*, was cited by *Discover Magazine* as one of the top 100 science stories of 2010. Her research has been cited internationally in litigation and legislation concerning equality in marriage, foster care, and adoption, and it contributed to the American Academy of Pediatrics' 2013 endorsement of marriage equality.

29. **Gary J. Gates**, Ph.D., is a recognized expert on the geography and demography of the LGBT population. This Court cited Dr. Gates's research in *Obergefell v. Hodges*, 135 S. Ct. 2584 (2015). He is co-author of *The Gay and Lesbian Atlas* and publishes extensively on the demographic and economic characteristics of the LGBT population. National and international media outlets regularly feature his work. He is currently a member of Committee on Review of Data and Research on Social Outcomes for LGBTQ+ Populations of the National Academies. Dr. Gates is retired as a Distinguished Scholar and Research Director at the Williams Institute at UCLA School of Law. He has also held positions as a Senior Researcher at Gallup, a Research Associate at the Urban Institute, and Director of the AIDS Intervention Project in Altoona, Pennsylvania. Dr. Gates holds a Ph.D. in Public Policy and Management from the Heinz College, Carnegie Mellon University, a Master of Divinity degree from St. Vincent Seminary, and a Bachelor of Science degree in Computer Science from the University of Pittsburgh at Johnstown.

30. **Paul A. Gilbert**, Ph.D., Sc.M., is an Assistant Professor, of Community and Behavioral Health at the University of Iowa. He conducts research to understand and address alcohol-related disparities, with particular interest in the ways that gender, race/ethnicity, and sexual orientation shape drinking patterns, risk of alcohol use disorders, and use of treatment services. Among recent scientific papers, he has published findings on how race and sexual orientation shape men's alcohol use, a critical review of alcohol research with transgender populations, and a paper outlining issues relevant for transmasculine individuals' use of reproductive health services. In 2017, he led a comprehensive state-wide survey of LGBTQ Iowans' health

status and needs in partnership with colleagues at the Iowa Cancer Consortium, One Iowa, and Des Moines University. The objective was to gather data for program planning and to establish a baseline to compare changes over time. A summary report is available online and additional papers are in preparation.

31. **Jeremy T. Goldbach**, Ph.D., is an Associate Professor and Director of the Center for LGBT Health Equity at the Suzanne Dworak-Peck School of Social Work at the University of Southern California. His work is primarily focused on the relationship between social stigma, stress, and health among LGBT children and adolescents. He currently holds funding from the National Institute on Minority Health and Health Disparities (NIMHD; 1R01MD012252; R21MD013971), the Health Resources and Services Administration, and the Department of Defense. Since joining the USC faculty, he has also been funded by the National Institute of Child Health and Human Development for psychometric instrument development (2014–17), The Trevor Project to explore pathways of suicidality among LGBTQ youth, the NIH Clinical and Translational Science Institute, and through the Zumberge Small Grant Program.

32. **Abbie E. Goldberg**, Ph.D., is a Professor of Psychology at Clark University. She has authored over 115 peer-reviewed publications and three books (and has edited three books), many of which address LGBT parenting and some of which address transgender students. She is currently co-editing the *Encyclopedia of Trans Studies*. She is the recipient of two NIH grants, many foundation grants, and numerous research and teaching awards. She is interested in how a variety of social locations (*e.g.*, gender, sexual orientation, social class) and contexts (*e.g.*, work, family, community)

shape processes of development and mental health. Her research focuses on parenthood, relationship quality, and well-being in diverse families (*e.g.*, adoptive parent families, lesbian/gay parent families) in an effort to increase our understanding of family diversity. For over a decade, she has been conducting a longitudinal study of adoptive parenthood among lesbian, gay, and heterosexual couples. She is also currently conducting research on transgender students' experiences in higher education.

33. **Naomi G. Goldberg**, M.P.P., is Director of Policy Research at the Movement Advancement Project. She completed a fellowship at the Williams Institute at UCLA School of Law after completing a Master of Public Policy from the Ford School of Public Policy at the University of Michigan, where she received a graduate fellowship. In her current role, she has authored many reports and analyses focused on economic security for LGBT people as well as the experience of LGBT people at work, in the criminal justice system, as parents, and as they age. This work includes examinations of workplace discrimination, protections under federal, state, and local nondiscrimination laws, and economic insecurity experienced by LGBT people. Peer-reviewed publications include: a series of papers about the longest running longitudinal study of planned lesbian families published in *Fertility and Sterility*, *Gender & Society*, *Archives of Sexual Behavior*, and *Journal of Health Psychology*; and intimate partner violence experienced by LGB people in *Journal of Interpersonal Violence*. She recently testified before the U.S. Commission on Civil Rights about the challenges facing formerly incarcerated LGBT people.

34. **Shoshana K. Goldberg**, Ph.D., is a Research Assistant Professor in the Department of Maternal

and Child Health at the Gillings School of Global Public Health at the University of North Carolina Chapel Hill. She specializes in LGBT health. Currently, she also is a research consultant with the Williams Institute at the UCLA School of Law, where she uses federal and state data to explore the impact of public policy on LGBT demography and health. In addition to co-authoring numerous scientific manuscripts and policy-oriented research briefs throughout her 10 years in the field, she has received training from the Fenway Institute, as well as taught an annual graduate level seminar since 2016 on LGBT Population Health.

35. **John Chester Gonsiorek, Ph.D.**, is the Founding Editor of *Psychology of Sexual Orientation and Gender Diversity*. He received his Ph.D. from the University of Minnesota in Clinical Psychology in 1978, and holds a Diplomate in Clinical Psychology from the American Board of Professional Psychology. He is a Past-President of American Psychological Association Division 44, and has published widely in the areas of professional misconduct and impaired professionals, sexual orientation and identity, professional ethics, and other areas. He is a fellow of APA Divisions 9, 12, 29, 36, and 44. Until August 2012, he was Professor in the PsyD Program at Argosy University/Twin Cities and has taught at a number of other institutions in the Twin Cities area. His major publications include: *Breach of Trust: Sexual Exploitation By Health Care Professionals and Clergy*; *Homosexuality: Research Implications for Public Policy* (with Weinrich); *Male Sexual Abuse: A Trilogy of Intervention Strategies* (with Bera and Letourneau), and *Homosexuality and Psychotherapy: A Practitioner's Handbook of Affirmative Models*.

36. **Gilbert Gonzales**, Ph.D., M.H.A., is an Assistant Professor in the Department of Health Policy at Vanderbilt University School of Medicine. His research examines how federal and state-level policies affect health and access to medical care in vulnerable populations. Much of his research has specifically examined health disparities for LGBTQ populations. His work has appeared in the *American Journal of Public Health*, *Pediatrics*, *JAMA*, *The Milbank Quarterly*, and *the New England Journal of Medicine*. His research has been covered by news outlets such as CNN, Reuters, the *New York Post*, *The Guardian*, and U.S. News and World Report. He has presented his research on LGBTQ health at national and international research conferences in the United States, Mexico, Belgium, Portugal, and Italy. In 2016, he was awarded the Chancellor's Award for Research on Equity, Diversity and Inclusion for his research on LGBTQ health at Vanderbilt University.

37. **Allegra Gordon**, Sc.D., M.P.H., is a social epidemiologist and an Instructor in Pediatrics at Harvard Medical School and in the Division of Adolescent and Young Adult Medicine at Boston Children's Hospital. She has conducted research on sexual and gender minority health for the past 15 years. Her work addresses the mental and physical health impacts of stigma and discrimination, with a focus on gender-based stigma and discrimination, and has been funded by the National Institutes of Health. She holds a doctorate in Social & Behavioral Sciences from the Harvard T.H. Chan School of Public Health and an MPH in Sociomedical Sciences from Columbia University's Mailman School of Public Health. She has served as an Executive Committee member for the American Public Health Association's LGBT Caucus since 2013. She

has received awards for her teaching and research, including the Robert Durant Award for Statistical Rigor from the Society for Adolescent Health and Medicine and the Boston Children's Hospital Prism Award for her work on LGBTQ youth health.

38. **Phillip L. Hammack**, Ph.D., is a Professor of Psychology at the University of California, Santa Cruz. He is a social psychologist who studies gender and sexual diversity, with a particular focus on gender and sexual identity development. His research has been funded by the National Institutes of Health and the William T. Grant Foundation, and his work appears in numerous peer-reviewed scientific outlets. He has also been a fellow at the Center for Advanced Study in the Behavioral Sciences at Stanford University.

39. **Gary W. Harper**, Ph.D., is a Professor of Health Behavior and Health Education and Professor of Global Public Health at University of Michigan. Dr. Harper is an expert in the mental health and sexual health of sexual and gender minority (SGM) adolescents and young adults, and has received numerous national awards for research and community work, including the 2018 American Psychological Association (APA) Award for Distinguished Professional Contributions to Applied Research. For the past 25 years, he has received continual funding from the National Institutes of Health and the Centers for Disease Control and Prevention for his youth-focused research, and has more than 150 publications in peer-reviewed scientific journals on issues of SGM health and the negative effects of discrimination. Dr. Harper works collaboratively with community members to develop and evaluate mental health, sexual health, and HIV prevention

programs for youth—working domestically in large urban cities and globally in Kenya and Zambia. Dr. Harper’s research also focuses on resilience and strength among SGM adolescents and young adults. He has worked with the APA and other national groups to promote the health and human rights of SGM people through policy and advocacy work. Dr. Harper is currently working with state legislatures and the Governor’s office to ban the use of conversion therapy with minors in the state of Michigan.

40. **Jody L. Herman**, Ph.D., is a Scholar of Public Policy at the Williams Institute at UCLA School of Law. She holds a Ph.D. in Public Policy and Public Administration from The George Washington University. Her research focuses on measures of gender identity in survey research and the prevalence and impacts of discrimination based on gender identity or expression. At the Williams Institute, her work has included the development of trans-inclusive questions for population-based surveys and research on minority stress, health, and suicidality among transgender people, among other topics. Before joining the Williams Institute, Dr. Herman co-authored *Injustice at Every Turn*, based on the National Transgender Discrimination Survey. More recently, she served as Co-Principal Investigator for the 2015 U.S. Transgender Survey. She currently serves as a Co-Investigator on the U.S. Transgender Population Health Survey *i.e.*, *TransPop* (NICHD R01HD090468; PI Ilan Meyer). She is a current awardee of the National Institutes of Health Loan Repayment Program through the National Institute on Minority Health and Health Disparities.

41. **Ian W. Holloway**, Ph.D., L.C.S.W., M.P.H., is an Associate Professor of Social Welfare in the UCLA Luskin School of Public Affairs and a licensed clinical

social worker. Professor Holloway's applied behavioral health research examines the contextual factors that contribute to health disparities among sexual and gender minority populations. He is an expert in social network analysis and is particularly interested in how social media and new technologies can be harnessed for health promotion and disease prevention. Dr. Holloway has been a principal investigator on research studies funded by the National Institute on Drug Abuse, the Department of Defense, and the California HIV/AIDS Research Program. He currently directs the Southern California HIV/AIDS Policy Research Center, which brings the most relevant and timely evidence to bear on California's efforts to develop and maintain efficient, cost-effective, and accessible programs and services to people living with or at risk for HIV/AIDS.

42. **Ning Hsieh**, Ph.D., is an Assistant Professor of Sociology at Michigan State University. She studies health and healthcare inequalities between sexual orientation groups. Her research has been published in peer-reviewed journals, including the *American Journal of Preventive Medicine*, *Health Affairs*, *Journal of Gerontology: Social Sciences*, *Journal of Health and Social Behavior*, *Journal of Social and Personal Relationships*, *Research on Aging*, and *Society and Mental Health*. Her work has also been recognized by major awards in the field of sociology, such as a dissertation award from the Mental Health Section of American Sociological Association and a research paper award from the Mental Health Section of Society for the Study of Social Problems.

43. **Angela Irvine**, Ph.D., is a Principal Consultant at Ceres Policy Research. She has over 25 years of experience as a policy researcher working in the areas of

education, child welfare, housing, and youth justice. She is one of the first researchers to document the overrepresentation of lesbian, gay, bisexual, and questioning (LGBQ), gender nonconforming and transgender (GNCT) youth in the justice system using anonymous surveys in secure facilities. She has written 11 articles and two practice guides on LGBQ/GNCT youth of color in the justice system. She has become one of a handful of scholars with expertise on the collection of data tied to sexual orientation and gender identity and expression (SOGIE). She and her staff at Ceres Policy Research are currently working with 10 counties across the country to incorporate SOGIE questions into their case management systems.

44. **Mallory O. Johnson**, Ph.D., is a Professor of Medicine at the University of California, San Francisco. He is a clinical researcher with a career dedicated to health disparities affecting sexual and gender minority populations. His work has been funded by more than a dozen grants from the National Institutes of Health, and he has published more than 175 peer-reviewed publications, many of which focus on health disparities. He is the Co-Director of the NIH-funded Center for AIDS Prevention Studies (CAPS) and is Director of the CAPS Developmental Core.

45. **Sabra L. Katz-Wise**, Ph.D., is an Assistant Professor in Adolescent/Young Adult Medicine at Boston Children's Hospital and in Pediatrics at Harvard Medical School, and an Instructor in Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health. She is trained in developmental psychology, gender and women's studies, and social epidemiology. Her research investigates sexual orientation and gen-

der identity development, sexual fluidity, health disparities related to sexual orientation and gender identity in adolescents and young adults, and psychosocial functioning in families with transgender youth. She is currently working on an NIH-funded community-based longitudinal mixed-methods study to examine how the family environment affects the health and well-being of transgender youth. In addition to research, Dr. Katz-Wise is involved with advocacy efforts at Boston Children's Hospital to improve the workplace climate and patient care for LGBTQ individuals, including her role as a Safe Zone trainer and co-chair for the Boston Children's Hospital Rainbow Consortium on Sexual and Gender Diversity. She also serves on the Harvard Medical School LGBT Advisory Committee and she co-founded and co-facilitates the Alliance of Gender Affirming Professionals (AGAP), a group for professionals and trainees in greater Boston who work with transgender youth and families.

46. **Robert Kertzner**, M.D., is an Associate Clinical Professor of Psychiatry at Columbia University. He is a Distinguished Life Fellow of the American Psychiatric Association and a clinical and research psychiatrist who has conducted research on the mental health effects of discrimination on LGBT persons and psychological health in sexual minority persons. He has served as Training Director of a NIMH-funded T32 postdoctoral fellowship program in behavioral sciences research in HIV infection, served on the American Psychiatric Association Commission on AIDS, and has authored multiple publications on mental health in LGBT persons. As a clinical psychiatrist, he has provided care to several hundred LGBT persons over the span of 37 years.

47. **Suzanne A. Kim**, J.D., is a Professor of Law and Judge Denny Chin Scholar at Rutgers Law School. Her research and teaching focus on family, procedure, constitutional law, anti-discrimination, critical theory, and socio-legal studies. Her interdisciplinary scholarship examines relationships between law, critical theory, and social sciences in relation to the regulation of intimacies, gender, family, discrimination, and resilience. She is a member of the Executive Committee of the Association of American Law Schools (AALS) Section on Law and the Humanities and member of the Executive Committee of the AALS Section on Family and Juvenile Law. She is a 2011 winner of the Association of American Law Schools Women in Legal Education New Voices in Gender Studies Paper Competition.

48. **Jasleen Kohli**, J.D., is the Director of the Critical Race Studies (CRS) Program at UCLA School of Law. As Director, she is the primary administrator of the CRS specialization, the only one of its kind in the country. She has practiced in the areas of civil rights, labor law, and policy development, and her work has revolved around integrating Critical Race Theory principles into practice.

49. **Nancy J. Knauer**, J.D., is the Sheller Professor of Public Interest Law and Director of the Law & Public Policy Program at Temple University, Beasley School of Law. She teaches in the areas of political and civil rights, property, and taxation. For the past 25 years, her scholarship has explored the impact of law and public policy on the lives of LGBT people. She is the author of *Gay and Lesbian Elders: History, Law and Identity Politics in the United States* and more than 50 academic articles, books, and book chapters.

She has received numerous awards for teaching, service, and scholarship. She is the co-founder of the Aging, Law & Society Collaborative Research Network of the Law & Society Association and served on the Executive Committee of the Family Law Institute of the National LGBT Association. She is profiled in the book *What the Best Law Teachers Do*, published by Harvard University Press in 2013. The book featured 26 law professors who were selected from more than 250 nominees teaching at over 100 law schools.

50. **Nancy Krieger**, Ph.D., is a Professor of Social Epidemiology and American Cancer Society Clinical Research Professor at the Harvard T.H. Chan School of Public Health (HSPH) and Director of the HSPH Interdisciplinary Concentration on Women, Gender, and Health. She is an internationally recognized social epidemiologist with a background in biochemistry, philosophy of science, and history of public health, plus more than 30 years of activism involving social justice, science, and health. She is an ISI highly cited scientist (since 2004; reaffirmed, 2015); the group comprises <0.05% of publishing researchers. Dr. Krieger's work addresses: (1) conceptual frameworks to understand, analyze, and improve the people's health, including her ecosocial theory of disease and its focus on embodiment and equity; (2) etiologic research on societal determinants of population health and health inequities, including structural racism and other types of adverse discrimination, *e.g.*, in relation to gender, gender identity, and sexuality; and (3) methodologic research to improve monitoring of health inequities. She is author of several books, including *Epidemiology and The People's Health: Theory and Context* (Oxford University Press, 2011).

51. **Gregory B. Lewis**, Ph.D., is a Professor and Chair of Department of Public Management and Policy at Georgia State University. He has written extensively on both public opinion on LGBT rights and on the status of LGBTs in the public service, as well as diversity and equality issues in government employment more generally. He is one of the first scholars to study lesbians and gay men as government employees. Early work examined how prohibitions on federal employment and security clearances for homosexuals were overcome. More recently, he has focused on gay-straight differences in probabilities of public and non-profit employment and on gay-straight pay differences within the sectors. He has served on several editorial boards, including those of the *American Review of Public Administration* and the *American Political Science Review*.

52. **Marguerita Lightfoot**, Ph.D., is a Professor of Medicine at University of California, San Francisco, Chief for the Division of Prevention Science, and Director of the Center for Prevention Studies (CAPS) and UCSF Prevention Research Center (PRC). Her research focus has been improving the health and well-being of adolescents and young adults as well as the development of efficacious interventions to reduce acquisition and transmission of HIV among those populations disproportionately burdened by the epidemic. Her domestic and international research has included developing interventions for runaway/homeless youth, juvenile justice involved adolescents, youth in medical clinics and settings, youth with a parent living with HIV, youth living with HIV, and LGBTQ+ populations, among others. She has been published in numerous top tier journals and has received grants from NIH and CDC, among other sources.

53. **Emalia Lombardi**, Ph.D., is an Associate Professor of Public Health at Baldwin Wallace University. She has a doctorate in medical sociology and has been involved in HIV prevention research and examining health disparities among racial and ethnic, sexual and gender minorities since the mid-1990s. Lombardi's work examines the relationship between stigma and discrimination, social networks, substance use and HIV risk behaviors. Her early work examined the influence of social network elements upon the HIV attitudes and behaviors of adolescents of color. Her later work (while a post-doctoral fellow at the drug abuse research center at UCLA) added a focus on substance use issues, as well as the influence of stigma and discrimination upon HIV-related behaviors. Her research has been supported by the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), and Williams Institute. She was a principle investigator on a study funded by the National Institute on Drug Abuse (NIDA) examining transgender men's and women's experiences and access to substance use treatment (R03 DA12909). Lombardi is involved in transgender-related research and social activism. She is currently working on a project examining the utility of various survey measures to identify transgender populations that can be used within population studies. She currently teaches community health planning, public health policy and public health assessment and evaluation.

54. **Christy Mallory**, J.D., is the Director of State & Local Policy at the Williams Institute at UCLA School of Law. Her research focuses on sexual orientation and gender identity non-discrimination protections, laws limiting the practice of conversion therapy, laws banning the use of the gay- and trans-panic de-

fenses, and other state- and local-level policies impacting LGBT people. Her work has been published in several media outlets, journals, and books including *When Mandates Work* (UC Press, 2013), *Loyola of Los Angeles Law Review*, *LGBTQ Policy Journal at the Harvard Kennedy School*, and *Albany Government Law Review*.

55. Alicia K. Matthews, Ph.D., is a Professor of Psychology in the Department of Health Systems Science at the College of Nursing of the University of Illinois at Chicago. Dr. Matthews is a clinical psychologist with 25 years of experience studying the health and wellbeing of LGBTQ populations. They have more than 110 peer-reviewed publications and have been awarded more than \$3 million in grants from federal and other sources. Dr. Matthews is the former chair of a NIH study section (Health Disparities and Equity Promotion).

56. Ilan H. Meyer, Ph.D., is a Distinguished Senior Scholar for Public Policy at the Williams Institute at UCLA School of Law and Professor Emeritus of Sociomedical Sciences at Columbia University. He studies public health issues related to minority health, including stress and illness in minority populations, in particular, the relationship of minority status, minority identity, prejudice and discrimination and health outcomes in sexual minorities and the intersection of minority stressors related to sexual orientation, race/ethnicity, and gender. In several highly cited papers, he has developed a model of minority stress that describes the relationship of social stressors and adverse health outcomes and helps to explain LGBT health disparities. The model has guided his and other investigators' population research on LGBT health disparities by identifying the mechanisms by which social stressors impact health and by describing the harm to

LGBT people from prejudice and stigma. For this work, he received the Outstanding Achievement Award from the Committee on Lesbian, Gay, Bisexual, and Transgender Concerns of the American Psychological Association (APA) and Distinguished Scientific Contribution award from the APA's Division 44. He has served as an expert in several court cases and hearings, including *Perry v. Schwarzenegger*, 704 F. Supp. 2d 921 (N.D. Cal. 2010) and U.S. Commission on Civil Rights briefing on peer-to-peer violence and bullying in K-12 public schools (2011). He has been a principal investigator for over 20 research projects and is currently the principal investigator of two important NIH-funded studies: *the Generations*, a study of stress, identity, health, and health care utilization across three cohorts of lesbians, gay men, and bisexuals in the United States; and *TransPoP*, the first national probability sample of transgender individuals in the United States.

57. **Brian Mustanski**, Ph.D. is a Professor of Medical Social Sciences at Northwestern University, Director of the Institute for Sexual and Gender Minority Health and Wellbeing, Co-Director of the NIH Third Coast Center for AIDS Research (CFAR), and Co-Director of the NIDA Center for Prevention Implementation Methodology. His research focuses on the health and development of LGBTQ youth. He has published over 225 journal articles in peer-reviewed journals. He is a frequent advisor to federal agencies and other organizations on LGBTQ health. Recognition for his work include being named a William T. Grant Scholar and the Award for Distinguished Scientific Contribution from the Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues of the American Psychological Association.

58. **Miles Q. Ott**, Ph.D., is an Assistant Professor of Statistical and Data Sciences at Smith College. He is a biostatistician with research interests in public health and the statistical analysis of social network data. He is particularly interested in network sampling methodology, the statistical implications of missingness in network data, and public health interventions that leverage the structure of social networks. His research application areas include substance use in emerging adults, HIV surveillance in hard-to-reach populations, and LGBT health.

59. **John E. Pachankis**, Ph.D., is an Associate Professor of Public Health at Yale University. His research seeks to bring evidence-based mental health interventions to LGBTQ people in the United States and around the world. With NIH funding, he examines the efficacy of LGBTQ-affirmative interventions delivered via novel technologies (*e.g.*, smartphones), in diverse settings (*e.g.*, Eastern Europe, Appalachia), and with diverse segments of the LGBTQ community (*e.g.*, rural youth, queer women). He has published over 100 scientific papers on LGBTQ mental health and stigma. This work appears in journals such as *Psychological Bulletin*, *American Psychologist*, *Developmental Psychology*, *Journal of Consulting and Clinical Psychology*, *AIDS*, and, *Health Psychology*. He also co-edited the *Handbook of Evidence-Based Mental Health Practice with Sexual and Gender Minorities* published by Oxford University Press. His research has had national and international scholarly, legal, and popular impact, having been referenced in national professional guidelines for LGBTQ mental health practice and featured in national and international media outlets. He received his Ph.D. in clinical psychology in 2008 from the State University of New York at Stony

Brook and completed his clinical psychology internship at Harvard Medical School/McLean Hospital.

60. **Kim Hai Pearson, J.D.**, is an Associate Professor of Law and Associate Dean of Academic Affairs and Program Innovation at Gonzaga Law. She served as the Associate Dean of Faculty Research and Development from 2016–2018. From 2008–2010, Pearson held a Law Teaching Fellowship at the Williams Institute at UCLA School of Law. Her current research and writing projects focus on identity, legal classifications, and children in international trafficking streams. She writes about the impact of identity classification for domestic family law purposes, particularly unfair treatment and outcomes for racial, religious, and sexual minority children and parents. She has participated in several international and regional conferences, including the Neil Gotanda Lecture at Berkeley Law, the Family Law Workshop at University of Wisconsin-Madison, and the International Society of Family Law Conferences, where she presented her work on identity and its impact on transnational/transracial adoptees and international child law.

61. **Tonia Poteat, Ph.D.**, is a Professor of Social Medicine at the University of North Carolina Chapel Hill. She conducts research, teaches, and provides clinical care focused on LGBTQ health and HIV with particular attention to the role of stigma in driving health disparities. She has published numerous peer-reviewed articles on the health of transgender adults, and she as an Associate Editor for the journal, *LGBT Health*. She has served as Vice President for Education for GLMA: Health Professionals Advancing LGBTQ Equality, and she currently serves on the Sexual and

Gender Minority Working Group for the National Institutes of Health (NIH) Sexual and Gender Minority Research Office.

62. **Jesus Ramirez-Valles**, Ph.D., is Director of the Health Equity Institute at San Francisco State University. He is a public health scholar and expert on health equity, LGBT populations, and race. His work in the United States and abroad has focused on stigma, racism, aging, HIV, and substance use from the social and behavioral perspectives. He has received funding from NIH and private foundations and is Editor-in-Chief of *Health Education & Behavior*.

63. **Sari Reisner**, Sc.D., is an Assistant Professor at Harvard Medical School, based at Boston Children's Hospital, and at Harvard T.H. Chan School of Public Health in Epidemiology. His research focuses on sexual and gender minority health equity, with specialization in transgender health research methods. Dr. Reisner uses a participatory population perspective to work "with" not "on" communities in conducting health research. His research is funded by National Institutes of Health (NIH), Patient-Centered Outcomes Research Institute (PCORI), and other federal and local public and private sources. He has contributed to more than 175 peer-reviewed papers in LGBTQ health, including conducting the first systematic review of transgender global health published in *The Lancet*. He is a member of the World Professional Association for Transgender Health (WPATH) and a Research Associate Editor of the journal *Transgender Health*. In 2016, Dr. Reisner was profiled in *The Lancet* as a leader in making transgender health visible. In 2019, he was awarded the Disparities Early Investigator Award at AcademyHealth.

64. **Andrew Reynolds**, Ph.D., is a Professor of Political Science at the University of North Carolina at Chapel Hill. His research and teaching focus on democratization, constitutional design, and electoral politics. He is particularly interested in the presence and impact of minorities and marginalized communities, including LGBT people. Among his numerous books is *The Children of Harvey Milk: How LGBTQ Politicians Changed the World*. He has published many academic articles in top journals such as *American Political Science Review*, *World Politics*, *Democratization*, *Politics and Society*, and *Political Science Quarterly*. He has worked for the United Nations, the International Institute for Democracy and Electoral Assistance (IDEA), the U.S. State Department, and other bodies. He has also served as a consultant on issues of electoral and constitutional design for numerous countries in Africa and elsewhere. He has received research awards from the U.S. Institute of Peace, the National Science Foundation, the U.S. Agency for International Development, and the Ford Foundation.

65. **Ellen D.B. Riggle**, Ph.D., is a Professor of Political Science and Professor and Chair of the Department of Gender and Women's Studies at the University of Kentucky. She is the recipient of the 2017 William B. Sturgill Award for outstanding contributions to graduate education from the Graduate School of the University of Kentucky and is Law & Society Scholar-in-Residence at the Indiana University Maurer School of Law in Fall 2019. Her research interests include positive LGBTQ identities; the effects of minority stress; and the impact of laws, legal debates, and policy issues on the health and well-being of LGBTQ individuals and same-sex couples. She is the co-author of *A Positive View of LGBTQ: Embracing Identity and Cultivating Well-Being* (winner of the 2012 American

Psychological Association Division 44 Distinguished Book Award) and *Happy Together: Thriving as a Same-Sex Couple in Your Family, Workplace, and Community* (published by the American Psychological Association).

66. **Margaret Rosario**, Ph.D., is a Professor of Psychology at The City University of New York—The City College and Graduate Center, and a faculty member in the doctoral programs of Clinical Psychology, Health Psychology and Clinical Science, and Basic and Applied Social Psychology. Her research focuses on identity and stress, as well as the implications of each for health and other adaptational outcomes. The research has primarily centered on LGB young people undergoing sexual identity development. The relations between stress and sexual identity development on the one hand to health and other outcomes on the other hand are of critical interest, as are the mediators and moderators of those relations. In addition, she is interested in the determinants of sexual orientation and the intersection of multiple identities. Dr. Rosario is the recipient of research grants, as principal- or co-investigator, from the National Institutes of Health. She is a Fellow of the American Psychological Association and the Society for the Scientific Study of Sexuality. She is also an Associate Editor of the *Journal of Sex Research* and a member of the editorial boards of *Archives of Sexual Behavior* and the *American Journal of Community Psychology*. She is President of Division 44 of the American Psychological Association, the Society for the Psychology of Sexual Orientation and Gender Diversity. Dr. Rosario did her postdoctoral training at Columbia University's College of Physicians and Surgeons, her doctorate at New York University, and her bachelor's degree at Princeton University.

67. **Darren Rosenblum**, J.D., is a Professor of Law at Haub Law School at Pace University. He teaches Contracts, Corporations and International Business Transactions, and serves the Faculty Director of the Institute for International and Commercial Law. His scholarship focuses on corporate governance, in particular on diversity initiatives and remedies for sex inequality. Professor Rosenblum has served as a visiting professor at Sciences Po Law School in Paris, Brooklyn Law School, American University, and Seattle University. He has presented his pioneering work on corporate board quotas in English, French, Spanish, and Portuguese. In 2018, he served as a Wainwright Fellow at the Faculty of Law at McGill University. In 2011, as a Fulbright Research Scholar in France, he performed a qualitative study on the French quota for women on corporate boards, which he presented at the French National Assembly.

68. **Esther D. Rothblum**, Ph.D., is a Professor of Women's Studies at San Diego State University and Visiting Distinguished Scholar at the Williams Institute at UCLA School of Law. She is editor of the *Journal of Lesbian Studies*, a former president of Division 44 (Society for the Psychological Study of LGBT Issues) of the American Psychological Association, and a Fellow of seven divisions of APA. Her research and writing have focused on LGBT relationships and mental health, focusing on using heterosexual and cisgender siblings as a comparison group. Since 2001, she has compared same-sex couples in legal relationships with their heterosexual married siblings. She has edited 27 books and has over 130 publications in academic journals and books.

69. **Sharon S. Rostosky**, Ph.D., is a Professor of Counseling Psychology at University of Kentucky.

Dr. Rostosky has conducted research for over 20 years on the health and well-being of LGBTQ-identified individuals, couples, and their families with funding from the American Psychological Foundation and the National Institutes of Health. In addition to publishing over 75 peer-reviewed journal articles, she has co-authored two books entitled *Happy Together: Thriving as a Same-Sex Couple in your Family, Workplace, and Community* (APA, 2015) and *A Positive View of LGBTQ: Embracing Identity and Cultivating Well-being* (Rowman Littlefield, 2012). The latter was the recipient of the APA Division 44 Distinguished Book Award. She holds APA fellow status in two divisions: Society of Counseling Psychology and Society for Sexual Orientation and Gender Diversity.

70. **Stephen T. Russell**, Ph.D., is a Priscilla Pond Flawn Regents Professor in Child Development and chair of the Department of Human Development and Family Sciences at the University of Texas at Austin. He is an expert in adolescent and young adult health, with a focus on sexual orientation and gender identity. He began his career with population studies of adolescent sexual and reproductive health; during the last decade his work has focused on adolescent health disparities, especially the health and well-being of sexual minorities (LGBT youth). He published a series of papers that were the first nationally representative studies to document significant health risk among sexual minority adolescents using the Add Health Study. Since then he has studied health risk and resilience among LGBT youth and young adults, with an emphasis on gender and race/ethnic/cultural difference in sexual minority health. He has served on the governing boards of the Society for Research in Child Development, the Sexuality Information and Education Council of the United States (SIECUS), National

Council on Family Relations (he was elected fellow), the Society for Research on Adolescence (President, 2012–2014).

71. **Caitlin Ryan**, Ph.D., A.C.S.W., is a clinical social worker and researcher who has worked on LGBT health and mental health for more than 40 years, with a focus on promoting health and well-being for LGBT adolescents. Dr. Ryan directs the Family Acceptance Project at San Francisco State University—the first research, intervention, education and policy initiative to help ethnically and religiously diverse families to support their LGBT children in the context of their families, cultures, and faith traditions. Dr. Ryan and her team have developed the first evidence-informed family intervention model to help families to decrease rejection and prevent health risks for their LGBT children—including suicide, substance abuse, homelessness, and HIV—and to increase family support, including permanency. She has served on many advisory groups, including the Institute of Medicine’s scientific committee on LGBT Health and has received numerous awards for her work from national professional groups in the fields of counseling, medicine, nursing, psychiatry, psychology and social work, and from civic, LGBT and faith-based groups.

72. **Elizabeth M. Saewyc**, Ph.D., R.N., is a Professor and Director of the School of Nursing at the University of British Columbia in Vancouver and heads the multidisciplinary Stigma and Resilience Among Vulnerable Youth Centre. For over 20 years, her research and clinical practice has focused on health equity for lesbian, gay, bisexual, transgender, queer, and Two Spirit (LGBTQ2S) adolescents. She held a national CIHR-PHAC Applied Public Health Chair from

2008–2014. She was lead investigator for the first federally funded Canadian Trans Youth Health Survey in 2013–2014, and has just repeated the survey five years later. Her research has been regularly funded by the U.S. National Institutes of Health and the Canadian Institutes of Health Research. She provides consultation on health issues for LGBTQ2S youth and other adolescents to national and international governments and agencies: Chief Public Health Officer of Canada, the U.S. White House (under President Obama) and the World Health Organization. She has been named a Fellow in the Society for Adolescent Health and Medicine, in the Canadian Academy of Health Sciences, and in the American Academy of Nursing, where she serves on the LGBTQ Health expert panel.

73. **Ayden I. Scheim**, Ph.D., is a Canadian Institutes of Health Research Postdoctoral Fellow at University of California San Diego, and (effective September 1, 2019) an Assistant Professor of Epidemiology at Drexel University. He is a social epidemiologist with expertise in the health impacts of discrimination based on gender identity. Of his 35 peer-reviewed journal publications, 22 are in the area of transgender health, and these publications have been entered as evidence in at least nine provincial or federal court cases related to anti-transgender discrimination. Dr. Scheim leads transgender health surveys in the United States, Canada, and internationally, and is Co-Principal Investigator of Trans PULSE Canada, a national study of discrimination and health among transgender people in Canada, funded by the Canadian Institutes of Health Research. Dr. Scheim has been recognized by the World Professional Association for Transgender Health with an Outstanding Contribution award (2017), and with an invitation to serve on the revision

committee for the eighth edition of their global Standards of Care.

74. **Brad Sears, J.D.**, is the Associate Dean for Public Interest Programs and David Sanders Distinguished Scholar of Law and Policy at UCLA School of Law. Sears teaches courses on sexual orientation law, disability law, and U.S. legal and judicial systems. He has published a number of research studies and articles, primarily on discrimination against LGBT people in the workplace and HIV discrimination in health care. He has testified before Congress and a number of state legislatures, authored *amicus* briefs in key court cases, and helped to draft state and federal legislation.

75. **Randall Sell, Sc.D.**, is a Professor of Community Health and Prevention at Drexel University's Dornsife School of Public Health. Sell was one of the first to estimate the prevalence of lesbians, gays, and bisexuals in a probability sample of the United States, United Kingdom and France. His work critically examines the variables used to measure health disparities. Sell is a collaborator on a federally funded scientific study of social diffusion in online media for reaching hidden communities. He is also the lead investigator for a study of social networks as a means to sample gay men and collect health information. He has researched and published on the history and best practices of sampling homosexuality and has created an assessment of sexual orientation (the Sell Scale). He serves as a consultant to an ever-increasing number of surveys and programs that have begun to collect sexual orientation data. Sell also established the website GayData.org. Sell directs Drexel's certificate program in LGBT Health.

76. **Jae Sevelius, Ph.D.**, is an Associate Professor with the Center for AIDS Prevention Studies (CAPS)

in the Department of Medicine at the University of California, San Francisco (UCSF) and a licensed clinical psychologist. As co-founder and principal investigator at the UCSF Center of Excellence for Transgender Health, Dr. Sevelius' community-based, federally funded research is focused on leveraging data to develop transgender-specific, trauma-informed programs led by trans communities themselves. Dr. Sevelius' interventions seek to promote sexual health and resilience among transgender people, with an emphasis on serving transgender women of color and those affected by HIV in the San Francisco Bay Area and in São Paulo, Brazil. For their scholarship on transgender health, Dr. Sevelius was recently awarded the 2018 Outstanding Achievement Award by the Committee on Sexual Orientation and Gender Identity of the American Psychological Association. Dr. Sevelius' research and advocacy interests lie at the intersection of health, identity, and social justice.

77. **Edward D. Stein**, Ph.D., J.D., is a Professor of Law at Cardozo Law School where he is also the Director of Gertrude Mainzer Program in Family Law, Policy and Bioethics. His scholarship focuses on legal and philosophical topics related to families, sexual orientation, gender, reproduction, cognition, and science. His publications include *The Mismeasure of Desire: The Science, Theory and Ethics of Sexual Orientation* and *Without Good Reason: The Rationality Debate in Philosophy and Cognitive Science*, both published by Oxford University Press. He has also been a contributor to the Huffington Post, Findlaw (The State of the Same-Sex Union Part One, Part Two, Part Three), and the American Constitution Society Blog.

78. **Ari Ezra Waldman**, J.D., Ph.D., is a Professor of Law at New York Law School. He is the Founding

Director of the Innovation Center for Law and Technology and the Founder and Director of the Institute for CyberSafety, a full service academic and direct outreach program that includes, among other things, the first and, to-date, only law school clinic representing LGBTQ victims of online harassment. His research focuses, in relevant part, on the frequency and effects of bullying and cyberbullying on marginalized populations; the impact face-to-face and online harassment have on queer youth and adolescent success and health; and how federal, state, and local laws and policies can reduce cybervictimization and improve the lives of members of the LGBTQ community. His work has been published in leading law reviews and peer-reviewed journals. He is an internationally sought after speaker and commentator on privacy and cyber harassment.

79. **Bianca D.M. Wilson**, Ph.D., is Senior Scholar of Public Policy at the Williams Institute at UCLA School of Law and is affiliated faculty with the UCLA California Center for Population Research. She earned a Ph.D. in Psychology from the Community and Prevention Research program at the University of Illinois at Chicago (UIC) with a minor in Statistics, Methods, and Measurement, and received postdoctoral training at the UCSF Institute for Health Policy Studies through an Agency for Health Research and Quality (AHRQ) postdoctoral fellowship. Her research focuses on the relationships between culture, oppression, and health, with an emphasis on racial and sexual and gender minorities. Her most current work focuses on LGBT economic instabilities and population research among foster youth, homeless youth, and youth in juvenile custody, with a focus on sampling, data collection, and assessing disproportionality in these systems.

80. **Patrick Alan-David Wilson**, Ph.D., is an Associate Professor of Sociomedical Sciences at the Columbia University Mailman School of Public Health and the Director of the SPHERE (Society, Psychology, and Health Research) Lab at Columbia University. Dr. Wilson earned his Ph.D. in community psychology from New York University and completed a postdoctoral fellowship at Yale University. In addition to teaching at the Mailman School of Public Health, Dr. Wilson conducts research aimed at exploring the psychological, social, and cultural contexts that shape individual and community-level health outcomes among ethnic and sexual minority populations. His recent work includes examining institutional and community responses to the HIV/AIDS epidemic, designing and testing culturally appropriate behavior change interventions, developing novel technology-based methods for investigating health behaviors, and increasing cultural relevance in health disparities research. Specific topics of interest also include trauma, stigma and discrimination, incarceration, religion, engagement in care, and personal factors, including self-efficacy and empowerment. Dr. Wilson conducts national and local studies that involve the participation of a diverse set of collaborators and community members. His research is supported by grants from the National Institutes of Health and the U.S. Centers for Disease Control and Prevention.

81. **Jordan Blair Woods**, Ph.D., J.D., is an Assistant Professor of Law at the University of Arkansas School of Law. He writes and teaches in the areas of criminal law and procedure, family law, law and sexuality, legal ethics, and constitutional law. Woods is a two-time recipient of the Dukeminier Award, which recognizes the best legal scholarship on LGBT issues each year. In 2018, his scholarship was selected for

presentation at the Stanford/Harvard/Yale Junior Faculty Forum. In 2018 and 2017, he was awarded the New Faculty Commendation for Teaching Commitment from the University of Arkansas. Woods holds an A.B. from Harvard College, J.D. from UCLA School of Law, and M.Phil. and Ph.D. in criminology from the University of Cambridge, where he was a Gates Scholar. Woods clerked for the Honorable Jennifer Walker Elrod of the U.S. Court of Appeals for the Fifth Circuit.

82. **Maria Cecilia Zea**, Ph.D., is a Professor of Clinical/Community Psychology at the George Washington University. She specializes in LGBT mental health and HIV risk. Her research interests include the process of acculturation of Latinx immigrants and psychosocial and behavioral factors relevant to HIV/AIDS. She examines the role of cultural, situational, and structural contexts, as well as the relevant individual characteristics on HIV risk among Latinx transgender men and women, and men who have sex with men. She is co-director of the Social and Behavioral Science Core of the District of Columbia Center for AIDS Research and founding director of the GWU Latino Health Research Center. She is also the programmatic and scientific reviewer of Adelante, an NIH-funded mentoring program to promote HIV research in Latinx communities. She is a Fellow of the American Psychological Association and of the Association for Psychological Science and a member of the American Public Health Association and the National Hispanic Science Network. She has been the Principal Investigator of three NIH-funded R01 grants and one R34 and has been a co-investigator in several other grants. She has published extensively in peer-reviewed journals and has presented at national and international conferences.