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CASE NUMBER: DG-2026-CV-000112
PII COMPLIANT

EXHIBIT 4

IN THE SEVENTH JUDICIAL DISTRICT
DOUGLAS COUNTY DISTRICT COURT
CIVIL DEPARTMENT

DANIEL DOE and MATTHEW MOE,

Plaintiffs,

v.

STATE OF KANSAS, *ex rel* KRIS
KOBACH, Attorney General; KANSAS
DEPARTMENT OF REVENUE, KANSAS
DIVISION OF VEHICLES; DEANN
WILLIAMS, Director of Vehicles,
Department of Revenue, in her official
capacity; MARK BURGHART, Secretary of
Kansas Department of Revenue, in his official
capacity; KANSAS DEPARTMENT OF
ADMINISTRATION; and ADAM PROFFIT,
Secretary of Department of Administration, in
his official capacity,

Defendants.

Case No. _____

Div. No. 7

EXPERT DECLARATION OF AYDEN SCHEIM, PhD

EXPERT DECLARATION OF AYDEN SCHEIM, PhD

I, Ayden Scheim, Ph.D., hereby state as follows:

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. Specifically, I have been asked by Plaintiffs' counsel to provide an expert opinion on the harms that may be caused to transgender people by being unable to obtain a driver's license that accurately reflects their gender and by being required to use the restroom consistent with their sex assigned at birth.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion. I am over 18 years old, of sound mind, and in all respects competent to testify.
3. In preparing this declaration, I reviewed Kansas SB-244. I also relied on my scientific education and training, my research experience, my knowledge of the scientific literature in the pertinent fields, and my experience providing social services to people with gender dysphoria, as set out in my curriculum vitae, attached hereto as **Exhibit A**.
4. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field regularly rely upon when forming opinions on these subjects. These materials are listed in the bibliography accompanying this declaration, attached hereto as **Exhibit B**.
5. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

I. BACKGROUND AND QUALIFICATIONS

A. Qualifications

6. I am an epidemiologist and received my Ph.D. in Epidemiology and Biostatistics from The University of Western Ontario (Western University) in 2017. I completed postdoctoral training at the University of California, San Diego School of Medicine from 2017 to 2019. I was an Assistant Professor of Epidemiology in the Dornsife School of Public Health at Drexel University in Philadelphia, Pennsylvania from September 2019 through August 2025, and was promoted to Associate Professor with tenure in September 2025. I am currently a Senior Scholar of Public Policy in the Williams Institute on sexual orientation and gender identity law and public policy at the University of California – Los Angeles School of Law. I hold affiliate faculty positions at the Li Ka Shing Knowledge Institute at St. Michael’s Hospital in Toronto, Canada and in the Department of Epidemiology and Biostatistics in the Schulich School of Medicine and Dentistry at Western University in London, Canada. My professional experience and publications are detailed in my curriculum vitae, attached hereto as Exhibit A.
7. My opinion expressed herein is based on my experience conducting original research on transgender health and well-being since 2005, reviewing research in the field, and additional original analyses conducted at the request of Plaintiffs’ counsel here and in prior work as an expert witness. I have led multiple federal research grants on transgender health from the National Institutes of Health and the Canadian Institutes of Health Research. My research draws on observational epidemiologic data (i.e., surveys) to identify social determinants of mental health, physical health, and access to healthcare among transgender persons.
8. As a professor of epidemiology, I taught graduate-level courses in quantitative research methodology and survey design.
9. I have published 67 peer-reviewed research articles specifically on transgender health, in addition to more than two dozen commentaries, reports, or research briefs. In recognition of my expertise in this field, I have been invited to publish reviews and

commentaries on transgender health in top-ranked public health journals (*Annual Review of Public Health, American Journal of Public Health*).

10. Specific to the issues in this case, I was commissioned by the World Health Organization to conduct a systematic review on legal gender recognition (name and gender marker changes on legal documentation) for their forthcoming guidelines on transgender health.
11. I have been invited to deliver scientific presentations on transgender health at local, national, and international meetings in the United States, Canada, Europe, Asia, Australia, South America, and Africa. I have served on clinical and research guideline committees for the World Professional Association for Transgender Health (Standards of Care), the National Institutes of Health, the Canadian Institutes of Health Research, and the Williams Institute at the University of California, Los Angeles School of Law.

B. Compensation

12. I am being compensated for my time preparing this declaration. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

C. Previous Testimony

13. I have given expert testimony at trial or by deposition in the following cases:
 - I testified as an expert witness on name changes for transgender people in cases before the Court of Common Pleas of Butler County, PA (Case No. 640 WDA 2022), the Court of Common Pleas of Allegheny County (GD No. 21-11804; GD No. 21-11805), and the Court of Common Pleas of Philadelphia County (Case No. 210901990) in Pennsylvania.

- I also testified as an expert witness on anti-transgender stigma in a trial before the Ontario Superior Court of Justice, Canada (*Her Majesty the Queen. v. Cardle*, 2020 ONSC 7878).
14. I also provided expert reports on gender marker changes for transgender people in the U.S. District Court for the District of Massachusetts (*Orr v. Trump*, Case No. 1:25-cv-10313), the Thirteenth Judicial District Court, County of Yellowstone (*Marquez v. Montana*, Case No. DV 21-00873) and in the First Judicial District Court, Lewis and Clark County (*Kalarchik v. Montana*, Case No. DV-25-2024-0000261-CR).

II. SUMMARY OF OPINIONS

15. Gender affirmation, comprising social, legal, medical, and psychological dimensions, is a critical determinant of health and well-being for transgender persons. Being consistently referred to and perceived in a manner consistent with one's self-identification promotes positive mental health.
16. Conversely, policies requiring that transgender people use restrooms and hold identity documents consistent with their sex assigned at birth may contribute to worsened mental health by causing the individual to experience gender non-affirmation (e.g., being addressed as the wrong gender), harassment or ridicule, accusations of fraud or deception, denial of service or access to facilities, or violence.
17. Transgender people are frequently subjected to questioning and harassment in public restrooms, particularly when using restrooms associated with their sex assigned at birth (as the sex assigned at birth of many transgender people is imperceptible to observers).
18. Transgender people experience mental health harms when required to use facilities associated with their sex assigned at birth and may experience health harms due to consequent avoidance of public restrooms.

19. There is no scientific evidence that restrictions on gender-congruent restroom use for transgender people promote public safety. In contrast, multiple studies have shown that laws permitting transgender people to use restrooms consistent with their gender identity are not associated with increases in criminal incidents in restrooms.
20. State-issued identity documents such as driver's licenses are required for myriad aspects of daily life. These include but are not limited to ground and domestic air travel, access to healthcare, employment, education, social services, and financial services; entry to age-restricted or secured spaces (e.g., bars, government buildings, schools, airplanes); making purchases (i.e., by credit card or check); and voting. Therefore, not being able to change the sex designation on one's driver's license may not only lead to emotional distress, but also may curtail access to services, employment, and social participation.
21. Policies that prevent trans people from updating the gender marker on their driver's licenses or other identity documents also may limit the utility of identity documents for identity verification, as evidenced by the increased airport security questioning experienced by trans people traveling with valid identity documents without an updated gender marker.

III. OPINIONS

A. Transgender People Experience High Levels of Discrimination.

22. Stigma, discrimination, and violence towards transgender people remain widespread. Transgender people have become increasingly visible in U.S. society, but that visibility does not necessarily equate to increased acceptance. Data from the Pew Research Center indicate that the proportion of U.S. adults who disagree that one's gender can be different than their sex assigned at birth grew from 54% to 60%

between 2017 and 2022.¹ Nevertheless, 78% of Americans agree that transgender people experience discrimination in our society. Indeed, transgender people report high levels of discrimination and violence. Initial results from the 2022 United States Transgender Survey, the largest-ever survey of transgender and nonbinary adults in the U.S. with over 92,000 respondents, show that in the previous year alone, 30% of respondents were verbally harassed due to their gender and 9% were denied equal treatment or services.² Over their lifetimes, 80% experienced harassment in school and 11% had lost a job due to their gender.

B. Policies Restricting Access to Restrooms Consistent with Gender Identity and Presentation Are Likely to Increase Harassment and Violence Towards Transgender People

23. Transgender people are frequently subjected to harassment and violence in public restrooms and are more likely to experience mistreatment when using restrooms associated with their sex assigned at birth. In the 2015 United States Transgender Survey (“2015 U.S. Trans Survey”) of 27,715 transgender adults, 9% of respondents reported that they were denied access to a restroom in the previous year, while 12% had been harassed or assaulted when using a restroom over the same period.³ In the 2022 United States Transgender Survey with over 92,000 respondents, 4% reported being denied access to a public restroom over the previous year while 6% were harassed or assaulted.⁴ Transgender men and women who were living full-time

¹ Parker K, Menasce Horowitz J, Brown A. Americans’ Complex Views on Gender Identity and Transgender Issues. Pew Research Center. June 28, 2022. <https://www.pewresearch.org/social-trends/2022/06/28/americans-complex-views-on-gender-identity-and-transgender-issues/>

² James SE, Herman JL, Durso LE, Heng-Lehtinen R. Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC. 2024.

³ James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016:1-302.

⁴ James SE, Herman JL, Durso LE, Heng-Lehtinen R. Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC. 2024.

according to their gender identity were significantly more likely to be denied access or to be harassed when using restrooms consistent with their sex assigned at birth.⁵

24. In a national survey of 3,673 transgender and nonbinary high school students, school restrictions on use of gender-congruent restrooms were associated with an increased risk of sexual assault among transgender boys, transgender girls, and nonbinary students assigned female at birth.⁶

C. Policies Restricting Access to Restrooms Consistent with Gender Identity and Presentation Negatively Affect Transgender People’s Mental and Physical Health

25. In a 2018 survey of 7,370 transgender and nonbinary youth aged 13-24 across the United States (of whom 45% were 18-24), being prevented or discouraged from using a gender-congruent restroom was associated with an increased risk of depression, suicidal ideation, and suicide attempts.⁷

26. Conversely, among 1020 transgender adult workers in Australia, being able to use the restroom of choice at work was associated with higher scores on an index of employee well-being, including greater mental well-being.⁸

27. Many transgender people avoid public restrooms due to potential mistreatment⁹ or policies that restrict their access to gender-congruent restrooms. Among 2015 U.S.

⁵ Herman JL, Flores AR, Redfield E. Safety and Privacy in Public Restrooms and Other Gendered Facilities. Williams Institute, UCLA School of Law. February 2025. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Bathroom-Access-Feb-2025.pdf>

⁶ Murchison GR, Agénor M, Reisner SL, Watson RJ. School Restroom and Locker Room Restrictions and Sexual Assault Risk Among Transgender Youth. *Pediatrics*. 2019; 143(6): e20182902. Doi: 10.1542/peds.2018-2902

⁷ Price-Feeney M, Green AE, Dorison SH. Impact of bathroom discrimination on mental health among transgender and nonbinary youth. *Journal of Adolescent Health*. 2021;68(6):1142-7.

⁸ Perales F, Giang M, Elkin N. Access to inclusive public-toilet options and the wellbeing of trans and gender diverse employees: Novel evidence from a large Australian workplace survey. *International Journal of Transgender Health*. Online ahead of print 2025 February 25. Doi:10.1080/15532739.2025.2469278

⁹ Indeed, 2015 U.S. Trans Survey participants who had previously been asked if they were in the correct restroom or been told that they were in the “wrong” one were four times as likely to report restroom avoidance. Lerner JE. Having to “hold it”: Factors that influence the avoidance of using public bathrooms among transgender people. *Health & social work*. 2021;46(4):260-7.

Trans Survey respondents, 59% reported that they sometimes or always avoided public restrooms in the previous year.¹⁰ Such avoidance has physical health consequences. Of participants who avoided public restrooms, 89% delayed voiding, 52% avoided drinking or eating, and 13% reported a past-year urinary tract infection or kidney problem attributed to restroom avoidance.

28. Restroom avoidance also negatively affects mental health. In a survey of 557 transgender adults in South Korea, restroom-related stressors were associated with increased depression symptoms.¹¹ A 2021 survey of 12,596 youth aged 13-24 found that those who sometimes or always avoided public restrooms had higher levels of anxiety, depression, suicidal ideation, and suicide attempts.¹² In a national survey of 7,576 transgender adults in China, negative consequences of avoiding public restrooms were associated with increased anxiety, depression, posttraumatic stress, suicidality, and self-harm.¹³

29. Restrictive restroom policies and consequent avoidance may further impact transgender people's well-being by shaping decisions about employment, education, and health care. Transgender people have reported leaving or switching jobs and

¹⁰ James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016:1-302.

¹¹ Lee H, Yi H, Rider GN, et al. Transgender Adults' Public Bathroom-Related Stressors and Their Association with Depressive Symptoms: A Nationwide Cross-Sectional Study in South Korea. *LGBT Health*. 2021;8(7):486-493. doi:[10.1089/lgbt.2021.0007](https://doi.org/10.1089/lgbt.2021.0007)

¹² DeChants JP, Price MN, Nath R, Hobaica S, Green AE. Transgender and nonbinary young people's bathroom avoidance and mental health. *International Journal of Transgender Health*. 2025;26(2):351-359. Doi: 10.1080/26895269.2024.2335512

¹³ Wang Y, Liu D, Han M, Li J, Yu H. Public Restroom Access and Mental Health Among Gender-Minoritized Individuals in China. *JAMA Network Open*. 2024;7(5):e2410546. doi:10.1001/jamanetworkopen.2024.10546

schools, as well as avoiding health care facilities, due to issues with restroom access.¹⁴

D. Policies Restricting Access to Restrooms Consistent with Gender Identity and Presentation Do Not Promote Safety

30. The finding cited above (para 23) that transgender people are more likely to be harassed in restrooms consistent with their sex assigned at birth is likely related to perceptions of other restroom users. In 2015 U.S. Trans Survey, 61% of transgender men and 47% of transgender women reported that others rarely or never perceived them as transgender.¹⁵ As most were living full-time in their identified gender (82% of transgender men and 68% of transgender women), this means that sex assigned at birth was often imperceptible to observers. Other restroom users, therefore, would be likely to perceive many transgender men and women as being in the “wrong” restroom *if they use the restroom consistent with their sex assigned at birth*. In addition to increasing harassment of transgender persons, this scenario may cause distress to cisgender (non-transgender) restroom users. Absent restrictive policies, transgender people report that they make decisions about which restroom to use based on their gender presentation, with the goal of minimizing discomfort or conflict related to the appearance of being in the “wrong” restroom.¹⁶

31. Cisgender people who are gender non-conforming (e.g., masculine-presenting lesbian women) also experience surveillance and harassment in public restrooms,¹⁷ and

¹⁴ McGuire JK, Okrey Anderson S, Michaels C. “I don’t think you belong in here:” The impact of gender segregated bathrooms on the safety, health, and equality of transgender people. *Journal of Gay & Lesbian Social Services*. 2022;34(1):40-62.

¹⁵ James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016:1-302.

¹⁶ Dubin S, Reisner S, Schrimshaw EW, Radix A, Khan A, Harry-Hernandez S, Zweig SA, Timmins L, Duncan DT. Public restrooms in neighborhoods and public spaces: A qualitative study of transgender and nonbinary adults in New York City. *Sexuality Research and Social Policy*. 2021;18(4):1002-12.

¹⁷ Davis HF. Why the “transgender” bathroom controversy should make us rethink sex-segregated public bathrooms. *Politics, Groups, and Identities*. 2018;6(2): 199–216. Doi: 10.1080/21565503.2017.1338971
Riggle EDB. Experiences of a gender non-conforming lesbian in the “ladies’ (rest)room”. *Journal of Lesbian Studies*. 2018; 22(4): 482–495. Doi: 10.1080/10894160.2018.1460565

- policies that encourage scrutiny of the sex characteristics of restroom users (including by financially incentivizing reporting of supposed cross-sex restroom use) may increase mistreatment of such individuals in restrooms.
32. Several studies have found that policies permitting transgender people to use restrooms consistent with their gender identity do not increase victimization of restroom users. A 2019 study compared Massachusetts localities with local gender identity nondiscrimination laws covering restrooms and other public accommodations to localities without such protections (although Massachusetts' statewide law provided gender identity protections in other domains).¹⁸ To enable valid comparisons, jurisdictions with and without public accommodations protections were matched based on demographic characteristics and crime metrics. Across two to four years following passage of public accommodations protections, for each matched pair of jurisdictions the researchers compared the frequency of criminal incidents related to assault, sexual assault, voyeurism, public sex, lewd behavior, and indecent exposure in public restrooms, locker rooms, and dressing rooms. They found that such criminal incident reports were very rare overall (e.g., 0.31 incidents per 100,000 people in localities that passed restroom protections) and that passage of protections did not lead to an increase in reported crimes – in fact, reported crimes initially increased only in localities that did not pass restroom protections and there were no differences after two years.
33. In a national extension of the Massachusetts study using data from the National Crime Victimization Survey, neither state- nor county-level gender identity

¹⁸ Hasenbush A, Flores AR, Herman JL. Gender Identity Nondiscrimination Laws in Public Accommodations: a review of evidence regarding safety and privacy in public restrooms, locker rooms, and changing rooms. *Sexuality Research and Social Policy*. 2019;16: 70-83. Doi: 10.1007/s13178-018-0335-z

nondiscrimination laws for restrooms and other public accommodations had an impact on rates of stranger-perpetrated violent victimization.¹⁹

34. Although proponents of restrictions on restroom access for transgender people assert that such restrictions are intended to protect women,²⁰ it is notable that men are more likely than women to support such policies (51% of men versus 40% of women in 2019 polling).²¹ Research further indicates that cisgender men are more likely than cisgender women to express safety and privacy concerns related to transgender women's use of women's restrooms.²² Additionally, a study of 575 Americans assessed the beliefs underlying support for policies requiring transgender people to use public restrooms associated with their birth-assigned sex. It found that disgust-driven purity concerns (e.g., belief that using a restroom consistent with gender identity is "impure", "sinful", or "perverted") more strongly influenced support for restroom restrictions than harm-related concerns (e.g., that trans women using women's restrooms would make "bathrooms more dangerous for women and girls who are not transgender"), suggesting that prejudice plays a larger role than safety concerns in support for such policies.²³

E. Transgender People Require Identity Documents With a Sex Designation Consistent with Their Gender Identity and Presentation.

¹⁹ Herman JL, Flores AR, Redfield E. Safety and Privacy in Public Restrooms and Other Gendered Facilities. Williams Institute, UCLA School of Law. February 2025. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Bathroom-Access-Feb-2025.pdf>

²⁰ Hasenbush A, Flores AR, Herman JL. Gender Identity Nondiscrimination Laws in Public Accommodations: a review of evidence regarding safety and privacy in public restrooms, locker rooms, and changing rooms. *Sexuality Research and Social Policy*. 2019;16: 70-83. Doi: 10.1007/s13178-018-0335-z

²¹ Jones RP, Jackson N, Najle M, Bola O, and Greenberg D. America's growing support for transgender rights. PRRI: Washington DC. June 2019. https://prri.org/wp-content/uploads/2025/05/PRRI_Jun_2019_LGBT-Survey-1-1.pdf

²² Stones RJ. Which Gender is More Concerned About Transgender Women in Female Bathrooms?. *Gender Issues*. 2017;34:275–291. Doi:10.1007/s12147-016-9181-6

²³ Vanaman ME, Chapman HA. Disgust and disgust-driven moral concerns predict support for restrictions on transgender bathroom access. *Politics and the Life Sciences*. 2020;39(2):200-214. Doi:10.1017/pls.2020.20

35. Recognizing the importance of identity documents, the American Medical Association “supports every individual’s right to determine their gender identity and sex designation on government documents” and urges that governments “allow for a sex designation or change of designation on all government IDs to reflect an individual’s gender identity, as reported by the individual and without need for verification by a medical professional.”²⁴ The American Psychological Association and American Psychiatric Association also support legal gender recognition for transgender people.²⁵
36. Transgender persons experience discrimination and poor treatment due specifically to identity documents that do not accurately reflect the sex they know themselves to be and that they live as, determined by their gender identity. In the 2015 U.S. Trans Survey, 32% of respondents who had presented an identity document that did not match their gender presentation had at least one negative experience, including verbal harassment (25%), denial of service (16%), being asked to leave a venue (9%), and assault (2%).²⁶ Further, racial and ethnic minority respondents including Middle Eastern, American Indian, and Black individuals were more likely to report harassment or violence when presenting gender-incongruent identity documents.
37. The provision of SB-244 invalidating previously amended driver’s licenses is novel and thus there is no empirical evidence of its potential effects, but it is highly likely that it will further increase exposure to discrimination among transgender people

²⁴ American Medical Association. Conforming Sex and Gender Designation on Government IDs and Other Documents H-65.967. 2021. Available from: <https://policysearch.ama-assn.org/policyfinder/detail/gender?uri=%2FAMADoc%2FHOD.xml-0-5096.xml>

²⁵ American Psychiatric Association. Position Statement on Discrimination Against Transgender and Gender Non-Conforming Individuals. 2012-2024. <https://www.psychiatry.org/getattachment/ad686aa4-8ca9-4a92-b007-cf05a50f8e78/Position-2018-Discrimination-Against-Transgender-and-Gender-Diverse-Individuals.pdf>
American Psychological Association. APA Resolution on Transgender, Gender Identity, and Gender Expression Non-Discrimination. 2008 (last revised 2019). <https://www.apa.org/about/policy/resolution-gender-identity.pdf>

²⁶ James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016:1-302.

- (e.g., in employment settings or age-restricted/secured spaces they routinely access) by newly “outing” them as transgender.
38. Transgender individuals without gender-concordant identity documents are more likely to experience problems when interacting with security personnel. Among approximately 4,500 2015 U.S. Trans Survey respondents who were living in a gender different from their sex assigned at birth and who had passed through airport security in the previous year, those who had their sex assigned at birth on their driver’s license were almost three times as likely to be questioned about the name or gender on their document (26.0% vs. 8.9% of those with an updated gender marker).²⁷ This questioning, and potential confusion amongst officers regarding the mismatch between one’s gender presentation and the sex marker on their license, may have implications for the efficiency and effectiveness of security screening. Similarly, an analysis of 1,301 Texas residents who participated in the 2015 U.S. Trans Survey found that those with their preferred name and gender marker on all identity documents (include the driver’s license) were more likely to be comfortable asking police for help, and if they had police contact, were less likely to be perceived as transgender or called the wrong pronoun by the officers.²⁸ Further, those with fully gender-congruent identity documents were more likely to travel by air, and less likely to report negative airport experiences (questioning by airport staff, incorrect pronoun use, being patted down by an officer of the wrong gender) when they did travel.
39. In addition to directly experiencing the abovementioned problems, transgender individuals often anticipate stigma and discrimination in interpersonal and institutional interactions and may avoid such situations as a means of self-

²⁷ Herman JL, O’Neill K. Gender Marker Changes on State Documents: State-Level Policy Impacts. Los Angeles, CA: Williams Institute, 2021. Available from: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Gender-Markers-Jun-2021.pdf>

²⁸ Loza O, Beltran O, Perez A, Green J. Impact of name change and gender marker correction on identity documents to structural factors and harassment among transgender and gender diverse people in Texas. *Sexuality, Gender, & Policy*. 2021;4:76–105. Doi: 10.1002/sgp2.12035.

protection.²⁹ The vast majority – 84% – of respondents to a 2019 national transgender health survey that I conducted in Canada (n=2,873) reported that, in the past five years, they had avoided public spaces or situations (e.g., travel, restrooms) due to fears of being harassed or “outed” (having their transgender status non-consensually disclosed).³⁰ Presenting gender-discordant identity documents “outs” individuals as transgender, violating their privacy.³¹ In qualitative research, transgender people report anxiety about, and avoidance of, traveling due in part to issues with identity documents.³²

F. Transgender People Experience Lower Rates of Harassment, Discrimination and Violence When Able to Use Identity Documents Consistent With Their Gender Identity.

40. In addition to the research on experiences with police and airport security agents described above (para 38), studies indicate that being able to change the gender designation on one’s identity documents is associated with reduced exposure to discrimination among transgender people in the United States.
41. An econometric study found that employment of transgender men increased by 9 to 20 percentage points after removal of state policies requiring surgery to change the gender marker on a birth certificate.³³ The removal of such policies increases access to gender marker changes on both birth certificates and other legal documents for which birth certificates are foundational. The study compared employment of transgender and cisgender (non-transgender) people prior to and following removal of

²⁹ White Hughto JM, Reisner SL, Pachankis JE. Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Soc Sci Med.* 2015;147:222-231.

³⁰ The Trans PULSE Canada Team. Health and health care access for trans and non-binary people in Canada. 2020-03-10. Available from: <https://transpulsecanada.ca/research-type/reports>

³¹ Scheim AI, Restar AJ, Zubizarreta D, et al. Legal gender recognition and the health of transgender and gender diverse people: A systematic review and meta-analysis. *Social Science & Medicine.* 2025;378:118147.

³² Olson ED, Reddy-Best K. “Pre-topsurgery, the body scanning machine would most likely error:” Transgender and gender nonconforming travel and tourism experiences. *Tourism Management.* 2019;70:250-61.

Quinan CL, Bresser N. Gender at the border: Global responses to gender-diverse subjectivities and nonbinary registration practices. *Global Perspectives.* 2020;1(1):12553.

³³ Mann S. Transgender employment and gender marker laws. *Labour Economics.* 2021; 73:102072.

state-level surgical requirements, using data from the Centers for Disease Control’s Behavioral Risk Factor Surveillance System (BRFSS) that represent the populations of 39 states that collected information on gender identity in the study’s 2014-2019 timeframe. The study’s findings held after a range of additional checks including sensitivity analyses accounting for differences in timing of policy changes, alternative policy definitions (including states with unclear policies), and a placebo test examining whether the policies impacted cisgender lesbian, gay, and bisexual people (which they would not be expected to).

42. An analysis of 1,301 Texas residents who completed the U.S. Trans Survey found that those with their preferred name and gender marker on all identity documents were less likely to experience eviction, homelessness, or harassment in places of business, government agencies, or public spaces.³⁴

G. Transgender People with Identity Documents Consistent with Their Gender Identity Experience Improved Mental Health.

43. Transgender people in the United States face a disproportionate burden of poor mental health. For example, in BRFSS data from 2014-2016, 24.2% of transgender women, 31.1% of transgender men, and 38.2% of gender non-conforming transgender persons had ever been diagnosed with depression, as compared to 12.5% of cisgender men and 21.1% of cisgender women.³⁵ It is estimated that 40% of transgender adults have ever attempted suicide, approximately nine times the rate of the general population in the U.S.³⁶ A growing body of research seeks to identify modifiable factors that contribute to these mental health disparities.

³⁴ Loza O, Beltran O, Perez A, Green J. Impact of name change and gender marker correction on identity documents to structural factors and harassment among transgender and gender diverse people in Texas. *Sexuality, Gender, & Policy*. 2021;4:76–105. Doi: 10.1002/sgp2.12035.

³⁵ Downing JM, Przedworski JM. Health of transgender adults in the U.S., 2014-2016. *American Journal of Preventive Medicine*. 2018;55(3):336-344. Doi:10.1016/j.amepre.2018.04.045.

³⁶ James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016:1-302.

44. Commissioned by the World Health Organization, I recently conducted a systematic review and meta-analysis³⁷ of research on the health effects of legal gender recognition.
45. In a meta-analysis of three studies from the United States, Canada, and New Zealand with 23,484 participants, possessing gender-concordant identity documents was associated with a 25% reduction in the odds of suicide ideation. In another meta-analysis of three studies from the United States and New Zealand with 23,607 participants, having updated the gender marker on all of one's identity documents was associated with a 47% reduction in the odds of serious psychological distress.³⁸ In the following (46 through 49), I describe the individual studies that contributed to these meta-analyses.
46. A study from Ontario, Canada, which I co-authored, found that transgender persons possessing at least one legal identity document (including but not limited to driver's licenses) with a gender marker congruent with their lived gender were at reduced risk of past-year suicide ideation and attempts.³⁹ Specifically, adjusting for a wide range of potentially confounding variables, having at least one piece of identification with a gender marker congruent with lived gender was associated with a 44% reduction in the relative risk of seriously considering suicide and, among those who had considered suicide, with an estimated 74% reduction in the risk of attempts. These data were collected using respondent-driven sampling, a data collection and analysis method that uses structured sampling within social networks to generate population-level estimates for populations that cannot be conventionally enumerated.

³⁷ A meta-analysis pools data from multiple studies addressing the same research question and is considered the highest level of evidence in health science.

³⁸ Scheim AI, Restar AJ, Zubizarreta D, et al. Legal gender recognition and the health of transgender and gender diverse people: A systematic review and meta-analysis. *Social Science & Medicine*. 2025;378:118147.

³⁹ Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. *BMC Public Health*. 2015;15(1):525. Doi:10.1186/s12889-015-1867-2.

47. A study of 503 transgender adults in Massachusetts and Rhode Island who wanted to change the gender on their driver's license or passport found that individuals who had changed the gender marker on both documents had lower odds of clinically significant anxiety, psychological distress, somatization (bodily symptoms resulting from psychological distress, e.g., pain), and emotional upset due to gender-based mistreatment.⁴⁰
48. A 2018 survey of 818 transgender people in New Zealand found that participants who reported barriers to changing the gender marker on their identity documents (e.g., cost, fear of discrimination) had higher psychological distress and twice the odds of suicidal ideation as compared to participants who faced no such barriers, adjusting for demographic differences.⁴¹
49. Drawing on data from the 2015 U.S. Trans Survey, in November 2019, I conducted an analysis of data from 22,286 respondents to assess the relationship between gender-concordant identity documents or records and mental health, which was published in *The Lancet Public Health*.⁴² Specifically, I examined whether current psychological distress and past-year suicidal ideation, planning, and attempts varied based on whether all, some, or none of a respondent's documents reflected the name or gender marker they preferred to have listed on their documents. I found that as compared to transgender individuals who had no identity documents with the correct gender marker, those who had the correct gender marker on some or all documents were less likely to report psychological distress and suicidality. As compared to respondents with the correct gender marker on none of their documents, those with

⁴⁰ Restar A, Jin H, Breslow A, et al. Legal gender marker and name change is associated with lower negative emotional response to gender-based mistreatment and improve mental health outcomes among trans populations. *SSM - Population Health*. 2020;11:100595. Doi:10.1016/j.ssmph.2020.100595.

⁴¹ Tan KKH, Watson RJ, Byrne JL, Veale JF. Barriers to possessing gender-concordant identity documents are associated with transgender and nonbinary people's mental health in Aotearoa/New Zealand. *LGBT Health*. 2022;9(6):401-410. Doi:10.1089/lgbt.2021.0240.

⁴² Scheim AI, Perez-Brumer AG, Bauer GR. Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study. *The Lancet Public Health*. 2020;5(4):e196-e203. Doi:10.1016/S2468-2667(20)30032-3.

the correct gender marker on all documents were 29% less likely to meet criteria for serious psychological distress (a validated proxy for clinically significant mental illness⁴³), 20% less likely to have seriously considered suicide in the past year, and 19% less likely to have made a plan to die by suicide in the past year. These analyses adjusted for a range of potential confounders including demographic characteristics, region, medical gender transition status, length of time since transition, and family support.

50. Research published since I conducted the abovementioned meta-analysis is consistent with its findings. Recently published research from Australia found that having changed the gender marker on one's identity documents was associated with reduced psychological distress.⁴⁴

51. A recent study of 158 transgender adults in the United States found that about half of the effect of legal gender recognition on psychological distress was attributable to reduced exposure to discrimination.⁴⁵ The psychological impact of being (in)validated in one's gender may further explain this relationship.

52. At the request of counsel for the Plaintiffs, in February 2026 I conducted a new analysis of the data underlying my article in *The Lancet Public Health*, focusing specifically on the relationship between changing the gender marker on one's driver's license and mental health outcomes. I used the same coding and statistical analysis subjected to peer review by *The Lancet Public Health*. In this new unpublished analysis (n=21,722), I compared 6,606 participants who had changed the gender marker on their driver's license or other state-issued identity document to 734 participants who had the correct gender marker on some identity documents or

⁴³ Kessler RC, Barker PR, Colpe LJ, et al. Screening for serious mental illness in the general population. *Archives of General Psychiatry* 2003; 60: 184–89.

⁴⁴ Grant R, Amos N, McNair R, et al. The role of medical and legal gender affirmation in shaping positive mental health outcomes for transgender and gender diverse people in Australia. *Transgender Health*. 2024 Sept 24.

⁴⁵ Puckett JA, Price S, Dunn T, et al. Legal Gender affirmation, psychological distress, and physical health issues: Indirect effects via enacted stigma. *Sex Res Soc Policy* 2024;21(3):1112-1122.

records but had not changed their driver's license, and to 14,382 participants who had not changed the gender marker on any documents or records. After adjusting for confounders, I found that those who had changed the gender marker on their driver's license or state ID were 15% less likely to meet criteria for serious psychological distress, 7% less likely to have seriously considered suicide in the past year, and 29% less likely to have attempted suicide in the past year, as compared to those who had no corrected identity documents. After adjusting for confounders, there were no significant differences in outcomes between participants who had changed the gender marker on their driver's license or state ID and the relatively small group that had corrected other identity documents or records but not their license.

53. In April 2024, I had conducted further analyses of the *Lancet Public Health* data at the request of counsel for the transgender Plaintiffs in *Kalarchik v. Montana*, a case challenging the state of Montana's policies preventing transgender people from amending the sex marker on their identity documents. I examined whether participants who had changed the gender marker on all or some of their identity documents were at lower risk of having experienced mistreatment due to presenting identity documents that do not match their gender presentation. Mistreatment included having been verbally harassed, assaulted, denied services, or asked to leave a venue. Participants who had changed the gender marker on all their documents were 35% less likely to have ever experienced identity document-related mistreatment than those who had not changed the gender marker on any documents; they were also 34% less likely to have experienced such mistreatment than individuals who had the correct gender marker on only some of their documents. There was not a significant difference in the experience of mistreatment between participants with some gender-concordant documents and those with no gender-concordant documents. In other words, gender marker changes on identity documents were negatively associated with document-related mistreatment *only* if participants had changed the gender marker on

- all their documents. For Kansans born in other states or countries, their Kansas driver's license could be the only piece of identification that is incongruent with their gender identity and presentation. This analysis adjusted for potential confounders including age, race/ethnicity, gender identity, disability, poverty, education, nativity, census region, medical gender transition status, and years since the beginning of gender transition.
54. In addition to the aforementioned research on gender designations on identity documents, additional research indicates positive health impacts of social and legal gender affirmation.
55. Among 2,940 transgender Oregon Medicaid beneficiaries, having changed the gender of record with Medicaid (which may or may not coincide with a legal gender marker change) was associated with reduced burden of diagnosed depression, anxiety, or substance use disorder.⁴⁶
56. In my U.S. Transgender Survey analysis, having one's chosen name on identity documents was also associated with better mental health; however, effects were smaller than for gender marker changes.⁴⁷
57. Among 157 transgender people surveyed in Quebec, Canada, having changed the name and/or gender on at least one identity document was associated with greater life satisfaction and fewer symptoms of psychological distress.⁴⁸
58. A survey of 65 primarily low-income transgender women of color compared those who had completed a legal name change at least nine months earlier to those who

⁴⁶ Yee K, Lind BK, Downing, J. Change in gender on record and transgender adults' mental or behavioral health. *American Journal of Preventive Medicine*. 2022; 62(5):696-704.

⁴⁷ Scheim AI, Perez-Brumer AG, Bauer GR. Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study. *The Lancet Public Health*. 2020;5(4):e196-e203.

⁴⁸ Cotton JC, Martin-Storey A, Le Corff Y, Beauchesne Lévesque SG, Sansfaçon AP. En Réponse Au Projet De Loi 2 : Associations Entre Les Demarches Legales D'affirmation Du Genre et Deux Indicateurs De Bien-être Chez Des Personnes Trans et Non-Binaires Du Quebec. *The Canadian Journal of Psychiatry / La Revue Canadienne de Psychiatrie* 2022; 67(7): 578-580.

were preparing to initiate the process.⁴⁹ Those who had completed legal name changes were more likely to be employed, to report incomes above \$1,000 per month, and to rent or own their own housing. In addition, they were less likely to report postponing needed medical care in the previous six months.

IV. CONCLUSION

59. In summary, while there is no empirical evidence that policies requiring transgender people to use the restroom associated with their birth-assigned sex improve public safety, there is evidence that such policies reduce the privacy and safety of transgender people and harm their physical and mental health. There is also evidence that support for such policies is motivated by animus more than by safety concerns.

60. Legal gender recognition is a critical part of gender affirming treatment for transgender persons and is associated with substantial reductions in the mental health challenges they too often face. Access to gender-concordant identity documents may improve the social and health conditions of transgender individuals by reducing their exposure to discrimination, harassment, and violence related to gender-incongruent identity documents. Conversely, transgender people unable to update the gender marker on their driver's license may experience health-harming privacy violations, unwarranted scrutiny or questioning, or mistreatment when driving or using their driver's license as an identity document. Further, policies prohibiting or restricting access to gender marker changes on driver's licenses may be at odds with their primary purpose – identity verification.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

⁴⁹ Hill BJ, Crosby R, Bouris A, et al. Exploring transgender legal name change as a potential structural intervention for mitigating social determinants of health among transgender women of color. *Sexuality Research & Social Policy*. 2018;15(1):25-33.

DATED this 25th day of February 2026, in Brooklyn, New York



Ayden Scheim, PhD

EXHIBIT A

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CONTACT

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EDUCATION

2017 **Ph.D., Epidemiology and Biostatistics**
Western University (The University of Western Ontario), London, Canada

2011 **B.A. (Honors), Sociology**
University of Toronto, Toronto, Canada

ACADEMIC APPOINTMENTS

2026 – **Faculty Affiliate**, California Center for Population Research, UCLA.

2025 – **Senior Scholar of Public Policy**, The Williams Institute, UCLA School of Law.

2023 – 2025 **Faculty Affiliate**, Urban Health Collaborative, Dornsife School of Public Health, Drexel University.

2023 – 2025 **Visiting Assistant Professor**, Center for AIDS Prevention Studies, University of California, San Francisco, USA.

2025 **Associate Professor**, Department of Epidemiology and Biostatistics, Dornsife School of Public Health, Drexel University, Philadelphia, USA.

2019 – 2025 **Assistant Professor**, Department of Epidemiology and Biostatistics, Dornsife School of Public Health, Drexel University, Philadelphia, USA.

2020 – **Adjunct Assistant Professor**, Department of Epidemiology and Biostatistics, Schulich School of Medicine and Dentistry, Western University, London, Canada.

2019 – **Affiliate Scientist**, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Canada.

2018-2019 **Associate Scientist**, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Canada.

2017-2019 **Postdoctoral Fellow**, Division of Infectious Diseases and Global Public Health, Department of Medicine, University of California San Diego.

CONSULTING

- 2024 Evaluation of the National HIV Behavioral Surveillance– Trans Cycle. *Division of HIV Health, Philadelphia Department of Public Health.*
- 2023-2024 Systematic reviews on legal gender recognition and trans-inclusive health policies. *World Health Organization.*
- 2022-2023 Gender and sexuality-based equity in supervised injection sites. *Health Canada.*
- 2018-2019 Development of a Global Fund-supported needle and syringe exchange program in Sierra Leone. *National HIV/AIDS Secretariat, Government of Sierra Leone.*
- 2018 Preparation of application for an exemption to operate mobile supervised injection services. *Middlesex London Health Unit, Canada.*
- 2017-2019 Monitoring and evaluation. Capacity-building intervention for transgender organizations in low- and middle-income countries. *IRGT: A Global Network of Trans Women and HIV, Global Forum on MSM and HIV.*
- 2015-2017 Health care provider transgender education. *Rainbow Health Ontario.*
- 2015-2016 Research and writing of technical brief on transgender HIV data collection. *IRGT: A Global Network of Trans Women and HIV, Global Forum on MSM and HIV.*
- 2013 Trans-inclusive policy and practice. *Public Service Alliance of Canada Local 610.*

EMPLOYMENT HISTORY

- 2017-2018 **Research Manager**, Centre on Drug Policy Evaluation, Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, *St. Michael's Hospital*, Toronto, Canada.
- 2013-2014 **Research Assistant**, Linking Molecular and Social Cluster Analyses in HIV Transmission, *University of Windsor* (PI: Barry Adam).
- 2012-2013 **Research Assistant**, Trans PULSE Project, *Western University* (PI: Greta Bauer).
- 2011 **Counselor**, AIDS & Sexual Health Info Line. *Toronto Public Health.*
- 2011 **Research Assistant**, Health Systems and Health Equity Research Group, *Centre for Addiction and Mental Health* (PI: Lori Ross), Toronto, Canada.
- 2009-2010 **Project Manager**, Trans Men's Pap Testing Campaign. *Sherbourne Health Centre*, Toronto, Canada.
- 2008-2011 **Shelter and Housing Worker**, *Fred Victor Centre*, Toronto, Canada.
- 2006-2009 **Research Assistant**, Bisexual Mental Health Study, *Sherbourne Health Centre* and *Centre for Addiction and Mental Health* (PI: Lori Ross), Toronto, Canada.
- 2005-2007 **Trans Youth Program Coordinator**, Supporting Our Youth. *Sherbourne Health Centre*, Toronto, Canada.

- 2005-2006 **Research Assistant**, Queer Youth Speak Project, *Shout Clinic* and *Centre for Addiction and Mental Health*, Toronto, Canada.
- 2003-2006 **HIV/AIDS Educator**, *Griffin Centre*, Toronto, Canada.

ADDITIONAL TRAINING

Competitive Workshops

- 2017 Health Disparities, Health Inequities, and Vulnerable Populations Workshop
Inter-University Consortium for Social and Political Research Summer Program,
University of Michigan – Ann Arbor, USA
- 2015 Summer Institute in LGBT Population Health
Fenway Institute, Boston, USA

HONORS & AWARDS

- 2023 Dornsife School of Public Health Junior Faculty Research Award
- 2021 Alumni of Distinction Award – Basic Sciences, Schulich School of Medicine and Dentistry,
Western University
- 2018 Canadian Association for HIV Research New Investigator Award, Key Populations (\$1,000)
- 2017-2020 Canadian Institutes of Health Research Postdoctoral Fellowship (\$150,000)
- 2017 World Professional Association for Transgender Health Outstanding Contribution (\$500)
- 2017 Best Oral Presentation, Canadian Society for Epidemiology and Biostatistics (\$250)
- 2014-2017 Pierre Elliott Trudeau Foundation Scholarship (\$233,000; partially declined)
- 2014-2017 Canadian Institutes of Health Research (CIHR) Vanier Scholarship (\$150,000)
- 2014 Western University Vice President of Research Support Grant (\$10,000)
- 2014-2015 Ontario Graduate Scholarship (\$15,000; declined)
- 2014 CIHR Institute of Gender and Health Travel Award (\$2,500)
- 2013-2017 Schulich Dean's MSc-PhD Transfer Award (\$20,000; partially declined)
- 2012 Dr. Carol Buck Graduate Scholarship in Epidemiology (\$1,000)
- 2011-2013 CIHR HIV/AIDS Community-Based Research Master's Award (\$35,000)
- 2011-2012 Ontario Graduate Scholarship (\$15,000; declined)
- 2011-2012 Universities Without Walls, CIHR National HIV Training Fellowship (\$17,000)
- 2011-2016 Western Graduate Research Scholarship (\$40,000)

PUBLICATIONS

Peer-reviewed Articles

109. Santos H, Bauer GR, Jacobsen K, Temple Newhook J, Scheim AI. Positive and negative mental health care experiences among transgender and non-binary people in Canada. *Journal of Psychiatric Research* 2026;196:205-209.
108. Mitra S, Scheim AI, Owusu-Bempah A, Eeuwes J, Olson-Pitawanakwat B, Smoke A, Bayoumi A, Werb D. Police encounters among people who inject drugs in Toronto, Canada. *International Journal of Drug Policy* 2026;150:105204.
107. Ghabrial MA, Scheim AI, Bauer GR. Descriptive intersectional analyses of mental health outcomes for transgender and non-binary people: a conditional inference tree approach. *Social Psychiatry and Social Epidemiology*. Online ahead of print January 13, 2026.

106. Storholm ED, Horvath KJ, Ogunbajo A, [Scheim AI](#), Lucas R, Restar A, Lee SD, Choo S, Jensen B, Randazzo J, Wolf J, Spencer C, Bambilla A, Wagner GJ. Intimate partner violence and HIV prevention among transgender and nonbinary persons: Protocol for a prospective mixed methods cohort study. *JMIR Research Protocols* 2025;14:e82090
105. Reisner SL, [Scheim AI](#), Cole SW, Wirtz AL, Poteat T, Mimiaga MJ, Marzinke MA, Meyer AI, Smith K, Pletta DR, Mayer KH. Transgender Men and Transmasculine One-on-One and Group-Delivered Empowerment for Targeted Risk Reduction (TOGETHR) Study Protocol: A Digital Factorial Randomized Controlled Trial. *JMIR Research Protocols* 2025;14:e76831.
104. Lacombe-Duncan A, Kattari SK, Emrick R, Alexander F, Kluger H, Kattari L, Niedzwiecki A, [Scheim AI](#), Misiolek BA. “It’s a big ordeal”: a mixed methods study of the experiences of non-HIV STI testing among trans and gender diverse people. *International Journal of Sexual Health*. Online ahead of print July 31, 2025.
103. Hallarn J, Bauer GR, [Scheim AI](#). HIV testing among transgender and non-binary individuals in Canada. *Canadian Journal of Human Sexuality*. Accepted July 21, 2025.
102. Santos H, Bauer GR, Joiner T, Surachman A, Lê-Scherban F, [Scheim AI](#). Intersectional analysis of suicide risk among transgender and non-binary people. *SSM-Mental Health* 2025:100496.
101. Jain JP, Lisha NE, Sevelius J, Neilands TB, Dawson-Rose C, Johnson MO, [Scheim A](#), Turan B, Adedimeji A, Kempf M-C, D'Souza G, Floris-Moore M, Kassaye S, Sheth A, Thompson A, Jones Weiss D, Tien PC. Latent healthcare stigma profiles and their association with HIV treatment and care outcomes among women living with HIV in the United States: an intersectional analysis. *Open Forum Infectious Diseases* 2025;12(8): ofaf414.
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99. Nassau T, Bouck Z, Welles S, Evans A, Hopkins S, Tookey P, Werb D, [Scheim AI](#). A quantitative bias analysis of the association between supervised consumption service use and sharing of injection equipment among people who inject drugs in Toronto, Canada. *Annals of Epidemiology* 2025; 106:11-16.
98. Listerud L, Kosciow B, Kirkman A, Richards A, [Scheim AI](#), Cyrus E, Flores DD, Seibert-Burns F, Kopf A, Sanchez A, Branch A, Graves RK, Carson L, Meanley S. Building capacity to address equity in sexual wellbeing among transgender and gender expansive communities in Philadelphia, United States. *International Journal of Transgender Health*. Online ahead of print February 27, 2025.
97. Bastos JL, Gebrekristos L, del Río-González AM, Dale SK, Bauer GR, [Scheim AI](#). The inner workings of the Intersectional Discrimination Index: (Re)assessing the internal validity of the anticipated, day-to-day, and major discrimination measures. *Stigma & Health*. Online ahead of print January 20, 2025.
96. Rutherford LL, Castle ER, Adams N, Berrian L, Jennings L, [Scheim AI](#), Devor A, Lachowsky NJ. Promoting trans patient autonomy in surgical preparation for phalloplasty and metoidioplasty: results from a community-based cross-sectional survey and implications for preoperative assessments. *BMC Medical Ethics* 2024;25(1):155.

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85. Rammohan I, Gaines T, [Scheim AI](#), Bayoumi A, Werb D. Overdose mortality incidence and supervised consumption services in Toronto, Canada: an ecological study and spatial analysis. *The Lancet Public Health* 2024; 9:e79-e87.
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clients of integrated safer opioid supply pilot programs in Toronto, Canada. *International Journal of Mental Health and Addiction*. Online ahead of print December 22, 2023.

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81. Ghabrial MA, [Scheim AI](#), Chih C, Santos H, Adams NJ, Bauer GR. Change in finances, peer access, and mental health among trans and nonbinary people during the COVID-19 pandemic. *LGBT Health* 2023; 10(8):595-607.
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79. Bowles JM, Kolla G, Smith LR, [Scheim AI](#), Dodd Z, Werb D. Disease-related stigma among people who inject drugs in Toronto amidst the COVID-19 pandemic. *Drug and Alcohol Dependence Reports* 2023;7:100167.
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74. Tran NK, Baker KE, Lett E, [Scheim AI](#). State-level heterogeneity in associations between structural stigma and individual healthcare access: A multilevel analysis of transgender adults in the United States. *Journal of Health Services Research & Policy* 2023; 28(2): 109-118.
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72. Tran NK, Martinez O, [Scheim AI](#), Goldstein ND, Welles SL. Perceived barriers and facilitators of long-acting injectable HIV PrEP use among Black, Latino/Hispanic and White gay, bisexual and other men who have sex with men. *AIDS Education & Prevention* 2022; 34(5):365-378.
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67. Rammohan I, Bouck Z, Fusigboye S, Bowles J, McDonald K, Maghsoudi N, [Scheim AI](#), Werb D. Drug checking use and interest among people who inject drugs in Toronto, Canada. *International Journal of Drug Policy* 2022; 107:103781.
66. Lazor T, Blondal E, [Scheim AI](#), Cubillos P, Werb D, Milloy M-J, Bonato S, Maghsoudi N, Rueda S. Measurement of public health impacts of cannabis legalization in Canada to reflect policy maker priorities: A rapid scoping review of instruments and content domains. *Drug and Alcohol Dependence* 2022; 236:109463.
65. Ward KM, [Scheim AI](#), Wang J, Cocchiario B, Singley K, Roth AM. Impact of reduced restrictions on buprenorphine prescribing during COVID-19 among patients in a community-based treatment program. *Drug and Alcohol Dependence Reports* 2022; 3:100055.
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RESEARCH FUNDING

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Active Grants

Measures of structural stigmatization and discrimination for HIV research with Latine sexual and gender minorities. (MPIs: Scheim AI, del Río-González AM). NIH/NIMHD R01MD020284: \$2,440,820 USD, 2024-2027. Effort: 40%.

Diversity in discrimination research: Bringing the experiences of multiply marginalized Canadian populations to the fore (PI: Bastos JL). Social Science and Humanities Research Council (Canada): \$163,115 CDN, 2024-2026. Role: Co-investigator.

Strategies to Prevent HIV Acquisition Among Transgender MSM in the US (PI: Reisner S). NIH/NIMH R01MH129175, 2024-2027. Role: Co-investigator. Effort: 10%.

The Collaborative Center for Legal Epidemiology: Evaluating law as an intervention to improve health outcomes and reduce disparities related to HIV, Viral Hepatitis, STDs, and Tuberculosis (PI: Schnake-Mahl A). Centers for Disease Control and Prevention: \$1,810,598 USD, 2023-2028. Role: Co-investigator.

Intimate partner violence and HIV prevention continuum engagement among transgender and nonbinary populations (PI: Storholm E). NIH/NIMH R01MH133484, 2023-2028. Role: Consultant.

Developing and validating a quantitative measure of daily intersectional stigma experiences for Black people with disabilities (PI: Wang P). NIH/NIMHD R01MD018984, 2023-2026. Role: Consultant.

The Toronto Disparities, Overdose, and Treatment (T-DOT) Study: Investigating clinical outcomes among people who inject drugs during a period of rapid programmatic and policy change (PI: Werb D). Canadian Institutes of Health Research: \$1,560,600 CDN, 2022-2027. Role: Co-investigator.

Preventing Injecting and Overdose by Disrupting Injection Drug Use Transitions: The PRIMER II Study (PI: Werb D). Canadian Institutes of Health Research: \$761,175 CDN, 2021-2026. Role: Co-Investigator.

Completed Grants

Effectiveness of relationship education for reducing HIV incidence in men who have sex with men (PI: Newcomb M). NIH/NIAID U01AI156874: 2021-2026. Role: Consultant. [Terminated by agency in March 2025].

Trans PULSE Canada: A national study of transgender health (MPIs: Bauer G, [Scheim AI](#)). Canadian Institutes of Health Research: \$1,298,801 CDN, 2018-2025.

Examining associations between structural stigmatization and discrimination and HIV-related outcomes among Latines (Subaward PI: [Scheim AI](#)). NIH/NIAID R25 AI154589-03: \$18,514 USD, 2023-2024.

Advancing intersectional discrimination measures for HIV-related health disparities research (PI: [Scheim AI](#)). NIH/NIMHD R21 MD016177-01S1: \$250,648 USD, 2021-2023.

Advancing intersectional discrimination measures for health disparities research (PI: [Scheim AI](#)). NIH/NIMHD R21 MD016177: \$275,000 USD, 2021-2023.

Gendered situated vulnerabilities and mental health among transgender men in India (PI: [Scheim AI](#)). NIH/NIMH R21 MH125263: \$275,000 USD, 2021-2023.

Queer Inclusion, Equality, Health, & Rights Working Group (PIs: [Scheim AI](#), Sell R, Voyles C). Urban Health Collaborative, Drexel Dornsife School of Public Health: \$15,000 USD, 2022-2023.

Gender-based differences in non-HIV STI testing among sexually active transgender and nonbinary persons: Bridging gaps in STI research (PI: Lacombe-Duncan A). NIH/NIAID R03AI159298-01: \$100,000 USD, 2021-2022. Role: Consultant.

Canadian Research Initiative in Substance Misuse Implementation Science Program on Opioid Interventions and Services – Prairies (PI: Wild C). Canadian Institutes of Health Research: \$1,875,000 CDN, 2018-2022. Role: Co-Investigator.

CIHR HIV/AIDS Community-Based Research Collaborative (PI: Rourke S). Canadian Institutes of Health Research: \$1,500,000 CDN, 2017-2022. Role: Co-Investigator.

A cross-sectional survey of PrEP awareness, barriers and facilitators for PrEP uptake, and the impact of dosing mechanisms on willingness to take PrEP among MSM indicated for PrEP use in Philadelphia (PI: Wells S). Merck & Co.: \$200,857 USD, 2020-2021. Role: Co-Investigator.

Rapidly assessing the impact of the COVID-19 pandemic and response on clinical and social outcomes, service utilization, and the unregulated drug supply experienced by people who use drugs in Toronto (PI: Werb D). Canadian Institutes of Health Research: \$206,760 CDN, 2020-2021. Role: Co-Investigator.

Comparing treatment outcomes opioid use disorder before and after the COVID-19 outbreak in Philadelphia: A natural experiment (PI: Roth A). Fordham University HIV and Drug Abuse Prevention Research Ethics Training Institute: \$30,000 USD, 2020-2021. Role: Co-Investigator.

Securing safe supply during COVID-19 and beyond: Scoping review and knowledge mobilization (PI: Herder M). Canadian Institutes of Health Research: \$49,952 CDN, 2020. Role: Co-Investigator.

The Ontario Integrated Supervised Injection Services Research Program: Examining uptake and impacts in different community settings and models of care (MPIs: Rourke S, [Scheim AI](#), Leonard L, Baral S, Garber G). Canadian Institutes of Health Research: \$646,424 CDN, 2017-2021.

A community-based cohort study of HIV pre-exposure prophylaxis in Ontario (PI: Tan D). Canadian Institutes of Health Research: \$450,000 CDN, 2017-2020. Role: Co-Investigator.

Developing a community-based study of transgender men's health and human rights in India (PI: [Scheim AI](#)). Canadian Institutes of Health Research Planning and Dissemination Grant: \$19,130 CDN, 2018-2019.

Adaptation of a theoretically based mobile app to increase PrEP uptake among MSM (PI: Sullivan P). NIH R01DA045612-02S1: 2018-2019. Role: Consultant.

Leveraging psychometric strategies and biovalidation to characterize optimal metrics of stigma for transgender women (PI: Baral S). NIH R01MH110358-02S1: 2018-2019. Role: Consultant.

Transgender women removing healthcare barriers to engagement in the HIV prevention and care cascades (PI: Logie C). Canadian Institutes of Health Research: \$40,000 CDN, 2018-2019. Role: Co-Investigator.

HIV prevention for gay and bisexual men: A multisite study and development of new HIV prevention interventions (PI: Hart T). Canadian Institutes of Health Research: \$1,500,000 CDN, 2014-2019. Role: Co-Investigator.

Health and social experiences of transgender men in India (PI: [Scheim AI](#)). UC San Diego Global Health Institute Faculty/Postdoc Research Grant: \$1,500 USD, 2017.

Ontario Integrated Supervised Injection Site Feasibility Study (MPIs: Kerr T, [Scheim AI](#), Marshall Z, Rourke S). Canadian Institutes of Health Research Centre for REACH in HIV/AIDS: \$89,150 CDN, 2015-2017.

Trans Priorities: Cross-country trans women and HIV research priority setting (PI: Marshall Z). Canadian Institutes of Health Research Centre for REACH in HIV/AIDS: \$69,821 CDN, 2015-2017. Role: Co-Investigator.

Planning Trans PULSE Canada: A national survey of transgender health (MPIs: Bauer G, [Scheim AI](#), Hammond R, Travers R). Canadian Institutes of Health Research Planning and Dissemination Grant: \$9,972 CDN, 2015-2016.

Improving quantitative research methods in gender, sex and population health: Theory, evidence and applications for multi-dimensionality and intersectionality (PI: Bauer G). Canadian Institutes of Health Research: \$296,749 CDN, 2013-2018. Role: Co-Investigator.

Community-based research and research ethics: Creating community products to promote ethical research practices with people who use drugs (PI: Milson P). Canadian Institutes of Health Research Social Research Centre in HIV Prevention: \$24,000 CDN, 2013-2015. Role: Co-Investigator.

Trans Men Who Have Sex with Men Sexual Health Study (MPIs: Adam B, Scheim AI, Marshall Z, Travers R, Ware S). Canadian Institutes of Health Research: \$99,552 CDN, 2012-2015.

PRESENTATIONS

Presentations at Scientific Meetings

Scheim AI, Our Health Matters: Key findings and lessons learned from a national survey of transmasculine health in India. *World Professional Association for Transgender Health Symposium* [Oral], Lisbon, Portugal. September 30, 2024.

Scheim AI. Incorporating intersectionality in quantitative trans health research. *2nd International Trans Studies Conference* [Oral]. Chicago, IL. September 5, 2024.

Scheim AI, Bouck Z, Greenwald Z, Ling V, Hopkins S, Johnson M, Bayoumi A, Gomes T, Werb D. Frequency of supervised consumption service use and acute care utilization in people who inject drugs. *Society for Epidemiologic Research Annual Meeting* [Oral]. Austin, TX. June 20, 2024.

Scheim AI. Intersectionality across the survey research lifecycle. *Society for Epidemiologic Research Annual Meeting* [Symposium Presentation]. Austin, TX. June 20, 2024.

Scheim AI, Battala M, Logie C, Batavia A, Vee V. Suicide risk among transmasculine people in India: Results of a community-based survey. *National Institute of Mental Health 12th Global Mental Health Research without Borders Conference*. Bethesda, MD. October 31, 2023.

Scheim AI, Chakrapani V, Santos H, Siddiqui SJ, Aryal A, Battala M. Access to gender-affirming care among trans men and transmasculine people: Findings from the “Our Health Matters” study. *Association for Transgender Health in India – IPATHCON 2022* [Oral]. New Delhi, India. October 29, 2022.

Scheim AI, Allen B, Arredondo Sanchez Lira J, Kral A, Roth A. Evaluating supervised consumption sites across diverse North American contexts: Challenges, opportunities, and strategies. *National Harm Reduction Conference*. San Juan, Puerto Rico. October 15, 2022.

Scheim AI, Chakrapani V, Santos H, Siddiqui SJ, Aryal A, Battala M. Access to gender-affirming health care among trans men and transmasculine people in India. *World Professional Association for Transgender Health Symposium* [Oral], Montreal, Canada. September 19, 2022.

Scheim AI, Ciavarella C, Vermilion J, Arps FSE, Santos H, Adams N, Nation K, Bauer GR. Access to Justice for Trans and Non-Binary Sex Workers in Canada: An Intersectional Analysis of Trans PULSE Canada. *World Professional Association for Transgender Health Symposium* [Oral], Montreal, Canada. September 18, 2022.

Scheim AI, Ciavarella C, Vermilion J, Arps FSE, Santos H, Adams N, Nation K, Bauer GR. Intersecting inequities in access to justice for trans and non-binary sex workers in Canada [Poster]. *International AIDS Conference*. Montreal, Canada and online. July 29-August 2, 2022.

Scheim AI, Bouck Z, Tookey P, Hopkins S, Sniderman R, Garber G, Baral S, Kerr T, Rourke S, Werb D. Supervised consumption service use and non-fatal overdose among people who inject drugs in Toronto, Canada [Poster]. *Society for Epidemiologic Research Annual Meeting*. Online. December 16-18, 2020.

Scheim AI, Kamara HT, Mansary K, Thumath M. Sierra Leone's first needle and syringe program: Lessons learned [Poster]. *International AIDS Conference: Virtual*. July 6-10, 2020.

Scheim AI, Perez-Brumer A, Bauer G. Legal gender recognition, psychological distress, and suicide risk among trans adults in the United States [Oral]. *U.S. Professional Association for Transgender Health Conference*, Washington, D.C. September 6, 2019.

Scheim AI, Twahirwa Rwema JO, Liestman B, Nyombayire J, Ketende S, Mazzei A, Mbayiha A, Malamba S, Lyons CE, Olawore O, Mugwaneza P, Kagaba A, Sullivan P, Allen S, Karita E, Baral S. Characterizing the HIV treatment cascade among transgender women in Kigali, Rwanda [Poster]. *International AIDS Society Meeting*, Mexico City. July 22, 2019.

Scheim AI, Maghsoudi N, Churchill S, Ghaderi G, Marshall Z, Werb D. What matters and what has been measured? A systematic review of research on the impacts of implementing drug decriminalization or regulation [Oral]. *International Society for the Study of Drug Policy Conference*, Paris, France. May 22, 2019.

Scheim AI, Maghsoudi N, Churchill C, Marshall Z, Werb D. Health and social impacts of implementing drug decriminalization or regulation: A systematic review [Poster]. *Harm Reduction International Conference*, Porto, Portugal. April 29, 2019.

Scheim AI, Bauer GR. Gender-affirming genital surgery associated with reduced HIV sexual risk among transgender women: A respondent driven-sampling survey [Poster]. *International AIDS Conference*, Amsterdam, NL. July 24, 2018.

Scheim AI, Knight R, Shulha H, Nosova E, Hayashi K, Milloy M-J, Kerr T, DeBeck K. Men who have sex with men and inject drugs in a Canadian setting [Poster]. *The College on Problems of Drug Dependence Annual Meeting*, San Diego, CA. June 10, 2018.

Scheim AI, Nosova E, Knight R, Hayashi K, Kerr T. HIV incidence among men who have sex with men and inject drugs in Vancouver, Canada [Oral]. *Canadian Association for HIV/AIDS Research Conference*. Vancouver, Canada. April 28, 2018.

Scheim AI, Bauer GR. The intersectional discrimination index: Validity and reliability of a new measure for population health research [Oral]. *Canadian Society for Epidemiology and Biostatistics Conference*. Banff, Canada. May 31, 2017.

Scheim AI, Bardwell G, Mitra S, Rachlis B, Kerr T. Public injecting in London, Canada: A role for supervised injection services? [Poster] *International Harm Reduction Conference*, Montreal, Canada. May 16, 2017.

Scheim AI, Bardwell G, Rachlis B, Mitra S, Kerr T. Syringe sharing among people who inject drugs in London, Ontario [Poster]. *Canadian Association for HIV/AIDS Research Conference*, Montreal, Canada. April 6-9, 2017.

Scheim AI, Bauer GR, Shokoohi M. Impacts of social exclusion on problematic substance use among transgender people: A respondent-driven sampling survey in Canada's most populous province [Oral]. *Annual Meeting of the American Public Health Association*. Denver, USA. October 31, 2016.

Scheim AI, Adam B, Marshall Z, Murray J. Accounting for high vulnerability and low risk for HIV among transgender men: a sexual fields analysis [Poster]. *International AIDS Conference*. Durban, South Africa. July 20, 2016.

Scheim AI, Santos G-M, Arreola S, Makofane K, Do TD, Hebert P, Thomann M, Ayala G. Transgender men who have sex with men report lower access to basic HIV prevention services than their non-transgender counterparts [Oral]. *Action + Access: The Rights and Demands of Gay and Bisexual Men in the Global Response to HIV*. Durban, South Africa. July 16, 2016.

Scheim AI, Bauer GR, Hammond R, Shokoohi M. Substance use among transgender people in Canada's most populous province: A respondent-driven sampling survey [Oral]. *World Professional Association for Transgender Health Symposium*, Amsterdam, Netherlands. June 20, 2016.

Scheim AI, Bauer GR, Travers R. HIV/STI sexual risk among transgender men who are gay, bisexual, or have sex with men: Trans PULSE Project [Oral]. *Canadian Association for HIV/AIDS Research Conference*, Winnipeg, Canada. May 13, 2016.

Scheim AI, Souleymanov R, Kuzmanovic D, Marshall Z, Worthington C, Mikiki, Millson P. Ethics in community-based research with people who use drugs [Poster]. *International Harm Reduction Conference*, Kuala Lumpur, Malaysia. October 21, 2015.

Scheim AI, Adam BD, Marshall Z. Gay, bi, and queer trans men navigating sexual fields [Oral]. *Annual Meeting of the American Sociological Association*, Chicago, USA. August 25, 2015.

Scheim AI, Bauer GR, Travers R, Redman N. Factors associated with HIV risk in Ontario's broad transfeminine population [Poster]. *Canadian Association for HIV/AIDS Research Conference*, Toronto, Canada. May 1-4, 2015.

Scheim AI, Souleymanov R, Kuzmanovic D, Marshall Z, Worthington C, Mikiki, Millson P. Ethics in community-based research with people who use drugs: A scoping review and community resource [Poster]. *Canadian Association for HIV/AIDS Research Conference*, Toronto, Canada. May 1-4, 2015.

Scheim AI, Bauer GR, Zong X, Hammond R. Discomfort discussing trans issues with family physicians: Correlates and implications for clinical practice [Poster]. *European Professional Association for Transgender Health*, Ghent, Belgium. March 12-14, 2015.

Scheim AI, Adam BD, Nault C, Marshall Z. "I didn't get the feeling that they knew what they were doing": HIV/STI testing experiences of trans men who have sex with men in Ontario [Poster]. *Canadian Association for HIV/AIDS Research Conference*, St. John's, Canada. May 1, 2014.

Scheim AI, Bauer GR. Practice and policy implications of sex and gender diversity within trans communities [Oral]. *World Professional Association for Transgender Health Symposium*, Bangkok, Thailand. February 17, 2014.

Scheim AI, Jackson R, James E, Dopler TS, Pyne J, Bauer GR. Well-being of Aboriginal gender-diverse people in Ontario, Canada [Oral]. *World Professional Association for Transgender Health Symposium*, Bangkok, Thailand. February 17, 2014.

Scheim AI, Adam BD, Marshall Z, Travers R, Ware SM. Safer sex decision-making and negotiation among trans men who have sex with men: Results from a qualitative study in Ontario, Canada [Oral]. *World Professional Association for Transgender Health Symposium*, Bangkok, Thailand. February 16, 2014.

Scheim AI, Cherian M, Bauer GR, Zong X. Characteristics and experiences of trans people in Ontario, Canada who have been in prison [Oral]. *World Professional Association for Transgender Health Symposium*, Bangkok, Thailand. February 14, 2014.

Scheim AI. A third checkbox is not enough: Implications of sex and gender diversity among trans Ontarians [Oral]. *London Health Research Day*, London, Canada. March 19, 2013.

Scheim A. Promoting and providing Pap tests for trans men [Oral]. *National Transgender Health Summit*, University of California San Francisco, USA. April 9, 2011.

Invited Conference or Academic Presentations

Keynote: Access to care for trans and gender diverse people: Intersectional and global perspectives. *Oslo International Trans Health Conference*. October 9, 2025.

Sexual health and pleasure. *World Professional Association for Transgender Health Global Education Initiative*. Albuquerque, New Mexico. September 27, 2025.

Intersectional approaches to measurement for social and behavioral HIV research. Grand Rounds, *HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University*. January 16, 2025.

Intersectionality at any sample size. *Interdisciplinary Research Center on Intimate Relationship Problems and Sexual Abuse, Université de Montréal*. December 11, 2024.

Strategies for measuring intersecting forms of stigma and discrimination in HIV research. *UCSF Center for AIDS Research*. April 18, 2024.

Undoing erasure to promote trans, non-binary, and intersex people's health. *Anatomy Connected 2024 (Annual meeting of the American Anatomy Association)*. Toronto, Canada. March 24, 2024.

Upstream and up close: Community-engaged social epidemiology to advance LGBTQ+ health equity. *Stanford University School of Medicine LGBTQ+ Health Seminar Series*. March 11, 2024.

Structural and intersectional approaches to trans population health. *Epidemiology and Biostatistics Seminar Series, Western University*. March 1, 2024.

Intersectionality in substance use research. *Center for Drug Use and HIV Research, New York University*. April 24, 2023.

Intersectional approaches to measuring stigma and discrimination for trans and nonbinary health research. *SHINE Strong R25 Seminar, University of California Irvine*. April 21, 2023.

Development and evaluation of intersectional discrimination measures for people living with HIV. *Culturally focused HIV Advancements through the Next Generation for Equity (CHANGE) T32 Training Program Seminar, University of Miami*. April 8, 2023.

Intersectionality and survey measures. *Intersectionality Training Institute*. March 8, 2023.

Global insights on transgender health. *Taylor and Francis Group*. October 4, 2022.

Plenary presentation: Social determinants of mental health among transmasculine people in India. *8th National LGBTQ Health Conference*. Chicago, IL. July 29, 2022.

Transmasculine people's health and human rights in India. *Centre for Gender and Sexual Health Equity (University of British Columbia) Speaker Series*. June 16, 2022.

Our Health Matters: A community-based mixed-methods study of transmasculine mental health in India. *Social and Behavioural Health Sciences Seminar Series, University of Toronto*. June 14, 2022.

Putting community and intersectionality at the center: Social epidemiology to advance global LGBTQ+ health equity. *Department of Health, Behavior, and Society, Johns Hopkins University*. June 7, 2022.

Keynote: Strategies for measuring intersecting forms of stigma and discrimination in population health research. *U.S. Department of Health and Human Services Stigma Working Group*. April 14, 2022.

Research on transmasculine health globally and in India: Gaps and opportunities. *2nd National LGBTQI+ Health Symposium*. New Delhi, India. December 10, 2021.

Health disparities and health equity for transgender populations. *Drexel – Tower Health LGBTQ+ Health Symposium*. June 30, 2021.

Keynote: Epidemiology of HIV among transgender populations globally. *International Workshop on HIV and Transgender People*. Mexico City. July 20, 2019.

How transgender people experience Canada's health care system. Canadian Health Coalition Research Roundtable, *Talking Across Silos in Canada's Health Movements*. Ottawa, Canada. December 1, 2018.

Approaches to measuring intersectional stigma. Johns Hopkins University and Population Council Satellite Session on Intersectional Stigma, *International AIDS Conference*. Amsterdam, Netherlands. July 25, 2018.

Barriers to care and strategies to overcome for trans men. TRANS action: Building Bridges to Safety, Pre-Conference to the *International AIDS Conference*. Amsterdam, Netherlands. July 21, 2018.

Keynote: Transgender health and HIV. *Israeli LGBT Centre and Israel AIDS Task Force*. Tel Aviv, Israel. May 10, 2018.

HIV vulnerabilities among transgender women in sex work. *Johns Hopkins University Center for Public Health and Human Rights Symposium*. April 13, 2018.

Stigma, discrimination, and transgender health disparities. *Department of Social Medicine, University of North Carolina – Chapel Hill*. November 13, 2017.

Keynote: Transgender health and HIV: The view from Canada. *Australasian HIV & AIDS Conference*. Canberra, Australia. November 6, 2017.

Keynote: From washrooms to classrooms and beyond: Transgender rights and social inclusion. *University of Waterloo*. Waterloo, Canada. October 20, 2016.

Trans health and workplace inclusion. *Bluewater Health* [hospital]. Sarnia, Canada. September-December, 2016.

Understanding health care and transition for Ontario's transgender population. *London Health Sciences Centre Endocrinology Grand Rounds*. April 6, 2016.

Improving LGTB health data: assessing survey measures of sex, gender and sexual orientation. *Rainbow Health Ontario Conference*. London, Canada. March 10, 2016.

Plenary presentation: Trans men and stigma: A research snapshot. *British Columbia Gay Men's Health Summit*. Vancouver, Canada. November 6, 2015.

Plenary presentation: Access to health care for transgender men. *8th International AIDS Society Conference on HIV Pathogenesis, Treatment, & Prevention*. Vancouver, Canada. July 20, 2015.

Plenary presentation: Improving access to HIV/STI testing for trans communities: Learning from the experiences of trans MSM in Ontario. *Ontario AIDS Bureau HIV Testing Conference*. Toronto, Canada. March 25, 2015.

Community-led participatory research with trans communities: Case studies from Ontario, Canada. *Global Forum on MSM and HIV Pre-Conference to the International AIDS Conference*. Melbourne, Australia. July 20, 2014.

Is it time for HIV home testing? Presentation at the *Ontario HIV Treatment Network Research Conference*, Toronto, Canada. November 12, 2012.

The flipside of democratization in global Taiwan: Global civil society, the Taiwanese state, and challenges to gay rights and sexual freedom. Invited oral presentation: *Ministry of Foreign Affairs, Republic of China (Taiwan)*, Taipei, Taiwan. December 9, 2010.

Check It Out: Women who have sex with women, trans men, and Pap tests. *Guelph Sexuality Conference*, University of Guelph. June 23, 2010.

Getting Primed: Informing HIV prevention with gay, bi, queer trans men. *Europride Pride House*, Stockholm, Sweden. July 30, 2008.

Sexual health and trans communities. *Toronto Public Health Sexual Health Unit*. September 18, 2007.

Trans generation: Developments in transgender youth activism, services, and culture. Invited faculty, *National Gay and Lesbian Taskforce Creating Change Conference*, Kansas City, MS. November 8, 2006.

TEACHING

Instructor

Winter 2025	Epidemiology EPI749: Research and Practice in Epidemiology, Drexel University
Fall 2024	Epidemiology EPI749: Research and Practice in Epidemiology, Drexel University
Fall 2023	Epidemiology EPI749: Research and Practice in Epidemiology, Drexel University

- Winter 2023 Epidemiology EPI550: Applied Survey Research in Epidemiology, Drexel University
 Fall 2021 Epidemiology EPI750: Integrative Learning Experience in Epidemiology, Drexel University
 Winter 2021 Epidemiology EPI550: Applied Survey Research in Epidemiology, Drexel University
 Fall 2018 Health, Aging, and Society 3R03: Health Inequalities (undergraduate), McMaster University

Guest Lectures

- 2024 *Transgender Health*. Social Epidemiology, Drexel University.
 2023 *Transmasculine Health and Human Rights. Reproductive Justice & the Law*. Jindal Global University (India).
 2021 *Developing a community-based participatory research program*. Community Health and Prevention Doctoral Seminar, Drexel University.
 2019 *Epidemiology of Transgender Health*, Bloomberg School of Public Health, Johns Hopkins University.
 2019 *Sex and Gender*. Social Epidemiology, Drexel University.
 2017 *Discrimination & Transgender Health Disparities*. HIV and Substance Use Seminar, UC San Diego.
 2017 *Transgender Mental Health*. Transgender Studies, Smith College School of Social Work.
 2016, 2018, 2019, 2020, 2021 *Drug Use and Policy*. Public Health, Western University.
 2016 *Transgender Health*. Endocrinology, Medicine Year 2, Western University.
 2015-2017 *Epidemiology of HIV*. Epidemiology of Major Diseases, Western University.
 2015, 2016 *Sex and Gender in Survey Research*. Survey Research Methods, Western University.
 2015 *Gender and Health*. Social Determinants of Health, University of Waterloo.

SERVICE

University Service

- 2024 – 2025 Chair, Dornsife School of Public Health Executive Committee of the Faculty
 2024 – 2025 Member, Department of Epidemiology and Biostatistics Graduate Program Committee
 2023 – 2024 Chair, Department of Epidemiology and Biostatistics Social Committee
 2022 – 2025 Queer Inclusion, Equality, Health, & Rights Working Group (Co-Chair, 2022-2023)
 2022 – 2025 Guiding Team, Robert Wood Johnson Foundation Transforming Academia for Equity
 2022 – 2025 Department of Epidemiology and Biostatistics Chair's Advisory Committee
 2022 - 2024 Member, Dornsife School of Public Health Executive Committee of the Faculty
 2021 - 2023 Department of Epidemiology and Biostatistics Seminar Committee
 2021 - 2023 Drexel University Senate Committee on Student Life
 2021 Epidemiology PhD Admissions Committee
 2020 Epidemiology PhD Comprehensive Exam Committee

Editorial and Peer Review Activities

Editorial Roles

- 2025 – Consulting Editor, *Stigma & Health*
 2023 – 2026 Associate Editor, *LGBT Health*
 2020 - 2021 Guest Editor, *PLOS ONE: Health and Health Care in Gender Diverse Communities*
 2019 – Editorial Board Member, *International Journal of Transgender Health*
 2018 - 2022 Associate Editor, *BMC Infectious Diseases*
 2017 – Editorial Board Member, *Psychology & Sexuality*

Ad Hoc Reviewer

Addictive Behaviors, AIDS & Behavior, American Journal of Epidemiology, American Journal of Public Health, BMC Infectious Diseases, BMC International Health and Human Rights, BMJ Open, Canadian Journal of Public Health, Canadian Medical Association Journal, Culture, Health, and Sexuality, Demographics, Epidemiology, Harm Reduction Journal, Health & Human Rights Journal, HIV Medicine,

International Journal of Drug Policy, International Journal of STDs and AIDS, JAMA Network Open, Journal of Acquired Immune Deficiency Syndromes, Journal of Gay & Lesbian Mental Health, Journal of Homosexuality, Journal of the International AIDS Society, Journal of Sex Research, The Lancet HIV, The Lancet Public Health, LGBT Health, PLOS ONE, Sexually Transmitted Infections, Social Psychology and Psychiatric Epidemiology, Social Science & Medicine, Transgender Health

Leadership in Scientific Meetings

- 2024 Panel organizer, A trans studies that counts: Critical quantitative approaches in applied trans studies. *2nd International Trans Studies Conference*
- 2023 Symposium co-organizer, Measuring sex, gender, and sexual orientation in epidemiologic research. *Society for Epidemiologic Research Annual Meeting*
- 2021 Track C (Prevention Science) Scientific Committee, *IAS Conference on HIV Science*
- 2019 - 2021 Organizing Committee, *International Workshop on HIV and Transgender People*
- 2019 - 2020 Track C (Epidemiology and Prevention) Scientific Committee, *AIDS 2020*
- 2019 Scientific Committee, U.S. Professional Association for Transgender Health Conference
- 2019 Organizing Committee, *Community-Based Research Centre Gay Men's Health Summit*
- 2018 Invited Rapporteur (Epidemiology and Prevention), *AIDS 2018*
- 2017 Organizing Committee, *Canada's Drug Futures Forum*
- 2016 Invited moderator, Briefing on HIV indicator for transgender persons, *White House Office of National AIDS Policy*
- 2016 Organizing Committee, *Transgender Pre-Conference to AIDS 2016*
- 2016 Organizer, Improving methods for transgender population health and epidemiologic research, *World Professional Association for Transgender Health Symposium*

Abstract Review for Scientific Meetings

- 2025 National Transgender Health Summit (University of California – San Francisco)
- 2019 National LGBTQ Health Conference (Emory University)
- 2018 Annual Meeting of the Society for Epidemiologic Research
- 2017-2026 International AIDS Conference
- 2015-2018 Canadian Conference on HIV/AIDS Research

Funding Peer Review

- 2021 *National Institutes of Health* - Transformative Research to Address Health Disparities and Advance Health Equity (U01)
- 2020 *Canada Research Coordinating Committee* - New Frontiers in Research Fund
- 2020 *Canadian Institutes of Health Research* - COVID-19 Mental Health & Substance Use
- 2019 *UC San Diego Center for AIDS Research* - International Pilot Grants
- 2017 *Canadian Institutes of Health Research* - Global Health Planning and Dissemination Grants

Professional Service

- 2025 – Advisory Group, Social participation for Universal health coverage - evidence-informed NetWorks Advancing Inclusion (SUNWAI), *Northumbria University*.
- 2024 – Research Advisor, A qualitative inquiry into suicidality among Transgender and Gender Diverse communities in India, *The Unsound Project*.
- 2024 – Institute Advisory Board, *Institute of Gender and Health, Canadian Institutes of Health Research*.
- 2023 Invited panelist, Expanding the Evidence Base in Gender-Affirming Care for Transgender and Gender Diverse Populations, *NIH Sexual & Gender Minority Research Office*.
- 2020 Invited participant, HIV-Related Intersectional Stigma Research Advances and Opportunities Workshop. *NIH Office of AIDS Research and NIMH*.

- 2019 Expert participant [nominated by the Government of Canada], 2nd Expert Working Group on improving drug statistics and strengthening the Annual Report Questionnaire (ARQ). *United Nations Office on Drugs and Crime*. Vienna.
- 2018 - 2022 Leadership Group, Supervised Consumption Services, *Canadian Research Initiative in Substance Misuse*.
- 2018 - 2022 Revision Committee, *World Professional Association for Transgender Health Standards of Care Version 8* (Chapter 8: Sexual Health Across the Lifespan).
- 2018 Invited participant, Methods and Measurement in Sexual and Gender Minority (SGM) Health Research workshop, *National Institutes of Health*.
- 2018, 2016 Invited meeting participant, Exploring International Priorities and Best Practices for the Collection of Data About Gender Minorities, *The Williams Institute*. (Buenos Aires, Argentina and Amsterdam, Netherlands)
- 2014 Writing Group member, Implementation Tool on Men who have Sex with Men and Transgender People in Low- and Middle-Income Countries, *United Nations Population Fund*.

Community Service

- 2024 – Secretary, Board of Directors, Global Action for Trans Equality
- 2020-2025 ViiV Positive Action Technical Review Committee
- 2019 – International Working Group on Trans Men and HIV, *Global Action for Trans Equality*
- 2016-2019 Co-chair, Trans Working Group, *Canadian HIV Trials Network*
- 2015-2019 Advisory Committee, *Ontario HIV Epidemiology and Surveillance Initiative*
- 2013-2016 Research Group, *Global Forum on MSM and HIV*
- 2007-2015 Provincial Advisory Body, *Ontario Gay Men’s Sexual Health Alliance*
- 2007-2011 Co-Chair, Board of Directors, *LGBT Youth Line* (Ontario)
- 2006-2016 Chair, Trans Men’s Working Group, *Ontario Gay Men’s Sexual Health Alliance*
- 2006-2009 Trans Men’s HIV Prevention Needs Assessment Steering Committee, *AIDS Bureau, Ontario Ministry of Health and Long-Term Care*

Expert Witness

- 2025 Gender marker change on passports (Orr v. Trump), *American Civil Liberties Union*
- Gender marker change on passports (Schlacter v. U.S. Department of State), *Lambda Legal*
- 2024 Gender marker changes (Kalarchik v. Montana), *American Civil Liberties Union*
- 2023 Transgender health research methodology, *British Columbia College of Nurses and Midwives*
- 2023 Name changes for transgender people, Court of Common Pleas of Butler County, PA, *Transgender Legal Defense and Education Fund*
- 2022 Gender marker changes for transgender people (Marquez v. Montana), *American Civil Liberties Union*
- 2021 Name changes for transgender people, Courts of Common Pleas of Allegheny County, PA, *Transgender Legal Defense and Education Fund*
- 2021 Name changes for transgender people, Courts of Common Pleas of Philadelphia, PA, *Transgender Legal Defense and Education Fund*
- 2020 Anti-transgender stigma (Cardle v. Her Majesty the Queen), *Legal Aid Ontario*

Memberships

International AIDS Society, Society for Epidemiologic Research, World Professional Association for Transgender Health, US Professional Association for Transgender Health

EXHIBIT B

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