

**IN THE UNITED STATES DISTRICT COURT FOR  
THE EASTERN DISTRICT OF ARKANSAS**

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DYLAN BRANDT, et al.,	:	
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Plaintiffs,	:	Case No.: 4:21-CV-00450-JM-01
	:	
v.	:	
	:	
LESLIE RUTLEDGE, et al.,	:	
	:	
Defendants.	:	
	:	
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**SUPPLEMENTAL DECLARATION OF DEANNA ADKINS, MD IN SUPPORT OF  
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, Deanna Adkins, MD, declare as follows:

1. I have personal knowledge of the matters stated in this declaration.
2. As set forth in greater detail in my previously submitted declaration dated June 11, 2021, my background and credentials include the following: I served as the Fellowship Program Director of Pediatric Endocrinology at Duke University School of Medicine for fourteen years and am currently the Director of the Duke Center for Child and Adolescent Gender Care; I have treated approximately 500 transgender and intersex young people in my career. My CV is attached as Exhibit A.
3. I reviewed the declarations of Dr. Stephen Levine, Dr. Paul Hruz, Prof. Mark Regnerus and Dr. Paul Lappert. Here, I respond to some of the central points in those declarations. I do not specifically address each study or article cited, but instead explain the overall problems with some of the conclusions that Defendants' experts draw and provide data



showing why such conclusions are in error. I reserve the right to supplement my opinions if necessary as the case proceeds.

### **GENDER IDENTITY**

4. As I mentioned in my previously submitted Declaration, a person's gender identity is "fixed" and not subject to external forces that may attempt to change one's gender identity. (Adkins Decl. ¶ 21). In his declaration, Dr. Levine contests this assertion by claiming it is refuted by the facts that (1) there is an increase in the numbers of transgender people; and (2) some people identify as "gender fluid". (Levine Decl. ¶ 24A). The increase in the number of people known to be transgender in no way suggests that people's gender identity can be changed. We are able to see and treat more transgender people now because of increased societal acceptance and improved medical treatments over the past decade. And that some people experience their gender as fluid does not mean that they can change their gender identity. Gender identity—whether cisgender, transgender or something that doesn't fall into a binary male or female category-- cannot be changed voluntarily or by external factors and is therefore fixed. That some people have changing understandings of their gender identity or express it differently at different times in no way changes that.

5. It is also not the case that there are high numbers of transgender people who "desist" in their transgender identity. As I explained in my previous declaration, the claim that most transgender people ultimately come to identify with their "biological sex" is not accurate. (Adkins Decl. ¶ 47). But for any pre-pubertal children who may explore transgender identity and later realize that they are not transgender, that does not mean their gender identity is not "fixed" but rather that their understanding of it evolved.



## **TREATMENT PROTOCOLS FOR TRANSGENDER YOUTH**

6. I am currently a provider to over 250 transgender youth and have during my tenure at the Duke Clinic treated over 400 transgender patients. Each patient is treated individually by a multi-disciplinary team.

7. Though Defendant' experts claim that the treatment protocols for transgender youth and adolescents recommended by the World Professional Association for Transgender Health ("WPATH"), the Endocrine Society, and the American Academy of Pediatrics (AAP) are not in the best interests of such patients, that is contrary to an overwhelming body of contemporary research that says the opposite, as well as to the experience of clinical practice, including mine.

8. WPATH is the leading association of medical and mental health professionals in the treatment of transgender individuals. The AAP is an association representing more than 67,000 pediatricians. The Endocrine Society is an organization representing more than 18,000 endocrinologists. WPATH and the Endocrine Society have published widely accepted standards of care for treating gender dysphoria, which are based on considerable scientific and medical research, and which have been endorsed by the AAP.

9. Dr. Levine critiques WPATH because it is "a voluntary membership organization" and "attendance at its biennial meetings has been open to trans individuals who are not licensed professionals." (Levine ¶ 47.) This critique is misplaced, as an organization can be both an advocacy and a scientific organization, as is WPATH. This is not a new phenomenon in medicine. The American Diabetes Association, for example, is a professional association that both advocates for patients with diabetes and is a scientific organization. Rigorous papers are presented at the WPATH meetings and well-funded scientific research is reported on.

10. Dr. Levine's critique also ignores the November 2017 Endocrine Society Guidelines on the treatment of gender-incongruent persons. This more recent treatment protocol mirrors the WPATH Standards of Care and recommends pubertal suppression and gender-affirming hormone therapy for adolescents and young adults who meet the clinical standards.<sup>1</sup> The guidelines were developed through rigorous scientific processes which "followed the approach recommended by the Grading of Recommendations, Assessment, Development, and Evaluation group, an international group with expertise in the development and implementation of evidence-based guidelines."<sup>2</sup> The guidelines affirm that patients with gender dysphoria often must be treated with "a safe and effective hormone regimen that will (1) suppress endogenous sex hormone secretion determined by the person's genetic/gonadal sex and (2) maintain sex hormone levels within the normal range for the person's affirmed gender."<sup>3</sup>

11. Dr. Levine critiques WPATH and its members, claiming "most current members of WPATH have little ongoing experience with the mentally ill" and recognizing and treating psychiatric comorbidities (Levine Decl. ¶ 53.) In my clinic, as is recommended by the Endocrine Guidelines, every patient is treated by a multi-disciplinary team that includes a social worker, psychological, psychiatrist and an endocrinologist. The mental health providers are all well-trained faculty and clinicians at Duke with years of experience diagnosing and treating mental health conditions. For patients who have other mental health diagnoses, they are treated by a team of mental health providers, as required under the WPATH Standards of Care and the Endocrine Society Guidelines, before medical treatment for gender dysphoria is initiated. Clinic protocol requires written confirmation from the patient's mental health team that any other

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<sup>1</sup> Wylie et al. (2017).

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*



underlying mental health conditions are well-managed and the patient is able to begin treatment. Additionally, before any medical treatment is initiated for Clinic patients, we go through an extensive informed consent process. We go through each potential side effect and risk of treatment verbally, we then go through the information in writing and have the patient sign line-by-line, and then we go through verbally a second time. We also have a visual presentation for use with patients who have limitations on their ability to absorb the information otherwise to ensure that all of the information is communicated effectively to the patient before any treatment is initiated.

12. It is not the case that we simply encourage any patient to initiate gender-affirming care as some of Defendants' experts suggest. Each patient is met first by mental health providers who explore the patients medical and mental health history and identity. No patient is rushed into medical treatment and no treatment is initiated without the aforementioned evaluations and informed consent process.

13. Dr. Levine claims that "the use of puberty blockers for transgender children, [is] a recent phenomenon." (Levine Decl. ¶ 83.) However, puberty blockers began to be used in transgender patients in 2004, which is not considered recent in medicine. We also have over thirty years of data on the impact of puberty blockers on children who undergo precocious puberty<sup>4</sup> that we can apply to the transgender population. There is no evidence of short or long-term negative effects on patients who receive puberty blockers from the more than thirty years of data that we have. And for transgender youth (as compared to those treated for precocious

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<sup>4</sup> Children with precocious puberty develop signs of puberty before the typically expected time. In some this can happen as early at 12 months of age and puberty blockers are used to pause puberty until the appropriate time.

puberty), the treatment is used for a much shorter period of time, in order to pause puberty before either initiating puberty with cross-sex hormones or resuming endogenous puberty.

14. Though Dr. Levine warns about delaying puberty, pubertal suppression in transgender youth does not delay puberty beyond the typical range. (Levine Decl. ¶ 59A.) Pubertal development has a very wide variation among individuals. Puberty in individuals assigned male at birth typically begins anywhere from age nine to age fourteen, and sometimes does not complete until a person's early twenties. For those individuals assigned female at birth, puberty typically ranges from age eight to age seventeen.<sup>5</sup> Protocols used for transgender youth would tend to put them in the latter third of typical puberty but nothing outside of the typical range.<sup>6</sup> As such there is no reason to assume, and no data to support, Dr. Levine's assumption, that slightly delaying puberty will have negative short- or long-term consequences.

15. In his declaration, Dr. Hruz claims that patients treated with puberty delaying medication will experience a range of health consequences. (Hruz ¶ 63). For example, he claims that patients treated with puberty suppressants will have be at an elevated risk of lower bone-mineral density. Though during the course of treatment patients may have lower bone-mineral density, the density is regained within two years of initiating puberty.<sup>7</sup> This is true of patients

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<sup>5</sup> Wyshak, Grace, PhD and Frisch, Rose E., Evidence for a Secular Trend in Age of Menarche, April 29, 1982, N Engl J Med 1982; 306:1033-1035.

<sup>6</sup> Wylie et al. (2017); Euling SY, Herman-Giddens ME, Lee PA, et al. Examination of U.S. puberty-timing data from 1940 to 1994 for secular trends: panel Findings. *Pediatrics*. 2008;1221:S172–S191

<sup>7</sup> Klink, D., Caris, M., Heijboer, A., et al., Bone Mass in Young Adulthood Following Gonadotropin-Releasing Hormone Analog Treatment and Cross-Sex Hormone Treatment in Adolescents With Gender Dysphoria, *J. of Clin. Endocrinology & Metabolism*, 2015; 100(2) E270–E275, <https://doi.org/10.1210/jc.2014-2439>; van der Loos, MA, Hellings, I., Vlot, MC, et al. Development of Hip Bone Geometry During Gender-Affirming Hormone Therapy in Transgender Adolescents Resembles That of the Experienced Gender When Pubertal Suspension Is Started in Early Puberty. *J. of Bone & Mineral Res.* 2021 35(6), 931-941, <https://doi.org/10.1002/jbmr.4262>.



treated with puberty suppressants for precocious puberty as well. Additionally, he says that patients on puberty suppressing treatment will have slower rates of growth in height. For transgender girls, there is some reduced height growth but the reduced height is both consistent with the gender-affirmation aspect of the care (that is, a transgender girl's treatment will aim to align her physiological characteristics including height consistent with what is typical for girls generally) and still within the expected overall range for the patient's height based their mid-parental average. For transgender boys, pubertal suppression would lead to *increased* height growth, which is likewise consistent with the gender-affirmation aspect of the care and also still within the expected overall range for what their adult height would be.

16. Dr. Hruz also repeats many of the alleged risks of hormone therapy in the law's legislative findings including "high blood pressure, weight gain, abnormal glucose tolerance, breast cancer, liver disease, thrombosis and cardiovascular disease." (Hruz Decl. ¶ 63). As I explained previously (Adkins Decl. ¶ 46), we rarely ever see these side effects in patients with well-managed treatment through trained clinical providers. Of these, the most common would be "cardiovascular disease" in transgender women but this is likewise usually only present when a patient is denied care and self-administers the treatment without appropriate clinical supervision.<sup>8</sup>

17. Dr. Levine warns of risks of infertility related to gender-affirming hormone therapy, but many transgender individuals conceive children after undergoing hormone therapy.<sup>9</sup>

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<sup>8</sup> Weinand, JD. And Safer, JD. Hormone therapy in transgender adults is safe with provider supervision; A review of hormone therapy sequelae for transgender individuals. *J Clin Transl Endocrinol.* 2015 Jun; 2(2): 55–60; 10.1016/j.jcte.2015.02.003.

<sup>9</sup> Light AD, Obedin-Maliver J, Sevelius JM, Kerns JL. Transgender men who experienced pregnancy after female-to-male gender transitioning. *Obstet Gynecol.* 2014;124(6):1120-1127; Maxwell S, Noyes N, Keefe D, Berkeley AS, Goldman KN. Pregnancy Outcomes After Fertility

More generally, many medical interventions that are necessary to preserve a person's health and well-being can impact an individual's fertility, but we proceed with the treatment after informed consent.

18. Many transgender patients do not lose genital sensation or the ability to orgasm after undergoing surgery. And in any event, given the extreme dysphoria that many transgender individuals experience with respect to their genitals, it is not true, as Dr. Levine suggests, that data concerning loss of genital sensation and orgasm in non-transgender individuals can be applied to transgender individuals. (Levine Decl. ¶ 83.) Distress of genital change and sensation loss for someone who has a positive association with their genital characteristics does not translate to the experience of someone who might experience disgust and extreme distress at the sight of their genitals. It is simply not reasonable to compare cisgender experiences to transgender experience in the context of genital sensation.

19. Ultimately, it appears from Dr. Levine's and Dr. Hruz's declarations that their central point is that it is not healthy to be transgender and that government policies and medical practice should consider efforts to make people not transgender (*i.e.*, encourage people to live in accordance with their assigned sex at birth rather than their gender identity). This approach to treating transgender people is known to be not only ineffective, but extremely harmful and is considered unethical by every major medical association.<sup>10</sup>

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Preservation in Transgender Men. *Obstet Gynecol.* 2017;129(6):1031-1034; Neblett MF 2nd, Hipp HS. Fertility Considerations in Transgender Persons. *Endocrinol Metab Clin North Am.* 2019;48(2):391-402.

<sup>10</sup> American Academy of Child & Adolescent Psychiatry. Conversion Therapy. 2018. [https://www.aacap.org/AACAP/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx); American Medical Association. Health care needs of lesbian, gay, bisexual and transgender populations. H-160.991. 2017. <https://policysearch.ama-assn.org/policyfinder/detail/H-160.991%20?uri=%2FAMADoc%2FHOD.xml-0-805.xml>; Rafferty, J., & Committee on



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

Executed on: July 15, 2021

A handwritten signature in black ink, appearing to read 'DA MD', written over a horizontal line.

Deanna Adkins, MD

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Psychosocial Aspects of Child and Family Health. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, 142(4).

# **EXHIBIT A**



## DUKE UNIVERSITY MEDICAL CENTER

## CURRICULUM VITAE

for  
Permanent Record  
and the  
Appointments and Promotions Committee

Date Prepared: April 27, 2020

Name:	Deanna W. Adkins, MD
Primary Academic Appointment:	Assistant Professor Track IV
Primary Academic Department :	Pediatrics
Secondary Appointment	None
Present Academic Rank and Title	Associate Professor of Pediatrics
Date and Rank of First Duke Faculty Appointment:	July 1, 2004 Clinical Associate
Medical Licensure:	North Carolina
License #:	200100207
Date :	March 15, 2001
Specialty Certification(s) and Dates:	10/16/2001-2018 General Pediatrics 8/18/2003 and current-Pediatric Endocrinology
Date of Birth:	June 29, 1970
Place :	Albany, GA USA
Citizen of:	USA
Visa Status :	N/A

<b>Education</b>	<b>Institution</b>	<b>Date (Year)</b>	<b>Degree</b>
High School	Tift County High School	1988	Graduated with High Honors
College	Georgia Institute of Technology	1993	BS Applied Biology/Genetics High Honors
Graduate or Professional School	Medical College of Georgia	1997	MD

### Professional Training and Academic Career

<b>Institution</b>	<b>Position/Title</b>	<b>Dates</b>
University of North Carolina Hospitals, Chapel Hill, North Carolina	Pediatrics Resident	1997-2000
University of North Carolina Hospitals, Chapel Hill, North Carolina	Pediatric Endocrine Fellow	2000-2004
Duke University Medical Center, Durham, North Carolina	Clinical Associate/Medical Instructor	2004-2008
Duke University Medical Center, Durham, North Carolina	Assistant Professor	2008-2020
Duke University Medical Center, Durham, North Carolina	Fellowship Program Director Pediatric Endocrinology	2008-2010
Duke University Medical Center, Durham, North Carolina	Associate Fellowship Program Director Pediatric Endocrinology	2010-2014
Duke University Medical Center, Durham, North Carolina	Fellowship Program Director Pediatric Endocrinology	2014-12/2019
Duke University Medical Center, Durham, North Carolina	Director Duke Child and Adolescent Gender Care	3/2015-present
Duke University Medical Center, Durham, North Carolina	Medical Director-Duke Children's Specialty of Raleigh	3/2017-present
Duke University Medical Center, Durham, North Carolina	Associate Professor Pediatric	1/2020-present



Deanna W. Adkins, MD

April 27, 2020

**Publications**Refereed Journals

1. Zeger M, **Adkins D**, Fordham LA, White KE, Schoenau E, Rauch F, Loechner KJ. "Hypophosphatemic rickets in opsismodysplasia," J Pediatr Endocrinol Metab. 2007 Jan;20(1):79-86. PMID: 17315533
2. Worley G, Crissman BG, Cadogan E, Milleson C, **Adkins DW**, Kishnani PS "Down Syndrome Disintegrative Disorder: New-Onset Autistic Regression, Dementia, and Insomnia in Older Children and Adolescents With Down Syndrome". J Child Neurol. 2015 Aug;30(9):1147-52. doi: 10.1177/0883073814554654. Epub 2014 Nov 3. PMID:25367918
3. Tejawani R, Jiang R, Wolf S, **Adkins DW**, Young BJ, Alkazemi M, Wiener JS, Pomann GM, Purves JT, Routh JC," Contemporary Demographic, Treatment, and Geographic Distribution Patterns for Disorders of Sex Development". Clin Pediatr (Phila). 2017 Jul 1:9922817722013. doi: 10.1177/0009922817722013. PMID:28758411
4. Lapinski J1, Covas T2, Perkins JM3, Russell K4, **Adkins D** 5, Coffigny MC6, Hull S7. "Best Practices in Transgender Health: A Clinician's Guide Prim Care". 2018 Dec;45(4):687-703. doi: 10.1016/j.pop.2018.07.007. Epub 2018 Oct 5. PMID: 30401350 DOI: 10.1016/j.pop.2018.07.007
5. Paula Trief, Nicole Foster, Naomi Chaytor, Marisa Hilliard, Julie Kittelsrud, Sarah Jaser, Shideh Majidi, Sarah Corathers, Suzan Bzdick, **Adkins DW**, Ruth Weinstock; "Longitudinal Changes in Depression Symptoms and Glycemia in Adults with Type 1 Diabetes", Diabetes Care; 2019 Jul;42(7):1194-1201. doi: 10.2337/dc18-2441. Epub 2019 May; PMID: 31221694
6. M. Hassan Alkazemi, MD, MS, Leigh Nicholl, MS, Ashley W. Johnston, MD, Steven Wolf, MS, Gina-Maria Pomann, PhD, Diane Meglin, MSW, **Deanna Adkins, MD**, Jonathan C. Routh, MD, MPH; "Community Perspectives on Difference of Sex Development (DSD) Diagnoses: a Crowdsourced Survey", Journal of Pediatric Urology accepted April 2, 2020

Study Group publications

1. Turner DA, Curran ML, Myers A, Hsu DC, Kesselheim JC, Carraccio CL and the Steering Committee of the Subspecialty Pediatrics Investigator Network (SPIN). Validity of Level of Supervision Scales for Assessing Pediatric Fellows on the Common Pediatric Subspecialty Entrustable Professional Activities. *Acad Med*. 2017 Jul 11. doi: 10.1097/ACM.0000000000001820. PMID:28700462
2. Mink R, Carraccio C, High P, Dammann C, McGann K, Kesselheim J, Herman B. Creating the Subspecialty Pediatrics Investigator Network (SPIN). *Creating the Subspecialty Pediatrics Investigator Network* Richard Mink, MD, MACM1, Alan Schwartz, PhD2, Carol Carraccio, MD, MA3, Pamela High, MD4, Christiane Dammann, MD5, Kathleen A. McGann, MD6, Jennifer Kesselheim, MD, EdM7, *J Peds* 2018 Jan;192:3-4.e2. PMID: 29246355 DOI: 10.1016/j.jpeds.2017.09.079
3. Erratum 2018. PMID: 29246355 DOI: [10.1016/j.jpeds.2017.09.079](https://doi.org/10.1016/j.jpeds.2017.09.079)
4. Mink RB<sup>1</sup>, Myers AL, Turner DA, Carraccio CL. Competencies, Milestones, and a Level of Supervision Scale for Entrustable Professional Activities for Scholarship. *Acad Med*. 2018 Jul 10. doi: 10.1097/ACM.0000000000002353. [Epub ahead of print] PMID: 29995669 DOI:[10.1097/ACM.0000000000002353](https://doi.org/10.1097/ACM.0000000000002353) Mink RB, Schwartz A, Herman BE,

Editorials

- a. Editorial Charlotte News and Observer-“**NC pediatric specialists say HB2 ‘flawed’ and ‘harmful,’ call for repeal**”; April 18, 2016; authors: Deanna Adkins, Ali Calikoglu, Nina Jain, Michael Freemark, Nancie MacIver, Robert Benjamin, Beth Sandberg, etc.
- b. Editorial Raleigh News and Observer-“**Beverly Gray: Repeal HB2**” May 2016: authors Beverly Gray, Deanna Adkins, Judy Sidenstein, Jonathan Routh, Haywood Brown, Clayton Afonso, William Meyer, Kristen Russell, Caroline Duke, Nancy Zucker, Kevin Weinfurt, Jennifer St. Claire, Angela Annas, Katherine Keitcher



Chapters in Books

1. Endocrinology Chapter writer and editor in **Fetal and Neonatal Physiology for the Advanced Practice Nurse**; Editors: Amy Jnah DNP, NNP-BC, Andrea Nicole Trembath MD, MPH, FAAP. December 21, 2018 ISBN-10 0826157319

Selected Abstracts:

1. Redding-Lallinger RC, **Adkins DW**, Gray N: The use of diaries in the study of priapism in sickle cell disease. Poster Abstract in Blood November 2003
2. **Adkins, D.W.** and Calikoglu, A.S.: Delayed puberty due to isolated FSH deficiency in a male. Pediatric Research Suppl. 51: Abstract #690. page 118A, 2004
3. Zeger, M.P.D., **Adkins, D.W.**, White, K., Loechner, K.L.: Opsismodysplasia and Hypophosphatemic Rickets. Pediatric Research Suppl.-from PAS 2005
4. Kellee M. Miller<sup>1</sup>, David M. Maahs<sup>2</sup>, **Deanna W. Adkins**<sup>3</sup>, Sureka Bollepalli<sup>4</sup>, Larry A. Fox<sup>5</sup>, Joanne M. Hathway<sup>6</sup>, Andrea K. Steck<sup>2</sup>, Roy W. Beck<sup>1</sup> and Maria J. Redondo<sup>7</sup> for the T1D Exchange Clinic Network; Twins Concordant for Type 1 Diabetes in the T1D Exchange -poster at ADA scientific sessions 6/2014
5. Laura Page, MD; Benjamin Mouser, MD; Kelly Mason, MD; Richard L. Auten, MD; **Deanna Adkins, MD** CHOLESTEROL SUPPLEMENTATION IN SMITH-LEMLI-OPITZ: A Case of Treatment During Neonatal Critical Illness; - poster 06/2014
6. Lydia Snyder, MD, **Deanna Adkins, MD**, Ali Calikoglu, MD; Celiac Disease and Type 1 Diabetes: Evening of Scholarship UNC Chapel Hill 3/2015 poster
7. **Deanna W. Adkins, MD**, Kristen Russell, LCSW, Dane Whicker, PhD, Nancy Zucker, Ph. D: Departments of Pediatrics and Psychiatry, Duke University Medical Center; Evaluation of Eating Disturbance and Body Image Disturbance in the Trans Youth Population; WPATH International Scientific Meeting June 2016; Amsterdam, The Netherlands
8. Rohit Tejwani, **Deanna Adkins**, Brian J. Young, Muhammad H. Alkazemi, Steven Wolf<sup>3</sup>, John S. Wiener, J. Todd Purves, and Jonathan C. Routh; Contemporary Demographic and Treatment Patterns for Newborns Diagnosed with Disorders of Sex Development; Poster presentation at AUA meeting 2016
9. S.A. Johnson, **D.W. Adkins**, Case Report: The Co-diagnosis of Hypopituitarism with Klinefelter in a patient with short stature; Pediatric Academic Society Meeting 2018
10. Lapinski J, Dooley R, Russell K, Whicker D, Gray, B, **Adkins DW**; **Title:** Developing a Pediatric Gender Care Clinic at a Major Medical Setting in the South; Workshop Philadelphia Trans Wellness Conference 2018
11. Jessica Lapinski, DO, Deanna Adkins, MD, Tiffany Covas, MD, MPH, Kristen Russell, MSW, LCSW; An Interdisciplinary Approach to Full Spectrum Transgender Care; WPATH Conference Buenos Aires, Argentina, November 3, 2018
12. Leigh Spivey, MS, Nancy Zucker, PhD, Erik Severiede, B.S., Kristen Russell, LCSW, Deanna Adkins, MD; USPATH Washington, DC Sept. 2019. Platform presentation;



“Psychological Distress Among Clinically Referred Transgender Adolescents: A latent Profile Analysis”

Non-Refereed Publications

- i. Print
  - i. Editorial Charlotte News and Observer-“**NC pediatric specialists say HB2 ‘flawed’ and ‘harmful,’ call for repeal**”; April 18, 2016
  - ii. Editorial News and Observer-HB2 May 2016 -“**Beverly Gray: Repeal HB2**” May 2016
- ii. Digital
  - i. Supporting and Caring for Transgender Children-HRC guide 2017
  - ii. Initial endocrine workup and referral guidelines for primary care Providers- Pediatric Endocrine Society Education Committee Website Publication
  - iii. Only Human Podcast August 2, 2016;  
<https://www.wnystudios.org/podcasts/onlyhuman/episodes/id-rather-have-living-son-dead-daughter>
- iii. Media and Community Interviews
  - i. Greensboro News and Record Community Forum October 2017-*Transgender Panel Moderator*
  - ii. Playmakers Repertory Company-Chapel Hill: *Draw the Circle* Transgender Community Panel 2017
  - iii. Duke Alumni Magazine
  - iv. Duke Stories
  - v. DukeMed Alumni Magazine
  - vi. NPR Podcast Only Human piece on caring for transgender youth and follow up piece 1 year later
  - vii. ABC11, WRAL, WNCN News Coverage
  - viii. News and Observer: Charlotte and Raleigh
  - ix. Duke Chronicle and Daily Tarheel Article
  - x. Huffington Post Article

Published Scientific Reviews for Mass Distribution

- c. Lapinski J1, Covas T2, Perkins JM3, Russell K4, **Adkins D** 5, Coffigny MC6, Hull S7. Best Practices in Transgender Health: A Clinician's Guide Prim Care. 2018 Dec;45(4):687-703. doi: 10.1016/j.pop.2018.07.007. Epub 2018 Oct 5. PMID: 30401350 DOI: 10.1016/j.pop.2018.07.007

Position and Background Papers

Non-authored Publications

Other

**Consultant Appointments:**

North Carolina Newborn Screening Committee,  
Human Rights Campaign Transgender Youth Advisory Board

**Scholarly Societies:** None

**Professional Awards and Special Recognitions**

ESPE Fellows Summer School, 2001  
NIH Loan Repayment Program Recipient  
Lawson Wilkins AstraZeneca Research Fellow,  
2003-2004  
HEI 2017 Leaders in LGBTQ Healthcare  
Equality  
Inside Out Durham Appreciation Award  
Duke Health System Diversity and Inclusion  
Award January 2018

**Editorial Experience**

Editorial Boards

Ad Hoc scientific review journals:

Hormone Research, Lancet, NC Medical journal, Journal of Pediatrics, Pediatrics,  
Transgender Health, International Journal of Pediatric Endocrinology

**Organizations and Participation**

American Academy of Pediatrics  
Council on Information Technology  
Member  
Reviewer COCIT AAP Annual Meeting  
presentations  
Member Section on Endocrinology

NC Pediatric Society  
The Endocrine Society  
Member Education Committee  
Writer Web Publication for Pediatrician  
WPATH-International Transgender Society

**External Support**

<u>Approximate Duration</u>	<u>PI</u>	<u>% Effort</u>	<u>Purpose</u>	<u>Amount Duration</u>
<u>Past</u>	<u>JAEB Center- Deanna Adkins</u>	0.5%	<u>Type 1 diabetes research</u>	<u>\$ 5yr</u>

<u>Approximate Duration</u>	<u>PI</u>	<u>% Effort</u>	<u>Purpose</u>	<u>Amount Duration</u>
<u>Past</u>	<u>Josiah Trent Foundation Grant-Deanna Adkins</u>	0.5%	<u>Transgender and eating disorder research</u>	<u>\$5000 3 yr</u>
<u>Pending: Submitted</u>	<u>NIH-Kate Whetten</u>	0.1%	<u>Analysis of Transgender Health in Adolescents in Rural Africa, India, and Thailand</u>	<u>Consultant</u>
<u>submitted</u>	<u>NIH Deanna Adkins</u>	2%	<u>Development of New Gender Dysphoria Measures in Youth</u>	<u>Co PI</u>

### **Mentoring Activities**

<b>Faculty</b>	
<b>Fellows, Doctoral, Post docs</b>	<b>Nancie MacIver-fellow</b>
	<b>Dorothee Newbern-fellow</b>
	<b>Krystal Irizarry-fellow</b>
	<b>Kelly Mason-fellow</b>
	<b>Laura Page-fellow</b>
	<b>Elizabeth Sandberg fellow UNC</b>
	<b>Dane Whicker-psychology post doc</b>
<b>Residents</b>	<b>Yung-Ping Chin-mentor</b>
	<b>Kristen Moryan-mentor</b>
	<b>Jessica Lapinski-mentor</b>
	<b>Kathryn Blew-research mentor</b>
	<b>Matthew Pizzuto, Breana Scott-Coach</b>
<b>Medical students</b>	
<b>Undergraduates</b>	<b>Erik Severeide-Duke University</b> <b>Lindsay Carey-Dickinson College</b> <b>Jeremy Gottlieb-Duke University</b> <b>Jay Zussman-Duke University</b>



Deanna W. Adkins, MD

April 27, 2020

High School Students	<b>Aeryn Colton-Intern Apex High School</b>
Graduate Student MBS program	<b>Nicholas Hastings</b>

**Educational Activities:****Didactic classes**Undergraduate

1. Duke School of Nursing Course on Sexual and Gender Health guest lecturer: fall 2017, spring 2018, fall 2018, spring 2019, fall 2019, spring 2020
2. Duke School of Nursing Lecture on Transgender Care-recorded for reuse
3. Duke Physician Assistant Program guest lecturer; fall 2017, spring 2018
4. Duke Global Health Course guest lecturer fall 2016
5. Duke Neuroscience course on Gender and Sex guest lecturer fall 2016
6. Duke Ethics Interest group guest lecturer fall 2018
7. Duke Med Pediatrics Interest Group lecture fall 2018
8. Duke EMS group lecture fall 2018

**UME:**

1. Cultural Determinants of Health and Health Disparities Course: Facilitator and developed one class; 2017-18 and 2018-19 and 2019-2020; Steering Committee member for course development
2. UNC School of Medicine Lecturer for LGBTQ Health series 2016-recorded for reuse

**Graduate School Courses:**

1. Master of Biomedical Science Program-guest lecturer on Transgender Medicine fall 2016
2. School of Nursing Graduate Intensive Course Lecturer on Sexual and Gender Health; fall 2017, spring 2018, fall 2018, spring 2019
3. Fuqua School of Business Med Pride Panel and presentation fall 2017
4. Master of Biomedical Science Program Mentor 2019-2020

**DUHS Employee Education**

1. Annual Duke Human Resources Lunch and Learn on Gender Diversity 2016, 2017, 2018
2. Over 40 lectures across the institution on gender including CHC front desk/nursing staff, hospital wide social work/case management, radiology, PDC clinic front desk/nursing staff
3. Steering Committee for Sexual and Gender Identity Epic Module development and Educational module development
4. DCRI Pride invited speaker

**GME:**

1. Adult Endocrinology Fellows every year on growth and/or gender
2. Pediatric Residency Noon conferences on Growth and Gender-yearly
3. Reproductive Endocrinology Noon Conferences every 2 to 3 years
4. Psychiatry Noon Conferences periodically
5. Family Practice Noon Conference periodically
6. Pediatric Endocrine Fellow lectures twice a year or more
7. Pediatrics grand rounds: Vitamin D, Type 2 diabetes, Pubertal Development, Gender Diverse Youth

**Development of Courses Educational programs**

1. Pituitary Day October 2019-full day multispecialty seminar for caregivers of patients with hypopituitarism-Organized and developed the curriculum
2. Development of Gender Diversity Education for Health System education
3. Steering Committee for Cultural Determinants and Health Disparities Course
4. Helping to Adapt Resident Coaching Program to Pediatric Fellowships
5. Developed half day course for Duke Student Health on Care of the Gender Diverse Student with multiple disciplines included
6. Course Director: American Diabetes Association Camp Carolina Trails rotation for fellows and residents: 2009, 2011 – 2019
7. Medical Education for Camp Morris 2019

**Development of Assessment Tools and Methods**

1. Currently under development with Population Health Sciences-method to assess gender dysphoria; received Brief High Intensity Production (BHIP) grant for this collaboration; NIH grant Submitted March 2020; I am writing the portion of grant giving background on the population and the need for better measures.
2. Collaborating with the Duke Chaplain group to develop a spiritual assessment tool for gender diverse children and their families. completed

**Educational leadership roles**

1. Fellowship Program Director Pediatric Endocrinology 2008-2019
2. Course Director: American Diabetes Association Camp Carolina Trails rotation for fellows and residents: 2009, 2011 to present

**Educational Research**

1. -Working with national group on SPIN to analyze new EPA's and Milestones Efficacy in Fellow Education
2. -Working with Boston Children's on a Journal Club Curriculum for Pediatric Endocrinology fellows with pre and post assessments
3. -Working with coaching program for residents modified and applied in pediatric fellows

**Invited Lectures and Presentations**



1. Trent Center for Ethics Lecture May 2017: Transgender Medicine: a Wealth of Ethical Issues
2. Visiting Professorship: ECU Brody School of Medicine Invited Professor October 2017
3. College of Diplomates-pediatric dentistry society-Webinar on transgender care 4/1/2020

#### **International Meetings**

1. WPATH Amsterdam 2016
2. WPATH Buenos Aires 2018

#### **National Scientific Meetings (invited)**

1. Transgender SIG Developing a Patient Registry
2. Patient Advocacy for Transgender Youth Philadelphia 2018

#### **Instructional Courses, Workshops, Symposiums (National)**

1. Time to Thrive Arkansas Children's Hospital April 2018
2. National Transgender Health Summit UCSF Jan 2018: Providers as Advocates Workshop
3. Magic Foundation-Chicago, IL Annual Speaker on Precocious Puberty at National Conference 2016, 2017, 2019
4. The Seminar-Fort Lauderdale, FL Invited Speaker on Care of Transgender Youth 2017

#### **Posters (National and International meetings)**

1. WPATH 2018 Meeting Buenos Aires: Building a Multidisciplinary Gender Care Team at an Academic Center; Lapinski, J, Adkins DW
2. Lapinski J, Dooley R, Russell K, Whicker D, Gray, B, Adkins DW; Title: Developing a Pediatric Gender Care Clinic at a Major Medical Setting in the South; Workshop Philadelphia Trans Wellness Conference 2018
3. S.A. Johnson, D.W. Adkins, Case Report: The Co-diagnosis of Hypopituitarism with Klinefelter in a patient with short stature; Pediatric Academic Society Meeting 2018
4. Rohit Tejwani, Deanna Adkins, Brian J. Young, Muhammad H. Alkazemi, Steven Wolf, John S. Wiener, J. Todd Purves, and Jonathan C. Routh; Contemporary Demographic and Treatment Patterns for Newborns Diagnosed with Disorders of Sex Development; Poster presentation at AUA meeting 2016
5. Deanna W. Adkins, MD, Kristen Russell, LCSW, Dane Whicker, PhD, Nancy Zucker, Ph. D: Departments of Pediatrics and Psychiatry, Duke University Medical Center; Evaluation of Eating Disturbance and Body Image Disturbance in the Trans Youth Population; WPATH International Scientific Meeting June 2016; Amsterdam, The Netherlands

#### **Regional Presentations and Posters**

- a. North Carolina Pediatric Society: Pubertal Development Presentation–Pinehurst, NC 2017

- b. North Carolina Psychiatric Association: Caring for Transgender Children Presentation and Workshop on key concepts in care of transgender child-Asheville, NC 2017
- c. ECU Campus Health Presentation Caring for Transgender Patients 2018
- d. Radiology Technology Symposium Presentation on Caring for Transgender Patients 2018
- e. Duke CME in Wake County-Update on Type 2 Diabetes Treatments Feb 2019
- f. Hilton Head Pediatric CME Course-Update on Type 2 Diabetes, Short Stature, and Caring for Transgender Patients June 2019 as well at 2020 discussion lipid disorders and type 2 diabetes

### **Local Presentations**

- 1. Grand Rounds: 2016 to present-Duke Pediatrics twice, Moses Cones Pediatrics, ECU Ob/Gyn, Duke Ob/Gyn, Duke Psychiatry, Duke Urology, Duke Adult Endocrinology
- 2. Prior to 2016-Rex Grand rounds: Salt and Water balance, New treatments in Pediatric Diabetes, Adrenal Insufficiency, Duke peds grand rounds Bone Health, Type 2 Diabetes Mellitus
- 3. Duke Women's Weekend 2018 hosted by Duke Alumni Association
- 4. NCCAN Social Work Training 2016
- 5. NAPNAP lecture 2016
- 6. Profiles in Sexuality Research Presentation at Duke Center for Sexual and Gender Diversity 2017
- 7. Duke LGBTQ Alumni Weekend Presentation 2017
- 8. UNC Chapel Hill Campus Health Presentation 2018
- 9. Duke Student Health Presentation 2017 and 2018

### **Clinical Activity**

- 1. Duke Consultative Services of Raleigh-2.5 days per week in endocrinology and diabetes
- 2. Duke Child and Adolescent Gender Care Clinic 1 day per week at the CHC
- 3. Inpatient Consult Service Pediatric Endocrinology 1 week per month

### **Clinical Projects:**

- 1. Epic module key stakeholder and steering committee on Sexual Orientation and Gender Identity Module 2018
- 2. Incorporation of Glooko system to Duke adult and pediatric diabetes clinics to download diabetes data from insulin pumps and continuous glucose sensors for analysis
- 3. Helped develop the pediatric endocrinology dashboard for Epic/Maestro
- 4. Helped develop a community advisory board for LGBTQ care at Duke and continue to help run this group which meets quarterly
- 5. Collaborating with the Duke Chaplain group to develop a spiritual assessment tool for gender diverse children and their families.

### **Participation in academic and administrative activities of the University and Medical Center**



Administrative and Leadership Positions

1. Medical Director Duke Children's and WakeMed Consultative Services of Raleigh
2. Director Duke Child and Adolescent Gender Care Clinic
3. Pediatric Endocrinology Fellowship Program Director 2008-2019

Committees

1. Graduate Medical Education Committee-2008-2019
2. School of Medicine Sexual and Gender Diversity Council
3. Pediatrics Clinical Practice Committee
4. Pediatric Diversity and Inclusion Committee
5. Pediatrics Advocacy Committee

Community

1. Test proctor local schools
2. Guest lecture GSA multiple years
3. Diabetes Camp
4. 100 Women who give a hoot
5. Collaborated to bring "Becoming Johanna" to Duke along with multiple screenings with the director and the lead actor
6. Teddy Bear Hospital volunteer

Signature of Chair

Date



**Personal Information**

Faculty Member's Preferred Familiar Name:	Deanna
Home Address	1801 Charlion Downs Ln
	Apex, NC 27502
Telephone Number:	919-363-5706
Email Address:	Deanna.adkins@duke.edu