

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:40 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, happy to help.

Not yet, waiting for the Compensation team to review the JD and provide their approval. Once they do, the position will be posted in BrassRing. Once it's posted I'll let you all know for [REDACTED] to apply directly.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:36 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

wonderful thank you, [REDACTED]

what is the next step?

do you need anything from our end? From Dr. Rosenthal, myself or [REDACTED] to move this forward?

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

FYI, its been updated in the JD to level one and two.

From: [REDACTED]
Sent: Monday, August 22, 2022 12:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Okay thanks for confirming, I'll reach out to HR now.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 10:04 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Yes that is what [REDACTED]'s level actually is so we should write the job that way. He is currently a 1. If we put 2-3 he won't qualify

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 1:02:45 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

So were changing it to a level I/II rather than level II/III?

Best,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 6:46 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you. Just making sure also you saw the thread that it is a clinical social worker I/II and he is a I at this time
It was put in as an error II/III

Please verify with HR

Should be

Clinical Social Worker I/II

And he is a level I

Thank you!

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 1:05:52 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Got it-thank you, sorry I missed that! I'm submitting this to Central HR for their review today. Will let you know what they say.

Best,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 6:41 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

[REDACTED] filled it out and I reviewed approved that 8/5.
I'll ask [REDACTED] to forward.

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 5:47:43 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

[REDACTED] can you please add the duties and effort for each duty on the previous JD template I sent you and email that back to me?

Thanks,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 2:43 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED] and Steve ..

I'm working intermittently..

Everything looks good except the Level.

For Clinical Social Worker 2 you need a minimum of 3 yrs and registered with BNS etc

So It should be written as a CSW I/II and [REDACTED]'s pay scale would qualify as a Level I

It will still be more than the research pay scale so the .2 will be at CSW I

Please remember to mark this as paid from the SFDPH grant and is temp ending 6/30/2023 - please make sure this .2 is not coming from the permanent Pedi SW budget

It could be renegotiated with Pedi Endocrine after the grant cycle ends should they want to use other funds.

Otherwise all tasks and descriptions look good.

Thank you

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 3:30 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, thank you for the update. I'll wait for [REDACTED] to come back from vacation and modify the JD.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, August 15, 2022 12:02 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] is currently on vacation, I believe for 2 weeks. I'm sure [REDACTED] will be able to attend to this hopefully soon after they return.

Thanks so much for following up!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 11:01 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

Have you had a chance to make the updates I requested on 8/5, just following up to see where things are?

Best,

From: [REDACTED]
Sent: Friday, August 5, 2022 10:57 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you both, can you please use the attached Job Description template. Add the information below onto it accordingly and update the items highlighted in yellow. Once you do that email it back to me.

Let me know if you have any questions.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 4, 2022 5:47 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CSW II/III Job Description

Hi [REDACTED],

Here is the revised job description for CSW II/III, as approved by [REDACTED]

The Clinical Social Worker II/III is a temporary 0.2/FTE position housed in Pediatric Endocrinology and specifically assigned to the Child and Adolescent Gender Center. The Clinical Social Worker II/III will primarily assist in psychosocial assessments and follow up on case management needs for clinic patients residing in the City and County of San Francisco and other duties as needed. Clinical case management tasks can include but are not exclusive to linkage to resources, obtaining gender and psychosocial timelines, parent support, coordination of care outside and within CAGC providers, insurance denials/advocacy, support group facilitation, and curating talks for families on varied gender care topics. The Clinical Social Worker II/III will track data of who is served and solicit and compile feedback from direct patient care services and training events. The Clinical Social Worker II/III will work exclusively on the CAGC – DPH partnership under the supervision of the Director of Community Based Clinical Services and Training/CAGC Clinical Social Worker. As indicated, the Clinical Social Worker II/III can receive BBS clinical hours under this supervision for all tasks that are defined under clinical case management/direct service. The Clinical Social Worker II/III will attend the weekly CAGC- DPH team meeting and may also be assigned tasks from the CAGC Director of Community Based Programs. The position may include both remote and on-site tasks and it is understood the position is considered "hybrid" for this reason. To that end, the Clinical Social Worker II/III will need remote access to direct patient care information to properly assess all needs including risk or barriers to healthcare access.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall, Global Health and Clinical Sciences

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 2:35 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you!

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 2:34 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

I'll submit the new hire request today, thanks everyone.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 1:17 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

We are offering the position to [REDACTED]. Please proceed.

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 11:25 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Candidates are up to date in BrassRing, including [REDACTED]. Please let me know if you have any questions and please keep me posted

on the recruitment process.

██████████
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
██████████@ucsf.edu

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From: ██████████
Sent: Friday, October 14, 2022 10:48 AM
To: ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: RE: CSW II/III Job Description

Moving ██████████ to bcc-

I will review the requisition shortly and follow up with you all.

██████████
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
██████████@ucsf.edu

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 Before printing, please consider the environment.

From: ██████████ <██████████@ucsf.edu>
Sent: Friday, October 14, 2022 10:36 AM
To: ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hello All,

I have forwarded this to ██████████ (copied), she is the recruiter that is handling the position!

██████████
Pronouns: she, her, hers
Talent Acquisition Partner | UC San Francisco HR, Campus
T: 415-514-1110 ██████████@ucsf.edu
Clifton Strengths: Responsibility, Discipline, Input, Developer, Includer

<http://www.ucsfhr.ucsf.edu/careers/>
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UCPath
Learn more at ucpath.ucsf.edu.

From: ██████████ <██████████@ucsf.edu>
Sent: Friday, October 14, 2022 9:51 AM
To: ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@ucsf.edu>

Subject: RE: CSW II/III Job Description

Hi [REDACTED],

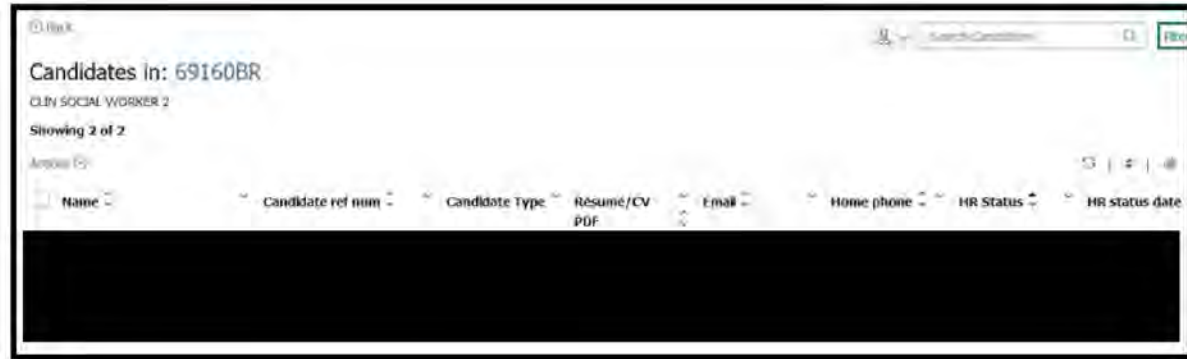
Do you have any updates for us? We'd like to move this forward. Please let us know.

Best,

From: [REDACTED]
Sent: Wednesday, October 12, 2022 4:16 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you for letting me know [REDACTED]. I've included [REDACTED] to confirm why I didn't receive this. [REDACTED] applied for BR #69160BR on 9/30. However, when I logon to BrassRing it isn't showing that [REDACTED] applied (see screen shot below). Not sure what is going on with the system. Can I move forward with submitting the request to [REDACTED] so she can work on an offer letter?

Best,



From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, October 12, 2022 4:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I did apply to this position on 9/30. Here is a screenshot showing it has been submitted:



Thanks,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Wednesday, October 12, 2022 at 4:06 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I have cc'd [REDACTED]. It was my understanding that [REDACTED] has already applied.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
 Professor of Pediatrics
 Division of Pediatric Endocrinology
 Medical Director, Child and Adolescent Gender Center
 University of California, San Francisco
 Mission Hall: Global Health and Clinical Sciences
 550 16th St., 4th Floor, #4635
 San Francisco CA 94143-0434
 Pronouns: he/him/his

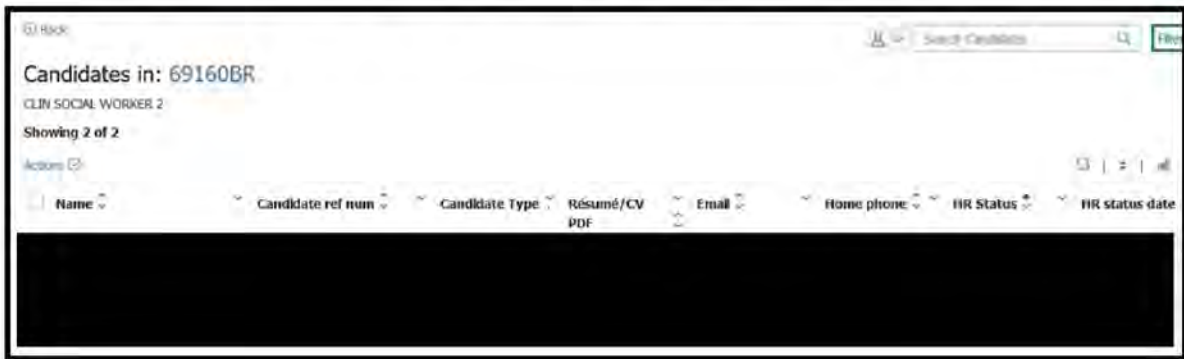
Director, World Professional Association for Transgender Health
 Past Vice President and Director, Endocrine Society
 Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
 Fax: (415) 476-5356
 email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
 Sent: Wednesday, October 12, 2022 3:18 PM
 To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: RE: CSW II/III Job Description

Hi [REDACTED] and Steve,

Should I reach out to [REDACTED] to apply? [REDACTED] has not applied. Here is the screen shot of the applicants who have applied.



Best,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
 Sent: Friday, September 30, 2022 4:16 PM
 To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

It's not showing that [REDACTED] applied.

Here are the links:

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>
 Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They applied before. Is it an updated link or is there a chance it wasn't forwarded to you ? Could i please have the link? Thank you.

Thank you

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:58:54 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you for the update [REDACTED], greatly appreciated! [REDACTED] still needs to apply. Can you please inform them to apply so I can move forward with HR on next steps?

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED], Steve and [REDACTED],

I spoke with [REDACTED], [REDACTED] and [REDACTED].

As you know from my previous email the other candidate [REDACTED] had no relevant experience for this 20% role and if Steve was interested for research he can follow up there.

My pick is [REDACTED]. [REDACTED] has since accepted another position and [REDACTED] did not have enough relevant experience.

let me know if we need to do anything else in the process or if we can indeed move ahead and offer [REDACTED] the 20%.

** If you happen to get other candidates that seem qualified please forward them to me as we are also hiring for a 90% within the Pediatric Social Work department that would be dedicated to the gender clinic.

Thank you,

[REDACTED]
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
[REDACTED] text/voice
[REDACTED] <[REDACTED]@ucsf.edu>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 16, 2022 12:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

I've attached 3 applicants who have applied for the position so you can interview two of them. Please let me know once you do so I

can update their status in Brassring.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:49 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, September 8, 2022 11:34 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Thanks for letting us know, sorry about the pronoun was typing quickly.

Once [REDACTED] applies and you interview 2 other candidates, we can finalize submitting [REDACTED] as the final candidate for the position.

Let me know if you have any questions.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:24 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] (pronoun is they) is currently on vacation in Spain--I believe for the next 2 weeks.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, September 8, 2022 11:21 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

The Clinical Social Worker I/II position we created for [REDACTED] is live and in BrassRing now (the req # is 69160BR). Please let [REDACTED] know that she can apply. You will need to interview 2 other people as well. [REDACTED] is the resume receiver for the position. The position must stay open for 14 days, then I can submit the new hire request to HR for [REDACTED]. I've included the link to the position for you below.

@ [REDACTED] can you send the candidate list along with resumes to Steve and [REDACTED], so they can interview 2 other candidates aside from [REDACTED]?

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>
Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

Feel free to let me know if you have any questions.

@ [REDACTED] Please let me know once [REDACTED] applies.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 10:09 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They will determine the step once we make the formal offer letter.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 25, 2022 5:03 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],
What about the "step" within the CSW I/II?
Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:40 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, happy to help.

Not yet, waiting for the Compensation team to review the JD and provide their approval. Once they do, the position will be posted in BrassRing. Once it's posted I'll let you all know for [REDACTED] to apply directly.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:36 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

wonderful thank you, [REDACTED]

what is the next step?

do you need anything from our end? From Dr. Rosenthal, myself or [REDACTED] to move this forward?

[REDACTED]
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
[REDACTED] text/voice
[REDACTED] @ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

FYI, its been updated in the JD to level one and two.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 12:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Okay thanks for confirming, I'll reach out to HR now.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 10:04 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Yes that is what [REDACTED]'s level actually is so we should write the job that way. He is currently a 1. If we put 2-3 he won't qualify

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 1:02:45 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

So were changing it to a level I/II rather than level II/III?

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 6:46 PM

To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you. Just making sure also you saw the thread that it is a clinical social worker I/II and he is a I at this time
It was put in as an error II/III

Please verify with HR

Should be

Clinical Social Worker I/II

And he is a level I

Thank you!

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From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 1:05:52 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Got it-thank you, sorry I missed that! I'm submitting this to Central HR for their review today. Will let you know what they say.

Best,

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 6:41 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

[REDACTED] filled it out and I reviewed approved that 8/5.
I'll ask [REDACTED] to forward.

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From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 5:47:43 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

[REDACTED] can you please add the duties and effort for each duty on the previous JD template I sent you and email that back to me?

Thanks,

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 2:43 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED] and Steve ..

I'm working intermittently..

Everything looks good except the Level.

For Clinical Social Worker 2 you need a minimum of 3 yrs and registered with BNS etc

So It should be written as a CSW I/II and [REDACTED]'s pay scale would qualify as a Level I

It will still be more than the research pay scale so the .2 will be at CSW I

Please remember to mark this as paid from the SFDPH grant and is temp ending 6/30/2023 - please make sure this .2 is not coming from the permanent Pedi SW budget

It could be renegotiated with Pedi Endocrine after the grant cycle ends should they want to use other funds.

Otherwise all tasks and descriptions look good.

Thank you

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 3:30 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, thank you for the update. I'll wait for [REDACTED] to come back from vacation and modify the JD.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, August 15, 2022 12:02 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] is currently on vacation, I believe for 2 weeks. I'm sure [REDACTED] will be able to attend to this hopefully soon after they return.

Thanks so much for following up!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 11:01 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

Have you had a chance to make the updates I requested on 8/5, just following up to see where things are?

Best,

[REDACTED]

From: [REDACTED]
Sent: Friday, August 5, 2022 10:57 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you both, can you please use the attached Job Description template. Add the information below onto it accordingly and update the items highlighted in yellow. Once you do that email it back to me.

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, August 4, 2022 5:47 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: CSW II/III Job Description

Hi [REDACTED],

Here is the revised job description for CSW II/III, as approved by [REDACTED]

The Clinical Social Worker II/III is a temporary 0.2/FTE position housed in Pediatric Endocrinology and specifically assigned to the Child and Adolescent Gender Center. The Clinical Social Worker II/III will primarily assist in psychosocial assessments and follow up on case management needs for clinic patients residing in the City and County of San Francisco and other duties as needed. Clinical case management tasks can include but are not exclusive to linkage to resources, obtaining gender and psychosocial timelines, parent support, coordination of care outside and within CAGC providers, insurance denials/advocacy, support group facilitation, and curating talks for families on varied gender care topics. The Clinical Social Worker II/III will track data of who is served and solicit and compile feedback from direct patient care services and training events. The Clinical Social Worker II/III will work exclusively on the CAGC – DPH partnership under the supervision of the Director of Community Based Clinical Services and Training/CAGC Clinical Social Worker. As indicated, the Clinical Social Worker II/III can receive BBS clinical hours under this supervision for all tasks that are defined under clinical case management/direct service. The Clinical Social Worker II/III will attend the weekly CAGC- DPH team meeting and may also be assigned tasks from the CAGC Director of Community Based Programs. The position may include both remote and on-site tasks and it is understood the position is considered "hybrid" for this reason. To that end, the Clinical Social Worker II/III will need remote access to direct patient care information to properly assess all needs including risk or barriers to healthcare access.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Pronouns: he/him/his


Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

UCSF-DCNF-00848

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers


she/her/hers

UCSF-DCNF-00851

Subject: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration
When: Saturday, October 29, 2022 11:00 AM-2:00 PM.
Where: TBD

Dear Esteemed and Treasured Colleagues,

We are excited to finally gather and reconnect for our postponed 10-year anniversary of the UCSF Child and Adolescent Gender Center! Thank you all for your past and ongoing contributions to the UCSF CAGC - it's wonderful to see how this program has grown over the years. We plan to have an in-person lunch celebration in Dogpatch/Potrero Hill near the Mission Bay campus (location to be confirmed after we hear back about whether we have the Rooftop of the new Nancy Friend Pritzker Psychiatry Building reserved). Please save-the-date and be on the lookout for additional details to come!

Please RSVP so we can get an approximate headcount for food. We are so grateful to the UCSF Division of Pediatric Endocrinology for supporting our clinic and sponsoring this celebration - THANK YOU, [REDACTED]

Why: To celebrate the 10-year anniversary of the UCSF Child and Adolescent Gender Center
When: Saturday, 10/29/2022 from 11:00am-2:00pm
Where: TBD in SF Dogpatch/Potrero Hill

Lunch will be served - please send me food allergies or restrictions if you plan to join!

Best, [REDACTED], Steve, [REDACTED] & [REDACTED] (CAGC Party Planning Committee!)

MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [redacted]@ucsf.edu
She/Her/Hers:

she/her/hers

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 14, 2022 2:59 PM PDT

To: [REDACTED]@luriechildrens.org>; [REDACTED]@chla.usc.edu>; [REDACTED]
[REDACTED]@childrens.harvard.edu>

Subject: Re: Final Qs on Trans Youth Care study --

Happy weekend to you all, and safe travels, [REDACTED]!

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@luriechildrens.org>

Sent: Friday, October 14, 2022 2:58 PM

To: [REDACTED]@chla.usc.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
[REDACTED]@childrens.harvard.edu>

Subject: Re: Final Qs on Trans Youth Care study --

This Message Is From an External Sender

This message came from outside your organization.

Bless you! And let's hope the truth will actually prevail.

Appreciate each of you! Happy Weekend

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From: [REDACTED]@chla.usc.edu>

Sent: Friday, October 14, 2022 4:55:32 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@luriechildrens.org>; [REDACTED]
[REDACTED]@childrens.harvard.edu>

Subject: Fw: Final Qs on Trans Youth Care study --

The truth will prevail. I argued vociferously for a simple and straightforward response. After 4 hours of going back and forth with the PR team, I finally got this below:

From: [REDACTED]
Sent: Friday, October 14, 2022 2:47 PM
To: 'Christina Jewett' <christina.jewett@nytimes.com>
Subject: RE: Final Qs on Trans Youth Care study -- (EXTERNAL EMAIL)

Hi Christina,

Here's clarification on the following statement you provided:

- *A child in the N.I.H. study who started blockers at age 8, developed "significant osteopenia," and switched to hormone treatment at 11 "to support bone health," according to investigator reports submitted to the N.I.H*

This statement is incorrect. There is no such participant in our study.

#

Please attribute to: Children's Hospital Los Angeles spokesperson

Thanks,

██████

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 4:33 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description
Attachment(s): "Resume Supplement_Jan 2018[53].pdf"

Hi [REDACTED],

Please find the completed form attached.

Thanks!

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Friday, October 14, 2022 at 4:02 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi [REDACTED],

Can you complete the attached resume supplement form and email it back to me? I need to include this with the new hire request case when I submit it to HR.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 2:36 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you!

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 2:34 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

I'll submit the new hire request today, thanks everyone.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 1:17 PM

To: [REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

We are offering the position to [REDACTED]. Please proceed.

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>

Sent: Friday, October 14, 2022 11:25 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Candidates are up to date in BrassRing, including [REDACTED]. Please let me know if you have any questions and please keep me posted on the recruitment process.

[REDACTED]
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
[REDACTED]@ucsf.edu

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From: [REDACTED]

Sent: Friday, October 14, 2022 10:48 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Moving [REDACTED] to bcc-

I will review the requisition shortly and follow up with you all.

[REDACTED]
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245

██████████@ucsf.edu

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Before printing, please consider the environment.

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Friday, October 14, 2022 10:36 AM
To: ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hello All,

I have forwarded this to ██████████ (copied), she is the recruiter that is handling the position!

██████████
Pronouns: she, her, hers
Talent Acquisition Partner | UC San Francisco HR, Campus
T: 415-514-1110 | ██████████@ucsf.edu
Clifton Strengths: Responsibility, Discipline, Input, Developer, Includer

<http://www.ucsfhr.ucsf.edu/careers/>
Follow us on Facebook & Twitter @ucsfcareers



Learn more at ucpath.ucsf.edu.

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Friday, October 14, 2022 9:51 AM
To: ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi ██████████,

Do you have any updates for us? We'd like to move this forward. Please let us know.

Best,

██████████

From: ██████████, ██████████
Sent: Wednesday, October 12, 2022 4:16 PM
To: ██████████, ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you for letting me know ██████████. I've included ██████████ to confirm why I didn't receive this. @██████████, ██████████ applied for BR #69160BR on 9/30. However, when I logon to BrassRing it isn't showing that ██████████ applied (see screen shot below). Not sure what is going on with the system. Can I move forward with submitting the request to ██████████ so she can work on an offer letter?

Best,

██████████

Back

Search Candidates

Candidates in: 69160BR

CLIN SOCIAL WORKER 2

Showing 2 of 2

Actions

Name	Candidate ref num	Candidate Type	Résumé/CV PDF	Email	Home phone	HR Status	HR status date

From: [REDACTED] <[REDACTED]@ucsf.edu>
 Sent: Wednesday, October 12, 2022 4:11 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I did apply to this position on 9/30. Here is a screenshot showing it has been submitted:



Thanks,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Date: Wednesday, October 12, 2022 at 4:06 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I have cc'd [REDACTED]. It was my understanding that [REDACTED] has already applied.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
 Professor of Pediatrics
 Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
 University of California, San Francisco
 Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
 Pronouns: he/him/his

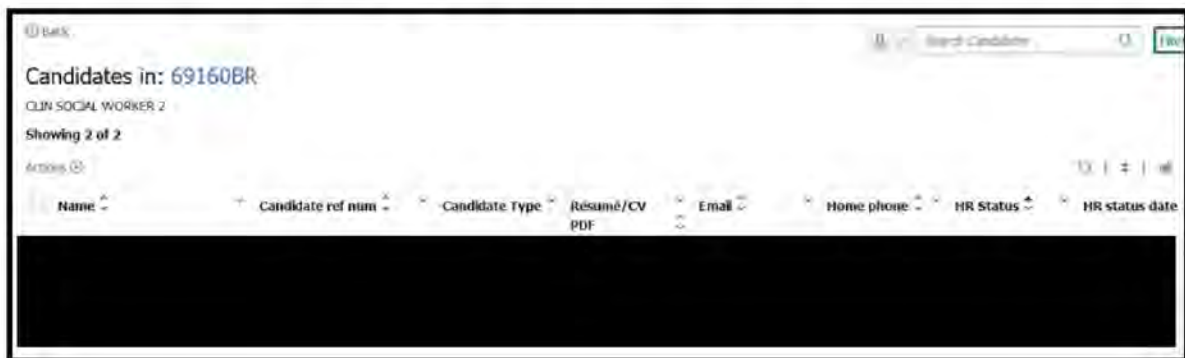
Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, October 12, 2022 3:18 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi [REDACTED] and Steve,

Should I reach out to [REDACTED] to apply? [REDACTED] has not applied. Here is the screen shot of the applicants who have applied.



Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:16 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

It's not showing that [REDACTED] applied.

Here are the links:

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>

Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They applied before. Is it an updated link or is there a chance it wasn't forwarded to you ? Could i please have the link? Thank you.

Thank you

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:58:54 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you for the update [REDACTED], greatly appreciated! [REDACTED] still needs to apply. Can you please inform them to apply so I can move forward with HR on next steps?

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED], Steve and [REDACTED],

I spoke with [REDACTED], [REDACTED] and [REDACTED].

As you know from my previous email the other candidate [REDACTED] had no relevant experience for this 20% role and if Steve was interested for research he can follow up there.

My pick is [REDACTED]. [REDACTED] has since accepted another position and [REDACTED] did not have enough relevant experience.

let me know if we need to do anything else in the process or if we can indeed move ahead and offer [REDACTED] the 20%.

** If you happen to get other candidates that seem qualified please forward them to me as we are also hiring for a 90% within the Pediatric Social Work department that would be dedicated to the gender clinic.

Thank you,

[REDACTED]

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED] <[REDACTED]@ucsf.edu>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 16, 2022 12:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

I've attached 3 applicants who have applied for the position so you can interview two of them. Please let me know once you do so I can update their status in Brassring.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, September 8, 2022 11:49 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, September 8, 2022 11:34 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Thanks for letting us know, sorry about the pronoun was typing quickly.

Once [REDACTED] applies and you interview 2 other candidates, we can finalize submitting [REDACTED] as the final candidate for the position.

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:24 AM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] (pronoun is they) is currently on vacation in Spain--I believe for the next 2 weeks.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, September 8, 2022 11:21 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

The Clinical Social Worker I/II position we created for [REDACTED] is live and in BrassRing now (the req # is 69160BR). Please let M [REDACTED] know that she can apply. You will need to interview 2 other people as well. [REDACTED] is the resume receiver for the position. The position must stay open for 14 days, then I can submit the new hire request to HR for [REDACTED]. I've included the link to the position for you below.

@ [REDACTED] can you send the candidate list along with resumes to Steve and [REDACTED], so they can interview 2 other candidates aside from [REDACTED]?

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>
Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

Feel free to let me know if you have any questions.

@ [REDACTED] Please let me know once [REDACTED] applies.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 10:09 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They will determine the step once we make the formal offer letter.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 25, 2022 5:03 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],
What about the "step" within the CSW I/II?
Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:40 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, happy to help.

Not yet, waiting for the Compensation team to review the JD and provide their approval. Once they do, the position will be posted in BrassRing. Once it's posted I'll let you all know for [REDACTED] to apply directly.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:36 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

wonderful thank you, [REDACTED]

what is the next step?

do you need anything from our end? From Dr. Rosenthal, myself or [REDACTED] to move this forward?

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

FYI, its been updated in the JD to level one and two.

From: [REDACTED]
Sent: Monday, August 22, 2022 12:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Okay thanks for confirming, I'll reach out to HR now.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 10:04 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Yes that is what [REDACTED]'s level actually is so we should write the job that way. He is currently a 1. If we put 2-3 he won't qualify

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 1:02:45 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

So were changing it to a level I/II rather than level II/III?

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 6:46 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you. Just making sure also you saw the thread that it is a clinical social worker I/II and he is a I at this time
It was put in as an error II/III

Please verify with HR

Should be

Clinical Social Worker I/II

And he is a level I

Thank you!

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 1:05:52 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Got it-thank you, sorry I missed that! I'm submitting this to Central HR for their review today. Will let you know what they say.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 6:41 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

[REDACTED] filled it out and I reviewed approved that 8/5.
I'll ask [REDACTED] to forward.

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 5:47:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

[REDACTED] can you please add the duties and effort for each duty on the previous JD template I sent you and email that back to me?

Thanks,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 2:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED] and Steve ..

I'm working intermittently..

Everything looks good except the Level.

For Clinical Social Worker 2 you need a minimum of 3 yrs and registered with BNS etc

So it should be written as a CSW I/II and [REDACTED]'s pay scale would qualify as a Level I

It will still be more than the research pay scale so the .2 will be at CSW I

Please remember to mark this as paid from the SFDPH grant and is temp ending 6/30/2023 - please make sure this .2 is not coming from the permanent PEDI SW budget

It could be renegotiated with PEDI Endocrine after the grant cycle ends should they want to use other funds.

Otherwise all tasks and descriptions look good.

Thank you

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 3:30 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, thank you for the update. I'll wait for [REDACTED] to come back from vacation and modify the JD.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, August 15, 2022 12:02 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] is currently on vacation, I believe for 2 weeks. I'm sure [REDACTED] will be able to attend to this hopefully soon after they return.

Thanks so much for following up!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Pronouns: he/him/his

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 11:01 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED]

Have you had a chance to make the updates I requested on 8/5, just following up to see where things are?

Best,

From: [REDACTED]
Sent: Friday, August 5, 2022 10:57 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you both, can you please use the attached Job Description template. Add the information below onto it accordingly and update the items highlighted in yellow. Once you do that email it back to me.

Let me know if you have any questions.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 4, 2022 5:47 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CSW II/III Job Description

Hi [REDACTED]

Here is the revised job description for CSW II/III, as approved by [REDACTED]

The Clinical Social Worker II/III is a temporary 0.2/FTE position housed in Pediatric Endocrinology and specifically assigned to the Child and Adolescent Gender Center. The Clinical Social Worker II/III will primarily assist in psychosocial assessments and follow up on case management needs for clinic patients residing in the City and County of San Francisco and other duties as needed. Clinical case management tasks can include but are not exclusive to linkage to resources, obtaining gender and psychosocial timelines, parent support, coordination of care outside and within CAGC providers, insurance denials/advocacy, support group facilitation, and curating talks for families on varied gender care topics. The Clinical Social Worker II/III will track data of who is served and solicit and compile feedback from direct patient care services and training events. The Clinical Social Worker II/III will work exclusively on the CAGC – DPH partnership under the supervision of the Director of Community Based Clinical Services and Training/CAGC Clinical Social Worker. As indicated, the Clinical Social Worker II/III can receive BBS clinical hours under this supervision for all tasks that are defined under clinical case management/direct service. The Clinical Social Worker II/III will attend the weekly CAGC- DPH team meeting and may also be assigned tasks from the CAGC Director of Community Based Programs. The position may include both remote and on-site tasks and it is understood the position is considered "hybrid" for this reason. To that end, the Clinical Social Worker II/III will need remote access to direct patient care information to properly assess all needs including risk or barriers to healthcare access.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 4:35 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Perfect-thanks [REDACTED]. I'll submit this to HR now.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 4:34 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],

Please find the completed form attached.

Thanks!

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Friday, October 14, 2022 at 4:02 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi [REDACTED],

Can you complete the attached resume supplement form and email it back to me? I need to include this with the new hire request case when I submit it to HR.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 2:36 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you!

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 2:34 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

I'll submit the new hire request today, thanks everyone.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 1:17 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

We are offering the position to [REDACTED]. Please proceed.

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 11:25 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Candidates are up to date in BrassRing, including [REDACTED]. Please let me know if you have any questions and please keep me posted on the recruitment process.

[REDACTED]
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
[REDACTED]@ucsf.edu

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Before printing, please consider the environment.

From: [REDACTED]
Sent: Friday, October 14, 2022 10:48 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Moving [REDACTED] to bcc-

I will review the requisition shortly and follow up with you all.

Pronouns: She, Her, Hers

UCSF Health | Talent Acquisition Partner

tel: (503)807-6245

[REDACTED]@ucsf.edu

<https://www.ucsf.edu/about/working-ucsf>

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Before printing, please consider the environment.

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 14, 2022 10:36 AM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED]

<[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Hello All,

I have forwarded this to [REDACTED] (copied), she is the recruiter that is handling the position!

Pronouns: she, her, hers

Talent Acquisition Partner | UC San Francisco HR, Campus

T: 415-514-1110 | [REDACTED]@ucsf.edu

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Learn more at ucpath.ucsf.edu.

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 14, 2022 9:51 AM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Hi [REDACTED],

Do you have any updates for us? We'd like to move this forward. Please let us know.

Best,

From: [REDACTED], [REDACTED]

Sent: Wednesday, October 12, 2022 4:16 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Thank you for letting me know [REDACTED]. I've included [REDACTED] to confirm why I didn't receive this. @ [REDACTED] applied for BR #69160BR on 9/30. However, when I logon to BrassRing it isn't showing that [REDACTED] applied (see screen shot below). Not sure what is going on with the system. Can I move forward with submitting the request to [REDACTED] so she can work on an offer letter?

Best,

[REDACTED]

Back Search Candidates Filter

Candidates in: 69160BR

CLIN SOCIAL WORKER 2

Showing 2 of 2

ACTIONS

Name	Candidate ref num	Candidate Type	Résumé/CV PDF	Email	Home phone	HR Status	HR status date
[REDACTED]							

From: [REDACTED] <[REDACTED]@ucsf.edu>
 Sent: Wednesday, October 12, 2022 4:11 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I did apply to this position on 9/30. Here is a screenshot showing it has been submitted:

Hello, [REDACTED]

Jobs Applications (2) Job Searches and Alerts

Saved Applications

Submitted Applications (2)

Clinical Social Worker I/II

PEDS-ENDOCRINOLOGY

Part Time

69160BR

Status: Applied - 30-Sep-2022

Thanks,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Date: Wednesday, October 12, 2022 at 4:06 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I have cc'd [REDACTED]. It was my understanding that [REDACTED] has already applied.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
 Professor of Pediatrics
 Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
 University of California, San Francisco
 Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, October 12, 2022 3:18 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi [REDACTED] and Steve,

Should I reach out to [REDACTED] to apply? [REDACTED] has not applied. Here is the screen shot of the applicants who have applied.

Candidates in: 69160BR
CLIN SOCIAL WORKER 2
Showing 2 of 2

Name	Candidate ref num	Candidate Type	Resume/CV PDF	Email	Home phone	HR Status	HR status date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:16 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

It's not showing that [REDACTED] applied.

Here are the links:

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>

Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They applied before. Is it an updated link or is there a chance it wasn't forwarded to you ? Could i please have the link? Thank you.

Thank you

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:58:54 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you for the update [REDACTED], greatly appreciated! [REDACTED] still needs to apply. Can you please inform them to apply so I can move forward with HR on next steps?

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED], Steve and [REDACTED],

I spoke with [REDACTED], [REDACTED] and [REDACTED].

As you know from my previous email the other candidate [REDACTED] had no relevant experience for this 20% role and if Steve was interested for research he can follow up there.

My pick is [REDACTED]. [REDACTED] has since accepted another position and [REDACTED] did not have enough relevant experience.

let me know if we need to do anything else in the process or if we can indeed move ahead and offer [REDACTED] the 20%.

** If you happen to get other candidates that seem qualified please forward them to me as we are also hiring for a 90% within the Pediatric Social Work department that would be dedicated to the gender clinic.

Thank you,

[REDACTED]

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED]@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 16, 2022 12:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

I've attached 3 applicants who have applied for the position so you can interview two of them. Please let me know once you do so I can update their status in Brassring.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:49 AM

To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, September 8, 2022 11:34 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Thanks for letting us know, sorry about the pronoun was typing quickly.

Once [REDACTED] applies and you interview 2 other candidates, we can finalize submitting [REDACTED] as the final candidate for the position.

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:24 AM

To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] (pronoun is they) is currently on vacation in Spain--I believe for the next 2 weeks.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, September 8, 2022 11:21 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

The Clinical Social Worker I/II position we created for [REDACTED] is live and in BrassRing now (the req # is 69160BR). Please let M [REDACTED] know that she can apply. You will need to interview 2 other people as well. [REDACTED] is the resume receiver for the position. The position must stay open for 14 days, then I can submit the new hire request to HR for [REDACTED]. I've included the link to the position for you below.

@ [REDACTED] can you send the candidate list along with resumes to Steve and [REDACTED], so they can interview 2 other candidates aside from [REDACTED]?

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>
Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

Feel free to let me know if you have any questions.

@ [REDACTED] Please let me know once [REDACTED] applies.

Best,

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 10:09 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They will determine the step once we make the formal offer letter.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 25, 2022 5:03 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],
What about the "step" within the CSW I/II?
Thanks,
Steve

Stephen M. Rosenthal, M.D.
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:40 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, happy to help.

Not yet, waiting for the Compensation team to review the JD and provide their approval. Once they do, the position will be posted in BrassRing. Once it's posted I'll let you all know for [REDACTED] to apply directly.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:36 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

wonderful thank you, [REDACTED]

what is the next step?

do you need anything from our end? From Dr. Rosenthal, myself or [REDACTED] to move this forward?

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

FYI, its been updated in the JD to level one and two.

From: [REDACTED]
Sent: Monday, August 22, 2022 12:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Okay thanks for confirming, I'll reach out to HR now.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 10:04 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Yes that is what [REDACTED]'s level actually is so we should write the job that way. He is currently a 1. If we put 2-3 he won't qualify

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 1:02:45 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

So were changing it to a level I/II rather than level II/III?

Best,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 6:46 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you. Just making sure also you saw the thread that it is a clinical social worker I/II and he is a I at this time
It was put in as an error II/III

Please verify with HR

Should be

Clinical Social Worker I/II

And he is a level I

Thank you!

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 1:05:52 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Got it-thank you, sorry I missed that! I'm submitting this to Central HR for their review today. Will let you know what they say.

Best,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 6:41 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

[REDACTED] filled it out and I reviewed approved that 8/5.
I'll ask [REDACTED] to forward.

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 5:47:43 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

[REDACTED] can you please add the duties and effort for each duty on the previous JD template I sent you and email that back to me?

Thanks,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 2:43 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED] and Steve ..

I'm working intermittently..

Everything looks good except the Level.

For Clinical Social Worker 2 you need a minimum of 3 yrs and registered with BNS etc

So It should be written as a CSW I/II and [REDACTED]'s pay scale would qualify as a Level I

It will still be more than the research pay scale so the .2 will be at CSW I

Please remember to mark this as paid from the SFDPH grant and is temp ending 6/30/2023 - please make sure this .2 is not coming from the permanent Pedi SW budget

It could be renegotiated with Pedi Endocrine after the grant cycle ends should they want to use other funds.

Otherwise all tasks and descriptions look good.

Thank you

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 3:30 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, thank you for the update. I'll wait for [REDACTED] to come back from vacation and modify the JD.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, August 15, 2022 12:02 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] is currently on vacation, I believe for 2 weeks. I'm sure [REDACTED] will be able to attend to this hopefully soon after they return.

Thanks so much for following up!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 11:01 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

Have you had a chance to make the updates I requested on 8/5, just following up to see where things are?

Best,

From: [REDACTED]
Sent: Friday, August 5, 2022 10:57 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you both, can you please use the attached Job Description template. Add the information below onto it accordingly and update the items highlighted in yellow. Once you do that email it back to me.

Let me know if you have any questions.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 4, 2022 5:47 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CSW II/III Job Description

Hi [REDACTED],

Here is the revised job description for CSW II/III, as approved by [REDACTED]

The Clinical Social Worker II/III is a temporary 0.2/FTE position housed in Pediatric Endocrinology and specifically assigned to the Child and Adolescent Gender Center. The Clinical Social Worker II/III will primarily assist in psychosocial assessments and follow up on case management needs for clinic patients residing in the City and County of San Francisco and other duties as needed. Clinical case management tasks can include but are not exclusive to linkage to resources, obtaining gender and psychosocial timelines, parent support, coordination of care outside and within CAGC providers, insurance denials/advocacy, support group facilitation, and curating talks for families on varied gender care topics. The Clinical Social Worker II/III will track data of who is served and solicit and compile feedback from direct patient care services and training events. The Clinical Social Worker II/III will work exclusively on the CAGC – DPH partnership under the supervision of the Director of Community Based Clinical Services and Training/CAGC Clinical Social Worker. As indicated, the Clinical Social Worker II/III can receive BBS clinical hours under this supervision for all tasks that are defined under clinical case management/direct service. The Clinical Social Worker II/III will attend the weekly CAGC- DPH team meeting and may also be assigned tasks from the CAGC Director of Community Based Programs. The position may include both remote and on-site tasks and it is understood the position is considered "hybrid" for this reason. To that end, the Clinical Social Worker II/III will need remote access to direct patient care information to properly assess all needs including risk or barriers to healthcare access.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
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Mission Hall, Global Health and Clinical Sciences

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health

Past Vice President and Director, Endocrine Society

Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen

Sent: Friday, October 14, 2022 5:57 PM PDT

To: Coote, Carline (NIH/FAES) [T] <carline.coote@nih.gov>

CC: [REDACTED]@gmail.com>

Subject: PDFs related to my lecture

Attachment(s): "Rosenthal SM Nature Reviews Endocrinology TGD Youth_ 10 August 2021.pdf", "JCEM 2017 Endocrine Society Guideline copy.pdf", "Standards of Care for the Health of Transgender and Gender Diverse People Version 8_2022.pdf"

Hi Carline,

I have attached 3 PDFs of articles related to my lecture for next week that I think the attendees might like to have.

Thanks,

Steve

Stephen M. Rosenthal, M.D.

Professor of Pediatrics

Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center

University of California, San Francisco

Mission Hall: Global Health and Clinical Sciences

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Past Vice President and Director, Endocrine Society

Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: Coote, Carline (NIH/FAES) [T] <carline.coote@nih.gov>
Sent: Saturday, October 15, 2022 4:26 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED]@gmail.com>
Subject: RE: PDFs related to my lecture

This Message Is From an External Sender

This message came from outside your organization.

Stephen,

Thanks for both, the slides and these articles.

Sincerely,

Carline Coote
Registration Specialist
FAES Academic Programs and Conference Management Services
10 Center Drive, Room 1N241 - MSC 1115
Bethesda, MD 20892-115
Phone: (301) 496-7975

Fall Courses & Workshops

Register at faes.org/ap | Classes start Oct. 26

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 8:58 PM
To: Coote, Carline (NIH/FAES) [T] <carline.coote@nih.gov>
Cc: [REDACTED]@gmail.com>
Subject: [EXTERNAL] PDFs related to my lecture

Hi Carline,

I have attached 3 PDFs of articles related to my lecture for next week that I think the attendees might like to have.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

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From: Coote, Carline (NIH/FAES) [T] <carline.coote@nih.gov>
Sent: Sunday, October 16, 2022 10:36 AM PDT
To: [REDACTED]@gmail.com>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: [EXTERNAL] Re: PDFs related to my lecture

This Message Is From an External Sender

This message came from outside your organization.

Thanks All,

It there now. I added it yesterday.

Sincerely,

Carline Coote
Registration Specialist
FAES Academic Programs and Conference Management Services
10 Center Drive, Room 1N241 - MSC 1115
Bethesda, MD 20892-115
Phone: (301) 496-7975

Fall Courses & Workshops

Register at faes.org/ap | Classes start Oct. 26

From: [REDACTED]@gmail.com>
Sent: Sunday, October 16, 2022 11:11 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; Coote, Carline (NIH/FAES) [T] <carline.coote@nih.gov>
Subject: [EXTERNAL] Re: PDFs related to my lecture

Thank you Dr. Rosenthal!
Carline - would you add it to the dropbox for the participants?

thanks,
[REDACTED]

On Fri, Oct 14, 2022 at 8:58 PM Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Hi Carline,

I have attached 3 PDFs of articles related to my lecture for next week that I think the attendees might like to have.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 16, 2022 4:30 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Our anniversary bash

Hi,

I looked into savory catering and the party plater substituting falafel for the cream cheese sandwiches and the lunch Meza look good.



CateringBooklet_Fillmore-2022
PDF Document · 2.2 MB

Noe Valley Bakery makes a red velvet cake for \$42.



Red Velvet Cake
noevalleybakery.com

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 14, 2022, at 14:40, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

I'll follow-up with [REDACTED] now - she should have submitted the request last Friday.

Sent out a reminder to the group to RSVP by 10/19 and then I will directly message folks that I have not heard back from!

Best,

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism

Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 14, 2022 1:39 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Our anniversary bash

Agree--Have we heard back from [REDACTED] re use of Rooftop garden space at Pritzker?
We should close RSVPs by 10/21.

Thanks,

Steve

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 14, 2022 8:53 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Our anniversary bash

As someone who has hosted many events, I think it's time to nail everything down for the 29th:

Location

Estimated # of guests

Food Order (including a celebration cake)

Drinks

Plates, forks, knives, glasses

Napkins

And anything else that suits our fancy.

Best,

[REDACTED]

[REDACTED], Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Megan Twohey <megan.twohey@nytimes.com>
Sent: Monday, October 17, 2022 4:24 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Fact checking request from New York Times

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Dr. Rosenthal,

Megan Twohey here again, from The Times.

I hope this email finds you well.

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Do you have time to talk today or tomorrow? It need not take long!

My deadline is Wednesday.

Please let me know!

Best,
Megan

Megan Twohey
Reporter
The New York Times
cell: 646 670-8103
megan.twohey@nytimes.com

On Thu, Apr 21, 2022 at 9:15 AM Megan Twohey <megan.twohey@nytimes.com> wrote:

Hi Steve,
I'll call that number at 330pm your time!
Best,
Megan

On Mon, Apr 18, 2022 at 4:56 PM Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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Thanks,

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Hi Megan,

Would 3:30-4:00 PM on Thursday, 4/21, work for you?

Thanks and best wishes,

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I'm on vacation through Wednesday. Would you perhaps have some time Thursday?

Please let me know.

And thanks again for your assistance!

Best,

Megan

Megan Twohey
Reporter
The New York Times
Cell: 646 670-8103
Megan.twohey@nytimes.com

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Thanks,

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email: Stephen.Rosenthal@ucsf.edu

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more about the benefits of puberty-blockers (we spent a lot of time talking about bones!). And hearing about the formation of the 2017 guidelines crafted by the endocrine society.

I'm on vacation through Wednesday. Would you perhaps have some time Thursday?

Please let me know.

And thanks again for your assistance!

Best,

Megan

Megan Twohey

Reporter

The New York Times

Cell: 646 670-8103

Megan.twohey@nytimes.com

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 17, 2022 8:22 AM PDT
To: [REDACTED]@hotmail.com>
Subject: Re: article request
Attachment(s): "Rosenthal SM Nature Reviews Endocrinology TGD Youth_ 10 August 2021.pdf"

Dear [REDACTED],

I have attached a copy of the paper you requested.

Best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@hotmail.com>
Sent: Saturday, October 15, 2022 6:11 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: article request

This Message Is From an Untrusted Sender

You have not previously corresponded with this sender.

Dear Stephen,

My name is [REDACTED] and I am an Endocrinologist from Lisbon, Portugal. I am reaching out to you to ask if you could send me your paper entitled: "Challenges in the care of transgender and gender-diverse youth: an endocrinologist's view". Thank you for your consideration
Best regards

[REDACTED]

From: Megan Twohey <megan.twohey@nytimes.com>
Sent: Monday, October 17, 2022 9:00 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: Fact checking request from New York Times

This Message Is From an External Sender

This message came from outside your organization.

Thanks, Dr. Rosenthal. Tomorrow at 9am your time is best for me.
Would you like me to call a particular number?
Looking forward to reconnecting...
Best,
Megan

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Hi Megan,

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Megan Twohey

Reporter

The New York Times

Cell: 646 670-8103

Megan.twohey@nytimes.com

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 17, 2022 9:08 AM PDT
To: Megan Twohey <megan.twohey@nytimes.com>
Subject: Re: Fact checking request from New York Times

Hi Megan,

You're welcome. You can call me tomorrow (9 AM Pacific) on my cell: [REDACTED]

Looking forward to reconnecting as well,

Best wishes,

Steve

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Reporter
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Cell: 646 670-8103
Megan.twohey@nytimes.com

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:11 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Stephen,

Does [REDACTED] work in your dept? if so, we won't need SkillSurvey references. But if she doesn't currently work in your dept, then I will need to initiate the SkillSurvey, please let me know

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 1:17 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

We are offering the position to [REDACTED]. Please proceed.

Thank you,

Steve

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Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 11:25 AM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Candidates are up to date in BrassRing, including [REDACTED]. Please let me know if you have any questions and please keep me posted on the recruitment process.

[REDACTED]
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
[REDACTED]@ucsf.edu

<https://www.ucsf.edu/about/working-ucsf>
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Before printing, please consider the environment.

From: [REDACTED]

Sent: Friday, October 14, 2022 10:48 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Moving [REDACTED] to bcc-

I will review the requisition shortly and follow up with you all.

[REDACTED]
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
[REDACTED]@ucsf.edu

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Before printing, please consider the environment.

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 14, 2022 10:36 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Hello All,

I have forwarded this to [REDACTED] (copied), she is the recruiter that is handling the position!

[REDACTED]
Pronouns: she, her, hers
Talent Acquisition Partner | UC San Francisco HR, Campus
T: 415-514-1110 | [REDACTED]@ucsf.edu
Clifton Strengths: Responsibility, Discipline, Input, Developer, Includer

<http://www.ucsfhr.ucsf.edu/careers/>
Follow us on Facebook & Twitter @ucsfcareers



Learn more at ucpath.ucsf.edu.

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 14, 2022 9:51 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Hi [REDACTED],

Do you have any updates for us? We'd like to move this forward. Please let us know.

Best,

[REDACTED]

From: [REDACTED]
Sent: Wednesday, October 12, 2022 4:16 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

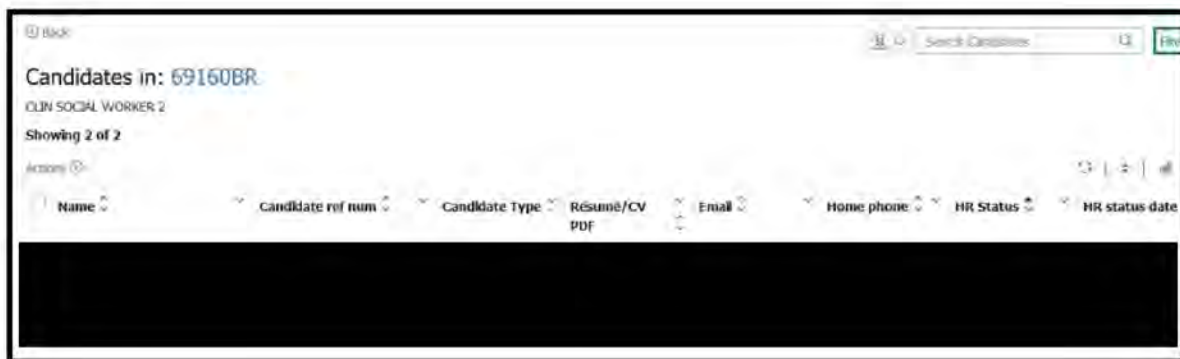
Subject: RE: CSW II/III Job Description

Thank you for letting me know [REDACTED]. I've included [REDACTED] to confirm why I didn't receive this. @ [REDACTED] applied

for BR #69160BR on 9/30. However, when I logon to BrassRing it isn't showing that [REDACTED] applied (see screen shot below). Not sure what is going on with the system. Can I move forward with submitting the request to [REDACTED] so she can work on an offer letter?

Best,

[REDACTED]



From: [REDACTED] <[REDACTED]@ucsf.edu>
 Sent: Wednesday, October 12, 2022 4:11 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I did apply to this position on 9/30. Here is a screenshot showing it has been submitted:



Thanks,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Date: Wednesday, October 12, 2022 at 4:06 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I have cc'd [REDACTED]. It was my understanding that [REDACTED] has already applied.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
 Professor of Pediatrics
 Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
 University of California, San Francisco

Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434

Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

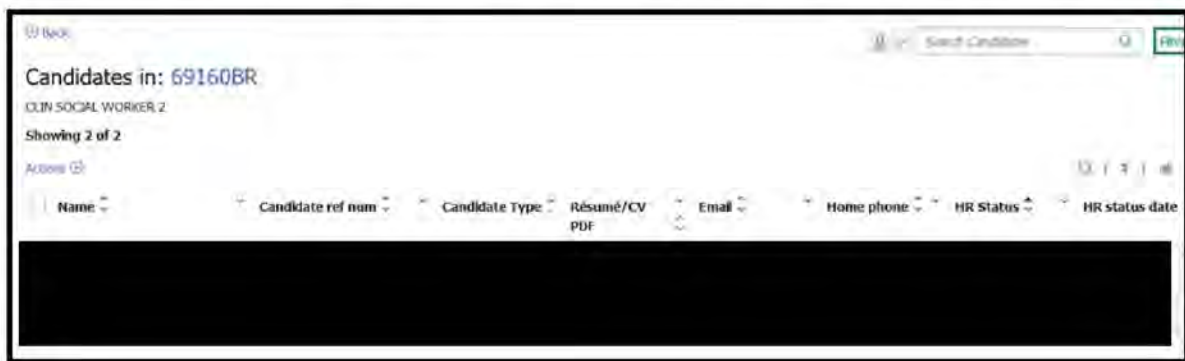
Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, October 12, 2022 3:18 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi [REDACTED] and Steve,

Should I reach out to [REDACTED] to apply? [REDACTED] has not applied. Here is the screen shot of the applicants who have applied.



Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:16 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

It's not showing that [REDACTED] applied.

Here are the links:

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>

Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They applied before. Is it an updated link or is there a chance it wasn't forwarded to you ? Could i please have the link? Thank you.

Thank you

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:58:54 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you for the update [REDACTED], greatly appreciated! [REDACTED] still needs to apply. Can you please inform them to apply so I can move forward with HR on next steps?

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED], Steve and [REDACTED],

I spoke with [REDACTED] and [REDACTED]

As you know from my previous email the other candidate [REDACTED] had no relevant experience for this 20% role and if Steve was interested for research he can follow up there.

My pick is [REDACTED]. [REDACTED] has since accepted another position and [REDACTED] did not have enough relevant experience.

let me know if we need to do anything else in the process or if we can indeed move ahead and offer [REDACTED] the 20%.

** If you happen to get other candidates that seem qualified please forward them to me as we are also hiring for a 90% within the Pediatric Social Work department that would be dedicated to the gender clinic.

Thank you,

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 16, 2022 12:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

I've attached 3 applicants who have applied for the position so you can interview two of them. Please let me know once you do so I can update their status in Brassring.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:49 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, September 8, 2022 11:34 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Thanks for letting us know, sorry about the pronoun was typing quickly.

Once [REDACTED] applies and you interview 2 other candidates, we can finalize submitting [REDACTED] as the final candidate for the position.

Let me know if you have any questions.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:24 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] (pronoun is they) is currently on vacation in Spain--I believe for the next 2 weeks.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center

University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Thursday, September 8, 2022 11:21 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

The Clinical Social Worker I/II position we created for [REDACTED] is live and in BrassRing now (the req # is 69160BR). Please let M [REDACTED] know that she can apply. You will need to interview 2 other people as well. [REDACTED] is the resume receiver for the position. The position must stay open for 14 days, then I can submit the new hire request to HR for [REDACTED]. I've included the link to the position for you below.

@ [REDACTED] can you send the candidate list along with resumes to Steve and [REDACTED], so they can interview 2 other candidates aside from [REDACTED]?

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>
Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

Feel free to let me know if you have any questions.

@ [REDACTED] Please let me know once [REDACTED] applies.

Best,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 10:09 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They will determine the step once we make the formal offer letter.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 25, 2022 5:03 PM
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],
What about the "step" within the CSW I/II?
Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:40 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, happy to help.

Not yet, waiting for the Compensation team to review the JD and provide their approval. Once they do, the position will be posted in BrassRing. Once it's posted I'll let you all know for [REDACTED] to apply directly.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:36 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

wonderful thank you, [REDACTED]

what is the next step?

do you need anything from our end? From Dr. Rosenthal, myself or [REDACTED] to move this forward?

[REDACTED]
Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

FYI, its been updated in the JD to level one and two.

From: [REDACTED]
Sent: Monday, August 22, 2022 12:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Okay thanks for confirming, I'll reach out to HR now.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 10:04 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Yes that is what [REDACTED]'s level actually is so we should write the job that way. He is currently a 1. If we put 2-3 he won't qualify

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 1:02:45 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

So were changing it to a level I/II rather than level II/III?

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 6:46 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you. Just making sure also you saw the thread that it is a clinical social worker I/II and he is a I at this time
It was put in as an error II/III

Please verify with HR

Should be

Clinical Social Worker I/II

And he is a level I

Thank you!

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 1:05:52 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Got it-thank you, sorry I missed that! I'm submitting this to Central HR for their review today. Will let you know what they say.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 6:41 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

[REDACTED] filled it out and I reviewed approved that 8/5.
I'll ask [REDACTED] to forward.

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 5:47:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

[REDACTED] can you please add the duties and effort for each duty on the previous JD template I sent you and email that back to me?

Thanks,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 2:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED] and Steve ..

I'm working intermittently..

Everything looks good except the Level.

For Clinical Social Worker 2 you need a minimum of 3 yrs and registered with BNS etc

So It should be written as a CSW I/II and [REDACTED]'s pay scale would qualify as a Level I

It will still be more than the research pay scale so the .2 will be at CSW I

Please remember to mark this as paid from the SFDPH grant and is temp ending 6/30/2023 - please make sure this .2 is not coming from the permanent Pedi SW budget

It could be renegotiated with Pedi Endocrine after the grant cycle ends should they want to use other funds.

Otherwise all tasks and descriptions look good.

Thank you

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 3:30 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, thank you for the update. I'll wait for [REDACTED] to come back from vacation and modify the JD.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, August 15, 2022 12:02 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] is currently on vacation, I believe for 2 weeks. I'm sure [REDACTED] will be able to attend to this hopefully soon after they return.

Thanks so much for following up!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 11:01 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

Have you had a chance to make the updates I requested on 8/5, just following up to see where things are?

Best,

[REDACTED]

From: [REDACTED]
Sent: Friday, August 5, 2022 10:57 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you both, can you please use the attached Job Description template. Add the information below onto it accordingly and update the items highlighted in yellow. Once you do that email it back to me.

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 4, 2022 5:47 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CSW II/III Job Description

Hi [REDACTED],

Here is the revised job description for CSW II/III, as approved by [REDACTED]

The Clinical Social Worker II/III is a temporary 0.2/FTE position housed in Pediatric Endocrinology and specifically assigned to the Child and Adolescent Gender Center. The Clinical Social Worker II/III will primarily assist in psychosocial assessments and follow up on case management needs for clinic patients residing in the City and County of San Francisco and other duties as needed. Clinical case management tasks can include but are not exclusive to linkage to resources, obtaining gender and psychosocial timelines, parent support, coordination of care outside and within CAGC providers, insurance denials/advocacy, support group facilitation, and curating talks for families on varied gender care topics. The Clinical Social Worker II/III will track data of who is served and solicit and compile feedback from direct patient care services and training events. The Clinical Social Worker II/III will work exclusively on the CAGC – DPH partnership under the supervision of the Director of Community Based Clinical Services and Training/CAGC Clinical Social Worker. As indicated, the Clinical Social Worker II/III can receive BBS clinical hours under this supervision for all tasks that are defined under clinical case management/direct service. The Clinical Social Worker II/III will attend the weekly CAGC- DPH team meeting and may also be assigned tasks from the CAGC Director of Community Based Programs. The position may include both remote and on-site tasks and it is understood the position is considered "hybrid" for this reason. To that end, the Clinical Social Worker II/III will need remote access to direct patient care information to properly assess all needs including risk or barriers to healthcare access.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics

Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
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Mission Hall: Global Health and Clinical Sciences

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:13 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Hi [REDACTED],

I submitted the essential hire approval request. Once it's approved, I'll submit the new hire request to HR along with the JD. On the JD, I need to include who will receive and review the resumes in BrassRing, let me know if you would like for me to include someone else from Steve's team.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 4:09 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

I provided the information you requested to the best of my ability, below in red. I've also attached the Word doc, which I think I filled out correctly. Please let us know if more information is needed or any revisions need to be made.

Thanks!

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Wednesday, October 12, 2022 at 12:05 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: New CRC position

Hi Steve,

For new staff recruitments, we will need to submit an essential hire request to the department to approve. The information I need for that is included below. I'll also need you to complete the attached Job Description (JD). You'll also want to make sure you have enough funding to support this position. Please provide me with the funding source you would like to use?

Once you complete the JD and the essential hire request information, I'll submit it to the department for approval. After the department approves, I will then submit new hire requests to HR. They will then post the positions in BrassRing and you will manage the search process.

Info needed for essential hire request.

- Are these new or replacement positions
Splitting already existing position
- Type
 - Full Time
 - Part Time
 - Contract
 - Limited
- Job Code 9335
- Job title Clinical Research Coordinator
- Briefly describe the position's responsibilities
The CRC will execute, manage, and coordinate research protocols, as directed by the Clinical Research Supervisor and/or Principal Investigator (PI) for the Trans Youth Care Study. Duties may include, but will not be limited to: understanding the regulatory, institutional, sponsor and protocol requirements for the study; recruiting and screening potential participants; conducting all aspects of the informed consent process with potential participants; scheduling and managing study participant study visits; collecting data from participants' medical records and entering it into study database.
- %FTE for the position
40%
- Supervisor name
Stephen M. Rosenthal, MD
- Funding Source for Position*
 - Only positions with 100% confirmed funding will be approved. Please list the confirmed funding sources - include percent effort, Fund-DeptID-Project and if applicable, start & end dates.NIH Grant, award number A138395, Trans Youth Care study. 40% FTE through 1/31/2026

Let me know if you have any questions.

Best,

██████████

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:56 PM
To: ██████████, ██████████ <██████████@ucsf.edu>
Cc: ██████████, ██████████ <██████████@ucsf.edu>
Subject: New CRC position

Hi ██████████,

We would like to initiate a job search for a new part-time CRC position at 40% effort. This will be someone that ██████████, cc'd here, and I will both supervise. Please let us know how to proceed. We will be happy to complete the job description portions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall; Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:14 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Yes, [REDACTED] is an existing employee that works in our department. SkillSurvey is not needed, thank you!

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:12 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Stephen,

Does [REDACTED] work in your dept? if so, we won't need SkillSurvey references. But if she doesn't currently work in your dept, then I will need to initiate the SkillSurvey, please let me know

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 1:17 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

We are offering the position to [REDACTED]. Please proceed.

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 11:25 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Candidates are up to date in BrassRing, including [REDACTED]. Please let me know if you have any questions and please keep me posted on the recruitment process.

[REDACTED]
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
[REDACTED]@ucsf.edu

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Before printing, please consider the environment

From: [REDACTED]
Sent: Friday, October 14, 2022 10:48 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Moving [REDACTED] to bcc-

I will review the requisition shortly and follow up with you all.

[REDACTED]
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
[REDACTED]@ucsf.edu

<https://www.ucsf.edu/about/working-ucsf>
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Before printing, please consider the environment

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 10:36 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hello All,

I have forwarded this to [REDACTED] (copied), she is the recruiter that is handling the position!

[REDACTED]
Pronouns: she, her, hers
Talent Acquisition Partner | UC San Francisco HR, Campus
T: 415-514-1110 | [REDACTED]@ucsf.edu
Clifton Strengths: Responsibility, Discipline, Input, Developer, Incluser

<http://www.ucsfhr.ucsf.edu/careers/>
[Follow us on Facebook & Twitter @ucsfcareers](#)



Learn more at ucpath.ucsf.edu.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 9:51 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi [REDACTED],

Do you have any updates for us? We'd like to move this forward. Please let us know.

Best,

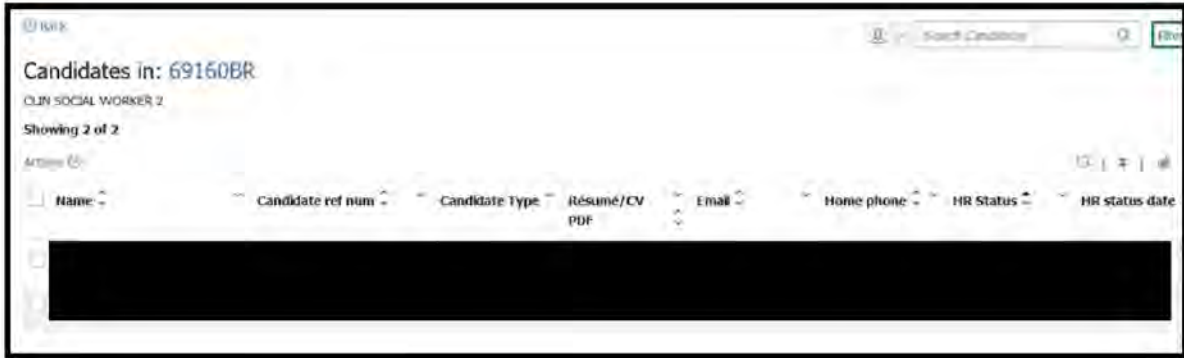
[REDACTED]

From: [REDACTED]
 Sent: Wednesday, October 12, 2022 4:16 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: RE: CSW II/III Job Description

Thank you for letting me know [REDACTED]. I've included [REDACTED] to confirm why I didn't receive this. @ [REDACTED] applied for BR #69160BR on 9/30. However, when I logon to BrassRing it isn't showing that [REDACTED] applied (see screen shot below). Not sure what is going on with the system. Can I move forward with submitting the request to [REDACTED] so she can work on an offer letter?

Best,

[REDACTED]



From: [REDACTED] <[REDACTED]@ucsf.edu>
 Sent: Wednesday, October 12, 2022 4:11 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED]

I did apply to this position on 9/30. Here is a screenshot showing it has been submitted:



Thanks,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Date: Wednesday, October 12, 2022 at 4:06 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I have cc'd [REDACTED]. It was my understanding that [REDACTED] has already applied.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, October 12, 2022 3:18 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi [REDACTED] and Steve,

Should I reach out to [REDACTED] to apply? [REDACTED] has not applied. Here is the screen shot of the applicants who have applied.

Back Search Candidates Filter

Candidates in: 69160BR

CLIN SOCIAL WORKER 2

Showing 2 of 2

Actions

Name	Candidate ref num	Candidate Type	Résumé/CV PDF	Email	Home phone	HR Status	HR status date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:16 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

It's not showing that [REDACTED] applied.

Here are the links:

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>

Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They applied before. Is it an updated link or is there a chance it wasn't forwarded to you ? Could i please have the link? Thank you.

Thank you

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:58:54 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you for the update [REDACTED], greatly appreciated! [REDACTED] still needs to apply. Can you please inform them to apply so I can move forward with HR on next steps?

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED], Steve and [REDACTED],

I spoke with [REDACTED], [REDACTED] and [REDACTED].

As you know from my previous email the other candidate [REDACTED] had no relevant experience for this 20% role and if Steve was interested for research he can follow up there.

My pick is [REDACTED]. [REDACTED] has since accepted another position and [REDACTED] did not have enough relevant experience.

let me know if we need to do anything else in the process or if we can indeed move ahead and offer [REDACTED] the 20%.

** If you happen to get other candidates that seem qualified please forward them to me as we are also hiring for a 90% within the Pediatric Social Work department that would be dedicated to the gender clinic.

Thank you,

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED] <[REDACTED]@ucsf.edu>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 16, 2022 12:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

I've attached 3 applicants who have applied for the position so you can interview two of them. Please let me know once you do so I can update their status in Brassring.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:49 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, September 8, 2022 11:34 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Thanks for letting us know, sorry about the pronoun was typing quickly.

Once [REDACTED] applies and you interview 2 other candidates, we can finalize submitting [REDACTED] as the final candidate for the position.

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:24 AM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] (pronoun is they) is currently on vacation in Spain--I believe for the next 2 weeks.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, September 8, 2022 11:21 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

The Clinical Social Worker I/II position we created for [REDACTED] is live and in BrassRing now (the req # is 69160BR). Please let [REDACTED] know that she can apply. You will need to interview 2 other people as well. [REDACTED] is the resume receiver for the position. The position must stay open for 14 days, then I can submit the new hire request to HR for [REDACTED]. I've included the link to the position for you below.

@ [REDACTED] can you send the candidate list along with resumes to Steve and [REDACTED], so they can interview 2 other candidates aside from [REDACTED]?

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>
Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

Feel free to let me know if you have any questions.

@ [REDACTED] Please let me know once [REDACTED] applies.

Best,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 10:09 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They will determine the step once we make the formal offer letter.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 25, 2022 5:03 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],
What about the "step" within the CSW I/II?
Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:40 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, happy to help.

Not yet, waiting for the Compensation team to review the JD and provide their approval. Once they do, the position will be posted in BrassRing. Once it's posted I'll let you all know for [REDACTED] to apply directly.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:36 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

wonderful thank you, [REDACTED]

what is the next step?

do you need anything from our end? From Dr. Rosenthal, myself or [REDACTED] to move this forward?

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, August 25, 2022 4:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

FYI, its been updated in the JD to level one and two.

From: [REDACTED]
Sent: Monday, August 22, 2022 12:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Okay thanks for confirming, I'll reach out to HR now.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 10:04 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Yes that is what [REDACTED]'s level actually is so we should write the job that way. He is currently a 1. If we put 2-3 he won't qualify

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 22, 2022 1:02:45 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

So were changing it to a level I/II rather than level II/III?

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 6:46 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you. Just making sure also you saw the thread that it is a clinical social worker I/II and he is a I at this time
It was put in as an error II/III

Please verify with HR

Should be

Clinical Social Worker I/II

And he is a level I

Thank you!

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, August 19, 2022 1:05:52 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Got it-thank you, sorry I missed that! I'm submitting this to Central HR for their review today. Will let you know what they say.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 6:41 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

[REDACTED] filled it out and I reviewed approved that 8/5.
I'll ask [REDACTED] to forward.

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 5:47:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: RE: CSW II/III Job Description

██████ can you please add the duties and effort for each duty on the previous JD template I sent you and email that back to me?

Thanks,

██████

From: ██████, ██████ <██████@ucsf.edu>

Sent: Monday, August 15, 2022 2:43 PM

To: ██████, ██████ <██████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: Re: CSW II/III Job Description

Hi ██████ and Steve ..

I'm working intermittently..

Everything looks good except the Level.

For Clinical Social Worker 2 you need a minimum of 3 yrs and registered with BNS etc

So It should be written as a CSW I/II and ██████'s pay scale would qualify as a Level I

It will still be more than the research pay scale so the .2 will be at CSW I

Please remember to mark this as paid from the SFDPH grant and is temp ending 6/30/2023 - please make sure this .2 is not coming from the permanent Pedi SW budget

It could be renegotiated with Pedi Endocrine after the grant cycle ends should they want to use other funds.

Otherwise all tasks and descriptions look good.

Thank you

██████

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From: ██████, ██████ <██████@ucsf.edu>

Sent: Monday, August 15, 2022 3:30 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: ██████, ██████ <██████@ucsf.edu>

Subject: RE: CSW II/III Job Description

No problem, thank you for the update. I'll wait for ██████ to come back from vacation and modify the JD.

Best,

██████

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, August 15, 2022 12:02 PM

To: ██████, ██████ <██████@ucsf.edu>

Cc: ██████, ██████ <██████@ucsf.edu>

Subject: Re: CSW II/III Job Description

Hi ██████,

██████ is currently on vacation, I believe for 2 weeks. I'm sure ██████ will be able to attend to this hopefully soon after they return.

Thanks so much for following up!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434

Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 11:01 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

Have you had a chance to make the updates I requested on 8/5, just following up to see where things are?

Best,

[REDACTED]

From: [REDACTED]
Sent: Friday, August 5, 2022 10:57 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you both, can you please use the attached Job Description template. Add the information below onto it accordingly and update the items highlighted in yellow. Once you do that email it back to me.

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 4, 2022 5:47 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CSW II/III Job Description

Hi [REDACTED],

Here is the revised job description for CSW II/III, as approved by [REDACTED]

The Clinical Social Worker II/III is a temporary 0.2/FTE position housed in Pediatric Endocrinology and specifically assigned to the Child and Adolescent Gender Center. The Clinical Social Worker II/III will primarily assist in psychosocial assessments and follow up on case management needs for clinic patients residing in the City and County of San Francisco and other duties as needed. Clinical case management tasks can include but are not exclusive to linkage to resources, obtaining gender and psychosocial timelines, parent support, coordination of care outside and within CAGC providers, insurance denials/advocacy, support group facilitation, and curating talks for families on varied gender care topics. The Clinical Social Worker II/III will track data of who is served and solicit and compile feedback from direct patient care services and training events. The Clinical Social Worker II/III will work exclusively on the CAGC – DPH partnership under the supervision of the Director of Community Based Clinical Services and Training/CAGC Clinical Social Worker. As indicated, the Clinical Social Worker II/III can receive BBS clinical hours under this supervision for all tasks that are defined under clinical case management/direct service. The Clinical Social Worker II/III will attend the weekly CAGC- DPH team meeting and may also be assigned tasks from the CAGC Director of Community Based Programs. The position may include both remote and on-site tasks and it is understood the position is considered "hybrid" for this reason. To that end, the Clinical Social Worker II/III will need remote access to direct patient care information to properly assess all needs including risk or barriers to healthcare access.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

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Mission Hall: Global Health and Clinical Sciences

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:25 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

Thanks for keeping this ball rolling. Steve and I are planning to review the applicants together, if I'm allowed to based on my current position? I'll let Steve weigh in if there's anybody else he'd like to include in this, but not to my knowledge.

Thanks again,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Monday, October 17, 2022 at 12:13 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Hi [REDACTED],

I submitted the essential hire approval request. Once it's approved, I'll submit the new hire request to HR along with the JD. On the JD, I need to include who will receive and review the resumes in BrassRing, let me know if you would like for me to include someone else from Steve's team.

Best,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 4:09 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

I provided the information you requested to the best of my ability, below in red. I've also attached the Word doc, which I think I filled out correctly. Please let us know if more information is needed or any revisions need to be made.

Thanks!
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Wednesday, October 12, 2022 at 12:05 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: New CRC position

Hi Steve,

For new staff recruitments, we will need to submit an essential hire request to the department to approve. The information I need for that is included below. I'll also need you to complete the attached Job Description (JD). You'll also want to make sure you have enough funding to support this position. Please provide me with the funding source you would like to use?

Once you complete the JD and the essential hire request information, I'll submit it to the department for approval. After the department approves, I will then submit new hire requests to HR. They will then post the positions in BrassRing and you will manage the search process.

Info needed for essential hire request.

- Are these new or replacement positions
Splitting already existing position
- Type
 - Full Time
 - Part Time
 - Contract
 - Limited
- Job Code 9335
- Job title Clinical Research Coordinator
- Briefly describe the position's responsibilities

The CRC will execute, manage, and coordinate research protocols, as directed by the Clinical Research Supervisor and/or Principal Investigator (PI) for the Trans Youth Care Study. Duties may include, but will not be limited to: understanding the regulatory, institutional, sponsor and protocol requirements for the study; recruiting and screening potential participants; conducting all aspects of the informed consent process with potential participants; scheduling and managing study participant study visits; collecting data from participants' medical records and entering it into study database.

- %FTE for the position
40%
 - Supervisor name
Stephen M. Rosenthal, MD
 - Funding Source for Position*
 - Only positions with 100% confirmed funding will be approved. Please list the confirmed funding sources - include percent effort, Fund-DeptID-Project and if applicable, start & end dates.
- NIH Grant, award number A138395, Trans Youth Care study. 40% FTE through 1/31/2026

Let me know if you have any questions.

Best,

██████████

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:56 PM
To: ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>
Subject: New CRC position

Hi ██████████,

We would like to initiate a job search for a new part-time CRC position at 40% effort. This will be someone that ██████████, cc'd here, and I will both supervise. Please let us know how to proceed. We will be happy to complete the job description portions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:28 PM PDT
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Yes, you can review and organize the recruitment in BrassRing based on your position. I'll wait for Steve to confirm as well.

Best,

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:26 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED]

Thanks for keeping this ball rolling. Steve and I are planning to review the applicants together, if I'm allowed to based on my current position? I'll let Steve weigh in if there's anybody else he'd like to include in this, but not to my knowledge.

Thanks again,

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Date: Monday, October 17, 2022 at 12:13 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Hi [REDACTED]

I submitted the essential hire approval request. Once it's approved, I'll submit the new hire request to HR along with the JD. On the JD, I need to include who will receive and review the resumes in BrassRing, let me know if you would like for me to include someone else from Steve's team.

Best,

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 4:09 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED]

I provided the information you requested to the best of my ability, below in red. I've also attached the Word doc, which I think I filled out correctly. Please let us know if more information is needed or any revisions need to be made.

Thanks!

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Date: Wednesday, October 12, 2022 at 12:05 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: New CRC position

Hi Steve,

For new staff recruitments, we will need to submit an essential hire request to the department to approve. The information I need for that is included below. I'll also need you to complete the attached Job Description (JD). You'll also want to make sure you have enough funding to support this position. Please provide me with the funding source you would like to use?

Once you complete the JD and the essential hire request information, I'll submit it to the department for approval. After the department approves, I will then submit new hire requests to HR. They will then post the positions in BrassRing and you will manage the search process.

Info needed for essential hire request.

- Are these new or replacement positions
Splitting already existing position
- Type
 - Full Time
 - Part Time
 - Contract
 - Limited
- Job Code 9335
- Job title Clinical Research Coordinator
- Briefly describe the position's responsibilities
The CRC will execute, manage, and coordinate research protocols, as directed by the Clinical Research Supervisor and/or Principal Investigator (PI) for the Trans Youth Care Study. Duties may include, but will not be limited to: understanding the regulatory, institutional, sponsor and protocol requirements for the study; recruiting and screening potential participants; conducting all aspects of the informed consent process with potential participants; scheduling and managing study participant study visits; collecting data from participants' medical records and entering it into study database.
- %FTE for the position
40%
- Supervisor name
Stephen M. Rosenthal, MD
- Funding Source for Position*
 - Only positions with 100% confirmed funding will be approved. Please list the confirmed funding sources - include percent effort, Fund-DeptID-Project and if applicable, start & end dates.
NIH Grant, award number A138395, Trans Youth Care study. 40% FTE through 1/31/2026

Let me know if you have any questions.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: New CRC position

Hi [REDACTED],

We would like to initiate a job search for a new part-time CRC position at 40% effort. This will be someone that [REDACTED], cc'd here, and I will both supervise. Please let us know how to proceed. We will be happy to complete the job description portions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 17, 2022 3:56 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: New CRC position

Confirmed!
Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:28 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Yes, you can review and organize the recruitment in BrassRing based on your position. I'll wait for Steve to confirm as well.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:26 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

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Thanks again,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Monday, October 17, 2022 at 12:13 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

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Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 4:09 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED]

I provided the information you requested to the best of my ability, below in red. I've also attached the Word doc, which I think I filled out correctly. Please let us know if more information is needed or any revisions need to be made.

Thanks!

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Wednesday, October 12, 2022 at 12:05 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: New CRC position

Hi Steve,

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Info needed for essential hire request.

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- Job Code 9335
- Job title Clinical Research Coordinator
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- %FTE for the position
40%
- Supervisor name
Stephen M. Rosenthal, MD
- Funding Source for Position*
 - Only positions with 100%confirmed funding will be approved. Please list the confirmed funding sources - include percent effort, Fund-DeptID-Project and if applicable, start & end dates.NIH Grant, award number A138395, Trans Youth Care study. 40% FTE through 1/31/2026

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: New CRC position

Hi [REDACTED],

We would like to initiate a job search for a new part-time CRC position at 40% effort. This will be someone that [REDACTED], cc'd here, and I will both supervise. Please let us know how to proceed. We will be happy to complete the job description portions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, October 17, 2022 4:05 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CAGC West Bay Procedure Needs Update

Wonderful news!!

Thank you so much!

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 17, 2022 10:50 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: RE: CAGC West Bay Procedure Needs Update

All,

Great news! The FPO ERF Committee just approved an additional 1.0 FTE NP for CAGC.

The request will go to the UCSF Labor Management Review Committee next Thursday (10/27) for final approval and will then be pushed through to HR for posting. I'm confident that it'll be posted in the next 2-3 weeks.

Thank you for your patience on this, and please let me know if you have any questions.

Thanks,

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, September 30, 2022 3:30 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: CAGC West Bay Procedure Needs Update

Hello All,

I am writing to let the group know that we have a pressing and urgent need to increase procedure clinic capacity in Pediatric Endocrinology by 2023. I anticipate receipt of NIH Grant funding in the coming weeks, which will reduce my clinical effort from ~70% down to ~10%. I have agreed to continue procedure clinic at full force through the end of 2022, but we urgently need an additional provider by 2023. I am happy to remain involved and overlap as much as needed to train this new provider, but I hope that I can convey the urgency with which we need an additional NP to assist with our high-demand procedure clinic.

Please let me know if you require any additional information - we've been quite busy and are already ahead of where we were in terms of procedure numbers compared to FY2021. Hopefully this will be important information for the medical center to approve this NP position expeditiously!

Best,

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 4:22 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Fantastic, thank you for confirming.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:14 PM
To: [REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Yes, [REDACTED] is an existing employee that works in our department. SkillSurvey is not needed, thank you!

From: [REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:12 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Stephen,

Does [REDACTED] work in your dept? if so, we won't need SkillSurvey references. But if she doesn't currently work in your dept, then I will need to initiate the SkillSurvey, please let me know

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 1:17 PM
To: [REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

We are offering the position to [REDACTED]. Please proceed.

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 11:25 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Candidates are up to date in BrassRing, including [REDACTED]. Please let me know if you have any questions and please keep me posted on the recruitment process.

[REDACTED]
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
[REDACTED]@ucsf.edu

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Before printing, please consider the environment.

From: [REDACTED]
Sent: Friday, October 14, 2022 10:48 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Moving [REDACTED] to bcc-

I will review the requisition shortly and follow up with you all.

[REDACTED]
Pronouns: She, Her, Hers
UCSF Health | Talent Acquisition Partner
tel: (503)807-6245
[REDACTED]@ucsf.edu

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Before printing, please consider the environment.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 10:36 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hello All,

I have forwarded this to [REDACTED] (copied), she is the recruiter that is handling the position!

[REDACTED]
Pronouns: she, her, hers
Talent Acquisition Partner | UC San Francisco HR, Campus
T: 415-514-1110 | [REDACTED]@ucsf.edu
Clifton Strengths: Responsibility, Discipline, Input, Developer, Includer

<http://www.ucsfhr.ucsf.edu/careers/>
[Follow us on Facebook & Twitter @ucsfcareers](#)

UCPath
Learn more at ucpath.ucsf.edu.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 9:51 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi [REDACTED].

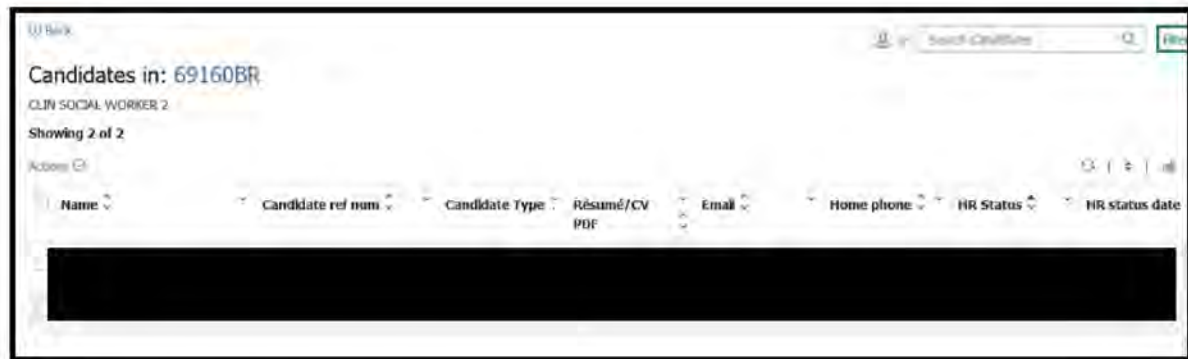
Do you have any updates for us? We'd like to move this forward. Please let us know.

Best,

From: [REDACTED]
Sent: Wednesday, October 12, 2022 4:16 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you for letting me know [REDACTED]. I've included [REDACTED] to confirm why I didn't receive this. @ [REDACTED] applied for BR #69160BR on 9/30. However, when I logon to BrassRing it isn't showing that [REDACTED] applied (see screen shot below). Not sure what is going on with the system. Can I move forward with submitting the request to [REDACTED] so she can work on an offer letter?

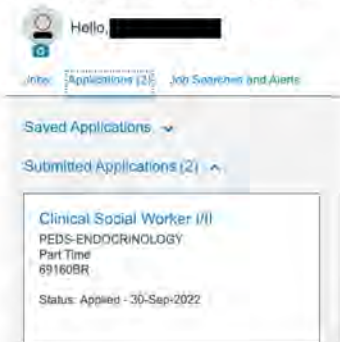
Best,



From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, October 12, 2022 4:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED].

I did apply to this position on 9/30. Here is a screenshot showing it has been submitted:



Thanks,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Wednesday, October 12, 2022 at 4:06 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

Hi [REDACTED],

I have cc'd [REDACTED]. It was my understanding that [REDACTED] has already applied.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
 Professor of Pediatrics
 Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
 University of California, San Francisco
 Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
 Pronouns: he/him/his

Director, World Professional Association for Transgender Health
 Past Vice President and Director, Endocrine Society
 Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
 Fax: (415) 476-5356
 email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
 Sent: Wednesday, October 12, 2022 3:18 PM
 To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: RE: CSW II/III Job Description

Hi [REDACTED] and Steve,

Should I reach out to [REDACTED] to apply? [REDACTED] has not applied. Here is the screen shot of the applicants who have applied.

Back Search Candidates Filter

Candidates in: 69160BR

CLIN SOCIAL WORKER 2

Showing 2 of 2

Actions

Name	Candidate ref num	Candidate Type	Résumé/CV PDF	Email	Home phone	HR Status	HR status date
[REDACTED]							
[REDACTED]							

Best,

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
 Sent: Friday, September 30, 2022 4:16 PM
 To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
 Cc: [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: CSW II/III Job Description

It's not showing that [REDACTED] applied.

Here are the links:

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>

Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 4:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

They applied before. Is it an updated link or is there a chance it wasn't forwarded to you ? Could i please have the link? Thank you.

Thank you

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:58:54 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you for the update [REDACTED], greatly appreciated! [REDACTED] still needs to apply. Can you please inform them to apply so I can move forward with HR on next steps?

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED], Steve and [REDACTED],

I spoke with [REDACTED], [REDACTED] and [REDACTED].

As you know from my previous email the other candidate [REDACTED] had no relevant experience for this 20% role and if Steve was interested for research he can follow up there.

My pick is [REDACTED]. [REDACTED] has since accepted another position and [REDACTED] did not have enough relevant experience.

let me know if we need to do anything else in the process or if we can indeed move ahead and offer [REDACTED] the 20%.

** If you happen to get other candidates that seem qualified please forward them to me as we are also hiring for a 90% within the Pediatric Social Work department that would be dedicated to the gender clinic.

Thank you,

[REDACTED]

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

██████████ text/voice

██████████@ucsf.edu

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Friday, September 16, 2022 12:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and ██████████,

I've attached 3 applicants who have applied for the position so you can interview two of them. Please let me know once you do so I can update their status in Brassring.

Best,

██████████

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, September 8, 2022 11:49 AM
To: ██████████, ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Thursday, September 8, 2022 11:34 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thanks for letting us know, sorry about the pronoun was typing quickly.

Once ██████████ applies and you interview 2 other candidates, we can finalize submitting ██████████ as the final candidate for the position.

Let me know if you have any questions.

Best,

██████████

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, September 8, 2022 11:24 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] (pronoun is they) is currently on vacation in Spain--I believe for the next 2 weeks.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, September 8, 2022 11:21 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

The Clinical Social Worker I/II position we created for [REDACTED] is live and in BrassRing now (the req # is 69160BR). Please let [REDACTED] know that she can apply. You will need to interview 2 other people as well. [REDACTED] is the resume receiver for the position. The position must stay open for 14 days, then I can submit the new hire request to HR for [REDACTED]. I've included the link to the position for you below.

@ [REDACTED] can you send the candidate list along with resumes to Steve and [REDACTED], so they can interview 2 other candidates aside from [REDACTED]?

External job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5861&Areq=69160BR>
Internal job link: <https://jobs.brassring.com/TGnewUI/Search/home/HomeWithPreLoad?PageType=JobDetails&partnerid=6495&siteid=5862&Areq=69160BR>

Feel free to let me know if you have any questions.

@ [REDACTED] Please let me know once [REDACTED] applies.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, August 25, 2022 10:09 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

They will determine the step once we make the formal offer letter.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, August 25, 2022 5:03 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CSW II/III Job Description

Hi [REDACTED],

What about the "step" within the CSW I/II?

Thanks,

Steve

Stephen M. Rosenthal, M.D.

Professor of Pediatrics

Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center

University of California, San Francisco

Mission Hall: Global Health and Clinical Sciences

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Director, World Professional Association for Transgender Health

Past Vice President and Director, Endocrine Society

Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, August 25, 2022 4:40 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: RE: CSW II/III Job Description

No problem, happy to help.

Not yet, waiting for the Compensation team to review the JD and provide their approval. Once they do, the position will be posted in BrassRing. Once it's posted I'll let you all know for [REDACTED] to apply directly.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, August 25, 2022 4:36 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: Re: CSW II/III Job Description

wonderful thank you, [REDACTED]

what is the next step?

do you need anything from our end? From Dr. Rosenthal, myself or [REDACTED] to move this forward?

[REDACTED]

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

text/voice

@ucsf.edu

From: <@ucsf.edu>
Sent: Thursday, August 25, 2022 4:35 PM
To: <@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

FYI, its been updated in the JD to level one and two.

From: <@ucsf.edu>
Sent: Monday, August 22, 2022 12:35 PM
To: <@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Okay thanks for confirming, I'll reach out to HR now.

From: <@ucsf.edu>
Sent: Monday, August 22, 2022 10:04 AM
To: <@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Yes that is what's level actually is so we should write the job that way. He is currently a 1. If we put 2-3 he won't qualify

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From: <@ucsf.edu>
Sent: Monday, August 22, 2022 1:02:45 PM
To: <@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

So were changing it to a level I/II rather than level II/III?

Best,

From: <@ucsf.edu>
Sent: Friday, August 19, 2022 6:46 PM
To: <@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Thank you. Just making sure also you saw the thread that it is a clinical social worker I/II and he is a I at this time
It was put in as an error II/III

Please verify with HR

Should be

Clinical Social Worker I/II

And he is a level I

Thank you!

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From: <@ucsf.edu>
Sent: Friday, August 19, 2022 1:05:52 PM
To: <@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

Got it-thank you, sorry I missed that! I'm submitting this to Central HR for their review today. Will let you know what they say.

Best,

From: <@ucsf.edu>
Sent: Monday, August 15, 2022 6:41 PM

To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

[REDACTED] filled it out and I reviewed approved that 8/5.
I'll ask [REDACTED] to forward.

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From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 5:47:43 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: CSW II/III Job Description

[REDACTED] can you please add the duties and effort for each duty on the previous JD template I sent you and email that back to me?

Thanks,

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 2:43 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED] and Steve ..

I'm working intermittently..

Everything looks good except the Level.

For Clinical Social Worker 2 you need a minimum of 3 yrs and registered with BNS etc

So It should be written as a CSW I/II and [REDACTED]'s pay scale would qualify as a Level I

It will still be more than the research pay scale so the .2 will be at CSW I

Please remember to mark this as paid from the SFDPH grant and is temp ending 6/30/2023 - please make sure this .2 is not coming from the permanent Pedi SW budget

It could be renegotiated with Pedi Endocrine after the grant cycle ends should they want to use other funds.

Otherwise all tasks and descriptions look good.

Thank you

[REDACTED]

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From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 3:30 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

No problem, thank you for the update. I'll wait for [REDACTED] to come back from vacation and modify the JD.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, August 15, 2022 12:02 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CSW II/III Job Description

Hi [REDACTED],

[REDACTED] is currently on vacation, I believe for 2 weeks. I'm sure [REDACTED] will be able to attend to this hopefully soon after they return.

Thanks so much for following up!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, August 15, 2022 11:01 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Hi Steve and [REDACTED],

Have you had a chance to make the updates I requested on 8/5, just following up to see where things are?

Best,

From: [REDACTED]
Sent: Friday, August 5, 2022 10:57 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CSW II/III Job Description

Thank you both, can you please use the attached Job Description template. Add the information below onto it accordingly and update the items highlighted in yellow. Once you do that email it back to me.

Let me know if you have any questions.

Best,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, August 4, 2022 5:47 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CSW II/III Job Description

Hi [REDACTED],

Here is the revised job description for CSW II/III, as approved by [REDACTED]

The Clinical Social Worker II/III is a temporary 0.2/FTE position housed in Pediatric Endocrinology and specifically assigned to the Child and Adolescent Gender Center. The Clinical Social Worker II/III will primarily assist in psychosocial assessments and follow up on case management needs for clinic patients residing in the City and County of San Francisco and other duties as needed. Clinical case management tasks can include but are not exclusive to linkage to resources, obtaining gender and psychosocial timelines, parent support, coordination of care outside and within CAGC providers,

insurance denials/advocacy, support group facilitation, and curating talks for families on varied gender care topics. The Clinical Social Worker II/III will track data of who is served and solicit and compile feedback from direct patient care services and training events. The Clinical Social Worker II/III will work exclusively on the CAGC – DPH partnership under the supervision of the Director of Community Based Clinical Services and Training/CAGC Clinical Social Worker. As indicated, the Clinical Social Worker II/III can receive BBS clinical hours under this supervision for all tasks that are defined under clinical case management/direct service. The Clinical Social Worker II/III will attend the weekly CAGC- DPH team meeting and may also be assigned tasks from the CAGC Director of Community Based Programs. The position may include both remote and on-site tasks and it is understood the position is considered "hybrid" for this reason. To that end, the Clinical Social Worker II/III will need remote access to direct patient care information to properly assess all needs including risk or barriers to healthcare access.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
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Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

Sent: Monday, October 17, 2022 4:57 PM PDT

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 17, 2022 5:47 PM PDT
To: [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: TYC Study Gift Cards -- UPDATE as of 10/17/22 -- Please verify funding source
Hi [REDACTED],

The fund that should be charged is the one related to our NIH 5-yr TYC grant.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 5:01 PM
To: [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: TYC Study Gift Cards -- UPDATE as of 10/17/22 -- Please verify funding source

[REDACTED]

Please note project 126879A ended on 5/4/2021 per [REDACTED].

[@Rosenthal, Stephen](#): Can we charge COA [REDACTED] (discretionary fund) for this expense?

Please advise.

Thank you.

[REDACTED]
UCSF Department of Pediatrics
Division of Pediatric Endocrinology
Mission Hall | 550 16th Street, 4th floor | Box 0434
San Francisco, CA 94143
tel 415.476.2245 | fax 415.476.5356
[\[REDACTED\]@ucsf.edu](#)
FedEx deliveries: use 94158

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Tuesday, October 11, 2022 3:08 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: TYC Study Gift Cards

Hi [REDACTED],

I hope you're doing well!

We are running low on Amazon e-codes once again. Would you mind ordering us 100 \$50 e-cards?

Thanks so much,

[REDACTED]

--
[REDACTED] [REDACTED], ASW
(Pronouns: they/them/theirs)
Clinical Research Coordinator
UCSF Child & Adolescent Gender Center
(707) 722-0478 | [REDACTED] [REDACTED]@ucsf.edu

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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Tuesday, October 18, 2022 8:16 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fwd: Fact checking request from New York Times

Get [Outlook for iOS](#)

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 17, 2022 9:08 AM
To: Megan Twohey <megan.twohey@nytimes.com>
Subject: Re: Fact checking request from New York Times

Hi Megan,

You're welcome. You can call me tomorrow (9 AM Pacific) on my cell: [REDACTED].

Looking forward to reconnecting as well,

Best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Megan Twohey <megan.twohey@nytimes.com>
Sent: Monday, October 17, 2022 9:00 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: Fact checking request from New York Times

This Message Is From an External Sender

This message came from outside your organization.

Thanks, Dr. Rosenthal. Tomorrow at 9am your time is best for me.
Would you like me to call a particular number?
Looking forward to reconnecting...
Best,
Megan

On Mon, Oct 17, 2022 at 11:15 AM Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:
Hi Megan,

I can speak with you today at 4:15 PM Pacific/7:15 PM Eastern or later, or tomorrow sometime in the window of 8:30-10 AM Pacific/ 11:30 AM-1:00 PM Eastern. Please let me know if either works for you.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Megan Twohey <megan.twohey@nytimes.com>
Sent: Monday, October 17, 2022 4:24 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Fact checking request from New York Times

This Message Is From an External Sender

This message came from outside your organization.

Dr. Rosenthal,

Megan Twohey here again, from The Times.

I hope this email finds you well.

I'm finally finishing up my story on the use of puberty blockers and I'd value the chance to go over the quotes in the story from you.

Do you have time to talk today or tomorrow? It need not take long!

My deadline is Wednesday.

Please let me know!

Best,
Megan

Megan Twohey
Reporter
The New York Times
cell: 646 670-8103
megan.twohey@nytimes.com

On Thu, Apr 21, 2022 at 9:15 AM Megan Twohey <megan.twohey@nytimes.com> wrote:

Hi Steve,

I'll call that number at 330pm your time!

Best,
Megan

On Mon, Apr 18, 2022 at 4:56 PM Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Please feel free to call my cell [REDACTED] at that time.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Megan Twohey <megan.twohey@nytimes.com>
Sent: Monday, April 18, 2022 1:53 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: Follow up from megan, New York Times

This Message Is From an External Sender

This message came from outside your organization.

Yes that works! Looking forward to it

On Mon, Apr 18, 2022 at 2:12 PM Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:
Hi Megan,

Would 3:30-4:00 PM on Thursday, 4/21, work for you?

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
[550 16th St.](#), 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Megan Twohey <megan.twohey@nytimes.com>
Sent: Monday, April 18, 2022 7:29 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Follow up from megan, New York Times

This Message Is From an External Sender

This message came from outside your organization.

Dr Rosenthal,

Megan Twohey here again, from The Times.

Thank you again for taking so much time to talk last week. Christina and I really appreciated it. Wanted to circle back to see if you'd have a half hour to hop back on the phone with me this week. I'd value hearing more about the benefits of puberty-blockers (we spent a lot of time talking about bones!). And hearing about the formation of the 2017 guidelines crafted by the endocrine society.

I'm on vacation through Wednesday. Would you perhaps have some time Thursday?

Please let me know.

And thanks again for your assistance!

Best,

Megan

Megan Twohey
Reporter
The New York Times
Cell: 646 670-8103
Megan.twohey@nytimes.com

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Tuesday, October 18, 2022 10:37 AM PDT
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: TYC Study Gift Cards -- UPDATE as of 10/17/22 -- Please verify funding source
Hi [REDACTED]

The updated award number for the TYC grant is A138395.

Thanks!
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Monday, October 17, 2022 at 5:47 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: TYC Study Gift Cards -- UPDATE as of 10/17/22 -- Please verify funding source

Hi [REDACTED],

The fund that should be charged is the one related to our NIH 5-yr TYC grant.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 5:01 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: TYC Study Gift Cards -- UPDATE as of 10/17/22 -- Please verify funding source

[REDACTED]
Please note project 126879A ended on 5/4/2021 per [REDACTED] [REDACTED].

[@Rosenthal, Stephen](#): Can we charge COA [REDACTED] (discretionary fund) for this expense?

Please advise.

Thank you.
[REDACTED]

[REDACTED] [REDACTED]
UCSF Department of Pediatrics
Division of Pediatric Endocrinology
Mission Hall | 550 16th Street, 4th floor | Box 0434
San Francisco, CA 94143

tel 415.476.2245 | fax 415.476.5356

██████████@ucsf.edu

FedEx deliveries: use 94158

From: ██████████ <██████████@ucsf.edu>
Sent: Tuesday, October 11, 2022 3:08 PM
To: ██████████, ██████████ <██████████@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: TYC Study Gift Cards

Hi ██████████

I hope you're doing well!

We are running low on Amazon e-codes once again. Would you mind ordering us 100 \$50 e-cards?

Thanks so much,

██████████

--

██████████ ASW
(Pronouns: they/them/theirs)
Clinical Research Coordinator
UCSF Child & Adolescent Gender Center
(707) 722-0478 | ██████████@ucsf.edu

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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Tuesday, October 18, 2022 11:57 AM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CAGC West Bay Procedure Needs Update

Hi,

This is fantastic! I appreciate your leadership and advocacy!

Kind regards,

Dr. [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, October 17, 2022 4:05 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CAGC West Bay Procedure Needs Update

Wonderful news!!

Thank you so much!

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 17, 2022 10:50 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: RE: CAGC West Bay Procedure Needs Update

All,

Great news! The FPO ERF Committee just approved an additional 1.0 FTE NP for CAGC.

The request will go to the UCSF Labor Management Review Committee next Thursday (10/27) for final approval and will then be pushed through to HR for posting. I'm confident that it'll be posted in the next 2-3 weeks.

Thank you for your patience on this, and please let me know if you have any questions.

Thanks,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, September 30, 2022 3:30 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: CAGC West Bay Procedure Needs Update

Hello All,

I am writing to let the group know that we have a pressing and urgent need to increase procedure clinic capacity in Pediatric Endocrinology by 2023. I anticipate receipt of NIH Grant funding in the coming weeks, which will reduce my clinical effort from ~70% down to ~10%. I have agreed to continue procedure clinic at full force through the end of 2022, but we urgently need an additional provider by 2023. I am happy to remain involved and overlap as much as needed to train this new provider, but I hope that I can convey the urgency with which we need an additional NP to assist with our high-demand procedure clinic.

Please let me know if you require any additional information - we've been quite busy and are already ahead of where we were in terms of procedure numbers compared to FY2021. Hopefully this will be important information for the medical center to approve this NP position expeditiously!

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine

Divisions of Pediatric Endocrinology and Endocrinology & Metabolism

Assistant Medical Director, Child and Adolescent Gender Center

University of California, San Francisco

Mission Hall

550 16th St, 4th Floor, Box 0434

San Francisco, CA 94143

E-mail: [REDACTED]@ucsf.edu

She/Her/Hers

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Tuesday, October 18, 2022 2:59 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Interview Friday, 10.21.22? Re: Introductions - Stewardship report for [REDACTED]

Hello again,

Forgive the gentle nudge. But I am hoping to schedule this interview for Friday, and I wanted to reach out again to you, Dr. [REDACTED], to see if you are available at **1 pm, 2 pm or 3 pm on Friday, Oct. 21?**

As I understand it from [REDACTED], these are the points we want to cover in the report:

- Established new position Director of Advocacy and recruited highly sought-after candidate
- Moving into the Pritzker building
- Hiring new position: Director of Education
- Strengthened community partnership with Mind the Gap (providers with gender affirming approach who accept referrals from UCSF)
- Hired [REDACTED] RN, who is fluent in Cantonese and English.

Crossing my fingers that Friday afternoon will work for you, Dr. [REDACTED].

Thanks so much,
[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 1:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Introductions - Stewardship report for [REDACTED]

Hello Steve,

Thanks so much for your prompt reply ! **I can meet at 1 pm, 2 pm or 3 pm on Friday, Oct. 21.**

[REDACTED], I am hoping one of those times works for you. Once we have confirmed, I will send a zoom invite.

Best,
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 1:50 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Introductions - Stewardship report for [REDACTED]

Hi [REDACTED],

Nice to meet you! I would be happy to be present with [REDACTED] for the entire interview. I believe Friday afternoons are best for [REDACTED], and I'm available starting at 1 PM on 10/21 (pending one potential conflict).

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 14, 2022 12:29 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Introductions - Stewardship report for [REDACTED]

Hello Dr. Rosenthal and Dr. [REDACTED]

Thanks, [REDACTED], for your introduction. I write stewardship reports for UCSF, and I am eager to talk to you both about this gift. It can be difficult to interview two people at the same time -- so if I can focus on one person for one part of the story and the other person for the other part of the story, that might be the most efficient way to handle this. And if you would both like to be present for the entire interview -- that's fine.

If you could send me times and days that you are both available during the next week -- that would be great! I would like to handle this interview before Oct. 25 because I will be gone for a week starting Oct. 26. I hope that doesn't make this too inconvenient.

I look forward to hearing from you.

Thanks so much,

[REDACTED]
Senior Donor Relations Writer, Advanced Communications
University Development & Alumni Relations

University of California, San Francisco
2001 The Embarcadero, 3rd Floor | Box 0248
San Francisco, CA 94143
mobile: [REDACTED]

[REDACTED]@ucsf.edu

UCSF

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 14, 2022 12:11 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Introductions - Stewardship report for [REDACTED]

Good morning Steve and [REDACTED]

I'd like to introduce you to my esteemed colleague [REDACTED] who is drafting a stewardship report for [REDACTED]. You might recall Mr. [REDACTED] gave last year per [REDACTED]'s request.

[REDACTED] would like to speak with you about the highlights that should be included. I suggested:

- Established new position Director of Advocacy and recruited highly sought-after candidate
- Moving into the Pritzker building
- Hiring for a new position Director of Education
- Strengthened community partnership with Mind the Gap
- Hired [REDACTED] RN, who is fluent in Cantonese and English.

I will not be part of the meeting with you and [REDACTED], so I will defer to her on scheduling.

Best,



██████████
Director of Development,
Children's Health
Pronouns: *she, her, hers*

C ██████████
E ██████████@ucsf.edu

UCSF Benioff Children's Hospitals
Foundation

give.ucsfbenioffchildrens.org



From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Tuesday, October 18, 2022 4:13 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Interview Friday, 10.21.22? Re: Introductions - Stewardship report for [REDACTED]

I'm available 1 pm or 3 pm.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Tuesday, October 18, 2022 2:59 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Interview Friday, 10.21.22? Re: Introductions - Stewardship report for [REDACTED]

Hello again,
Forgive the gentle nudge. But I am hoping to schedule this interview for Friday, and I wanted to reach out again to you, Dr. [REDACTED], to see if you are available at **1 pm, 2 pm or 3 pm on Friday, Oct. 21?**

As I understand it from [REDACTED], these are the points we want to cover in the report:

- Established new position Director of Advocacy and recruited highly sought-after candidate
- Moving into the Pritzker building
- Hiring new position: Director of Education
- Strengthened community partnership with Mind the Gap (providers with gender affirming approach who accept referrals from UCSF)
- Hired [REDACTED] RN, who is fluent in Cantonese and English.

Crossing my fingers that Friday afternoon will work for you, Dr. [REDACTED].
Thanks so much,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 1:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Introductions - Stewardship report for [REDACTED]

Hello Steve,
Thanks so much for your prompt reply !! **I can meet at 1 pm, 2 pm or 3 pm on Friday, Oct. 21.**

[REDACTED], I am hoping one of those times works for you. Once we have confirmed, I will send a zoom invite.

Best,
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 1:50 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Introductions - Stewardship report for [REDACTED]

Hi [REDACTED],

Nice to meet you! I would be happy to be present with [REDACTED] for the entire interview. I believe Friday afternoons are best for [REDACTED], and I'm available starting at 1 PM on 10/21 (pending one potential conflict).

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 12:29 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Introductions - Stewardship report for [REDACTED]

Hello Dr. Rosenthal and Dr. [REDACTED].

Thanks, [REDACTED], for your introduction. I write stewardship reports for UCSF, and I am eager to talk to you both about this gift. It can be difficult to interview two people at the same time -- so if I can focus on one person for one part of the story and the other person for the other part of the story, that might be the most efficient way to handle this. And if you would both like to be present for the entire interview -- that's fine.

If you could send me times and days that you are both available during the next week -- that would be great! I would like to handle this interview before Oct. 25 because I will be gone for a week starting Oct. 26. I hope that doesn't make this too inconvenient.

I look forward to hearing from you.

Thanks so much,

[REDACTED]
[REDACTED]
Senior Donor Relations Writer, Advanced Communications
University Development & Alumni Relations

University of California, San Francisco
2001 The Embarcadero, 3rd Floor | Box 0248
San Francisco, CA 94143
mobile: [REDACTED]
[REDACTED]@ucsf.edu

UCSF

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 12:11 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Introductions - Stewardship report for [REDACTED]

Good morning Steve and [REDACTED].

I'd like to introduce you to my esteemed colleague [REDACTED] who is drafting a stewardship report for [REDACTED]. You might recall Mr. [REDACTED] gave last year per [REDACTED]'s request.

[REDACTED] would like to speak with you about the highlights that should be included. I suggested:

- Established new position Director of Advocacy and recruited highly sought-after candidate
- Moving into the Pritzker building
- Hiring for a new position Director of Education
- Strengthened community partnership with Mind the Gap
- Hired [REDACTED] RN, who is fluent in Cantonese and English.

I will not be part of the meeting with you and [REDACTED], so I will defer to her on scheduling.

Best,

[REDACTED]



[REDACTED] [REDACTED]
Director of Development,
Children's Health
Pronouns: *she, her, hers*

C [REDACTED]
E [REDACTED]@ucsf.edu

UCSF Benioff Children's Hospitals
Foundation

give.ucsfbenioffchildrens.org



From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Tuesday, October 18, 2022 4:15 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Interview Friday, 10.21.22? Re: Introductions - Stewardship report for [REDACTED]

Excellent. Let's meet at 1 pm, Friday, Oct. 21.
Thank you so much, Dr. [REDACTED]

I will send a zoom invite shortly.
Talk to everyone in a few days.
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Tuesday, October 18, 2022 4:13 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Interview Friday, 10.21.22? Re: Introductions - Stewardship report for [REDACTED]

I'm available 1 pm or 3 pm.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Tuesday, October 18, 2022 2:59 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Interview Friday, 10.21.22? Re: Introductions - Stewardship report for [REDACTED]

Hello again,
Forgive the gentle nudge. But I am hoping to schedule this interview for Friday, and I wanted to reach out again to you, Dr. [REDACTED], to see if you are available at **1 pm, 2 pm or 3 pm on Friday, Oct. 21?**

As I understand it from [REDACTED], these are the points we want to cover in the report:

- Established new position Director of Advocacy and recruited highly sought-after candidate
- Moving into the Pritzker building
- Hiring new position: Director of Education
- Strengthened community partnership with Mind the Gap (providers with gender affirming approach who accept referrals from UCSF)
- Hired [REDACTED] RN, who is fluent in Cantonese and English.

Crossing my fingers that Friday afternoon will work for you, Dr. [REDACTED].
Thanks so much,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 1:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Introductions - Stewardship report for [REDACTED]

Hello Steve,
Thanks so much for your prompt reply ! **I can meet at 1 pm, 2 pm or 3 pm on Friday, Oct. 21.**

[REDACTED], I am hoping one of those times works for you. Once we have confirmed, I will send a zoom invite.

Best,
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 14, 2022 1:50 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
<[REDACTED]@ucsf.edu>
Subject: Re: Introductions - Stewardship report for [REDACTED]

Hi [REDACTED],

Nice to meet you! I would be happy to be present with [REDACTED] for the entire interview. I believe Friday afternoons are best for [REDACTED], and I'm available starting at 1 PM on 10/21 (pending one potential conflict).

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 12:29 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Introductions - Stewardship report for [REDACTED]

Hello Dr. Rosenthal and Dr. [REDACTED],

Thanks, [REDACTED], for your introduction. I write stewardship reports for UCSF, and I am eager to talk to you both about this gift. It can be difficult to interview two people at the same time -- so if I can focus on one person for one part of the story and the other person for the other part of the story, that might be the most efficient way to handle this. And if you would both like to be present for the entire interview -- that's fine.

If you could send me times and days that you are both available during the next week -- that would be great! I would like to handle this interview before Oct. 25 because I will be gone for a week starting Oct. 26. I hope that doesn't make this too inconvenient.

I look forward to hearing from you.

Thanks so much,

[REDACTED]
[REDACTED]
Senior Donor Relations Writer, Advanced Communications
University Development & Alumni Relations

University of California, San Francisco
2001 The Embarcadero, 3rd Floor | Box 0248
San Francisco, CA 94143
mobile: [REDACTED]
[REDACTED]@ucsf.edu

UCSF

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 12:11 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Introductions - Stewardship report for [REDACTED]

Good morning Steve and [REDACTED]

I'd like to introduce you to my esteemed colleague [REDACTED] [REDACTED] who is drafting a stewardship report for [REDACTED] [REDACTED]. You might recall Mr. [REDACTED] gave last year per [REDACTED] [REDACTED]'s request.

[REDACTED] would like to speak with you about the highlights that should be included. I suggested:

- Established new position Director of Advocacy and recruited highly sought-after candidate
- Moving into the Pritzker building
- Hiring for a new position Director of Education
- Strengthened community partnership with Mind the Gap
- Hired [REDACTED] [REDACTED], RN, who is fluent in Cantonese and English.

I will not be part of the meeting with you and [REDACTED], so I will defer to her on scheduling.

Best,

[REDACTED]



[REDACTED] [REDACTED]
Director of Development,
Children's Health
Pronouns: *she, her, hers*

C [REDACTED]
E [REDACTED]@ucsf.edu

UCSF Benioff Children's Hospitals
Foundation

give.ucsfbenioffchildrens.org



From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Tuesday, October 18, 2022 6:15 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
 <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>;
 [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>;
 <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>;
 [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>;
 <[REDACTED]@ucsf.edu>; [REDACTED] @mindspring.com [REDACTED] @mindspring.com>; [REDACTED]
 @ucsf.edu>

CC: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: LGBTQ Collaborative Fall Meeting- Doodle poll

I apologize for my delayed response. Unfortunately, I'm unavailable on December 5th as I will be attending a meeting out of the country. I'll look forward to reading the minutes!

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall, Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>

Sent: Tuesday, October 18, 2022 4:27 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
 <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
 <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
 [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen
 <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>;
 [REDACTED]@mindspring.com [REDACTED]@mindspring.com>; [REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: LGBTQ Collaborative Fall Meeting- Doodle poll

Dear all,

Please let me know if Monday, December 5th from 9-10:30am works for you. This seems to be the best day in the Doodle though there are still a few of you that I have not heard from.

Cheers,

[REDACTED] MSW

Pronouns: he/him/his

School of Medicine

Assessment, Curriculum & Evaluation Unit (ACE)

SOM Curriculum Coordinator

Scheduling Assistant to Associate Dean [REDACTED]

Scheduling Assistant to Associate Dean [REDACTED]

Electives: <http://meded.ucsf.edu/ume/first-and-second-year-electives>

Calendars, courses, exam dates, textbooks: <http://meded.ucsf.edu/ume/course-and-schedule-information>

University of California, San Francisco

Clinical Sciences Building

521 Parnassus Ave. 2nd Floor | San Francisco, CA 94143-0710

Office: 415.502.0157

Mobile: [REDACTED]

From: [REDACTED], [REDACTED]

Sent: Wednesday, October 5, 2022 5:15 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]

Agenda:

- Round table of activities, initiatives, and updates from the group
- Re-engaging with UC Alumni
- UCSF Health COVID-19 Response – MonkeyPox community outreach workgroup
- UCSF SOM Differences Matter Initiative – pathway, pipeline and outreach for URM (+)

Cheers,

██████

██████ S. ██████ MSW

Pronouns: he/him/his

School of Medicine

Assessment, Curriculum & Evaluation Unit (ACE)

[SOM Curriculum Coordinator](#)

Scheduling Assistant to [Associate Dean](#) ██████

Scheduling Assistant to [Associate Dean](#) ██████

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Office: 415.502.0157

Mobile: ██████

██████ [@ucsf.edu](#)

From: [REDACTED]@ucsf.edu>
Sent: Wednesday, October 19, 2022 9:00 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: LGBTQ Collaborative Fall Meeting- Doodle poll

Thank you, Steve for letting us know

Cheers,
[REDACTED]

[REDACTED] W
Pronouns: he/him/his
School of Medicine
Assessment, Curriculum & Evaluation Unit (ACE)
[SOM Curriculum Coordinator](#)
Scheduling Assistant to [Associate Dean](#) [REDACTED]
Scheduling Assistant to [Associate Dean](#) [REDACTED]
Electives: <http://meded.ucsf.edu/ume/first-and-second-year-electives>
Calendars, courses, exam dates, textbooks: <http://meded.ucsf.edu/ume/course-and-schedule-information>

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Clinical Sciences Building
521 Parnassus Ave. 2nd Floor | San Francisco, CA 94143-0710
Office: 415.502.0157
Mobile: [REDACTED]
[REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Tuesday, October 18, 2022 6:15 PM

To: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>;
[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@mindspring.com; [REDACTED]
[REDACTED]@ucsf.edu>
Cc: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>
Subject: Re: LGBTQ Collaborative Fall Meeting- Doodle poll

I apologize for my delayed response. Unfortunately, I'm unavailable on December 5th as I will be attending a meeting out of the country. I'll look forward to reading the minutes!

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>

Sent: Tuesday, October 18, 2022 4:27 PM

To: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>;

[REDACTED]@mindspring.com [REDACTED]@mindspring.com>; [REDACTED]@ucsf.edu>
Cc: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>
Subject: RE: LGBTQ Collaborative Fall Meeting- Doodle poll

Dear all,

Please let me know if Monday, December 5th from 9-10:30am works for you. This seems to be the best day in the Doodle though there are still a few of you that I have not heard from.

Cheers,

[REDACTED]
Pronouns: he/him/his
School of Medicine
Assessment, Curriculum & Evaluation Unit (ACE)
[SOM Curriculum Coordinator](#)
Scheduling Assistant to [Associate Dean](#) [REDACTED]
Scheduling Assistant to [Associate Dean](#) [REDACTED]
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Clinical Sciences Building
521 Parnassus Ave. 2nd Floor | San Francisco, CA 94143-0710
Office: 415.502.0157
Mobile: [REDACTED]
[REDACTED]@ucsf.edu

From: [REDACTED]
Sent: Wednesday, October 5, 2022 5:15 PM
To: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>;
[REDACTED]@mindspring.com; [REDACTED]@ucsf.edu>
Cc: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>;
[REDACTED]@ucsf.edu>
Subject: RE: LGBTQ Collaborative Fall Meeting- Doodle poll

Dear all,

Please complete this Doodle poll for a Fall 2022 meeting: [https://doodle.com/meeting/\[REDACTED\]](https://doodle.com/meeting/[REDACTED])

Cheers,

[REDACTED]
Pronouns: he/him/his
School of Medicine
Assessment, Curriculum & Evaluation Unit (ACE)
[SOM Curriculum Coordinator](#)
Scheduling Assistant to [Associate Dean](#) [REDACTED]
Scheduling Assistant to [Associate Dean](#) [REDACTED]
Electives: <http://meded.ucsf.edu/ume/first-and-second-year-electives>
Calendars, courses, exam dates, textbooks: <http://meded.ucsf.edu/ume/course-and-schedule-information>

University of California, San Francisco
Clinical Sciences Building
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Office: 415.502.0157
Mobile: [REDACTED]
[REDACTED]@ucsf.edu

From: [REDACTED]
Sent: Friday, August 26, 2022 12:15 PM
To: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@ucsf.edu>; [REDACTED]@mindspring.com
Subject: LGBTQ Collaborative Summer Meeting (open for agenda)

Dear all,

█████ & █████ look forward to seeing you Monday afternoon, August 29th from 1-2:30pm on [Zoom](#).

LGBTQIA+ Leadership & Advocacy Network

Summer 2022 Meeting, August 29th

Agenda:

- Round table of activities, initiatives, and updates from the group
- Re-engaging with UC Alumni
- UCSF Health COVID-19 Response – MonkeyPox community outreach workgroup
- UCSF SOM Differences Matter Initiative – pathway, pipeline and outreach for URM (+)

Cheers,

█████

████████████████████
Pronouns: he/him/his

School of Medicine

Assessment, Curriculum & Evaluation Unit (ACE)

[SOM Curriculum Coordinator](#)

Scheduling Assistant to [Associate Dean](#) ██████████

Scheduling Assistant to [Associate Dean](#) ██████████

Electives: <http://meded.ucsf.edu/ume/first-and-second-year-electives>

Calendars, courses, exam dates, textbooks: <http://meded.ucsf.edu/ume/course-and-schedule-information>

University of California, San Francisco

Clinical Sciences Building

521 Parnassus Ave. 2nd Floor | San Francisco, CA 94143-0710

Office: 415.502.0157

Mobile: ██████████

██████████@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 19, 2022 3:15 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: NYT -- quick question

Thanks, [REDACTED]

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, October 19, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: NYT -- quick question

Thanks, [REDACTED]

[REDACTED]
Senior Public Information Representative
UCSF Office of Communications

University of California, San Francisco
Cell/Text: [REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, October 19, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: NYT -- quick question

Forgot to BCC you on my quick response to this straightforward question from the NYT reporters.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, October 19, 2022 2:25 PM
To: Christina Jewett <christina.jewett@nytimes.com>
Cc: Megan Twohey <megan.twohey@nytimes.com>
Subject: Re: NYT -- quick question

Hi Christina and Megan,

No problem - please see this link for the International Society for Clinical Densitometry (ISCD) Pediatric Positions (<https://iscd.org/learn/official-positions/pediatric-positions/>)

Pediatric Positions - ISCD

Download pdf. Skeletal Health Assessment in Children from Infancy to Adolescence. These are the Official Pediatric Positions of the ISCD as updated in 2019.

iscd.org

I also recommend this article for better understanding of DXA in children and how we think about interpretation: <https://pubmed.ncbi.nlm.nih.gov/27669735/>

Bone Densitometry in Children and Adolescents - PubMed

Concerns about bone health and potential fragility in children and adolescents have led to a high interest in bone densitometry. Pediatric patients with genetic and acquired chronic diseases, immobility, and inadequate nutrition may fail to achieve expected gains in bone size, mass, and strength, leaving them vulnerable to fracture.

pubmed.ncbi.nlm.nih.gov

We do not use the terminology "osteopenia" or "osteoporosis" in children and pre-menopausal individuals solely based on DXA. Rather, the definition of "low bone density for age" is a BMD Z-score less than or equal to -2. The diagnosis of "osteoporosis" in pre-menopausal individuals requires some evidence of skeletal fragility, as detailed in the references above.

Hope this helps!

Best,

—

— MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: —@ucsf.edu
She/Her/Hers

From: Christina Jewett <christina.jewett@nytimes.com>
Sent: Wednesday, October 19, 2022 1:42 PM
To: — <—@ucsf.edu>
Cc: Megan Twohey <megan.twohey@nytimes.com>
Subject: NYT -- quick question

This Message Is From an External Sender

This message came from outside your organization.

Hi Dr. — - Thanks for patiently answering our questions so far. This one is quick and hopefully easy. What's the Z-score where one considers that a young person (14) has osteopenia? Wasn't sure if it was -1.5 and below or -2 and below.

thanks,
Christina

—

Christina Jewett
FDA Correspondent
Health and Science desk

christina.jewett@nytimes.com
(916) 202-0886 (m)
Twitter: @By_Cjewett

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 12:59 PM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: draft story language ---

DRAFT ---

Hi Christina and Megan,

Thank you for sending this draft for my review. I'm a bit concerned about how this is being presented. While those statements were true back when I wrote them in 2018, there have been a lot more data published and developments which render those paragraphs inaccurate. In short, I don't believe my contemporary views are accurately represented. See my comments below:

1. A clarification: a BMD Z-score >-2 is considered NORMAL bone mineral density. There are not gradations of bone density as in post-menopausal individuals and T-scores (I take it that you are thinking about bone density based on the WHO classifications of "osteopenia" and "osteoporosis" which apply to post-menopausal aged people, NOT youth). As I sent to you yesterday (ISCD position statement and manuscript by Bachrach and Gordon), BMD by DXA is only a measurement of bone mass which is a (not-so-great) proxy for skeletal fragility, especially in pediatrics. It tells us nothing about bone strength or quality, and additionally can be influenced by bone size (which is why we height-adjust Z-scores in very short or very tall individuals). In your first paragraph, bone density by DXA is conflated with bone strength in that first paragraph sentence fragment "saw their bones strengthen again once they went on hormones." In my professional opinion, this is an inaccurate statement. A more correct statement would be that BMD Z-scores increased once GAHT was initiated. We cannot infer anything about bone strength based on DXA imaging.
2. Another clarification: While BMD Z-scores have been associated with fracture risk as in ref 22 of my F32 grant, we CANNOT make inferences as to whether these DXA data in TGD youth and adolescents are actually suggestive of increased fracture risk. There is no validated fracture risk calculator for youth (unlike in our post-menopausal age people, where we can use the FRAX calculator to compute 10-year risks for hip and major osteoporotic fractures). The whole reason why I am pursuing my studies with HR-pQCT is so that we can have at least some sense of bone strength using advanced skeletal imaging and modeling (finite element analysis). We clinicians who care for youth with metabolic bone conditions are aware that DXA BMD Z-scores don't exactly correlate with skeletal fragility (again - pointing to the references I sent to you yesterday about limitations of DXA in youth) --> I have seen youth fracture who have normal BMD Z-scores >-2 , and I have also seen youth with low BMD Z-scores <-2 who do not fracture. I do not agree with the last sentence of your second paragraph. Additionally, I shared with you my recent manuscript in the J Clin Densitometry pointing out that we do not even know if we are using appropriate reference populations to determine BMD Z-scores in these youth. To date, all these papers have used the sex designated at birth references - likely not appropriate given the differential effects of estradiol and testosterone on skeletal development.
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Hopefully that gives you a bit more insight - please let me know how you revise your statements as I do not want the data or my views to be mischaracterized in your story.

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San Francisco, CA 94143

E-mail: [REDACTED]@ucsf.edu

She/Her/She

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 20, 2022 9:13 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: draft story language --

Happy to review your response.
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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 9:09:47 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fwd: draft story language --

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From: Christina Jewett <christina.jewett@nytimes.com>
Sent: Thursday, October 20, 2022 8:31:57 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Megan Twohey <megan.twohey@nytimes.com>
Subject: draft story language --

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Hi Dr. [REDACTED] - Thanks for the quick reply! As you know, we got a copy of your (and all other bone-related) NIH study proposal. We noted with particular interest your analysis of the Klink and Vlot studies, particularly this passage:

Additionally, the overall trend of decreasing BMD Z-scores in all transgender youth undergoing gender-affirming medical therapy is concerning, as one standard deviation decrease in BMD has been associated with a substantial increase in fracture risk.³²

Given that, as well as our observation that a group of 15 young trans women in the Vlot study ended up below -1 (Z-score), we have this in the story draft (which discusses bone health at some length):

So far, only two small studies, published by Dutch doctors, have tracked the bone development of trans patients as they proceed from blockers to hormone treatment. In both studies, patients started blockers at 14 or 15, on average, and began hormone treatment at 16. One study tracked 34 patients through age 22, the other tracked 56 patients for just two years. The young people, on average, saw their bones strengthen again once they went on hormones. Still, most patients continued to lag and were further behind their peers than when they first started blockers.

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Please let us know if you flag any concerns or inaccuracies. We're more than happy to talk by phone. For ready reference, attaching the relevant passage of your NIH proposal. (I'll note that the story goes on to quote Dr. Rosenthal saying he won't put kids on blockers alone after age 14 to protect the bones.)

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FDA Correspondent
Health and Science desk

christina.jewett@nytimes.com

(916) 202-0886 (m)

Twitter: @By_Cjewett

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 1:07 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: draft story language ---

I think this is excellent.

Steve

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 12:59 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: draft story language ---

DRAFT ---

Hi Christina and Megan,

Thank you for sending this draft for my review. I'm a bit concerned about how this is being presented. While those statements were true back when I wrote them in 2018, there have been a lot more data published and developments which render those paragraphs inaccurate. In short, I don't believe my contemporary views are accurately represented. See my comments below:

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She/Her/Hers

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Sent: Thursday, October 20, 2022 9:13 AM

To: ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>

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Cc: Megan Twohey <megan.twohey@nytimes.com>

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FDA Correspondent
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(916) 202-0886 (m)
Twitter: @Bv_Cjewett

From: Rosenthal, Stephen

Sent: Thursday, October 20, 2022 2:11 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29? Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

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Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 2:26 PM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>

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Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

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Sent: Thursday, October 20, 2022 2:33 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 4:01 PM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

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Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 20, 2022 2:33 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

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Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 2:26 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 20, 2022 2:11 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>

Subject: 10 yr CAGC Anniversary

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 20, 2022 4:23 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Agree on all counts.

Steve

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email: Stephen.Rosenthal@ucsf.edu

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Sent: Thursday, October 20, 2022 4:01 PM

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To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

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To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>

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Sent: Thursday, October 20, 2022 2:11 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 20, 2022, at 17:23, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:44 PM PDT
To: Christina Jewett <christina.jewett@nytimes.com>
CC: Megan Twohey <megan.twohey@nytimes.com>
Subject: Re: draft story language --

Hi Christina and Megan,

Thank you for sending this draft for my review. I'm a bit concerned about how my interpretation of the data is being presented. I wrote that F32 grant proposal in 2018 (nearly 4 years ago), and there have been more data published and developments which render those paragraphs inaccurate. In short, I don't believe the data presented or my contemporary views are accurately represented in this current draft. There are some additional misinterpretations as well. See my comments below for further details:

1. A clarification: a BMD Z-score >-2 is considered NORMAL bone mineral density. There are not gradations of bone density as in post-menopausal individuals and T-scores (I take it that you are thinking about bone density based on the WHO classifications of "osteopenia" and "osteoporosis" which apply to post-menopausal aged people, NOT youth). As I sent to you yesterday (ISCD pediatric positions statement and manuscript by Bachrach and Gordon), BMD by DXA is only a measurement of bone mass which is an imperfect proxy for skeletal health, especially in pediatrics. It tells us nothing about bone strength or quality, and additionally can be influenced by bone size (which is why we height-adjust Z-scores in very short or very tall individuals). In your first paragraph, bone density by DXA is conflated with bone strength in that first paragraph sentence fragment "saw their bones strengthen again once they went on hormones." In my professional opinion, this is an inaccurate statement. A more correct statement would be that BMD Z-scores increased once GAHT was initiated. We cannot infer anything about bone strength or quality based on DXA imaging.
2. Something I want to make sure is very clear: Absolute BMD continues to increase in TGD youth and young adults receiving GnRHa + GAHT. BMD Z-scores to date have been compared with sex designated at birth reference populations. There should be a distinction made that absolute BMD does not decrease. On GnRHa, BMD accrual slows in relation to others of the same age + sex designated at birth (because puberty is not paused in the comparator population) and therefore BMD Z-scores decrease.
3. Another clarification: While BMD Z-scores have been associated with fracture risk as in ref 22 of my F32 grant, we CANNOT make inferences as to whether these DXA data in TGD youth and adolescents are actually suggestive of increased fracture risk. There is no validated fracture risk calculator for youth (unlike in our post-menopausal age people, where we can use the FRAX calculator to compute 10-year risks for hip and major osteoporotic fractures). The whole reason why I am pursuing my studies with HR-pQCT is so that we can have at least some sense of bone strength using advanced skeletal imaging and modeling (finite element analysis) without having to wait and see what happens with fracture rates decades from now. We clinicians who care for youth with metabolic bone conditions are aware that DXA BMD Z-scores don't exactly correlate with skeletal fragility (again - pointing to the references I sent to you yesterday about limitations of DXA in youth) --> I have seen youth fracture who have normal BMD Z-scores >-2 , and I have also seen youth with low BMD Z-scores <-2 who do not fracture. I do not agree with the last sentence of your second paragraph. Additionally, I shared with you my recent manuscript in the J Clin Densitometry pointing out that we do not even know if we are using appropriate reference populations to determine BMD Z-scores in these youth. To date, all these papers have used the sex designated at birth references - likely not appropriate given the differential effects of estradiol and testosterone on skeletal development. The ISCD adult position statement recommends that BMD Z-scores be determined based on GENDER (not sex designated at birth, unless the person has a non-binary gender).
4. There are now more than those 2 studies detailing longitudinal BMD changes in TGD youth.
 - a. Joseph et al (J Pediatr Endocrinol Metab 2019) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/31472062/> - 2-year BMD/BMD by DXA follow-up data on GnRHa only. This cohort actually had lower BMD Z-scores in transgender boys than in transgender girls, and demonstrated the expected drop in BMD Z-scores on GnRHa (although mean Z-scores all were in normal range except for mean spine BMD Z-score -2 after 2 years of GnRHa in transgender boys).
 - b. Stoffers et al (J Sex Med 2019) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/31405768/> - BMD Z-scores decreased in transmasculine youth over 12-24 months.
 - c. Schagen et al (JCEM 2020) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/32909025/> - BMD Z-scores increased during GAHT, although transgender girls had relatively lower BMD/BMD Z-scores. This is still a shorter-term study with only 3 years of GAHT follow-up.
 - d. Navabi et al (Pediatrics 2021) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/34497118/> - BMD Z-scores over 355.2 +/- 96.7 days of GnRHa monotherapy; noted that transgender girls had lower LS BMD Z-scores but pre/post-GnRHa mean BMD Z-scores were all normal (>-2) in their cohort.
5. Just a comment that I believe that some of the study participants in the Vlot paper overlapped with those in the Klink paper. More correct would be to characterize the individuals as late pubertal in the Klink paper, but the Vlot paper also had some participants who were in earlier puberty, which they based on skeletal/bone age.
6. Overall, the published data have only been short-term, and we know that peak bone mass is not achieved until mid to late 20s so there will be more data to come. In fact, at the WPATH 2022 meeting, there was an oral presentation by Marianne van der Loos, MD, PhD student from Amsterdam University Medical Centers entitled "Long-Term Follow-up of Bone Mineral Density in Transgender Youth Treated with GnRHa to Suppress Puberty" on 09/18/2022 followed up 75 individuals (25 assigned male at birth and 50 assigned female at birth - these might have some of the same individuals from the Klink/Vlot papers but you'd need to verify with them) out to mean age 28.2 years. The majority were in late puberty at baseline (~60% Tanner Stage 5, mean age of GnRHa 14.5 years AMAB and 15.9 years AFAB) and had mean duration of GnRHa monotherapy 1.5 years and GAHT 11.6 years (estrogen) and 11.9 years (testosterone). This group showed in these longer-term data that AMAB had improvement to BMD Z-scores in the total hip and femoral neck to pre-treatment levels but not in the lumbar spine (although generally Z-scores were normal >-2). The AFAB had improvements to BMD Z-scores in all sites at the longer-term follow-up timepoint after GnRHa+GAHT.

Minor correction: I am an assistant professor of pediatrics and of medicine - I have a dual-appointment here at UCSF as a board-certified pediatric and adult endocrinologist.

My perspective is that we have seen a distinct cohort of TGD youth with low pre-treatment BMD Z-scores prior to any GnRHa or GAHT, and we need to investigate the reasons for those low BMD Z-scores so we are able to optimize bone health in these youth. Given our findings of low physical activity correlating with low pre-treatment BMD, it is our directive to ensure that TGD youth are encouraged to participate in weight-bearing physical activities and optimize dietary calcium intake and vitamin D status. I am also interested in how this cohort of TGD youth with low BMD Z-scores are distinct from those with normal BMD Z-scores so that we can identify additional areas which we can optimize.

We additionally don't know if we are utilizing the proper methods to determine BMD Z-scores in TGD youth (do we utilize skeletal age? which sex reference? etc), and we don't yet know how these DXA data correlate with bone microarchitecture/strength or fracture risk. In earnest, because peak bone mass is not achieved until mid- to late-20s we can't really infer anything about skeletal fragility or fracture risk from short-term longitudinal data. Point #6 above is actually the most reassuring unpublished data I've seen, and my hope is that HR-pQCT can give us more insights on bone now since it'll be some years before peak bone mass is attained in our current study cohorts.

Hopefully that gives you a bit more insight - please let me know how you revise your statements as I do not want the data or my views to be mischaracterized in your story.

Best,

[REDACTED]

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From: Christina Jewett <christina.jewett@nytimes.com>
Sent: Thursday, October 20, 2022 8:31 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Megan Twohey <megan.twohey@nytimes.com>
Subject: draft story language ---

This Message Is From an External Sender

This message came from outside your organization.

Hi Dr. [REDACTED] - Thanks for the quick reply! As you know, we got a copy of your (and all other bone-related) NIH study proposal. We noted with particular interest your analysis of the Klink and Vlot studies, particularly this passage:
Additionally, the overall trend of decreasing BMD Z-scores in all transgender youth undergoing gender-affirming medical therapy is concerning, as one standard deviation decrease in BMD has been associated with a substantial increase in fracture risk.²⁰

Given that, as well as our observation that a group of 15 young trans women in the Vlot study ended up below -1 (Z-score), we have this in the story draft (which discusses bone health at some length):

So far, only two small studies, published by Dutch doctors, have tracked the bone development of trans patients as they proceed from blockers to hormone treatment. In both studies, patients started blockers at 14 or 15, on average, and began hormone treatment at 16. One study tracked 34 patients through age 22, the other tracked 56 patients for just two years. The young people, on average, saw their bones strengthen again once they went on hormones. Still, most patients continued to lag and were further behind their peers than when they first started blockers.

In a 2018 application for an N.I.H. grant to research the effects of blockers on the bones Dr. [REDACTED], an assistant professor of pediatrics at University of California San Francisco, called the findings from the Dutch studies "concerning," particularly the lower levels of bone density seen in trans females. She pointed out that even after two years on estrogen, 15 trans women in the second study had, on average, a bone density level that is "associated with a substantial increase in fracture risk."

Please let us know if you flag any concerns or inaccuracies. We're more than happy to talk by phone. For ready reference, attaching the relevant passage of your NIH proposal. (I'll note that the story goes on to quote Dr. Rosenthal saying he won't put kids on blockers alone after age 14 to protect the bones.)

thanks,
Christina & Megan

—
Christina Jewett
FDA Correspondent
Health and Science desk

christina.jewett@nytimes.com
(916) 202-0886 (m)
Twitter: @By_CJewett

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 6:54 AM PDT
To: [REDACTED]@childrens.harvard.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Search Committee Decision
Dear [REDACTED]

I am so thrilled to hear that you are ready to look over the offer letter-
As we draft it I think it would be helpful for the two of us to meet again to discuss the terms that you would like to see, and specifically to go over the grants that you currently have and if they are transferable, protected time, titles, etc- I want to get this right the first time around ☺

Please work with [REDACTED] cc'd here, to find a time that works for our schedules for a call-

Thanks so much for your patience as we work through the next steps!

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Friday, October 14, 2022 at 1:37 PM
To: [REDACTED]@childrens.harvard.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Search Committee Decision [EXTERNAL]

Hi [REDACTED],

You are most welcome! You will receive an offer letter soon from Drs. [REDACTED] and [REDACTED]

Best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@childrens.harvard.edu>
Sent: Friday, October 14, 2022 5:11 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Search Committee Decision [EXTERNAL]

This Message Is From an External Sender

This message came from outside your organization.

Hi all-

I am honored! I would be delighted to review an offer letter.

Thanks so much,

she/her/hers

[Boston Children's Hospital](#)

Phone: [REDACTED] Scheduling: [REDACTED] Fax: [REDACTED] Pager: [REDACTED]

For all non-urgent patient-related matters and prescription refills please send a message via the MyChildren's Patient

Portal: <https://apps.childrenshospital.org/mychildrens/>

CONFIDENTIALITY NOTICE: The information in this message and any attachments is confidential and intended for you as the primary recipient only. This information is protected by the Electronic Communications Privacy Act, 18 U.S.C. 2510-252. Any unauthorized review, use, disclosure, dissemination, copying, forwarding or distribution is prohibited. If you receive this message in error, please contact the sender and delete the e-mail and any attached material immediately. Thank you.

SUPPORT HEALTH EQUITY END RACISM

Boston Children's

Where the world comes for answers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 14, 2022 12:06 AM

To: [REDACTED]@childrens.harvard.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Search Committee Decision [EXTERNAL]

* External Email - Caution *

Dear [REDACTED],

I hope this finds you well! I know this has been a long process, but I am absolutely delighted to tell you that your application was extremely well-received by the Search Committee, and following a discussion this evening with Dr. [REDACTED], we would like to offer you a faculty position! I realize you likely have other options, but please let us know if you are still interested and will send you a formal offer letter.

With all best wishes, and hoping for a positive reply,

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Tel.: (415) 476-2266
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From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 21, 2022 8:18 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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email: Stephen.Rosenthal@ucsf.edu

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Sent: Monday, October 10, 2022 7:07 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@gmail.com>
Subject: RE: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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[REDACTED] Ph.D.
Developmental and Clinical Psychologist
Director of Mental Health, Child & Adolescent Gender Center
Professor of Pediatrics UCSF
5633 Ocean View Drive
Oakland, CA 94618
510-280-2938
Fax: 510-547-7692
e-mail: [REDACTED]@earthlink.net or [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:46 PM
To: [REDACTED]@earthlink.net; [REDACTED] <[REDACTED]@gmail.com>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Hi [REDACTED] and [REDACTED]

If we do 10/14, I can do 3-4 PM. If we do 10/21, right now, I'm fully open starting at 1 PM.

Thanks,

Steve

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Fax: 510-547-7692
e-mail: [\[redacted\]@earthlink.net](mailto: [redacted]@earthlink.net) or [\[redacted\]@ucsf.edu](mailto: [redacted]@ucsf.edu)

Dear Esteemed and Treasured Colleagues,

We are excited to finally gather and reconnect for our postponed 10-year anniversary of the UCSF Child and Adolescent Gender Center! Thank you all for your past and ongoing contributions to the UCSF CAGC - it's wonderful to see how this program has grown over the years. We plan to have an in-person lunch celebration in Dogpatch/Potrero Hill near the Mission Bay campus (location to be confirmed after we hear back about whether we have the Rooftop of the new Nancy Friend Pritzker Psychiatry Building reserved). Please save-the-date and be on the lookout for additional details to come!

Please RSVP so we can get an approximate headcount for food. We are so grateful to the UCSF Division of Pediatric Endocrinology for supporting our clinic and sponsoring this celebration - THANK YOU, [REDACTED]

Why: To celebrate the 10-year anniversary of the UCSF Child and Adolescent Gender Center
When: Saturday, 10/29/2022 from 11:00am-2:00pm
Where: TBD in SF Dogpatch/Potrero Hill

Lunch will be served - please send me food allergies or restrictions if you plan to join!

Best,

[REDACTED] Steve, [REDACTED] & [REDACTED] (CAGC Party Planning Committee! :))

[REDACTED], MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Division of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
Email: [REDACTED]
[Show/Hide](#)

<mime-attachment.ics>

Warmly,

[REDACTED]

[REDACTED] MS

Pronouns: he/him/his ([What's this?](#))

On unceded Chocheño Ohlone lands ([Learn more!](#))

[REDACTED]

"All that you touch, You Change. All that you Change, Changes you. The only lasting truth is Change."
(Octavia Butler)

#BLACKLIVESMATTER

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

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University of California, San Francisco

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E-mail: [REDACTED]@ucsf.edu
She/Her/Herx

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

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Agree on all counts.

Steve

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

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Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

[REDACTED], Ph.D.

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Department of Pediatrics

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1825 Fourth St., Sixth Floor

San Francisco, CA 94158

e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 20, 2022 2:33 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 2:26 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

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Hi Steve,

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Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

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Subject: 10 yr CAGC Anniversary

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Sent: Friday, October 21, 2022 11:06 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Wonderful!!! Please let me know how I can help with any next steps.

Get [Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29:54 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

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Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
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Department of Pediatrics
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San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

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Sent: Thursday, October 20, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 11:10 AM PDT
To: [REDACTED] <[REDACTED]@gmail.com>
CC: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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From: [REDACTED] <[REDACTED]@earthlink.net> <[REDACTED]@earthlink.net>
Sent: Saturday, October 8, 2022 7:19 AM
To: [REDACTED] <[REDACTED]@gmail.com>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

This Message Is From an External Sender
This message came from outside your organization.

Friday afternoons work for me, except between 2 and 3 pm, and next week Steve and I have a Zoom meeting that starts at 4:

[REDACTED] Ph.D.
Developmental and Clinical Psychologist
Director of Mental Health, Child & Adolescent Gender Center
Professor of Pediatrics UCSF
5633 Ocean View Drive
Oakland, CA 94618
510-280-2938
Fax: 510-547-7692
e-mail: [REDACTED] <[REDACTED]@earthlink.net> or [REDACTED] <[REDACTED]@ucsf.edu>

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 7, 2022 4:15 PM
To: Stephen Rosenthal <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@earthlink.net>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Oh, I must have missed her name on the list. Happy new year to you both. Thanks for the heads up about your availability Steve. I would definitely like to talk to the two of you together so [REDACTED] what's your availability on the days Steve mentioned? Have a great weekend!

On Oct 7, 2022, at 2:06 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Hi [REDACTED]
[REDACTED] was definitely invited! (You'll see her name an email on the invite).
Happy to set up a time to meet soon—I have most flexibility on Thursday and Friday afternoons.
Steve

Get [Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 7, 2022 12:55:04 PM
To: [REDACTED] <[REDACTED]@earthlink.net>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Fwd: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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You have not previously corresponded with this sender.

Hey folks! Excited to discuss next steps. Let me know what might work in the next week or so.

Also thinking [REDACTED] should be invited to celebration..

j

Begin forwarded message:

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: October 7, 2022 at 12:11:39 PM PDT
To: "Rosenthal, Stephen" <Stephen.Rosenthal@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>

We are excited to finally gather and reconnect for our postponed 10-year anniversary of the UCSF Child and Adolescent Gender Center! Thank you all for your past and ongoing contributions to the UCSF CAGC - it's wonderful to see how this program has grown over the years. We plan to have an in-person lunch celebration in Dogpatch/Potrero Hill near the Mission Bay campus (location to be confirmed after we hear back about whether we have the Rooftop of the new Nancy Friend Pritzker Psychiatry Building reserved). Please save-the-date and be on the lookout for additional details to come!

Why: To celebrate the 10-year anniversary of the UCSF Child and Adolescent Gender Center
When: Saturday, 10/29/2022 from 11:00am-2:00pm
Where: TBD in SF Dogpatch/Potrero Hill

Best, [REDACTED] Steve, [REDACTED] & [REDACTED] (CAGC Party Planning Committee!)

Mission Hall
220 11th St., 4th Floor, Box 0424
San Francisco, CA 94143
E-mail: sheshe@redp.com
She/Her/Hers

Warmly,

██████████, MS
Pronouns: he/him/his ([What's this?](#))
On unceded Chocheño Ohlone lands ([Learn more!](#))

#BLACKLIVESMATTER

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 12:04 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fwd: draft story language ---

FYI

[REDACTED] MD, MPH, MAS
 Assistant Professor of Pediatrics and of Medicine
 Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
 Assistant Medical Director, Child and Adolescent Gender Center
 University of California, San Francisco

Mission Hall
 550 16th St, 4th Floor, Box 0434
 San Francisco, CA 94143
 E-mail: [REDACTED]@ucsf.edu
 She/Her/Her:

From: Megan Twohey <megan.twohey@nytimes.com>
Sent: Friday, October 21, 2022 11:58:18 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Christina Jewett <christina.jewett@nytimes.com>
Subject: Re: draft story language ---

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This message came from outside your organization.

Thanks so much, [REDACTED]
 We have removed reference to you in the story and have made some revisions to our language.
 Let us know if you'd like to get on the phone to discuss this more!
 Best,
 Megan

On Thu, Oct 20, 2022 at 8:44 PM [REDACTED] <[REDACTED]@ucsf.edu> wrote:
 Hi Christina and Megan,

Thank you for sending this draft for my review. I'm a bit concerned about how my interpretation of the data is being presented. I wrote that F32 grant proposal in 2018 (nearly 4 years ago), and there have been more data published and developments which render those paragraphs inaccurate. In short, I don't believe the data presented or my contemporary views are accurately represented in this current draft. There are some additional misinterpretations as well. See my comments below for further details:

1. A clarification: a BMD Z-score >-2 is considered NORMAL bone mineral density. There are not gradations of bone density as in post-menopausal individuals and T-scores (I take it that you are thinking about bone density based on the WHO classifications of "osteopenia" and "osteoporosis" which apply to post-menopausal aged people, NOT youth). As I sent to you yesterday (ISCD pediatric positions statement and manuscript by Bachrach and Gordon), BMD by DXA is only a measurement of bone mass which is an imperfect proxy for skeletal health, especially in pediatrics. It tells us nothing about bone strength or quality, and additionally can be influenced by bone size (which is why we height-adjust Z-scores in very short or very tall individuals). In your first paragraph, bone density by DXA is conflated with bone strength in that first paragraph sentence fragment "saw their bones strengthen again once they went on hormones." In my professional opinion, this is an inaccurate statement. A more correct statement would be that BMD Z-scores increased once GAHT was initiated. We cannot infer anything about bone strength or quality based on DXA imaging.
2. Something I want to make sure is very clear: Absolute BMD continues to increase in TGD youth and young adults receiving GnRHa + GAHT. BMD Z-scores to date have been compared with sex designated at birth reference populations. There should be a distinction made that absolute BMD does not decrease. On GnRHa, BMD accrual slows in relation to others of the same age + sex designated at birth (because puberty is not paused in the comparator population) and therefore BMD Z-scores decrease.
3. Another clarification: While BMD Z-scores have been associated with fracture risk as in ref 22 of my F32 grant, we CANNOT make inferences as to whether these DXA data in TGD youth and adolescents are actually suggestive of increased fracture risk. There is no validated fracture risk calculator for youth (unlike in our post-menopausal age people, where we can use the FRAX calculator to compute 10-year risks for hip and major osteoporotic fractures). The whole reason why I am pursuing my studies with HR-pQCT is so that we can have at least some sense of bone strength using advanced skeletal imaging and modeling (finite element analysis) without having to wait and see what happens with fracture rates decades from now. We clinicians who care for youth with metabolic bone conditions are aware that DXA BMD Z-scores don't exactly correlate with skeletal fragility (again - pointing to the references I sent to you yesterday about limitations of DXA in youth) --> I have seen youth fracture who have normal BMD Z-scores >-2, and I have also seen youth with low BMD Z-scores <-2 who do not fracture. I do not agree with the last sentence of your second paragraph. Additionally, I shared with you my recent manuscript in the J Clin Densitometry pointing out that we do not even know if we are using appropriate reference populations to determine BMD Z-scores in these youth. To date, all these papers have used the sex designated at birth references - likely not appropriate given the differential effects of estradiol and testosterone on skeletal development. The ISCD adult position statement recommends that BMD Z-scores be determined based on GENDER (not sex designated at birth, unless the person has a non-binary gender).
4. There are now more than those 2 studies detailing longitudinal BMD changes in TGD youth.
 - a. Joseph et al (J Pediatr Endocrinol Metab 2019) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/31472062/> - 2-year BMD/BMD by DXA follow-up data on GnRHa only. This cohort actually had lower BMD Z-scores in transgender boys than in transgender girls, and demonstrated the expected drop in BMD Z-scores on GnRHa (although mean Z-scores all were in normal range except for mean spine BMD Z-score -2 after 2 years of GnRHa in transgender boys).
 - b. Stoffers et al (J Sex Med 2019) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/31405768/> - BMD Z-scores decreased in transmasculine youth over 12-24 months.
 - c. Schagen et al (JCEM 2020) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/32909025/> - BMD Z-scores increased during GAHT, although transgender girls had relatively lower BMD/BMD Z-scores. This is still a shorter-term study with only 3 years of GAHT follow-up.
 - d. Navabi et al (Pediatrics 2021) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/34497118/> - BMD Z-scores over 355.2 +/- 96.7 days

of GnRHa monotherapy; noted that transgender girls had lower LS BMD Z-scores but pre/post-GnRHa mean BMD Z-scores were all normal (>-2) in their cohort.

5. Just a comment that I believe that some of the study participants in the Vlot paper overlapped with those in the Klink paper. More correct would be to characterize the individuals as late pubertal in the Klink paper, but the Vlot paper also had some participants who were in earlier puberty, which they based on skeletal/bone age.
6. Overall, the published data have only been short-term, and we know that peak bone mass is not achieved until mid to late 20s so there will be more data to come. In fact, at the WPATH 2022 meeting, there was an oral presentation by Marianne van der Loos, MD, PhD student from Amsterdam University Medical Centers entitled "Long-Term Follow-up of Bone Mineral Density in Transgender Youth Treated with GnRHa to Suppress Puberty" on 09/18/2022 followed up 75 individuals (25 assigned male at birth and 50 assigned female at birth - these might have some of the same individuals from the Klink/Vlot papers but you'd need to verify with them) out to mean age 28.2 years. The majority were in late puberty at baseline (~60% Tanner Stage 5, mean age of GnRHa 14.5 years AMAB and 15.9 years AFAB) and had mean duration of GnRHa monotherapy 1.5 years and GAHT 11.6 years (estrogen) and 11.9 years (testosterone). This group showed in these longer-term data that AMAB had improvement to BMD Z-scores in the total hip and femoral neck to pre-treatment levels but not in the lumbar spine (although generally Z-scores were normal >-2). The AFAB had improvements to BMD Z-scores in all sites at the longer-term follow-up timepoint after GnRHa+GAHT.

Minor correction: I am an assistant professor of pediatrics and of medicine - I have a dual-appointment here at UCSF as a board-certified pediatric and adult endocrinologist.

My perspective is that we have seen a distinct cohort of TGD youth with low pre-treatment BMD Z-scores prior to any GnRHa or GAHT, and we need to investigate the reasons for those low BMD Z-scores so we are able to optimize bone health in these youth. Given our findings of low physical activity correlating with low pre-treatment BMD, it is our directive to ensure that TGD youth are encouraged to participate in weight-bearing physical activities and optimize dietary calcium intake and vitamin D status. I am also interested in how this cohort of TGD youth with low BMD Z-scores are distinct from those with normal BMD Z-scores so that we can identify additional areas which we can optimize. We additionally don't know if we are utilizing the proper methods to determine BMD Z-scores in TGD youth (do we utilize skeletal age? which sex reference? etc), and we don't yet know how these DXA data correlate with bone microarchitecture/strength or fracture risk. In earnest, because peak bone mass is not achieved until mid- to late-20s we can't really infer anything about skeletal fragility or fracture risk from short-term longitudinal data. Point #6 above is actually the most reassuring unpublished data I've seen, and my hope is that HR-pQCT can give us more insights on bone now since it'll be some years before peak bone mass is attained in our current study cohorts.

Hopefully that gives you a bit more insight - please let me know how you revise your statements as I do not want the data or my views to be mischaracterized in your story.

Best,

██████████

MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: ██████████@ucsf.edu
She/Her/Hers

From: Christina Jewett <christina.jewett@nytimes.com>

Sent: Thursday, October 20, 2022 8:31 AM

To: ██████████@ucsf.edu

Cc: Megan Twohey <megan.twohey@nytimes.com>

Subject: draft story language —

This Message Is From an External Sender

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Hi ██████████ - Thanks for the quick reply! As you know, we got a copy of your (and all other bone-related) NIH study proposal. We noted with particular interest your analysis of the Klink and Vlot studies, particularly this passage:

Additionally, the overall trend of decreasing BMD Z-scores in all transgender youth undergoing gender-affirming medical therapy is concerning, as one standard deviation decrease in BMD has been associated with a substantial increase in fracture risk.³²

Given that, as well as our observation that a group of 15 young trans women in the Vlot study ended up below -1 (Z-score), we have this in the story draft (which discusses bone health at some length):

So far, only two small studies, published by Dutch doctors, have tracked the bone development of trans patients as they proceed from blockers to hormone treatment. In both studies, patients started blockers at 14 or 15, on average, and began hormone treatment at 16. One study tracked 34 patients through age 22, the other tracked 56 patients for just two years. The young people, on average, saw their bones strengthen again once they went on hormones. Still, most patients continued to lag and were further behind their peers than when they first started blockers.

In a 2018 application for an N.I.H. grant to research the effects of blockers on the bones Dr. ██████████, an assistant professor of pediatrics at University of California San Francisco, called the findings from the Dutch studies "concerning," particularly the lower levels of bone density seen in trans females. She pointed out that even after two years on estrogen, 15 trans women in the second study had, on average, a bone density level that is "associated with a substantial increase in fracture risk."

Please let us know if you flag any concerns or inaccuracies. We're more than happy to talk by phone. For ready reference,

attaching the relevant passage of your NIH proposal. (I'll note that the story goes on to quote Dr. Rosenthal saying he won't put kids on blockers alone after age 14 to protect the bones.)

thanks,
Christina & Megan

--

Christina Jewett
FDA Correspondent
Health and Science desk

christina.jewett@nytimes.com

(916) 202-0886 (m)

Twitter: @By_Cjewett

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 21, 2022 1:24 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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Great! [REDACTED]?

On Oct 21, 2022, at 11:11 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Yes, 3-4 this afternoon works for me.
Steve

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From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 21, 2022 8:18 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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On Oct 10, 2022, at 8:16 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Either of those times on 10/21 works for me.

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Sent: Monday, October 10, 2022 7:07 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@gmail.com>
Subject: RE: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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[REDACTED] Ph.D.
Developmental and Clinical Psychologist
Director of Mental Health, Child & Adolescent Gender Center
Professor of Pediatrics UCSF
5633 Ocean View Drive
Oakland, CA 94618
510-280-2938
Fax: 510-547-7692
e-mail: [REDACTED]@earthlink.net or [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:46 PM
To: [REDACTED]@earthlink.net; [REDACTED] <[REDACTED]@gmail.com>

Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Hi [REDACTED] and [REDACTED],

If we do 10/14, I can do 3-4 PM. If we do 10/21, right now, I'm fully open starting at 1 PM.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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From: [REDACTED] <[\[REDACTED\]@earthlink.net](mailto:[REDACTED]@earthlink.net)> <[\[REDACTED\]@earthlink.net](mailto:[REDACTED]@earthlink.net)>

Sent: Saturday, October 8, 2022 7:19 AM

To: [REDACTED] <[\[REDACTED\]@gmail.com](mailto:[REDACTED]@gmail.com)>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: RE: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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[REDACTED] Ph.D.
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510-280-2938
Fax: 510-547-7692
e-mail: [\[REDACTED\]@earthlink.net](mailto:[REDACTED]@earthlink.net) or [\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)

From: [REDACTED] <[\[REDACTED\]@gmail.com](mailto:[REDACTED]@gmail.com)>

Sent: Friday, October 7, 2022 4:15 PM

To: Stephen Rosenthal <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[\[REDACTED\]@earthlink.net](mailto:[REDACTED]@earthlink.net)>

Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Oh, I must have missed her name on the list. Happy new year to you both. Thanks for the heads up about your availability Steve. I would definitely like to talk to the two of you together so [REDACTED] what's your availability on the days Steve mentioned? Have a great weekend!

[REDACTED]

On Oct 7, 2022, at 2:06 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Hi [REDACTED]
[REDACTED] was definitely invited! (You'll see her name an email on the invite).
Happy to set up a time to meet soon—I have most flexibility on Thursday and Friday afternoons.
Steve

Get Outlook for iOS

From: [REDACTED] <[\[REDACTED\]@gmail.com](mailto:[REDACTED]@gmail.com)>

Sent: Friday, October 7, 2022 12:55:04 PM

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Hey folks! Excited to discuss next steps. Let me know what might work in the next week or so.

Also thinking [REDACTED] should be invited to celebration...

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 2:12 PM PDT
To: [REDACTED] <[REDACTED]@gmail.com>
CC: [REDACTED] <[REDACTED]@earthlink.net> [REDACTED] <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Hi [REDACTED]
I was just on a zoom with [REDACTED] and she said "See you at 3", so it sounds like it's a go.

Shall we use my zoom link?:

[https://ucsf.zoom.us/\[REDACTED\]](https://ucsf.zoom.us/[REDACTED])

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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██████████

From: ██████████ <██████████@gmail.com>
Sent: Friday, October 7, 2022 4:15 PM
To: Stephen Rosenthal <Stephen.Rosenthal@ucsf.edu>
Cc: ██████████@earthlink.net
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Oh, I must have missed her name on the list. Happy new year to you both. Thanks for the heads up about your availability Steve. I would definitely like to talk to the two of you together so [REDACTED] what's your availability on the days Steve mentioned? Have a great weekend!

On Oct 7, 2022, at 2:06 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Hi [REDACTED]
[REDACTED] was definitely invited! (You'll see her name an email on the invite).
Happy to set up a time to meet soon—I have most flexibility on Thursday and Friday afternoons.
Steve

[Get Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 7, 2022 12:55:04 PM
To: [REDACTED] <dehrensaf@earthlink.net>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Fwd: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

This Message Is From an Untrusted Sender

You have not previously corresponded with this sender.

Hey folks! Excited to discuss next steps. Let me know what might work in the next week or so.

Also thinking [REDACTED] should be invited to celebration...

3

Begin forwarded message:

[illegible]

Dear Esteemed and Treasured Colleagues,

We are excited to finally gather and reconvene for our postponed 10-year anniversary of the UCSF Child and Adolescent Gender Center! Thank you all for your past and ongoing contributions to the UCSF CAGC - it's wonderful to see how this program has grown over the years. We plan to have an in-person lunch celebration in Dogpatch/Potrero Hill near the Mission Bay campus (location to be confirmed after we hear back about whether we have the Rooftop of the new Nancy Friend Pritzker Psychiatry Building reserved). Please save-the-date and be on the lookout for additional details to come!

Please RSVP so we can get an approximate headcount for food. We are so grateful to the UCSF Division of Pediatric Endocrinology for supporting our clinic and sponsoring this celebration - THANK YOU, [REDACTED]

Why: To celebrate the 10-year anniversary of the UCSF Child and Adolescent Gender Center
When: Saturday, 10/29/2022 from 11:00am-2:00pm
Where: TBD in SF Dogpatch/Potrero Hill

Lunch will be served - please send me food allergies or restrictions if you plan to join!

Best, [REDACTED] Steve, [REDACTED] & [REDACTED] (CAGC Party Planning Committee!)

MD, MPH, MAS
Assistant Professor of Podiatry and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: shesherhers@earthlink.net
She/Her/Hers

<mime-attachment.ics>

Warmly,

1997

██████ MS
Pronouns: he/him/his ([What's this?](#))
On unceded Chocheño Ohlone lands ([Learn more!](#))

"All that you touch, You Change. All that you Change, Changes you. The only lasting truth is Change."
(Octavia Butler)

#BLACKLIVESMATTER

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 2:15 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Tour: CAGC / TC (29Oct CAGC event at Pritzker Building logistics)

Hi,

I'm unavailable at that time, but please proceed without me. I have previously had an opportunity to tour the Pritzker Building and the roof-top garden space.

Thanks,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall; Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 1:17 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Tour: CAGC / TC (29Oct CAGC event at Pritzker Building logistics)
When: Wednesday, October 26, 2022 9:40 AM-10:30 AM.
Where: [REDACTED]

Hi [REDACTED],

I am including my colleague [REDACTED] who also assists with events, in case she can also attend.

It seems that I have found a time that works, Wednesday, 26Oct at 9:40 am. Please accept this invite if this time works.

Please let me know if you have any questions.

Thank you,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 5:34:34 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

Wonderful news!! Adding our medical director Steve Rosenthal in case we can't find a mutual time to do the site visit. I am in clinic off site all day on Monday 10/24 (at the SF VA medical center in the AM and Parnassus in the PM) so can't meet then. This week I am also in clinic Tuesday PM and Wednesday PM and Thursday AM.

Can you let me know other times we could arrange a meeting?

Thanks,

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:08:16 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

Removing [REDACTED] since she will not be at your event.

Your terrace use request is approved for Saturday, Oct 29th from 11 am - 2:30 pm.

IMPORTANT NOTES:

1. Please take note of the items you agreed to in the questionnaire below and plan accordingly.
2. Please provide the caterer's name as soon as possible.
3. There will not be any DPBS onsite support on the weekend. However, one of the building engineers will be available for urgent issues.
4. **We must schedule a site visit for next week to go over logistics. I am available on Monday, 24Oct from 9-11 am. The visit will take approximately 45 minutes.**

Inclement Weather Disclaimer:

Should the weather be unsuitable for your event to proceed on the terrace, it is the event planner's responsibility to pivot quickly and either relocate to an alternative venue offsite or cancel the event.

Food and beverages may not be served inside the Pritzker Building due to inclement weather.

**** Pritzker Building is under the UCSF Health Facilities rules (not the Campus rules) ****

UCSF COVID-19 policies continue to evolve.

As your event approaches, it is the event planner's responsibility to monitor and comply with all the relevant policies, including

- [UCSF Masking Policies](#)
- [Guidance for Hosting Meetings and Events](#)
 - An event safety plan checklist can be found here: [Event Safety Plan Checklist](#)
- [Policy on Visitors to UCSF Facilities](#)

and adjust your event as required to match UCSF COVID-19 policy.

Please note that all spaces must be left in a condition for immediate use by the next group or building occupants.

Thank you,

[REDACTED]

[REDACTED]

Operations Coordinator & Executive Analyst to:

[REDACTED]

Associate Chair for Operations
Department of Psychiatry and Behavioral Sciences
Langley Porter Psychiatric Institute

Executive Director for Capital Projects and Initiatives
Langley Porter Psychiatric Hospital and Clinics

University of California, San Francisco
UCSF Weill Institute for Neurosciences
675 18th St. | San Francisco, CA 94143

[REDACTED]@ucsf.edu | [Message me in Teams](#)

Empathy | Developer | Responsibility | Adaptability | Consistency
Pronouns: She, Her, Hers

[UCSF sits upon the traditional unceded lands of the Ramaytush Ohlone peoples.](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Tuesday, October 18, 2022 11:14
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED] and [REDACTED],

This request is with the reviewers. Due to the high-profile event happening at the Pritzker Building today, and all the prep work involved with that, new request reviews have been delayed. I should have their determination by sometime on Thursday.

Thank you for your patience,

[REDACTED]

[REDACTED]
Operations Coordinator & Executive Analyst to:

[REDACTED]
Associate Chair for Operations
Department of Psychiatry and Behavioral Sciences
Langley Porter Psychiatric Institute

Executive Director for Capital Projects and Initiatives
Langley Porter Psychiatric Hospital and Clinics

University of California, San Francisco
UCSF Weill Institute for Neurosciences
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[REDACTED] [@ucsf.edu](#) | [Message me in Teams](#)

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Pronouns: She, Her, Hers

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 11:28
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

Please let us know if you need additional info from us, unfortunately the completed form was sent to me only and I had already taken a flight and was out last week. Very sorry about this, I'm back now, please reach out if you have any questions on this request. CAGC provider access previously requested and should have access.

Thank you,

[REDACTED]

[REDACTED]
Practice Manager
UCSF Benioff Children's Hospital
Mobile: [REDACTED] Office: [REDACTED]

[Madison Clinic for Pediatric Diabetes](#)
UC Box 0318
1500 Owens Street, SF Ca 94143
PH: 415-514-6234 Fax: 415-353-2811

[Pediatric Developmental Medicine](#)
UC Box 3132
675 18th Street, 2nd floor, SF Ca 94143
PH: 415-353-2080 FX: 415-502-0014

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 4:12 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Thank you, [REDACTED]. I was under the impression that [REDACTED] sent that request to you last week. Please let me know as soon as you hear back regarding the event request, and whether you require any further information from me.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434

San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 3:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

I believe this is the first I'm receiving this event request. I am sending it to be reviewed.

Please note that as the weather has begun to change we now include the following on all requests and approvals:

Inclement Weather Disclaimer:

Should the weather be unsuitable for your event to proceed on the terrace, it is the event planner's responsibility to pivot quickly and either relocate to an alternative venue offsite or cancel the event.

Food and beverages may not be served inside the Pritzker Building due to inclement weather.

Please also note that there will not be any onsite support on the weekend.

I will let you know when I hear back from the reviewers.

Thank you,

[REDACTED]

[REDACTED] [REDACTED]

Operations Coordinator & Executive Analyst to:

[REDACTED]
Associate Chair for Operations
Department of Psychiatry and Behavioral Sciences
Langley Porter Psychiatric Institute

Executive Director for Capital Projects and Initiatives
Langley Porter Psychiatric Hospital and Clinics

University of California, San Francisco
UCSF Weill Institute for Neurosciences
675 18th St. | San Francisco, CA 94143

[REDACTED] <[REDACTED]@ucsf.edu> | [Message me in Teams](#)

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Pronouns: She, Her, Hers

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 14, 2022 13:42
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED] and [REDACTED],

Just wanted to find out about the status of our rooftop reservation so we can get our planning underway!

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 7, 2022 12:18 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED]

Oh dear - sorry for the delay! I completely missed the form you wanted me to fill out. You got all the people that need badge access from Ped Endo, I think!

- Event Name: [Child and Adolescent Gender Center \(CAGC\) 10 Year Anniversary](#)
- Event Date: [10-29-2022 \(Saturday\)](#)
- Event Type: [Lunch](#)
- Department of Psychiatry and Behavioral Sciences member who is sponsoring the event: [Department of Pediatrics, Division of Endocrinology \(Chief: \[REDACTED\]\)](#)
- Is this a Chancellor's Office requested event: [No](#)
- Event contact person? (Name + Email): [\[REDACTED\]@ucsf.edu](#)
- Will an outside Audio/Visual system be used during the event? [No](#)
 - Who will provide support for this system (Name + Email)? [N/A](#)
- [NOTE: Pritzker Building does not provide any Audio/Visual systems or support for events on the terrace.](#)
- Booking Start and End Time (this should include any setup or cleanup time): [11am to 2:30pm](#)
- Event Start and End Time (Published times for attendees): [11:00 to 14:00](#)
- Expected In-Person Headcount: [35 max](#)
- Food or Drink Served (Yes/No): [yes](#)
 - Please confirm your group understands it is your group's responsibility to remove any overflow of garbage, recycling, or compost from the terrace bins to other appropriate bins or to the waste pick-up in the loading dock (Agree/Disagree): [Agree](#)
 - Caterer name: [TBD](#)
- Do you plan to move furniture? (Yes/No): [No](#)
 - If yes, please confirm you understand that it is your group's responsibility to replace furniture to its original location (Agree/Disagree): [_____](#)
 - Please confirm you understand that your group is liable for any damage incurred by moving terrace furniture (Agree/Disagree): [Agree](#)
- Do you have badge access to the terrace? (Yes/No): [no, \[REDACTED\] will request](#)
 - [NOTE FROM \[REDACTED\]: Per the email below, \[REDACTED\] is requesting badge access for:](#)
 - [\[REDACTED\]](#)
 - [Rosenthal](#)
 - [\[REDACTED\]](#)
 - [J. \[REDACTED\]](#)
 - [Diane E.](#)
 - Please confirm you understand that it is your group's responsibility to let your attendees onto the terrace by posting someone at the badge reader to open the terrace doors (Agree/Disagree): [Agree](#)
- [NOTE: Those working at the 4th Floor reception desk and clinical staff are not to be disrupted by event planners or attendees of your event.](#)
- The terrace is a building amenity. Please confirm your group understands that the terrace will continue to be accessible to building occupants and escorted patients/participants during your event. (Agree/Disagree): [Agree](#)
- Are other rooms or spaces reserved related to this event? [no](#)
 - Contact email address(es):
 - Event Title(s):
 - Room number(s):
 - Date(s):
 - Time(s):
- Are you expecting to sell merchandise during this event? (Yes/No): [no](#)
- Special Considerations/Notes: [_____](#)

Let me know if you need anything else!

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [\[REDACTED\]@ucsf.edu](#)

She/Her/Hers

From: [REDACTED], [REDACTED] <[\[REDACTED\]@ucsf.edu](#)>

Sent: Thursday, October 6, 2022 6:48 PM

To: [REDACTED] <[\[REDACTED\]@ucsf.edu](#)>

Subject: RE: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

Building access was already requested. Please lmk about the info below so we can submit it. I'm out next week and wanted to send this over tomorrow if possible. If you are busy tomorrow and I'm out, then please email [REDACTED] <[REDACTED]@ucsf.edu>

Thanks,
[REDACTED]

[REDACTED]
Practice Manager
UCSF Benioff Children's Hospital
Mobile: [REDACTED] Office: [REDACTED]
Madison Clinic for Pediatric Diabetes
UC Box 0318
1500 Owens Street, SF Ca 94143
PH: 415-514-6234 Fax: 415-353-2811

Pediatric Developmental Medicine
UC Box 3132

675 18th Street, 2nd floor, SF Ca 94143
PH: 415-353-2080 FX: 415-502-0014

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From: [REDACTED]
Sent: Friday, September 30, 2022 4:18 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

Sending the request form below, I completed part of it (in blue) and not sure of the rest. Can you please complete and email me.

I will send a separate email to get building access for these providers, lmk if we need to include others:

- [REDACTED]
- Rosenthal
- [REDACTED]
- [REDACTED]
- Diane E.
- [REDACTED]

Thank you,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 3:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

All terrace event requests are reviewed prior to approval. Please note this template is continually evolving so please feel free to check in with me prior to submitting future requests.

- Event Name: CAGC 10 Year Anniversary
- Event Date: 10-29-2022 (Saturday)
- Event Type: Lunch
- Department of Psychiatry and Behavioral Sciences member who is sponsoring the event: _____
- Is this a Chancellor's Office requested event: _____
- Event contact person? (Name + Email): [REDACTED] <[REDACTED]@ucsf.edu>
- Will an outside Audio/Visual system be used during the event? _____
 - Who will provide support for this system (Name + Email)? _____
- NOTE: Pritzker Building does not provide any Audio/Visual systems or support for events on the terrace.
- Booking Start and End Time (this should include any setup or cleanup time): 11am to 2:30pm
- Event Start and End Time (Published times for attendees): _____
- Expected In-Person Headcount: 35 max
- Food or Drink Served (Yes/No): yes
 - Please confirm your group understands it is your group's responsibility to remove any overflow of garbage, recycling, or compost from the terrace bins to other appropriate bins or to the waste pick-up in the loading dock (Agree/Disagree): _____
 - Caterer name: _____
- Do you plan to move furniture? (Yes/No): _____

- If yes, please confirm you understand that it is your group's responsibility to replace furniture to its original location (Agree/Disagree): _____
- Please confirm you understand that your group is liable for any damage incurred by moving terrace furniture (Agree/Disagree): _____

- Do you have badge access to the terrace? (Yes/No): **no, [REDACTED] will request**
 - Please confirm you understand that it is your group's responsibility to let your attendees onto the terrace by posting someone at the badge reader to open the terrace doors (Agree/Disagree): _____

NOTE: Those working at the 4th Floor reception desk and clinical staff are not to be disrupted by event planners or attendees of your event.

- The terrace is a building amenity. Please confirm your group understands that the terrace will continue to be accessible to building occupants and escorted patients/participants during your event. (Agree/Disagree): _____
- Are other rooms or spaces reserved related to this event? **no**
 - Contact email address(es): _____
 - Event Title(s): _____
 - Room number(s): _____
 - Date(s): _____
 - Time(s): _____
- Are you expecting to sell merchandise during this event? (Yes/No): **no**
- Special Considerations/Notes: **Added by [REDACTED] per the email below:** part of Gender clinic will relocate from Gateway to Pritzker sometime in January and see patients on 2nd floor.

**** Pritzker Building is under the UCSF Health Facilities rules (not the Campus rules) ****

UCSF COVID-19 policies continue to evolve.

As your event approaches, it is the event planner's responsibility to monitor the relevant policies, including

- [Guidance for Hosting Meetings and Events](#)
- [UCSF Masking Policies](#)
- [Policy on Visitors to UCSF Facilities](#)

and adjust your event as required to match UCSF COVID-19 policy.

Please note that the space must be left in a condition for immediate use by the next group or building occupants.

Please let me know if you have any specific questions.

Thank you,

[REDACTED]

[REDACTED]

Operations Coordinator & Executive Analyst to:

[REDACTED]

Associate Chair for Operations
Department of Psychiatry and Behavioral Sciences
Langley Porter Psychiatric Institute

Executive Director for Capital Projects and Initiatives
Langley Porter Psychiatric Hospital and Clinics

University of California, San Francisco
UCSF Weill Institute for Neurosciences
675 18th St. | San Francisco, CA 94143

[REDACTED] [@ucsf.edu](#) | [Message me in Teams](#)

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Pronouns: She, Her, Hers

[UCSF sits upon the traditional unceded lands of the Ramaytush Ohlone peoples.](#)

From: [REDACTED], [REDACTED] <[\[REDACTED\]@ucsf.edu](#)>

Sent: Friday, September 30, 2022 13:14

To: [REDACTED], [REDACTED] <[\[REDACTED\]@ucsf.edu](#)>

Subject: FW: Reserving Pritzker Building Rooftop space

Hi [REDACTED]

The Gender Clinic is requesting to use the Pritzker building 4th floor terrace for a lunch event. Event is for Saturday, October 29th from 11am to 2pm. Number of guests expected is 20-35.

Please advise on this reservation.

Unfortunately, I won't be there and wanted to know if we can give building access to those providers who will be seeing patients at Pritzker in the future. Pls note part of Gender clinic will relocate from Gateway to Pritzker sometime in January and see patients on 2nd floor.

Thank you,
[REDACTED]

[REDACTED]
Practice Manager
UCSF Benioff Children's Hospital
Mobile: [REDACTED] Desk: [REDACTED]
Madison Clinic for Pediatric Diabetes
UC Box 0318
1500 Owens Street, SF Ca 94143
Clinic: 415-514-6234 Fax: 415-353-2811
Pediatric Developmental Medicine
UC Box 3132
675 18th Street, 2nd floor, SF Ca 94143
Clinic: 415-353-2080 Fax: 415-502-0014

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From: DPBS Building Services <DPBSBuildingServices@ucsf.edu>
Sent: Friday, September 30, 2022 1:09 PM
To: [REDACTED], [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>
Subject: FW: Reserving Pritzker Building Rooftop space

Hello,

Thanks for your email, please reach out to [\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu) on scheduling events.

DPBS

From: [REDACTED], [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>
Sent: Friday, September 30, 2022 12:48 PM
To: DPBS Building Services <DPBSBuildingServices@ucsf.edu>
Subject: Reserving Pritzker Building Rooftop space

Hi there,

The Gender Clinic is requesting to use the Pritzker building 4th floor terrace for a lunch event.
Event is for Saturday, October 29th from 11am to 2pm. Number of guests expected is 20-35.

Please advise on scheduling over the weekend and giving access to some of the Gender Clinic providers.

Thank you,
[REDACTED]

[REDACTED]
Practice Manager
UCSF Benioff Children's Hospital
Mobile: [REDACTED] Office: [REDACTED]
Madison Clinic for Pediatric Diabetes
UC Box 0318
1500 Owens Street, SF Ca 94143
PH: 415-514-6234 Fax: 415-353-2811
Pediatric Developmental Medicine
UC Box 3132
675 18th Street, 2nd floor, SF Ca 94143
PH: 415-353-2080 FX: 415-502-0014

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From: [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>
Sent: Friday, September 30, 2022 10:57 AM
To: [REDACTED], [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

I'm not sure the exact headcount yet but my ballpark would be somewhere between 20-35 people?
Maybe let's say 11:00-14:00 to give people more wiggle room to get there on time and finish food/conversation?

Thanks!
[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine

Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 10:50 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

Can you give me a head count and are you looking at 11:30 to 1:30pmish?

Thanks,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 10:30 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

The UCSF Child and Adolescent Gender Center is planning to belatedly celebrate our 10th year anniversary of officially opening our doors as a leading interdisciplinary center for transgender and gender diverse youth and their families. Our original gathering planned for May 2022 was cancelled due to surging COVID numbers, and we would like to have our belated celebration 10/29/2022 for a lunch celebration. It will be funded by the Pediatric Endocrine division.

Can you assist us with reserving the Pritzker Building Rooftop space? Do we all have badge access to the building yet?

Thank you!
[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 2:22 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED]@ucsf.edu>
Subject: Re: Tour: CAGC / TC (29Oct CAGC event at Pritzker Building logistics)

Hi Steve,

Thank you for letting us know.

Take care,

[REDACTED]
Operations Coordinator & Executive Analyst to:

[REDACTED]
Associate Chair for Operations
Department of Psychiatry and Behavioral Sciences
Langley Porter Psychiatric Institute

Executive Director for Capital Projects and Initiatives
Langley Porter Psychiatric Hospital and Clinics

University of California, San Francisco
UCSF Weill Institute for Neurosciences
675 18th St. | San Francisco, CA 94143

[REDACTED]@ucsf.edu | [Message me in Teams](#)

Empathy | Developer | Responsibility | Adaptability | Consistency
Pronouns: She, Her, Hers

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 14:15
To: [REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED]@ucsf.edu>
Subject: Re: Tour: CAGC / TC (29Oct CAGC event at Pritzker Building logistics)

Hi,

I'm unavailable at that time, but please proceed without me. I have previously had an opportunity to tour the Pritzker Building and the roof-top garden space.

Thanks,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 1:17 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@ucsf.edu>
Subject: Tour: CAGC / TC (29Oct CAGC event at Pritzker Building logistics)
When: Wednesday, October 26, 2022 9:40 AM-10:30 AM
Where: [REDACTED]

Hi [REDACTED],

I am including my colleague [REDACTED] who also assists with events, in case she can also attend.

It seems that I have found a time that works, Wednesday, 26Oct at 9:40 am. Please accept this invite if this time works.

Please let me know if you have any questions.

Thank you,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 5:34:34 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

Wonderful news!! Adding our medical director Steve Rosenthal in case we can't find a mutual time to do the site visit. I am in clinic off site all day on Monday 10/24 (at the SF VA medical center in the AM and Parnassus in the PM) so can't meet then. This week I am also in clinic Tuesday PM and Wednesday PM and Thursday AM.

Can you let me know other times we could arrange a meeting?

Thanks,
[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:08:16 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

Removing [REDACTED] since she will not be at your event.

Your terrace use request is approved for Saturday, Oct 29th from 11 am - 2:30 pm.

IMPORTANT NOTES:

1. Please take note of the items you agreed to in the questionnaire below and plan accordingly.
2. Please provide the caterer's name as soon as possible.
3. There will not be any DPBS onsite support on the weekend. However, one of the building engineers will be available for urgent issues.
4. **We must schedule a site visit for next week to go over logistics. I am available on Monday, 24Oct from 9-11 am. The visit will take approximately 45 minutes.**

Inclement Weather Disclaimer:

Should the weather be unsuitable for your event to proceed on the terrace, it is the event planner's responsibility to pivot quickly and either relocate to an alternative venue offsite or cancel the event.

Food and beverages may not be served inside the Pritzker Building due to inclement weather.

**** Pritzker Building is under the UCSF Health Facilities rules (not the Campus rules) ****

UCSF COVID-19 policies continue to evolve.

As your event approaches, it is the event planner's responsibility to monitor and comply with all the relevant policies, including

- [UCSF Masking Policies](#)

- [Guidance for Hosting Meetings and Events](#)
 - An event safety plan checklist can be found here: [Event Safety Plan Checklist](#)
- [Policy on Visitors to UCSF Facilities](#)

and adjust your event as required to match UCSF COVID-19 policy.

Please note that all spaces must be left in a condition for immediate use by the next group or building occupants.

Thank you,

Operations Coordinator & Executive Analyst to:

Associate Chair for Operations
Department of Psychiatry and Behavioral Sciences
Langley Porter Psychiatric Institute

Executive Director for Capital Projects and Initiatives
Langley Porter Psychiatric Hospital and Clinics

University of California, San Francisco
UCSF Weill Institute for Neurosciences
675 18th St. | San Francisco, CA 94143

[@ucsf.edu](#) | [Message me in Teams](#)

Empathy | Developer | Responsibility | Adaptability | Consistency
Pronouns: She, Her, Hers

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From: [@ucsf.edu](#)
Sent: Tuesday, October 18, 2022 11:14
To: [@ucsf.edu](#); [@ucsf.edu](#)
Subject: Re: Reserving Pritzker Building Rooftop space

Hi and ,

This request is with the reviewers. Due to the high-profile event happening at the Pritzker Building today, and all the prep work involved with that, new request reviews have been delayed. I should have their determination by sometime on Thursday.

Thank you for your patience,

Operations Coordinator & Executive Analyst to:

Associate Chair for Operations
Department of Psychiatry and Behavioral Sciences
Langley Porter Psychiatric Institute

Executive Director for Capital Projects and Initiatives
Langley Porter Psychiatric Hospital and Clinics

University of California, San Francisco
UCSF Weill Institute for Neurosciences
675 18th St. | San Francisco, CA 94143

[@ucsf.edu](#) | [Message me in Teams](#)

Empathy | Developer | Responsibility | Adaptability | Consistency
Pronouns: She, Her, Hers

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From: [@ucsf.edu](#)
Sent: Monday, October 17, 2022 11:28
To: [@ucsf.edu](#); [@ucsf.edu](#)
Subject: RE: Reserving Pritzker Building Rooftop space

Hi

Please let us know if you need additional info from us, unfortunately the completed form was sent to me only and I had already taken a flight and was out last week. Very sorry about this, I'm back now, please reach out if you have any questions on this request.

CAGC provider access previously requested and should have access.

Thank you,

Practice Manager
UCSF Benioff Children's Hospital
Mobile: Office:
Madison Clinic for Pediatric Diabetes
UC Box 0318
1500 Owens Street, SF Ca 94143
PH: 415-514-6234 Fax: 415-353-2811

Pediatric Developmental Medicine
UC Box 3132
675 18th Street, 2nd floor, SF Ca 94143
PH: 415-353-2080 FX: 415-502-0014

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From: <@ucsf.edu>
Sent: Friday, October 14, 2022 4:12 PM
To: <@ucsf.edu>; <@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Thank you, I was under the impression that sent that request to you last week.
Please let me know as soon as you hear back regarding the event request, and whether you require any further information from me.

Best,

MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: @ucsf.edu
She/Her/Hers

From: <@ucsf.edu>
Sent: Friday, October 14, 2022 3:11 PM
To: <@ucsf.edu>; <@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi ,

I believe this is the first I'm receiving this event request. I am sending it to be reviewed.

Please note that as the weather has begun to change we now include the following on all requests and approvals:

Inclement Weather Disclaimer:

Should the weather be unsuitable for your event to proceed on the terrace, it is the event planner's responsibility to pivot quickly and either relocate to an alternative venue offsite or cancel the event.

Food and beverages may not be served inside the Pritzker Building due to inclement weather.

Please also note that there will not be any onsite support on the weekend.

I will let you know when I hear back from the reviewers.

Thank you,

Operations Coordinator & Executive Analyst to:

Associate Chair for Operations
Department of Psychiatry and Behavioral Sciences
Langley Porter Psychiatric Institute

Executive Director for Capital Projects and Initiatives
Langley Porter Psychiatric Hospital and Clinics

University of California, San Francisco
UCSF Weill Institute for Neurosciences

675 18th St. | San Francisco, CA 94143

██████████@ucsf.edu | [Message me in Teams](#)

Empathy | Developer | Responsibility | Adaptability | Consistency
Pronouns: She, Her, Hers

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From: ██████████ <██████████@ucsf.edu>
Sent: Friday, October 14, 2022 13:42
To: ██████████, ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi ██████████ and ██████████

Just wanted to find out about the status of our rooftop reservation so we can get our planning underway!

Best,

██████████

██████████ MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [██████████@ucsf.edu](#)
She/Her/Hers

From: ██████████ <██████████@ucsf.edu>
Sent: Friday, October 7, 2022 12:18 AM
To: ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi ██████████

Oh dear - sorry for the delay! I completely missed the form you wanted me to fill out. You got all the people that need badge access from Ped Endo, I think!

- Event Name: [Child and Adolescent Gender Center \(CAGC\) 10 Year Anniversary](#)
 - Event Date: [10-29-2022 \(Saturday\)](#)
 - Event Type: [Lunch](#)
 - Department of Psychiatry and Behavioral Sciences member who is sponsoring the event: [Department of Pediatrics, Division of Endocrinology \(Chief: ██████████, ██████████\)](#)
 - Is this a Chancellor's Office requested event: [No](#)
 - Event contact person? (Name + Email): ██████████, ██████████ <██████████@ucsf.edu>
 - Will an outside Audio/Visual system be used during the event? [No](#)
 - Who will provide support for this system (Name + Email)? [N/A](#)
 - NOTE: Pritzker Building does not provide any Audio/Visual systems or support for events on the terrace.
 - Booking Start and End Time (this should include any setup or cleanup time): [11am to 2:30pm](#)
 - Event Start and End Time (Published times for attendees): [11:00 to 14:00](#)
 - Expected In-Person Headcount: [35 max](#)
 - Food or Drink Served (Yes/No): [yes](#)
 - Please confirm your group understands it is your group's responsibility to remove any overflow of garbage, recycling, or compost from the terrace bins to other appropriate bins or to the waste pick-up in the loading dock (Agree/Disagree): [Agree](#)
 - Caterer name: [TBD](#)
 - Do you plan to move furniture? (Yes/No): [No](#)
 - If yes, please confirm you understand that it is your group's responsibility to replace furniture to its original location (Agree/Disagree): _____
 - Please confirm you understand that your group is liable for any damage incurred by moving terrace furniture (Agree/Disagree): [Agree](#)
 - Do you have badge access to the terrace? (Yes/No): [no, ██████████ will request](#)
 - NOTE FROM ██████████: Per the email below, ██████████ is requesting badge access for:
 - ██████████
 - [Rosenthal](#)
 - ██████████
 - [J. ██████████](#)
 - [Diane E.](#)
 - Please confirm you understand that it is your group's responsibility to let your attendees onto the terrace by posting someone at the badge reader to open the terrace doors (Agree/Disagree): [Agree](#)
- NOTE:** Those working at the 4th Floor reception desk and clinical staff are not to be disrupted by event planners or attendees of your event.

- The terrace is a building amenity. Please confirm your group understands that the terrace will continue to be accessible to building occupants and escorted patients/participants during your event. (Agree/Disagree): **Agree**
- Are other rooms or spaces reserved related to this event? **no**
 - Contact email address(es):
 - Event Title(s):
 - Room number(s):
 - Date(s):
 - Time(s):
- Are you expecting to sell merchandise during this event? (Yes/No): **no**
- Special Considerations/Notes: _____

Let me know if you need anything else!

Best,

██████████

██████████ MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: ██████████@ucsf.edu
She/Her/Hers

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Thursday, October 6, 2022 6:48 PM
To: ██████████ <██████████@ucsf.edu>
Subject: RE: Reserving Pritzker Building Rooftop space

Hi ██████████,

Building access was already requested. Please lmk about the info below so we can submit it. I'm out next week and wanted to send this over tomorrow if possible. If you are busy tomorrow and I'm out, then please email ██████████@ucsf.edu

Thanks,

██████████

██████████
Practice Manager
UCSF Benioff Children's Hospital
Mobile: ██████████ Office: ██████████

[Madison Clinic for Pediatric Diabetes](#)
UC Box 0318
1500 Owens Street, SF Ca 94143
PH: 415-514-6234 Fax: 415-353-2811

[Pediatric Developmental Medicine](#)
UC Box 3132
675 18th Street, 2nd floor, SF Ca 94143
PH: 415-353-2080 FX: 415-502-0014

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From: ██████████, ██████████
Sent: Friday, September 30, 2022 4:18 PM
To: ██████████ <██████████@ucsf.edu>
Subject: RE: Reserving Pritzker Building Rooftop space

Hi ██████████,

Sending the request form below, I completed part of it (in blue) and not sure of the rest. Can you please complete and email me:

I will send a separate email to get building access for these providers, lmk if we need to include others:

- ██████████
- Rosenthal
- ██████████
- ██████████
- Diane E.
-

Thank you,

From: [REDACTED]@ucsf.edu>
 Sent: Friday, September 30, 2022 3:11 PM
 To: [REDACTED] <[REDACTED]@ucsf.edu>
 Subject: Re: Reserving Pritzker Building Rooftop space

Hi [REDACTED],

All terrace event requests are reviewed prior to approval. Please note this template is continually evolving so please feel free to check in with me prior to submitting future requests.

- Event Name: [CAGC 10 Year Anniversary](#)
- Event Date: [10-29-2022 \(Saturday\)](#)
- Event Type: [Lunch](#)
- Department of Psychiatry and Behavioral Sciences member who is sponsoring the event: _____
- Is this a Chancellor's Office requested event: _____
- Event contact person? (Name + Email): [REDACTED]@ucsf.edu
- Will an outside Audio/Visual system be used during the event? _____
 - Who will provide support for this system (Name + Email)? _____

NOTE: Pritzker Building does not provide any Audio/Visual systems or support for events on the terrace.
- Booking Start and End Time (this should include any setup or cleanup time): [11am to 2:30pm](#)
- Event Start and End Time (Published times for attendees): _____
- Expected In-Person Headcount: [35 max](#)
- Food or Drink Served (Yes/No): [yes](#)
 - Please confirm your group understands it is your group's responsibility to remove any overflow of garbage, recycling, or compost from the terrace bins to other appropriate bins or to the waste pick-up in the loading dock (Agree/Disagree): _____
 - Caterer name: _____
- Do you plan to move furniture? (Yes/No): _____
 - If yes, please confirm you understand that it is your group's responsibility to replace furniture to its original location (Agree/Disagree): _____
 - Please confirm you understand that your group is liable for any damage incurred by moving terrace furniture (Agree/Disagree): _____
- Do you have badge access to the terrace? (Yes/No): [no](#), [REDACTED] [will request](#)
 - Please confirm you understand that it is your group's responsibility to let your attendees onto the terrace by posting someone at the badge reader to open the terrace doors (Agree/Disagree): _____

NOTE: Those working at the 4th Floor reception desk and clinical staff are not to be disrupted by event planners or attendees of your event.
- The terrace is a building amenity. Please confirm your group understands that the terrace will continue to be accessible to building occupants and escorted patients/participants during your event. (Agree/Disagree): _____
- Are other rooms or spaces reserved related to this event? [no](#)
 - Contact email address(es): _____
 - Event Title(s): _____
 - Room number(s): _____
 - Date(s): _____
 - Time(s): _____
- Are you expecting to sell merchandise during this event? (Yes/No): [no](#)
- Special Considerations/Notes: [Added by \[REDACTED\] per the email below:](#) [part of Gender clinic will relocate from Gateway to Pritzker sometime in January and see patients on 2nd floor.](#)

**** Pritzker Building is under the UCSF Health Facilities rules (not the Campus rules) ****

UCSF COVID-19 policies continue to evolve.

As your event approaches, it is the event planner's responsibility to monitor the relevant policies, including

- [Guidance for Hosting Meetings and Events](#)
- [UCSF Masking Policies](#)
- [Policy on Visitors to UCSF Facilities](#)

and adjust your event as required to match UCSF COVID-19 policy.

Please note that the space must be left in a condition for immediate use by the next group or building occupants.

Please let me know if you have any specific questions.

Thank you,
 [REDACTED]

Operations Coordinator & Executive Analyst to:

Associate Chair for Operations
Department of Psychiatry and Behavioral Sciences
Langley Porter Psychiatric Institute

Executive Director for Capital Projects and Initiatives
Langley Porter Psychiatric Hospital and Clinics

University of California, San Francisco
UCSF Weill Institute for Neurosciences
675 18th St. | San Francisco, CA 94143

@ucsf.edu | [Message me in Teams](#)

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Pronouns: She, Her, Hers

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 13:14
To: [REDACTED]@ucsf.edu>
Subject: FW: Reserving Pritzker Building Rooftop space

Hi [REDACTED]

The Gender Clinic is requesting to use the Pritzker building 4th floor terrace for a lunch event. Event is for Saturday, October 29th from 11am to 2pm. Number of guests expected is 20-35.

Please advise on this reservation.

Unfortunately, I won't be there and wanted to know if we can give building access to those providers who will be seeing patients at Pritzker in the future. Pls note part of Gender clinic will relocate from Gateway to Pritzker sometime in January and see patients on 2nd floor.

Thank you,
[REDACTED]

[REDACTED]
Practice Manager
UCSF Benioff Children's Hospital
Mobile: [REDACTED] Desk: [REDACTED]
[Madison Clinic for Pediatric Diabetes](#)
UC Box 0318
1500 Owens Street, SF Ca 94143
Clinic: 415-514-6234 Fax: 415-353-2811
[Pediatric Developmental Medicine](#)
UC Box 3132
675 18th Street, 2nd floor, SF Ca 94143
Clinic: 415-353-2080 Fax: 415-502-0014

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From: DPBS Building Services <DPBSBuildingServices@ucsf.edu>
Sent: Friday, September 30, 2022 1:09 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: FW: Reserving Pritzker Building Rooftop space

Hello,

Thanks for your email, please reach out to [REDACTED]@ucsf.edu on scheduling events.

DPBS

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, September 30, 2022 12:48 PM
To: DPBS Building Services <DPBSBuildingServices@ucsf.edu>
Subject: Reserving Pritzker Building Rooftop space

Hi there,

The Gender Clinic is requesting to use the Pritzker building 4th floor terrace for a lunch event. Event is for Saturday, October 29th from 11am to 2pm. Number of guests expected is 20-35.

Please advise on scheduling over the weekend and giving access to some of the Gender Clinic providers.

Thank you,

Practice Manager
UCSF Benioff Children's Hospital
Mobile: Office:

Madison Clinic for Pediatric Diabetes
UC Box 0318
1500 Owens Street, SF Ca 94143
PH: 415-514-6234 Fax: 415-353-2811

Pediatric Developmental Medicine
UC Box 3132
675 18th Street, 2nd floor, SF Ca 94143
PH: 415-353-2080 FX: 415-502-0014

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From: <@ucsf.edu>
Sent: Friday, September 30, 2022 10:57 AM
To: <@ucsf.edu>
Subject: Re: Reserving Pritzker Building Rooftop space

Hi

I'm not sure the exact headcount yet but my ballpark would be somewhere between 20-35 people?
Maybe let's say 11:00-14:00 to give people more wiggle room to get there on time and finish food/conversation?

Thanks!

MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: @ucsf.edu
She/Her/Hers

From: <@ucsf.edu>
Sent: Friday, September 30, 2022 10:50 AM
To: <@ucsf.edu>
Subject: RE: Reserving Pritzker Building Rooftop space

Hi

Can you give me a head count and are you looking at 11:30 to 1:30pmish?

Thanks,

From: <@ucsf.edu>
Sent: Friday, September 30, 2022 10:30 AM
To: <@ucsf.edu>
Subject: Reserving Pritzker Building Rooftop space

Hi

The UCSF Child and Adolescent Gender Center is planning to belated celebrate our 10th year anniversary of officially opening our doors as a leading interdisciplinary center for transgender and gender diverse youth and their families. Our original gathering planned for May 2022 was cancelled due to surging COVID numbers, and we would like to have our belated celebration **10/29/2022 for a lunch celebration**. It will be funded by the Pediatric Endocrine division.

Can you assist us with reserving the Pritzker Building Rooftop space? Do we all have badge access to the building yet?

Thank you!

MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 21, 2022 2:45 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

This Message Is From an External Sender

This message came from outside your organization.

Sounds great. Please send.

On Oct 21, 2022, at 2:12 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Hi [REDACTED]
I was just on a zoom with [REDACTED] and she said "See you at 3", so it sounds like it's a go.

Shall we use my zoom link?:

[https://ucsf.zoom.us/\[REDACTED\]](https://ucsf.zoom.us/[REDACTED])

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 21, 2022 1:24 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

This Message Is From an External Sender

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Great! [REDACTED]?

On Oct 21, 2022, at 11:11 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Yes, 3-4 this afternoon works for me.
Steve

Get [Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 21, 2022 8:18 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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Any chance that 3-4 still works this afternoon?

On Oct 10, 2022, at 8:16 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Either of those times on 10/21 works for me:

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Sent: Monday, October 10, 2022 7:07 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@gmail.com>
Subject: RE: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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[REDACTED] Ph.D.
Developmental and Clinical Psychologist
Director of Mental Health, Child & Adolescent Gender Center
Professor of Pediatrics UCSF
5633 Ocean View Drive
Oakland, CA 94618
510-280-2938
Fax: 510-547-7692
e-mail: [REDACTED]@earthlink.net or [REDACTED]@ucsf.edu
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:46 PM
To: [REDACTED]@earthlink.net; [REDACTED] <[REDACTED]@gmail.com>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Hi [REDACTED] and [REDACTED]

If we do 10/14, I can do 3-4 PM. If we do 10/21, right now, I'm fully open starting at 1 PM.

Thanks,

Steve

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Sent: Saturday, October 8, 2022 7:19 AM
To: [REDACTED] <[REDACTED]@gmail.com>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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Fax: 510-547-7692
e-mail: [REDACTED]@earthlink.net or [REDACTED]@ucsf.edu
[REDACTED]

Oh, I must have missed her name on the list. Happy new year to you both. Thanks for the heads up about your availability Steve. I would definitely like to talk to the two of you together so [REDACTED] what's your availability on the days Steve mentioned? Have a great weekend!

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Also thinking [REDACTED] should be invited to celebration...

UCSF-DCNF-01038

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 21, 2022 2:52 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

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Never mind! Just noticed it below!!!

On Oct 21, 2022, at 2:45 PM, [REDACTED] <[REDACTED]@gmail.com> wrote:

Sounds great. Please send.

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Great! [REDACTED]?

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
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Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Hi [REDACTED] and [REDACTED]

If we do 10/14, I can do 3-4 PM. If we do 10/21, right now, I'm fully open starting at 1 PM.

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Fax: 510-547-7692
e-mail: [REDACTED]@earthlink.net or [REDACTED]@ucsf.edu

Oh, I must have missed her name on the list. Happy new year to you both. Thanks for the heads up about your availability Steve. I would definitely like to talk to the two of you together so [REDACTED] what's your availability on the days Steve mentioned? Have a great weekend!

Hi [REDACTED]
[REDACTED] was definitely invited! (You'll see her name an email on the invite).
Happy to set up a time to meet soon—I have most flexibility on Thursday and Friday afternoons.
Steve

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Friday, October 7, 2022 12:55:04 PM
To: [REDACTED] <[REDACTED]@earthlink.net>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Fwd: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

You have not previously corresponded with this sender.

Begin forwarded message:

Dear Esteemed and Treasured Colleagues,

<mime-attachment.ics>

#BLACKLIVESMATTER

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Saturday, October 22, 2022 4:14 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

Everything is ordered. Food is from La Mediterranee Catering and I included cutlery and drinks (sparkling and still water). They will deliver to the Pritzker building 10/29 between 10:15-10:45. Cupcakes are ordered from Noe Valley Bakery on 24th (35).

Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

Excited to see everyone!

Dr. [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 11:06 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Wonderful!!! Please let me know how I can help with any next steps.

Get [Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29:54 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Her

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care

UCSF School of Nursing

On Oct 20, 2022, at 17:23, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Agree on all counts.

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbuck's if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

[REDACTED], Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

[REDACTED]

[REDACTED], MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29? Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Saturday, October 22, 2022 6:30 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Thank you, [REDACTED]. Everyone, let me know what I can do to help from my perch in the East Bay and what time should we all get there to set up?

Sent from my iPhone

On Oct 22, 2022, at 4:14 PM, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

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Wonderful!!! Please let me know how I can help with any next steps.

Get [Outlook for iOS](#)

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To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
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Sent: Thursday, October 20, 2022 5:00:20 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 4:01 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

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To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at

Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

~[REDACTED]

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Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29? Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@questfamilies.com>
Sent: Saturday, October 22, 2022 10:02 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist

This Message Is From an External Sender

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Sent: Saturday, October 22, 2022 11:01 PM PDT
To: [REDACTED]@questfamilies.com>
CC: [REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist
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Again, I'm so sorry things have moved at a glacial speed. I hope it's not too late, and that you will still consider the offer—and that you will negotiate a contract that is right for you (even if that might mean less than a full-time position if that is what you need to be able to do the other things that you are involved with).

I truly hope things will very soon come together, and in a way that is to your satisfaction.

Sincerely,
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Cc: [REDACTED] <[REDACTED]@ucsf.edu>
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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@questfamilies.com>
Sent: Sunday, October 23, 2022 6:56 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CAGC Psychologist

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Thanks for the heads up! I'll be on the lookout.

Ph.D.

Pronouns: He, His, Him

Licensed Psychologist, [REDACTED] | WPATH Certified Professional Member & Mentor

Owner, Quest Family Therapy | CEO, The Gender Health Training Institute & TransFamily Alliance

www.questfamilies.com | www.genderhealthtraining.com | www.transfamilyalliance.com

Email: info@questfamilies.com

Ph: [REDACTED]

CONFIDENTIALITY NOTICE: INFORMATION IN THIS MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE RECIPIENTS NAMED ABOVE.

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 8:19 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

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Assistant Clinical Professor
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Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

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Sent: Friday, October 21, 2022 11:06 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Wonderful!!! Please let me know how I can help with any next steps.

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29:54 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

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Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

~ [REDACTED]

[REDACTED] MD, MPH, MAS

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University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED], PNP
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Assistant Clinical Professor
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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbuck's if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

██████████, Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: ██████████@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:33 PM
To: ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████, ██████████@ucsf.edu>; ██████████, ██████████ <██████████, ██████████@ucsf.edu>
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Sent: Sunday, October 23, 2022 9:29 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
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I'm happy to pick up the cupcakes! --and happy to help with the clean-up!
Thanks for all the organizing!
Steve

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 8:19:16 AM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
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Agree on all counts.

Steve

Stephen M. Rosenthal, M.D.

Professor of Pediatrics

Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center

University of California, San Francisco

Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434

Pronouns: he/him/his

Director, World Professional Association for Transgender Health

Past Vice President and Director, Endocrine Society

Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 4:01 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>;
[REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbuck's if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

[REDACTED], Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>;
[REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5358
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

██████████, MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: ██████████@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 20, 2022 2:11 PM

To: ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████, ██████████@ucsf.edu>;
██████████, ██████████ <██████████, ██████████@ucsf.edu>

Subject: 10 yr CAGC Anniversary

Hi ██████████, ██████████, and ██████████,

Have we set a date for the final "head count"? for our celebration on 10/29? Have we heard back from ██████████ re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Medical Director, Child and Adolescent Gender Center
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Sunday, October 23, 2022 10:09 AM PDT

To: [REDACTED]@BWH.HARVARD.EDU>; [REDACTED]@utoronto.ca>; [REDACTED]@erasmusmc.nl>

CC: [REDACTED]@hscmail.mcc.virginia.edu>

Subject: Re: NIDDK symposium

Hi [REDACTED]

I also like your suggestions for the NIDDK symposium.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@BWH.HARVARD.EDU>

Sent: Sunday, October 23, 2022 9:14 AM

To: [REDACTED]@utoronto.ca>; [REDACTED]@erasmusmc.nl>

Cc: [REDACTED]@hscmail.mcc.virginia.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: Re: NIDDK symposium

This Message Is From an External Sender

This message came from outside your organization.

Hi [REDACTED]

I like your suggestions for the NIDDK symposium as well – looks like it will be an excellent session!

I'm sorry that I won't be able to join your call on Thursday as I will be on an airplane at that time.

Best,

From: [REDACTED]@utoronto.ca>

Date: Sunday, October 23, 2022 at 5:41 PM

To: [REDACTED]@erasmusmc.nl>

Cc: [REDACTED]@hscmail.mcc.virginia.edu>, "Stephen.Rosenthal@ucsf.edu" <Stephen.Rosenthal@ucsf.edu>, [REDACTED]@BWH.HARVARD.EDU>

Subject: RE: NIDDK symposium

External Email - Use Caution

Hi [REDACTED]

I just looked at your suggestions for the NIDDK symposium and I think they are excellent. This will be a nice session. I had previously recommended [REDACTED] as a moderator in another session so at least he will be a participant.

Best,

From: [REDACTED]@erasmusmc.nl>

Sent: October 23, 2022 11:01 AM

To: [REDACTED]@utoronto.ca>

Cc: [REDACTED]@hscmail.mcc.virginia.edu>; Stephen.Rosenthal@ucsf.edu; [REDACTED]@bwh.harvard.edu>

Subject: NIDDK symposium

Dear co-chairs,

I had a closer look at the proposed NIDDK symposium. I've screened our current symposium list and based on that I would exclude two proposed speakers from the NIDDK sponsored session. Attached you'll find the word file with my comments and proposed selection. I would like to finalize this symposium during our call on Thursday.

With kind regards,

[REDACTED]
Associate Professor
Dept. of Internal Medicine
Lab. Metabolism and Reproduction



P.O. Box 2040, 3000 CA Rotterdam, The Netherlands
Visiting address: office Ee532a, Dr.Molewaterplein 40, 3015 GD Rotterdam, The Netherlands
Email [REDACTED]@erasmusmc.nl | Telephone [REDACTED]
www.erasmusmc.nl | www.erasmusmc.nl/inwendige_geneeskunde/endocrinologie/research/metabolisme/4225142/



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Please note that this e-mail is not secure (encrypted). If you do not wish to continue communication over unencrypted e-mail, please notify the sender of this message immediately. Continuing to send or respond to e-mail after receiving this message means you understand and accept this risk and wish to continue to communicate over unencrypted e-mail.

From: [REDACTED]@hscmail.mcc.virginia.edu>

Sent: Sunday, October 23, 2022 10:28 AM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@BWH.HARVARD.EDU>; [REDACTED]@utoronto.ca>; [REDACTED]

<[REDACTED]@erasmusmc.nl>

Subject: Re: NIDDK symposium

Attachment(s): "image001.png","image002.png","image003.png"

Yes, I think it looks great.

From: Rosenthal Stephen <Stephen.Rosenthal@ucsf.edu>

Date: Sunday, October 23, 2022 at 1:10 PM

To: [REDACTED]@BWH.HARVARD.EDU>, [REDACTED]@utoronto.ca>, [REDACTED]@erasmusmc.nl>

Cc: [REDACTED]@hscmail.mcc.virginia.edu>

Subject: Re: NIDDK symposium

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Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

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Sent: Sunday, October 23, 2022 9:14 AM

To: [REDACTED]@utoronto.ca>; [REDACTED]@erasmusmc.nl>

Cc: [REDACTED]@hscmail.mcc.virginia.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

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ZjQcmQRyFpftBannerStart

This Message Is From an External Sender

This message came from outside your organization.

ZjQcmQRyFpftBannerEnd

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Cc: [REDACTED]@hscmail.mcc.virginia.edu>, "Stephen.Rosenthal@ucsf.edu" <Stephen.Rosenthal@ucsf.edu>, "[REDACTED]@BWH.HARVARD.EDU>

Subject: RE: NIDDK symposium

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From: [REDACTED]@erasmusmc.nl>

Sent: October 23, 2022 11:01 AM

To: [REDACTED]@utoronto.ca>

Cc: [REDACTED]@hscmail.mcc.virginia.edu>; Stephen.Rosenthal@ucsf.edu; [REDACTED]@bwh.harvard.edu>

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Dear co-chairs,

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Attached you'll find the word file with my comments and proposed selection.

I would like to finalize this symposium during our call on Thursday.

With kind regards,

Associate Professor

Dept. of Internal Medicine

Lab. Metabolism and Reproduction

[Erasmus MC]

P.O. Box 2040, 3000 CA Rotterdam, The Netherlands

Visiting address: office Ee532a, Dr.Molewaterplein 40, 3015 GD Rotterdam, The Netherlands

Email [REDACTED]@erasmusmc.nl<mailto:[REDACTED]@erasmusmc.nl> | Telephone [REDACTED]

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From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 10:37 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

I'm happy to pick up the cupcakes! —and happy to help with the clean-up!
Thanks for all the organizing!
Steve

Get [Outlook for iOS](#)

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 8:19:16 AM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

My flight departs SFO 10/29 at 2:38 pm PST (I'm leaving to SFO from the event). Therefore, my biggest ask is help with cleanup after the event, I'm happy to arrive early at 10 to help with deliveries and set up.

[REDACTED] [REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 22, 2022, at 18:30, [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Thank you, [REDACTED]. Everyone, let me know what I can do to help from my perch in the East Bay and what time should we all get there to set up?

Sent from my iPhone

On Oct 22, 2022, at 4:14 PM, [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi,

Everything is ordered. Food is from La Mediterranee Catering and I included cutlery and drinks (sparkling and still water). They will deliver to the Pritzker building 10/29 between 10:15-10:45. Cupcakes are ordered from Noe Valley Bakery on 24th (35).

Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

Excited to see everyone!

Dr. [REDACTED] [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 21, 2022 11:06 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Wonderful!!! Please let me know how I can help with any next steps.

Get [Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 21, 2022 10:29:54 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

~[REDACTED]

[REDACTED], MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine

Divisions of Pediatric Endocrinology and Endocrinology & Metabolism

Assistant Medical Director, Child and Adolescent Gender Center

University of California, San Francisco

Mission Hall

550 16th St, 4th Floor, Box 0434

San Francisco, CA 94143

E-mail: [REDACTED]@ucsf.edu

She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 5:00:20 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED], PNP

UCSF Pediatric Endocrinology

Assistant Clinical Professor

Department of Family Health Care

UCSF School of Nursing

On Oct 20, 2022, at 17:23, Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu> wrote:

Agree on all counts.

Steve

Stephen M. Rosenthal, M.D.

Professor of Pediatrics

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbuck's if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED]

<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

-[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 20, 2022 2:11 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29?
Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@erasmusmc.nl>

Sent: Monday, October 24, 2022 12:46 AM PDT

To: [REDACTED]@hscmail.mcc.virginia.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@BWH.HARVARD.EDU>; [REDACTED]

[REDACTED]@utoronto.ca>

Subject: RE: NIDDK symposium

Dear all,

Thanks for the prompt feedback. Since, we all agree with this line-up, we may not need to discuss this further on Thursday.

I will liaise with [REDACTED], to confirm the time and date. And forward this information to [REDACTED], the director of the Division of Diabetes, Endocrinology and Metabolic Diseases of the NIH/NIDDK. He will take care of the invitations and logistics for this symposium.

Kind regards,

[REDACTED]
Associate Professor
Head Lab. Metabolism and Reproduction
Dept. of Internal Medicine

+31107030533

-----Oorspronkelijk bericht-----

Van: [REDACTED]@hscmail.mcc.virginia.edu>

Verzonden: zondag 23 oktober 2022 19:28

Aan: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@BWH.HARVARD.EDU>; [REDACTED]@utoronto.ca>; [REDACTED]

[REDACTED]@erasmusmc.nl>

Onderwerp: Re: NIDDK symposium

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Yes, I think it looks great.

From: Rosenthal Stephen <Stephen.Rosenthal@ucsf.edu>

Date: Sunday, October 23, 2022 at 1:10 PM

To: [REDACTED]@BWH.HARVARD.EDU>; [REDACTED]@utoronto.ca>; [REDACTED]@erasmusmc.nl>

Cc: [REDACTED]@hscmail.mcc.virginia.edu>

Subject: Re: NIDDK symposium

Hi [REDACTED]

I also like your suggestions for the NIDDK symposium.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center University of California, San Francisco Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health Past Vice President and Director, Endocrine Society Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@BWH.HARVARD.EDU>

Sent: Sunday, October 23, 2022 9:14 AM

To: [REDACTED]@utoronto.ca>; [REDACTED]@erasmusmc.nl>

Cc: [REDACTED]@hscmail.mcc.virginia.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: Re: NIDDK symposium

Hi [REDACTED] I like your suggestions for the NIDDK symposium as well - looks like it will be an excellent session! I'm sorry that I won't be able to join your call on

Thursday as I will be on an airplane at that time.

ZjQcmQRYFpfptBannerStart This Message Is From an External Sender This

message came from outside your organization.

ZjQcmQRYFpfptBannerEnd

Hi [REDACTED]

I like your suggestions for the NIDDK symposium as well - looks like it will be an excellent session!

I'm sorry that I won't be able to join your call on Thursday as I will be on an airplane at that time.

Best,

From: [REDACTED]@utoronto.ca>

Date: Sunday, October 23, 2022 at 5:41 PM

To: [REDACTED]@erasmusmc.nl>

Cc: [REDACTED]@hscmail.mcc.virginia.edu>; "Stephen.Rosenthal@ucsf.edu" <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@BWH.HARVARD.EDU>

Subject: RE: NIDDK symposium

External Email - Use Caution

Hi [REDACTED]

I just looked at your suggestions for the NIDDK symposium and I think they are excellent. This will be a nice session.

I had previously recommended [REDACTED] as a moderator in another session so at least he will be a participant.

Dear co-chairs,

Attached you'll find the word file with my comments and proposed selection.

I would like to finalize this symposium during our call on Thursday.

With kind regards,

Associate Professor

Dept. of Internal Medicine

Lab. Metabolism and Reproduction

[Erasmus MC]

P.O. Box 2040, 3000 CA Rotterdam, The Netherlands

Visiting address: office Ee532a, Dr.Molewaterplein 40, 3015 GD Rotterdam, The Netherlands

Email [REDACTED]@erasmusmc.nl<mailto:[REDACTED]@erasmusmc.nl> | Telephone [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, October 24, 2022 2:48 PM PDT

To: [REDACTED]@ucsf.edu>

Subject: Re: CAGC 10/25

Hi [REDACTED]

Wonderful!

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>

Sent: Monday, October 24, 2022 2:33 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: CAGC 10/25

Hi Steve,

Just a heads-up that I plan to join you for clinic tomorrow and I would be happy to chat about the patients at the noon meeting.

Thanks,
[REDACTED]

Begin forwarded message:

UCSF-DCNF-01074

<https://segm.org/England-ends-gender-affirming-care>

The NHS Ends the "Gender-Affirmative Care Model" for Youth in England

The gender-clinic model of care has been replaced with holistic support and appropriate care

Following extensive stakeholder engagement and [a systematic review of evidence](#), England's National Health Service (NHS) has issued new draft guidance for the treatment of gender dysphoria in minors, which sharply deviates from the "gender-affirming" approach. The previous presumption that gender dysphoric youth <18 need specialty "transgender healthcare" has been supplanted by the developmentally-informed position that most need psychoeducation and psychotherapy. Eligibility determination for medical interventions will be made by a centralized Service and puberty blockers will be delivered only in research protocol settings. The abandonment of the "gender-affirming" model by England had been foreshadowed by The Cass Review's [interim report](#), which defined "affirmative model" as a "model of gender healthcare that originated in the USA."

The reasons for the restructuring of gender services for minors in England are 4-fold. They include (1) a significant and sharp rise in referrals; (2) poorly-understood marked changes in the types of patients referred; (3) scarce and inconclusive evidence to support clinical decision-making, and (4) operational failures of the single gender clinic model, as evidenced by long wait times for initial assessment, and overall concern with the clinical approach.

The new NHS guidance recognizes *social transition* as a form of psychosocial intervention and not a neutral act, as it may have significant effects on psychological functioning. The NHS strongly discourages social transition in children, and clarifies that social transition in adolescents should only be pursued in order to alleviate or prevent *clinically-significant distress* or *significant impairment in social functioning*, and following an *explicit informed consent process*. The NHS states that *puberty blockers* can only be administered in formal research settings, due to the unknown effects of these interventions and the potential for harm. The NHS has not made an explicit statement about *cross-sex hormones*, but signaled that they too will likely only be available in research settings. The guidelines do not mention *surgery*, as surgery has never been a covered benefit under England's NHS for minors.

The new NHS guidelines represent a repudiation of the past decade's approach to management of gender

dysphoric minors. The “gender-affirming” approach, endorsed by WPATH and characterized by the conceptualization of gender-dysphoric minors as “transgender children” has been replaced with a holistic view of identity development in children and adolescents. In addition, there is a new recognition that many gender-dysphoric adolescents suffer from mental illness and neurocognitive difficulties, which make it hard to predict the course of their gender identity development.

The key highlights of the NHS new guidance are provided below.*

1. Eliminates the “gender clinic” model of care and does away with “affirmation”

- The NHS has eliminated the “gender clinic” model of care where children are seen solely by a specialist gender dysphoria practitioner, replacing it with standard care in children’s hospital settings.
- Rather than “affirming” a transgender identity of young person, staff are encouraged to maintain a broad clinical perspective and to “embed the care of children and young people with gender uncertainty within a broader child and adolescent health context.”
- “Affirmation” has been largely eliminated from the language and the approach. What remains is the guidance to ensure that “assessments should be respectful of the experience of the child or young person and be developmentally informed.”
- Medical transition services will only be available through a centralized specialty Service, established for higher-risk cases. However, not all referred cases to the Service will be accepted, and not all accepted cases will be cleared for medical transition.
- Treatment pathway will be shaped, among other things, by the “clarity, persistence and consistency of gender incongruence, the presence and impact of other clinical needs, and family and social context.”
- The care plan articulated by the Service will be tailored to the specific needs of the individual following careful therapeutic exploration and “may require a focus on supporting other clinical needs and risks with networked local services.”

2. Classifies social gender transition as an active intervention eligible for informed consent

- The NHS is strongly discouraging social gender transition in prepubertal children.
- The qualifying criteria for social gender transition in adolescence are:
 - diagnosis of persistent and consistent gender dysphoria
 - consideration and mitigation of risks associated with social transition
 - clear and full understanding of the implications of social transition
 - a determination of medical necessity of social transition to alleviate or prevent clinically significant distress or impairment in social functioning
- All adolescents will need to provide informed consent to social gender transition.

3. Establishes psychotherapy and psychoeducation as the first and primary line of treatment

- All gender dysphoric youth will first be treated with developmentally-informed psychotherapy and psychoeducation by their local treatment teams.
- Extensive focus has been placed on careful therapeutic exploration, and addressing the broader range of medical conditions in addition to gender dysphoria.
- For those wishing to pursue medical transition, eligibility for hormones will be determined by a centralized Service, upon referral from a GP (general practitioner) or another NHS provider.

4. Sharply curbs medical interventions and confines puberty blockers to research-only settings

- The NHS guidance states that the risks of puberty blockers are unknown and that they can only be

administered in formal research settings. The eligibility for research settings is yet to be articulated.

- The NHS guidance leaves open that similar limitations will be imposed on cross-sex hormones due to uncertainty surrounding their use, but makes no immediate statements about restriction in cross-sex hormones use outside of formal research protocols.
- Surgery is not addressed in the guidance as the NHS has never considered surgery appropriate for minors.

5. Establishes new research protocols

- All children and young people being considered for hormone treatment will be prospectively enrolled into a research study.
- The goal of the research study to learn more about the effects of hormonal interventions, and to make a major international contribution of the evidence based in this area of medicine.
- The research will track the children into adulthood.

6. Reinstates the importance of “biological sex”

- The NHS guidance defines “gender incongruence” as a misalignment between the individual’s experience of their gender identity and their biological sex.
- The NHS guidance refers to the need to track biological sex for research purposes and outcome measures.
- Of note, biological sex has not been tracked by GIDS for a significant proportion of referrals in 2020-2021.

7. Reaffirms the preeminence of the DSM-5 diagnosis of “gender dysphoria” for treatment decisions

- The NHS guidance differentiates between the ICD-11 diagnosis of “gender incongruence,” which is not necessarily associated with distress, and the DSM-5 diagnosis of “gender dysphoria,” which is characterized by significant distress and/or functional impairments related to “gender incongruence.”
- The NHS guidance states that treatments should be based on the DSM-5 diagnosis of “gender dysphoria.”
- Of note, WPATH SOC8 has made the opposite recommendation, instructing to treat based on the provision of the ICD-11 diagnosis of “gender incongruence”. “Gender incongruence” lacks clinical targets for treatment, beyond an individual’s own desire to bring their body into alignment with their internally-held view of their gender identity.

8. Clarifies the meaning of “multidisciplinary teams” as consisting of a wide range of clinicians with relevant expertise, rather than only “gender dysphoria” specialists

- The NHS guidance clarifies that a true multidisciplinary team is comprised not only of “gender dysphoria specialists,” but also of experts in pediatrics, autism, neurodisability and mental health, to enable holistic support and appropriate care for gender dysphoric youth.
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From: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>
Sent: Monday, October 24, 2022 5:31 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: NHS Ends Affirmative Care model

This Message Is From an External Sender
This message came from outside your organization.

I know [REDACTED] and can contact her directly. [REDACTED]
[REDACTED]

[REDACTED] Ph.D.
Developmental and Clinical Psychologist
Director of Mental Health, Child & Adolescent Gender Center
Professor of Pediatrics UCSF
5633 Ocean View Drive
Oakland, CA 94618
510-280-2938
Fax: 510-547-7692
e-mail: [REDACTED]@earthlink.net or [REDACTED]@ucsf.edu
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 24, 2022 5:15 PM
To: [REDACTED] <dehrensaft@earthlink.net>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fwd: NHS Ends Affirmative Care model

FYI.

[REDACTED] MD MHS
Assistant Professor, Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

Sent from my iPhone

Begin forwarded message:

From: [REDACTED]@ucsf.edu
Date: October 24, 2022 at 7:38:53 PM EDT
To: "[REDACTED]@ucsf.edu"; [REDACTED]@ucsf.edu; "[REDACTED]" <[REDACTED]@ucsf.edu>
Subject: Fw: NHS Ends Affirmative Care model

From [REDACTED] I told her I would forward to the three of you and get your thoughts (and I can share mine if you want ☺)

[REDACTED] M.D., M.P.E.

Robert Porter Distinguished Professor of Child and Adolescent Psychiatry
Division Director, Child and Adolescent Psychiatry
UCSF Child, Teen and Family Center and Children Benioff Hospitals
Medical Director, UCSF/UCB Schwab Dyslexia and Cognitive Diversity Center
UCSF Department of Psychiatry and Behavioral Sciences
UCSF Weill Institute for Neurosciences
675 18th Street
San Francisco, CA 94107
Professional Tel: 415-823-5149

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[REDACTED]
[REDACTED]
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Looking forward to tomorrow!
Many thanks,
[REDACTED]

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<https://segm.org/England-ends-gender-affirming-care>

The NHS Ends the "Gender-Affirmative Care Model" for Youth in England

The gender-clinic model of care has been replaced with holistic support and appropriate care

Following extensive stakeholder engagement and a [systematic review of evidence](#), England's National Health Service (NHS) has issued new draft guidance for the treatment of gender dysphoria in minors, which sharply deviates from the "gender-affirming" approach. The previous presumption that gender dysphoric youth <18 need specialty "transgender healthcare" has been supplanted by the developmentally-informed position that most need psychoeducation and psychotherapy. Eligibility determination for medical interventions will be made by a centralized Service and puberty blockers will be delivered only in research protocol settings. The abandonment of the "gender-affirming" model by England had been foreshadowed by The Cass Review's [interim report](#), which defined "affirmative model" as a

"model of gender healthcare that originated in the USA."

The reasons for the restructuring of gender services for minors in England are 4-fold. They include (1) a significant and sharp rise in referrals; (2) poorly-understood marked changes in the types of patients referred; (3) scarce and inconclusive evidence to support clinical decision-making, and (4) operational failures of the single gender clinic model, as evidenced by long wait times for initial assessment, and overall concern with the clinical approach.

The new NHS guidance recognizes *social transition* as a form of psychosocial intervention and not a neutral act, as it may have significant effects on psychological functioning. The NHS strongly discourages social transition in children, and clarifies that social transition in adolescents should only be pursued in order to alleviate or prevent *clinically-significant distress* or significant *impairment in social functioning*, and following an *explicit informed consent process*. The NHS states that *puberty blockers* can only be administered in formal research settings, due to the unknown effects of these interventions and the potential for harm. The NHS has not made an explicit statement about *cross-sex hormones*, but signaled that they too will likely only be available in research settings. The guidelines do not mention *surgery*, as surgery has never been a covered benefit under England's NHS for minors.

The new NHS guidelines represent a repudiation of the past decade's approach to management of gender dysphoric minors. The "gender-affirming" approach, endorsed by WPATH and characterized by the conceptualization of gender-dysphoric minors as "transgender children" has been replaced with a holistic view of identity development in children and adolescents. In addition, there is a new recognition that many gender-dysphoric adolescents suffer from mental illness and neurocognitive difficulties, which make it hard to predict the course of their gender identity development.

The key highlights of the NHS new guidance are provided below.*

1. Eliminates the "gender clinic" model of care and does away with "affirmation"

- The NHS has eliminated the "gender clinic" model of care where children are seen solely by a specialist gender dysphoria practitioner, replacing it with standard care in children's hospital settings.
- Rather than "affirming" a transgender identity of young person, staff are encouraged to maintain a broad clinical perspective and to "embed the care of children and young people with gender uncertainty within a broader child and adolescent health context."
- "Affirmation" has been largely eliminated from the language and the approach. What remains is the guidance to ensure that "assessments should be respectful of the experience of the child or young person and be developmentally informed."
- Medical transition services will only be available through a centralized specialty Service, established for higher-risk cases. However, not all referred cases to the Service will be accepted, and not all accepted cases will be cleared for medical transition.
- Treatment pathway will be shaped, among other things, by the "clarity, persistence and consistency of gender incongruence, the presence and impact of other clinical needs, and family and social context."
- The care plan articulated by the Service will be tailored to the specific needs of the individual following careful therapeutic exploration and "may require a focus on supporting other clinical needs and risks with networked local services."

2. Classifies social gender transition as an active intervention eligible for informed consent

- The NHS is strongly discouraging social gender transition in prepubertal children.
- The qualifying criteria for social gender transition in adolescence are:
 - diagnosis of persistent and consistent gender dysphoria
 - consideration and mitigation of risks associated with social transition
 - clear and full understanding of the implications of social transition

- a determination of medical necessity of social transition to alleviate or prevent clinically significant distress or impairment in social functioning
- All adolescents will need to provide informed consent to social gender transition.

3. Establishes psychotherapy and psychoeducation as the first and primary line of treatment

- All gender dysphoric youth will first be treated with developmentally-informed psychotherapy and psychoeducation by their local treatment teams.
- Extensive focus has been placed on careful therapeutic exploration, and addressing the broader range of medical conditions in addition to gender dysphoria.
- For those wishing to pursue medical transition, eligibility for hormones will be determined by a centralized Service, upon referral from a GP (general practitioner) or another NHS provider.

4. Sharply curbs medical interventions and confines puberty blockers to research-only settings

- The NHS guidance states that the risks of puberty blockers are unknown and that they can only be administered in formal research settings. The eligibility for research settings is yet to be articulated.
- The NHS guidance leaves open that similar limitations will be imposed on cross-sex hormones due to uncertainty surrounding their use, but makes no immediate statements about restriction in cross-sex hormones use outside of formal research protocols.
- Surgery is not addressed in the guidance as the NHS has never considered surgery appropriate for minors.

5. Establishes new research protocols

- All children and young people being considered for hormone treatment will be prospectively enrolled into a research study.
- The goal of the research study to learn more about the effects of hormonal interventions, and to make a major international contribution of the evidence based in this area of medicine.
- The research will track the children into adulthood.

6. Reinstates the importance of “biological sex”

- The NHS guidance defines “gender incongruence” as a misalignment between the individual’s experience of their gender identity and their biological sex.
- The NHS guidance refers to the need to track biological sex for research purposes and outcome measures.
- Of note, biological sex has not been tracked by GIDS for a significant proportion of referrals in 2020-2021.

7. Reaffirms the preeminence of the DSM-5 diagnosis of “gender dysphoria” for treatment decisions

- The NHS guidance differentiates between the ICD-11 diagnosis of “gender incongruence,” which is not necessarily associated with distress, and the DSM-5 diagnosis of “gender dysphoria,” which is characterized by significant distress and/or functional impairments related to “gender incongruence.”
- The NHS guidance states that treatments should be based on the DSM-5 diagnosis of “gender dysphoria.”
- Of note, WPATH SOC8 has made the opposite recommendation, instructing to treat based on the provision of the ICD-11 diagnosis of “gender incongruence”. “Gender incongruence” lacks clinical targets for treatment, beyond an individual’s own desire to bring their body into alignment with their internally-held view of their gender identity.

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a wide range of relevant areas:

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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 24, 2022 6:37 PM PDT

To: Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>; [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: NHS Ends Affirmative Care model

Thanks much, Maddie and all. [REDACTED] We definitely need [REDACTED] in on conversations about UCSF statements/forward-facing positions; she is our strategic comms lead and integral to these discussions/plans/decisions (she and I work closely, with my piece of the pie more about media relations). She's getting me up to speed on today's conversation and next steps.

Take care, [REDACTED]

[REDACTED]
Senior Public Information Representative
UCSF Office of Communications

University of California, San Francisco
Cell/Text: [REDACTED]

From: Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>

Sent: Monday, October 24, 2022 6:03 PM

To: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: NHS Ends Affirmative Care model

Thanks for forwarding, [REDACTED]. This is so concerning for so many reasons.

I am looping in [REDACTED] only because [REDACTED] was not able to join our call today. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Thanks,
Maddie

From: [REDACTED]@earthlink.net <[REDACTED]@earthlink.net>

Sent: Monday, October 24, 2022 5:31 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

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I know [REDACTED] and can contact her directly. [REDACTED]
[REDACTED]

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Developmental and Clinical Psychologist
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Professor of Pediatrics UCSF
5633 Ocean View Drive
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510-280-2938
Fax: 510-547-7692
e-mail: [REDACTED]@earthlink.net or [REDACTED]@ucsf.edu
[REDACTED]

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[REDACTED] MD MHS

Assistant Professor, Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

Sent from my iPhone

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Date: October 24, 2022 at 7:38:53 PM EDT

To: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>

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[REDACTED] M.D., M.P.E.

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UCSF Department of Psychiatry and Behavioral Sciences
UCSF Weill Institute for Neurosciences
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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, October 24, 2022 6:46 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>;

[REDACTED] <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]

<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: NHS Ends Affirmative Care model

Thanks, [REDACTED], for forwarding.

We did have a very useful conversation with Won and [REDACTED] this afternoon. We should schedule our next discussion sooner than later.

Thanks,

Steve

Get [Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 24, 2022 6:37:53 PM

To: Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>; [REDACTED] <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@earthlink.net>; [REDACTED]

<[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: Re: NHS Ends Affirmative Care model

Thanks much, Maddie and all. [REDACTED] We definitely need [REDACTED] in on conversations about UCSF statements/forward-facing positions; she is our strategic comms lead and integral to these discussions/plans/decisions (she and I work closely, with my piece of the pie more about media relations). She's getting me up to speed on today's conversation and next steps.

Take care, [REDACTED]

[REDACTED]
Senior Public Information Representative
UCSF Office of Communications

University of California, San Francisco
Cell/Text: [REDACTED]

From: Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>

Sent: Monday, October 24, 2022 6:03 PM

To: [REDACTED] <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen

<Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: Re: NHS Ends Affirmative Care model

Thanks for forwarding, [REDACTED]. This is so concerning for so many reasons.

I am looping in [REDACTED] only because [REDACTED] was not able to join our call today. [REDACTED]

Thanks,

Maddie

From: [REDACTED] <[REDACTED]@earthlink.net>; [REDACTED] <[REDACTED]@earthlink.net>

Sent: Monday, October 24, 2022 5:31 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; Deutsch, Madeline

<Madeline.Deutsch@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]

Subject: RE: NHS Ends Affirmative Care model

This Message Is From an External Sender

This message came from outside your organization.

I know [REDACTED] and can contact her directly. [REDACTED]
[REDACTED]

[REDACTED] Ph.D.
Developmental and Clinical Psychologist

Director of Mental Health, Child & Adolescent Gender Center
Professor of Pediatrics UCSF
5633 Ocean View Drive
Oakland, CA 94618
510-280-2938
Fax: 510-547-7692
e-mail: [REDACTED]@earthlink.net or [REDACTED]@ucsf.edu
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 24, 2022 5:15 PM
To: [REDACTED] <dehrensaft@earthlink.net>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fwd: NHS Ends Affirmative Care model

FYI.

[REDACTED] MD MHS
Assistant Professor, Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

Sent from my iPhone

Begin forwarded message:

From: [REDACTED]@ucsf.edu>
Date: October 24, 2022 at 7:38:53 PM EDT
To: [REDACTED]@ucsf.edu>, [REDACTED]@ucsf.edu>, [REDACTED]@ucsf.edu>
Subject: Fw: NHS Ends Affirmative Care model

From [REDACTED], I told her I would forward to the three of you and get your thoughts (and I can share mine if you want!)

[REDACTED] M.D., M.P.E.

Robert Porter Distinguished Professor of Child and Adolescent Psychiatry
Division Director, Child and Adolescent Psychiatry
UCSF Child, Teen and Family Center and Children Benioff Hospitals
Medical Director, UCSF/UCB Schwab Dyslexia and Cognitive Diversity Center
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From: [REDACTED]@ucsf.edu>

Sent: Monday, October 24, 2022 13:27

To: [REDACTED]@ucsf.edu>

Subject: NHS Ends Affirmative Care model

Dear [REDACTED],

Do you think this is a development that deserves division-wide attention? [REDACTED]

I have been asked by parents about the position at UCSF about gender-affirming care, and I don't know how to respond. This is not urgent, but I would love to get your opinion when you have a chance.

Looking forward to tomorrow!

Many thanks,

[REDACTED]

This Message Is From an External Sender

This message came from outside your organization.

<https://segm.org/England-ends-gender-affirming-care>

The NHS Ends the "Gender-Affirmative Care Model" for Youth in England

The gender-clinic model of care has been replaced with holistic support and appropriate care

Following extensive stakeholder engagement and [a systematic review of evidence](#), England's National Health Service (NHS) has issued new draft guidance for the treatment of gender dysphoria in minors, which sharply deviates from the "gender-affirming" approach. The previous presumption that gender dysphoric youth <18 need specialty "transgender healthcare" has been supplanted by the developmentally-informed position that most need psychoeducation and psychotherapy. Eligibility determination for medical interventions will be made by a centralized Service and puberty blockers will be delivered only in research protocol settings. The abandonment of the "gender-affirming" model by England had been foreshadowed by The Cass Review's [interim report](#), which defined "affirmative model" as a "model of gender healthcare that originated in the USA."

The reasons for the restructuring of gender services for minors in England are 4-fold. They include (1) a significant and sharp rise in referrals; (2) poorly-understood marked changes in the types of patients referred; (3) scarce and inconclusive evidence to support clinical decision-making, and (4) operational failures of the single gender clinic model, as evidenced by long wait times for initial assessment, and overall concern with the clinical approach.

The new NHS guidance recognizes *social transition* as a form of psychosocial intervention and not a neutral act, as it may have significant effects on psychological functioning. The NHS strongly discourages social transition in children, and clarifies that social transition in adolescents should only be pursued in order to alleviate or prevent *clinically-significant distress* or significant *impairment in social functioning*, and

following an *explicit informed consent process*. The NHS states that *puberty blockers* can only be administered in formal research settings, due to the unknown effects of these interventions and the potential for harm. The NHS has not made an explicit statement about *cross-sex hormones*, but signaled that they too will likely only be available in research settings. The guidelines do not mention *surgery*, as surgery has never been a covered benefit under England's NHS for minors.

The new NHS guidelines represent a repudiation of the past decade's approach to management of gender dysphoric minors. The "gender-affirming" approach, endorsed by WPATH and characterized by the conceptualization of gender-dysphoric minors as "transgender children" has been replaced with a holistic view of identity development in children and adolescents. In addition, there is a new recognition that many gender-dysphoric adolescents suffer from mental illness and neurocognitive difficulties, which make it hard to predict the course of their gender identity development.

The key highlights of the NHS new guidance are provided below.*

1. Eliminates the "gender clinic" model of care and does away with "affirmation"

- The NHS has eliminated the "gender clinic" model of care where children are seen solely by a specialist gender dysphoria practitioner, replacing it with standard care in children's hospital settings.
- Rather than "affirming" a transgender identity of young person, staff are encouraged to maintain a broad clinical perspective and to "embed the care of children and young people with gender uncertainty within a broader child and adolescent health context."
- "Affirmation" has been largely eliminated from the language and the approach. What remains is the guidance to ensure that "assessments should be respectful of the experience of the child or young person and be developmentally informed."
- Medical transition services will only be available through a centralized specialty Service, established for higher-risk cases. However, not all referred cases to the Service will be accepted, and not all accepted cases will be cleared for medical transition.
- Treatment pathway will be shaped, among other things, by the "clarity, persistence and consistency of gender incongruence, the presence and impact of other clinical needs, and family and social context."
- The care plan articulated by the Service will be tailored to the specific needs of the individual following careful therapeutic exploration and "may require a focus on supporting other clinical needs and risks with networked local services."

2. Classifies social gender transition as an active intervention eligible for informed consent

- The NHS is strongly discouraging social gender transition in prepubertal children.
- The qualifying criteria for social gender transition in adolescence are:
 - diagnosis of persistent and consistent gender dysphoria
 - consideration and mitigation of risks associated with social transition
 - clear and full understanding of the implications of social transition
 - a determination of medical necessity of social transition to alleviate or prevent clinically significant distress or impairment in social functioning
- All adolescents will need to provide informed consent to social gender transition.

3. Establishes psychotherapy and psychoeducation as the first and primary line of treatment

- All gender dysphoric youth will first be treated with developmentally-informed psychotherapy and psychoeducation by their local treatment teams.
- Extensive focus has been placed on careful therapeutic exploration, and addressing the broader range of medical conditions in addition to gender dysphoria.
- For those wishing to pursue medical transition, eligibility for hormones will be determined by a centralized Service, upon referral from a GP (general practitioner) or another NHS provider.

4. Sharply curbs medical interventions and confines puberty blockers to research-only settings

- The NHS guidance states that the risks of puberty blockers are unknown and that they can only be administered in formal research settings. The eligibility for research settings is yet to be articulated.
- The NHS guidance leaves open that similar limitations will be imposed on cross-sex hormones due to uncertainty surrounding their use, but makes no immediate statements about restriction in cross-sex hormones use outside of formal research protocols.
- Surgery is not addressed in the guidance as the NHS has never considered surgery appropriate for minors.

5. Establishes new research protocols

- All children and young people being considered for hormone treatment will be prospectively enrolled into a research study.
- The goal of the research study to learn more about the effects of hormonal interventions, and to make a major international contribution of the evidence based in this area of medicine.
- The research will track the children into adulthood.

6. Reinstates the importance of “biological sex”

- The NHS guidance defines “gender incongruence” as a misalignment between the individual’s experience of their gender identity and their biological sex.
- The NHS guidance refers to the need to track biological sex for research purposes and outcome measures.
- Of note, biological sex has not been tracked by GIDS for a significant proportion of referrals in 2020-2021.

7. Reaffirms the preeminence of the DSM-5 diagnosis of “gender dysphoria” for treatment decisions

- The NHS guidance differentiates between the ICD-11 diagnosis of “gender incongruence,” which is not necessarily associated with distress, and the DSM-5 diagnosis of “gender dysphoria,” which is characterized by significant distress and/or functional impairments related to “gender incongruence.”
- The NHS guidance states that treatments should be based on the DSM-5 diagnosis of “gender dysphoria.”
- Of note, WPATH SOC8 has made the opposite recommendation, instructing to treat based on the provision of the ICD-11 diagnosis of “gender incongruence”. “Gender incongruence” lacks clinical targets for treatment, beyond an individual’s own desire to bring their body into alignment with their internally-held view of their gender identity.

8. Clarifies the meaning of “multidisciplinary teams” as consisting of a wide range of clinicians with relevant expertise, rather than only “gender dysphoria” specialists

- The NHS guidance clarifies that a true multidisciplinary team is comprised not only of “gender dysphoria specialists,” but also of experts in pediatrics, autism, neurodisability and mental health, to enable holistic support and appropriate care for gender dysphoric youth.
- Such multidisciplinary teams will be the hallmark of the new Service, into which challenging and risky cases may be referred. In addition to specific expertise in gender identity development and incongruence, the clinical leadership teams of the newly-established Service will include strong, “consultant level” expertise in a wide range of relevant areas:
 - neurodevelopmental disorders such as autistic spectrum conditions
 - mental health disorders including depressive conditions, anxiety and trauma
 - endocrine conditions including disorders of sexual development pharmacology in the context of gender dysphoria
 - risky behaviors such as deliberate self-harm and substance use
 - complex family contexts including adoptions and guardianships
 - a number of additional requirements for the multidisciplinary team composition and scope of activity have been articulated by the NHS.

9. Establishes primary outcome measures of “distress” and “social functioning”

- The rationale for medical interventions for gender-dysphoric minors has been a moving target, ranging from resolution of gender dysphoria to treatment satisfaction. The NHS has articulated two main outcome measures of treatment: *clinically significant distress* and *social functioning*.
- This is an important development, as it establishes primary outcome measures that can be used by

researchers to assess comparative effectiveness of various clinical interventions.

10. Asserts that those who choose to bypass the newly-established protocol will not be supported by the NHS

- Families and youth planning to obtain hormones directly from online or another external non-NHS source will be strongly advised about the risks.
- Those choosing to take hormones outside the newly established NHS protocol will not be supported in their treatment pathway by NHS providers.
- Child safeguarding investigations may also be initiated if children and young people have obtained hormones outside the established protocols.

With the new NHS guidance, England joins Finland and Sweden as the three European countries who have explicitly deviated from WPATH guidelines and devised treatment approaches that sharply curb gender transition of minors. Psychotherapy will be provided as the first and usually only line of treatment for gender dysphoric youth.

The full text of the NHS guidance can be accessed [here](#).

** This is a transitional protocol as the NHS works to establish a more mature network of children's hospitals capable of caring for special needs of gender dysphoric youth. A fuller service specification will be published in 2023-4 following the publication of the Cass Review's final report.*

From: [REDACTED]@ucsf.edu>
Sent: Tuesday, October 25, 2022 10:12 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CAGC 10/25

Hi Steve,

We have another med student working with us this month and she is interested in joining us for CAGC this afternoon, would it be alright to share the zoom link with her?

Thanks,
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 24, 2022 2:48:46 PM
To: [REDACTED]@ucsf.edu>
Subject: Re: CAGC 10/25

Hi [REDACTED]

Wonderful!

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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550 16th St., 4th Floor, #4635
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>
Sent: Monday, October 24, 2022 2:33 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: CAGC 10/25

Hi Steve,

Just a heads-up that I plan to join you for clinic tomorrow and I would be happy to chat about the patients at the noon meeting.

Thanks,
[REDACTED]

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Tuesday, October 25, 2022 10:28 AM PDT
To: [REDACTED]@ucsf.edu>
Subject: Re: CAGC 10/25

Yes, of course!
Thanks,
Steve

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From: [REDACTED]@ucsf.edu>
Sent: Tuesday, October 25, 2022 10:12:51 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CAGC 10/25

Hi Steve,

We have another med student working with us this month and she is interested in joining us for CAGC this afternoon, would it be alright to share the zoom link with her?

Thanks,
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 24, 2022 2:48:46 PM
To: [REDACTED]@ucsf.edu>
Subject: Re: CAGC 10/25

Hi [REDACTED]

Wonderful!

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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550 16th St., 4th Floor, #4635
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Tel.: (415) 476-2266
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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>
Sent: Monday, October 24, 2022 2:33 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: CAGC 10/25

Hi Steve,

Just a heads-up that I plan to join you for clinic tomorrow and I would be happy to chat about the patients at the noon meeting.

Thanks,
[REDACTED]



Annual Review of Medicine

Gender-Affirming Care of Transgender and Gender-Diverse Youth: Current Concepts

Janet Y. Lee^{1,2,3} and Stephen M. Rosenthal¹

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Keywords

transgender, gender-diverse youth, pubertal blockers, gonadotropin-releasing hormone agonists, gender-affirming hormone treatment

Abstract

Increasing numbers of transgender and gender-diverse (TGD) youth, from early puberty through late adolescence, are seeking medical services to bring their physical sex characteristics into alignment with their gender identity—their inner sense of self as male or female or elsewhere on the gender spectrum. Numerous studies, primarily of short- and medium-term duration (up to 6 years), demonstrate the clearly beneficial—even lifesaving—mental health impact of gender-affirming medical care in TGD youth. However, there are significant gaps in knowledge and challenges to such care. Long-term safety and efficacy studies are needed to optimize medical care for TGD youth.



INTRODUCTION

Increasing numbers of transgender and gender-diverse (TGD) youth, from early puberty through late adolescence, are seeking medical services to bring their physical sex characteristics into alignment with their gender identity—their inner sense of self as male or female or elsewhere on the gender spectrum. While gender-affirming care for TGD youth is a relatively new field, close to 25 years of published research support current models of care. This review focuses on current concepts of TGD youth, the impact of gender-affirming care, gaps in knowledge, challenges to care, and priorities for research.

UPDATE ON PREVALENCE AND TERMINOLOGY

The size of the TGD youth population is difficult to accurately discern. Survey-based studies estimate that the percentage of teenagers in the United States who identify as TGD ranges from 0.7% to 2.7% (1–3). Clinics worldwide have reported on the growing number of TGD youth presenting for gender-affirming hormone treatment (GAHT) (4, 5). Terminology in this field is constantly evolving, with sex and gender as distinct entities. Sex is typically designated at birth, based on physical or chromosomal features, and may be male, female, or intersex. Gender identity exists separately on a spectrum that can be binary male or female, nonbinary, gender fluid, or agender (6).

OVERVIEW OF CURRENT CLINICAL PRACTICE GUIDELINES FOR THE GENDER-AFFIRMING MODEL OF CARE

In recent years, a new model of care for TGD youth has emerged: the gender-affirming model. The basic premise is that every individual is entitled to live in the gender that is most authentic to them (7). Professional societies have published evidence-based guidelines encompassing care of TGD youth since 1998. The World Professional Association for Transgender Health (WPATH) has updated its Standards of Care (SOC) in 2022, now referred to as SOC8 (8), and the Endocrine Society last updated its Clinical Practice Guideline in 2017 (9).

Following a thorough assessment by a mental health gender specialist, TGD youth may be eligible for gender-affirming medical care after they have reached Tanner Stage 2 of puberty (6). Such treatment may include a reversible gonadotropin-releasing hormone agonist (GnRHa), or pubertal blocker, to pause puberty, prevent otherwise permanent development of secondary sex characteristics that are not aligned with a person's affirmed gender identity, and allow time for further gender exploration. In adolescents >14 years of age, there are currently no data to indicate whether pubertal blockers can be used as a monotherapy without potentially compromising bone mineral density (BMD). Older adolescents may request phenotypic transition with GAHT, either estradiol (in combination with an antiandrogen) or testosterone. While current clinical practice guidelines recommend initiation of GAHT in eligible adolescents once they have reached 16 years of age, the guidelines also recognize that there may be compelling reasons to initiate such treatment before age 16 in some adolescents, on a case-by-case basis (9). Like pubertal blockers, GAHT should be initiated only after a thorough assessment by a qualified mental health gender specialist. Detailed protocols for use of pubertal blockers (including alternatives to GnRHa) as well as for pubertal induction with GAHT, including guidelines for physical examination and laboratory surveillance, have been described (9).

Menstrual suppression is often desired by transmasculine and nonbinary youth designated female at birth. Treatment options may include oral, injectable, intradermal, or intrauterine progestins and continuous combined oral contraceptives (10). For those TGD youth initiating



testosterone, this treatment is generally effective in induction and maintenance of amenorrhea, although it should be noted that testosterone is not a form of contraception (10).

OUTCOMES OF CURRENT MODELS OF CARE

Mental Health

TGD youth have an increased prevalence of autism spectrum disorder and are also at increased risk for mood disorders, anxiety, depression, suicidal ideation, and suicide attempts (11–19). Based on survey data from transgender youth, the frequency of internalizing disorders appears to be impacted by degree of family support: TGD youth with “very supportive” parents reported a greater degree of positive self-esteem and life satisfaction and a decreased frequency of depression and suicide attempts in comparison to those youth whose parents were “somewhat to not at all supportive” (20). Such findings underscore the concept that many of the mental health challenges faced by TGD youth are not intrinsic to their gender identity but rather likely reflect lack of societal acceptance. Notably, TGD youth presenting for gender-affirming medical care at earlier pubertal stages demonstrated better mental health and sense of well-being at baseline in comparison to older adolescents presenting at later pubertal stages, suggesting the potential benefits of gender-affirming medical treatment earlier in life (21, 22).

Only limited mental health outcomes data are available to support current clinical practice guidelines and standards of care for TGD youth. However, in recent years, a medium-term study (up to 6 years) and several shorter-term studies have demonstrated the positive and potentially life-saving impact of gender-affirming medical care for TGD youth (23–29). A prospective 2-year study of 70 gender-dysphoric adolescents in the Netherlands observed that treatment with a GnRHa/pubertal blocker was associated with a decrease in depression and an improvement in general mental health functioning (29). None of the 70 patients withdrew from this study, and all went on to GAHT (29). After treatment with pubertal blockers, a 6-year follow-up study of 55 individuals from this original cohort reported on mental health outcomes after subsequent GAHT and genital reassignment surgery (23). At the conclusion of this observation period, gender dysphoria was reported to have resolved, general psychological function improved, and, remarkably, sense of well-being was equivalent or superior to that seen in age-matched controls from the general population (23).

Subsequent reports have confirmed the positive mental health impact of gender-affirming medical care for TGD adolescents and young adults. In particular, a cross-sectional survey of more than 20,000 transgender adults (aged 18–36 years) found significantly lower odds of lifetime suicidal ideation ($p = 0.001$) in those who had been treated with pubertal blockers during adolescence in comparison to those who wanted such treatment but did not receive it (24). Several shorter-term longitudinal studies have demonstrated that gender-affirming medical care was associated with improved body image, decreases in body dissatisfaction, and improved psychological functioning (25–28).

A 2020 survey of 11,914 transgender or nonbinary youth, aged 13–24 years, of whom 14% were receiving GAHT, demonstrated that such treatment was associated with lower odds of recent depression and serious consideration of suicide compared to those who wanted such care but did not receive it (30). A separate survey study demonstrated that patients with access to GAHT during adolescence had lower odds of past-year suicidal ideation ($p = 0.0007$) than those who accessed such care during adulthood (31).

Physiological Considerations

The goal of gender-affirming medical care is to bring a person’s physical characteristics into alignment with their gender identity, and to do so in a way that minimizes adverse physiological



outcomes. The use of pubertal blockers and/or GAHT may have adverse impacts on a variety of physiological/metabolic processes, as described below.

Bone. Since 2015, when the first study examining the effects of GAHT on bone health in TGD adolescents showed low pretreatment BMD by dual-energy X-ray absorptiometry (DXA) and impaired bone mass accrual in transgender women who initiated GnRHa in late puberty and were treated with more than 5 years of estradiol (32), additional studies have focused on the skeletal effects of gender-affirming medical therapy in TGD youth (32–35). These groups have shown lower BMD in transfeminine youth, with less concerning data in transmasculine youth (33–36). Because the studies were retrospective, no specific determinants of bone health were implicated for potential interventions.

A prospective study of early pubertal TGD individuals in the United States about to begin GnRHa treatment demonstrated a greater prevalence of low baseline BMD in both those designated male and those designated female at birth, although the percentage of those with low BMD was higher in those designated male at birth (37). Prospective collection of dietary calcium intake, serum 25-hydroxyvitamin D, and physical activity assessments revealed that calcium intake was globally low and that low physical activity was predictive of low BMD (37). Another recent study showed that TGD individuals have bone geometry trajectories matching gender curves if GnRHa was initiated in early puberty (38), suggesting that TGD individuals initiating treatment in early puberty have skeletal trajectories distinct from those initiating treatment in late puberty or adulthood.

All studies to date have analyzed BMD Z-scores using sex designated at birth reference standards, and the International Society for Clinical Densitometry (ISCD) has not produced specific guidance on how to interpret DXA in TGD youth. A recent study has described how interpretation of BMD Z-score may be impacted by skeletal age, which reflects pubertal timing, and by the sex reference standard used (39), and proposes that guidance on interpretation of DXA in TGD youth be considered at the next ISCD Pediatric Position Development Conference.

Growth. Early studies investigating height velocity, growth potential, and adult height attainment in TGD youth are still emerging, although variation in genetic height potential and pubertal stages at initiation of GAHT produces significant challenges to data interpretation (40). A study investigating growth in TGD youth during the first year of GnRHa treatment showed height velocity similar to prepubertal children except when GnRHa was initiated in later puberty (Tanner Stage 4), in which case height velocity was significantly below the height velocity seen in prepubertal youth (41).

Cardiometabolic parameters and lipids. Investigations on the effects of puberty suppression and GAHT on cardiometabolic parameters such as blood pressure, body composition, body mass index (BMI), and lipids in TGD youth are underway. In 36 transgender girls and 41 transgender boys at a median Tanner Stage 4 of pubertal development, one year of GnRHa increased fat percentage, decreased lean body mass percentage, and increased BMI (42). A small study compared nine transgender boys and eight transgender girls with age-, sex designated at birth-, and BMI-matched cisgender controls and found lower estimated insulin sensitivity and higher glycemic markers and body fat in TGD youth on GnRHa, but the study was of relatively short duration (43).

A cross-sectional study of older TGD adolescents (both designated males at birth and designated females at birth) on GAHT showed significant body composition differences from cisgender controls and higher insulin resistance in transfeminine youth than in cisgender male controls (44). A retrospective study of late pubertal transgender boys compared with BMI-matched cisgender girls revealed increased BMI and decreased high-density lipoprotein (HDL) in the transgender



boys a relatively short time after starting testosterone therapy (<12 months) (45). Examination of a cohort of TGD individuals aged 22 years (71 trans women and 121 trans men) treated with GnRHa and GAHT showed increased BMI as well as obesity prevalence of 9.9% in trans women and 6.6% in trans men, compared with 2.2% in cis women and 3.0% in cis men (46). Another study demonstrated pretreatment HDL in TGD youth to be slightly lower when compared with age-matched controls but otherwise similar to an age-matched National Health and Nutritional Examination Survey (NHANES) comparison group for BMI, blood pressure, and baseline laboratory measurements (47). Following treatment with GAHT, transgender girls have been shown to have increases in HDL and transgender boys to have decreases in HDL (48–50), with differences influenced by the presence of obesity (51).

Brain. Limited studies have evaluated the impact of gender-affirming medical care on neurocognitive development in TGD youth (for a review, see 6). A small study from the Netherlands demonstrated no apparent adverse impact of GnRHa on the acquisition of executive functioning, a developmental milestone typically achieved during puberty (52). A single case report demonstrated lack of expected white matter fractional anisotropy and a nine-point drop in operational memory after approximately 2 years of GnRHa treatment (53).

Other. A retrospective study of 611 TGD adolescents who were 13–24 years old at initiation of GAHT and remained on the therapy for a median duration of 574 days showed no incidental occurrence of arterial or venous thrombosis associated with GAHT (54). The expected increases in hemoglobin and hematocrit with testosterone therapy have been shown in TGD youth, with no significant adverse effects reported (34, 48, 50).

Fertility

A discussion about fertility preservation is an essential part of the evaluation of every TGD youth prior to initiation of either pubertal blockers or gender-affirming sex hormones. While late pubertal/postpubertal adolescents are likely able to provide a sperm sample or undergo egg cryopreservation, TGD youth treated with GnRHa during early puberty are at increased risk for compromised fertility if they then undertake transition with GAHT (6). An important advance in fertility preservation has been the demonstration of in vivo oocyte maturation in a gender-dysphoric designated female at birth with a male gender identity. This patient was treated with GnRHa at Tanner Stage 2, resulting in pubertal suppression, and concurrently underwent a short course of ovarian stimulation with follitropin-alpha and human chorionic gonadotropin (55). In vivo maturation of sperm in a gender-dysphoric designated male at birth with a female gender identity who was treated with GnRHa at Tanner Stage 2 has not yet been reported.

Surgical Care

In earlier years, gender-affirming surgeries had not been considered in TGD individuals younger than the age of majority. Current clinical practice guidelines recommend delaying gender-affirming genital surgery until the patient is at least 18 years old or the legal age of majority in his or her country, though the WPATH SOC8 does not give specific age guidelines (8, 9). In accordance with clinical practice guidelines, gender-affirming surgeons have performed chest masculinization surgeries at younger ages; timing is based on the physical and mental health status of the individual patient (8, 9, 56). A larger study of 68 transmasculine youth undergoing chest reconstruction surgery included patients 13–24 years of age, 33 of whom were <18 years at the time of surgery (16 of whom were ≤15 years), compared with 68 transmasculine youth who did not



undergo surgery. This study showed a significant improvement in chest dysphoria in the postsurgical group (57). A smaller study of 14 TGD youth ranging in age from 13.4 to 19.7 years who pursued chest reconstructive surgery reported high satisfaction rates with no regret and minor surgical complications of keloid, seroma, and hematoma in five individuals (58). More recently, surgeons have performed vaginoplasty surgeries on TGD youth under 18 years of age, on an individualized basis, adjusting the surgical approach for those who initiated GnRHa in early puberty (59).

GAPS IN KNOWLEDGE AND CHALLENGES TO CARE

In addition to the need for long-term safety and efficacy studies to evaluate current clinical practice guidelines and standards of care, significant gaps in knowledge remain with respect to optimal management of TGD youth. For example, increasing numbers of youth identifying as gender nonbinary are presenting for care, for whom no formal guidelines currently exist (60–66). In addition, a putative condition termed rapid-onset gender dysphoria (ROGD) has been proposed to describe adolescents who first experience gender dysphoria either in the later stages of puberty or after puberty has been completed (67). However, significant methodological concerns have been raised calling into question the existence of ROGD; for example, only parents and none of the adolescents with gender dysphoria participated in the study, and the parents were recruited from websites not thought to be supportive of transgender youth (68). Additional gaps in knowledge exist, in particular, with respect to the impact of GnRHa/pubertal blockers on fertility, skeletal health, and neurocognitive development, as recently described (6).

In addition to the above-noted gaps in knowledge, there are significant challenges to care of TGD youth. All hormonal interventions for TGD youth are considered “off-label” and are often denied coverage by insurance companies. Furthermore, lack of formalized training limits access to optimal care (69). Another notable challenge to care pertains to sexual anatomy: Designated males at birth treated with GnRHa in early puberty who subsequently transition with estrogen and request vaginoplasty after reaching the age of legal majority will likely require a more complex surgical procedure than that typically required for designated males at birth who request vaginoplasty after completing endogenous, testosterone-mediated puberty (70). Most notably, there are unprecedented challenges to the care of TGD youth, both in the United States and abroad, with policies and in some cases state-based legislation banning gender-affirming medical care to TGD minors and criminalizing medical providers of such care (6). As noted in recent position statements sponsored by the Endocrine Society, Pediatric Endocrine Society, and United States Professional Association for Transgender Health, these legislative efforts are thought to “lack scientific merit and in some cases misinterpret or distort available data” (71, p. 1; see also 72).

SUMMARY

Key advances in the care of TGD youth include the recognition that being transgender or gender diverse is not rare, and that being TGD is no longer considered a mental illness, but rather represents an example of human diversity (6). Numerous studies, primarily of short- and medium-term duration (up to 6 years), demonstrate the clearly beneficial—even life saving—mental health impact of gender-affirming medical care in TGD youth. Long-term safety and efficacy studies are needed to optimize medical care for TGD youth.

DISCLOSURE STATEMENT

S.M.R. is a Board Member-at-Large of the World Professional Association for Transgender Health.



ACKNOWLEDGMENTS

We are grateful to and inspired by our patients who strive to live authentic lives and to their families who support them. We are grateful to our colleagues with whom we work in an interdisciplinary model of care.

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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 4:28 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: CAGC Psychologist

Hi [REDACTED]

I received an email from [REDACTED] over the weekend. He is concerned that he has heard nothing in follow-up on his status. He was told he would be on-boarded in November, and he now realizes that is unlikely, given the current date.

Can I ask you to please send [REDACTED] an email so he at least knows about the MOU and when he is likely to be able to start, and please cc me and [REDACTED]? I'm honestly quite concerned that we may lose the opportunity to hire him if there is no current communication with him as to his status.

Thanks for your understanding,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Medical Director, Child and Adolescent Gender Center
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Mission Hall: Global Health and Clinical Sciences
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 3:23 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist

Thanks so much, [REDACTED]. In addition to Steve's question, I was wondering about the timeline for the MOU.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 13, 2022 2:53 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist

Thanks, [REDACTED]. Do you have an approximate idea as to when [REDACTED] will be able to start?

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
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Tel.: (415) 476-2266
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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 2:50 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CAGC Psychologist

Hi Steve and [REDACTED]

We have been working to get this to completion. There was so confusion between the FPO and DPBS on how to direct the funding. There is an MOU that is going to be excuted and then the offer should be sent out.

I am so sorry for all the delays.

[REDACTED] LMFT
Service Line Director Behavioral Health
[REDACTED]@ucsf.edu
C: [REDACTED]

Administrative Assistant
[REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Sunday, October 2, 2022 6:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], PhD <[REDACTED].com>
Subject: CAGC Psychologist
Importance: High

Dear [REDACTED] and [REDACTED],

[REDACTED] cc'd here, let me know that she has tried multiple times to contact you for an update on the status of [REDACTED] PhD, as the leading candidate for the CAGC Psychologist position. Dr. [REDACTED] checked in with Dr. [REDACTED] today and he noted that after many interviews quite a while ago he hasn't heard anything about next steps from UCSF. Quite some time ago, we were told that he would be onboarded by the beginning of November. As that's now less than a month away, we would be grateful if you could please reply to this email and let us know where things stand with Dr. [REDACTED]. As you know, we are in urgent need of onboarding a psychologist for the CAGC.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 4:46 PM PDT
To: [REDACTED]@rush.edu>
CC: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Hi [REDACTED],

I'm happy to present to your multidisciplinary team about management of Transgender/Gender Diverse Youth. Given the hour (0700-0800 Central, which would be 0500-0600 Pacific), a recording would be my very strong preference. If we're looking at January, either the 13th or 20th would be fine--I'd just need to get the recording to you 1-2 days in advance of the date we choose. It will probably be good for an IT person at Rush to review with me exactly how to accomplish this.

Thanks and best wishes,

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, October 24, 2022 7:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Hello Stephen-

Hope you are well.

I wanted to check in and see if you would be interested in presenting to our multidisciplinary team at Rush. I know it's early for you, so a recording would be ok if that's easier. We could look at dates in January if that works for you.

I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:52 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Thanks Stephen-either date works

Hello [REDACTED] I would think we could record on zoom and transfer via dropbox or OneDrive. Perhaps we can check with IT tomorrow and see what they recommend

Thank you both!

[REDACTED]

Sent from my iPhone

On Oct 26, 2022, at 6:46 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Rush Email Security

****WARNING**** This email originated from outside of Rush University Medical Center. ****DO NOT CLICK**** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Hi [REDACTED]

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Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

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To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Friday morning Gender Lecture (0700-0800 Central)

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I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 4:55 PM PDT
To: [REDACTED]@rush.edu>
CC: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Hi [REDACTED]
How about if we choose January 20?
Thanks,
Steve

Get [Outlook for iOS](#)

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:52:49 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Thanks Stephen-either date works

Hello [REDACTED]-I would think we could record on zoom and transfer via dropbox or OneDrive. Perhaps we can check with IT tomorrow and see what they recommend

Thank you both!

[REDACTED]

Sent from my iPhone

On Oct 26, 2022, at 6:46 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Rush Email Security

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Hi [REDACTED]

I'm happy to present to your multidisciplinary team about management of Transgender/Gender Diverse Youth. Given the hour (0700-0800 Central, which would be 0500-0600 Pacific), a recording would be my very strong preference. If we're looking at January, either the 13th or 20th would be fine—I'd just need to get the recording to you 1-2 days in advance of the date we choose. It will probably be good for an IT person at Rush to review with me exactly how to accomplish this.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

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Sent: Monday, October 24, 2022 7:54 PM
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Hello [REDACTED]

Hope you are well.

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I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:57 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender
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Works for me

Thanks Stephen

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 6:55 PM
To: [REDACTED]@rush.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <Loren_Schechter@rush.edu>
Sent: Monday, October 24, 2022 7:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[\[REDACTED\]@rush.edu](mailto:[REDACTED]@rush.edu)>
Subject: Friday morning Gender Lecture (0700-0800 Central)

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Hello [REDACTED]

Hope you are well.

I wanted to check in and see if you would be interested in presenting to our multidisciplinary team at Rush. I know it's early for you, so a recording would be ok if that's easier. We could look at dates in January if that works for you.

I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 5:14 PM PDT
To: [REDACTED]@rush.edu>
CC: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Thanks, [REDACTED]

Steve

Stephen M. Rosenthal, M.D.
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Sent: Wednesday, October 26, 2022 4:57 PM
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Cc: [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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Works for me

Thanks Stephen

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 6:55 PM
To: [REDACTED]@rush.edu>
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Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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From: [REDACTED] <[REDACTED]@rush.edu>
Sent: Monday, October 24, 2022 7:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: Friday morning Gender Lecture (0700-0800 Central)

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I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: [REDACTED]@rush.edu>
Sent: Thursday, October 27, 2022 5:00 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)
Attachment(s): "DisclosureForm_21_Gender Affirmation Conference.docx"

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Hi Dr. Rosenthal,

Thank you for presenting at our Gender Didactic Conference. I have you scheduled for January 20th, but as mentioned in previous emails, we will utilize a recording. I have emailed our IT department RE: best practices around this and will let you know once I hear back from them.

In the meantime, if you can provide the information below to me at your earliest convenience, I would greatly appreciate it.

- CV and bio
- Title of presentation
- 3 course objectives
- Completion of disclosure form (attached) portions 1-6

Thank you again for being a part of this – I'm really looking forward to your topic. I'll reach out when I have more information from IT, but don't hesitate to let me know if you need anything in the meantime.

Warmly,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 7:14 PM
To: [REDACTED]@rush.edu>
Cc: [REDACTED]@rush.edu>
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:57 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[\[REDACTED\]@rush.edu](mailto:[REDACTED]@rush.edu)>
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Thanks Stephen

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Cc: [REDACTED] <[\[REDACTED\]@rush.edu](mailto:[REDACTED]@rush.edu)>
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Sent: Wednesday, October 26, 2022 4:52:49 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[\[REDACTED\]@rush.edu](mailto:[REDACTED]@rush.edu)>
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
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To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
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I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 27, 2022 10:46 AM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: email request

Hi [REDACTED],

Here it is: [REDACTED]@stanford.edu

Have a good day,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 27, 2022 10:25 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: email request

Hi Steve,

Would you happen to have [REDACTED] email address? I'd like to reach out to the Stanford gender clinic re: recruitment for my studies.

My Best,

[REDACTED] MD (he/him/his)

Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco
Phone: 415.502.4967
Fax: 415.476.6106
Email: [REDACTED]@ucsf.edu

For patient-related issues including appointment scheduling for the UCSF Adolescent and Young Adult Clinic:
phone: 415-353-2002
Fax: 415-353-2466

For patient-related issues including appointment scheduling for the UCSF Child and Adolescent Gender Clinic:
phone: 415-353-7337
Fax: 415-476-8214

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 10:46 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: email request

Thanks, Steve!

[REDACTED] MD (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 10:46 AM
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: email request

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 10:25 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: email request

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UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator

Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco
Phone: 415.502.4967
Fax: 415.476.6106
Email: [REDACTED]@ucsf.edu

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phone: 415-353-2002
Fax: 415-353-2466

For patient-related issues including appointment scheduling for the UCSF Child and Adolescent Gender Clinic:
phone: 415-353-7337
Fax: 415-476-8214

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 10:48 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: Message from ALAMEDA ALLIANC (5107474500)
Attachment(s): "VoiceMessage.wav"

Hi [REDACTED],

Another one of these calls re appointment availability.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Cisco Unity Connection Messaging System <unityconnection@mbhcuc01.infra.ucsf.edu>
Sent: Thursday, October 27, 2022 10:43 AM
To: rosenthals@mbhcuc01.infra.ucsf.edu <rosenthals@mbhcuc01.infra.ucsf.edu>
Subject: Message from ALAMEDA ALLIANC (5107474500)

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 10:51 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: email request

You're welcome!

I only just noticed in your signature block that you're now Associate Professor! Congratulations!! Did this come through as of July?

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 10:46 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: email request

Thanks, Steve!

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Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 10:46 AM
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Subject: Re: email request

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To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: email request

Hi Steve,

Would you happen to have [REDACTED] email address? I'd like to reach out to the Stanford gender clinic re: recruitment for my studies.

My Best,
Stanley

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Division of Adolescent and Young Adult Medicine
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Fax: 415.476.6106
Email: [REDACTED]@ucsf.edu

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Fax: 415-353-2466

For patient-related issues including appointment scheduling for the UCSF Child and Adolescent Gender Clinic:
phone: 415-353-7337
Fax: 415-476-8214

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 10:53 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: email request

Oh my gosh...yes. I'm so all over the place and not been a good mentee in terms of updates. But yes, it went through in July, so sorry I did not update you on that one. Thanks for all of your support and mentorship!

[REDACTED] MD (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project; Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 10:52 AM
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: email request

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 10:46 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: email request

Thanks, Steve!

[REDACTED] MD (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project; Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 27, 2022 10:46 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: email request

Hi [REDACTED],

Here it is: [REDACTED]@stanford.edu

Have a good day,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 10:25 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: email request

Hi Steve,

Would you happen to have [REDACTED] email address? I'd like to reach out to the Stanford gender clinic re: recruitment for my studies.

My Best,

[REDACTED] MD (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco
Phone: 415.502.4967
Fax: 415.476.6106
Email: [REDACTED]@ucsf.edu

For patient-related issues including appointment scheduling for the UCSF Adolescent and Young Adult Clinic:
phone: 415-353-2002
Fax: 415-353-2466

For patient-related issues including appointment scheduling for the UCSF Child and Adolescent Gender Clinic:
phone: 415-353-7337
Fax: 415-476-8214

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 10:54 AM PDT
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: email request

Of course!! This makes my day! I'm so proud of you!!!

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 10:53 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: email request

Oh my gosh...yes. I'm so all over the place and not been a good mentee in terms of updates. But yes, it went through in July, so sorry I did not update you on that one. Thanks for all of your support and mentorship!

[REDACTED] MD (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 10:52 AM
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: email request

You're welcome!

I only just noticed in your signature block that you're now Associate Professor! Congratulations!! Did this come through as of July?

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 10:46 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: RE: email request

Thanks, Steve!

██████████ MD (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 27, 2022 10:46 AM

To: ██████████, ██████████ <██████████@ucsf.edu>

Subject: Re: email request

Hi ██████████,

Here it is ██████████@stanford.edu

Have a good day,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████████, ██████████ <██████████@ucsf.edu>

Sent: Thursday, October 27, 2022 10:25 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: email request

Hi Steve,

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My Best,

██████████ MD (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
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University of California, San Francisco
Phone: 415.502.4967
Fax: 415.476.6106
Email: ██████████, ██████████@ucsf.edu

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phone: 415-353-2002

Fax: 415-353-2466

For patient-related issues including appointment scheduling for the UCSF Child and Adolescent Gender Clinic:
phone: 415-353-7337
Fax: 415-476-8214

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 27, 2022 3:31 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: About tonight <3

Hi [REDACTED],

Not to worry! Glad you are taking care of yourself! We'll miss you tonight, but I'll look forward to meeting you in person on Saturday!

Best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall; Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 27, 2022 2:04 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: About tonight <3

Hi team!

It's [REDACTED]. I'm so sorry to have to do this, but got a little overwhelmed with week with work/adapting to the new job and sites and other things - I'm feeling introverted and needing to take some introverted time and space, which means I need to drop out of tonight.

I'm very sorry about this and I would love to come to happy hours in the future, and I'm super happy about all of us working together ♥.

[REDACTED], MD, MS

Assistant Professor, Division of Child & Adolescent Psychiatry
University of California, San Francisco - Pritzker
Zuckerberg San Francisco General Hospital
Pronouns: he/him/his, they/them/theirs

[Twitter](#)/[LinkedIn](#)/[UCSF Profile](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 27, 2022 3:33 PM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: About tonight <3

Aw - sorry to miss you but definitely love that you are prioritizing self-care!

We'll see you Saturday ☺.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 27, 2022 3:31 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: About tonight <3

Hi [REDACTED],

Not to worry! Glad you are taking care of yourself! We'll miss you tonight, but I'll look forward to meeting you in person on Saturday!

Best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]2@ucsf.edu>

Sent: Thursday, October 27, 2022 2:04 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: About tonight <3

Hi team!

It's [REDACTED]. I'm so sorry to have to do this, but got a little overwhelmed with week with work/adapting to the new job and sites and other things - I'm feeling introverted and needing to take some introverted time and space, which means I need to drop out of tonight.

I'm very sorry about this and I would love to come to happy hours in the future, and I'm super happy about all of us working together ♥.

[REDACTED] MD, MS

Assistant Professor, Division of Child & Adolescent Psychiatry
University of California, San Francisco - Pritzker
Zuckerberg San Francisco General Hospital

Pronouns: *he/him/his, they/them/theirs*
[Twitter](#)[LinkedIn](#)[UCSF Profile](#)

Obtained via CPRA by Judicial Watch, Inc.

Obtained via CPRA by Judicial Watch, Inc.

UCSF-DCNF-01135

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 3:34 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Should we also do something to celebrate [REDACTED]? I can't think of anything aside from getting a card - anyone know what J might like as a gift?

Thanks!

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Her

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 10:37 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

I'm happy to pick up the cupcakes! --and happy to help with the clean-up!
Thanks for all the organizing!
Steve

Get [Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 8:19:16 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

My flight departs SFO 10/29 at 2:38 pm PST (I'm leaving to SFO from the event). Therefore, my biggest ask is help with cleanup after the event. I'm happy to arrive early at 10 to help with deliveries and set up.

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 22, 2022, at 18:30, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Thank you, [REDACTED]. Everyone, let me know what I can do to help from my perch in the East Bay and what time should we all get there to set up?

Sent from my iPhone

On Oct 22, 2022, at 4:14 PM, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi,

Everything is ordered. Food is from La Mediterranee Catering and I included cutlery and drinks (sparkling and still water). They will deliver to the Pritzker building 10/29 between 10:15-10:45. Cupcakes are ordered from Noe Valley Bakery on 24th (35).

Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

Excited to see everyone!

Dr. [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 11:06 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Wonderful!!!! Please let me know how I can help with any next steps.

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29:54 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

~ [REDACTED]

[REDACTED], MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/He/ry

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED], PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care

On Oct 20, 2022, at 17:23, Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu> wrote:

Agree on all counts.

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Pronouns: he/him/his

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbuck's if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29?
Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:37 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

That's a nice idea, though I don't know what [REDACTED] would like. We can also make a toast to [REDACTED] and then send a card and gift in the not-too-distant future, since they will still be part of the team through 11/11.

Another thought: Should we ask people to do a Covid check that morning? Even though we'll be outside, it might be nice for peace of mind, given there are somewhat immunocompromised people among us.

Steve

Stephen M. Rosenthal, M.D.
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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 3:34 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Should we also do something to celebrate [REDACTED]? I can't think of anything aside from getting a card - anyone know what [REDACTED] might like as a gift?

Thanks!

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
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She/Her/Hers

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 10:37 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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Thanks for all the organizing!
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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Sunday, October 23, 2022 8:19:16 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

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Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 22, 2022, at 18:30, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

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Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

Excited to see everyone!

Dr. [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 21, 2022 11:06 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Wonderful!!! Please let me know how I can help with any next steps.

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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 21, 2022 10:29:54 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

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We are just going to plan for 30-35 people!

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E-mail: ██████████@ucsf.edu
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From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
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email: Stephen.Rosenthal@ucsf.edu

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████
<██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
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Sent: Thursday, October 27, 2022 3:42 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
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To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
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Sent: Thursday, October 27, 2022 3:34 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
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[REDACTED]

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From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 10:37 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

I'm happy to pick up the cupcakes! --and happy to help with the clean-up!
Thanks for all the organizing!
Steve

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From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 8:19:16 AM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

My flight departs SFO 10/29 at 2:38 pm PST (I'm leaving to SFO from the event). Therefore, my biggest ask is help with cleanup after the event. I'm happy to arrive early at 10 to help with deliveries and set up.

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Sent: Thursday, October 27, 2022 3:43 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
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Sounds good, [REDACTED]

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Sent: Sunday, October 23, 2022 10:37 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

I'm happy to pick up the cupcakes! —and happy to help with the clean-up!
Thanks for all the organizing!
Steve

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Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
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Hi,

My flight departs SFO 10/29 at 2:38 pm PST (I'm leaving to SFO from the event). Therefore, my biggest ask is help with cleanup after the event. I'm happy to arrive early at 10 to help with deliveries and set up.

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

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Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

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Wonderful!!!! Please let me know how I can help with any next steps.

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Steve

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email: Stephen.Rosenthal@ucsf.edu

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Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

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<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
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<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
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Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,
[REDACTED]

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Assistant Medical Director, Child and Adolescent Gender Center
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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED].

Have we set a date for the final "head count"? for our celebration on 10/29?
Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

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email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 4:16 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Hi [REDACTED]

I'm so sorry you won't be able to make it, but I do understand.
Hope to see you in person. before too long, and thanks for everything you've done on behalf of the CAGC! So glad you'll be staying on, even in a limited capacity.

Best wishes,

Steve

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 12:32 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Hi [REDACTED], [REDACTED] and Steve,

I was hoping to make this celebration but I unfortunately have to miss it due to prior obligations in Santa Cruz. I will miss seeing you and celebrating the center!

Take care,

[REDACTED]

> On Oct 25, 2022, at 11:01 AM, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

>
> Dear Esteemed and Treasured Colleagues,
>
> We are excited to finally gather and reconnect for our postponed 10-year anniversary of the UCSF Child and Adolescent Gender Center! Thank you all for your past and ongoing contributions to the UCSF CAGC - it's wonderful to see how this program has grown over the years. We plan to have an in-person lunch celebration in Dogpatch/Potrero Hill near the Mission Bay campus (location confirmed at the future home of the UCSF CAGC, Nancy Friend Pritzker Psychiatry Building rooftop terrace reserved). Please see details below!
>
> We are so grateful to the UCSF Division of Pediatric Endocrinology for supporting our clinic and sponsoring this celebration - THANK YOU, [REDACTED]!
>
> Why: To celebrate the 10-year anniversary of the UCSF Child and Adolescent Gender Center
> When: Saturday, 10/29/2022 from 11:00am-2:00pm
> Where: UCSF Nancy Friend Pritzker Psychiatry Building Rooftop Terrace - I will update this invite with details on where to enter.
> Contact: [REDACTED], Steve [REDACTED], [REDACTED] - please text us as badge access is needed to enter the building
>
> Lunch will be served - please send me food allergies or restrictions if you plan to join!
>
> Best,
> [REDACTED], Steve, [REDACTED], & [REDACTED] (CAGC Party Planning Committee! ☐)
> -----

> [REDACTED], MD, MPH, MAS
> Assistant Professor of Pediatrics and of Medicine
> Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
> Assistant Medical Director, Child and Adolescent Gender Center
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>

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 5:00 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Thanks so much for doing the legwork, [REDACTED]. All that sounds just right. Do we have an estimate of how many people we are expecting?

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
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e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Sounds good, [REDACTED].

Thanks,

Steve

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 3:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I'm still trying to wrap up clinical work right now and will send out an e-mail to those who RSVP'ed with details about Saturday.

COVID screening is required (using the QR code at the entrance). Masks are required indoors. Testing is not required for the building but we can ask folks to do rapid testing before coming in.

I'll update regarding security plans once I hear back from [REDACTED] (hopefully she will link me with the UCPD folks).

I don't think it's feasible to station someone at the entrance or side entrance because there is clinic on Saturdays and the building is open to patients and families. We can ask for someone to be stationed by the terrace door but honestly I don't think having a list or ID check is really going to be necessary - we can see through the glass door if it is a person we are expecting, so if there isn't a UC PD available, we can just not let them into the terrace (since it requires badge access).

Best,

[REDACTED]
[REDACTED] MD, MPH, MAS
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That's a nice idea, though I don't know what [REDACTED] would like. We can also make a toast to [REDACTED] and then send a card and gift in the not-too-distant future, since they will still be part of the team through 11/11.

Another thought: Should we ask people to do a Covid check that morning? Even though we'll be outside, it might be nice for peace of mind, given there are somewhat immunocompromised people among us.

Steve

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To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
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Should we also do something to celebrate [REDACTED]? I can't think of anything aside from getting a card - anyone know what [REDACTED] might like as a gift?

Thanks!

[REDACTED]

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██████████ (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently ██████████ did not send in the request when I thought she did so I'm glad I reached out to ██████████ to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

██████████

██████████ MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29?
Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Medical Director, Child and Adolescent Gender Center
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 27, 2022 5:02 PM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

We will for sure miss you, [REDACTED]. You've been such an important part of making CAGC what it is today. But the consolation prize is that you'll still be with us, which is greater than great!

[REDACTED] Ph.D.

Director of Mental Health, Child and Adolescent Gender Center

Department of Pediatrics

UCSF Benioff Children's Hospital

1825 Fourth St., Sixth Floor

San Francisco, CA 94158

e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 27, 2022 4:16 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Hi [REDACTED],

I'm so sorry you won't be able to make it, but I do understand.

Hope to see you in person. before too long, and thanks for everything you've done on behalf of the CAGC! So glad you'll be staying on, even in a limited capacity.

Best wishes,

Steve

Stephen M. Rosenthal, M.D.

Professor of Pediatrics

Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center

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Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 27, 2022 12:32 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: Re: SAVE THE DATE: UCSF Child and Adolescent Gender Center 10-Year Anniversary Celebration

Hi [REDACTED], [REDACTED] and Steve,

I was hoping to make this celebration but I unfortunately have to miss it due to prior obligations in Santa Cruz. I will miss seeing you and celebrating the center!

Take care,

[REDACTED]

> On Oct 25, 2022, at 11:01 AM, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

>

> Dear Esteemed and Treasured Colleagues,

>

> We are excited to finally gather and reconnect for our postponed 10-year anniversary of the UCSF Child and Adolescent Gender Center! Thank you all for your past and ongoing contributions to the UCSF CAGC - it's wonderful to see how this program has grown over the years. We plan to have an in-person lunch celebration in Dogpatch/Potrero Hill near the Mission Bay campus (location

confirmed at the future home of the UCSF CAGC, Nancy Friend Pritzker Psychiatry Building rooftop terrace reserved). Please see details below!

- >
- > We are so grateful to the UCSF Division of Pediatric Endocrinology for supporting our clinic and sponsoring this celebration - THANK YOU, [REDACTED]!
- >
- > Why: To celebrate the 10-year anniversary of the UCSF Child and Adolescent Gender Center
- > When: Saturday, 10/29/2022 from 11:00am-2:00pm
- > Where: UCSF Nancy Friend Pritzker Psychiatry Building Rooftop Terrace - I will update this invite with details on where to enter.
- > Contact: [REDACTED], Steve [REDACTED], [REDACTED], [REDACTED], [REDACTED] - please text us as badge access is needed to enter the building
- >
- > Lunch will be served - please send me food allergies or restrictions if you plan to join!
- >
- > Best,
- > [REDACTED], Steve, [REDACTED], & [REDACTED] (CAGC Party Planning Committee! ☺)
- > -----
- > [REDACTED], MD, MPH, MAS
- > Assistant Professor of Pediatrics and of Medicine
- > Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
- > Assistant Medical Director, Child and Adolescent Gender Center
- > University of California, San Francisco
- >
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- > San Francisco, CA 94143
- > E-mail: [REDACTED]@ucsf.edu<[mailto:\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>
- > She/Her/Hers
- >

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 5:04 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

My best guess is somewhere between 20-25 people! Unfortunately people still haven't figured out how to RSVP to the invite. There are 17 RSVP'ed YES and at least 3 more from the unanswered list that have told me they are coming.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 5:00 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Thanks so much for doing the legwork, [REDACTED]. All that sounds just right. Do we have an estimate of how many people we are expecting?

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Sounds good, [REDACTED]

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 3:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I'm still trying to wrap up clinical work right now and will send out an e-mail to those who RSVP'ed with details about Saturday.

COVID screening is required (using the QR code at the entrance). Masks are required indoors. Testing is not required for the building but we can ask folks to do rapid testing before coming in.

I'll update regarding security plans once I hear back from [REDACTED] (hopefully she will link me with the UCPD folks).

I don't think it's feasible to station someone at the entrance or side entrance because there is clinic on Saturdays and the building is open to patients and families. We can ask for someone to be stationed by the terrace door but honestly I don't think having a list or ID check is really going to be necessary - we can see through the glass door if it is a person we are expecting, so if there isn't a UC PD available, we can just not let them into the terrace (since it requires badge access).

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:37 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

That's a nice idea, though I don't know what [REDACTED] would like. We can also make a toast to [REDACTED] and then send a card and gift in the not-too-distant future, since they will still be part of the team through 11/11.

Another thought: Should we ask people to do a Covid check that morning? Even though we'll be outside, it might be nice for peace of mind, given there are somewhat immunocompromised people among us.

Steve

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 3:34 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Should we also do something to celebrate [REDACTED]? I can't think of anything aside from getting a card - anyone know what [REDACTED] might like as a gift?

Thanks!

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 10:37 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

I'm happy to pick up the cupcakes! —and happy to help with the clean-up!
Thanks for all the organizing!
Steve

Get [Outlook for iOS](#)

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Sunday, October 23, 2022 8:19:16 AM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Hi,

My flight departs SFO 10/29 at 2:38 pm PST (I'm leaving to SFO from the event). Therefore, my biggest ask is help with cleanup after the event. I'm happy to arrive early at 10 to help with deliveries and set up.

[REDACTED], PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 22, 2022, at 18:30, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Thank you, [REDACTED]. Everyone, let me know what I can do to help from my perch in the East Bay and what time should we all get there to set up?

Sent from my iPhone

On Oct 22, 2022, at 4:14 PM, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi,

Everything is ordered. Food is from La Mediterranee Catering and I included cutlery and drinks (sparkling and still water). They will deliver to the Pritzker building 10/29 between 10:15-10:45. Cupcakes are ordered from Noe Valley Bakery on 24th (35).

Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

Excited to see everyone!

Dr. [REDACTED], DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 21, 2022 11:06 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Wonderful!!! Please let me know how I can help with any next steps.

Get [Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29:54 AM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

~ [REDACTED]

[REDACTED], MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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She/Her/Hers

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED], PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 20, 2022, at 17:23, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Agree on all counts.

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbuck's if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

██████ (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently ██████ did not send in the request when I thought she did so I'm glad I reached out to ██████ to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

██████

██████ MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: ██████@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: ██████ <██████@ucsf.edu>; ██████, ██████
<██████, ██████@ucsf.edu>; ██████, ██████ <██████, ██████@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi ██████, ██████, and ██████,

Have we set a date for the final "head count"? for our celebration on 10/29?
Have we heard back from ██████ re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 6:15 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

Given that it is an outdoor event with vaccinated people, I suggest that testing is not needed but and masks should be encouraged for anyone at risk. Anyone experiencing symptoms of illness or exposed to someone with symptoms or known COVID should test. Would that work?

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 27, 2022, at 17:04, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

My best guess is somewhere between 20-25 people! Unfortunately people still haven't figured out how to RSVP to the invite. There are 17 RSVP'ed YES and at least 3 more from the unanswered list that have told me they are coming.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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E-mail: [REDACTED]@ucsf.edu
[She/Her/Hers](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 5:00 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Thanks so much for doing the legwork, [REDACTED]. All that sounds just right. Do we have an estimate of how many people we are expecting?

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
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e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Sounds good, [REDACTED].

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 3:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I'm still trying to wrap up clinical work right now and will send out an e-mail to those who RSVP'ed with details about Saturday.

COVID screening is required (using the QR code at the entrance). Masks are required indoors. Testing is not required for the building but we can ask folks to do rapid testing before coming in.

I'll update regarding security plans once I hear back from [REDACTED] (hopefully she will link me with the UCPD folks).

I don't think it's feasible to station someone at the entrance or side entrance because there is clinic on Saturdays and the building is open to patients and families. We can ask for someone to be stationed by the terrace door but honestly I don't think having a list or ID check is really going to be necessary - we can see through the glass door if it is a person we are expecting, so if there isn't a UC PD available, we can just not let them into the terrace (since it requires badge access).

Best,

~ [REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:37 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

That's a nice idea, though I don't know what [REDACTED] would like. We can also make a toast to [REDACTED] and then send a card and gift in the not-too-distant future, since they will still be part of the team through 11/11.

Another thought: Should we ask people to do a Covid check that morning? Even though we'll be outside, it might be nice for peace of mind, given there are somewhat immunocompromised people among us.

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 3:34 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Should we also do something to celebrate [REDACTED]? I can't think of anything aside from getting a card - anyone know what [REDACTED] might like as a gift?

Thanks!

[REDACTED]

[REDACTED] MD, MPH, MAS
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Sent: Sunday, October 23, 2022 10:37 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

I'm happy to pick up the cupcakes! --and happy to help with the clean-up!
Thanks for all the organizing!
Steve

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 8:19:16 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

My flight departs SFO 10/29 at 2:38 pm PST (I'm leaving to SFO from the event). Therefore, my biggest ask is help with cleanup after the event. I'm happy to arrive early at 10 to help with deliveries and set up.

[REDACTED], PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 22, 2022, at 18:30, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Thank you, [REDACTED]. Everyone, let me know what I can do to help from my perch in the East Bay and what time should we all get there to set up?

Sent from my iPhone

On Oct 22, 2022, at 4:14 PM, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi,

Everything is ordered. Food is from La Mediterranee Catering and I included cutlery and drinks (sparkling and still water). They will deliver to the Pritzker building 10/29 between 10:15-10:45. Cupcakes are ordered from Noe Valley Bakery on 24th (35).

Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

Excited to see everyone!

Dr. [REDACTED] [REDACTED], DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 11:06 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Wonderful!!! Please let me know how I can help with any next steps.

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29:54 AM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED], PNP

Obtained via CPRA by Judicial Watch, Inc.
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 20, 2022, at 17:23, Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu> wrote:

Agree on all counts.

Steve

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbucks if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

[REDACTED], Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we

Thanks,

Steve

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED],
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

~[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29? Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 7:39 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I'd say anyone with symptoms of any kind should stay home. Covid, flu, and colds are dancing among themselves right now.

Sent from my iPhone

On Oct 27, 2022, at 6:15 PM, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi,

Given that it is an outdoor event with vaccinated people, I suggest that testing is not needed but and masks should be encouraged for anyone at risk. Anyone experiencing symptoms of illness or exposed to someone with symptoms or known COVID should test. Would that work?

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 27, 2022, at 17:04, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

My best guess is somewhere between 20-25 people! Unfortunately people still haven't figured out how to RSVP to the invite. There are 17 RSVP'ed YES and at least 3 more from the unanswered list that have told me they are coming.

Best,

~[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
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E-mail: [REDACTED]@ucsf.edu
She/Her/They

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 5:00 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Thanks so much for doing the legwork, [REDACTED]. All that sounds just right. Do we have an estimate of how many people we are expecting?

[REDACTED], Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Sounds good, [REDACTED]

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 3:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I'm still trying to wrap up clinical work right now and will send out an e-mail to those who RSVP'ed with details about Saturday.

COVID screening is required (using the QR code at the entrance). Masks are required indoors. Testing is not required for the building but we can ask folks to do rapid testing before coming in.

I'll update regarding security plans once I hear back from [REDACTED] (hopefully she will link me with the UCPD folks).

I don't think it's feasible to station someone at the entrance or side entrance because there is clinic on Saturdays and the building is open to patients and families. We can ask for someone to be stationed by the terrace door but honestly I don't think having a list or ID check is really going to be necessary - we can see through the glass door if it is a person we are expecting, so if there isn't a UC PD available, we can just not let them into the terrace (since it requires badge access).

Best,

~[REDACTED]

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Assistant Professor of Pediatrics and of Medicine
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E-mail: [\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:37 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

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Subject: Re: 10 yr CAGC Anniversary

Should we also do something to celebrate [REDACTED]? I can't think of anything aside from getting a card - anyone know what J might like as a gift?

Thanks!

~[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
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Happy to help with clean up and also set up

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Therefore, my biggest ask is help with cleanup after the event. I'm happy to arrive early at 10 to help with deliveries and set up.

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Wonderful!!! Please let me know how I can help with any next steps.

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To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

~ [REDACTED]

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To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

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Subject: Re: 10 yr CAGC Anniversary

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Sent: Thursday, October 20, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
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Subject: Re: 10 yr CAGC Anniversary

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Thanks,

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Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>;
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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San Francisco, CA 94143

Obtained via CPRA by Judicial Watch, Inc.

UCSF-DCNF-01185

E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29? Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Friday, October 28, 2022 8:51 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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Hi Drs. Rosenthal and [REDACTED]

I was able to confirm with our IT department that there is no specific policy regarding utilizing recordings. We can record the presentation via Zoom and play the recording on Zoom for the January 20th session.

I know [REDACTED] is traveling this weekend, but we can circle back next week RE: getting the recording together. I would think maybe [REDACTED] and I could get on the Zoom with Dr. Rosenthal so that we can help facilitate/ask any questions we anticipate the audience may have?

Have a great weekend,

[REDACTED] (they/them/theirs)

Gender Service Line Administrator

The Rush Center for Gender, Sexuality & Reproductive Health

Rush University Medical Center POB 744

t: [REDACTED]

m: [REDACTED]

From: [REDACTED]
Sent: Thursday, October 27, 2022 7:00 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Dr. Rosenthal,

Thank you for presenting at our Gender Didactic Conference. I have you scheduled for January 20th, but as mentioned in previous emails, we will utilize a recording. I have emailed our IT department RE: best practices around this and will let you know once I hear back from them.

In the meantime, if you can provide the information below to me at your earliest convenience, I would greatly appreciate it.

- CV and bio
- Title of presentation
- 3 course objectives
- Completion of disclosure form (attached) portions 1-6

Thank you again for being a part of this – I'm really looking forward to your topic. I'll reach out when I have more information from IT, but don't hesitate to let me know if you need anything in the meantime.

Warmly,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 7:14 PM
To: [REDACTED]@rush.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Rush Email Security

****WARNING**** This email originated from outside of Rush University Medical Center. ****DO NOT CLICK**** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Thanks, [REDACTED]

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:57 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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Works for me

Thanks Stephen

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 6:55 PM
To: [REDACTED] <[REDACTED]@rush.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Rush Email Security

****WARNING**** This email originated from outside of Rush University Medical Center. ****DO NOT CLICK**** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Hi [REDACTED]
How about if we choose January 20?
Thanks,
Steve

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From: [REDACTED] <[REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:52:49 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Thanks Stephen-either date works

Hello [REDACTED]-I would think we could record on zoom and transfer via dropbox or OneDrive. Perhaps we can check with IT tomorrow and see what they recommend

Thank you both!

Sent from my iPhone

On Oct 26, 2022, at 6:46 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Rush Email Security

****WARNING**** This email originated from outside of Rush University Medical Center. ****DO NOT CLICK**** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Hi [REDACTED]

I'm happy to present to your multidisciplinary team about management of Transgender/Gender Diverse Youth. Given the hour (0700-0800 Central, which would be 0500-0600 Pacific), a recording would be my very strong preference. If we're looking at January, either the 13th or 20th would be fine--I'd just need to get the recording to you 1-2 days in advance of the date we choose. It will probably be good for an IT person at Rush to review with me exactly how to accomplish this.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@rush.edu>
Sent: Monday, October 24, 2022 7:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Hello Stephen-

Hope you are well.

I wanted to check in and see if you would be interested in presenting to our multidisciplinary team at Rush. I know it's early for you, so a recording would be ok if that's easier. We could look at dates in January if that works for you.

I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.



From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 12:59 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi party planning committee

I have sent out the final details in the updated calendar invite - hopefully we've got everything else tied up.

I got in touch with UC PD and they are aware of our event, and just got off the phone with one of the UC Sergeants. For dedicated security, it's a bit too close to the wire to request because that is something we would have to pay for. Honestly, I don't think this is necessary given the event is inside a building and the terrace is badge-access only.

I forwarded the calendar invite details to our UC PD folks who will also send it along to the dispatcher so everyone is aware.

Please program into your cell phones the UC PD 24/7 dispatcher phone number which we may call in case of any concerns - he said to ask to speak with the Sergeant on duty if we need advice. (415)476-1414

I plan to be at the Pritzker building front entrance on 18th St at 10AM tomorrow to help get everything set up - let me know if you think we ought to meet sooner than that! [REDACTED] - I'll walk you over to the loading dock and show you the way up to the terrace so you can meet the caterers.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
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E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 6:15 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

Given that it is an outdoor event with vaccinated people, I suggest that testing is not needed but and masks should be encouraged for anyone at risk. Anyone experiencing symptoms of illness or exposed to someone with symptoms or known COVID should test. Would that work?

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 27, 2022, at 17:04, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

My best guess is somewhere between 20-25 people! Unfortunately people still haven't figured out how to RSVP to the invite. There are 17 RSVP'ed YES and at least 3 more from the unanswered list that have told me they are coming.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 5:00 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Thanks so much for doing the legwork, [REDACTED]. All that sounds just right. Do we have an estimate of how many people we are expecting?

[REDACTED] [REDACTED], Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Sounds good, [REDACTED].

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 3:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I'm still trying to wrap up clinical work right now and will send out an e-mail to those who RSVP'ed with details about Saturday.

COVID screening is required (using the QR code at the entrance). Masks are required indoors. Testing is not required for the building but we can ask folks to do rapid testing before coming in.

I'll update regarding security plans once I hear back from [REDACTED] (hopefully she will link me with the UCPD folks).

I don't think it's feasible to station someone at the entrance or side entrance because there is clinic on Saturdays and the building is open to patients and families. We can ask for someone to be stationed by the terrace door but honestly I don't think having a list or ID check is really going to be necessary - we can see through the glass door if it is a person we are expecting, so if there isn't a UC PD available, we can just not let them into the terrace (since it requires badge access).

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:37 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

That's a nice idea, though I don't know what [REDACTED] would like. We can also make a toast to [REDACTED] and then send a card and gift in the not-too-distant future, since they will still be part of the team through 11/11.

Another thought: Should we ask people to do a Covid check that morning? Even though we'll be outside, it might be nice for peace of mind, given there are somewhat immunocompromised people among us.

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 27, 2022 3:34 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Should we also do something to celebrate [REDACTED]? I can't think of anything aside from getting a card - anyone know what [REDACTED] might like as a gift?

Thanks!

[REDACTED]

[REDACTED], MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Sunday, October 23, 2022 10:37 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

I'm happy to pick up the cupcakes! --and happy to help with the clean-up!

Thanks for all the organizing!

Steve

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Sunday, October 23, 2022 8:19:16 AM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Hi,

My flight departs SFO 10/29 at 2:38 pm PST (I'm leaving to SFO from the event). Therefore, my biggest ask is help with cleanup after the event. I'm happy to arrive early at 10 to help with deliveries and set up.

[REDACTED] [REDACTED], PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 22, 2022, at 18:30, [REDACTED] [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu> wrote:

Thank you, [REDACTED]. Everyone, let me know what I can do to help from my perch in the East Bay and what time should we all get there to set up?

Sent from my iPhone

On Oct 22, 2022, at 4:14 PM, [REDACTED] [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu> wrote:

Hi,

Everything is ordered. Food is from La Mediterranee Catering and I included cutlery and drinks (sparkling and still water). They will deliver to the Pritzker building 10/29 between 10:15-10:45. Cupcakes are ordered from Noe Valley Bakery on 24th (35).

Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

Excited to see everyone!

Dr. [REDACTED] [REDACTED], DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 11:06 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>
Cc: [REDACTED] [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Wonderful!!!! Please let me know how I can help with any next steps.

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29:54 AM
To: [REDACTED] [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop

terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

██████████

██████████ MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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E-mail: ██████████@ucsf.edu
She/Her/Hers

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: ██████████, ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

██████████, PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 20, 2022, at 17:23, Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu> wrote:

Agree on all counts.

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply

utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbucks if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

██████████, Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
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e-mail: ██████████@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:33 PM
To: ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from ██████████. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████████ <██████████@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

██████████ (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently ██████████ did not send in the request when I thought she did so I'm glad I reached out to ██████████ to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone

investigating cake/drink options??

Best,

~[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29? Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 28, 2022 2:32 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

The cupcakes will be ready at 10 (in Noe Valley). I'll head over to Pritzker right after I pick up the cupcakes.

Thanks, [REDACTED] and [REDACTED] for all your planning!

Steve

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 12:59 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi party planning committee [REDACTED],

I have sent out the final details in the updated calendar invite - hopefully we've got everything else tied up.

I got in touch with UC PD and they are aware of our event, and just got off the phone with one of the UC Sergeants. For dedicated security, it's a bit too close to the wire to request because that is something we would have to pay for. Honestly, I don't think this is necessary given the event is inside a building and the terrace is badge-access only.

I forwarded the calendar invite details to our UC PD folks who will also send it along to the dispatcher so everyone is aware.

Please program into your cell phones the UC PD 24/7 dispatcher phone number which we may call in case of any concerns - he said to ask to speak with the Sergeant on duty if we need advice. (415)476-1414

I plan to be at the Pritzker building front entrance on 18th St at 10AM tomorrow to help get everything set up - let me know if you think we ought to meet sooner than that! [REDACTED] - I'll walk you over to the loading dock and show you the way up to the terrace so you can meet the caterers.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
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Assistant Medical Director, Child and Adolescent Gender Center
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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 6:15 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

Given that it is an outdoor event with vaccinated people, I suggest that testing is not needed but and masks should be encouraged for anyone at risk. Anyone experiencing symptoms of illness or exposed to someone with symptoms or known COVID should test. Would that work?

[REDACTED] PNP

UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 27, 2022, at 17:04, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

My best guess is somewhere between 20-25 people! Unfortunately people still haven't figured out how to RSVP to the invite. There are 17 RSVP'ed YES and at least 3 more from the unanswered list that have told me they are coming.

Best,

[REDACTED]

[REDACTED], MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
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Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 27, 2022 5:00 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Thanks so much for doing the legwork, [REDACTED]. All that sounds just right. Do we have an estimate of how many people we are expecting?

[REDACTED], Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:43 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Sounds good, [REDACTED].

Thanks,

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 27, 2022 3:42 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

I'm still trying to wrap up clinical work right now and will send out an e-mail to those who RSVP'ed with details about Saturday.

COVID screening is required (using the QR code at the entrance). Masks are required indoors. Testing is not required for the building but we can ask folks to do rapid testing before coming in.

I'll update regarding security plans once I hear back from [REDACTED] (hopefully she will link me with the UCPD folks).

I don't think it's feasible to station someone at the entrance or side entrance because there is clinic on Saturdays and the building is open to patients and families. We can ask for someone to be stationed by the terrace door but honestly I don't think having a list or ID check is really going to be necessary - we can see through the glass door if it is a person we are expecting, so if there isn't a UC PD available, we can just not let them into the terrace (since it requires badge access).

Best,

~[REDACTED]

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
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Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 27, 2022 3:37 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

That's a nice idea, though I don't know what [REDACTED] would like. We can also make a toast to [REDACTED] and then send a card and gift in the not-too-distant future, since they will still be part of the team through 11/11.

Another thought: Should we ask people to do a Covid check that morning? Even though we'll be outside, it might be nice for peace of mind, given there are somewhat immunocompromised people among us.

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 27, 2022 3:34 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Should we also do something to celebrate [REDACTED]? I can't think of anything aside from getting a card - anyone know what [REDACTED] might like as a gift?

Thanks!

~[REDACTED]

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
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Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
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San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
Shirley/Hers

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 10:37 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

I'm happy to pick up the cupcakes! --and happy to help with the clean-up!
Thanks for all the organizing!
Steve

Get [Outlook for iOS](#)

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 8:19:16 AM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

My flight departs SFO 10/29 at 2:38 pm PST (I'm leaving to SFO from the event). Therefore, my biggest ask is help with cleanup after the event. I'm happy to arrive early at 10 to help with deliveries and set up.

[REDACTED] [REDACTED], PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 22, 2022, at 18:30, [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Thank you, [REDACTED]. Everyone, let me know what I can do to help from my perch in the East Bay and what time should we all get there to set up?

Sent from my iPhone

On Oct 22, 2022, at 4:14 PM, [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi,

Everything is ordered. Food is from La Mediterranee Catering and I included cutlery and drinks (sparkling and still water). They will deliver to the Pritzker building 10/29 between 10:15-10:45. Cupcakes are ordered from Noe Valley Bakery on 24th (35).

Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

Excited to see everyone!

Dr. [REDACTED] [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 11:06 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Wonderful!!! Please let me know how I can help with any next steps.

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29:54 AM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED], [REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 20, 2022, at 17:23, Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu> wrote:

Agree on all counts.

Steve

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Professor of Pediatrics
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 4:01 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]

<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbuck's if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

[REDACTED], Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 20, 2022 2:33 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]

<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

Thanks,

Steve

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, October 20, 2022 2:26 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED],

[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]

[REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

-[REDACTED]

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, October 20, 2022 2:11 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]

[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]

[REDACTED] <[REDACTED]@ucsf.edu>

Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29? Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

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Tel.: (415) 476-2266

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 3:08 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

All sounds good. [REDACTED]. I think you're right about security. I'll meet you at the front entrance at 10 am. I think that should give us enough time. And [REDACTED] and [REDACTED], thank you so much for all the leg work.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 12:59 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi party planning committee

I have sent out the final details in the updated calendar invite - hopefully we've got everything else tied up.

I got in touch with UC PD and they are aware of our event, and just got off the phone with one of the UC Sergeants. For dedicated security, it's a bit too close to the wire to request because that is something we would have to pay for. Honestly, I don't think this is necessary given the event is inside a building and the terrace is badge-access only.

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Please program into your cell phones the UC PD 24/7 dispatcher phone number which we may call in case of any concerns - he said to ask to speak with the Sergeant on duty if we need advice. (415)476-1414

I plan to be at the Pritzker building front entrance on 18th St at 10AM tomorrow to help get everything set up - let me know if you think we ought to meet sooner than that! [REDACTED] - I'll walk you over to the loading dock and show you the way up to the terrace so you can meet the caterers.

Best,

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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Sent: Thursday, October 27, 2022 6:15 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

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[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 27, 2022, at 17:04, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

My best guess is somewhere between 20-25 people! Unfortunately people still haven't figured out how to RSVP to the invite. There are 17 RSVP'ed YES and at least 3 more from the unanswered list that have told me they are coming.

Best,

██████████

██████████ MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
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Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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550 16th St, 4th Floor, Box 0434
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E-mail: ██████████@ucsf.edu
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From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Thursday, October 27, 2022 5:00 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Cc: ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Thanks so much for doing the legwork, ██████████. All that sounds just right. Do we have an estimate of how many people we are expecting?

██████████, Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: ██████████@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:43 PM
To: ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Cc: ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Sounds good, ██████████.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████████ <██████████@ucsf.edu>
Sent: Thursday, October 27, 2022 3:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Cc: ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I'm still trying to wrap up clinical work right now and will send out an e-mail to those who RSVP'ed with details about Saturday.

COVID screening is required (using the QR code at the entrance). Masks are required indoors. Testing is not required for the building but we can ask folks to do rapid testing before coming in.

I'll update regarding security plans once I hear back from ██████████ (hopefully she will link me with the UCPD folks).

I don't think it's feasible to station someone at the entrance or side entrance because there is clinic on Saturdays and the building is open to patients and families. We can ask for someone to be stationed by the terrace door but honestly I don't think having a list or ID check is really going to be necessary - we can see through the glass door if it is a person we are expecting, so if there isn't a UC PD available, we can just not let them into the terrace (since it requires badge access).

Best,

██████████

██████████, MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: ██████████@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 27, 2022 3:37 PM
To: ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Cc: ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

That's a nice idea, though I don't know what ██████████ would like. We can also make a toast to ██████████ and then send a card and gift in the not-too-distant future, since they will still be part of the team through 11/11.

Another thought: Should we ask people to do a Covid check that morning? Even though we'll be outside, it might be nice for peace of mind, given there are somewhat immunocompromised people among us.

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████████ <██████████@ucsf.edu>
Sent: Thursday, October 27, 2022 3:34 PM
To: ██████████, ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Should we also do something to celebrate ██████████? I can't think of anything aside from getting a card - anyone know what ██████████ might like as a gift?

Thanks!

██████████

██████████, MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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San Francisco, CA 94143
E-mail: ██████████@ucsf.edu
She/Her/Hers

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Sunday, October 23, 2022 10:37 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: ██████████, ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Happy to help with clean up and also set up

Sent from my iPhone

On Oct 23, 2022, at 9:29 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

I'm happy to pick up the cupcakes! --and happy to help with the clean-up!
Thanks for all the organizing!
Steve

Get [Outlook for iOS](#)

From: [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>
Sent: Sunday, October 23, 2022 8:19:16 AM
To: [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi,

My flight departs SFO 10/29 at 2:38 pm PST (I'm leaving to SFO from the event). Therefore, my biggest ask is help with cleanup after the event. I'm happy to arrive early at 10 to help with deliveries and set up.

[REDACTED], PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 22, 2022, at 18:30, [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu> wrote:

Thank you, [REDACTED]. Everyone, let me know what I can do to help from my perch in the East Bay and what time should we all get there to set up?

Sent from my iPhone

On Oct 22, 2022, at 4:14 PM, [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu> wrote:

Hi,

Everything is ordered. Food is from La Mediterranee Catering and I included cutlery and drinks (sparkling and still water). They will deliver to the Pritzker building 10/29 between 10:15-10:45. Cupcakes are ordered from Noe Valley Bakery on 24th (35).

Steve: it would be a HUGE help if you can pick up the cupcakes from Noe Valley Bakery on 24th Street (4073 24th Street, SF). I don't have a car and the cupcakes will be ready by 10 am.

Excited to see everyone!

Dr. [REDACTED], DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 21, 2022 11:06 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]

<[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Wonderful!!! Please let me know how I can help with any next steps.

Get [Outlook for iOS](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 21, 2022 10:29:54 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi All,

Great news! Just got an email that our request for the Pritzker building rooftop terrace was approved. I may need some help with arranging a site visit with the building folks but I'll see if I can squeeze it in before next Saturday.

We are just going to plan for 30-35 people!

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

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E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 5:00:20 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I agree as well. Looks like 17 have confirmed so far and perhaps I can order the food tomorrow during the retreat.

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 20, 2022, at 17:23, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Agree on all counts.

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 4:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

If we're ordering food from La Mediterranee, they will not supply utensils. I think I have bamboo plates and eating utensils and possibly some cups from our earlier cancelled event. I'm okay with just sparkling water, but then again, I'm not a coffee drinker. It's easy to do from Starbucks if we think it would be a good addition.

Re. guests—my strong vote is no guests. I'm already concerned about the number of people re. covid.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:33 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

I did see some discussion about cake options, I believe from [REDACTED]. Once we have a head count, we can consider a sheet cake and determine the size. For drinks, I suggest we keep it simple—e.g. non-flavored and a variety of flavored sparkling waters? I could get the drinks and plastic cups at Costco. Maybe also some of those pre-set coffee containers from Starbucks, with disposable coffee cups, sweeteners, cream, etc.? Or should we keep it simple and just do the sparkling waters?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 20, 2022 2:26 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: 10 yr CAGC Anniversary

Hi Steve,

At some point today (hopefully tonight) I will contact all the folks who have not yet RSVP'ed to get a more accurate headcount. People have asked about bringing guests which I have said we're waiting to see final counts before deciding yes or no...

[REDACTED] (from the Pritzker building) said she'd try to let me know by today whether we have the terrace reserved. Apparently [REDACTED] did not send in the request when I thought she did so I'm glad I reached out to [REDACTED] to find out the update last week. Our backyard is the back-up location.

Hopefully the catering can provide plates/utensils/napkins. Is someone investigating cake/drink options??

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 20, 2022 2:11 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: 10 yr CAGC Anniversary

Hi [REDACTED], [REDACTED], and [REDACTED],

Have we set a date for the final "head count"? for our celebration on 10/29? Have we heard back from [REDACTED] re use of the roof-garden at the Pritzker building? Is there anything I can do? e.g. Happy to go to Costco and get plastic wear, napkins, etc.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 28, 2022 3:12 PM PDT
Subject: Fw: CAGC FTE Requests

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, February 17, 2022 4:42 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CAGC FTE Requests

All,

I have great news!

We received final approval on the 4.9 FTE investment request for CAGC. The positions are currently being posted by HR. Here's what was approved:

- 1.0 FTE Psychologist
- 1.0 FTE Practice Coordinator
- 0.9 FTE Social Worker
- 1.0 FTE LVN
- 1.0 FTE RN

I want to thank all of you for your patience as we worked to get this to the finish line. I also want to give kudos to Jo for her leadership in getting the request organized and building a compelling business case!

Thanks,

[REDACTED]

[REDACTED] MBA
Director
Children's Ambulatory Services
UCSF Health

Office: (415) 514-6388
Mobile: [REDACTED]

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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 3:21 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CAGC SW

Hi All,

I have cc'd [REDACTED]. We (the CAGC) have had a 0.9 FTE Social Worker paid for by the Medical Center, and, as on 2/17/22 (see email from [REDACTED], below), we were awarded an additional 0.9 FTE Social Worker based on the needs of the CAGC. Therefore, we should have two Social Workers, each at 0.9 FTE for the CAGC ASAP --The funding for the 2nd Social Worker was approved 8 months ago!

I understand that we have a replacement for the position currently held by [REDACTED], who will be leaving UCSF as of 11/11/22.

Please let me know if the position for the 2nd Social Worker has been posted, and if not yet posted, please let me know when this is likely to happen. Again, the funding for the 2nd Social Worker was approved 8 months ago, so we really need to move forward with the hiring process.

Thank you,

Steve

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, February 17, 2022 4:42 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: CAGC FTE Requests

All,

I have great news!

We received final approval on the 4.9 FTE investment request for CAGC. The positions are currently being posted by HR. Here's what was approved:

- 1.0 FTE Psychologist
- 1.0 FTE Practice Coordinator
- 0.9 FTE Social Worker
- 1.0 FTE LVN
- 1.0 FTE RN

I want to thank all of you for your patience as we worked to get this to the finish line. I also want to give kudos to [REDACTED] for her leadership in getting the request organized and building a compelling business case!

Thanks,

[REDACTED]

[REDACTED] MBA

Director

Children's Ambulatory Services

UCSF Health

Office: (415) 514-6388

Mobile: ([REDACTED])

Stephen M. Rosenthal, M.D.

Professor of Pediatrics

Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center

University of California, San Francisco

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 3:02 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CAGC SW

Hi,

Please contact Steve and [REDACTED] regarding that information.

Thank you,

Dr. [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 10:18 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC SW

Thanks [REDACTED]

Any info on where the funding from the other .9 FTE is from, if it's not also Medical Center?

Thanks,

[REDACTED] LCSW
Chief Clinical Social Worker
UCSF Benioff Children's Hospital


UCSF Benioff Children's Hospitals
Pediatric Social Work
1975 4th Street, Room C5974, Box 4012
San Francisco, CA 94158
office: 415.502.4116 / **fax:** 415.476.4748
pronouns: She, Her, Hers

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 10:17 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CAGC SW

Here is the response on SW FTE:

2 x 0.9 FTE and one of those 0.9 FTE is from med center

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 28, 2022 4:00 PM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CAGC SW

Hello,

I was also under the impression that we had 2x 0.9 positions, but recently heard differently and was told we have 1.6 total for CAGC.

I will continue to explore this further.

If we actually do have only 1.6, do we still have access to the .3 FTE from the DPH grant?

Also, we have hired for the 2nd position, [REDACTED] is set to start on 11/7. We will send out a bio to the team soon.

I submitted an eRF to replace [REDACTED] and am waiting for this to be approved and posted.

Thank you,

[REDACTED] LCSW

Pediatric Social Work Manager

UCSF Benioff Children's Hospital, San Francisco

Pediatric Social Work Department

1975 4th Street, Box 4012 | San Francisco, CA 94158

Office: 415.514-7668

Email: [REDACTED]@ucsf.edu

Pronouns: she, hers, her, ella



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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 3:21 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CAGC SW

Hi All,

I have cc'd [REDACTED]. We (the CAGC) have had a 0.9 FTE Social Worker paid for by the Medical Center, and, as on 2/17/22 (see email from [REDACTED], below), we were awarded an additional 0.9 FTE Social Worker based on the needs of the CAGC. Therefore, we should have two Social Workers, each at 0.9 FTE for the CAGC ASAP --The funding for the 2nd Social Worker was approved 8 months ago!

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Thank you,

Steve

From: [REDACTED] Jason <[REDACTED]@ucsf.edu>

Sent: Thursday, February 17, 2022 4:42 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: CAGC FTE Requests

All,

I have great news!

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- 1.0 FTE Psychologist
- 1.0 FTE Practice Coordinator
- 0.9 FTE Social Worker
- 1.0 FTE LVN
- 1.0 FTE RN

I want to thank all of you for your patience as we worked to get this to the finish line. I also want to give kudos to Jo for her leadership in getting the request organized and building a compelling business case!

Thanks,

██████████

██████████ MBA
Director
Children's Ambulatory Services
UCSF Health

Office: (415) 514-6388
Mobile: (██████████)

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Friday, October 28, 2022 3:02 PM
To: ██████████, ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CAGC SW

Hi,

Please contact Steve and ██████████ regarding that information.

Thank you,

Dr. ██████████, DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Friday, October 28, 2022 10:18 AM
To: ██████████, ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: CAGC SW

Thanks ██████████

Any info on where the funding from the other .9 FTE is from, if it's not also Medical Center?

Thanks,

[REDACTED]

[REDACTED] LCSW
Chief Clinical Social Worker
UCSF Benioff Children's Hospital



UCSF Benioff Children's Hospitals

Pediatric Social Work
1975 4th Street, Room C5974, Box 4012
San Francisco, CA 94158
office: 415.502.4116 / **fax:** 415.476.4748
pronouns: She, Her, Hers

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 10:17 AM
To: [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CAGC SW

Here is the response on SW FTE:

2 x 0.9 FTE and one of those 0.9 FTE is from med center

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 28, 2022 4:10 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>
CC: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi All,

I want to add my thanks, as well. I am so grateful for our partnership between the CACG and the SFDPH, and am particularly grateful for all of [REDACTED] and [REDACTED]'s efforts in community outreach, as well as for guidance from [REDACTED] and close collaboration with [REDACTED]. This has been a truly positive and meaningful effort, and I hope the impact of the work so far will endure.

Please let me know of anything that is needed from me.

With gratitude and hope for potential future collaboration,

Sincerely,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 3:41 PM
To: [REDACTED]@sfdph.org>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

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I am sad it will end a bit early, and look forward to future opportunities to partner in some capacity.

Yes, to confirm we will close out given we do not have capacity or time to hire to replace my role or [REDACTED]

The date of November 30th is fine as it will give time for Steve to complete any paperwork [REDACTED] might have for us and work with our contract department to get you what you need.

I will prepare the final narrative report and data of what we were able to accomplish in these past months since the start of FY 22-23.

We have one more training scheduled on 11/2/22 and I yes I will finish on 11/11/22.

[REDACTED] - please let Steve and I know what specifically you need if anything. There was one laptop purchase in 2018. Aside from that our majority spending with occasional guest speakers was largely staffing/FTE. I have the accounting for the laptop which I can include in the report to [REDACTED]. Do you take back the machine or just need the receipt for the purchase to track

line items? Let me know if we need to get that to DPH.

Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best

Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
text/voice
@ucsf.edu

From: @sfdph.org>
Sent: Thursday, October 27, 2022 5:18 PM
To: <@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; @sfdph.org>; @sfdph.org>
Subject: UCSF, CACG Contract Update

This Message Is From an External Sender

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Hi

I appreciate you taking the time to meet this morning. I had time to consult with about the CAGC contract, given recent transition and your expected transition on 11/11/2022, so I wanted to follow up.

To summarize our discussion today, CAGC's contract ends this fiscal year in June 2023. This essentially leaves the program with seven months left in the contract. Also, given that you and were the primary staff of the contract, we discussed that it's not feasible to hire for the remaining period. CAGC is proposing to stop all contract services with your transition. UCSF plans to submit invoices from July 2022 up until November 2022. You mentioned finalizing a summary report of the deliverables for the first five months of the contract, so please feel free to submit them before your transition.

Based on our discussion, it makes sense to end the formal contract on November 30th. Can you please confirm that our understanding is clear?

I am sure you have thought about this but just wanted to confirm that you have developed a communication and clinical transition plan for clients receiving clinical support in case they need to continue receiving care. Please let me know CAGC's plans or supports from me that could help. Similarly, it would be helpful to inform other CAGC service partners to inform them of the change. Other things to keep in mind are to ensure proper storage of documents and client files and completion of invoicing. Things like unused incentives, gift cards, vouchers, or tech equipment (projectors or presentation equipment) purchased through the grant should be returned. Can you confirm items that you have so we can coordinate a return before your transition?

will check in with the Budget and Contracts team about what should be done about the actual contract and can get back to us. He thinks it should be a simple process since the contract was due to end this fiscal year.

CAGC has done a tremendous job in the gender affirmative care model for youth. I am hopeful we will continue to create programs and services for the population since trans and gender-diverse youth are in dire need of care services and support. It's been an honor and privilege to work with you in supporting our most vulnerable trans and gender-diverse youth and families in San Francisco.

Thank you for all your hard work and dedication!

Best regards,

Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: Fax:
@sfdph.org

Pronouns: she/her



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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 4:23 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CAGC SW

Hi [REDACTED],

The DPH grant is ending as of 11/30/22, so all CAGC Social Work support going forward will be from the Medical Center. I'm hoping you and [REDACTED] can soon resolve the total Social Work FTE.

Please keep me posted on the search for the new CAGC Social Worker position.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 28, 2022 4:00 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CAGC SW

Hello,

I was also under the impression that we had 2x 0.9 positions, but recently heard differently and was told we have 1.6 total for CAGC. I will continue to explore this further.
If we actually do have only 1.6, do we still have access to the .3 FTE from the DPH grant?

Also, we have hired for the 2nd position, [REDACTED] is set to start on 11/7. We will send out a bio to the team soon.

I submitted an eRF to replace [REDACTED] and am waiting for this to be approved and posted.

Thank you,

[REDACTED] LCSW
Pediatric Social Work Manager
UCSF Benioff Children's Hospital, San Francisco

Pediatric Social Work Department
1975 4th Street, Box 4012 | San Francisco, CA 94158
Office: 415.514-7668
Email: [REDACTED]@ucsf.edu
Pronouns: she, hers, her, ella



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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 3:21 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CAGC SW

Hi All,

I have cc'd [REDACTED]. We (the CAGC) have had a 0.9 FTE Social Worker paid for by the Medical Center, and, as on 2/17/22 (see email from [REDACTED], below), we were awarded an additional 0.9 FTE Social Worker based on the needs of the CAGC. Therefore, we should have two Social Workers, each at 0.9 FTE for the CAGC ASAP --The funding for the 2nd Social Worker was approved 8 months ago!

I understand that we have a replacement for the position currently held by [REDACTED], who will be leaving UCSF as of 11/11/22.

Please let me know if the position for the 2nd Social Worker has been posted, and if not yet posted, please let me know when this is likely to happen. Again, the funding for the 2nd Social Worker was approved 8 months ago, so we really need to move forward with the hiring process.

Thank you,

Steve

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, February 17, 2022 4:42 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: CAGC FTE Requests

All,

I have great news!

We received final approval on the 4.9 FTE investment request for CAGC. The positions are currently being posted by HR. Here's what was approved:

- 1.0 FTE Psychologist
- 1.0 FTE Practice Coordinator
- 0.9 FTE Social Worker
- 1.0 FTE LVN
- 1.0 FTE RN

I want to thank all of you for your patience as we worked to get this to the finish line. I also want to give kudos to [REDACTED] for her leadership in getting the request organized and building a compelling business case!

Thanks,

[REDACTED]

[REDACTED] MBA
Director
Children's Ambulatory Services
UCSF Health

Office: (415) 514-6388

Mobile: [REDACTED]

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 3:02 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CAGC SW

Hi,

Please contact Steve and [REDACTED] regarding that information.

Thank you,

Dr. [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 10:18 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC SW

Thanks [REDACTED]

Any info on where the funding from the other .9 FTE is from, if it's not also Medical Center?

Thanks,

[REDACTED] LCSW
Chief Clinical Social Worker
UCSF Benioff Children's Hospital



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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 10:17 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: CAGC SW

Here is the response on SW FTE:

2 x 0.9 FTE and one of those 0.9 FTE is from med center

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

From: [REDACTED]@sfdph.org>
Sent: Friday, October 28, 2022 4:38 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>
CC: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

This Message Is From an External Sender

This message came from outside your organization.

Hello [REDACTED] and Dr. Rosenthal,

As I mentioned to [REDACTED], it has been my honor to be associated with this vital program right from the start - and a shout out to [REDACTED] who heard and saw what the community needed, to Dr. Rosenthal for his insight and vision, and to [REDACTED] and [REDACTED] too! I can only imagine how many lives were touched and saved by your work over the years. And, as you know, [REDACTED] is just simply amazing too.

I want to echo [REDACTED] directions below. What is the client census now? Can you please work with [REDACTED] on any needed client transfers and care plans? I will need to include this in my report to the department. Also, can you please provide us with a communication plan to alert your city partners of the program closure? Will there be a formal press release from UCSF? We want to make sure the word goes out that you will not be accepting any new clients or providing presentations and trainings via this contract.

I will need to have confirmation that all client files and data will be stored properly and safely. This is UC of course so I am sure this will be handled appropriately but if you could send me this confirmation, we can check that off our list.

I think we can be assured that the laptop has depreciated to no value by this time, so unless [REDACTED] see the need to retrieve it back, DPH does not need it. But could you confirm with me and [REDACTED] that you have removed all PHI and that the device has been transferred into UC's system for IT equipment? I did a look back in our Budget and there was a projector and other presentation equipment that would be helpful to retrieve. Please let me know how DPH can get this.

Also - and this is vital - can you please give an accounting of any purchased incentives? Are any left? These must be returned to me so they can be distributed for use at other community programs.

Your finance department will have to mark the last invoice in November as FINAL when it is sent in to our A/P unit. We may not have to do anything else, but I am still getting direction from our Contracts Unit. Also, as is standard each year, your finance department will need to do their usually reconciliation on the Cost Report. If you can give me the program's current contact person in UC Contracts, I can make sure they are kept in the loop. The business side of things can be dry but it must be attended to.

And as always, if you need any other assistance, please let me know. I do hope our paths will cross again.

[REDACTED]



[REDACTED]
Program Manager

Contract Development & Technical Assistance (CDTA)
San Francisco Department of Public Health - Business Office
1380 Howard St., 5th floor, SF, CA 94103
[REDACTED] direct
[REDACTED] 5th floor reception desk
(ask for cell phone number)
[REDACTED]@sfdph.org

CDTA Website --> <http://www.sfdph.org/CDTA>

CDTA Mission Statement:

Utilizing sound business practices, CDTA facilitates the development of City contracts with health service providers, thus ensuring the availability of community services which protect and promote the health of all San Franciscans.

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 4:10 PM

To: [REDACTED], [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]

[REDACTED]@sfdph.org>; [REDACTED], [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>

Subject: Re: UCSF, CACG Contract Update

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Hi All,

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Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best

[REDACTED]
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
[REDACTED] text/voice
[REDACTED]@ucsf.edu

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To: [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>
Subject: UCSF, CACG Contract Update

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Hi [REDACTED]

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Thank you for all your hard work and dedication!

Best regards,

██████████

████████████████████

Director
Gender Health SF
SFPD, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: (██████████) Fax: (██████████)
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Sent: Friday, October 28, 2022 5:21 PM PDT

To: [REDACTED]@sfdph.org; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>
CC: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org;
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Thanks for your kind words.

I'm sure [REDACTED] will be able to answer your questions in the 2^d and 3rd paragraphs of your email

Regarding our finance department, I have cc'd [REDACTED] [REDACTED], MPA, Division Administrator for Pediatric Endocrinology.

[REDACTED],
Due to the unanticipated departure of [REDACTED], LCSW (our CACG Social Worker) and [REDACTED], LPCC's job change to consultant (at 2 % FTE) independent of the work with the SF DPH, our contract with the DPH, originally slated to run through June, 2023, will now end as of November 30, 2022. Please work with [REDACTED] for guidance regarding termination of the contract.

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Mission Hall: Global Health and Clinical Sciences
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org>

Sent: Friday, October 28, 2022 4:38 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED]
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

This Message Is From an External Sender

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Hello [REDACTED] and Dr. Rosenthal,

As I mentioned to [REDACTED], it has been my honor to be associated with this vital program right from the start - and a shout out to [REDACTED] who heard and saw what the community needed, to Dr. Rosenthal for his insight and vision, and to [REDACTED] and [REDACTED] too! I can only imagine how many lives were touched and saved by your work over the years. And, as you know, [REDACTED] is just simply amazing too.

I want to echo [REDACTED] directions below. What is the client census now? Can you please work with [REDACTED] on any needed client transfers and care plans? I will need to include this in my report to the department. Also, can you please provide us with a communication plan to alert your city partners of the program closure? Will there be a formal press release from UCSF? We want to make sure the word goes out that you will not be accepting any new clients or providing presentations and trainings via this contract.

I will need to have confirmation that all client files and data will be stored properly and safely. This is UC of course so I am sure this will be handled appropriately but if you could send me this confirmation, we can check that off our list.

I think we can be assured that the laptop has depreciated to no value by this time, so unless [REDACTED] see the need to retrieve it back, DPH does not need it. But could you confirm with me and [REDACTED] that you have removed all PHI and that the device has been transferred into UC's system for IT equipment? I did a look back in our Budget and there was a projector and other presentation equipment that would be helpful to retrieve. Please let me know how DPH can get this.

Also - and this is vital - can you please give an accounting of any purchased incentives? Are any left? These must be returned to me so they can be distributed for use at other community programs.

Your finance department will have to mark the last invoice in November as FINAL when it is sent in to our A/P unit. We may not have to do anything else, but I am still getting direction from our Contracts Unit. Also, as is standard each year, your finance department will need to do their usually reconciliation on the Cost Report. If you can give me the program's current contact person in UC Contracts, I can make sure they are kept in the loop. The business side of things can be dry but it must be attended to.

And as always, if you need any other assistance, please let me know. I do hope our paths will cross again.

[REDACTED]



[REDACTED]
Program Manager
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San Francisco Department of Public Health - Business Office
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CDTA Mission Statement:

Utilizing sound business practices, CDTA facilitates the development of City contracts with health service providers, thus ensuring the availability of community services which protect and promote the health of all San Franciscans.

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 4:10 PM

To: [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>

Subject: Re: UCSF, CACG Contract Update

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Hi All,

I want to add my thanks, as well. I am so grateful for our partnership between the CAGC and the SFDPH, and am particularly grateful for all of [REDACTED] and [REDACTED]'s efforts in community outreach, as well as for guidance from [REDACTED] and close collaboration with [REDACTED]. This has been a truly positive and meaningful effort, and I hope the impact of the work so far will endure.

Please let me know of anything that is needed from me.

With gratitude and hope for potential future collaboration,

Sincerely,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
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Division of Pediatric Endocrinology
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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 3:41 PM
To: [REDACTED]@sfdph.org
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED]@sfdph.org
Subject: Re: UCSF, CACG Contract Update

Hi all,

Thank you [REDACTED] for your warm words and this detailed email. The relationship has been rich and mutually beneficial and I feel grateful to you, [REDACTED] and [REDACTED] for your support and leadership in creating what turned out to be a robust and successful program. The time, heart and commitment we all put into Trans and Nonbinary children, youth, young adults, adults and older adults is not lost and these intergenerational and system wide supports are the life blood of keeping people supported and alive. To be able to partner with the most marginalized and support the programs and systems serving them has been a true honor.

I am sad it will end a bit early, and look forward to future opportunities to partner in some capacity.

Yes, to confirm we will close out given we do not have capacity or time to hire to replace my role or [REDACTED].

The date of November 30th is fine as it will give time for Steve to complete any paperwork [REDACTED] might have for us and work with our contract department to get you what you need.

I will prepare the final narrative report and data of what we were able to accomplish in these past months since the start of FY 22-23.

We have one more training scheduled on 11/2/22 and I yes I will finish on 11/11/22.

[REDACTED] - please let Steve and I know what specifically you need if anything. There was one laptop purchase in 2018. Aside from that our majority spending with occasional guest speakers was largely staffing/FTE. I have the accounting for the laptop which I can include in the report to [REDACTED]. Do you take back the machine or just need the receipt for the purchase to track line items? Let me know if we need to get that to DPH.

Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best

██████████
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
██████████ text/voice
██████████.██████████@ucsf.edu

From: ██████████@sfdph.org>
Sent: Thursday, October 27, 2022 5:18 PM
To: ██████████ <██████████@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████@sfdph.org>; ██████████@sfdph.org>; ██████████@sfdph.org>
Subject: UCSF, CAGC Contract Update

This Message Is From an External Sender
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Hi ██████████

I appreciate you taking the time to meet this morning. I had time to consult with ██████████ about the CAGC contract, given ██████████ recent transition and your expected transition on 11/11/2022, so I wanted to follow up.

To summarize our discussion today, CAGC's contract ends this fiscal year in June 2023. This essentially leaves the program with seven months left in the contract. Also, given that you and ██████████ were the primary staff of the contract, we discussed that it's not feasible to hire for the remaining period. CAGC is proposing to stop all contract services with your transition. UCSF plans to submit invoices from July 2022 up until November 2022. You mentioned finalizing a summary report of the deliverables for the first five months of the contract, so please feel free to submit them before your transition.

Based on our discussion, it makes sense to end the formal contract on November 30th. Can you please confirm that our understanding is clear?

I am sure you have thought about this but just wanted to confirm that you have developed a communication and clinical transition plan for clients receiving clinical support in case they need to continue receiving care. Please let me know CAGC's plans or supports from me that could help. Similarly, it would be helpful to inform other CAGC service partners to inform them of the change. Other things to keep in mind are to ensure proper storage of documents and client files and completion of invoicing. Things like unused incentives, gift cards, vouchers, or tech equipment (projectors or presentation equipment) purchased through the grant should be returned. Can you confirm items that you have so we can coordinate a return before your transition?

██████████ will check in with the Budget and Contracts team about what should be done about the actual contract and can get back to us. He thinks it should be a simple process since the contract was due to end this fiscal year.

CAGC has done a tremendous job in the gender affirmative care model for youth. I am hopeful we will continue to create programs and services for the population since trans and gender-diverse youth are in dire need of care services and support. It's been an honor and privilege to work with you in supporting our most vulnerable trans and gender-diverse youth and families in San Francisco.

Thank you for all your hard work and dedication!

Best regards,

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██████████
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Transgender Girls Grow Tall: Adult Height Is Unaffected by GnRH Analogue and Estradiol Treatment

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Abstract

Context: Transgender adolescents can receive gonadotropin-releasing hormone analogues (GnRH) and gender-affirming hormone therapy (GAHT), but little is known about effects on growth and adult height. This is of interest since height differs between sexes and some transgender girls wish to limit their growth.

Objective: This work aims to investigate the effects of GnRHa and GAHT on growth, and the efficacy of growth-reductive treatment.

Methods: This retrospective cohort study took place at a specialized tertiary gender clinic. A total of 161 transgender girls were treated with GnRHa and estradiol at a regular dose (2 mg) or high growth-reductive doses of estradiol (6 mg) or ethinyl estradiol (EE, 100–200 µg). Main outcome measures included growth, adult height, and the difference from predicted adult height (PAH) and target height.

Results: Growth velocity and bone maturation decreased during GnRHa, but increased during GAHT. Adult height after regular-dose treatment was 180.4 ± 5.6 cm, which was 1.5 cm below PAH at the start GnRHa (95% CI, 0.2 cm to 2.7 cm), and close to target height (−1.1 cm; 95% CI, −2.5 cm to 0.3 cm). Compared to regular-dose treatment, high-dose estradiol and EE reduced adult height by 0.9 cm (95% CI, −0.9 cm to 2.8 cm) and 3.0 cm (95% CI, 0.2 cm to 5.8 cm), respectively.

Conclusion: Growth decelerated during GnRHa and accelerated during GAHT. After regular-dose treatment, adult height was slightly lower than predicted at start of GnRHa, likely due to systematic overestimation of PAH as described in boys from the general population, but not significantly different from target height. High-dose EE resulted in greater reduction of adult height than high-dose estradiol, but this needs to be weighed against possible adverse effects.

Key Words: transgender, adolescents, puberty blockers, estradiol, growth, adult height

Abbreviations: ACOG, Amsterdam Cohort of Gender Dysphoria; BA, bone age; CA, chronological age; CAIS, complete androgen insensitivity syndrome; EE, ethinyl estradiol; GAHT, gender-affirming hormone therapy; GnRH, gonadotropin-releasing hormone; GnRHa, gonadotropin-releasing hormone analogues; IGF-1, insulin-like growth factor 1; IQR, interquartile range; LC-MS/MS, liquid chromatography–tandem mass spectrometry; PAH, predicted adult height; PS, puberty suppression.

Gender dysphoria is defined as distress caused by incongruence between one's gender identity and the sex assigned at birth. These feelings concerning gender identity can already occur in early childhood (1). When gender incongruent feelings persist or arise in adolescence, physical changes associated with puberty that are incongruent with gender identity may increase dysphoric feelings (2). To reduce distress, medical treatment can be considered (3).

When carefully executed, early diagnosis and treatment of gender dysphoria can be beneficial for transgender youth. Puberty suppression (PS) using gonadotropin-releasing

hormone analogues (GnRHa) from an early pubertal stage can prevent irreversible physical changes such as lowering of the voice and enlargement of the Adam's apple. Another irreversible characteristic associated with gender is height. In the Dutch population, men reach a mean adult height of 183.8 cm, which is more than 13 cm taller than women (170.7 cm) (4). Many adolescents and their parents have questions about the effect of PS and gender-affirming hormone therapy (GAHT) on adult height. However, only few data are available on the effects of this treatment on growth and adult height in transgender adolescents. Ghelani et al (5) and Schagen and

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colleagues (6) reported a significant decrease in height SD score (SDS) in transgender girls during GnRHa treatment. In both studies, most individuals were in late puberty at the start of PS. In a study by Hannema et al (7), estradiol was shown to induce growth acceleration resulting in an adult height of -0.2 SDS compared to male references and $+1.9$ SDS compared to female references. However, data on predicted adult height before the start of treatment or on target height were not included in that study, and thus it was not clear if treatment had influenced growth and adult height.

Some transgender girls wish to reduce their growth in order to reach an adult height within the normal female range. Surgical treatment, that is, an epiphysiodesis, can be used to limit growth (8, 9). According to the Endocrine Society Guidelines, transgender girls may also be treated with a high dose of estrogen to reduce growth (3). However, the effectiveness of this medical treatment option has been studied only in constitutionally tall girls (10).

The aim of this study is to describe the effects of GnRHa and estradiol treatment on growth in transgender girls, and to evaluate if a high dose of estradiol or ethinyl estradiol (EE) reduces growth and adult height.

Materials and Methods

Participants

The study used data from the Amsterdam Cohort of Gender Dysphoria (ACOG) database, a large, retrospective clinical data set from individuals who were seen at the Center of Expertise on Gender Dysphoria in Amsterdam from 1972 until December 2018 (11). For the present study we analyzed data of transgender girls if they had initiated GnRHa treatment before age 18 years, received estrogen therapy, and had reached adult height, defined as bone age (BA) greater than or equal to 16 years assessed according to the Greulich and Pyle male standard (12), or growth velocity of less than 2 cm/year and assessed in those who had reached age 18 years at time of data collection. A subset of these data has previously been published by Schagen et al (6). Individuals with genetic disorders known to affect growth or who had discontinued treatment before adult height was reached were excluded. To collect additional data on the effect of high-dose EE treatment, data from all individuals who had received such treatment but had reached adult height after 2018 (and whose adult height data were therefore not in the ACOG database) were also included. The entire cohort was then divided into 2 groups based on growth potential. The pubertal group consisted of individuals with a BA of less than 16 years at the start of PS. The postpubertal group, which served as a control group, consisted of individuals with a BA greater than or equal to 16 years and those who had finished growth based on clinical data and therefore had no BA measurements at the start of PS.

Treatment Protocol

To confirm the diagnosis of gender dysphoria according to the *Diagnostic and Statistical Manual of Mental Disorders*, fourth and later fifth edition (13, 14), all individuals were assessed by a mental health professional. Medical treatment consisted of subcutaneous or intramuscular triptorelin (Decapeptyl-CR (Ferring) 3.75 mg every 4 weeks or Pamorelin (Ipsen)

11.25 mg every 10–12 weeks) to suppress puberty. From age 15 to 16 years, GAHT was initiated. Regular-dose estrogen treatment consisted of daily oral tablets of 17β -estradiol with a starting dose of 5 microgram/kilogram/day ($\mu\text{g/kg/d}$), which was increased every 6 months by 5 $\mu\text{g/kg/d}$ up to an adult dose of 2 mg/d. In those who had nearly completed endogenous puberty, the starting dose was 1 mg, which was increased to 2 mg/d after 6 months (3). If a very tall adult height was expected, substantial growth potential remained, and the adolescent wished to limit growth, growth-reductive treatment with high-dose estrogen was offered. Two different treatment options were used depending on the preference of the treating physician. In the first approach, the 17β -estradiol dose was increased to a dose of 6 mg/d in a period of 10 weeks. The second approach consisted of daily oral tablets of EE in a dose of 100 or 200 μg . In some cases, both treatment options were used consecutively. For analyses, individuals were classified according to the treatment that was used longest. If both treatments had been prescribed for a period 6 months or longer, the treatment group was defined as “combined” and data from these individuals were not included in the estrogen regimen-specific analysis. None of the adolescents included in the present study underwent epiphysiodesis to limit growth. GnRHa was continued during estrogen therapy until gonadectomy had been performed. Only those aged 18 years or older who had used estradiol treatment for at least 1 year were eligible for a gonadectomy.

Measurements

Height and weight were evaluated at the start of PS and then every 3 to 6 months. Height was measured using a wall-mounted stadiometer, and weight was measured using a digital floor scale. Height SDS was calculated according to Dutch male reference data (4) and body mass index SDS was calculated according to reference data from Cole et al (15). Target height was calculated as follows: target height = (paternal height + maternal height)/2 + 6.5 (16). BA was determined at the start of PS and GAHT and, depending on clinical need, repeated yearly to every 2 years until (near) adult height was reached. To determine BA, x-rays of the left hand were analyzed according to Greulich and Pyle using male references (12). The PAH was determined using BoneXpert Adult Height Predictor version 3.0. according to male gender and White North European ethnicity.

Laboratory Investigations

Serum estradiol levels were measured using liquid chromatography–tandem mass spectrometry (LC-MS/MS; VUmc) with an interassay coefficient of variation of 7% and a limit of quantitation of 20 pmol/L from July 2014. Serum estradiol levels from before this date were converted to LC-MS/MS values as described by Wiepjes et al (17).

Until June 2006, insulin-like growth factor 1 (IGF-1) was measured on the Nichols Advantage Specialty System (Nichols Institute Diagnostics) using the 2-site immunochemiluminometric technique. Between June 2006 and April 2012, the Immulite 2500 laboratory assay (Siemens Medical Solutions Diagnostics) was used. For conversion, the formula Immulite = $0.99 \times \text{Advantage} + 1.2$ was used. Since April 2012, a chemiluminescence immunoassay (LIAISON, DiaSorin) was used to analyze IGF-1 (interassay coefficient of variation 7%). The formulas Liaison = $1.040 \times \text{Immulite} +$

1.785 (if < 30 nmol/L) and Liaison = 0.692*Immuline + 8.8 (if > 30 nmol/L) were used for conversion. After June 2013, IGF-1 serum levels were harmonized, which resulted in 20% lower values. Therefore all values from before this date were multiplied by 0.8.

Statistical Analyses

The statistical analyses were performed using STATA 15.1 (StataCorp). Data are presented as number (%), mean \pm SD when normally distributed, or median (interquartile range; IQR) when not normally distributed. Linear regression analysis was used to analyze differences in continuous baseline characteristics between the treatment schedules.

Growth velocity was compared between the first and second year of PS treatment using mixed-model regression analysis with measurements clustered within participants. The change in height SDS during PS was evaluated using mixed-model regression analyses where effect modification of duration of PS was applied. Bone age minus chronological age (BA-CA) and PAH were compared between start of PS and start of GAHT using mixed-model regression analyses. Duration of PS in years as effect modifier was applied in the mixed-model regression analysis of BA-CA.

Mixed-model regression analysis was used to evaluate differences in height SDS between start GAHT and adult height. Efficacy of growth reductive treatment was analyzed by comparing the difference between PAH at the start of GAHT and adult height between the treatment groups. To minimize differences at baseline between the 3 treatment groups, 2 subgroup analyses were performed: 1 in individuals with a PAH of 180 cm or greater and 1 in individuals with a BA less than or equal to 14 years at the start of GAHT. Difference between target height and adult height was analyzed with linear regression; adjustment for BA at the start of GAHT was performed separately.

Ethics

The protocol for data collection for the ACOG data set was assessed by the local medical ethical committee, which determined that the Medical Research Involving Human Subjects Act (WMO) did not apply to this data collection. Owing to the retrospective design of the study and the size of the cohort, informed consent was not required. The 10 individuals treated with EE from whom additional data were collected all provided informed consent for the use of their data in this study.

Results

The ACOG data set contained 8831 individuals, of whom 5350 were birth-assigned males. After selection for GnRHa initiation before age 18 years, estrogen use, and age 18 years or older at the last visit from which data were available, a total of 176 participants remained. Fifteen individuals were excluded, 9 because of missing BA at the start of PS, 3 because of genetic disorders known to affect growth, 2 because of missing height measurements, and 1 because of temporary discontinuation of treatment before reaching adult height.

Baseline Characteristics

A total of 161 individuals were included, of whom 88 with growth potential formed the pubertal group. Data from this

group will be described in detail. Data from the other 73 individuals (postpubertal group) are briefly described at the end of the results section. Baseline characteristics are presented in Table 1. Participants who received growth reductive treatment were younger, had a less advanced Tanner stage at the start of PS, and their target height and PAH were higher than in transgender girls treated with a regular dose.

Puberty Suppression

The mean duration of PS was 2.4 ± 0.8 years. Individuals had an average growth velocity of 5.3 ± 2.2 cm/year in the first year of treatment. This decreased to 3.5 ± 1.3 cm/year in the second year (decrease -1.9 cm; 95% CI, -2.4 cm to -1.4 cm). This resulted in a continuous decrease of height SDS during PS (-0.37 /year; 95% CI, -0.47 to -0.27) (Figs. 1A and 2). At baseline, BA was within the physiological range for CA with a BA-CA of -0.2 ± 0.9 years. During PS bone maturation decreased, resulting in a BA delayed by 1.6 ± 0.8 years at the start of GAHT. A longer duration of PS resulted in a greater delay of bone age (-0.5 years/year of PS; 95% CI, -0.8 to -0.2). PAH increased by 1.5 cm (95% CI, 0.5 cm to 2.6 cm) between the start of PS and start of GAHT.

Regular-dose Estradiol Treatment

Transgender girls treated with a regular estradiol dose ($n = 47$) had a mean duration of PS of 2.3 ± 0.8 years and initiated GAHT at age 16.2 ± 0.5 years. Individuals on a 2 mg dose had average serum estradiol levels with a median of 130 pmol/L (IQR, 105 to 183) ($n = 24$). Growth velocity in the first year of GAHT was 2.8 ± 1.8 cm/year, which decreased to 1.4 ± 1.2 cm/year in the second year. From the start of GAHT, height increased by 5.9 cm (95% CI, 5.7 cm to 6.2 cm) to an adult height of 180.4 ± 5.6 cm (male height SDS -0.48 ± 0.78 ; female height SDS $+1.55 \pm 0.89$) (Table 2). Height SDS increased by 0.17 cm (95% CI, 0.04 cm to 0.29 cm) from the start of GAHT to adult height but remained below height SDS at start PS (Figs. 1B and 2). Adult height was 1.5 ± 4.2 cm lower than PAH at start PS, and 1.8 ± 2.2 cm below PAH at start GAHT, but just above target height by 1.1 ± 4.5 cm (Fig. 3).

Growth-reductive Estradiol Treatment

A total of 22 transgender girls were treated with 6 mg estradiol. They had a mean duration of PS of 2.3 ± 0.6 years and were aged 15.4 ± 0.8 years at start GAHT. In 5 individuals, the high dose was initiated within 6 months from the start of GAHT. In the remaining 17 participants, a high dose was prescribed 1.4 ± 0.5 years after the initial start of regular-dose estradiol treatment. Average serum estradiol levels at the time of treatment with a 6 mg dose were significantly higher than the regular group, with a median of 597 pmol/L (IQR, 507 to 679 pmol/L) ($n = 14$). From the start of GAHT, height increased by 9.9 cm (95% CI, 9.6 cm to 10.2 cm) to an adult height of 185.3 ± 5.6 cm (male height SDS 0.21 ± 0.80 ; female height SDS $+2.33 \pm 0.90$) (see Table 2). Height SDS increased by 0.30 cm (95% CI, 0.01 cm to 0.58 cm) between the start of GAHT and adult height. Adult height was 0.3 ± 4.3 cm above PAH at the start of PS and 2.7 ± 4.3 cm below PAH at the start of GAHT, but only 1.3 cm (IQR, -5.3 cm to 3.4 cm) below target height (Fig. 3).

Growth-reductive Ethinyl Estradiol Treatment

Eleven transgender girls received EE to limit growth. The mean duration of PS was 2.6 ± 0.9 years. GAHT

Table 1. Baseline characteristics of the pubertal group (those with bone age < 16 years) stratified by estrogen treatment regimen, and of the postpubertal group (those who had nearly/completely finished linear growth)

	Pubertal group				Postpubertal group	Total
	Regular dose	High dose	EE	Combined		
Participants	47	22	11	8	73	161
Age at start of PS, y	13.5 (13.2 to 14.5)	13.1 (12.1 to 13.6)	12.4 (12.1 to 14.0)	12.6 (11.9 to 13.5)	16.8 (16.1 to 17.3)	14.7 (13.3 to 16.7)
Tanner stage at start of PS						
G2	7 (16)	9 (41)	6 (55)	4 (50)	0 (0)	26 (16)
G3	14 (31)	11 (50)	3 (27)	2 (25)	1 (1)	31 (19)
G4	9 (19)	1 (5)	1 (9)	2 (25)	3 (4)	16 (10)
G5	17 (36)	1 (5)	1 (9)		64 (88)	83 (52)
Missing	0 (0)	0 (0)	0 (0)	0 (0)	5 (7)	5 (3)
Height at start of PS, cm	165.8 ± 8.4	163.4 ± 7.2	160.8 ± 6.3	161.0 ± 6.1	176.7 ± 6.9	169.5 ± 9.7
Missing	0 (0)	0 (0)	0 (0)	0 (0)	7 (10)	7 (4)
Bone age at start of PS, y	13.5 (13.0 to 14.0)	13.0 (12.5 to 13.5)	13.0 (12.0 to 13.5)	13.0 (12.0 to 13.25)	18 (17 to 18)	13.3 (13.0 to 13.9)
Missing	0 (0)	0 (0)	0 (0)	0 (0)	38 (52)	38 (24)
Predicted adult height at start of PS, cm	182.9 (177.0 to 186.7)	184.2 (180.7 to 188.6)	185.2 (180.4 to 187.5)	184.3 (182.8 to 187.0)	177.9 (171.9 to 184.1)	181.4 (177.1 to 186.5)
Missing	0 (0)	0 (0)	0 (0)	0 (0)	39 (53)	39 (24)
Target height, cm	180.0 (176.5 to 184.0)	184.0 (181.0 to 189.5)	180.3 (178.5 to 186.3)	184.8 (182.0 to 187.5)	179.3 (177.0 to 183.5)	181.0 (178.0 to 185.5)
Missing	5 (11)	1 (5)	3 (27)	0 (0)	31 (42)	40 (25)

Data are presented as number (%), mean ± SD, or median (interquartile range).

Abbreviations: combined, both EE and 6 mg had been prescribed consecutively for a period 6 months or more; EE, ethinyl estradiol 100-200 µg/d to reduce growth; high, high-dose estradiol of 6 mg/d to reduce growth; GAHT, gender-affirming hormone therapy; PS, puberty suppression; regular, regular pubertal induction regimen up to estradiol 2 mg/d.

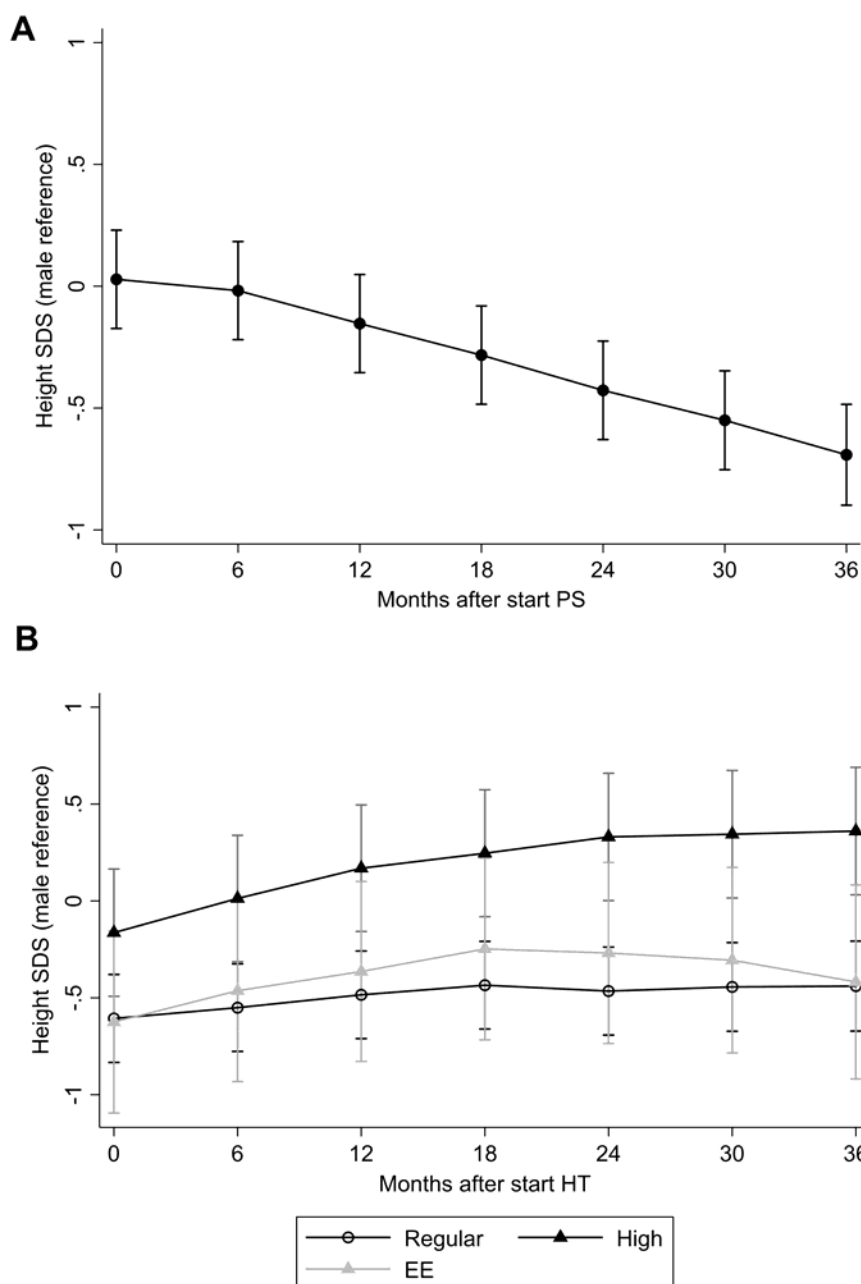


Figure 1. Height SD score (SDS) during A, puberty suppression (PS), and B, gender-affirming hormone therapy (HT), in 3 different treatment groups (regular-dose estradiol, high-dose estradiol, and ethinyl estradiol [EE]).

was initiated at a mean age of 15.6 ± 0.5 years. Seven individuals started with EE within 6 months from the start of GAHT; the other 4 subjects started with EE 1.5 ± 0.4 years after the start of GAHT. Two participants were treated with 100 μ g EE, 3 with 200 μ g EE, and 6 started with 100 μ g, which was increased to 200 μ g EE. Height increased by 7.6 cm (95% CI, 7.1 cm to 8.0 cm) during GAHT to an adult height of 180.1 ± 5.8 cm (male height SDS -0.53 ± 0.82 ; female height SDS 1.48 ± 0.93) (see Table 2). Height SDS increased by 0.05 cm (95% CI, -0.23 cm to 0.33 cm). Adult height was 4.7 ± 4.1 cm below PAH at the start of PS, 4.8 ± 3.8 cm below PAH at the start of GAHT, and slightly below target height by 1.8 ± 7.3 cm (see Fig. 3).

Efficacy of Growth Reduction

Adult height was lower than PAH at the start of GAHT in all groups, but this difference was 3.0 cm larger in transgender girls treated with EE when compared to individuals who received regular-dose estradiol treatment (95% CI, 0.2 cm to 5.8 cm) (see Fig. 3). This difference was considered the achieved growth reduction. High-dose estradiol did not result in a significant growth reduction (0.9 cm; 95% CI, -0.9 cm to 2.8 cm). Because BA differed between the groups and this might influence the accuracy of adult height prediction, we performed a subgroup analysis in participants with a BA of 14 years or less at the start of GAHT. This also showed a larger growth reduction in the EE group (2.7 cm [95% CI, -0.7 cm to 6.2 cm], $n = 6$) than in the high-dose estradiol

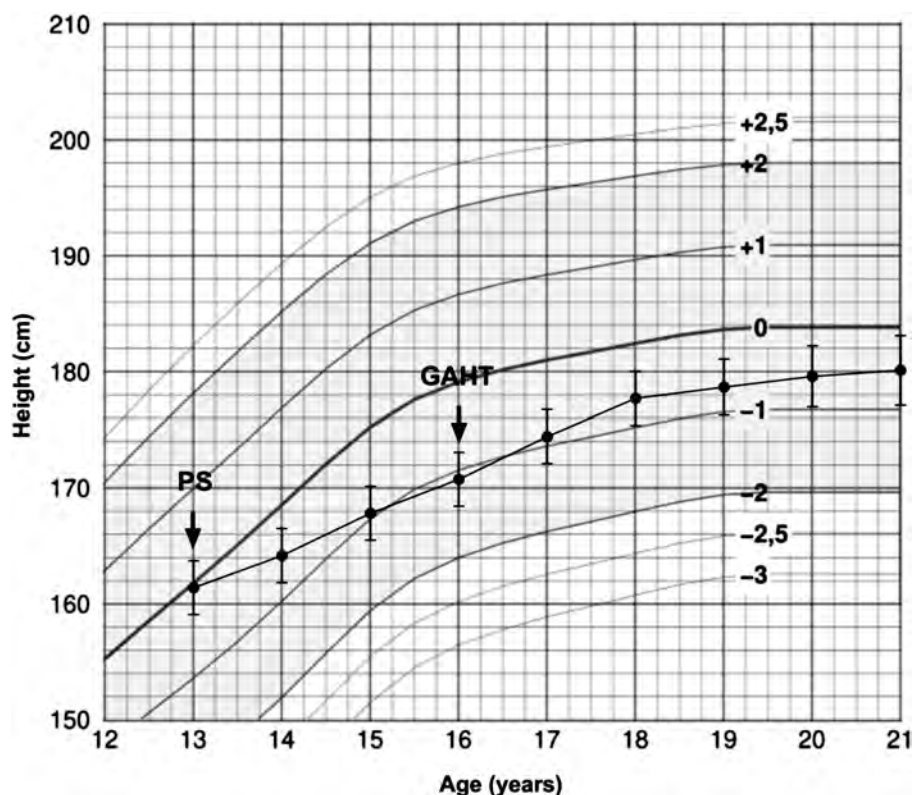


Figure 2. Mixed-model analysis of height during puberty suppression (PS) and gender-affirming hormone therapy (GAHT) of 20 individuals who initiated PS at age 13 and GAHT at age 16 and were treated with regular-dose estradiol, plotted on the growth chart for Dutch boys from Schönbeck et al (4).

Table 2. Growth during estrogen treatment in the different treatment groups

	Regular-dose estradiol, 2 mg	High-dose estradiol, 6 mg	High vs regular (95% CI)	EE 100-200 µg	EE vs regular (95% CI)
No. of participants	47	22		11	
Duration PS, y	2.3 ± 0.8	2.3 ± 0.6	0.0 (−0.4 to 0.4)	2.6 ± 0.9	0.2 (−0.3 to 0.7)
Bone age start of GAHT, y	14.5 ± 0.8	13.8 ± 0.4	−0.7 (−1.1 to −0.3)	13.8 ± 0.4	−0.8 (−1.3 to −0.2)
PAH at start of GAHT	181.6 ± 6.1	187.5 ± 6.3	5.9 (2.1 to 9.8)	185.8 ± 9.6	4.2 (−1.6 to 10.0)
Missing ^a	14 (30)	4 (18)		5 (45)	
Height, cm					
Start PS	165.8 ± 8.4	163.4 ± 7.2	−2.5 (−6.5 to 1.6)	160.8 ± 6.3	−5.0 (−10.2 to 0.2)
Start GAHT	174.8 ± 6.8	175.9 ± 6.4	1.1 (−2.3 to 4.5)	172.9 ± 5.5	−1.9 (−6.3 to 2.4)
Adult height	180.4 ± 5.6	185.3 ± 5.6	4.8 (4.2 to 5.5)	180.1 ± 5.8	0.3 (−0.8 to 1.3)
Male height SDS					
Start of PS	−0.15 ± 0.83	0.23 ± 1.09	0.38 (−0.09 to 0.85)	−0.09 ± 0.86	0.06 (−0.55 to 0.67)
Start of GAHT	−0.63 ± 0.83	−0.08 ± 1.08	0.59 (0.12 to 1.05)	−0.59 ± 0.65	0.04 (−0.55 to 0.64)
Adult height	−0.48 ± 0.78	0.21 ± 0.80	0.69 (0.28 to 1.10)	−0.53 ± 0.82	0.05 (−0.58 to 0.47)
Target height	−0.54 (−1.03 to 0.02)	0.02 (−0.40 to 0.80)	0.68 (0.60 to 0.77)	−0.50 (−0.75 to 0.34)	0.28 (0.12 to 0.44)

Data are presented as mean ± SD or as median (interquartile range).

Abbreviations: EE, ethinyl estradiol 100-200 µg/d to reduce growth; GAHT, gender-affirming hormone therapy; high dose, high-dose estradiol of 6 mg/d to reduce growth; PAH, predicted adult height; PS, puberty suppression; regular, regular pubertal induction scheme up to estradiol 2 mg/d; SDS, SD score.

group (0.7 cm [95% CI, −1.7 cm to 3.2 cm], n = 17), although in these small groups neither difference was statistically significant. A subgroup analysis in participants with a PAH greater than or equal to 180 cm at the start of GAHT showed a growth reduction of 3.9 cm (95% CI, 0.5 cm to 7.2 cm) in individuals treated with EE (n = 5) and 0.9 cm (95% CI,

−1.4 cm to 3.2 cm) in individuals who received high-dose estradiol (n = 15). Adult height was below target height in both growth-reductive treatment groups. When compared to the group with regular-dose estradiol treatment, this difference was more pronounced in the participants treated with EE (2.9 cm; 95% CI, −1.4 cm to 7.1 cm) than those treated with

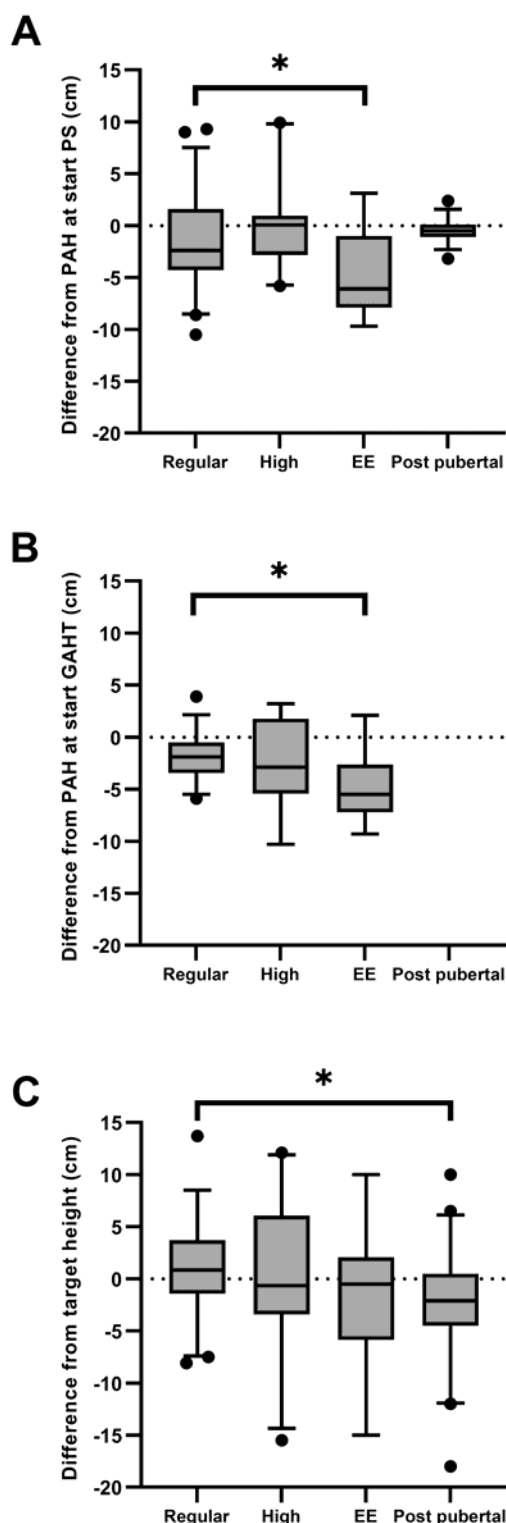


Figure 3. Shown are the differences A, between adult height and predicted adult height (PAH) at start of puberty suppression (PS); B, between adult height and PAH at start of gender-affirming hormone therapy (GAHT); and C, between adult height and target height in the different treatment groups (regular-dose estradiol, $n = 47$; high-dose estradiol, $n = 22$; ethinyl estradiol [EE], $n = 11$) and in the postpubertal group who had already reached (near) adult height before the start of any treatment and can therefore be seen as a control group ($n = 73$). Negative values indicate that adult height was lower than predicted. Boxes represent interquartile range, whiskers represent 5th to 95th percentile, and circles represent outliers. * P value less than .05.

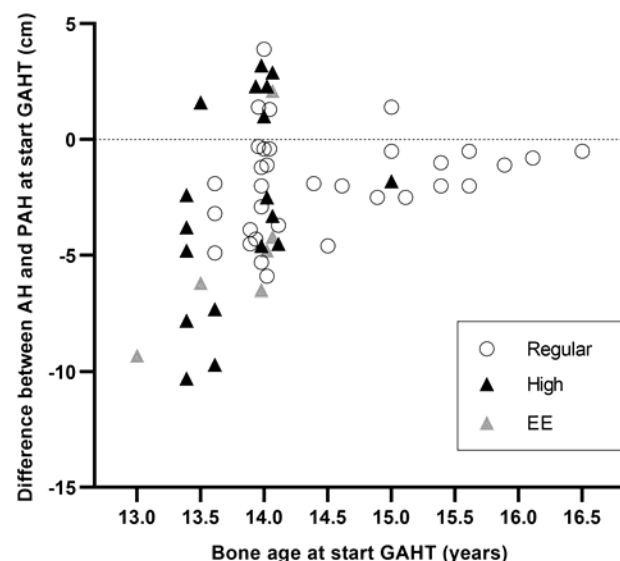


Figure 4. The difference between adult height (AH) and predicted adult height (PAH) at start gender-affirming hormone therapy (GAHT) by bone age in the different treatment groups (regular-dose estradiol, high-dose estradiol, ethinyl estradiol [EE]). Negative values indicate that AH was lower than predicted.

a high dose of estradiol (0.8 cm; 95% CI, -2.2 cm to 3.8 cm). These values were similar after adjustment for BA at the start of GAHT (data not shown). Individual growth curves are shown in Supplementary Figs. 1A to 1C (18).

Timing of Treatment

Individuals who started GAHT at a lower BA reached an adult height that was 1.6 cm/year (95% CI, 0.6 to 2.7) further below PAH at the start of GAHT (Fig. 4).

Serum Insulin-like Growth Factor 1 During Treatment

Besides a mild increase in IGF-1 serum levels in the first 6 months, no changes were observed during PS. During GAHT, IGF-1 levels decreased slightly (Fig. 5). No significant differences between participants treated with the regular and the high dose of estradiol were observed. IGF-1 levels from individuals treated with EE are not shown because those were available in only one person.

Adolescents With Little/No Growth Potential (Postpubertal Group)

A total of 73 transgender girls had little to no growth potential at the start of PS. In 22 participants (30%) height did not increase during treatment. Height at the start of PS was missing in 7 individuals. Height increased in 44 individuals (66%) by a median of 1.0 cm (0.5 cm to 2.0 cm) until an adult height of 177.8 ± 6.7 cm (male height SDS -0.85 ± 0.94 ; female height SDS $+1.12 \pm 1.07$) was reached. Adult height was 2.7 cm lower (95% CI, -7.9 cm to -0.4 cm) compared to adult height in the regular-dose group. Furthermore, adult height was 0.5 ± 1.0 cm below PAH at the start of PS ($n = 34$). Adult height was 2.4 ± 5.0 cm below target height ($n = 42$); this difference was significantly larger compared to the group with regular-dose treatment (3.4 cm; 95% CI, 1.1 cm to 5.7 cm; Fig. 3C).

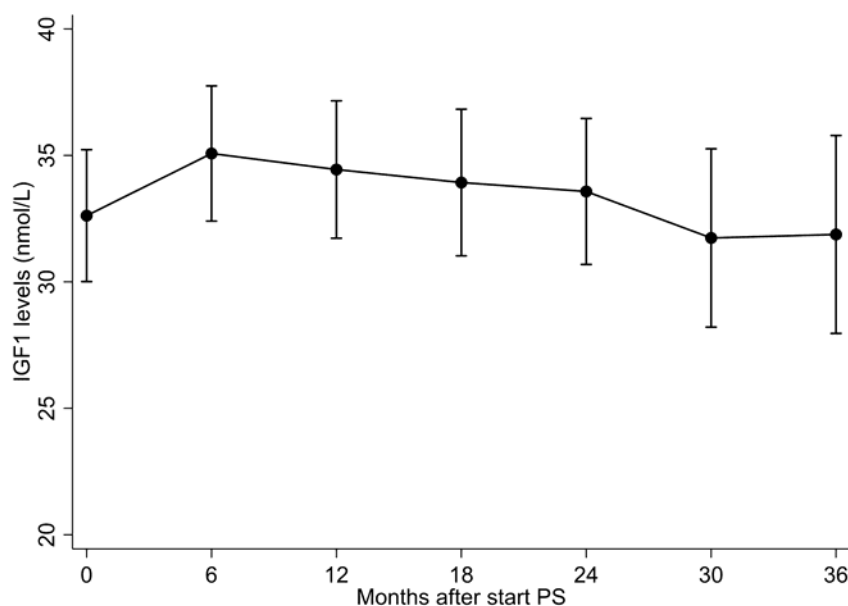
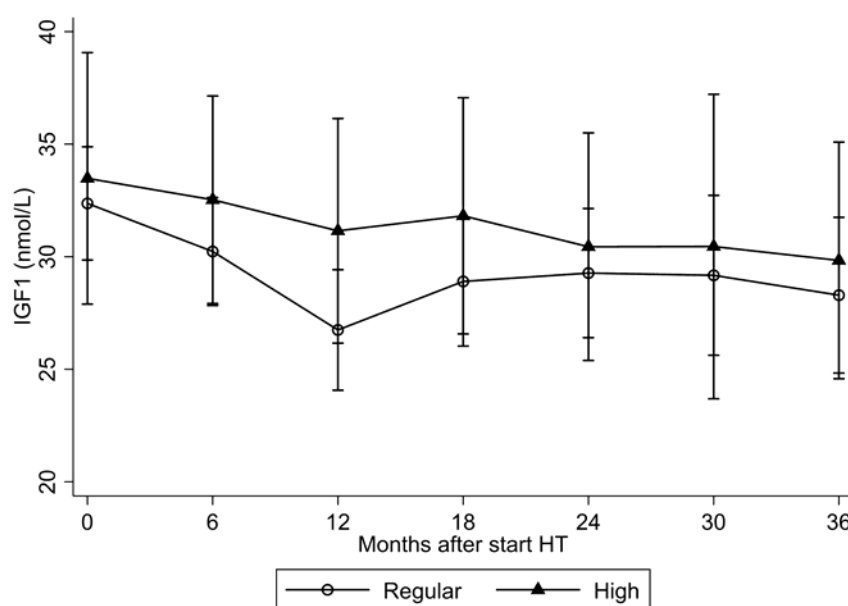
A**B**

Figure 5. Insulin-like growth factor 1 (IGF-1) serum levels during A, puberty suppression (PS), and B, gender-affirming hormone therapy (GAHT), in 2 different treatment groups (regular-dose estradiol, high-dose estradiol). IGF-1 levels from individuals treated with ethinyl estradiol are not shown because those were available in only one person.

Discussion

In this study, we investigated the effects of both GnRHa and estrogen treatment on growth and adult height in transgender girls. As expected, treatment with GnRHa resulted in a decrease of growth velocity and bone maturation. During GAHT, growth velocity and bone maturation increased. In the group that received the regular treatment, that is, PS followed by normal-dose estradiol, adult height was close to PAH at baseline and close to target height. In contrast, treatment with

high-dose EE resulted in growth reduction, whereas high-dose estradiol did not significantly reduce growth.

During the PS phase, a decrease in height SDS of -0.45 was observed. This is comparable to the findings of Ghelani et al (5), who described a height SDS decrease of 0.17 in the first year of treatment. Besides a decrease in height SDS, bone maturation also decelerated during PS. While BA was close to CA at start PS, BA was delayed by -1.6 years at the start of GAHT. These first findings of bone maturation rate during PS

in the transgender population are in line with several studies in boys with central precocious puberty that also reported a decrease in bone maturation during treatment with GnRHa (19-21).

After the decrease of height SDS during PS, a slight increase was observed during GAHT. The fact that this is an observational uncontrolled study makes it challenging to determine the effect of the treatment on adult height. We have analyzed the effect on adult height in 4 ways: 1) the change in height SDS from start of treatment to adult height; 2) the difference between adult height and PAH at the start of treatment; 3) the difference between adult height and target height; and 4) the comparison of adult height and difference between adult height and target height between those who started treatment before and after completing growth (pubertal and postpubertal group).

In transgender girls treated with a regular estradiol dose, adult height SDS remained 0.32 below height SDS at the start of PS. This may be because girls with an expected tall height, who may have ended up at a height SDS that was higher than that at the start of PS, received growth reduction, so that the remaining group consisted of girls who ended up with a slightly lower height SDS. This is supported by the finding that adult height was close to what was predicted at the start of PS in this treatment group. Adult height was 1.5 ± 4.2 cm lower than predicted, which is comparable to findings from a validation study of the BoneXpert adult height prediction method in White boys, where for BAs 11 to 15 years adult height was on average between 0.5 cm lower to 1.5 cm higher than predicted (22).

Another finding that suggests that the treatment does not affect adult height is the small difference between adult height and target height of 1.1 ± 4.5 cm. Interestingly, individuals who had nearly/completely finished their growth before the start of treatment (postpubertal group) reached a shorter adult height than individuals from the pubertal group. In addition, in the postpubertal individuals mean adult height was below target height. This was significantly different from those who had started treatment earlier and had received a regular dose of estradiol, where adult height was 1.1 ± 4.5 cm above target height. This suggests that treatment may actually have a small positive effect on adult height. However, target height was available for only 58% of individuals from the postpubertal group so these results need to be interpreted with caution. It is possible that physicians inquired about parental height more often in shorter adolescents. Thus, taken together, analysis of change in height SDS during treatment, comparison of adult height to PAH and target height, and comparison of adult height in groups treated before and after completion of linear growth indicates that although PS and GAHT alter the growth pattern, they have little effect on adult height.

With regard to growth reduction, the finding that adult height was 3.0 cm further below PAH in the group that received EE than in the regular-dose estradiol group indicates a growth-reductive effect of EE. This is the first report on high-dose EE reducing adult height in transgender girls, but the treatment has previously been used in constitutionally tall girls. Normann and colleagues (23) described a difference between PAH and adult height ranging from 3.1 cm (95% CI, 2.5 cm to 3.7 cm) to 5.2 cm (95% CI, 4.2 cm to 6.2 cm) in 98 individuals treated with 100 μ g EE with a BA of 13 years or greater and less than 12.5, respectively. The study by de Waal

et al (10) showed a difference of 1.7 ± 2.2 cm (CA ≥ 15 years) to 5.9 ± 3.0 cm (CA ≤ 11 years) in girls treated with 100 to 300 μ g EE. This is comparable to our finding that in the EE-treated group adult height was 4.7 ± 4.1 cm below PAH at the start of PS.

In tall boys treated with high-dose testosterone, adult height was 2.9 ± 3.7 cm (CA = 15 years) to 10.6 ± 11.3 cm (CA ≤ 12 years) lower than PAH according to B&P. However, after correction for CA, BA, and height prediction, the growth-reductive effect was smaller, and in those with BA greater than 14.1 years no growth reduction was seen at all (10). The median BA in transgender girls at the start of GAHT was 13.8 years; based on the data from de Waal et al (10) high-dose testosterone treatment would have resulted in a growth reduction of only approximately 1 cm.

The larger growth reduction we observed after high-dose EE treatment might be explained by the important role that estrogen plays in epiphyseal fusion. Several studies revealed this importance by describing unfused epiphyses and extremely delayed BA in cisgender men with estrogen deficiency or estrogen insensitivity (24, 25). Although testosterone is partially converted to estradiol, high-dose EE will result in much higher estrogen levels than high-dose testosterone treatment and this most likely accounts for more effective epiphyseal closure (26). In several girls, EE treatment was started only after they had received regular-dose estradiol treatment for some time up to 2 years. The treatment would likely have been more effective in reducing adult height if it had been started as soon as GAHT was initiated, as we found a negative correlation between BA at the start of GAHT and the difference between AH and PAH.

In this study, EE was prescribed in doses of 100 to 200 μ g. Numbers were not sufficient to study if the growth-reductive effect was dose dependent. However, several studies in constitutionally tall girls showed a comparable effect of 100 μ g and higher doses of EE, but more side effects with the higher doses (23, 27). In this study, side effects of high-dose estradiol and EE were not evaluated. Earlier studies described nausea, vomiting, and headache as the most common side effects of EE (28, 29). Thromboembolic events have been described but were mainly observed in individuals with other risk factors for thromboembolisms (28-30). Concerns regarding an increased cancer risk have been expressed but the limited data available on this subject are not conclusive (31). In cisgender girls EE is no longer used to limit growth because it has been found to reduce later fertility (32). The risk of infertility due to gender-affirming treatment is an important topic for transgender adolescents too, but it currently is not clear if this risk is different after estradiol compared to EE treatment.

Because of the increased risk of venous thromboembolism with the use of high-dose EE, treatment with high-dose estradiol was introduced in our clinic as an alternative method to reduce growth. However, the present study shows that this does not significantly reduce adult height. The delayed introduction of the high dose, often more than 1 year after the start of GAHT, may have limited its efficacy. However, the higher potency of EE compared to estradiol might also explain the difference in effect between high-dose EE and high-dose estradiol. The "high" dose of 6 mg estradiol is likely not bioequivalent to 100 to 200 μ g of EE. Kirk et al (33) stated that 1 μ g of EE is an approximately 4- to 10-fold higher dose than 1 mg of 17 β -estradiol. Another, more effective but also

more invasive, alternative to reduce growth is epiphyseodesis, which results in a growth reduction of approximately 7 cm, depending on BA (8, 9).

In addition to side effects, other outcomes of estrogen treatment may differ between regular-dose estradiol and growth-reductive treatment. For transgender girls, breast development generally is one of the most important treatment goals and future studies should investigate the effect of different treatment regimens on outcomes such as breast size, shape, and development of striae. Another topic for future research is the effect of different treatment strategies on bone mineral density.

During PS, there was no change in IGF-1 serum levels except for a mild transient increase during the first months. This shows that the increasing level of sex hormones can induce the onset of the IGF-1 increase but that this increase continues despite the absence of these hormones. This is in line with findings in individuals who were treated with GnRHa for precocious puberty where no or little effect on IGF-1 levels was found (34, 35). However, a decrease in free IGF-1 has been reported, which might explain the reduced growth rate (36, 37). During GAHT we observed a decrease of IGF-1 as have previously been described during oral estradiol and EE treatment but levels remained within the physiological range (38, 39).

This study also provides insight into the regulation of growth and the role of sex hormones vs sex chromosomes. The finding that transgender girls, who have XY chromosomes and are treated with estradiol, reach an adult height close to the population mean for males suggests a minor role for sex hormones. This is in line with findings from studies in individuals with complete androgen insensitivity syndrome (CAIS) or XY complete gonadal dysgenesis in whom adult height was closer to male target height or average height in the male population (40, 41). This supports the idea that genetic factors, rather than sex hormones, are important in the regulation of growth (41, 42). However, the fact that in the transgender girls treatment with estradiol was initiated after a prolonged period of PS should not be overlooked. As mentioned before, estradiol has an important role in closure of the growth plates. In transgender girls, this occurs at a later age than during physiological female puberty, after height has continued to increase slowly but consistently during PS. The importance of the timing of estrogen exposure is apparent from a study in women with CAIS by Han et al (43), who described a correlation between shorter adult height and younger age of gonadectomy and introduction of estradiol treatment. This suggests that earlier initiation of estradiol in transgender girls might result in shorter adult height.

This study has strengths and limitations. Strengths are the large cohort, the standardization of the 3 different treatment regimens, and the inclusion of a control group of transgender adolescents who had nearly or completely finished linear growth before the start of treatment. A limitation is the retrospective character of the study with some missing data. Another limitation is the delayed introduction of the growth-reductive treatment in some individuals and the difference in baseline characteristics between the 3 treatment groups. However, we tried to minimize the effect of these differences by performing subgroup analyses in groups that were more comparable. Last, side effects were not assessed in the present study; this is an important topic for future research.

Conclusion

With the results of this study, it is possible to counsel transgender girls about the effect of PS and GAHT on growth. Growth and bone maturation decelerate during PS and then accelerate again after the start of GAHT. Overall, regular treatment seems to have little effect on adult height. When predicting adult height after PS, at the start of GAHT, it is important to realize that BoneXpert slightly overestimates adult height. If tall transgender girls have a strong wish for hormonal growth reduction, treatment with 100 µg EE is recommended after counseling about possible side effects. A 6 mg dose of estradiol is not effective to reduce growth and therefore not recommended. Future research is needed to assess whether treatment with a higher dose of 200 µg leads to a larger growth reduction than 100 µg EE. In addition, side effects of EE in transgender girls should be investigated. Finally, it is important not to pathologize tall stature and also discuss the possibility of refraining from any growth-reductive intervention.

Disclosures

The authors have nothing to disclose.

Data Availability

The data set generated during and analyzed during the present study is not publicly available because of privacy regulations.

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Just as tall on testosterone; a neutral to positive effect on adult height of GnRHa and testosterone in trans boys.

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1 Abstract

2 **Context:** Growth is an important topic for many transgender boys. However, few studies have
3 investigated the impact of puberty suppression (PS) and gender affirming hormone treatment (GAHT) on
4 growth and adult height.

5 **Objective:** To evaluate the effect of PS and GAHT on growth and adult height.

6 **Design:** Retrospective cohort study.

7 **Setting:** Specialised gender identity clinic.

8 **Participants:** 146 transgender boys treated with GnRH analogues and testosterone who reached adult
9 height.

10 **Main outcome measures:** Growth, bone age (BA), adult height, and difference between adult height and
11 predicted adult height (PAH) and midparental height.

12 **Results:** In those with BA ≤ 14 year at start ($n=61$), a decrease in growth velocity and bone maturation
13 during PS was followed by an increase during GAHT. Adult height was 172.0 ± 6.9 cm; height SDS was
14 similar to baseline (0.1, 95% CI -0.2 to 0.4). Adult height was 3.9 ± 6.0 cm above midparental height and
15 3.0 ± 3.6 cm above PAH at start of PS. A younger BA at start PS was associated with an adult height
16 significantly further above PAH.

17 **Conclusion:** During PS, growth decelerated followed by an acceleration during GAHT. Although adult
18 height SDS was similar to baseline, adult height was taller than predicted based on BA at baseline,
19 especially in those who started treatment at a younger BA. It is reassuring that PS and GAHT do not have
20 a negative impact on adult height in transgender boys and might even lead to a slightly taller adult height,
21 especially in those who start at a younger age.

1 Introduction

2 Gender dysphoria involves an incongruence between the experienced gender and the sex assigned at birth
3 (1). Medical treatment for adolescents consists of puberty suppression (PS) and subsequent gender
4 affirming hormone treatment (GAHT). PS with gonadotrophin-releasing hormone analogues (GnRHa)
5 inhibits the development of undesired secondary sex characteristics and gives the adolescent more time to
6 explore their gender identity. If the gender dysphoric feelings persist during the puberty suppressive
7 phase, GAHT may be initiated from the age of approximately 16 years to induce development of
8 secondary sex characteristics congruent with the affirmed gender (1).

9 In transgender boys (female sex assigned at birth, male gender identity) GAHT consists of intramuscular
10 or transdermal testosterone. This induces physical changes such as increased facial and body hair,
11 increased muscle mass, and lowering of the voice. Growth and predicted adult height are also topics of
12 interest during consultation. Since Dutch males reach a mean adult height which is 13.1 cm taller than
13 Dutch females (2), height is also considered a sex characteristic. When treatment is initiated before adult
14 height has been reached, transgender boys may ask how treatment will impact their growth and whether
15 they will reach an adult height within the male population range. However, while the impact of GnRHa
16 and GAHT on growth in transgender girls has recently been evaluated (3), the effect on growth in
17 transgender boys is still unknown.

18 The limited data available in transgender boys solely describe the effects of GnRHa on growth. Several
19 studies have observed a decrease in height SD score (SDS) (4-6). Furthermore, it remains unclear whether
20 testosterone can induce catch-up growth and reverse the changes in height SDS that occur during GnRHa
21 treatment.

22 The timing of treatment initiation might also play a role in the effects on growth. It has been suggested
23 that treatment with PS and GAHT might have a negative impact on adult height (7). Therefore, some
24 clinicians argue that postponing treatment with GnRHa until growth is (nearly) finished may result in a

taller adult height. This poses a dilemma for young transgender boys between achieving maximal growth and preventing the development of unwanted secondary sex characteristics such as breast development. The latter may give great distress, the need to wear binders for several years and the wish to undergo a mastectomy (8).

Another hypothesis is that the effect of testosterone on growth is dose dependent. Rapid increase of the testosterone dose may cause rapid acceleration of bone maturation, thereby shortening the period of growth. This may compromise adult height. In contrast, a more gradual increase of testosterone dosage may induce an increase in growth rate during a longer period of time, leading to an increased adult height. This is why a different dose schedule is proposed for adolescents that have and have not finished linear growth (1). However, the effects of different testosterone dose schedules on growth and adult height in transgender adolescents have not been studied.

With this cohort study, we aim to evaluate the effect of GnRHa and testosterone treatment on growth in transgender boys. Furthermore, the impact of timing of treatment, tempo of dose increase, and BMI will be investigated. We hypothesise that PS will result in a decrease of growth velocity and GAHT will result in subsequent catch-up growth which may be greater when the testosterone dose is slowly increased. Additionally, we expect these effects to be larger in subjects with a younger bone age (BA) at start of PS.

Methods

Subjects

This study is part of the Amsterdam Cohort of Gender dysphoria (ACOG) study which includes the complete population of all ages seen at the gender identity clinic of the Amsterdam University Medical Center, location VUmc from 1972 until December 2018 (9). Transgender boys were eligible for inclusion if they had started puberty suppression (PS) before age 16 years, received testosterone treatment for a

minimum of 6 months, and if they had reached the age of 18 years at the time of data collection. Transgender boys were excluded if they had not reached adult height which was defined as height at skeletal age ≥ 14 years or a growth velocity < 2 cm per year. The cohort was divided into two subgroups based on growth potential. The pubertal group consisted of subjects with BA ≤ 14 years at start of PS or, if BA was not available, menarche < 1 year before start PS. The postpubertal group, which served as a control group, consisted of subjects who had BA > 14 years or menarche ≥ 1 year before start of PS.

Treatment protocol

Adolescents were diagnosed with gender dysphoria by mental health professionals according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fourth and later Fifth Edition (10, 11). All individuals received PS for at least 6 months followed by GAHT from the age of 15 to 16 years. PS consisted of GnRHa (triptorelin 3.75 mg every 4 weeks subcutaneously or intramuscularly; or 11.25 mg every 10 to 12 weeks intramuscularly). GAHT consisted of intramuscular testosterone injections with a starting dose of 25 mg/m² every two weeks. As described in the Endocrine Society Guidelines, the dosage was gradually increased every 6 months leading up to an adult dose of 125 mg every two weeks or 250 mg every 3 to 4 weeks (1). If transgender boys had (nearly) completed endogenous puberty before the start of treatment, the testosterone dose was increased more rapidly, starting with 75 mg every two weeks which was increased to 125 mg every two weeks after 6 months. Treatments were individualised by treating clinicians. Before 2014, subjects were treated with GnRHa until gonadectomy, which nearly all individuals chose to undergo as this was required before a legal sex change was possible. After a law change in 2014 it became more common to leave the ovaries in situ. Thereafter, the protocol was adapted and GnRHa was discontinued when an adult dose of testosterone was reached.

Measurements

Height and weight were assessed every 3 to 6 months from start of PS. Height was measured using a wall-mounted stadiometer, and weight was measured using a digital floor scale. Height SDS were calculated

according to Dutch reference data from Schönbeck et al. (2) and BMI SDS were calculated according to reference data from Cole et al. (12). Midparental height was calculated using the following formula: $\text{Midparental height} = (\text{paternal height} + \text{maternal height})/2 - 6.5$ (13). BA was determined at start of PS and at start of GAHT by evaluating X-rays of the left hand using female reference data from the Greulich and Pyle atlas (14). Predicted adult height (PAH) was determined using the female prediction tables according to Bayley and Pinneau (15). Parental height and BA were not routinely obtained in individuals in whom it was clinically obvious that they had attained their adult height.

Laboratory investigations

To determine serum testosterone levels a competitive immunoassay (Architect, Abbott, Abbott Park, IL, USA) was used (interassay CV 6–10%, lower limit of quantification (LOQ) 0.1 nmol/L) from January 2013. Serum estradiol levels were measured using liquid chromatography–tandem mass spectrometry (LC-MS/MS; VUmc) with an interassay coefficient of variation of 7% and a (LOQ) of 20 pmol/L from July 2014. All values ≤ 20 pmol/L were entered as 20 pmol/L. Serum testosterone and estradiol levels from before these dates were converted to Architect and LC-MS/MS values respectively as described by Wiepjes et al (16). From April 2012, the chemiluminescence immunoassay (LIAISON, DiaSorin) was used to determine insulin-like growth factor 1 (IGF-1) (interassay coefficient of variation 7%). IGF-1 measurements before April 2012 were converted to Liaison values as described by Boogers et al (3). Luteinizing hormone (LH) and follicle stimulating hormone (FSH) were measured using an immunometric assay (Delfia, PerkinElmer) until June 2011 (interassay CV <7%, LOQ 2 U/L for LH and interassay CV <5%, LOQ 2 U/L for FSH). After June 2011, an immunometric assay (Architect, Abbott) was used (interassay CV <6%, LOQ 0.1 U/L for LH and interassay CV <5%, LOQ 0.1 U/L for FSH) using the formula $\text{Architect} = 0.91 \times \text{Delfia} - 0.01$ for conversion of LH and $\text{Architect} = 1.04 \times \text{Delfia} + 0.001$ for conversion of FSH. Blood withdrawals were untimed in relation to the administration of medication, since they were taken at the day of the appointment with the clinician.

1 Statistical Analyses

2 All data were analysed using STATA 15.1 (StataCorp, College Station, TX, USA). Categorical data are
3 presented as number (%) and continuous variables as mean \pm SD for normally distributed values, or
4 median (IOR) for non-normally distributed data.

Change in height and height SDS between start of PS and start of GAHT were evaluated using mixed model regression analysis with measurements clustered within participants with height variables as outcome and time as determinant. The use of mixed model analyses allows for use of all available data points and has been proven to be a reliable method to handle missing data (17). Mixed model analysis was used to analyse the change in height SDS during PS between subjects with young BA (≤ 12 years) and more mature BA (> 12 years) at start PS. Height SDS at start GAHT was compared between both groups using linear regression analysis. Mixed models analysis was used to analyse the change in BA minus chronological age (BA-CA) and in PAH between start PS and start GAHT.

Changes in height and height SDS between start of GAHT and adult height were analysed using mixed model regression. This also applied to the differences in height and height SDS between start PS and adult height. The overall effect of PS and GAHT on growth was evaluated by comparing adult height with midparental height and PAH at start PS using linear regression analysis. The difference between adult height and PAH at start PS was adjusted for BA at start PS and BMI SDS separately using linear regression analysis. This was also performed using multivariable regression.

The effect of the testosterone regimen on growth was evaluated by comparing subjects in whom the testosterone dose was increased until adult dose (125 mg/2 weeks) in less than one year versus more than one year. Linear regression analysis was used to compare the baseline characteristics and adult height of the subjects between the two groups. Linear regression was also used to assess the effect of time to adult dose as a continuous variable on the difference between adult height and PAH at start of PS and GAHT.

Ethical Approval

The protocol for data collection for the ACOG dataset was assessed by the local medical ethical committee who determined that the Medical Research Involving Human Subjects Act (WMO) did not apply to this data collection. The need for informed consent was waived due to the retrospective design of the study and the size of the cohort.

Results

The ACOG dataset consisted of 8831 individuals, 3481 of whom were people assigned female at birth of whom 1320 had their first appointment before the age 18 years. After selection for GnRHa use (n=693), testosterone use (n=533), age ≥ 18 years at last visit from which data were available (397), GnRHa initiation before the age of 16 years (148), exclusion of one subject who had not reached adult height, and one subject who was treated with oxandrolone, a total of 146 transgender boys were included.

Baseline characteristics

The study population (n=146) was divided into two subgroups based on growth potential. The pubertal group consisted of 61 transgender boys with a mean age of 12.7 ± 1.0 years and BA of 12.4 ± 1.0 at start of PS. The postpubertal group with little or no growth potential, consisted of 85 individuals with a mean age of 15.1 ± 0.9 years and BA of 15.7 ± 1.1 at start PS (**Table 1**). The outcomes of the pubertal group will be described in detail. Data from the postpubertal group will be briefly described at the end of the results section.

Puberty suppression

The mean duration of PS was 3.1 ± 0.9 years. At baseline, mean height was 158.3 ± 8.5 cm (female height SDS $+0.1 \pm 1.5$, male height SDS -0.1 ± 1.5). During the puberty suppressive phase, height increased by

8.6 cm (95% CI 7.5 to 9.6) to 166.9 ± 7.0 cm at start of GAHT. Female height SDS decreased to -0.2 ± 1.0 (decrease of -0.2 ; 95% CI -0.5 to 0.1). Transgender boys with BA >12 at start PS declined more in height SDS during PS compared to transgender boys with BA ≤ 12 (difference between groups -0.6 ; 95% CI -0.8 to -0.4) (**Figure 1**), but height SDS at start of GAHT did not differ between the groups (difference 0.2 ; 95% CI -0.4 to 0.8). Additionally, PS resulted in a deceleration of bone maturation. At the beginning of PS, BA was comparable to CA with a BA-CA of -0.3 ± 0.9 years. This difference was greater among those with BA ≤ 12 at start PS compared to those with BA >12 (difference 0.7 years; 95% CI 0.2 to 1.2). At start of GAHT, the difference between BA and CA further increased to -2.2 ± 1.2 years (change since start of PS -1.9 years; 95% CI -2.2 to -1.6). PAH increased by 2.4 cm (95% CI 1.3 to 3.4) between start PS and start GAHT.

Hormone treatment

GAHT was initiated at a mean age of 15.8 ± 0.5 years. From start GAHT, height increased by 5.0 cm (95% CI 4.3 to 5.8) to an adult height of 172.0 ± 6.9 (female height SDS $+0.2 \pm 1.1$, male height SDS -1.7 ± 1.0) (**Figure 2**). Female height SDS increased by 0.3 SDS from start GAHT to adult height (95% CI 0.2 to 0.5) (**Table 2 & Figure 3**). However, adult height SDS did not differ from height SDS at start PS (difference 0.1 ; 95% CI -0.2 to 0.4). Compared to male reference data, 22 subjects (36%) had an adult height below -2.0 SDS. BA-CA remained stable in the first 18 months of GAHT but after that BA progressively increased. In 45 subjects (74%) adult height was taller than PAH at start PS. Adult height 3.9 ± 6.0 cm above midparental height (95% CI 2.4 to 5.4) and 3.0 ± 3.6 cm above PAH at start of PS (95% CI 2.0 to 3.9), but adult height was close to PAH at start GAHT (difference 0.2 ± 2.3 cm; 95% CI -0.5 to 0.9).

Factors influencing growth

When comparing subjects who reached the adult testosterone dose within one year ($n=21$, 10.8 months to adult dose (IQR, 9.5 to 11.6)) to those in whom the adult dose was reached after one year ($n=39$, 13.6

A lower BMI SDS at start PS was associated with an adult height further above PAH at start PS. Per 1 SDS decrease in BMI the adult height was 0.4 cm further above PAH at start PS, but this was not statistically significant (95% CI 0.0 to 0.8). In a multivariable analysis, associations between BA and BMI SDS at start PS on the one hand and the difference between adult height and PAH at start PS on the other hand were similar to those in the univariable analysis.

During the puberty suppressive phase gonadotrophins were suppressed (median LH 0.3 U/L (IQR 0.3 to 0.4); median FSH 1.1 U/L (IQR 0.8 to 1.7)). Median serum estradiol levels were 20 pmol/L, which was the lower limit of detection (IQR 20 to 20). IGF-1 levels did not significantly change after initiation of PS and remained stable during PS. Mean testosterone levels in the first year of GAHT were not significantly higher in subjects who reached adult dose within 12 months compared to >12 months (95% CI -18.2 to 18.5 nmol/L). When adult testosterone dose was reached, median serum testosterone levels were 20

nmol/L (IQR 11 to 35) and free testosterone was 599 pmol/L (IQR 338 to 1179). IGF-1 levels slightly increased by 3.6 nmol/L (95% CI 0.9 to 6.4) after initiation of testosterone and remained stable thereafter with a mean serum level of 32.3 ± 5.9 nmol/L. No significant differences in IGF-levels during GAHT between participants who reached adult dose within 12 months and those who reached adult dose >12 months were observed.

Adolescents with little or no growth potential (postpubertal group)

In total, 85 transgender boys had little or no growth potential at start of PS (**Table 1**). The mean duration of PS was 1.2 ± 0.8 years. Height at start PS was missing in 4 subjects. From start PS, height increased by 2.5 cm (95% CI 2.1 to 3.0) to an adult height of 169.0 ± 6.8 cm (female height SDS -0.3 ± 1.1 , male height SDS -2.1 ± 1.0) (**Table 2**). In 70 (82%) subjects height increased ≥ 1 cm during treatment. Adult height was 3.0 ± 4.7 cm above midparental height (n=57) and 1.8 ± 2.0 cm above PAH at start PS (n=37). When comparing adult height in the pubertal group to that in the postpubertal group, individuals in the pubertal group were taller (difference 3.0 cm; 95% CI 0.7 to 5.2). However, the difference between adult height and midparental height was not significantly different between the groups (difference 0.9 cm; 95% CI -1.0 to 3.0).

Discussion

This study is the first to investigate the effect of both GnRHa and testosterone treatment on growth and adult height in transgender boys. We observed a decrease in growth velocity and bone maturation during PS and an increase in growth during GAHT. Adult height was taller than predicted at start of the treatment and this difference was more pronounced when the treatment was initiated earlier. In contrast, the tempo of the testosterone dose increase did not affect growth.

During the puberty suppressive phase, we observed a mean decrease in height SDS of -0.2. Ghelani et al. reported no significant changes in height SDS of GnRHa treatment (6). This was due to the fact that their subjects were older (median age of 16.6 years) and were only followed for one year. Our data showed a greater decrease in height SDS among those with more advanced BA (>12 years) at start of PS. In subjects with younger BA height SDS did not decline. This may be due the fact that the group with BA >12 years consisted of more early maturers, who were relative tall for their age, with a regression to the mean after the initiation of GnRHa treatment. This is supported by the fact that baseline height SDS was higher in the group with BA >12 years but height SDS at the start of GAHT was similar in the groups with BA ≤12 and >12 years. Our results are similar to findings in a previous study by Weise et al. in girls with central precocious puberty (CPP) treated with GnRHa (18). A lower growth velocity in girls with BA ≥10 years was reported compared to girls with BA <10 years (5). Besides the retarded growth, bone maturation was delayed by -1.9 years during PS. This decreased bone maturation during GnRHa treatment has also been described in studies in girls with CPP (19, 20).

After the decrease in height SDS during PS, subsequent catch-up growth during testosterone treatment was observed. Growth acceleration after initiation of testosterone is also described in a previous study by Stoffers et al. who reported a height SDS increase from -0.1 ± 1.0 at start GAHT to 0.1 ± 0.8 SDS after two years of testosterone in transgender boys (21). The slightly smaller increase described by Stoffers et al. might be explained by the fact that most subjects had completed linear growth before start of treatment.

The effect of GnRHa and testosterone on adult height in transgender boys was analysed in four manners: 1) the change in height SDS during the treatment, 2) the difference between adult height and PAH at start PS, 3) the difference between adult height and midparental height and 4) comparison of growth data from the pubertal group with the 'control' group of postpubertal adolescents with little/no growth potential at start of the treatment.

Adult height SDS was comparable to height SDS at start PS which would imply that PS and GAHT have no impact on adult height.

In contrast, adult height was 3.0 ± 3.6 cm above PAH at start PS. This deviation was greater than the slight underestimation of adult height by 1.2 ± 4.1 cm and 0.4 ± 4.3 cm described by Zachmann et al. in healthy girls with an age of 12 and 13 years respectively, using the same method of B&P to predict adult height (22). This might suggest a slight enhancing effect of PS and GAHT on adult height. This is further supported by the finding that adult height was 3.9 ± 6.0 cm above midparental height.

Finally, the fact that subjects from the pubertal group were 3.0 cm taller than those with little/no growth potential at the start of treatment also suggests a positive effect on growth. However, when comparing the difference between midparental height and adult height in both groups, no significant differences were found. This might be explained by the fact that midparental height was missing in 31% of the postpubertal group. It is possible that physicians enquired about parental height more often when subjects were shorter to try and understand if short stature was familial.

When all four methods to evaluate the effect on adult height are combined, we conclude that treatment with PS and GAHT does not negatively influence adult height in transgender boys. When comparing adult height to height predicted at the start of treatment, to midparental height and to height in the control group, there even seems to be a slight positive effect of PS and GAHT on growth.

When looking at factors which might influence growth, tempo of testosterone dose increase was not found to affect growth or adult height. In boys with constitutional delay of growth and puberty and central hypogonadotropic hypogonadism it is thought that higher doses of testosterone induce accelerated skeletal maturation and thereby compromise adult height (23-25). We did not observe such an effect in transgender boys, nor was there a significant difference in testosterone levels, but this might also be attributed to the untimed blood tests resulting in a wide variation of serum testosterone levels. Based on these findings, gradually increasing the dose over the first year of GAHT seems to allow adolescents to

1 attain their growth potential. However, we did not investigate side effects of testosterone treatment, like
2 mood changes, aggression and increased hematocrit, which may be more common with a fast dose
3 increase (21). This should also be taken into account when deciding on an optimal schedule to induce
4 puberty.

5 Interestingly, we found that a younger BA at start of PS had a positive impact on the difference between
6 adult height and PAH at start PS. This might partly be due to the slight underestimation of adult height
7 using the prediction method of G&P which has been reported to be larger in younger girls (22). However,
8 this does not account for the 1.2 cm increase of adult height per year that PS is started earlier that we
9 describe. Furthermore, adult height was also slightly further above midparental height in those with a
10 younger BA which also indicates a positive impact of starting treatment at a younger BA on adult height.
11 This contradicts findings in girls with early-normal puberty in whom treatment with GnRHa did not result
12 in an increase of adult height (26). An explanation might be found in the different treatment regimens.
13 Puberty suppression until the age of 16 years followed by puberty induction with testosterone may have
14 different effects on the epiphyseal growth plates compared to a shorter period of PS followed by
15 endogenous puberty with estradiol.

16 Although not statistically significant, there was a trend towards a negative association between BMI SDS
17 at start PS and the difference between adult height and PAH at start PS. Earlier studies also described a
18 negative effect of higher BMI on adult height by accelerated growth and earlier epiphyseal closure (27,
19 28). The absence of a statistically significant association in our study might be explained by the fact that
20 BMI was within the normal range in most subjects.

21 Since 36% of the transgender boys had an adult height <-2 SDS compared to the male population, which
22 many, in our clinical experience, are sad about, future research should investigate possible therapeutic
23 options to enhance adult height. Since estradiol has an important role in epiphyseal closure, aromatase
24 inhibition alongside GnRHa and testosterone might be an effective treatment (29). However, there are no

1 efficacy or safety data on such an approach in transgender boys and it may have a negative impact on bone
2 mineral accrual which is already attenuated by GnRHa treatment. An American study by Grimstad et al.
3 reported a 5 cm taller height in transgender boys treated with oxandrolone, an androgen which cannot be
4 aromatised to estrogen, compared to untreated individuals (30). However, the relatively small groups in
5 this study were not comparable with regard to age at start of treatment. The use of oxandrolone, which is
6 currently not available in Europe, or aromatase inhibitors to promote adult height might be promising but
7 needs further research.

8 This study has strengths and limitations. Strengths are the reasonable cohort size and the comparison with
9 individuals who (nearly) reached adult height before the start of treatment as controls. The retrospective
10 character of the study is a limitation since this resulted in some missing data. Other limitations are the fact
11 that X-rays for BA were assessed by various radiologists, possibly resulting in interobserver variability,
12 and the fact that hormone regimens were individualised making it more difficult to compare treatment
13 strategies.

14 **Conclusion**

15 This study has provided new information on the impact of GnRHa and testosterone treatment on growth
16 and adult height which can be used to counsel transgender boys. PS resulted in decelerated growth and
17 bone maturation which accelerated after the initiation of testosterone. Although the growth pattern was
18 altered by PS and GAHT, the treatment does not have a negative impact on adult height. There may even
19 be a slight positive effect on adult height which is more pronounced in those who start GnRHa at a
20 younger age. Nonetheless, adult height was below -2 SDS compared with the general male population in
21 36%. Future research is needed to assess the efficacy and safety of possible treatment options for those
22 who have a strong wish to increase adult height into the male reference range, such as oxandrolone or
23 aromatase inhibitors.

1 **Data availability statement**

- 2 The dataset generated during and analysed during the current study is not publicly available because of
3 privacy regulations.

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Table 1. Baseline characteristics of the pubertal group (those with bone age ≤ 14 years at start of PS) and of the postpubertal group (those with bone age > 14 years at start of PS).

Characteristic	Pubertal group (n=61)	Postpubertal group (n=85)	Total (n=146)
Age at start PS (y)	12.7 \pm 1.0	15.1 \pm 0.9	14.1 \pm 1.5
Height at start of PS (cm)	158.3 \pm 8.5	166.4 \pm 6.7	162.9 \pm 8.5
Missing	0 (0)	4 (5)	4 (3)
BMI at start of PS	18.8 \pm 2.4	22.4 \pm 3.8	20.4 \pm 3.6
Missing	0 (0)	33 (39)	33 (23)
BMI SDS at start of PS	0.3 \pm 1.1	0.9 \pm 1.1	0.6 \pm 1.1
Missing	0 (0)	33 (39)	33 (23)
Bone age at start of PS (y)	12.4 \pm 1.0	15.7 \pm 1.1	13.7 \pm 1.9
Missing	5 (8)	48 (56)	53 (36)
PAH at start of PS (cm)	169.0 \pm 7.6	167.3 \pm 6.8	168.3 \pm 7.3
Missing	5 (8)	48 (56)	53 (36)
Midparental height (cm)	168.1 \pm 6.2	166.4 \pm 5.7	167.2 \pm 6.0
Missing	5 (8)	26 (31)	31 (21)
Tanner breast stage at start of PS			
B2	8 (13)	0 (0)	8 (5)
B3	20 (33)	0 (0)	20 (14)
B4	23 (38)	10 (12)	33 (23)
B5	8 (13)	59 (69)	67 (46)
Missing	2 (3)	16 (19)	18 (12)
Menarche before start of PS			
Yes	20 (33)	81 (95)	100 (68)
No	39 (64)	0 (0)	40 (27)
Missing	2 (3)	4 (5)	6 (4)

Data are presented as number (%) or mean \pm standard deviation. PS = puberty suppression; PAH = predicted adult height.

1 **Table 2.** Growth during puberty suppression and testosterone treatment in the pubertal and postpubertal group.

	Pubertal group (n=61)	Postpubertal group (n=85)	Pubertal vs postpubertal group (95% CI)
Height (cm)			
Start of PS	158.3 ± 8.5	166.4 ± 6.7	8.0 (5.5 to 10.6)
Missing	0 (0)	4 (5)	
Start of GAHT	166.9 ± 7.0	167.5 ± 7.0	0.6 (-1.7 to 2.9)
Missing	0 (0)	3 (4)	
Adult Height	172.0 ± 6.9	169.0 ± 6.8	3.0 (0.7 to 5.2)
Female height SDS			
Start of PS	+0.1 ± 1.5	-0.1 ± 1.0	0.1 (-0.3 to 0.6)
Missing	0 (0)	4 (5)	
Start of GAHT	-0.2 ± 1.0	-0.2 ± 1.1	0.0 (-0.3 to 0.4)
Missing	0 (0)	3 (4)	
Adult height	+0.2 ± 1.1	-0.3 ± 1.1	0.5 (0.1 to 0.8)
PAH at start of GAHT (cm)	172.3 ± 7.5	168.9 ± 7.5	3.5 (0.0 to 7.0)
Missing	18 (30)	53 (62)	
Δ Adult height – PAH (cm)			
PAH at start PS	3.0 ± 3.6	1.8 ± 2.0	1.2 (-0.1 to 2.4)
Missing	5 (8)	48 (56)	
PAH at start GAHT	0.2 ± 2.3	1.4 ± 1.6	1.2 (0.2 to 2.1)
Missing	18 (30)	53 (62)	
Δ Adult height – Midparental height (cm)			
	3.9 ± 6.0	3.0 ± 4.7	0.9 (-1.0 to 2.9)
Missing	5 (8)	26 (31)	
Δ BA – CA (cm)			
Start of PS	-0.3 ± 0.9	0.9 ± 1.0	1.2 (0.8 to 1.6)
Missing	5 (8)	48 (56)	
Start of GAHT	-2.2 ± 1.2	0.1 ± 1.0	2.4 (1.8 to 2.9)
Missing	18 (30)	53 (62)	

Data are presented as number (%) or mean \pm standard deviation. PS = puberty suppression; GAHT = gender-affirming hormone treatment; PAH = predicted adult height; BA = bone age; CA = chronological age.

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Figure 1. Effect of puberty suppression on female height SDS in subjects with BA ≤ 12 years (n=32, 57%) and BA > 12 years (n=24, 43%) at start of PS with 95% confidence intervals. PS = puberty suppression.

Figure 2. Mixed model analysis of height during PS and GAHT of 17 subjects who initiated PS at age 12 and GAHT at age 16, plotted on the growth chart for Dutch girls from Schönbeck et al. (2). GAHT = gender affirming hormone therapy.

Figure 3. Effect of hormone treatment on female height SDS in transgender boys in whom adult testosterone dose was reached within < 1 year (n=21) compared to transgender boys in whom adult dose was reached after ≥ 1 year (n=40) with 95% confidence intervals. GAHT = gender affirming hormone therapy.

Figure 4. Diagram of the correlation between bone age at start puberty suppression and difference in adult height and PAH at start PS. Each circle represents the data for one subject. β = regression coefficient, PAH = predicted adult height, PS = puberty suppression.

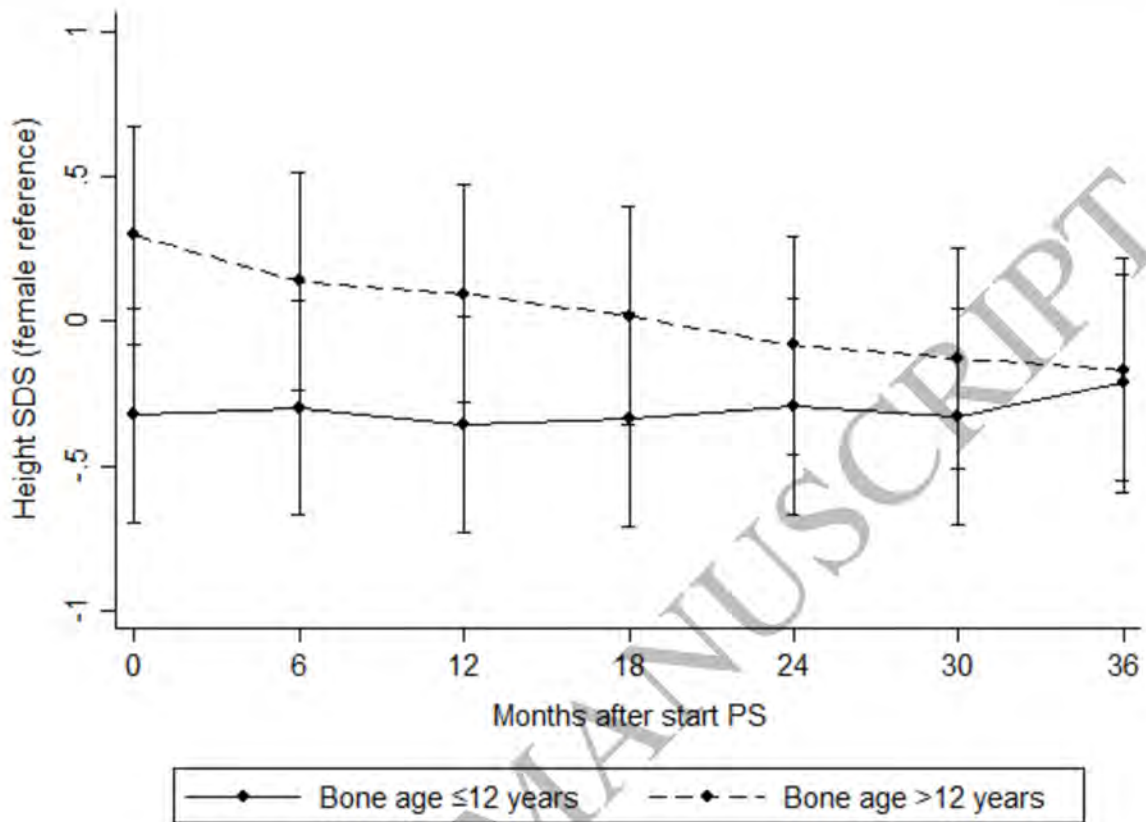


Figure 1
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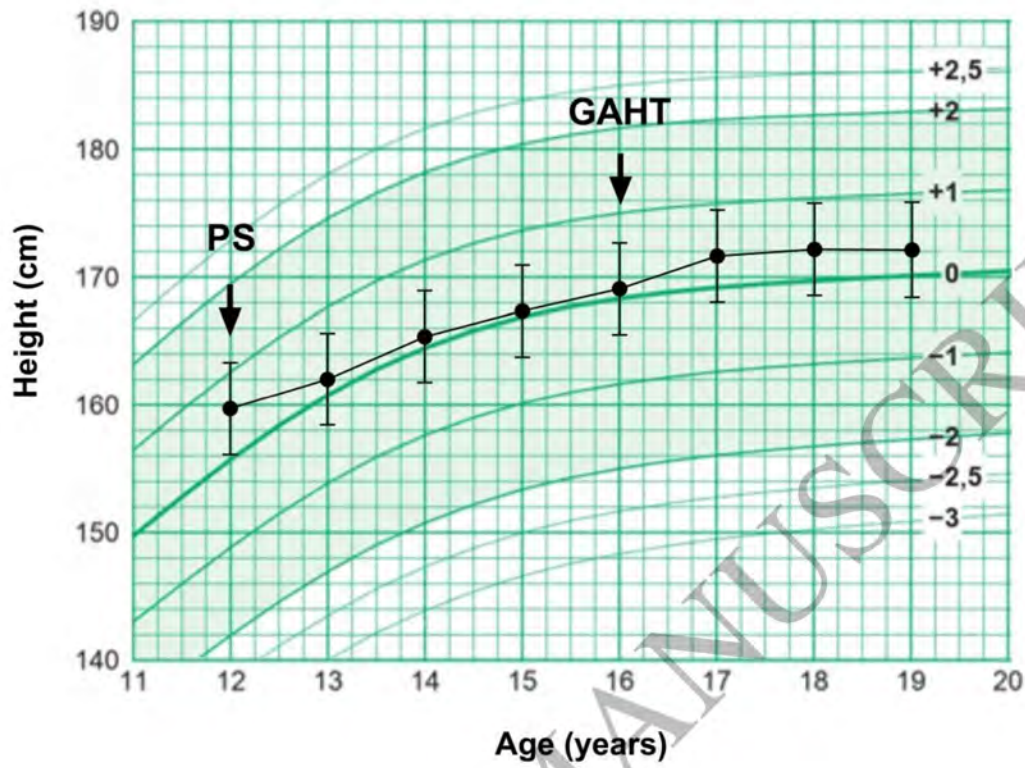


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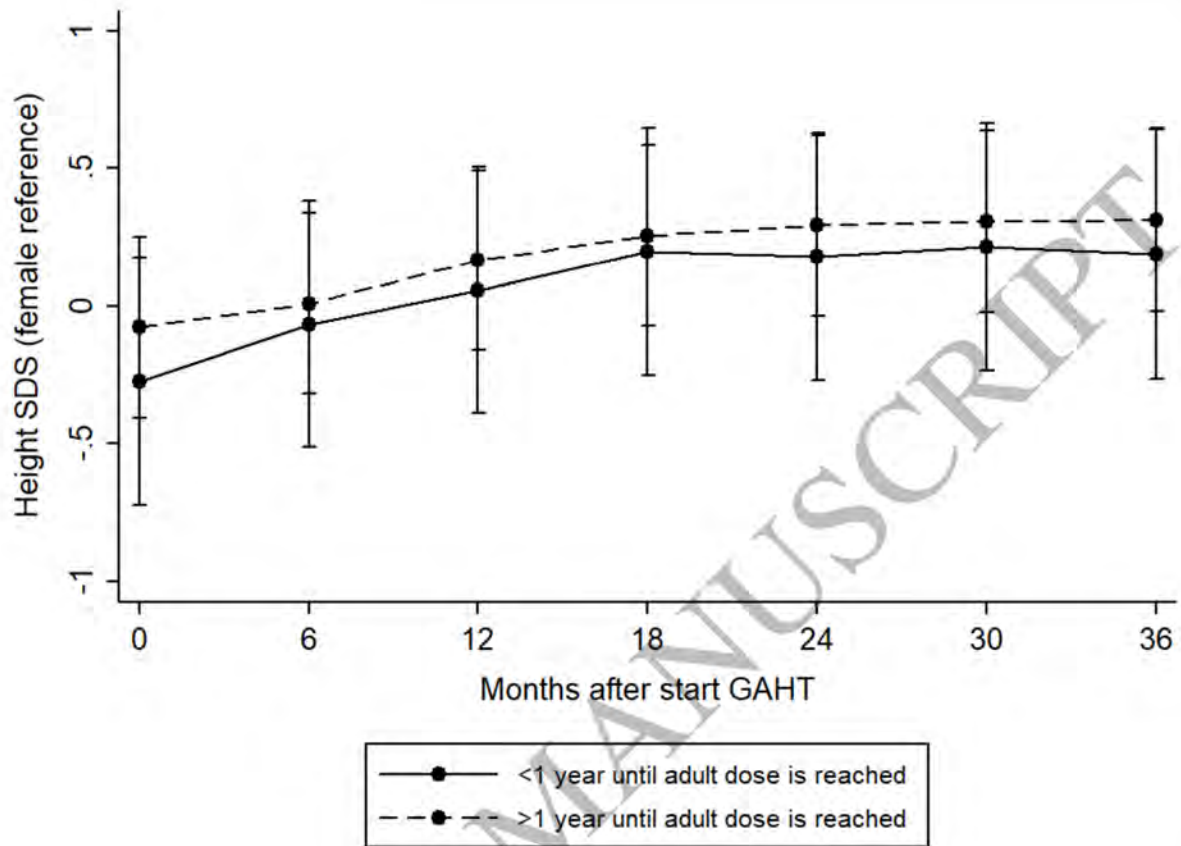


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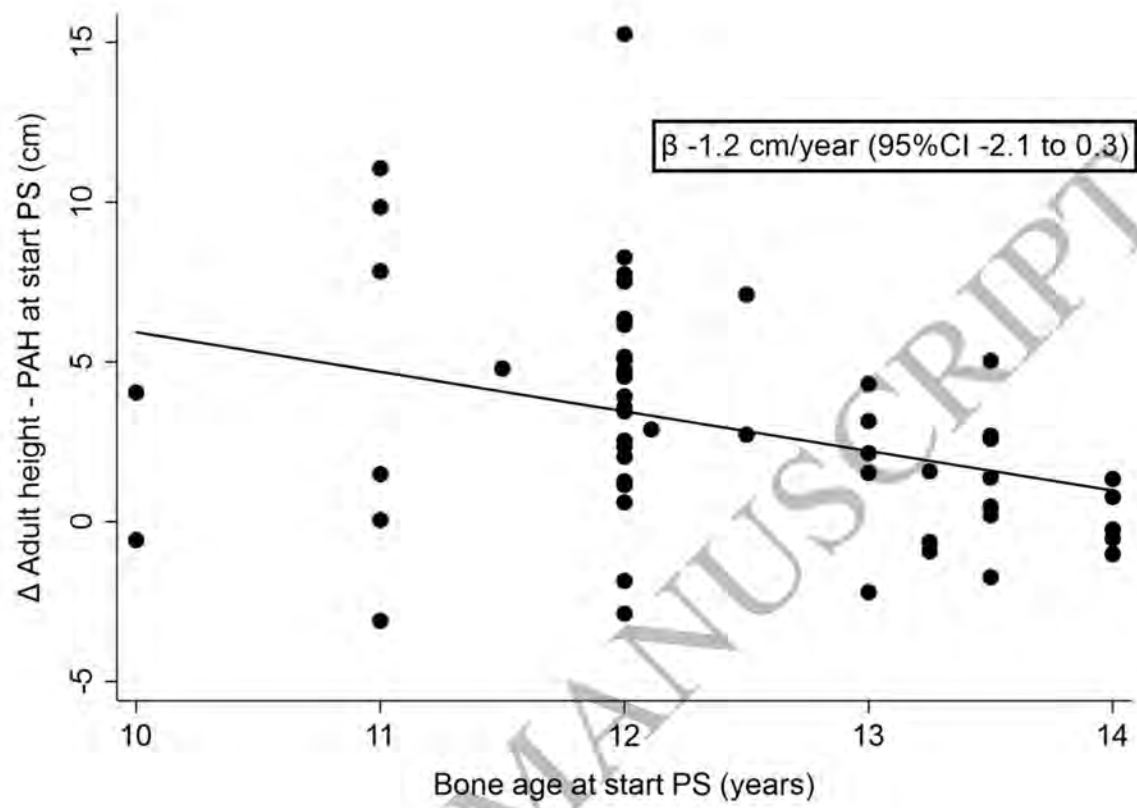


Figure 4
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Continuation of gender-affirming hormones in transgender people starting puberty suppression in adolescence: a cohort study in the Netherlands



Maria Anna Theodora Catharina van der Loos, Sabine Elisabeth Hannema, Daniel Tatting Klink, Martin den Heijer, Chantal Maria Wiepjes

Summary

Background In the Netherlands, treatment with puberty suppression is available to transgender adolescents younger than age 18 years. When gender dysphoria persists testosterone or oestradiol can be added as gender-affirming hormones in young people who go on to transition. We investigated the proportion of people who continued gender-affirming hormone treatment at follow-up after having started puberty suppression and gender-affirming hormone treatment in adolescence.

Methods In this cohort study, we used data from the Amsterdam Cohort of Gender dysphoria (ACOG), which included people who visited the gender identity clinic of the Amsterdam UMC, location Vrije Universiteit Medisch Centrum, Netherlands, for gender dysphoria. People with disorders of sex development were not included in the ACOG. We included people who started medical treatment in adolescence with a gonadotropin-releasing hormone agonist (GnRHa) to suppress puberty before the age of 18 years and used GnRHa for a minimum duration of 3 months before addition of gender-affirming hormones. We linked this data to a nationwide prescription registry supplied by Statistics Netherlands (Centraal Bureau voor de Statistiek) to check for a prescription for gender-affirming hormones at follow-up. The main outcome of this study was a prescription for gender-affirming hormones at the end of data collection (Dec 31, 2018). Data were analysed using Cox regression to identify possible determinants associated with a higher risk of stopping gender-affirming hormone treatment.

Findings 720 people were included, of whom 220 (31%) were assigned male at birth and 500 (69%) were assigned female at birth. At the start of GnRHa treatment, the median age was 14·1 (IQR 13·0–16·3) years for people assigned male at birth and 16·0 (14·1–16·9) years for people assigned female at birth. Median age at end of data collection was 20·2 (17·9–24·8) years for people assigned male at birth and 19·2 (17·8–22·0) years for those assigned female at birth. 704 (98%) people who had started gender-affirming medical treatment in adolescence continued to use gender-affirming hormones at follow-up. Age at first visit, year of first visit, age and puberty stage at start of GnRHa treatment, age at start of gender-affirming hormone treatment, year of start of gender-affirming hormone treatment, and gonadectomy were not associated with discontinuing gender-affirming hormones.

Interpretation Most participants who started gender-affirming hormones in adolescence continued this treatment into adulthood. The continuation of treatment is reassuring considering the worries that people who started treatment in adolescence might discontinue gender-affirming treatment.

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Introduction

Transgender people diagnosed with gender dysphoria experience distress due to gender incongruence—ie, a discrepancy between their gender identity and sex assigned at birth. Many transgender people desire to align their physique to match their gender identity. Consequently, the development of secondary sex characteristics during puberty can aggravate distress for transgender adolescents.

Around 1998, a revolutionary treatment protocol to suppress pubertal development was introduced in the Netherlands for transgender adolescents.^{1,2} Following a thorough diagnostic evaluation, suppression of pubertal development is usually achieved with use of a gonadotropin-releasing hormone agonist (GnRHa).

Such suppression of puberty can avert stressful changes in physical characteristics while providing time for a young person's exploration of their gender identity, and bridging the time until a person becomes eligible for gender-affirming hormones. The effects of GnRHa on the gonadal axis are fully reversible.³

This protocol became known as the Dutch Protocol and has become part of routine care for adolescents diagnosed with gender dysphoria in many gender identity clinics internationally. However, puberty suppression for individuals under 18 years has recently become a subject of public debate and legal measures have even been taken to ban its use.^{4,5} Although short-term studies have shown beneficial effects of puberty

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Research in context**Evidence before this study**

Medical treatment consisting of puberty suppression and gender-affirming hormones for people younger than 18 years diagnosed with gender dysphoria has been surrounded by controversy since it was introduced around 20 years ago. Although there has been a steep increase in people requesting this treatment, concerns exist regarding possible regret and discontinuation of gender-affirming hormones in adulthood. To collect evidence on this topic, we searched PubMed with “gender dysphoria”, “puberty suppression”, and related terms, for literature published between database inception and Aug 31, 2022. A previous study found that 74.4% of individuals who had started gender-affirming hormones before age 18 years were still on gender-affirming hormone treatment 4 years after starting medical treatment. However, it remains unclear what proportion of people who started medical treatment for gender dysphoria specifically with puberty suppression

before age 18 years, and who then received gender-affirming hormones, continue gender-affirming hormone treatment into adulthood.

Added value of this study

We found that most (98%) individuals diagnosed with gender dysphoria who started medical treatment with puberty suppression when younger than 18 years and went on to receive gender-affirming hormones were still receiving gender-affirming hormones at follow-up. Studies on continuation rates of medical treatment in this particular population were absent. Our findings could help guide the public and legal debate regarding initiation of medical treatment for gender dysphoria in young people.

Implications of all the available evidence

Discontinuation of medical treatment for gender dysphoria in adulthood, among those who start treatment before age 18 years appears to be uncommon in the Netherlands.

suppression for mental and physical outcomes,⁶ the treatment is regarded by some people as experimental because long-term follow-up is lacking.

As increasing numbers of adolescents are referred to gender identity clinics around the globe, it is important to answer outstanding questions, such as whether the desire for gender-affirming treatment in adolescence lasts throughout adult life.⁷⁻⁹ Steensma and colleagues reported in 2011 that 45% of adolescents (ages 14–18 years) with gender incongruence in childhood no longer wanted to transition when they reached adolescence or adulthood.¹⁰ In contrast, a recent study of children (ages 3–12 years) who had socially transitioned (ie, live in their identified gender) found that only 7% did not continue to identify as transgender after 5 years.¹¹ However, this study did not assess long-term continuation rates of gender-affirming hormone treatment in people who started treatment at a young age. Furthermore, in recent years, an increase in referrals of predominantly people assigned female at birth has been recorded; however, the reason for this is not yet clarified.^{12–14}

The aim of this study was therefore to assess the proportion of people who continue gender-affirming hormone treatment in adulthood, after they started GnRHa and gender-affirming hormone treatment in adolescence according to the Dutch Protocol. Additionally, we set out to study whether timing of treatment initiation, reflected by age at first visit, age and puberty stage at start of medical treatment, duration of GnRHa monotherapy (ie, the period between start of GnRHa treatment and addition of gender-affirming hormones) were correlated with gender-affirming hormone treatment discontinuation rates. We also aimed to assess whether sex assigned at birth, year of first visit, and year in which gender-affirming hormone treatment was

started were associated with discontinuation of treatment. We additionally investigated whether people who had undergone gonadectomy were more likely to continue treatment.

Methods**Study population and design**

In this cohort study, we used data from the Amsterdam Cohort Of Gender dysphoria (ACOG).¹⁵ All individuals—children, adolescents, and adults—visiting the gender identity clinic of the Amsterdam UMC, location Vrije Universiteit Medical Center, Netherlands, at least once between its establishment (1972) and Dec 31, 2018, were included in the ACOG dataset. The ACOG dataset contains demographic and clinical data on all of its 8831 participants, extracted from medical records. The ACOG dataset did not include people with disorders of sex development. We included only people receiving a minimum duration of 3 months of GnRHa, which was started when younger than age of 18 years, preceding the start of gender-affirming hormone treatment (start of gender-affirming hormone treatment when younger than 18 years was not a requirement for inclusion).

Procedures and outcomes

Adolescent individuals could be medically treated at our gender identity clinic if referred by a physician, usually a general practitioner, and were diagnosed with gender dysphoria (Diagnostic and Statistical Manual of Mental Disorders [DSM-IV-TR 2000 or DSM-5 2013], American Psychiatric Association) by the gender identity clinic. People could start on intramuscular or subcutaneous triptorelin, a GnRHa, 3.75 mg every 4 weeks or 11.25 mg every 12 weeks when a Tanner genital stage II or higher for people assigned male at birth or Tanner breast stage II

or higher for those assigned female at birth was reached, usually around age 12 years. If gender dysphoria remained present after treatment was started, and participants met all criteria as defined by the Endocrine Society's guideline for treatment of people with gender dysphoria,^{16,17} gender-affirming hormones could be added to induce puberty in eligible adolescents 16 years or older. Gender-affirming hormone treatment consists of oestrogen in people assigned male at birth, and testosterone in those assigned female at birth.¹⁷ Over time, the Dutch Protocol was adapted, enabling adolescents who had already been treated with GnRHa for several years to start gender-affirming hormones from age 15 years. Occasionally, some people started gender-affirming hormones at a younger age than 15 years, for example to reduce growth in case a tall adult height was predicted. GnRHa was usually discontinued in people assigned female at birth when they were on the full, adult dose of testosterone. In people assigned male at birth, GnRHa treatment was continued until gonadectomy. After at least 1 year of gender-affirming hormone treatment, and at a minimum age of 18 years, people became eligible for gender-affirming surgeries. After gonadectomy, treatment with sex hormones become indicated lifelong.

The main outcome of this study was a prescription for gender-affirming hormones at the end of data collection (Dec 31, 2018), which was used as an indicator of ongoing use of gender-affirming hormones. A prescription at the end of data collection was defined in one of two ways: firstly, a gender-affirming hormone prescription in the hospital's prescription registry in 2018. However, at the gender identity clinic of the Amsterdam UMC, long-term follow-up visits are advised at least once every 3 years but some people choose to have these evaluations at another clinic and therefore might have received a prescription from clinicians elsewhere. Therefore, secondly, we (MATCvdL and CMW) linked our study population to data supplied by the national statistical office, Statistics Netherlands (Centraal Bureau voor de Statistiek; CBS) that contained information regarding all drug prescriptions reimbursed under basic health insurance. In the Netherlands health insurance covering basic medical expenses is mandatory for everyone living or working in the country. All gender-affirming hormone treatment must be prescribed by a medical doctor and is fully covered by this basic health insurance. Therefore, all gender-affirming hormones prescribed in the Netherlands are available in the CBS data. In addition, gender-affirming hormone medication is readily available at local pharmacies. It was therefore unlikely that, contrary to some other countries, gender-affirming hormones in the Netherlands are obtained through other resources after the first prescription.

Drug prescriptions in the CBS-database are classified by the Anatomical Therapeutic Chemical (ATC) system.¹⁸ We (MATCvdL and CMW) searched for hormone prescriptions within the following subgroups: A14A, G03A,

G03B, G03C, G03D, G03F, G03H, G03X, G04C, H01C, L02A, and L02B. We only searched for people for whom a prescription could not be found in the hospital's 2018 prescription registry.

Statistical analyses

We reported continuous variables as mean (SD) for normally distributed data. Non-normally distributed data were described as median with IQR. Dichotomous variables were presented as proportions. We used a Cox proportional-hazards model to analyse data. We calculated analysis time as the number of years between the start of gender-affirming hormone treatment and the first terminating event for each participant. Terminating events were either date of last found prescription in people who did not have a prescription at the end of follow-up (Dec 31, 2018) or, where no prescription was found, the date of last visit to the clinic. We censored data for people who had prescriptions at the end of the study. We also censored data of individuals who were deceased or had moved abroad at the time of death or emigration; if the date of death or emigration was not available, the date of last visit to the clinic was used.

Independent variables were sex assigned at birth, age at first visit to the clinic, age at start of GnRHa and at start of gender-affirming hormone treatment, puberty stage at start of GnRHa treatment, duration of GnRHa monotreatment, year of start of gender-affirming hormone treatment, year of first visit, and whether a gonadectomy was done. We did both a univariable analysis and a multivariable analysis. In the multivariable model, we excluded people who had already started hormone treatment elsewhere because year of first visit did not reflect their initial visit to a gender identity clinic, and this would bias the results. Individuals with missing data were also excluded from the particular analysis. The proportional-hazards assumption was tested on the basis of the Schoenfeld residuals in the multivariable model and was not met for sex assigned at birth. Therefore, we stratified the analyses by sex assigned at birth. To check for collinearity, we calculated the variance inflation factor (VIF) for each variable. A VIF greater than 10 was regarded as significant collinearity. Collinearity was found between duration of GnRHa monotreatment, and age at start of GnRHa treatment and age at start of gender-affirming hormone treatment. Duration of GnRHa monotherapy was therefore removed from the model. In the multivariable model without duration of GnRHa monotherapy, all VIF were below 10.

Except for age, which was modelled as a continuous variable, independent variables were dichotomous or categorical. Puberty stage at start of GnRHa treatment was divided into early or late puberty. For people assigned male at birth, a maximum testicular volume of 9 mL was considered early puberty, and a testicular volume above

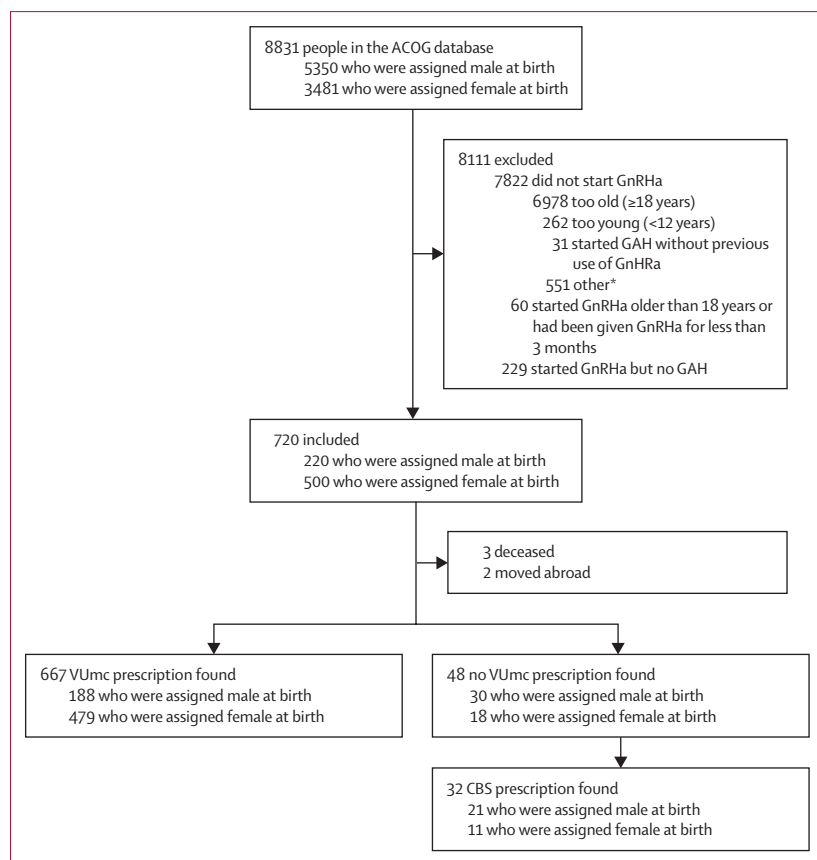


Figure 1: Flowchart of participants

ACOG=Amsterdam Cohort of Gender dysphoria. CBS=Centraal Bureau voor de Statistiek (Statistics Netherlands). GAH=gender-affirming hormones. GnRHa=gonadotropin-releasing hormone agonist. VUmc=Vrije Universiteit Medical Center prescription registry. *These people could still be in the diagnostic phase or were not diagnosed with gender dysphoria.

9 mL was considered late puberty. For people assigned female at birth, a Tanner breast stage II was considered early puberty, and stage III or greater was considered late puberty.

To investigate whether there was a difference in continuation of gender-affirming hormones between earlier and more recent years, year of start of gender-affirming hormones was divided in two categories (<2012 or ≥2012). We chose 2012 as the cutoff point because previous research has shown that the sharp increase in referrals of people assigned female at birth occurred around that time.¹²

Our gender identity clinic also provided care to youth who had already started medical treatment elsewhere. The initial dates of start of GnRHa and gender-affirming hormone treatment (taken from the referral letter) were registered for these people and used in the analyses. To avoid bias, these people were excluded when analysing age at first visit in our centre.

Use of CBS data is bound by strict rules to ensure anonymity. Due to low numbers, anonymity could not be guaranteed when stratifying people for both gonadectomy

and sex assigned at birth. Therefore, this analysis was only done for the overall study population. We used STATA (15.1) for all data analyses.

Before initiation of the study, the local Medical Ethics Committee confirmed that the Medical Research Involving Human Subjects Act (WMO) did not apply to this study due to the retrospective design, and absence of interventions. The collaboration between the Amsterdam UMC, location Vrije Universiteit Medical Center, and Statistics Netherlands has been approved by the privacy officer of the Amsterdam UMC, location Vrije Universiteit Medical Center, and a lawyer from Statistics Netherlands. All data were reviewed by Statistics Netherlands to verify that the results did not contain any identifiable data.

Role of the funding source

There was no funding source for this study.

Results

In total, 720 people (529 [96%] White; 171 had missing ethnicity data) were included in this study (figure 1), of whom 220 (31%) were assigned male at birth and 500 (69%) were assigned female at birth. Their baseline characteristics are shown in table 1. Median duration of gender-affirming hormone treatment by the time of study analysis was 3.5 (IQR 1.5–7.6; range 0.1–20.0) years for people assigned male at birth, and 2.3 (1.2–4.8; range 0.0–15.5) years for those assigned female at birth. Median age at end of data collection was 20.2 (17.9–24.8) years for people assigned male at birth and 19.2 (17.8–22.0) years for those assigned female at birth. Overall, 282 (59%) of all 480 eligible (ie, minimum age of 18 years and at least 1 year of gender-affirming hormone treatment) participants had gonadectomy.

Of all participants, three died and two had moved abroad during the study. For 667 (93%) of the remaining 715 individuals, we found a prescription for gender-affirming hormones consistent with the affirmed gender in the hospital's 2018 prescription registry. For an additional 32 (4%), we found a prescription in the CBS-linked database. There were 16 (2%) people for whom no prescription was found. Of these, nine were assigned male at birth (4% of all 220 people assigned male at birth) and seven were assigned female at birth (1% of all 500 those assigned female at birth). Figure 2 shows a Kaplan-Meier curve for the proportion of people prescribed gender-affirming hormones and duration of gender-affirming treatment. Of the 16 people for whom no prescription was found, 12 (75%) had undergone gonadectomy. For these individuals, no prescriptions were found for sex hormones of the sex assigned at birth either.

In the multivariable model, none of the assessed variables were correlated with finding a prescription or not. Year of start of gender-affirming hormone treatment (<2012 or ≥2012) could not be assessed because the event rate was too low in the groups starting medical treatment

in 2012 or after. All people assigned female at birth for whom a prescription was not found were in late puberty at start of GnRHa treatment. Therefore, we could not assess the association between puberty stage and finding a prescription or not finding a prescription in people assigned female at birth.

Because more people could be included in the univariable models than in multivariate models (ie, the people who had been externally referred and had already started medical treatment elsewhere were excluded from the multivariable model to avoid bias based on the year of first visit), the overall group could be assessed in the univariable models. In the univariable models, age at first visit, at start of GnRHa, and at start of gender-affirming hormone treatment were not associated with us finding a prescription or not, nor were puberty stage at start of GnRHa treatment, whether or not gonadectomy was done, year in which people first visited, or year in which gender-affirming hormone treatment was started (table 2).

Discussion

In this cohort study, we show that most people who had started medical transition with puberty suppression in adolescence followed with gender-affirming hormone treatment, continued using gender-affirming hormones in adulthood. Ongoing gender-affirming hormones use was not associated with age at first visit, nor was age at start of GnRHa treatment, age at start of gender-affirming hormone treatment, puberty stage at start of GnRHa treatment, nor gonadectomy.

In recent years, a surge of referrals of predominantly people assigned female at birth has been seen at our gender identity clinic.¹² Some people have raised concerns about gender-affirming treatment for adolescents because of poor diagnostic certainty of gender dysphoria, especially in light of the increasing demand for this treatment.¹⁹ However, Arnoldussen and colleagues¹² have already shown that the proportion of adolescents diagnosed with gender incongruence has not changed between 2000 and 2016 at the gender identity clinic of the Amsterdam UMC, location Vrije Universiteit Medical Center, suggesting that current referrals are similar with regard to gender dysphoria to those from earlier years. We have now shown that there is no difference in continuation of treatment between people who started gender-affirming hormones before 2012 and those who started treatment after 2012 in the Netherlands, corroborating Arnoldussen and colleagues¹² statement. When assessing the association between not finding a prescription and age at first visit, at start of GnRHa treatment, and at start of gender-affirming hormone treatment, the chance of discontinuing treatment seemed to increase with older age at all these timepoints in people assigned female at birth in this Article. However, these were not statistically significant.

We were unable to find a prescription for only 2% of people in our cohort. These people might have stopped

	Overall		No prescription found	
	People assigned male at birth (n=220)	People assigned female at birth (n=500)	People assigned male at birth (n=9)	People assigned female at birth (n=7)
Age at start of GnRHa treatment, years	14.1 (13.0–16.3)	16.0 (14.1–16.9)	14.6 (13.3–15.2)	16.6 (16.5–16.9)
Early puberty at start of GnRHa treatment	64 (30%)*	16 (3%)*	3 (33%)	0
Testicular volume at start of GnRHa treatment, mL	15 (8–20)†	NA	20 (6–22)†	NA
Menarche before GnRHa initiation	NA	335 (81%)†	NA	7 (100%)†
Monotherapy with GnRHa, years	1.7 (0.7–2.6)	0.8 (0.5–1.9)	2.4 (1.1–2.7)	0.7 (0.5–1.0)
Age at start of gender-affirming hormone treatment, years	16.0 (15.5–17.1)	16.7 (16.0–17.5)	16.0 (16.0–16.6)	17.6 (17.0–17.7)
Age at end of data collection, years	20.2 (17.9–24.8)	19.2 (17.8–22.0)	29.3 (27.8–31.2)	25.3 (19.6–26.5)
Age at last found prescription, years	NA	NA	24.6 (22.8–25.9)	20.7 (17.7–23.1)

Data are median (IQR) or n (%). Early puberty in people assigned male at birth was considered as testicular volume ≤ 9 mL and in people assigned female at birth considered as Tanner breast stage II. GAH=gender-affirming hormones. GnRHa=gonadotropin-releasing hormone agonist. NA=not applicable. *Data on puberty stage at start of GnRHa was missing for three people who were assigned male at birth and seven people who were assigned female at birth. †For eight people who were assigned male at birth, including two without a prescription at the end of follow-up, testicular volume was missing; for 85 people who were assigned female at birth, including one without a prescription at the end of follow-up, data on menarche were missing.

Table 1: Characteristics of all participants

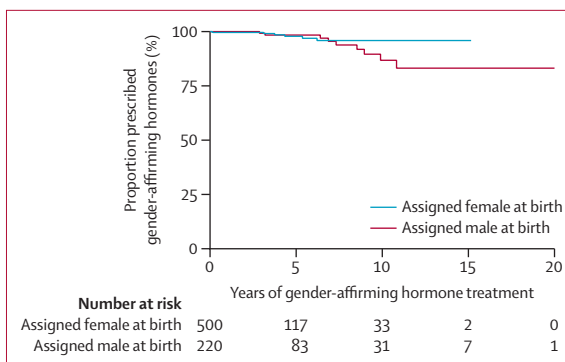


Figure 2: Kaplan-Meier curve for proportion of people prescribed gender-affirming hormones and duration of gender-affirming hormone treatment, stratified by sex assigned at birth

using gender-affirming hormones. There are several plausible reasons for discontinuation of treatment. There might be a lack of knowledge on the importance of continued hormone treatment after gonadectomy, or the side-effects of medication could have led to stopping of medication. Any participants with a non-binary gender identity might require only short-term medical treatment. No prescriptions for any kind of sex hormones (ie, neither for the sex assigned at birth or the experienced gender) were found, suggesting that people might not have stopped treatment because of regret of transition or change of gender identity; if people who had gonadectomy

	Univariable model, overall	Univariable model, people assigned male at birth	Multivariable model*, people assigned male at birth	Univariable model*, people assigned female at birth	Multivariable model, people assigned female at birth
Age at first visit*	1.21 (0.95–1.54)	1.04 (0.76–1.41)	1.09 (0.62–1.92)	1.69 (0.97–2.93)	0.89 (0.31–2.53)
Age at start of GnRHa treatment	1.21 (0.91–1.59)	0.99 (0.67–1.45)	0.62 (0.23–1.69)	1.86 (0.97–3.56)	2.60 (0.37–18.4)
Age at start of gender-affirming hormone treatment	1.37 (0.85–2.20)	1.20 (0.67–2.16)	2.47 (0.60–10.1)	1.94 (0.89–4.26)	0.70 (0.08–6.20)
Puberty stage at start of GnRHa treatment					
Early puberty	Reference	Reference	Reference	Reference	Reference
Late puberty	0.62 (0.18–2.18)	0.62 (0.15–2.48)	0.56 (0.08–3.71)	Omitted†	Omitted†
Year of first visit*	1.03 (0.89–1.19)	0.85 (0.67–1.08)	0.83 (0.63–1.09)	1.24 (0.95–1.64)	1.09 (0.80–1.49)
Year of start of gender-affirming hormone treatment					
<2012	Reference	Reference	Reference	Reference	Reference
≥2012	0.68 (0.17–2.76)	0.90 (0.07–11.43)	Omitted‡	0.53 (0.10–2.85)	Omitted‡
Gonadectomy§					
No	Reference
Yes	0.43 (0.11–1.63)

Data are in hazard ratio (95% CI). Early puberty in people assigned male at birth was considered as testicular volume ≤9 mL and in people assigned female at birth was considered as Tanner breast stage II. GnRHa=gonadotropin-releasing hormone agonist. NA=not applicable. *External referrals excluded. †Analyses not possible because all people assigned female at birth for whom a prescription was not found were in late puberty at start of GnRHa treatment. ‡Analyses not possible because the event rate was too low in the group starting gender-affirming hormones after 2012. §Not stratified by sex assigned at birth to ensure anonymity.

Table 2: Association between independent variables and the outcome of no prescription found

regretted their transition they might have started treatment with sex hormones of their sex assigned at birth. A survey study by Turban and colleagues²⁰ found that, even among adult participants with a history of detransitioning, very few reported internal factors, including uncertainty about gender identity, as the reason for detransitioning. Alternatively a non-supportive, or even disapproving, attitude towards transitioning from an individual's environment, could have compelled participants to discontinue treatment due to social rejection.²¹

Roberts and colleagues²² reported that, 4 years after hormone initiation, 74.4% of individuals who had started gender-affirming hormones before age 18 years continued treatment. However, it is unclear how many of these adolescents used puberty suppressing treatment before gender-affirming hormone treatment, and to what extent they underwent diagnostic evaluation before initiation of medical treatment. At our gender identity clinic, adolescents go through a meticulous diagnostic process before the start of GnRHa and gender-affirming hormone treatment. Perhaps differences in diagnostic evaluation and criteria to start treatment contribute to the discrepancy in continuation rates found between studies. In a small study from

Germany,²³ the main objective of which was to assess satisfaction with transition-related care, three (9%) of 32 adolescents discontinued gender-affirming hormone treatment, none due to regret of transition. The higher proportion than in our study of discontinuation found by these authors²³ might be explained by their select and small study population. Whereas we were able to include the complete adolescent population seen at our centre, Nieder and colleagues²³ only included people who actively participated in their follow-up study. In a UK-based gender identity clinic, nine (5.1%) of 175 participants who had started gender-affirming hormones when at least age 17 years, discontinued this treatment.²⁴ However, this population started gender-affirming hormone treatment at a later age than our participants, without previous GnRHa treatment, and were discharged from their gender identity clinic.

Of all people for whom a prescription was not found at follow-up, 12 (75%) of 16 underwent gonadectomy and appeared to not use any sex hormones. This particular fact is troublesome as these individuals are at increased risk of complications such as osteoporosis. The proportion of people undergoing gonadectomy might be higher compared with in other countries because, in the Netherlands, gonadectomy was obligatory (until July 1, 2014) for transgender people to change their legal sex. Our findings underline the importance of careful counselling of young adults considering gonadectomy about the need for ongoing hormone treatment after gonadectomy.

To our knowledge, this study is the first to assess continuation of gender-affirming hormones in a large group of transgender individuals who started medical treatment with puberty suppression in adolescence. A valuable asset to our study is the link with a national prescription registry, yielding information on hormone use of all people who were treated at our centre. A limitation of our study is that gender-affirming hormones being prescribed does not necessarily mean that people are using the medication, possibly overestimating the number of people still using gender-affirming hormones. The results over the most recent years should be regarded with caution, as duration of follow-up is of course limited by time. This limitation by time is represented by the gradually decreasing number of people at risk with an increasing duration of gender-affirming hormone treatment in the Kaplan-Meier curve. Unfortunately, due to data limitations, we could only speculate about reasons why people might have stopped using gender-affirming hormones. Another limitation is that we were unable to do a power and sample size calculation in advance of the study because we could not find a study providing an estimation on the number of expected events in this population. Because the event rate in our study was very low, the regression analyses regarding determinants of stopping gender-affirming hormone

treatment might have been underpowered. Lastly, prescriptions might have been not recorded for people obtaining treatment outside of the regular health system. However, this would mean we overestimated the number of people stopping use of gender-affirming hormones, and would not alter the key message that the vast majority of this particular group continued using gender-affirming hormones.

Overall, 98% of people who had started gender-affirming medical treatment with puberty suppression in adolescence in this study continued gender-affirming hormones. This proportion is reassuring considering the public concern regarding regret of transition when started in adolescence. Factors associated with possibly stopping treatment were not identified; future research should identify reasons why young adults stop taking gender-affirming hormones. In the meantime, educating all young people who undergo gender-affirming treatment on the need for continued hormone treatment and on the health risks of discontinuing treatment should be a priority.

Contributors

MATCvdL contributed to conceptualisation, data curation, formal analysis, investigation, methodology, data visualisation, and writing of the Article. SEH contributed to conceptualisation, supervision, and writing of the Article. DTK contributed to conceptualisation, supervision, and writing of the Article. MdH contributed to conceptualisation, methodology, project administration, supervision, and writing of the Article. CMW contributed to conceptualisation, data curation, methodology, project administration, supervision, validation, data visualisation, and writing of the Article.

Declaration of interests

We declare no competing interests.

Data sharing

Individual participant data will not be made available as this is prohibited by Statistics Netherlands to guarantee the anonymity of the people in its databases.

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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, October 31, 2022 12:51 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Title Question

I think a "Gender Psychiatry clinic" is great. I'd like to hear from [REDACTED], in her capacity as CAGC Director of Mental Health, as to how this would interface with the CAGC. This would inform titles, etc.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 31, 2022 11:46 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: Re: Title Question

Including Steve [REDACTED].

Having had to advocate for my own title after putting in quite a bit of work for the CAGC, I am all for it!

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 31, 2022 8:56 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Title Question

With my full supporttttt ♥

[REDACTED]
Assistant Professor, Division of Child & Adolescent Psychiatry
University of California, San Francisco - Pritzker
Zuckerberg San Francisco General Hospital
Pronouns: he/him/his, they/them/theirs
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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 31, 2022 8:55 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Title Question

I should have mentioned that [REDACTED] and I already spoke, and they are on board with this!

[REDACTED] (any pronouns)

Assistant Professor, Division of Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

From: [REDACTED] <[REDACTED]@ucsf.edu>

Date: Thursday, October 27, 2022 at 11:02 AM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Title Question

Hi [REDACTED] & [REDACTED]

Part of my recruitment to UCSF was for me to create a gender psychiatry clinic within child psychiatry. The separation is obviously somewhat artificial since [REDACTED] and I are so integrated into the CAGC (and currently our psychiatry referrals are only from the CAGC!).

I wanted to check in to see if you're okay with child psychiatry having a "Gender Psychiatry Program" and me putting myself down as "director". I'm very open to feedback though, as I don't want to create any issues on your side!

[REDACTED]

[REDACTED]
Assistant Professor, Division of Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, October 31, 2022 1:54 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: spanish consents

Hi [REDACTED],

Sorry to be a tech dinosaur, but please tell me how to find the consent form in apex for androgen receptor blocker and also how one edits this in epic. I also wanted to discuss parameters of bicalutamide use. Maybe we can have a brief zoom chat?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 31, 2022 12:10 PM

To: [REDACTED]@ucsf.edu; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: spanish consents

Dear Team,

I shared the GAHT Spanish consent forms with you in Apex. I will also request that the androgen receptor blocker consent be translated, and my longer-term goal will be to get these forms translated into cantonese.

Providers: please review the androgen receptor blocker consent and edit in Apex. I made all of you editors so you can fix errors to remove/add information. I will then submit the document next week.

Thank you,

Dr. [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 31, 2022 4:56 PM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Title Question

It would all fit in quite nicely. It just means we growing bigger and bigger!

[REDACTED] Ph.D.

Director of Mental Health, Child and Adolescent Gender Center

Department of Pediatrics

UCSF Benioff Children's Hospital

1825 Fourth St., Sixth Floor

San Francisco, CA 94158

e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, October 31, 2022 12:51 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Title Question

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Thanks,

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Stephen M. Rosenthal, M.D.

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 31, 2022 11:46 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: Re: Title Question

Including Steve .

Having had to advocate for my own title after putting in quite a bit of work for the CAGC, I am all for it!

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine

Divisions of Pediatric Endocrinology and Endocrinology & Metabolism

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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 31, 2022 8:56 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Title Question

With my full supporttttt ♡

[REDACTED]
Assistant Professor, Division of Child & Adolescent Psychiatry
University of California, San Francisco - Pritzker
Zuckerberg San Francisco General Hospital
Pronouns: *he/him/his, they/them/theirs*
[Twitter](#)[LinkedIn](#)[UCSF Profile](#)

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 31, 2022 8:55 AM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Title Question

I should have mentioned that [REDACTED] and I already spoke, and they are on board with this!

[REDACTED] ([any pronouns](#))
Assistant Professor, Division of Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Thursday, October 27, 2022 at 11:02 AM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Title Question

Hi [REDACTED] & [REDACTED]:

Part of my recruitment to UCSF was for me to create a gender psychiatry clinic within child psychiatry. The separation is obviously somewhat artificial since [REDACTED] and I are so integrated into the CAGC (and currently our psychiatry referrals are only from the CAGC!).

I wanted to check in to see if you're okay with child psychiatry having a "Gender Psychiatry Program" and me putting myself down as "director". I'm very open to feedback though, as I don't want to create any issues on your side!

[REDACTED]

[REDACTED]
Assistant Professor, Division of Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 31, 2022 5:02 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: spanish consents

Hi,

You can go under my smart phrases in Apex. They are are listed there. When you click on it, you can edit within the document.

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 31, 2022, at 14:54, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Hi [REDACTED]

Sorry to be a tech dinosaur, but please tell me how to find the consent form in apex for androgen receptor blocker and also how one edits this in epic. I also wanted to discuss parameters of bicalutamide use. Maybe we can have a brief zoom chat?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 31, 2022 12:10 PM
To: [REDACTED]@ucsf.edu; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: spanish consents

Dear Team,

I shared the GAHT Spanish consent forms with you in Apex. I will also request that the androgen receptor blocker consent be translated, and my longer-term goal will be to get these forms translated into cantonese.

Providers: please review the androgen receptor blocker consent and edit in Apex. I made all of you editors so you can fix errors to remove/add information. I will then submit the document next week.

Thank you,

Dr. [REDACTED], [REDACTED] DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, October 31, 2022 5:52 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: spanish consents

I only know how to look at smart phrases when I'm in a patient's chart and creating a document. If you're able, a quick tutorial on how to see your smart phrases without being in a patient's chart would be appreciated.

Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
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550 16th St., 4th Floor, #4635
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 31, 2022 5:02 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: Re: spanish consents

Hi,

You can go under my smart phrases in Apex. They are are listed there. When you click on it, you can edit within the document.

[REDACTED] PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

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Hi [REDACTED],

Sorry to be a tech dinosaur, but please tell me how to find the consent form in apex for androgen receptor blocker and also how one edits this in epic. I also wanted to discuss parameters of bicalutamide use. Maybe we can have a brief zoom chat?

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Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 31, 2022 12:10 PM
To: [REDACTED]@ucsf.edu; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: spanish consents

Dear Team,

I shared the GAHT Spanish consent forms with you in Apex. I will also request that the androgen receptor blocker consent be translated, and my longer-term goal will be to get these forms translated into cantonese.

Providers: please review the androgen receptor blocker consent and edit in Apex. I made all of you editors so you can fix errors to remove/add information. I will then submit the document next week.

Thank you,

Dr. [REDACTED] [REDACTED], DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 31, 2022 6:38 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: spanish consents

Hi,

I won't have time this week. Perhaps ask [REDACTED] to just ask [REDACTED] to send you a copy as a word document and you could edit and email to me? Or, you could call IT? I'm sorry I don't have time this week.

[REDACTED], PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 31, 2022, at 18:52, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Pronouns: he/him/his

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 31, 2022 5:02 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: spanish consents

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[REDACTED], PNP
UCSF Pediatric Endocrinology
Assistant Clinical Professor
Department of Family Health Care
UCSF School of Nursing

On Oct 31, 2022, at 14:54, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Monday, October 31, 2022 12:10 PM
To: [REDACTED]@ucsf.edu; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>;
[REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: spanish consents

Dear Team,

I shared the GAHT Spanish consent forms with you in Apex. I will also request that the androgen receptor blocker consent be translated, and my longer-term goal will be to get these forms translated into cantonese.

Providers: please review the androgen receptor blocker consent and edit in Apex. I made all of you editors so you can fix errors to remove/add information. I will then submit the document next week.

Thank you,

Dr. [REDACTED], DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Tuesday, November 01, 2022 8:42 AM PDT

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Title Question

Thanks, everyone! So excited to build this out. ☺

[REDACTED]

[REDACTED]

Assistant Professor, Division of Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Date: Monday, October 31, 2022 at 4:56 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Title Question

It would all fit in quite nicely. It just means we growing bigger and bigger!

[REDACTED] [REDACTED] Ph.D.

Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, October 31, 2022 12:51 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Title Question

I think a "Gender Psychiatry clinic" is great. I'd like to hear from [REDACTED], in her capacity as CAGC Director of Mental Health, as to how this would interface with the CAGC. This would inform titles, etc.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, October 31, 2022 11:46 AM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: Re: Title Question

Including Steve

Having had to advocate for my own title after putting in quite a bit of work for the CAGC, I am all for it!

Best,

██████████ MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: ██████████@ucsf.edu
She/Her/Hers

From: ██████████ <██████████@ucsf.edu>

Sent: Monday, October 31, 2022 8:56 AM

To: ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>

Subject: Re: Title Question

With my full supporttttt♥

██████████ MD, MS

Assistant Professor, Division of Child & Adolescent Psychiatry
University of California, San Francisco - Pritzker
Zuckerberg San Francisco General Hospital
Pronouns: *he/him/his, they/them/theirs*
[Twitter](#)[LinkedIn](#)[UCSF Profile](#)

From: ██████████ <██████████@ucsf.edu>

Sent: Monday, October 31, 2022 8:55 AM

To: ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>

Cc: ██████████ <██████████2@ucsf.edu>

Subject: Re: Title Question

I should have mentioned that ██████████ and I already spoke, and they are on board with this!

██████████ (any pronouns)

Assistant Professor, Division of Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

From: ██████████ <██████████@ucsf.edu>

Date: Thursday, October 27, 2022 at 11:02 AM

To: ██████████, ██████████ <██████████@ucsf.edu>, ██████████ <██████████@ucsf.edu>

Subject: Title Question

Hi ██████████ & ██████████

Part of my recruitment to UCSF was for me to create a gender psychiatry clinic within child psychiatry. The separation is obviously somewhat artificial since ██████████ and I are so integrated into the CAGC (and currently our psychiatry referrals are only from the CAGC!).

I wanted to check in to see if you're okay with child psychiatry having a "Gender Psychiatry Program" and me putting myself down as "director". I'm very open to feedback though, as I don't want to create any issues on your side!

██████████

██████████
Assistant Professor, Division of Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

From: [REDACTED]@sfdph.org>
Sent: Tuesday, November 01, 2022 10:14 AM PDT
To: [REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: UCSF, CACG Contract Update

This Message Is From an External Sender

This message came from outside your organization.

Dear Dr. Rosenthal,

Thank you for leading the efforts to deliver quality care and support for TDG young people and their families. It's been a pleasure to support CAGC and your dedicated team members!

@ [REDACTED], [REDACTED] posted some questions that we would need to document for our processes. Feel free to respond to them so we can document them appropriately.

Also, I'm happy to schedule a check-in meeting this week now if it would help to discuss some of the close-out processes and questions. I'm happy to assist as things wind down this month. Feel free to direct message me if you want to schedule a meeting time this week.

Best regards,

[REDACTED]

[REDACTED]
Director
Gender Health SF
San Francisco Department of Public Health
995 Potrero Avenue, Building 80, #8000N (Ground Floor)
San Francisco, CA 94102
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



CONFIDENTIALITY NOTICE: This email is intended for the recipient only. If Protected Health Information (PHI) is contained in this email, unauthorized disclosure may subject the discloser to civil or criminal penalties under state and federal privacy laws. If you received this email in error, notify me and destroy the email immediately.

From: "Rosenthal, Stephen" <Stephen.Rosenthal@ucsf.edu>
Date: Friday, October 28, 2022 at 5:21 PM
To: [REDACTED]@sfdph.org>, [REDACTED] (UCSF)" <[REDACTED]@ucsf.edu>, [REDACTED]
[REDACTED]@sfdph.org>
Cc: [REDACTED]@sfdph.org>, [REDACTED]
[REDACTED]@sfdph.org>, [REDACTED] (UCSF)" <[REDACTED]@ucsf.edu>, [REDACTED]
[REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Thanks for your kind words.

I'm sure [REDACTED] will be able to answer your questions in the 2^d and 3rd paragraphs of your email

Regarding our finance department, I have cc'd [REDACTED] [REDACTED], MPA, Division Administrator for Pediatric Endocrinology,

[REDACTED]
Due to the unanticipated departure of [REDACTED] (our CAGC Social Worker) and [REDACTED] LPCC's job change to consultant (at 2 % FTE) independent of the work with the SF DPH, our contract with the DPH, originally slated to run through June, 2023, will now end as of November 30, 2022. Please work with [REDACTED] for guidance regarding termination

of the contract.

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org>

Sent: Friday, October 28, 2022 4:38 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

This Message Is From an External Sender

This message came from outside your organization.

Hello [REDACTED] and Dr. Rosenthal,

As I mentioned to [REDACTED], it has been my honor to be associated with this vital program right from the start - and a shout out to [REDACTED] who heard and saw what the community needed, to Dr. Rosenthal for his insight and vision, and to [REDACTED] and [REDACTED] too! I can only imagine how many lives were touched and saved by your work over the years. And, as you know, [REDACTED] is just simply amazing too.

I want to echo [REDACTED] directions below. What is the client census now? Can you please work with [REDACTED] on any needed client transfers and care plans? I will need to include this in my report to the department. Also, can you please provide us with a communication plan to alert your city partners of the program closure? Will there be a formal press release from UCSF? We want to make sure the word goes out that you will not be accepting any new clients or providing presentations and trainings via this contract.

I will need to have confirmation that all client files and data will be stored properly and safely. This is UC of course so I am sure this will be handled appropriately but if you could send me this confirmation, we can check that off our list.

I think we can be assured that the laptop has depreciated to no value by this time, so unless [REDACTED] see the need to retrieve it back, DPH does not need it. But could you confirm with me and [REDACTED] that you have removed all PHI and that the device has been transferred into UC's system for IT equipment? I did a look back in our Budget and there was a projector and other presentation equipment that would be helpful to retrieve. Please let me know how DPH can get this.

Also - and this is vital - can you please give an accounting of any purchased incentives? Are any left?

These must be returned to me so they can be distributed for use at other community programs.

Your finance department will have to mark the last invoice in November as FINAL when it is sent in to our A/P unit. We may not have to do anything else, but I am still getting direction from our Contracts Unit. Also, as is standard each year, your finance department will need to do their usually reconciliation on the Cost Report. If you can give me the program's current contact person in UC Contracts, I can make sure they are kept in the loop. The business side of things can be dry but it must be attended to.

And as always, if you need any other assistance, please let me know. I do hope our paths will cross again.

■



■
Program Manager
Contract Development & Technical Assistance (CDTA)
San Francisco Department of Public Health - Business Office
1380 Howard St., 5th floor, SF, CA 94103
■ direct
■ 5th floor reception desk
(ask for cell phone number)
■@sfdph.org

CDTA Website --> <http://www.sfdph.org/CDTA>

CDTA Mission Statement:

Utilizing sound business practices, CDTA facilitates the development of City contracts with health service providers, thus ensuring the availability of community services which protect and promote the health of all San Franciscans.

This message and any attachments are solely for the intended recipient and may contain confidential or privileged information. If you are not the intended recipient, any disclosure, copying, use, or distribution of the information included in this message and any attachments is prohibited. If you have received this communication in error, please notify me by reply e-mail and immediately and permanently delete this message and any attachments. Thank you.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 4:10 PM

To: ■, ■ (UCSF) <■@ucsf.edu>; ■@sfdph.org>

Cc: ■@sfdph.org>; ■@sfdph.org>; ■@sfdph.org>; ■

■@sfdph.org>; ■, ■ (UCSF) <■@ucsf.edu>

Subject: Re: UCSF, CACG Contract Update

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi All,

I want to add my thanks, as well. I am so grateful for our partnership between the CAGC and the SFDPH, and am particularly grateful for all of ■ and ■'s efforts in community outreach, as well as for guidance from ■ and close collaboration with ■. This has been a truly positive and meaningful effort, and I hope the

impact of the work so far will endure.

Please let me know of anything that is needed from me.

With gratitude and hope for potential future collaboration,

Sincerely,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 28, 2022 3:41 PM

To: [REDACTED]@sfdph.org>

Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

Hi all,

Thank you [REDACTED] for your warm words and this detailed email. The relationship has been rich and mutually beneficial and I feel grateful to you, [REDACTED] and [REDACTED] for your support and leadership in creating what turned out to be a robust and successful program. The time, heart and commitment we all put into Trans and Nonbinary children, youth, young adults, adults and older adults is not lost and these intergenerational and system wide supports are the life blood of keeping people supported and alive. To be able to partner with the most marginalized and support the programs and systems serving them has been a true honor.

I am sad it will end a bit early, and look forward to future opportunities to partner in some capacity.

Yes, to confirm we will close out given we do not have capacity or time to hire to replace my role or [REDACTED].

The date of November 30th is fine as it will give time for Steve to complete any paperwork [REDACTED] might have for us and work with our contract department to get you what you need.

I will prepare the final narrative report and data of what we were able to accomplish in these past months since the start of FY 22-23.

We have one more training scheduled on 11/2/22 and I yes I will finish on 11/11/22.

[REDACTED] - please let Steve and I know what specifically you need if anything. There was one laptop purchase in 2018. Aside from that our majority spending with occasional guest speakers was largely staffing/FTE. I have the accounting for the laptop which I can include in the report to [REDACTED]. Do you take back the machine or just need the receipt for the purchase to track line items? Let me know if we need to get that to DPH.

Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best

Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

text/voice

@ucsf.edu

From: @sfdph.org>

Sent: Thursday, October 27, 2022 5:18 PM

To: @ucsf.edu>

Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; @sfdph.org>;

@sfdph.org>; @sfdph.org>

Subject: UCSF, CAGC Contract Update

This Message Is From an External Sender

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Hi

I appreciate you taking the time to meet this morning. I had time to consult with about the CAGC contract, given recent transition and your expected transition on 11/11/2022, so I wanted to follow up.

To summarize our discussion today, CAGC's contract ends this fiscal year in June 2023. This essentially leaves the program with seven months left in the contract. Also, given that you and were the primary staff of the contract, we discussed that it's not feasible to hire for the remaining period. CAGC is proposing to stop all contract services with your transition. UCSF plans to submit invoices from July 2022 up until November 2022. You mentioned finalizing a summary report of the deliverables for the first five months of the contract, so please feel free to submit them before your transition.

Based on our discussion, it makes sense to end the formal contract on November 30th. Can you please confirm that our understanding is clear?

I am sure you have thought about this but just wanted to confirm that you have developed a communication and clinical transition plan for clients receiving clinical support in case they need to continue receiving care. Please let me know CAGC's plans or supports from me that could help. Similarly, it would be helpful to inform other CAGC service partners to inform them of the change. Other things to keep in mind are to ensure proper storage of documents and client files and completion of invoicing. Things like unused incentives, gift cards, vouchers, or tech equipment (projectors or presentation equipment) purchased through the grant should be returned. Can you confirm items that you have so we can coordinate a return before your transition?

will check in with the Budget and Contracts team about what should be done about the actual contract and can get back to us. He thinks it should be a simple process since the contract was due to end this fiscal year.

CAGC has done a tremendous job in the gender affirmative care model for youth. I am hopeful we will continue to create programs and services for the population since trans and gender-diverse youth are in dire need of care services and support. It's been an honor and privilege to work with you in supporting our most vulnerable trans and gender-diverse youth and families in San Francisco.

Thank you for all your hard work and dedication!

Best regards,

Director
Gender Health SF
SFPD, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: Fax:
@sfdph.org

Pronouns: she/her



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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Tuesday, November 01, 2022 4:06 PM PDT

To: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]
<[REDACTED]@ucsf.edu>
CC: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>;
[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Would you be available for a zoom on Friday, 11/4, at 4:00 PM?

Thank you for all of your support!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org>

Sent: Tuesday, November 1, 2022 10:14 AM

To: [REDACTED]@sfdph.org>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>; Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu>

Subject: Re: UCSF, CACG Contract Update

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Dear Dr. Rosenthal,

Thank you for leading the efforts to deliver quality care and support for TDG young people and their families. It's been a pleasure to support CACG and your dedicated team members!

@ [REDACTED], [REDACTED] posted some questions that we would need to document for our processes. Feel free to respond to them so we can document them appropriately.

Also, I'm happy to schedule a check-in meeting this week now if it would help to discuss some of the close-out processes and questions. I'm happy to assist as things wind down this month. Feel free to direct message me if you want to schedule a meeting time this week.

Best regards,

[REDACTED]

[REDACTED]
Director
Gender Health SF
San Francisco Department of Public Health
995 Potrero Avenue, Building 80, #8000N (Ground Floor)
San Francisco, CA 94102
Tel: [REDACTED] Fax: [REDACTED]

██████████@sfdph.org

Pronouns: she/her



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From: "Rosenthal, Stephen" <Stephen.Rosenthal@ucsf.edu>

Date: Friday, October 28, 2022 at 5:21 PM

To: "██████████@sfdph.org", "██████████, ██████████ (UCSF)" <██████████@ucsf.edu>, "██████████@sfdph.org"

Cc: "██████████@sfdph.org", "██████████@sfdph.org", "██████████@sfdph.org", "██████████@sfdph.org", "██████████ (UCSF)" <██████████@ucsf.edu>, "██████████@sfdph.org"

Subject: Re: UCSF, CACG Contract Update

Hi ██████████,

Thanks for your kind words.

I'm sure ██████████ will be able to answer your questions in the 2^d and 3rd paragraphs of your email

Regarding our finance department, I have cc'd ██████████, MPA, Division Administrator for Pediatric Endocrinology.

Due to the unanticipated departure of ██████████ (our CACG Social Worker) and ██████████, LPCC's job change to consultant (at 2 % FTE) independent of the work with the SF DPH, our contract with the DPH, originally slated to run through June, 2023, will now end as of November 30, 2022. Please work with ██████████ for guidance regarding termination of the contract.

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████████@sfdph.org>

Sent: Friday, October 28, 2022 4:38 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████@sfdph.org>

Cc: ██████████@sfdph.org>; ██████████@sfdph.org>; ██████████@sfdph.org>; ██████████@ucsf.edu>; ██████████@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

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Hello ██████████ and Dr. Rosenthal,

As I mentioned to [REDACTED], it has been my honor to be associated with this vital program right from the start - and a shout out to [REDACTED] who heard and saw what the community needed, to Dr. Rosenthal for his insight and vision, and to [REDACTED] and [REDACTED] too! I can only imagine how many lives were touched and saved by your work over the years. And, as you know, [REDACTED] is just simply amazing too.

I want to echo [REDACTED] directions below. What is the client census now? Can you please work with [REDACTED] on any needed client transfers and care plans? I will need to include this in my report to the department. Also, can you please provide us with a communication plan to alert your city partners of the program closure? Will there be a formal press release from UCSF? We want to make sure the word goes out that you will not be accepting any new clients or providing presentations and trainings via this contract.

I will need to have confirmation that all client files and data will be stored properly and safely. This is UC of course so I am sure this will be handled appropriately but if you could send me this confirmation, we can check that off our list.

I think we can be assured that the laptop has depreciated to no value by this time, so unless [REDACTED] see the need to retrieve it back, DPH does not need it. But could you confirm with me and [REDACTED] that you have removed all PHI and that the device has been transferred into UC's system for IT equipment? I did a look back in our Budget and there was a projector and other presentation equipment that would be helpful to retrieve. Please let me know how DPH can get this.

Also - and this is vital - can you please give an accounting of any purchased incentives? Are any left? These must be returned to me so they can be distributed for use at other community programs.

Your finance department will have to mark the last invoice in November as FINAL when it is sent in to our A/P unit. We may not have to do anything else, but I am still getting direction from our Contracts Unit. Also, as is standard each year, your finance department will need to do their usually reconciliation on the Cost Report. If you can give me the program's current contact person in UC Contracts, I can make sure they are kept in the loop. The business side of things can be dry but it must be attended to.

And as always, if you need any other assistance, please let me know. I do hope our paths will cross again.

[REDACTED]



[REDACTED]
Program Manager
Contract Development & Technical Assistance (CDTA)
San Francisco Department of Public Health - Business Office
1380 Howard St., 5th floor, SF, CA 94103
[REDACTED] direct
[REDACTED] 5th floor reception desk
(ask for cell phone number)
[REDACTED]@sfdph.org

CDTA Website --> <http://www.sfdph.org/CDTA>

CDTA Mission Statement:

Utilizing sound business practices, CDTA facilitates the development of City contracts with health service providers, thus ensuring the availability of community services which protect and promote the health of all San Franciscans.

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 4:10 PM

To: [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>

Subject: Re: UCSF, CACG Contract Update

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi All,

I want to add my thanks, as well. I am so grateful for our partnership between the CAGC and the SFDPH, and am particularly grateful for all of [REDACTED] and [REDACTED]'s efforts in community outreach, as well as for guidance from [REDACTED] and close collaboration with [REDACTED]. This has been a truly positive and meaningful effort, and I hope the impact of the work so far will endure.

Please let me know of anything that is needed from me.

With gratitude and hope for potential future collaboration,

Sincerely,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 28, 2022 3:41 PM

To: [REDACTED]@sfdph.org>

Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]

[REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

Hi all,

Thank you [REDACTED] for your warm words and this detailed email. The relationship has been rich and mutually beneficial and I feel grateful to you, [REDACTED] and [REDACTED] for your support and leadership in creating what turned out to be a robust and successful program. The time, heart and commitment we all put into Trans and Nonbinary children, youth, young adults, adults and older adults is not lost and these intergenerational and system wide supports are the life blood of keeping people supported and alive. To be able to partner with the most marginalized and support the programs and systems serving them has been a true honor.

I am sad it will end a bit early, and look forward to future opportunities to partner in some capacity.

Yes, to confirm we will close out given we do not have capacity or time to hire to replace my role or [REDACTED]'s.

The date of November 30th is fine as it will give time for Steve to complete any paperwork [REDACTED] might have for us and work with our contract department to get you what you need.

I will prepare the final narrative report and data of what we were able to accomplish in these past months since the start of FY 22-23.

We have one more training scheduled on 11/2/22 and I yes I will finish on 11/11/22.

[REDACTED] - please let Steve and I know what specifically you need if anything. There was one laptop purchase in 2018. Aside from that our majority spending with occasional guest speakers was largely staffing/FTE. I have the accounting for the laptop which I can include in the report to [REDACTED]. Do you take back the machine or just need the receipt for the purchase to track line items? Let me know if we need to get that to DPH.

Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best
[REDACTED]

[REDACTED]
Pronouns : they/them/theirs

Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED]@ucsf.edu

From: [REDACTED]@sfdph.org>

Sent: Thursday, October 27, 2022 5:18 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]

[REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>

Subject: UCSF, CACG Contract Update

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Hi [REDACTED]

I appreciate you taking the time to meet this morning. I had time to consult with [REDACTED] about the CAGC contract, given [REDACTED]'s recent transition and your expected transition on 11/11/2022, so I wanted to follow up.

To summarize our discussion today, CAGC's contract ends this fiscal year in June 2023. This essentially leaves the program with seven months left in the contract. Also, given that you and [REDACTED] were the primary staff of the contract, we discussed that it's not feasible to hire for the remaining period. CAGC is proposing to stop all contract services with your transition. UCSF plans to submit invoices from July 2022 up until November 2022. You mentioned finalizing a summary report of the deliverables for the first five months of the contract, so please feel free to submit them before your transition.

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[REDACTED] will check in with the Budget and Contracts team about what should be done about the actual contract and can get back to us. He thinks it should be a simple process since the contract was due to end this fiscal year.

CAGC has done a tremendous job in the gender affirmative care model for youth. I am hopeful we will continue to create programs and services for the population since trans and gender-diverse youth are in dire need of care services and support. It's been an honor and privilege to work with you in supporting our most vulnerable trans and gender-diverse youth and families in San Francisco.

Thank you for all your hard work and dedication!

Best regards,

[REDACTED]

[REDACTED]

Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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....we had a wonderful and productive day. A special thanks to [REDACTED] [REDACTED] for your behind the scenes organization, and a shout out to [REDACTED] for leading us in a very hip Zumba dance routine! Who knew we had so much talent among us!

I am attaching some of the visioning summaries that we came up with- lots of great ideas for the future. Overall, it was a much-needed opportunity to come together as a team and share ideas and I believe that all of us came away with a renewed sense of purpose for the important work that we do.

Below is a link to the photos from the day

[REDACTED]

Thanks again!

Best

[REDACTED]

[REDACTED] MD, MHSc

Pronouns: she/her/hers

Selna L. Kaplan Chair Distinguished Professorship in Pediatric Endocrinology/Diabetes

Professor of Pediatrics

Chief, Division of Pediatric Endocrinology and Diabetes

University of California, San Francisco

Department of Pediatrics

Division of Pediatric Endocrinology

Mission Hall

550 16th St., 4th Floor, Box 0434

San Francisco, CA 94143

Tel: (415) 476-3310

Fax: (415) 476-5356

For FedEx deliveries, please use 94158

--

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Wednesday, November 02, 2022 7:01 AM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org; [REDACTED]@sfdph.org

CC: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED]@ucsf.edu; [REDACTED]@sfdph.org

Subject: Re: UCSF, CACG Contract Update

Hi all,

My apologies for the delay in responding. I've carved out some time to address all of [REDACTED] questions tomorrow and Friday and forward on. I'll say quickly, to offer reassurance, we have all things in place that impact clients directly and have alerted relevant stakeholders in terms of the grant services ending. As far as I know, we never ended up purchasing a projector. It was budgeted, yet we ended up using technology available at places we trained. I'll put together a more formal response to your questions, [REDACTED].

[REDACTED]. I'll work on what we discussed hopefully over these next two days (though Friday is a holiday so it may push into next week) and send you the final update and reach out off this thread with questions.

Thank you

Get [Outlook for iOS](#).

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Tuesday, November 1, 2022 4:06 PM

To: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Would you be available for a zoom on Friday, 11/4, at 4:00 PM?

Thank you for all of your support!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org

Sent: Tuesday, November 1, 2022 10:14 AM

To: [REDACTED]@sfdph.org; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED]@ucsf.edu; [REDACTED]@sfdph.org; [REDACTED] <Stephen.Rosenthal@ucsf.edu>

Subject: Re: UCSF, CACG Contract Update

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Dear Dr. Rosenthal,

Thank you for leading the efforts to deliver quality care and support for TDG young people and their families. It's been a pleasure to support CAGC and your dedicated team members!

@ [REDACTED], [REDACTED], [REDACTED] posted some questions that we would need to document for our processes. Feel free to respond to them so we can document them appropriately.

Also, I'm happy to schedule a check-in meeting this week now if it would help to discuss some of the close-out processes and questions. I'm happy to assist as things wind down this month. Feel free to direct message me if you want to schedule a meeting time this week.

Best regards,

[REDACTED]

[REDACTED]
Director
Gender Health SF
San Francisco Department of Public Health
995 Potrero Avenue, Building 80, #8000N (Ground Floor)
San Francisco, CA 94102
Tel: [REDACTED] Fax: [REDACTED]
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From: "Rosenthal, Stephen" <Stephen.Rosenthal@ucsf.edu>

Date: Friday, October 28, 2022 at 5:21 PM

To: "[REDACTED]@sfdph.org", "[REDACTED], [REDACTED] (UCSF)" <[REDACTED]@ucsf.edu>, "[REDACTED]@sfdph.org"

Cc: "[REDACTED]@sfdph.org", "[REDACTED]@sfdph.org", "[REDACTED]@sfdph.org", "[REDACTED], [REDACTED] (UCSF)" <[REDACTED]@ucsf.edu>, "[REDACTED]@sfdph.org"

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Thanks for your kind words.

I'm sure [REDACTED] will be able to answer your questions in the 2^d and 3rd paragraphs of your email

Regarding our finance department, I have cc'd [REDACTED], MPA, Division Administrator for Pediatric Endocrinology.

[REDACTED]
Due to the unanticipated departure of [REDACTED] (our CAGC Social Worker) and [REDACTED] LPCC's job change to consultant (at 2 % FTE) independent of the work with the SF DPH, our contract with the DPH, originally slated to run through June, 2023, will now end as of November 30, 2022. Please work with [REDACTED] for guidance regarding termination of the contract.

Thanks very much,

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org>

Sent: Friday, October 28, 2022 4:38 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

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Hello [REDACTED] and Dr. Rosenthal,

As I mentioned to [REDACTED], it has been my honor to be associated with this vital program right from the start - and a shout out to [REDACTED] who heard and saw what the community needed, to Dr. Rosenthal for his insight and vision, and to [REDACTED] and [REDACTED] too! I can only imagine how many lives were touched and saved by your work over the years. And, as you know, [REDACTED] is just simply amazing too.

I want to echo [REDACTED] directions below. What is the client census now? Can you please work with [REDACTED] on any needed client transfers and care plans? I will need to include this in my report to the department. Also, can you please provide us with a communication plan to alert your city partners of the program closure? Will there be a formal press release from UCSF? We want to make sure the word goes out that you will not be accepting any new clients or providing presentations and trainings via this contract.

I will need to have confirmation that all client files and data will be stored properly and safely. This is UC of course so I am sure this will be handled appropriately but if you could send me this confirmation, we can check that off our list.

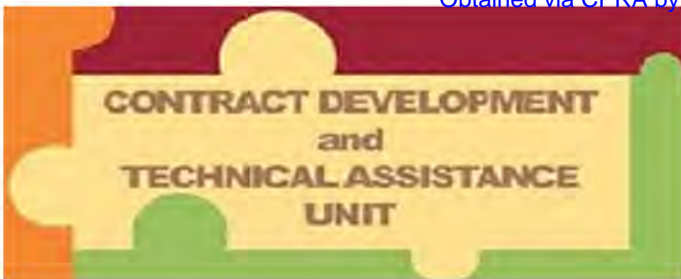
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Your finance department will have to mark the last invoice in November as FINAL when it is sent in to our A/P unit. We may not have to do anything else, but I am still getting direction from our Contracts Unit. Also, as is standard each year, your finance department will need to do their usually reconciliation on the Cost Report. If you can give me the program's current contact person in UC Contracts, I can make sure they are kept in the loop. The business side of things can be dry but it must be attended to.

And as always, if you need any other assistance, please let me know. I do hope our paths will cross again.

[REDACTED]



██████████
Program Manager
Contract Development & Technical Assistance (CDTA)
San Francisco Department of Public Health - Business Office
1380 Howard St., 5th floor, SF, CA 94103
██████████ direct
██████████ 5th floor reception desk
(ask for cell phone number)
██████████@sfdph.org

CDTA Website --> <http://www.sfdph.org/CDTA>

CDTA Mission Statement:

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 28, 2022 4:10 PM
To: ██████████, ██████████ (UCSF) <██████████@ucsf.edu>; ██████████@sfdph.org>
Cc: ██████████@sfdph.org>; ██████████@sfdph.org>; ██████████@sfdph.org>; ██████████@sfdph.org>; ██████████ (UCSF) <██████████@ucsf.edu>
Subject: Re: UCSF, CACG Contract Update

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Hi All,

I want to add my thanks, as well. I am so grateful for our partnership between the CAGC and the SFDPH, and am particularly grateful for all of ██████████ and ██████████'s efforts in community outreach, as well as for guidance from ██████████ and close collaboration with ██████████. This has been a truly positive and meaningful effort, and I hope the impact of the work so far will endure.

Please let me know of anything that is needed from me.

With gratitude and hope for potential future collaboration,

Sincerely,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 3:41 PM
To: [REDACTED]@sfdph.org>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi all,

Thank you [REDACTED] for your warm words and this detailed email. The relationship has been rich and mutually beneficial and I feel grateful to you, [REDACTED] and [REDACTED] for your support and leadership in creating what turned out to be a robust and successful program. The time, heart and commitment we all put into Trans and Nonbinary children, youth, young adults, adults and older adults is not lost and these intergenerational and system wide supports are the life blood of keeping people supported and alive. To be able to partner with the most marginalized and support the programs and systems serving them has been a true honor.

I am sad it will end a bit early, and look forward to future opportunities to partner in some capacity.

Yes, to confirm we will close out given we do not have capacity or time to hire to replace my role or [REDACTED]'s.

The date of November 30th is fine as it will give time for Steve to complete any paperwork [REDACTED] might have for us and work with our contract department to get you what you need.

I will prepare the final narrative report and data of what we were able to accomplish in these past months since the start of FY 22-23.

We have one more training scheduled on 11/2/22 and I yes I will finish on 11/11/22.

[REDACTED] - please let Steve and I know what specifically you need if anything. There was one laptop purchase in 2018. Aside from that our majority spending with occasional guest speakers was largely staffing/FTE. I have the accounting for the laptop which I can include in the report to [REDACTED]. Do you take back the machine or just need the receipt for the purchase to track line items? Let me know if we need to get that to DPH.

Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best

[REDACTED]
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
[REDACTED] text/voice
[REDACTED]@ucsf.edu

From: [REDACTED]@sfdph.org>
Sent: Thursday, October 27, 2022 5:18 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>
Subject: UCSF, CACG Contract Update

This Message Is From an External Sender
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Hi [REDACTED]

I appreciate you taking the time to meet this morning. I had time to consult with [REDACTED] about the CAGC contract, given [REDACTED]'s recent transition and your expected transition on 11/11/2022, so I wanted to follow up.

To summarize our discussion today, CAGC's contract ends this fiscal year in June 2023. This essentially leaves the program with seven months left in the contract. Also, given that you and [REDACTED] were the primary staff of the contract, we discussed that it's not feasible to hire for the remaining period. CAGC is proposing to stop all contract services with your transition. UCSF plans to submit invoices from July 2022 up until November 2022. You mentioned finalizing a summary report of the deliverables for the first five months of the contract, so please feel free to submit them before your transition.

Based on our discussion, it makes sense to end the formal contract on November 30th. Can you please confirm that our understanding is clear?

I am sure you have thought about this but just wanted to confirm that you have developed a communication and clinical transition plan for clients receiving clinical support in case they need to continue receiving care. Please let me know CAGC's plans or supports from me that could help. Similarly, it would be helpful to inform other CAGC service partners to inform them of the change. Other things to keep in mind are to ensure proper storage of documents and client files and completion of invoicing. Things like unused incentives, gift cards, vouchers, or tech equipment (projectors or presentation equipment) purchased through the grant should be returned. Can you confirm items that you have so we can coordinate a return before your transition?

[REDACTED] will check in with the Budget and Contracts team about what should be done about the actual contract and can get back to us. He thinks it should be a simple process since the contract was due to end this fiscal year.

CAGC has done a tremendous job in the gender affirmative care model for youth. I am hopeful we will continue to create programs and services for the population since trans and gender-diverse youth are in dire need of care services and support. It's been an honor and privilege to work with you in supporting our most vulnerable trans and gender-diverse youth and families in San Francisco.

Thank you for all your hard work and dedication!

Best regards,

[REDACTED]

[REDACTED]
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: ([REDACTED]) Fax: ([REDACTED])
[REDACTED]@sfdph.org
Pronouns: she/her



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From: [REDACTED]@sfdph.org
Sent: Wednesday, November 02, 2022 9:55 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>
CC: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>;
[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>
Subject: RE: UCSF, CACG Contract Update

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Hi [REDACTED]

I appreciate you looping us in. That sounds like a good plan.

[@Rosenthal, Stephen \(UCSF\)](#) – I am unavailable this Friday afternoon. I could meet next week as afternoons look better for my schedule. Please let me know a day/times that work for you.

Thank you.

[REDACTED]
[REDACTED]
Director
Gender Health SF
SFPD, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, November 2, 2022 7:01 AM
To: Rosenthal, Stephen (UCSF) <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]
[REDACTED]@sfdph.org>
Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]
[REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi all,

My apologies for the delay in responding. I've carved out some time to address all of [REDACTED] questions tomorrow and Friday and forward on. I'll say quickly, to offer reassurance, we have all things in place that impact clients directly and have alerted relevant stakeholders in terms of the grant services ending. As far as I know, we never ended up purchasing a projector. It was budgeted, yet we ended up using technology available at places we trained. I'll put together a more formal response to your questions, [REDACTED].

[REDACTED], I'll work on what we discussed hopefully over these next two days (though Friday is a holiday so it may push into next week) and send you the final update and reach out off this thread with questions.

Thank you
[REDACTED]

Get [Outlook for iOS](#)

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Tuesday, November 1, 2022 4:06 PM

To: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED]
<[REDACTED]@ucsf.edu>
Cc: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org;
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org
Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Would you be available for a zoom on Friday, 11/4, at 4:00 PM?

Thank you for all of your support!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org
Sent: Tuesday, November 1, 2022 10:14 AM
To: [REDACTED]@sfdph.org; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org; Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu>
Subject: Re: UCSF, CACG Contract Update

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Dear Dr. Rosenthal,

Thank you for leading the efforts to deliver quality care and support for TDG young people and their families. It's been a pleasure to support CACG and your dedicated team members!

@ [REDACTED] posted some questions that we would need to document for our processes. Feel free to respond to them so we can document them appropriately.

Also, I'm happy to schedule a check-in meeting this week now if it would help to discuss some of the close-out processes and questions. I'm happy to assist as things wind down this month. Feel free to direct message me if you want to schedule a meeting time this week.

Best regards,

[REDACTED]

[REDACTED]
Director
Gender Health SF
San Francisco Department of Public Health
995 Potrero Avenue, Building 80, #8000N (Ground Floor)
San Francisco, CA 94102
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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From: "Rosenthal, Stephen" <Stephen.Rosenthal@ucsf.edu>

Date: Friday, October 28, 2022 at 5:21 PM

To: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>, [REDACTED] (UCSF)" <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>, [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>

Cc: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>, [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>, [REDACTED] (UCSF)" <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>, [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Thanks for your kind words.

I'm sure [REDACTED] will be able to answer your questions in the 2^d and 3rd paragraphs of your email

Regarding our finance department, I have cc'd [REDACTED] [REDACTED], MPA, Division Administrator for Pediatric Endocrinology.

[REDACTED],
Due to the unanticipated departure of [REDACTED] (our CACG Social Worker) and [REDACTED], LPCC's job change to consultant (at 2 % FTE) independent of the work with the SF DPH, our contract with the DPH, originally slated to run through June, 2023, will now end as of November 30, 2022. Please work with [REDACTED] for guidance regarding termination of the contract.

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>

Sent: Friday, October 28, 2022 4:38 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>

Cc: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>

Subject: Re: UCSF, CACG Contract Update

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Hello [REDACTED] and Dr. Rosenthal,

As I mentioned to [REDACTED], it has been my honor to be associated with this vital program right from the

start - and a shout out to [REDACTED] who heard and saw what the community needed, to Dr. Rosenthal for his insight and vision, and to [REDACTED] and [REDACTED] too! I can only imagine how many lives were touched and saved by your work over the years. And, as you know, [REDACTED] is just simply amazing too.

I want to echo [REDACTED] directions below. What is the client census now? Can you please work with [REDACTED] on any needed client transfers and care plans? I will need to include this in my report to the department. Also, can you please provide us with a communication plan to alert your city partners of the program closure? Will there be a formal press release from UCSF? We want to make sure the word goes out that you will not be accepting any new clients or providing presentations and trainings via this contract.

I will need to have confirmation that all client files and data will be stored properly and safely. This is UC of course so I am sure this will be handled appropriately but if you could send me this confirmation, we can check that off our list.

I think we can be assured that the laptop has depreciated to no value by this time, so unless [REDACTED] see the need to retrieve it back, DPH does not need it. But could you confirm with me and [REDACTED] that you have removed all PHI and that the device has been transferred into UC's system for IT equipment? I did a look back in our Budget and there was a projector and other presentation equipment that would be helpful to retrieve. Please let me know how DPH can get this.

Also - and this is vital - can you please give an accounting of any purchased incentives? Are any left? These must be returned to me so they can be distributed for use at other community programs.

Your finance department will have to mark the last invoice in November as FINAL when it is sent in to our A/P unit. We may not have to do anything else, but I am still getting direction from our Contracts Unit. Also, as is standard each year, your finance department will need to do their usually reconciliation on the Cost Report. If you can give me the program's current contact person in UC Contracts, I can make sure they are kept in the loop. The business side of things can be dry but it must be attended to.

And as always, if you need any other assistance, please let me know. I do hope our paths will cross again.

[REDACTED]



[REDACTED]
Program Manager
Contract Development & Technical Assistance (CDTA)
San Francisco Department of Public Health - Business Office
1380 Howard St., 5th floor, SF, CA 94103

[REDACTED] direct
[REDACTED] 5th floor reception desk
(ask for cell phone number)
[REDACTED] [@sfdph.org](mailto:[REDACTED]@sfdph.org)

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 4:10 PM

To: [REDACTED], [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>

Subject: Re: UCSF, CACG Contract Update

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Hi All,

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With gratitude and hope for potential future collaboration,

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, October 28, 2022 3:41 PM

To: [REDACTED]@sfdph.org>

Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

Hi all,

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Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best

█
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
█ text/voice
█ @ucsf.edu

From: █ @sfdph.org>
Sent: Thursday, October 27, 2022 5:18 PM
To: █, █ <█ @ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; █ @sfdph.org>; █ @sfdph.org>; █ @sfdph.org>
Subject: UCSF, CACG Contract Update

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Hi █

I appreciate you taking the time to meet this morning. I had time to consult with █ about the CAGC contract, given █ recent transition and your expected transition on 11/11/2022, so I wanted to follow up.

To summarize our discussion today, CAGC's contract ends this fiscal year in June 2023. This essentially leaves the program with seven months left in the contract. Also, given that you and █ were the primary staff of the contract, we discussed that it's not feasible to hire for the remaining period. CAGC is proposing to stop all contract services with your transition. UCSF plans to submit invoices from July 2022 up until November 2022. You mentioned finalizing a summary report of the deliverables for the first five months of the contract, so please feel free to submit them before your transition.

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█ will check in with the Budget and Contracts team about what should be done about the actual contract and can get back to us. He thinks it should be a simple process since the contract was due to end this fiscal year.

CAGC has done a tremendous job in the gender affirmative care model for youth. I am hopeful we will continue to create programs and services for the population since trans and gender-diverse youth are in dire need of care services and support. It's been an honor and privilege to work with you in supporting our most vulnerable trans and gender-diverse youth and families in San Francisco.

Thank you for all your hard work and dedication!

Best regards,

█

[REDACTED]
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: ([REDACTED]) Fax: ([REDACTED])
[REDACTED]@sfdph.org
Pronouns: she/her



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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, November 02, 2022 3:03 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

Hi Dr. Rosenthal & [REDACTED],

I am checking in to see if there have been any updates within your department since we conversed over email earlier this year. I just got off a ZOOM presentation with the Pediatricians at San Mateo County Medical Center and they had some Gender Center questions for me.

1. Have you hired a practice manager? (so I don't have to bother you with these questions!)
2. Are we still providing services in San Mateo and if so, are they strictly telehealth? Should we be marketing this service line for San Mateo or leave it off of our material?
3. Current wait time for an appointment so I can give the SMMC providers an idea of what our access is like ([REDACTED] question)
4. Would anyone on your clinical team be willing to do a presentation for our BCH bi-weekly webinar series? The audience is community pediatricians. Tuesdays 12:30 – 1:30pm
 - a. Available 2023 dates...
 - i. 01/24
 - ii. 01/31
 - iii. 03/14
 - iv. 03/21
 - v. 03/28

Thank you very much!

[REDACTED] (she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: [REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, March 4, 2022 1:55 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Hi [REDACTED],

We don't currently have a practice manager (we will soon, we hope!), but I have attached the link, below, which will give you an overview of the Child and Adolescent Gender Center (CAGC) Clinic (there have been some personnel changes since that site was last updated).

We currently are seeing the majority of our patients by Telehealth, including all those that would have been seen in-person at the San Mateo location.

I have cc'd [REDACTED] [REDACTED], who can provide information about CAGC appointments.

My schedule is jam-packed over the next two weeks, and then I'll be out of the country until early April. [REDACTED] can let you know her schedule.

Thanks and best wishes,

Steve Rosenthal

<https://diversitybch.ucsf.edu/child-and-adolescent-gender-center#>

Child and Adolescent Gender Center - Diversity, Equity, & Inclusion at UCSF Benioff Children's Hospitals

What services does the Child and Adolescent Gender Center provide? The Child and Adolescent Gender Center (CAGC), a collaboration between UCSF and community organizations, uses a multidisciplinary approach to offer comprehensive, gender affirming care to gender diverse/transgender youth and adolescents.

diversitybch.ucsf.edu

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, March 4, 2022 11:17 AM

To: [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: UCSF Pediatric Physician Liaison - Gender Center questions

Hi Dr. Rosenthal & [REDACTED],

Happy Friday! My name is [REDACTED] and I am the UCSF Pediatrics Physician Liaison for the Peninsula & South Bay. I started in this role in January and have been out in the field visiting community Pediatricians for a few weeks. I have been receiving some questions about the gender center and could use some education around the services, access, locations, etc so I can assist these providers and help generate more referrals.

I was given your contact information from one of the other liaisons, but please let me know if there is a practice manager or administrative director that you would prefer for me to reach out to. I would love to set up a ZOOM meeting in the coming weeks to learn more. In the meantime, I also have a few time sensitive questions that I told a provider I would get answered.

1. Do we have a someone providing gender identity services at the San Mateo specialty practice? It says on our website and marketing materials that we do but I am unsure who that provider is and if this is accurate
2. If a family in Los Gatos does not want to drive to SF for initial services, can a new patient visit be done over video?
3. What is the current access to get an appointment for a new patient?

Thank you and please let me know when you may have some time to connect further in the coming weeks.

Have a great weekend!

[REDACTED] (she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: [REDACTED]
[REDACTED]@ucsf.edu



From: [REDACTED]@ucsf.edu>
Sent: Wednesday, November 02, 2022 3:30 PM PDT
To: [REDACTED]@health.ucsd.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Hi [REDACTED],

I hope that this email finds you well.

I wanted to circle back with you as we just posted for a Pediatric Endocrinology position based at the UCSF Children's Hospital in Oakland.

The position would be predominantly clinical but there may be opportunities for other professional activities such as engaging in clinical research.

The link to apply is here in case [REDACTED] is interested:
<https://aprecruit.ucsf.edu/JPF03780>

She can also contact me by email if any questions.
Best,

[REDACTED]

[REDACTED] MD
Clinical Associate Professor of Pediatrics
Division of Pediatric Endocrinology and Diabetes

UCSF Benioff Children's Hospital Oakland
747 52nd Street | Oakland, CA 94609
tel: 510-428-3654 | fax: 510-450-5614
[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)
www.childrenshospitaloakland.org
[Facebook: ChildrensHospitalOakland](https://www.facebook.com/ChildrensHospitalOakland)
[Twitter: UCSFBenioffOAK](https://twitter.com/UCSFBenioffOAK)

From: [REDACTED]@ucsf.edu>
Sent: Wednesday, August 24, 2022 5:50 PM
To: [REDACTED]@health.ucsd.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Hi [REDACTED],
Thanks for letting us know about Dr. [REDACTED] and her interest.
The link to the job posting is here:
<https://aprecruit.ucsf.edu/JPF03953>

Best,

[REDACTED]

[REDACTED] MD
Clinical Associate Professor of Pediatrics
Division of Pediatric Endocrinology and Diabetes

UCSF Benioff Children's Hospital Oakland
747 52nd Street | Oakland, CA 94609
tel: 510-428-3654 | fax: 510-450-5614
[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)
www.childrenshospitaloakland.org
[Facebook: ChildrensHospitalOakland](https://www.facebook.com/ChildrensHospitalOakland)
[Twitter: UCSFBenioffOAK](https://twitter.com/UCSFBenioffOAK)

From: [REDACTED]@health.ucsd.edu>
Sent: Monday, August 22, 2022 11:29 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@ucsf.edu>
Subject: Re: opening at UCSF for 2023

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Thank you, Steve and hi [REDACTED]

██████ has another year of fellowship, so not quite ready to start. I will share this info with her. I am very excited about the WPATH and seeing all dear faces again!

□

██████

██████ (she, her)
Clinical Professor
Department of Pediatric Endocrinology
University of California San Diego

Medical Co-Director of Center for Gender Affirming Care
Rady Children's Hospital
3030 Children's Way
San Diego, CA 92123
Office: 858-966-4032
FAX: 858-966-6227

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, August 22, 2022 3:10 PM
To: ██████@health.ucsd.edu>
Cc: ██████@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Hi ██████,

Nice to hear from you--and I hope you are doing well! Thanks for reaching out about faculty openings in pediatric endocrinology at UCSF and for your enthusiastic recommendation about yur fellow, Dr. ██████ ██████.

We have actually had a search for a new faculty member in pediatric endocrinology with a primary focus on transgender care that has been open for the last few months. In fact, the search committee has reviewed the applications and already determined its top ranking, and an offer is about to be made. Of course, there's no guarantee that an offer will be accepted, so if this focus on transgender care is of interest to Dr. ██████, she may wish to apply. I have cc'd my colleague, ██████, Chair of the search committee who can provide the link to the job posting.

Thanks and best wishes, and hope to see you in Montreal,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████@health.ucsd.edu>
Sent: Sunday, August 21, 2022 9:55 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: opening at UCSF for 2023

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Dear Steve,

Hope you are doing well.

I am reaching out to "promote" our wonderful 3rd-year pediatric endocrinology fellow, [REDACTED] [REDACTED]. She will be finishing her fellowship in June 2023 and is actively looking for a position in the Bay Area due to family reasons. I was wondering if you anticipate having a position at UCSF that will be open around that time.

[REDACTED] is an exceptional fellow in our program at Rady Children's/UCSD. She is very strong clinically, is an EPIC expert, and is loved by patients, families, and clinic staff. [REDACTED] has a strong interest in health inequities and has been involved in several projects involving food insecurity and disparities in technology use in our patients with diabetes. For her main fellowship research project, she has created a fruit and vegetable prescription program within our clinic and is assessing its impact on our patients with type 2 diabetes. She is very interested in an academic career and is involved in our UCSD Clinical Research Training program and Fellows as Clinician Educators program to develop her skills in clinical research and medical education. She has been rotating with me in the Center for Gender Affirming Care as well. In my opinion, she has a great potential to advance the field of pediatric endocrinology.

Please let me know if you have any info and thank you for your time.

Hope to see you in Montreal!

Warmest regards,

[REDACTED]

[REDACTED] (she, her)

Clinical Professor
Department of Pediatric Endocrinology
University of California San Diego

Medical Co-Director of Center for Gender Affirming Care
Rady Children's Hospital
3030 Children's Way
San Diego, CA 92123
Office: 858-966-4032
FAX: 858-966-6227

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Wednesday, November 02, 2022 4:55 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>

CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Hi [REDACTED]

We have very recently hired a practice manager. [REDACTED], MD, MPH, MAS, cc'd here, can provide details.

Re San Mateo, Child and Adolescent Gender Center (CAGC) visits at present continue to be by Telehealth only. I do not yet know when this might change.

Our CAGC Clinical team is in pre-clinic conference (12 noon-1 PM) followed by CAGC Clinic from 1-5 PM every Tuesday, afternoon, so unfortunately the dates/time listed don't work.

Best,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Wednesday, November 2, 2022 3:03 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

Hi Dr. Rosenthal & [REDACTED],

I am checking in to see if there have been any updates within your department since we conversed over email earlier this year. I just got off a ZOOM presentation with the Pediatricians at San Mateo County Medical Center and they had some Gender Center questions for me.

1. Have you hired a practice manager? (so I don't have to bother you with these questions!)
2. Are we still providing services in San Mateo and if so, are they strictly telehealth? Should we be marketing this service line for San Mateo or leave it off of our material?
3. Current wait time for an appointment so I can give the SMMC providers an idea of what our access is like ([REDACTED] question)
4. Would anyone on your clinical team be willing to do a presentation for our BCH bi-weekly webinar series? The audience is community pediatricians. Tuesdays 12:30 – 1:30pm
 - a. Available 2023 dates...
 - i. 01/24
 - ii. 01/31
 - iii. 03/14
 - iv. 03/21
 - v. 03/28

Thank you very much!

[REDACTED] (she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: [REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, March 4, 2022 1:55 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Hi [REDACTED]

We don't currently have a practice manager (we will soon, we hope!), but I have attached the link, below, which will give you an overview of the Child and Adolescent Gender Center (CAGC) Clinic (there have been some personnel changes since that site was last updated).

We currently are seeing the majority of our patients by Telehealth, including all those that would have been seen in-person at the San Mateo location.

I have cc'd [REDACTED] [REDACTED], who can provide information about CAGC appointments. My schedule is jam-packed over the next two weeks, and then I'll be out of the country until early April. [REDACTED] can let you know her schedule.

Thanks and best wishes,

Steve Rosenthal

<https://diversitybch.ucsf.edu/child-and-adolescent-gender-center#>

[Child and Adolescent Gender Center - Diversity, Equity, & Inclusion at UCSF Benioff Children's Hospitals](https://diversitybch.ucsf.edu/child-and-adolescent-gender-center#)

What services does the Child and Adolescent Gender Center provide? The Child and Adolescent Gender Center (CAGC), a collaboration between UCSF and community organizations, uses a multidisciplinary approach to offer comprehensive, gender affirming care to gender diverse/transgender youth and adolescents.

diversitybch.ucsf.edu

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Mission Hall: Global Health and Clinical Sciences
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, March 4, 2022 11:17 AM
To: [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: UCSF Pediatric Physician Liaison - Gender Center questions

Hi Dr. Rosenthal & [REDACTED],

Happy Friday! My name is [REDACTED] and I am the UCSF Pediatrics Physician Liaison for the Peninsula & South Bay. I started in this role in January and have been out in the field visiting community Pediatricians for a few weeks. I have been receiving some questions about the gender center and could use some education around the services, access, locations, etc so I can assist these providers and help generate more referrals.

I was given your contact information from one of the other liaisons, but please let me know if there is a practice manager or administrative director that you would prefer for me to reach out to. I would love to set up a ZOOM meeting in the coming weeks to learn more. In the meantime, I also have a few time sensitive questions that I told a provider I would get answered.

1. Do we have a someone providing gender identity services at the San Mateo specialty practice? It says on our website and marketing materials that we do but I am unsure who that provider is and if this is accurate
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3. What is the current access to get an appointment for a new patient?

Thank you and please let me know when you may have some time to connect further in the coming weeks.

Have a great weekend!

[REDACTED] (she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: [REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Wednesday, November 02, 2022 5:00 PM PDT

To: [REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>

CC: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>;
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Here are potential times that work for me next week:

11/7: 1-2 PM

11/9: 12- 1 PM

11/10: 1-4 PM

Please let me know if any of these work for you.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org>

Sent: Wednesday, November 2, 2022 9:55 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: RE: UCSF, CACG Contract Update

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Hi [REDACTED]

I appreciate you looping us in. That sounds like a good plan.

[@Rosenthal, Stephen \(UCSF\)](#) – I am unavailable this Friday afternoon. I could meet next week as afternoons look better for my schedule. Please let me know a day/times that work for you.

Thank you.

[REDACTED]

[REDACTED]
Director
Gender Health SF
SFPD, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Wednesday, November 2, 2022 7:01 AM

To: Rosenthal, Stephen (UCSF) <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org; [REDACTED]@sfdph.org

Cc: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org

Subject: Re: UCSF, CACG Contract Update

Hi all,

My apologies for the delay in responding. I've carved out some time to address all of [REDACTED] questions tomorrow and Friday and forward on. I'll say quickly, to offer reassurance, we have all things in place that impact clients directly and have alerted relevant stakeholders in terms of the grant services ending. As far as I know, we never ended up purchasing a projector. It was budgeted, yet we ended up using technology available at places we trained. I'll put together a more formal response to your questions, [REDACTED]

[REDACTED], I'll work on what we discussed hopefully over these next two days (though Friday is a holiday so it may push into next week) and send you the final update and reach out off this thread with questions.

Thank you
[REDACTED]

Get [Outlook for iOS](#)

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Tuesday, November 1, 2022 4:06 PM

To: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Would you be available for a zoom on Friday, 11/4, at 4:00 PM?

Thank you for all of your support!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@sfdph.org>
Sent: Tuesday, November 1, 2022 10:14 AM
To: [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: UCSF, CACG Contract Update

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Dear Dr. Rosenthal,

Thank you for leading the efforts to deliver quality care and support for TDG young people and their families. It's been a pleasure to support CAGC and your dedicated team members!

[REDACTED] posted some questions that we would need to document for our processes. Feel free to respond to them so we can document them appropriately.

Also, I'm happy to schedule a check-in meeting this week now if it would help to discuss some of the close-out processes and questions. I'm happy to assist as things wind down this month. Feel free to direct message me if you want to schedule a meeting time this week.

Best regards,

[REDACTED]

[REDACTED]
Director
Gender Health SF
San Francisco Department of Public Health
995 Potrero Avenue, Building 80, #8000N (Ground Floor)
San Francisco, CA 94102
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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From: "Rosenthal, Stephen" <Stephen.Rosenthal@ucsf.edu>
Date: Friday, October 28, 2022 at 5:21 PM
To: [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] (UCSF)" <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>
Cc: [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] (UCSF)" <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Thanks for your kind words.

I'm sure [REDACTED] will be able to answer your questions in the 2^d and 3rd paragraphs of your email

Regarding our finance department, I have cc'd [REDACTED] MPA, Division Administrator for Pediatric Endocrinology.

[REDACTED]
Due to the unanticipated departure of [REDACTED] (our CAGC Social Worker) and [REDACTED] LPCC's job change to consultant (at 2 % FTE) independent of the work with the SF DPH, our contract with the DPH, originally slated to run through June, 2023, will now end as of November 30, 2022. Please work with [REDACTED] for guidance regarding termination of the contract.

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Sent: Friday, October 28, 2022 4:38 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Cc: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Subject: Re: UCSF, CACG Contract Update

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Hello [REDACTED] and Dr. Rosenthal,

As I mentioned to [REDACTED], it has been my honor to be associated with this vital program right from the start - and a shout out to [REDACTED] who heard and saw what the community needed, to Dr. Rosenthal for his insight and vision, and to [REDACTED] and J too! I can only imagine how many lives were touched and saved by your work over the years. And, as you know, [REDACTED] is just simply amazing too.

I want to echo [REDACTED] directions below. What is the client census now? Can you please work with [REDACTED] on any needed client transfers and care plans? I will need to include this in my report to the department. Also, can you please provide us with a communication plan to alert your city partners of the program closure? Will there be a formal press release from UCSF? We want to make sure the word goes out that you will not be accepting any new clients or providing presentations and trainings via this contract.

I will need to have confirmation that all client files and data will be stored properly and safely. This is UC of course so I am sure this will be handled appropriately but if you could send me this confirmation, we can check that off our list.

I think we can be assured that the laptop has depreciated to no value by this time, so unless [REDACTED] see the need to retrieve it back, DPH does not need it. But could you confirm with me and [REDACTED] that you have removed all PHI and that the device has been transferred into UC's system for IT equipment? I did a look back in our Budget and there was a projector and other presentation equipment that would be helpful to retrieve. Please let me know how DPH can get this.

Also - and this is vital - can you please give an accounting of any purchased incentives? Are any left? These must be returned to me so they can be distributed for use at other community programs.

Your finance department will have to mark the last invoice in November as FINAL when it is sent in to our A/P unit. We may not have to do anything else, but I am still getting direction from our Contracts Unit. Also, as is standard each year, your finance department will need to do their usually reconciliation on the Cost Report. If you can give me the program's current contact person in UC Contracts, I can make sure

they are kept in the loop. The business side of things can be dry but it must be attended to.

And as always, if you need any other assistance, please let me know. I do hope our paths will cross again.



Program Manager
Contract Development & Technical Assistance (CDTA)
San Francisco Department of Public Health - Business Office
1380 Howard St., 5th floor, SF, CA 94103

direct
5th floor reception desk
(ask for cell phone number)
[@sfdph.org](mailto:[REDACTED]@sfdph.org)

CDTA Website --> <http://www.sfdph.org/CDTA>

CDTA Mission Statement:

Utilizing sound business practices, CDTA facilitates the development of City contracts with health service providers, thus ensuring the availability of community services which protect and promote the health of all San Franciscans.

This message and any attachments are solely for the intended recipient and may contain confidential or privileged information. If you are not the intended recipient, any disclosure, copying, use, or distribution of the information included in this message and any attachments is prohibited. If you have received this communication in error, please notify me by reply e-mail and immediately and permanently delete this message and any attachments. Thank you.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, October 28, 2022 4:10 PM

To: [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]

[REDACTED]@sfdph.org>; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>

Subject: Re: UCSF, CACG Contract Update

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi All,

I want to add my thanks, as well. I am so grateful for our partnership between the CAGC and the SFDPH, and am particularly grateful for all of [REDACTED] and [REDACTED]'s efforts in community outreach, as well as for guidance from [REDACTED] and close collaboration with [REDACTED]. This has been a truly positive and meaningful effort, and I hope the impact of the work so far will endure.

Please let me know of anything that is needed from me.

With gratitude and hope for potential future collaboration,

Sincerely,

Steve Rosenthal

Stephen M. Rosenthal, M.D.

Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 3:41 PM
To: [REDACTED] <[REDACTED]@sfdph.org>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi all,

Thank you [REDACTED] for your warm words and this detailed email. The relationship has been rich and mutually beneficial and I feel grateful to you, [REDACTED] and [REDACTED] for your support and leadership in creating what turned out to be a robust and successful program. The time, heart and commitment we all put into Trans and Nonbinary children, youth, young adults, adults and older adults is not lost and these intergenerational and system wide supports are the life blood of keeping people supported and alive. To be able to partner with the most marginalized and support the programs and systems serving them has been a true honor.

I am sad it will end a bit early, and look forward to future opportunities to partner in some capacity.

Yes, to confirm we will close out given we do not have capacity or time to hire to replace my role or [REDACTED]'s.

The date of November 30th is fine as it will give time for Steve to complete any paperwork [REDACTED] might have for us and work with our contract department to get you what you need.

I will prepare the final narrative report and data of what we were able to accomplish in these past months since the start of FY 22-23.

We have one more training scheduled on 11/2/22 and I yes I will finish on 11/11/22.

[REDACTED] - please let Steve and I know what specifically you need if anything. There was one laptop purchase in 2018. Aside from that our majority spending with occasional guest speakers was largely staffing/FTE. I have the accounting for the laptop which I can include in the report to [REDACTED]. Do you take back the machine or just need the receipt for the purchase to track line items? Let me know if we need to get that to DPH.

Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best

[REDACTED]
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
[REDACTED] text/voice
[REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>

From: [REDACTED] <[REDACTED]@sfdph.org>
Sent: Thursday, October 27, 2022 5:18 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>
Subject: UCSF, CACG Contract Update

This Message Is From an External Sender

This message came from outside your organization.

Hi [REDACTED]

I appreciate you taking the time to meet this morning. I had time to consult with [REDACTED] about the CAGC contract, given [REDACTED]'s recent transition and your expected transition on 11/11/2022, so I wanted to follow up.

To summarize our discussion today, CAGC's contract ends this fiscal year in June 2023. This essentially leaves the program with seven months left in the contract. Also, given that you and [REDACTED] were the primary staff of the contract, we discussed that it's not feasible to hire for the remaining period. CAGC is proposing to stop all contract services with your transition. UCSF plans to submit invoices from July 2022 up until November 2022. You mentioned finalizing a summary report of the deliverables for the first five months of the contract, so please feel free to submit them before your transition.

Based on our discussion, it makes sense to end the formal contract on November 30th. Can you please confirm that our understanding is clear?

I am sure you have thought about this but just wanted to confirm that you have developed a communication and clinical transition plan for clients receiving clinical support in case they need to continue receiving care. Please let me know CAGC's plans or supports from me that could help. Similarly, it would be helpful to inform other CAGC service partners to inform them of the change. Other things to keep in mind are to ensure proper storage of documents and client files and completion of invoicing. Things like unused incentives, gift cards, vouchers, or tech equipment (projectors or presentation equipment) purchased through the grant should be returned. Can you confirm items that you have so we can coordinate a return before your transition?

[REDACTED] will check in with the Budget and Contracts team about what should be done about the actual contract and can get back to us. He thinks it should be a simple process since the contract was due to end this fiscal year.

CAGC has done a tremendous job in the gender affirmative care model for youth. I am hopeful we will continue to create programs and services for the population since trans and gender-diverse youth are in dire need of care services and support. It's been an honor and privilege to work with you in supporting our most vulnerable trans and gender-diverse youth and families in San Francisco.

Thank you for all your hard work and dedication!

Best regards,

[REDACTED]

[REDACTED]
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: [REDACTED] Fax: ([REDACTED])
[REDACTED]@sfdph.org
Pronouns: she/her



CONFIDENTIALITY NOTICE: This email is intended for the recipient only. If Protected Health Information (PHI) is contained in this email, unauthorized disclosure may subject the discloser to civil or criminal penalties under state and federal privacy laws. If you received this email in error, notify me and destroy the email immediately.

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 03, 2022 9:08 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

Thank you for this information, Dr. Rosenthal. No problem regarding the webinar. If there are other days of the week that we decide to add one, I will let you know.

Congrats on your new role, Dr. [REDACTED]. When you have a chance, please let me know about current wait times / access for a new patient visit.

Have a great day!

[REDACTED] (she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: [REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 2, 2022 4:55 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Hi [REDACTED]

We have very recently hired a practice manager. [REDACTED], MD, MPH, MAS, cc'd here, can provide details.

Re San Mateo, Child and Adolescent Gender Center (CAGC) visits at present continue to be by Telehealth only. I do not yet know when this might change.

Our CAGC Clinical team is in pre-clinic conference (12 noon-1 PM) followed by CAGC Clinic from 1-5 PM every Tuesday, afternoon, so unfortunately the dates/time listed don't work.

Best,

Steve Rosenthal

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Wednesday, November 2, 2022 3:03 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

Hi Dr. Rosenthal & [REDACTED],

I am checking in to see if there have been any updates within your department since we conversed over email earlier this year. I just got off a ZOOM presentation with the Pediatricians at San Mateo County Medical Center and they had some Gender Center questions for me.

1. Have you hired a practice manager? (so I don't have to bother you with these questions!)
2. Are we still providing services in San Mateo and if so, are they strictly telehealth? Should we be marketing this service line for San Mateo or leave it off of our material?
3. Current wait time for an appointment so I can give the SMMC providers an idea of what our access is like ([REDACTED] question)
4. Would anyone on your clinical team be willing to do a presentation for our BCH bi-weekly webinar series? The audience is community pediatricians. Tuesdays 12:30 – 1:30pm
 - a. Available 2023 dates...
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 - ii. 01/31
 - iii. 03/14
 - iv. 03/21
 - v. 03/28

Thank you very much!

[REDACTED] (she/her/hers)

Physician Liaison

UCSF Benioff Children's Hospital

Mobile: [REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, March 4, 2022 1:55 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Hi [REDACTED]

We don't currently have a practice manager (we will soon, we hope!), but I have attached the link, below, which will give you an overview of the Child and Adolescent Gender Center (CAGC) Clinic (there have been some personnel changes since that site was last updated).

We currently are seeing the majority of our patients by Telehealth, including all those that would have been seen in-person at the San Mateo location.

I have cc'd [REDACTED], who can provide information about CAGC appointments.

My schedule is jam-packed over the next two weeks, and then I'll be out of the country until early April. [REDACTED] can let you know her schedule.

Thanks and best wishes,

Steve Rosenthal

<https://diversitybch.ucsf.edu/child-and-adolescent-gender-center#>

Child and Adolescent Gender Center - Diversity, Equity, & Inclusion at UCSF Benioff Children's Hospitals

What services does the Child and Adolescent Gender Center provide? The Child and Adolescent Gender Center (CAGC), a collaboration between UCSF and community organizations, uses a multidisciplinary approach to offer comprehensive, gender affirming care to gender diverse/transgender youth and adolescents.

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, March 4, 2022 11:17 AM

To: [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: UCSF Pediatric Physician Liaison - Gender Center questions

Hi Dr. Rosenthal & [REDACTED],

Happy Friday! My name is [REDACTED] and I am the UCSF Pediatrics Physician Liaison for the Peninsula & South Bay. I started in this role in January and have been out in the field visiting community Pediatricians for a few weeks. I have been receiving some questions about the gender center and could use some education around the services, access, locations, etc so I can assist these providers and help generate more referrals.

I was given your contact information from one of the other liaisons, but please let me know if there is a practice manager or administrative director that you would prefer for me to reach out to. I would love to set up a ZOOM meeting in the coming weeks to learn more. In the meantime, I also have a few time sensitive questions that I told a provider I would get answered.

1. Do we have a someone providing gender identity services at the San Mateo specialty practice? It says on our website and marketing materials that we do but I am unsure who that provider is and if this is accurate
2. If a family in Los Gatos does not want to drive to SF for initial services, can a new patient visit be done over video?
3. What is the current access to get an appointment for a new patient?

Thank you and please let me know when you may have some time to connect further in the coming weeks.

Have a great weekend!

[REDACTED] (she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: [REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 03, 2022 10:50 AM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Hi [REDACTED]

Just to clarify, Dr. [REDACTED] is the Assistant Medical Director for the CAGC. She is not the practice manager, though she did oversee the hiring of the new practice manager. While the new practice manager is getting up to speed, [REDACTED] can answer your questions about wait times/ access for a new patient visit.

Thank you,

Steve

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 3, 2022 9:08 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

Thank you for this information, Dr. Rosenthal. No problem regarding the webinar. If there are other days of the week that we decide to add one, I will let you know.

Congrats on your new role, Dr. [REDACTED]. When you have a chance, please let me know about current wait times / access for a new patient visit.

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Physician Liaison
UCSF Benioff Children's Hospital
Mobile: [REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 2, 2022 4:55 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, November 2, 2022 3:03 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
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 - iv. 03/21
 - v. 03/28

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[REDACTED] (she/her/hers)
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Mobile: [REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, March 4, 2022 1:55 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
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diversitybch.ucsf.edu

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, March 4, 2022 11:17 AM

To: [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

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[REDACTED] (she/her/hers)

Physician Liaison

UCSF Benioff Children's Hospital

Mobile: [REDACTED]

[REDACTED]@ucsf.edu



From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, November 03, 2022 10:59 AM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Thank you for clarifying!

[REDACTED]
Physician Liaison

UCSF Benioff Children's Hospital

Mobile: ([REDACTED])
[REDACTED]@ucsf.edu

On Nov 3, 2022, at 10:50 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu

Sent: Thursday, November 3, 2022 9:08 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

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Physician Liaison
UCSF Benioff Children's Hospital
Mobile: ([REDACTED])
[REDACTED]@ucsf.edu


UCSF Benioff Children's Hospitals

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Wednesday, November 2, 2022 4:55 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

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Medical Director, Child and Adolescent Gender Center
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Wednesday, November 2, 2022 3:03 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

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Thank you very much!

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██████████@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, March 4, 2022 1:55 PM
To: ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsfmedicalcenter.org>
Cc: ██████████ <██████████@ucsf.edu>
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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, March 4, 2022 11:17 AM

To: [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: UCSF Pediatric Physician Liaison - Gender Center questions

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Thank you and please let me know when you may have some time to connect further in the coming weeks.

Have a great weekend!

[REDACTED] (she/her/hers)

Physician Liaison
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Mobile: ([REDACTED])
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, November 03, 2022 11:00 AM PDT

To: [REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>

Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

You're welcome!

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>

Sent: Thursday, November 3, 2022 10:59 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>

Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Thank you for clarifying!

[REDACTED]
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: ([REDACTED])
[REDACTED]@ucsf.edu

On Nov 3, 2022, at 10:50 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Hi [REDACTED],

Just to clarify, Dr. [REDACTED] is the Assistant Medical Director for the CAGC. She is not the practice manager, though she did oversee the hiring of the new practice manager. While the new practice manager is getting up to speed, [REDACTED] can answer your questions about wait times/ access for a new patient visit.

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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From: [REDACTED]@ucsf.edu>
Sent: Thursday, November 3, 2022 9:08 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>
Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

Thank you for this information, Dr. Rosenthal. No problem regarding the webinar. If there are other days of the week that we decide to add one, I will let you know.

Congrats on your new role, Dr. [REDACTED]. When you have a chance, please let me know about current wait times / access for a new patient visit.

Have a great day!

[REDACTED] she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: ([REDACTED])
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 2, 2022 4:55 PM
To: [REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
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UCSF Benioff Children's Hospitals

From: Rosenthal, Stephen
Sent: Thursday, November 03, 2022 1:21 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Bicalutamide PDF
Attachment(s): "1-s2.0-S1054139X18307572-main.pdf"

Re breast development

Stephen M. Rosenthal, M.D.
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Adolescent health brief

Bicalutamide as an Androgen Blocker With Secondary Effect of Promoting Feminization in Male-to-Female Transgender Adolescents

Anna Neyman, M.D.^{*}, John S. Fuqua, M.D., and Erica A. Eugster, M.D.

Department of Pediatrics, Indiana University School of Medicine and Riley Hospital for Children, Indianapolis, Indiana

Article history: Received July 20, 2018; Accepted October 18, 2018

Keywords: Bicalutamide; Transgender care; Gender dysphoria; Puberty blocker

A B S T R A C T

Purpose: The purpose of the study was to describe the novel use of bicalutamide in transgender youth.**Methods:** This is a retrospective review of patients with gender dysphoria followed in the pediatric endocrine clinic at Riley Hospital for Children.**Results:** Of 104 patients with gender dysphoria, 23 male-to-female adolescents received bicalutamide 50 mg daily as a second-line puberty blocker after insurance company denial of a gonadotropin-releasing hormone analog. Six patients received estrogen concurrently. Of 13 patients treated exclusively with bicalutamide seen in follow-up, 84.6% had breast development within 6 months, the majority being \geq Tanner stage III.**Conclusions:** Bicalutamide may be an alternative to gonadotropin-releasing hormone analogs in transgender male-to-female youth who are also ready to undergo physical transition.

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IMPLICATIONS AND
CONTRIBUTION

Gonadotropin-releasing hormone analogs are often prohibitively expensive necessitating the use of alternative puberty blockers in children with gender dysphoria. This study reports on the use of bicalutamide in male-to-female youth, in whom it also causes significant feminization.

Guidelines for the treatment of adolescents with gender dysphoria (GD) include the use of puberty blockers to suppress the reproductive system and prevent secondary sexual development contrary to the individual's affirmed gender [1]. Gonadotropin-releasing hormone analogs (GnRHAs) are considered the gold standard for halting pubertal development in these youth [1]. However, insurance coverage for GnRHAs for this indication varies widely. When these expensive medications are denied by third-party payers or when the copay is prohibitively expensive, other options are needed to be able to provide appropriate care for transgender adolescents. In addition to halting pubertal progression, embarking on physical transition

that is aligned with gender identity is frequently expressed by patients as a goal when starting endocrine treatment [2].

The potent androgen receptor blocker bicalutamide represents a potential alternative approach to GnRHAs in natal males. Other antiandrogens used in transgender females include spironolactone and cyproterone acetate. However, both are far less potent than bicalutamide and their use has primarily been limited to adults [1,3]. In contrast, bicalutamide has been used in the treatment of familial male precocious puberty and other forms of peripheral precocious puberty in young boys [4–6]. One of the most common side effects of bicalutamide is breast development due to an alteration in the ratio of androgens to estrogens. Our experience with the use of bicalutamide in precocious puberty formed the basis for the use of this medication in male-to-female (MTF) patients with GD as a strategy for blocking puberty when GnRHAs are denied. Interestingly, the resulting “side effect” of breast development has been welcomed by these

Conflicts of interest: The authors have no conflicts of interest to disclose.^{*} Address correspondence to: Anna Neyman, MD, 705 Riley Hospital Drive, Room 5960, Indianapolis, IN 46202.

E-mail address: aneyman@iupui.edu (A. Neyman).

Table 1

Patients who were exclusively treated with bicalutamide who had at least one follow-up appointment

Patient number	Age of starting bicalutamide (years)	Breast development: Tanner stage at baseline	Months until first follow-up from baseline (months)	Breast development: Tanner stage at first follow-up ^a	Months until second follow-up from baseline (months)	Breast development: Tanner stage at second follow-up ^c	LFTs ^b	Estradiol ^b (pg/ml)	Testosterone ^b (ng/dl)
1	16.6	I	8.00	III			Normal	31	823
2	18.4	I	6.07	III			Normal	48	524
3	16.0	I	4.00	III			Normal	-	-
4 ^c	12.0	I	7.30	II	13.3	II	-	-	-
5	16.3	I	7.23	III			Normal	26	619
6 ^c	15.4	I	6.53	III	13.3	IV	-	-	-
7 ^c	13.5	I	6.30	I	12.5	III	Normal	61	-
8	16.8	I	3.97	V			Normal	-	-
9 ^c	17.4	I	6.97	II (Left), III (Right)	10.9	II (Left), III (Right)	Normal	-	-
10	14.6	I	7.03	IV (Left), III (Right)			-	-	-
11	16.9	I	6.30	III			Normal	34	543
12 ^c	13.3	I	6.30	III	12.9	III	Normal	<20	693.8
13	18.2	I	2.17	I			Normal	-	-

^a While exclusively on bicalutamide.^b While taking bicalutamide with or without concurrent estrogen.^c Patient had two follow-up visits while remaining exclusively on bicalutamide.

patients, all of whom are eager to receive cross-hormone treatment (in this case, estrogen) and to undergo feminizing changes. We are not aware of any previous reports of utilizing bicalutamide as a way to block puberty and promote feminization in the transgender MTF population.

Methods

After institutional review board approval, medical records of patients with GD followed in the pediatric endocrine clinic at Riley Hospital for Children were reviewed. Inclusion criteria included MTF transgender patients who were treated with bicalutamide. Variables evaluated comprised age, ethnicity, duration of follow-up, timing of estrogen initiation, laboratory studies, and change in breast Tanner stage during treatment. GraphPad Prism, version 7.03, (GraphPad Software) was used for statistical analyses of sample data.

Results

Of 104 patients with GD, 39 (37.5%) were MTF patients. Of these, 23 (59%) aged 16 ± 1.77 (range 12–18.4) years were treated with bicalutamide 50 mg daily between 2013 and 2018. All but one were Caucasian. The median age when starting bicalutamide was 16.63 years. Seventeen received bicalutamide alone whereas six were started on estrogen concurrently. Fifteen patients who were started on bicalutamide alone have been seen in follow-up thus far. Of these, 1 was briefly on spironolactone and 1 was started on estrogen after 2 months on bicalutamide. Both of these patients were excluded from further analysis. The majority of the patients were prescribed bicalutamide as a second line after GnRHs were denied. However, there were some older patients who chose bicalutamide with the possible secondary feminizing effect in mind. At the first follow-up visit, which occurred at a median of 6.3 months after starting treatment, 84.6% of the patients had breast development, which ranged from Tanner stage II–V. Of the 2 patients who remained Tanner stage I, one had only been taking bicalutamide for 2 months and the other patient progressed to Tanner stage III at the second follow-up visit 12.5 months after starting

bicalutamide. Thus, 100% of patients experienced breast development while on bicalutamide alone. All but 3 patients had laboratory studies obtained during the course of treatment with bicalutamide. Liver function tests (LFTs) were measured at baseline in 3 patients and between 6.3 and 29.3 months after starting bicalutamide in the remainder. Five patients had >1 set of LFTs drawn, and all were normal. Sex steroids were obtained in a subset of patients being treated exclusively with bicalutamide. Estradiol concentrations ($n = 6$) were <20–61 pg/dl and testosterone levels ($n = 5$) ranged between 524 and 823 ng/dl. One patient had a baseline testosterone of 220.6 ng/dl which rose to 693.8 ng/dl when next measured at 14.3 months. Clinical and laboratory characteristics of patients treated with bicalutamide are summarized in Table 1. Subjectively reported effects of bicalutamide included decreased acne and reduced frequency of shaving. Anecdotally, all patients were extremely positive regarding the breast development they experienced on bicalutamide therapy.

Discussion

Bicalutamide is used in rare forms of precocious puberty in boys and has a known side effect of gynecomastia. Here, we report the novel use of bicalutamide as a puberty blocker in MTF patients with GD in whom it also results in feminization by causing breast development. To our knowledge, we are the first to report the use of bicalutamide in this setting.

We have found that bicalutamide appears to be effective in decreasing androgen exposure with the welcome side effect in these adolescents of promoting feminization. We suspect that the relatively rapid breast enlargement is because of the high potency and purely antagonistic action of bicalutamide on the androgen receptor, leading to increased testosterone levels that are subsequently aromatized to estrogen. In those tested, liver enzymes remained normal, and estradiol levels were above 20 pg/dl with only one exception. There were no apparent adverse effects of bicalutamide in our patients. However, our results must be considered extremely preliminary, and additional data are needed. How bicalutamide might compare to other androgen receptor blockers in terms of safety and efficacy in the adolescent age group

is unknown, and the risk for liver toxicity needs to be investigated in larger sample sizes and over a longer duration of time.

The limitations of this study are its small size, minimal laboratory testing, and retrospective nature. Another limitation is that the efficacy of androgen suppression can only be monitored clinically, as testosterone levels actually increase. However, our results suggest that bicalutamide may be an option for transgender MTF adolescents who are denied GnRHs and are also ready for physical feminization. Bicalutamide is also significantly less costly than GnRHs, which costs thousands of dollars per dose. Larger, prospective studies with a more diverse patient population are needed to further evaluate the safety and potential role of bicalutamide in the therapeutic armamentarium for the treatment of transgender MTF youth.

Funding Sources

This research was supported by funding from NIH 5T32DK065549-13 to A.N.

References

- [1] Hembree WC, Cohen-Kettenis PJ, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent Persons: An Endocrine Society Clinical Practice Guideline (vol 102, pg 3869, 2017). *J Clin Endocr Metab* 2018; 103:659.
- [2] Lawlis SM, Donkin HR, Bates JR, et al. Health Concerns of transgender and gender nonconforming youth and their parents upon presentation to a transgender clinic. *J Adolesc Health* 2017;61:642–8.
- [3] Prior JC, Vigna YM, Watson D. Spironolactone with physiological female steroids for presurgical therapy of male-to-female transsexualism. *Arch Sex Behav* 1989;18:49–57.
- [4] Reiter EG, Mauras N, McCormick K, et al. Bicalutamide plus anastrozole for the treatment of gonadotropin-independent precocious puberty in boys with testotoxicosis: A phase II, open-label pilot study (BATT). *J Pediatr Endocrinol Metab* 2010;23:999–1009.
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- [6] Lenz AM, Shulman D, Eugster EA, et al. Bicalutamide and third-generation aromatase inhibitors in testotoxicosis. *Pediatrics* 2010;126: e728–33.

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Sent: Thursday, November 03, 2022 1:33 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Please read re: New CAGC SWeR starting on Monday!

Thanks [REDACTED] and [REDACTED], and Welcome, [REDACTED]!

I wanted to get some clarification on the handling of "urgent mental health calls" for CAGC patients, where you mentioned these should be handled by Dr. [REDACTED]'s team.

In our current interdisciplinary model of care for the CAGC, only a medical provider is always on call. I imagine that the medical provider receiving a call about an urgent mental health situation would ascertain if the patient has a mental health provider, and if so, have the patient/family contact the mental health provider. If it is an urgent matter and there is the patient does not have their own mental health provider, the on-call medical provider could advise the patient to go to the ER and then notify social work and our mental health team.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, November 3, 2022 12:56 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Please read re: New CAGC SWeR starting on Monday!

Dear Colleagues at the Child & Adolescent Gender Clinic,

As you're hopefully aware, there are some significant changes coming to the social work roles within the Child & Adolescent Gender Clinic this month.

First, we are very excited to welcome [REDACTED] (she/they) on Monday, Nov 7th! [REDACTED] comes to us from Zuckerberg General Hospital, and is a graduate of Smith College of Social Work. She will spend the majority of her first week orienting with [REDACTED] before their last day on 11/10. She will continue her onboarding/orientation through 11/18 and be able to start picking up cases as early as Monday, November 21st.

Given that [REDACTED] will be new to this role, we wanted to communicate some priorities for her care of patients as she adjusts to UCSF BCH-SF and this patient population...

Roles & Responsibilities

The primary duty of medical social workers is to address barriers to care and provide psychosocial support to the patients and families we serve. To that end, [REDACTED] will prioritize her involvement in cases in this way:

1st priority - connecting patients to qualified mental health therapists, especially for access to their letter of support

2nd priority - conducting a psychosocial assessment & addressing needs of patients with *identified social complexity* (not every patient will see [REDACTED])

3rd priority - addressing urgent mental health crisis calls that are not otherwise able to be addressed by [REDACTED] team

Referrals/Communication

Providers should send referrals through the Apex Ambulatory Referral to Peds SW process (see attached tip sheet). Please designate "CAGC" from "general endo" in the referral notes for clarity.

New patient information should be screened by the clinic coordinator whenever possible (we apologize, we don't have that person's name!). Patients with high social complexity and psychosocial needs can then be referred to [REDACTED] from the clinic coordinator via the Apex referral process.

Urgent mental health calls should continue to first go to [REDACTED]'s team. If no one is able to triage the call, and it is during [REDACTED]'s normal working hours, then [REDACTED] will be sent a Voalte message in addition to an urgent referral via the Apex referral process.

Hours/Location

[REDACTED] will start onboarding [REDACTED]
[REDACTED]
[REDACTED]

We hope this helps to clarify [REDACTED]'s role, but please do not hesitate to reach out to [REDACTED] or [REDACTED] with questions about this process! We are hopeful this provides a good starting place for integrating [REDACTED] into your team and will look to you all to help us continually revise & streamline these duties to best serve our patients.

Thank you in advance for giving [REDACTED] a warm welcome - we are confident you'll be so happy to work with her!

In collaboration,

[REDACTED] & [REDACTED]

[REDACTED], LCSW

Pediatric Social Work Manager
UCSF Benioff Children's Hospital, San Francisco

Pediatric Social Work Department

1975 4th Street, Box 4012 | San Francisco, CA 94158
Office: 415.514-7668
Email: [REDACTED]@ucsf.edu
Pronouns: she, hers, her, ella

[REDACTED], LCSW

Chief Clinical Social Worker
office: 415.502.4116 / fax: 415.476.4748
pronouns: She, Her, Hers

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From: Rosenthal, Stephen
Sent: Thursday, November 03, 2022 2:28 PM PDT
To: SGMRO@NIH.gov <SGMRO@NIH.gov>
Subject: RFI: Gender-Affirming Care Scientific Workshop

Hello,

I am responding to the RFI for the upcoming Scientific Workshop on Gender-Affirming Care for Transgender and Gender-Diverse Populations. I'm delighted to offer what I think are important priorities for the pediatric/adolescent population:

1. Understanding the long-term mental health and physiological impact of gender-affirming medical care for transgender/gender diverse adolescents. I am one of the PIs (multiple PI format) of a 4-site NIH R01, now in its 2nd 5-year cycle (currently funded by the NICHD through January, 2026), entitled; "The Impact of Early Medical Treatment in Transgender Youth". If we are going to meaningfully address long-term impacts of such care, continued longitudinal research will be critical.
2. Understanding the specific impacts of gender-affirming medical care on skeletal health, neurocognitive function, and fertility.
3. Assuring inclusivity of racial and ethnic minorities to minimize health disparities in studies on the impact of gender-affirming medical care
4. With increasing numbers of non-binary gender-diverse adolescents presenting for care (without currently existing clinical practice guidelines for such individuals), understanding how to best enable an individual to achieve their gender-embodiment goals and how to do so safely (e.g. without compromising skeletal health).

I would be pleased to be a participant in this workshop.

Thank you,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org>
Sent: Thursday, November 03, 2022 4:23 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>
CC: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>;
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>
Subject: RE: UCSF, CACG Contract Update

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Hi Steve,

I am happy to meet on Monday, November 7th at 1 PM. I will send you a Zoom meeting calendar invite.

Best,

[REDACTED]

[REDACTED]

Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: (628) 217-5791| Fax: (628) 217-5799
jenna.rapues@sfdph.org
Pronouns: she/her



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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 2, 2022 5:00 PM
To: [REDACTED]@sfdph.org>; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>
Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]
[REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Here are potential times that work for me next week:

11/7: 1-2 PM
11/9: 12- 1 PM
11/10: 1-4 PM

Please let me know if any of these work for you.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@sfdph.org>
Sent: Wednesday, November 2, 2022 9:55 AM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>
Cc: [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>
Subject: RE: UCSF, CACG Contract Update

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Hi [REDACTED]

I appreciate you looping us in. That sounds like a good plan.

[@Rosenthal, Stephen \(UCSF\)](mailto:Stephen.Rosenthal@ucsf.edu) – I am unavailable this Friday afternoon. I could meet next week as afternoons look better for my schedule. Please let me know a day/times that work for you.

Thank you.

[REDACTED]
[REDACTED]
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Pronouns: she/her



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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, November 2, 2022 7:01 AM
To: Rosenthal, Stephen (UCSF) <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>
Cc: [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi all,

My apologies for the delay in responding. I've carved out some time to address all of [REDACTED] questions tomorrow and Friday and forward on. I'll say quickly, to offer reassurance, we have all things in place that impact clients directly and have alerted relevant stakeholders in terms of the grant services ending. As far as I know, we never ended up purchasing a projector. It was budgeted, yet we ended up using technology available at places we trained. I'll put together a more formal response to your questions, [REDACTED]

██████████, I'll work on what we discussed hopefully over these next two days (though Friday is a holiday so it may push into next week) and send you the final update and reach out off this thread with questions.

Thank you
█

Get [Outlook for iOS](#)

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Tuesday, November 1, 2022 4:06 PM
To: ██████████ <██████████@sfdph.org>; ██████████ <██████████@sfdph.org>; ██████████, ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@sfdph.org>; ██████████ <██████████@sfdph.org>; ██████████, ██████████ <██████████@ucsf.edu>; ██████████ <██████████@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi ██████████,

Would you be available for a zoom on Friday, 11/4, at 4:00 PM?

Thank you for all of your support!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: ██████████ <██████████@sfdph.org>
Sent: Tuesday, November 1, 2022 10:14 AM
To: ██████████ <██████████@sfdph.org>; ██████████, ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@sfdph.org>; ██████████ <██████████@sfdph.org>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@sfdph.org>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: UCSF, CACG Contract Update

-

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Dear Dr. Rosenthal,

Thank you for leading the efforts to deliver quality care and support for TDG young people and their families. It's been a pleasure to support CACG and your dedicated team members!

@██████████, ██████████, ██████████ posted some questions that we would need to document for our processes. Feel free to respond to them so we can document them appropriately.

Also, I'm happy to schedule a check-in meeting this week now if it would help to discuss some of the close-out processes and questions. I'm happy to assist as things wind down this month. Feel free to direct message me if you want to schedule a meeting time this week.

Best regards,

[REDACTED]

[REDACTED]
Director
Gender Health SF
San Francisco Department of Public Health
995 Potrero Avenue, Building 80, #8000N (Ground Floor)
San Francisco, CA 94102
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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From: "Rosenthal, Stephen" <Stephen.Rosenthal@ucsf.edu>

Date: Friday, October 28, 2022 at 5:21 PM

To: [REDACTED]@sfdph.org, [REDACTED] (UCSF)" <[REDACTED]@ucsf.edu>, [REDACTED]@sfdph.org

Cc: [REDACTED]@sfdph.org, [REDACTED]@sfdph.org, [REDACTED]@sfdph.org, [REDACTED] (UCSF)" <[REDACTED]@ucsf.edu>, [REDACTED]@sfdph.org

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Thanks for your kind words.

I'm sure [REDACTED] will be able to answer your questions in the 2^d and 3rd paragraphs of your email

Regarding our finance department, I have cc'd [REDACTED] MPA, Division Administrator for Pediatric Endocrinology.

[REDACTED]
Due to the unanticipated departure of [REDACTED] (our CACG Social Worker) and [REDACTED] LPCC's job change to consultant (at 2 % FTE) independent of the work with the SF DPH, our contract with the DPH, originally slated to run through June, 2023, will now end as of November 30, 2022. Please work with [REDACTED] for guidance regarding termination of the contract.

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org>

Sent: Friday, October 28, 2022 4:38 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

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Hello [REDACTED] and Dr. Rosenthal,

As I mentioned to [REDACTED], it has been my honor to be associated with this vital program right from the start - and a shout out to [REDACTED] who heard and saw what the community needed, to Dr. Rosenthal for his insight and vision, and to [REDACTED] and [REDACTED] too! I can only imagine how many lives were touched and saved by your work over the years. And, as you know, [REDACTED] is just simply amazing too.

I want to echo [REDACTED] directions below. What is the client census now? Can you please work with [REDACTED] on any needed client transfers and care plans? I will need to include this in my report to the department. Also, can you please provide us with a communication plan to alert your city partners of the program closure? Will there be a formal press release from UCSF? We want to make sure the word goes out that you will not be accepting any new clients or providing presentations and trainings via this contract.

I will need to have confirmation that all client files and data will be stored properly and safely. This is UC of course so I am sure this will be handled appropriately but if you could send me this confirmation, we can check that off our list.

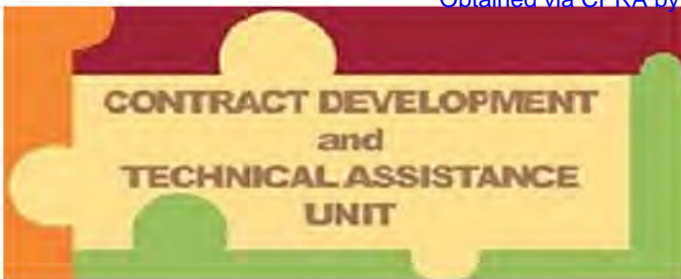
I think we can be assured that the laptop has depreciated to no value by this time, so unless [REDACTED] see the need to retrieve it back, DPH does not need it. But could you confirm with me and [REDACTED] that you have removed all PHI and that the device has been transferred into UC's system for IT equipment? I did a look back in our Budget and there was a projector and other presentation equipment that would be helpful to retrieve. Please let me know how DPH can get this.

Also - and this is vital - can you please give an accounting of any purchased incentives? Are any left? These must be returned to me so they can be distributed for use at other community programs.

Your finance department will have to mark the last invoice in November as FINAL when it is sent in to our A/P unit. We may not have to do anything else, but I am still getting direction from our Contracts Unit. Also, as is standard each year, your finance department will need to do their usually reconciliation on the Cost Report. If you can give me the program's current contact person in UC Contracts, I can make sure they are kept in the loop. The business side of things can be dry but it must be attended to.

And as always, if you need any other assistance, please let me know. I do hope our paths will cross again.

[REDACTED]



██████████
Program Manager
Contract Development & Technical Assistance (CDTA)
San Francisco Department of Public Health - Business Office
1380 Howard St., 5th floor, SF, CA 94103
██████████ direct
██████████ 5th floor reception desk
(ask for cell phone number)
██████████ [@sfdph.org](mailto:██████████@sfdph.org)

CDTA Website --> <http://www.sfdph.org/CDTA>

CDTA Mission Statement:

Utilizing sound business practices, CDTA facilitates the development of City contracts with health service providers, thus ensuring the availability of community services which protect and promote the health of all San Franciscans.

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 28, 2022 4:10 PM
To: ██████████, ██████████ (UCSF) <██████████@ucsf.edu>; ██████████ [@sfdph.org](mailto:██████████@sfdph.org)>
Cc: ██████████ [@sfdph.org](mailto:██████████@sfdph.org)>; ██████████ [@sfdph.org](mailto:██████████@sfdph.org)>; ██████████ [@sfdph.org](mailto:██████████@sfdph.org)>; ██████████
██████████ [@sfdph.org](mailto:██████████@sfdph.org)>; ██████████, ██████████ (UCSF) <██████████@ucsf.edu>
Subject: Re: UCSF, CACG Contract Update

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Hi All,

I want to add my thanks, as well. I am so grateful for our partnership between the CAGC and the SFDPH, and am particularly grateful for all of ██████████ and ██████████'s efforts in community outreach, as well as for guidance from ██████████ and close collaboration with ██████████. This has been a truly positive and meaningful effort, and I hope the impact of the work so far will endure.

Please let me know of anything that is needed from me.

With gratitude and hope for potential future collaboration,

Sincerely,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 3:41 PM
To: [REDACTED]@sfdph.org>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi all,

Thank you [REDACTED] for your warm words and this detailed email. The relationship has been rich and mutually beneficial and I feel grateful to you, [REDACTED] and [REDACTED] for your support and leadership in creating what turned out to be a robust and successful program. The time, heart and commitment we all put into Trans and Nonbinary children, youth, young adults, adults and older adults is not lost and these intergenerational and system wide supports are the life blood of keeping people supported and alive. To be able to partner with the most marginalized and support the programs and systems serving them has been a true honor.

I am sad it will end a bit early, and look forward to future opportunities to partner in some capacity.

Yes, to confirm we will close out given we do not have capacity or time to hire to replace my role or [REDACTED]'s.

The date of November 30th is fine as it will give time for Steve to complete any paperwork [REDACTED] might have for us and work with our contract department to get you what you need.

I will prepare the final narrative report and data of what we were able to accomplish in these past months since the start of FY 22-23.

We have one more training scheduled on 11/2/22 and I yes I will finish on 11/11/22.

[REDACTED] - please let Steve and I know what specifically you need if anything. There was one laptop purchase in 2018. Aside from that our majority spending with occasional guest speakers was largely staffing/FTE. I have the accounting for the laptop which I can include in the report to [REDACTED]. Do you take back the machine or just need the receipt for the purchase to track line items? Let me know if we need to get that to DPH.

Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best
[REDACTED]

[REDACTED]
Pronouns : they/them/theirs

Director of Community based Clinical Services and Training

UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

██████████@ucsf.edu

From: ██████████@sfdph.org>

Sent: Thursday, October 27, 2022 5:18 PM

To: ██████████ <██████████@ucsf.edu>

Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████@sfdph.org>; ██████████@sfdph.org>; ██████████@sfdph.org>

Subject: UCSF, CAGC Contract Update

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Hi ██████████

I appreciate you taking the time to meet this morning. I had time to consult with ██████████ about the CAGC contract, given ██████████'s recent transition and your expected transition on 11/11/2022, so I wanted to follow up.

To summarize our discussion today, CAGC's contract ends this fiscal year in June 2023. This essentially leaves the program with seven months left in the contract. Also, given that you and ██████████ were the primary staff of the contract, we discussed that it's not feasible to hire for the remaining period. CAGC is proposing to stop all contract services with your transition. UCSF plans to submit invoices from July 2022 up until November 2022. You mentioned finalizing a summary report of the deliverables for the first five months of the contract, so please feel free to submit them before your transition.

Based on our discussion, it makes sense to end the formal contract on November 30th. Can you please confirm that our understanding is clear?

I am sure you have thought about this but just wanted to confirm that you have developed a communication and clinical transition plan for clients receiving clinical support in case they need to continue receiving care. Please let me know CAGC's plans or supports from me that could help. Similarly, it would be helpful to inform other CAGC service partners to inform them of the change. Other things to keep in mind are to ensure proper storage of documents and client files and completion of invoicing. Things like unused incentives, gift cards, vouchers, or tech equipment (projectors or presentation equipment) purchased through the grant should be returned. Can you confirm items that you have so we can coordinate a return before your transition?

██████████ will check in with the Budget and Contracts team about what should be done about the actual contract and can get back to us. He thinks it should be a simple process since the contract was due to end this fiscal year.

CAGC has done a tremendous job in the gender affirmative care model for youth. I am hopeful we will continue to create programs and services for the population since trans and gender-diverse youth are in dire need of care services and support. It's been an honor and privilege to work with you in supporting our most vulnerable trans and gender-diverse youth and families in San Francisco.

Thank you for all your hard work and dedication!

Best regards,

██████████

██████████
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: ██████████ Fax: ██████████
██████████@sfdph.org
Pronouns: she/her



CONFIDENTIALITY NOTICE: This email is intended for the recipient only. If Protected Health Information (PHI) is contained in this email, unauthorized disclosure may subject the discloser to civil or criminal penalties under state and federal privacy laws. If you received this email in error, notify me and destroy the email immediately.

From: Sexual & Gender Minority Research Office <SGMRO@nih.gov>
Sent: Friday, November 04, 2022 7:17 AM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: Sexual & Gender Minority Research Office <SGMRO@nih.gov>
Subject: RE: RFI: Gender-Affirming Care Scientific Workshop

This Message Is From an External Sender

This message came from outside your organization.

Thank you, Steve. Acknowledging receipt of your response to the RFI.

Best,

Irene

Irene Avila, PhD
Assistant Director, Sexual & Gender Minority Research Office
Division of Program Coordination, Planning, and Strategic Initiatives
Office of the Director, NIH
(301) 594-9701
avilai@mail.nih.gov
Pronouns: she, her, ella ([why? Be an ally](#))
Join the NIH [SGM Listserv](#)



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 3, 2022 5:29 PM
To: Sexual & Gender Minority Research Office <SGMRO@nih.gov>
Subject: [EXTERNAL] RFI: Gender-Affirming Care Scientific Workshop

Hello,

I am responding to the RFI for the upcoming Scientific Workshop on Gender-Affirming Care for Transgender and Gender-Diverse Populations. I'm delighted to offer what I think are important priorities for the pediatric/adolescent population:

1. Understanding the long-term mental health and physiological impact of gender-affirming medical care for transgender/gender diverse adolescents. I am one of the PIs (multiple PI format) of a 4-site NIH R01, now in its 2nd 5-year cycle (currently funded by the NICHD through January, 2026), entitled; "The Impact of Early Medical Treatment in Transgender Youth". If we are going to meaningfully address long-term impacts of such care, continued longitudinal research will be critical.
2. Understanding the specific impacts of gender-affirming medical care on skeletal health, neurocognitive function, and fertility.
3. Assuring inclusivity of racial and ethnic minorities to minimize health disparities in studies on the impact of gender-affirming medical care
4. With increasing numbers of non-binary gender-diverse adolescents presenting for care (without currently existing clinical practice guidelines for such individuals), understanding how to best enable an individual to achieve their gender-embodiment goals and how to do so safely (e.g. without compromising skeletal health).

I would be pleased to be a participant in this workshop.

Thank you,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

Dr. [REDACTED], DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

[REDACTED]

[REDACTED]

[REDACTED]

Rosenthal, Stephen

<Stephen.Rosenthal@ucsf.edu>;

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Pursuant to the School of Medicine bylaws <https://senate.ucsf.edu/appendix-IV>), your School of Medicine Faculty Council (<https://senate.ucsf.edu/committee/19>) reports to the full faculty at least once each Fall, Winter, and Spring academic term.

These three meetings (Nov 17, Feb 16, May 4) will include those reports, and each meeting will focus on one of the three pillars of the faculty's work: education, research, and clinical care.

In November, the Co-Executive Sponsors of [Differences Matter](#), Executive Vice Dean and Vice Dean for Education [REDACTED] and Associate Professor of Radiology and Associate Chair for Well-Being and Professional Climate [REDACTED], will reflect on the Differences Matter initiative to date, discuss plans for Differences Matter 2.0, and share opportunities for engagement. Then, your Faculty Council will facilitate questions and answers.

Thanks!

[REDACTED]@ucsf.edu)
UCSF Academic Senate

Topic: SOM Full Faculty Meeting

Time: One Fall, Winter, and Spring Meeting

Nov 17, 2022 03:30 PM

Feb 16, 2023 03:30 PM

May 4, 2023 03:30 PM

Meeting ID: [REDACTED]

Password: [REDACTED]

Phone or Conference room password: [REDACTED]

—
One Click Join from a PC, Mac, Linux, iOS or Android device:

—
One tap mobile (iPhone)

—
Dial by your location

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Meeting ID: [REDACTED]

Password: [REDACTED]

—
Connecting from a room system:

[REDACTED]
[REDACTED]
Meeting ID: [REDACTED]

Password: [REDACTED]

—
UCSF Zoom instance is approved for use with restricted data.

For more information on Zoom:

<https://it.ucsf.edu/services/zoom-web-conferencing>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Rosenthal, Stephen

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Hawgood, Sam <HawgoodS@ucsf.edu>

U>

[REDACTED]

[REDACTED]

[REDACTED]@ucsf.edu <[REDACTED]@ucsf.edu>; [REDACTED]@medicines360.org <[REDACTED]@medicines360.org>;
[REDACTED]@sonic.net <[REDACTED]@sonic.net>; [REDACTED]@ucsf.edu <[REDACTED]@ucsf.edu>;
[REDACTED]@ucsf.edu <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.neuroimmunol.org>

Pursuant to the School of Medicine bylaws (<https://senate.ucsf.edu/appendix-IV>), your School of Medicine Faculty Council (<https://senate.ucsf.edu/committee/19>) reports to the full faculty at least once each Fall, Winter, and Spring academic term.

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Thanks!

[REDACTED]@ucsf.edu)
UCSF Academic Senate

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Time: One Fall, Winter, and Spring Meeting

Nov 17, 2022 03:30 PM
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Meeting ID: [REDACTED]
Password: [REDACTED]
Phone or Conference room password: [REDACTED]

One Click Join from a PC, Mac, Linux, iOS or Android device:

One tap mobile (iPhone)

Dial by your location

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Meeting ID: [REDACTED]
Password: [REDACTED]

Connecting from a room system:

[REDACTED]
[REDACTED]
Meeting ID: [REDACTED]
Password: [REDACTED]

UCSF Zoom instance is approved for use with restricted data.

For more information on Zoom:
<https://it.ucsf.edu/services/zoom-web-conferencing>

From: Rosenthal, Stephen

Sent: Friday, November 04, 2022 4:14 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Please open gender templates

Hi [REDACTED] and [REDACTED],

I just finished a meeting with [REDACTED] (Call Center) and [REDACTED] (Access Center). Please be sure to open your templates through June, 2023, and please do so at your earliest convenience ([REDACTED], they have your schedule through March; [REDACTED], they have your schedule only through December). Right now, patients are being offered new appointments for May/June 2023. The situation should improve at least somewhat when you open your templates. There's still the larger issue that the Access Center currently has 150 patients waiting for new gender clinic appointments while the Call Center has an additional 80 (!).

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen

Sent: Friday, November 04, 2022 4:27 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Major backlog for CAGC new patient referrals

Hi [REDACTED],

I just had a meeting with clinic schedulers for the CAGC, including [REDACTED] from the Call Center (for Internal Referrals) and [REDACTED] from the Access Center (for External Referrals). I was shocked to learn that there are currently approximately 150 patients awaiting new CAGC appointments from the Access Center and an additional 80 patients awaiting new CAGC appointments from the Call Center = **230 patients currently waiting for a new patient CAGC appointment (!!!)** Some of our CAGC medical providers will be opening their CAGC templates for 2023, but this will only put a minor dent in addressing the need.

Can we set up a zoom to strategize?

Thanks,

Steve

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 4:34 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Major backlog for CAGC new patient referrals

Hi Steve,

Thank you for advocating for these patients! I included [REDACTED] in case he has additional updates on the new CAGC PNP hire. We continue to have patient demand for additional mental health and medical staffing. We should also be receiving additional nursing FTE when we add medical providers.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Friday, November 4, 2022 at 5:27 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Major backlog for CAGC new patient referrals

Hi [REDACTED],

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 4:38 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: Major backlog for CAGC new patient referrals

All,

The CAGC APP received FPO approval and is awaiting approval by the Labor Management Review committee before being pushed through to HR for posting. I will update the group as soon as it's posted, hopefully within the next week.

Thanks,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 4:35 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Major backlog for CAGC new patient referrals

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[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Friday, November 4, 2022 at 5:27 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Major backlog for CAGC new patient referrals

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Can we set up a zoom to strategize?

Thanks,

Steve

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 4:39 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: Please open gender templates

Hi Steve,

I will work on opening my templates for 2023; I need to coordinate which Tuesdays I'm covering versus [REDACTED]. Please note that because I'm only in clinic, 2 times per month, I need to schedule only 1 new patient per session otherwise, I have no space in my panel to schedule follow-ups. I'm already double-booking to accommodate follow-ups for my patients.

[REDACTED] (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 4:15 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Please open gender templates
Importance: High

Hi [REDACTED] and [REDACTED],

I just finished a meeting with [REDACTED] (Call Center) and [REDACTED] (Access Center). Please be sure to open your templates through June, 2023, and please do so at your earliest convenience ([REDACTED], they have your schedule through March; [REDACTED], they have your schedule only through December). Right now, patients are being offered new appointments for May/June 2023. The situation should improve at least somewhat when you open your templates. There's still the larger issue that the Access Center currently has 150 patients waiting for new gender clinic appointments while the Call Center has an additional 80 (!).

Thanks very much,

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Thanks very much,

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 4:44 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Major backlog for CAGC new patient referrals

Hi Steve- I agree we have reached a point where the need far outpaces the access to care for gender diverse youth – hiring the new PNP, bring [REDACTED] on faculty in Sept, and sending an offer to [REDACTED] are part of the plan – in the interim [REDACTED] has switched to seeing more gender patients than general endo – and we have some new adolescent med folks who could perhaps ramp up their clinic time in the interim? I'm not sure what else we can do with the faculty we currently have... i.e. who has the capacity to see more patients than they already are... happy to have a call to discuss- I'll ask [REDACTED] to set one up – who would you like to be on ?

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Friday, November 4, 2022 at 4:38 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: Major backlog for CAGC new patient referrals

All,

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 4:35 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Friday, November 4, 2022 at 5:27 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Major backlog for CAGC new patient referrals

Hi [REDACTED],

I just had a meeting with clinic schedulers for the CAGC, including [REDACTED] from the Call Center (for Internal Referrals) and [REDACTED] from the Access Center (for External Referrals). I was shocked to learn that there are currently approximately 150 patients awaiting new CAGC appointments from the Access Center and an additional 80 patients awaiting new CAGC appointments from the Call Center = **230 patients currently waiting for a new patient CAGC appointment (!!!)** Some of our CAGC medical providers will be opening their CAGC templates for 2023, but this will only put a minor dent in addressing the need.

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Steve

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, November 04, 2022 4:45 PM PDT

To: [REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>

CC: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Thanks, and looking forward to it.

Have a nice weekend,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org>

Sent: Thursday, November 3, 2022 4:23 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
[REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED]
[REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: RE: UCSF, CACG Contract Update

This Message Is From an External Sender

This message came from outside your organization.

Hi Steve,

I am happy to meet on Monday, November 7th at 1 PM. I will send you a Zoom meeting calendar invite.

Best,

[REDACTED]

[REDACTED]
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Wednesday, November 2, 2022 5:00 PM

To: [REDACTED]@sfdph.org; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Here are potential times that work for me next week:

11/7: 1-2 PM

11/9: 12- 1 PM

11/10: 1-4 PM

Please let me know if any of these work for you.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sfdph.org>

Sent: Wednesday, November 2, 2022 9:55 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org>

Cc: [REDACTED]@sfdph.org>; [REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org>

Subject: RE: UCSF, CACG Contract Update

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Hi [REDACTED]

I appreciate you looping us in. That sounds like a good plan.

[@Rosenthal, Stephen \(UCSF\)](#) – I am unavailable this Friday afternoon. I could meet next week as afternoons look better for my schedule. Please let me know a day/times that work for you.

Thank you.

[REDACTED]
[REDACTED]
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org

Pronouns: she/her



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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Wednesday, November 2, 2022 7:01 AM

To: Rosenthal, Stephen (UCSF) <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sfdph.org; [REDACTED]@sfdph.org

Cc: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org

Subject: Re: UCSF, CACG Contract Update

Hi all,

My apologies for the delay in responding. I've carved out some time to address all of [REDACTED] questions tomorrow and Friday and forward on. I'll say quickly, to offer reassurance, we have all things in place that impact clients directly and have alerted relevant stakeholders in terms of the grant services ending. As far as I know, we never ended up purchasing a projector. It was budgeted, yet we ended up using technology available at places we trained. I'll put together a more formal response to your questions, [REDACTED].

[REDACTED], I'll work on what we discussed hopefully over these next two days (though Friday is a holiday so it may push into next week) and send you the final update and reach out off this thread with questions.

Thank you
[REDACTED]

Get [Outlook for iOS](#)

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Tuesday, November 1, 2022 4:06 PM

To: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED]@sfdph.org; [REDACTED]@sfdph.org; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@sfdph.org

Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Would you be available for a zoom on Friday, 11/4, at 4:00 PM?

Thank you for all of your support!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Sent: Tuesday, November 1, 2022 10:14 AM
To: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>
Cc: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: UCSF, CACG Contract Update

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Dear Dr. Rosenthal,

Thank you for leading the efforts to deliver quality care and support for TDG young people and their families. It's been a pleasure to support CAGC and your dedicated team members!

@ [REDACTED], [REDACTED] posted some questions that we would need to document for our processes. Feel free to respond to them so we can document them appropriately.

Also, I'm happy to schedule a check-in meeting this week now if it would help to discuss some of the close-out processes and questions. I'm happy to assist as things wind down this month. Feel free to direct message me if you want to schedule a meeting time this week.

Best regards,

[REDACTED]

[REDACTED]
 Director
 Gender Health SF
 San Francisco Department of Public Health
 995 Potrero Avenue, Building 80, #8000N (Ground Floor)
 San Francisco, CA 94102
 Tel: [REDACTED] Fax: [REDACTED]
[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)
 Pronouns: she/her



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From: "Rosenthal, Stephen" <Stephen.Rosenthal@ucsf.edu>
Date: Friday, October 28, 2022 at 5:21 PM
To: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>, [REDACTED] (UCSF) <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>, [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Cc: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>, [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>, [REDACTED] (UCSF) <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>, [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Subject: Re: UCSF, CACG Contract Update

Hi [REDACTED],

Thanks for your kind words.

I'm sure [REDACTED] will be able to answer your questions in the 2^d and 3rd paragraphs of your email

Regarding our finance department, I have cc'd [REDACTED] [REDACTED], MPA, Division Administrator for Pediatric Endocrinology.

[REDACTED]
 Due to the unanticipated departure of [REDACTED] (our CAGC Social Worker) and [REDACTED] LPCC's job change to

consultant (at 2 % FTE) independent of the work with the SF DPH, our contract with the DPH, originally slated to run through June, 2023, will now end as of November 30, 2022. Please work with [REDACTED] for guidance regarding termination of the contract.

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Sent: Friday, October 28, 2022 4:38 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Cc: [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>; [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>; [REDACTED] <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Subject: Re: UCSF, CACG Contract Update

This Message Is From an External Sender

This message came from outside your organization.

Hello [REDACTED] and Dr. Rosenthal,

As I mentioned to [REDACTED], it has been my honor to be associated with this vital program right from the start - and a shout out to [REDACTED] who heard and saw what the community needed, to Dr. Rosenthal for his insight and vision, and to [REDACTED] and [REDACTED] too! I can only imagine how many lives were touched and saved by your work over the years. And, as you know, [REDACTED] is just simply amazing too.

I want to echo [REDACTED] directions below. What is the client census now? Can you please work with [REDACTED] on any needed client transfers and care plans? I will need to include this in my report to the department. Also, can you please provide us with a communication plan to alert your city partners of the program closure? Will there be a formal press release from UCSF? We want to make sure the word goes out that you will not be accepting any new clients or providing presentations and trainings via this contract.

I will need to have confirmation that all client files and data will be stored properly and safely. This is UC of course so I am sure this will be handled appropriately but if you could send me this confirmation, we can check that off our list.

I think we can be assured that the laptop has depreciated to no value by this time, so unless [REDACTED] see the need to retrieve it back, DPH does not need it. But could you confirm with me and [REDACTED] that you have removed all PHI and that the device has been transferred into UC's system for IT equipment? I did a look back in our Budget and there was a projector and other presentation equipment that would be helpful to retrieve. Please let me know how DPH can get this.

Also - and this is vital - can you please give an accounting of any purchased incentives? Are any left? These must be returned to me so they can be distributed for use at other community programs.

Your finance department will have to mark the last invoice in November as FINAL when it is sent in to our A/P unit. We may not have to do anything else, but I am still getting direction from our Contracts Unit.

Also, as is standard each year, your finance department will need to do their usually reconciliation on the Cost Report. If you can give me the program's current contact person in UC Contracts, I can make sure they are kept in the loop. The business side of things can be dry but it must be attended to.

And as always, if you need any other assistance, please let me know. I do hope our paths will cross again.

■



■
Program Manager
Contract Development & Technical Assistance (CDTA)
San Francisco Department of Public Health - Business Office
1380 Howard St., 5th floor, SF, CA 94103
■ direct
■ 5th floor reception desk
(ask for cell phone number)
■ @sfdph.org

CDTA Website --> <http://www.sfdph.org/CDTA>

CDTA Mission Statement:

Utilizing sound business practices, CDTA facilitates the development of City contracts with health service providers, thus ensuring the availability of community services which protect and promote the health of all San Franciscans.

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, October 28, 2022 4:10 PM
To: ■, ■ (UCSF) <■@ucsf.edu>; ■@sfdph.org
Cc: ■@sfdph.org; ■@sfdph.org; ■@sfdph.org; ■@sfdph.org; ■ (UCSF) <■@ucsf.edu>
Subject: Re: UCSF, CACG Contract Update

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Hi All,

I want to add my thanks, as well. I am so grateful for our partnership between the CAGC and the SFDPH, and am particularly grateful for all of ■ and ■'s efforts in community outreach, as well as for guidance from ■ and close collaboration with ■. This has been a truly positive and meaningful effort, and I hope the impact of the work so far will endure.

Please let me know of anything that is needed from me.

With gratitude and hope for potential future collaboration,

Sincerely,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, October 28, 2022 3:41 PM
To: [REDACTED] <[REDACTED]@sfdph.org>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED] <[REDACTED]@sfdph.org>
Subject: Re: UCSF, CACG Contract Update

Hi all,

Thank you [REDACTED] for your warm words and this detailed email. The relationship has been rich and mutually beneficial and I feel grateful to you, [REDACTED] and [REDACTED] for your support and leadership in creating what turned out to be a robust and successful program. The time, heart and commitment we all put into Trans and Nonbinary children, youth, young adults, adults and older adults is not lost and these intergenerational and system wide supports are the life blood of keeping people supported and alive. To be able to partner with the most marginalized and support the programs and systems serving them has been a true honor.

I am sad it will end a bit early, and look forward to future opportunities to partner in some capacity.

Yes, to confirm we will close out given we do not have capacity or time to hire to replace my role or [REDACTED]'s.

The date of November 30th is fine as it will give time for Steve to complete any paperwork [REDACTED] might have for us and work with our contract department to get you what you need.

I will prepare the final narrative report and data of what we were able to accomplish in these past months since the start of FY 22-23.

We have one more training scheduled on 11/2/22 and I yes I will finish on 11/11/22.

[REDACTED] - please let Steve and I know what specifically you need if anything. There was one laptop purchase in 2018. Aside from that our majority spending with occasional guest speakers was largely staffing/FTE. I have the accounting for the laptop which I can include in the report to [REDACTED]. Do you take back the machine or just need the receipt for the purchase to track line items? Let me know if we need to get that to DPH.

Again -- thank you all. And to Steve, who had the vision and initial seeds that launched us into this special partnership. It's been a deep pleasure to serve in this role for these 6 years!

Best
[REDACTED]

[REDACTED]
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
[REDACTED] text/voice
[REDACTED] : [REDACTED] <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>

From: [REDACTED] <[REDACTED]@sfdph.org>
Sent: Thursday, October 27, 2022 5:18 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@sfdph.org>; [REDACTED]

@sfdph.org>; [REDACTED]@sfdph.org>

Subject: UCSF, CACG Contract Update

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Hi [REDACTED]

I appreciate you taking the time to meet this morning. I had time to consult with [REDACTED] about the CAGC contract, given [REDACTED]'s recent transition and your expected transition on 11/11/2022, so I wanted to follow up.

To summarize our discussion today, CAGC's contract ends this fiscal year in June 2023. This essentially leaves the program with seven months left in the contract. Also, given that you and [REDACTED] were the primary staff of the contract, we discussed that it's not feasible to hire for the remaining period. CAGC is proposing to stop all contract services with your transition. UCSF plans to submit invoices from July 2022 up until November 2022. You mentioned finalizing a summary report of the deliverables for the first five months of the contract, so please feel free to submit them before your transition.

Based on our discussion, it makes sense to end the formal contract on November 30th. Can you please confirm that our understanding is clear?

I am sure you have thought about this but just wanted to confirm that you have developed a communication and clinical transition plan for clients receiving clinical support in case they need to continue receiving care. Please let me know CAGC's plans or supports from me that could help. Similarly, it would be helpful to inform other CAGC service partners to inform them of the change. Other things to keep in mind are to ensure proper storage of documents and client files and completion of invoicing. Things like unused incentives, gift cards, vouchers, or tech equipment (projectors or presentation equipment) purchased through the grant should be returned. Can you confirm items that you have so we can coordinate a return before your transition?

[REDACTED] will check in with the Budget and Contracts team about what should be done about the actual contract and can get back to us. He thinks it should be a simple process since the contract was due to end this fiscal year.

CAGC has done a tremendous job in the gender affirmative care model for youth. I am hopeful we will continue to create programs and services for the population since trans and gender-diverse youth are in dire need of care services and support. It's been an honor and privilege to work with you in supporting our most vulnerable trans and gender-diverse youth and families in San Francisco.

Thank you for all your hard work and dedication!

Best regards,

[REDACTED]

[REDACTED]

Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: [REDACTED] Fax: [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, November 04, 2022 5:03 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Major backlog for CAGC new patient referrals

Hi [REDACTED],

It's my understanding that capacity is currently maxed out for medical providers in the CAGC (including Adolescent Medicine, but I'll defer to [REDACTED], cc'd here, who can speak for himself as well as the other 2 Adolescent Med providers-- [REDACTED] and [REDACTED]).

Rather than set up a zoom meeting now, I think the best solution, now that I see from [REDACTED] that the new CAGC APP has been approved, would be to get that position posted and filled as soon as possible. If that person's primary clinical focus is seeing new CAGC patients, that will make a major difference.

However, of course, the limiting capacity will then be mental health support—which we require for all new CAGC patients. The recent addition of two Child and Adolescent Psychiatrists has certainly helped, but we have yet to have the new CAGC psychologist position filled (vacant now for 13 months!). I believe you are aware of the long delays in completing the hiring process for our preferred psychologist applicant. We were told that person would be on-boarded in November, but we have gotten no response to our requests for a status update from Behavioral Health, and I fear we may lose that candidate. It might be helpful if you are able to intervene.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, November 4, 2022 4:44 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Major backlog for CAGC new patient referrals

Hi Steve- I agree we have reached a point where the need far outpaces the access to care for gender diverse youth – hiring the new PNP, bring [REDACTED] on faculty in Sept, and sending an offer to [REDACTED] are part of the plan – in the interim [REDACTED] has switched to seeing more gender patients than general endo – and we have some new adolescent med folks who could perhaps ramp up their clinic time in the interim? Im not sure what else we can do with the faculty we currently have... i.e. who has the capacity to see more patients than they already are... happy to have a call to discuss- I'll ask [REDACTED] to set one up – who would you like to be on ?

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>

Date: Friday, November 4, 2022 at 4:38 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

<[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: Major backlog for CAGC new patient referrals

All,

The CAGC APP received FPO approval and is awaiting approval by the Labor Management Review committee before being pushed through to HR for posting. I will update the group as soon as it's posted, hopefully within the next week.

Thanks,

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, November 04, 2022 4:35 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Major backlog for CAGC new patient referrals

Hi Steve,

Thank you for advocating for these patients! I included [REDACTED] in case he has additional updates on the new CAGC PNP hire. We continue to have patient demand for additional mental health and medical staffing. We should also be receiving additional nursing FTE when we add medical providers.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Date: Friday, November 4, 2022 at 5:27 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Major backlog for CAGC new patient referrals

Hi [REDACTED],

I just had a meeting with clinic schedulers for the CAGC, including [REDACTED] from the Call Center (for Internal Referrals) and [REDACTED] from the Access Center (for External Referrals). I was shocked to learn that there are currently approximately 150 patients awaiting new CAGC appointments from the Access Center and an additional 80 patients awaiting new CAGC appointments from the Call Center = **230 patients currently waiting for a new patient CAGC appointment (!!!)** Some of our CAGC medical providers will be opening their CAGC templates for 2023, but this will only put a minor dent in addressing the need.

Can we set up a zoom to strategize?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, November 04, 2022 5:05 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Please open gender templates

Thanks, [REDACTED] and yes, I completely understand that you will be scheduling 1 new pt per clinic to be able to accommodate f/u patients.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, November 4, 2022 4:39 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: RE: Please open gender templates

Hi Steve,

I will work on opening my templates for 2023; I need to coordinate which Tuesdays I'm covering versus [REDACTED]. Please note that because I'm only in clinic, 2 times per month, I need to schedule only 1 new patient per session otherwise, I have no space in my panel to schedule follow-ups. I'm already double-booking to accommodate follow-ups for my patients.

[REDACTED]
[REDACTED] (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, November 4, 2022 4:15 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Please open gender templates

Importance: High

Hi [REDACTED] and [REDACTED]

I just finished a meeting with [REDACTED] (Call Center) and [REDACTED] (Access Center). Please be sure to open your templates through June, 2023, and please do so at your earliest convenience ([REDACTED], they have your schedule through March; [REDACTED], they have your schedule only through December). Right now, patients are being offered new appointments for May/June 2023. The situation should improve at least somewhat when you open your templates. There's still the larger issue that the Access Center currently has 150 patients waiting for new gender clinic appointments while the Call Center has an additional 80 (!).

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, November 04, 2022 5:07 PM PDT

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: Major backlog for CAGC new patient referrals

Steve,

Adding [REDACTED] who I'm hoping can provide an update related to the CAGC psychologist hire.

Thanks,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, November 04, 2022 5:03 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Major backlog for CAGC new patient referrals

Hi [REDACTED],

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From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, November 4, 2022 4:44 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
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Subject: RE: Major backlog for CAGC new patient referrals

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Sent: Friday, November 04, 2022 5:14 PM PDT

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CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

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From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 04, 2022 5:19 PM PDT
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Grant and Transition

Hi [REDACTED]

You were definitely missed last Saturday [REDACTED]

In terms of the call with [REDACTED] on 11/7 from 1-2 PM, I'm happy to have you participate. [REDACTED] initiated the request for a call with me, so I'd recommend that you touch base with [REDACTED] and see what she would like.

In terms of future CAGC involvement as a consultant, the way it was approached with [REDACTED] is that he provided a detailed description of what his role would be. It would probably make sense for you to generate a proposal and then you, [REDACTED], and I can figure out next steps.

Thanks and have a nice weekend,

Steve

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 4, 2022 12:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Grant and Transition

Hi Steve and [REDACTED] ..

Happy Friday! I was sad to miss the 10 yr anniversary and glad to hear it was a nice gathering. I wanted to make sure we can check in on a few things.

One- would you like me to join the meeting with [REDACTED]?

Two- With the grant closing 11/30 while simultaneously bringing in [REDACTED] (im scheduled to onboard her this coming week) and interns closing it's just a bit too much to get done. I'm not sure yet but I've asked [REDACTED] to extend my time kind of behind the scenes so I can finish things to 11/18 or possibly to thanksgiving. If she says yes things won't change much but I'll be able to support [REDACTED] a bit more and get grant closed up. Thank you for being responsive and so welcoming to her. The larger goal will be to find someone also for my job that is more senior as she is very early career and new to gender care.

Third— I'm also putting intention out to stay connected. I see you took [REDACTED] on at 2% under the other philanthropic funding and If I am able and have capacity , I'd love to explore what might be possible for me to continue also in some consultation capacity and hear what your needs/dreams might be.

Thank you!

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 5:23 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
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I appreciate your understanding. I just want to reiterate my ongoing commitment to the CAGC. With one of my career development grants, I had to get special permission to maintain my clinical effort at its current levels. They have expressed that I have too much clinical time between CAGC, teen clinic, and call. I'm walking a tight rope in contributing to each of the clinical pieces, keeping the funding agencies happy, and being productive. I appreciate your ongoing support. Have a great weekend.

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 5:06 PM
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
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Sent: Friday, November 4, 2022 4:39 PM
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Subject: RE: Please open gender templates

Hi Steve,

I will work on opening my templates for 2023; I need to coordinate which Tuesdays I'm covering versus [REDACTED] Please note that because I'm only in clinic, 2 times per month, I need to schedule only 1 new patient per session otherwise, I have no space in my panel to schedule follow-ups. I'm already double-booking to accommodate follow-ups for my patients.

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Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
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Importance: High

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Please just promise me that you won't take on more than you should. Your commitment and your contributions to the CAGC have never been in question.

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[REDACTED]

[REDACTED] (he/him/his)
Associate Clinical Professor of Pediatrics
Division of Adolescent and Young Adult Medicine
UCSF Child and Adolescent Gender Center
Navigating Gender Together Project: Principal Investigator
Department of Pediatrics
UCSF Benioff Children's Hospital, San Francisco
University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 4:15 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Please open gender templates
Importance: High

Hi [REDACTED] and [REDACTED],

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550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 5:30 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: Please open gender templates

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Sent: Friday, November 4, 2022 5:27 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Please open gender templates

[REDACTED]

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 4, 2022 5:23 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: Please open gender templates

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University of California, San Francisco

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 5:06 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Please open gender templates

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 email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 4, 2022 4:39 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: Please open gender templates

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Cc: [REDACTED] <[REDACTED]@ucsf.edu>
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email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, November 04, 2022 5:31 PM PDT

To: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Please open gender templates

You're the best :)

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
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To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: RE: Please open gender templates

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 5:47 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: Grant and Transition

Hi Steve

Thank you all sounds good. I'll see if it makes sense for me to join or if [REDACTED] wants to cover future directions or literally pieces you as the higher level director /manager will need to go closer to end of month - like sort the reimbursement etc.

For future I will do just that. Right now I'm in a period of uncertainty and needing to focus elsewhere or I would have stayed but hopefully sooner than later as I'll need to work and would love to remain involved and continue in a different capacity.

Thank you and have a restorative, warm! And nice weekend.

Get [Outlook for iOS](#)

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 5:19:45 PM
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: Grant and Transition

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Friday, November 4, 2022 12:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Grant and Transition

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■

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Sent: Friday, November 04, 2022 6:15 PM PDT
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: Grant and Transition

Thanks, [REDACTED] You have a nice and restorative weekend, too.

Steve

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To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
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To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 4, 2022 12:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
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From: [REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 6:55 PM PDT
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED]@ucsf.edu>
Subject: RE: CAGC Move to Pritzker
Attachment(s): "Please read re New CAGC SWer starting on Monday!.msg", "2022-Practice Session-Gender (Rev11.1.22).docx"

Hi Dr. Rosenthal and team,

Apologies for this delay. Please see attached practice session and clinic info to share with all. please note that some items are still in discussion and will update you as I learn more. [REDACTED] and I plan to meet sometime next week to go over templates. (Sessions will need to be transitioned/opened in the new Dep)
Our new practice coordinator, [REDACTED] is currently in training with [REDACTED] at Gateway.

Please review your practice sessions and confirm:

- Which providers will be seeing patients at PB
- Identify if session is video or in-person
- Will Drs. [REDACTED] and [REDACTED] be seeing patients at PB?

Also including email from [REDACTED] regarding our new SW. Please reach out if you have other questions.

Thank you for your patience with me,
Best,
[REDACTED]

[REDACTED]
Practice Manager
UCSF Benioff Children's Hospital
Mobile: [REDACTED] Desk: [REDACTED]
Madison Clinic for Pediatric Diabetes
UC Box 0318
1500 Owens Street, SF Ca 94143
Clinic: 415-514-6234 Fax: 415-353-2811
Pediatric Developmental Medicine
UC Box 3132
675 18th Street, 2nd floor, SF Ca 94143
Clinic: 415-353-2080 Fax: 415-502-0014

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 4:44 PM
To: [REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Move to Pritzker

Hi [REDACTED],

I hope all is well. I'm hoping you can respond to my email sent 10/10/22 (please see below) inquiring about the move of our CAGC clinic to Pritzker

I hope to hear from you soon.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 4, 2022 9:10 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]
 <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>;
 [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
 <[REDACTED]2@ucsf.edu>
Subject: Re: CAGC Move to Pritzker

Hi,

I also have CAGC clinic every [REDACTED]. [REDACTED] used to attend this with me and I have been going solo since she left.

Dr. [REDACTED], DNP, AC-PNP-BC
Nurse Practitioner
UCSF Pediatric Endocrinology

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 9:03 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED]
 <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>;
 [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@gmail.com>;
 [REDACTED] <[REDACTED]2@ucsf.edu>
Subject: CAGC Move to Pritzker

Dear [REDACTED],

I hope this finds you well!! I wanted to check in with you about when the CAGC providers will be able to relocate in-person clinic visits (currently in the Gateway Bldg) to the Pritzker Building. Some of our providers will continue to work remotely while some will work in person (some will have a combination of in-person and remote clinics). As a reminder, we have CAGC clinics every [REDACTED], starting with a conference from [REDACTED], and then clinic. For me, I anticipate that [REDACTED] of my [REDACTED] CAGC clinics will be [REDACTED] starting in [REDACTED].

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@health.ucsd.edu>
Sent: Friday, November 04, 2022 10:58 PM PDT
To: [REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: opening at UCSF for 2023

This Message Is From an External Sender

This message came from outside your organization.

thank you so much!

I shared your "personal invitation" to apply with [REDACTED]. She has been interviewing locally, I hope she has not committed to anyone yet!

Warmly,

[REDACTED]

[REDACTED] MD (she, her)
Clinical Professor | Division of Pediatric Endocrinology
Medical Co-Director | Center for Gender Affirming Care
Rady Children's Hospital | University of California, San Diego
Clinic address: 3030 Children's Way, San Diego, CA 92123
Clinic phone: 858-966-4032 | Fax: 858-966-6227

From: [REDACTED]@ucsf.edu>
Sent: Wednesday, November 2, 2022 3:30 PM
To: [REDACTED]@health.ucsd.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Hi [REDACTED],

I hope that this email finds you well.

I wanted to circle back with you as we just posted for a Pediatric Endocrinology position based at the UCSF Children's Hospital in Oakland.

The position would be predominantly clinical but there may be opportunities for other professional activities such as engaging in clinical research.

The link to apply is here in case [REDACTED] is interested:

<https://aprecruit.ucsf.edu/JPF03780>

She can also contact me by email if any questions.

Best,

[REDACTED]

[REDACTED] MD
Clinical Associate Professor of Pediatrics
Division of Pediatric Endocrinology and Diabetes

UCSF Benioff Children's Hospital Oakland
747 52nd Street | Oakland, CA 94609
tel: 510-428-3654 | fax: 510-450-5614
[REDACTED]@ucsf.edu
www.childrenshospitaloakland.org
[Facebook: ChildrensHospitalOakland](https://www.facebook.com/ChildrensHospitalOakland)
[Twitter: UCSFBenioffOAK](https://twitter.com/UCSFBenioffOAK)

From: [REDACTED]@ucsf.edu>
Sent: Wednesday, August 24, 2022 5:50 PM
To: [REDACTED]@health.ucsd.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Hi [REDACTED],

Thanks for letting us know about Dr. [REDACTED] and her interest.

The link to the job posting is here:

<https://aprecruit.ucsf.edu/JPF03953>

Best,

██████████ MD
Clinical Associate Professor of Pediatrics
Division of Pediatric Endocrinology and Diabetes

UCSF Benioff Children's Hospital Oakland
747 52nd Street | Oakland, CA 94609
tel: 510-428-3654 | fax: 510-450-5614
██████████@ucsf.edu
www.childrenshospitaloakland.org
[Facebook: ChildrensHospitalOakland](https://www.facebook.com/ChildrensHospitalOakland)
[Twitter: UCSFBenioffOAK](https://twitter.com/UCSFBenioffOAK)

From: ██████████@health.ucsd.edu>
Sent: Monday, August 22, 2022 11:29 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: ██████████@ucsf.edu>
Subject: Re: opening at UCSF for 2023

This Message Is From an External Sender
This message came from outside your organization.

Thank you, Steve and hi ██████████

██████████ has another year of fellowship, so not quite ready to start. I will share this info with her.
I am very excited about the WPATH and seeing all dear faces again!

██████████

██████████ MD (she, her)
Clinical Professor
Department of Pediatric Endocrinology
University of California San Diego

Medical Co-Director of Center for Gender Affirming Care
Rady Children's Hospital
3030 Children's Way
San Diego, CA 92123
Office: 858-966-4032
FAX: 858-966-6227

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, August 22, 2022 3:10 PM
To: ██████████@health.ucsd.edu>
Cc: ██████████@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Hi ██████████

Nice to hear from you--and I hope you are doing well!! Thanks for reaching out about faculty openings in pediatric endocrinology at UCSF and for your enthusiastic recommendation about yur fellow, Dr. ██████████ ██████████.

We have actually had a search for a new faculty member in pediatric endocrinology with a primary focus on transgender care that has been open for the last few months. In fact, the search committee has reviewed the applications and already determined its top ranking, and an offer is about to be made. Of course, there's no guarantee that an offer will be accepted, so if this focus on transgender care is of interest to Dr. ██████████, she may wish to apply. I have cc'd my colleague, ██████████, Chair of the search committee who can provide the link to the job posting.

Thanks and best wishes, and hope to see you in Montreal,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center

University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@health.ucsd.edu>
Sent: Sunday, August 21, 2022 9:55 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: opening at UCSF for 2023

This Message Is From an External Sender

This message came from outside your organization.

Dear Steve,

Hope you are doing well.

I am reaching out to "promote" our wonderful 3rd-year pediatric endocrinology fellow, [REDACTED]. She will be finishing her fellowship in June 2023 and is actively looking for a position in the Bay Area due to family reasons. I was wondering if you anticipate having a position at UCSF that will be open around that time.

[REDACTED] is an exceptional fellow in our program at Rady Children's/UCSD. She is very strong clinically, is an EPIC expert, and is loved by patients, families, and clinic staff. [REDACTED] has a strong interest in health inequities and has been involved in several projects involving food insecurity and disparities in technology use in our patients with diabetes. For her main fellowship research project, she has created a fruit and vegetable prescription program within our clinic and is assessing its impact on our patients with type 2 diabetes. She is very interested in an academic career and is involved in our UCSD Clinical Research Training program and Fellows as Clinician Educators program to develop her skills in clinical research and medical education. She has been rotating with me in the Center for Gender Affirming Care as well. In my opinion, she has a great potential to advance the field of pediatric endocrinology.

Please let me know if you have any info and thank you for your time.

Hope to see you in Montreal!

Warmest regards,

[REDACTED]

[REDACTED] MD (she, her)
Clinical Professor
Department of Pediatric Endocrinology
University of California San Diego

Medical Co-Director of Center for Gender Affirming Care
Rady Children's Hospital
3030 Children's Way
San Diego, CA 92123
Office: 858-966-4032
FAX: 858-966-6227

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Saturday, November 05, 2022 12:41 PM PDT
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: Grant and Transition

I, I want to send support and wishes for whatever is coming next for you. And certainly send a proposal whenever you have the time and we'll be happy to look at it and then when you're ready to be working again, do let us know and we'll take a look at it again.

All my best,
[REDACTED]

Sent from my iPhone

On Nov 4, 2022, at 5:47 PM, [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi Steve

Thank you all sounds good. I'll see if it makes sense for me to join or if [REDACTED] wants to cover future directions or literally pieces you as the higher level director /manager will need to go closer to end of month - like sort the reimbursement etc.

For future I will do just that. Right now I'm in a period of uncertainty and needing to focus elsewhere or I would have stayed but hopefully sooner than later as I'll need to work and would love to remain involved and continue in a different capacity.

Thank you and have a restorative, warm! And nice weekend.
[REDACTED]

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 5:19:45 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Grant and Transition

Hi [REDACTED]

You were definitely missed last Saturday, [REDACTED]

In terms of the call with [REDACTED] on 11/7 from 1-2 PM, I'm happy to have you participate. [REDACTED] initiated the request for a call with me, so I'd recommend that you touch base with [REDACTED] and see what she would like.

In terms of future CAGC involvement as a consultant, the way it was approached with [REDACTED] is that he provided a detailed description of what his role would be. It would probably make sense for you to generate a proposal and then you, [REDACTED], and I can figure out next steps.

Thanks and have a nice weekend,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 4, 2022 12:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Grant and Transition

Hi Steve and [REDACTED] ..

Happy Friday! I was sad to miss the 10 yr anniversary and glad to hear it was a nice gathering. I wanted to make sure we can check in on a few things.

One- would you like me to join the meeting with [REDACTED]?

Two- With the grant closing 11/30 while simultaneously bringing in [REDACTED] (im scheduled to onboard her this coming week) and interns closing it's just a bit too much to get done. I'm not sure yet but I've asked [REDACTED] to extend my time kind of behind the scenes so I can finish things to 11/18 or possibly to thanksgiving. If she says yes things won't change much but I'll be able to support [REDACTED] a bit more and get grant closed up. Thank you for being responsive and so welcoming to her. The larger goal will be to find someone also for my job that is more senior as she is very early career and new to gender care.

Third— I'm also putting intention out to stay connected. I see you took [REDACTED] on at 2% under the other philanthropic funding and If I am able and have capacity , I'd love to explore what might be possible for me to continue also in some consultation capacity and hear what your needs/dreams might be.

Thank you!

[REDACTED]

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Saturday, November 05, 2022 5:38 PM PDT
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: Grant and Transition

Thank you [REDACTED]. I appreciate it.

I'd be interested to hear what [REDACTED] will offer, how [REDACTED] is involved and so on to think about what could make the best impact and eventually I can put something together for you.

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Saturday, November 5, 2022 12:41:38 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: Grant and Transition

[REDACTED] I want to send support and wishes for whatever is coming next for you. And certainly send a proposal whenever you have the time and we'll be happy to look at it and then when you're ready to be working again, do let us know and we'll take a look at it again.

All my best,

[REDACTED]

Sent from my iPhone

On Nov 4, 2022, at 5:47 PM, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi Steve

Thank you all sounds good. I'll see if it makes sense for me to join or if [REDACTED] wants to cover future directions or literally pieces you as the higher level director /manager will need to go closer to end of month - like sort the reimbursement etc.

For future I will do just that. Right now I'm in a period of uncertainty and needing to focus elsewhere or I would have stayed but hopefully sooner than later as I'll need to work and would love to remain involved and continue in a different capacity.

Thank you and have a restorative, warm! And nice weekend.

[REDACTED]

Get [Outlook for iOS](#)

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 5:19:45 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Grant and Transition

Hi [REDACTED]

You were definitely missed last Saturday, [REDACTED]

In terms of the call with [REDACTED] on 11/7 from 1-2 PM, I'm happy to have you participate. [REDACTED] initiated the request for a call with me, so I'd recommend that you touch base with [REDACTED] and see what she would like.

In terms of future CAGC involvement as a consultant, the way it was approached with [REDACTED] is that he provided a detailed description of what his role would be. It would probably make sense for you to generate a proposal and then you, [REDACTED], and I can figure out next steps.

Thanks and have a nice weekend,

Steve

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 4, 2022 12:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Grant and Transition

Hi Steve and [REDACTED] ..

Happy Friday! I was sad to miss the 10 yr anniversary and glad to hear it was a nice gathering. I wanted to make sure we can check in on a few things.

One- would you like me to join the meeting with [REDACTED]?

Two- With the grant closing 11/30 while simultaneously bringing in [REDACTED] (im scheduled to onboard her this coming week) and interns closing it's just a bit too much to get done. I'm not sure yet but I've asked [REDACTED] to extend my time kind of behind the scenes so I can finish things to 11/18 or possibly to thanksgiving. If she says yes things won't change much but I'll be able to support [REDACTED] a bit more and get grant closed up. Thank you for being responsive and so welcoming to her. The larger goal will be to find someone also for my job that is more senior as she is very early career and new to gender care.

Third— I'm also putting intention out to stay connected. I see you took [REDACTED] on at 2% under the other philanthropic funding and If I am able and have capacity , I'd love to explore what might be possible for me to continue also in some consultation capacity and hear what your needs/dreams might be.

Thank you!

[REDACTED]

From: [REDACTED]@ucsf.edu>
Sent: Sunday, November 06, 2022 1:00 PM PST
To: [REDACTED]@health.ucsd.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Thanks [REDACTED]!

[REDACTED] MD
Clinical Associate Professor of Pediatrics
Division of Pediatric Endocrinology and Diabetes

UCSF Benioff Children's Hospital Oakland
747 52nd Street | Oakland, CA 94609
tel: 510-428-3654 | fax: 510-450-5614
[REDACTED]@ucsf.edu
www.childrenshospitaloakland.org
[Facebook: ChildrensHospitalOakland](https://www.facebook.com/ChildrensHospitalOakland)
[Twitter: UCSFBenioffOAK](https://twitter.com/UCSFBenioffOAK)

From: [REDACTED]@health.ucsd.edu>
Sent: Friday, November 4, 2022 10:58 PM
To: [REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: opening at UCSF for 2023

This Message Is From an External Sender

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thank you so much!
I shared your "personal invitation" to apply with [REDACTED]. She has been interviewing locally, I hope she has not committed to anyone yet!

Warmly,
[REDACTED]

[REDACTED] MD (she, her)
Clinical Professor | Division of Pediatric Endocrinology
Medical Co-Director | Center for Gender Affirming Care
Rady Children's Hospital | University of California, San Diego
Clinic address: 3030 Children's Way, San Diego, CA 92123
Clinic phone: 858-966-4032 | Fax: 858-966-6227

From: [REDACTED]@ucsf.edu>
Sent: Wednesday, November 2, 2022 3:30 PM
To: [REDACTED]@health.ucsd.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Hi [REDACTED]

I hope that this email finds you well.

I wanted to circle back with you as we just posted for a Pediatric Endocrinology position based at the UCSF Children's Hospital in Oakland.

The position would be predominantly clinical but there may be opportunities for other professional activities such as engaging in clinical research.

The link to apply is here in case [REDACTED] is interested:
<https://aprecruit.ucsf.edu/JPF03780>

She can also contact me by email if any questions.

Best,
[REDACTED]

[REDACTED] MD
Clinical Associate Professor of Pediatrics
Division of Pediatric Endocrinology and Diabetes

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tel: 510-428-3654 | fax: 510-450-5614
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[Facebook:ChildrensHospitalOakland](https://www.facebook.com/ChildrensHospitalOakland)
[Twitter:UCSFBenioffOAK](https://twitter.com/UCSFBenioffOAK)

From: [REDACTED]@ucsf.edu>
Sent: Wednesday, August 24, 2022 5:50 PM
To: [REDACTED]@health.ucsd.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Hi [REDACTED]
Thanks for letting us know about Dr. [REDACTED] and her interest.
The link to the job posting is here:
<https://aprecruit.ucsf.edu/JPF03953>
Best,
[REDACTED]

[REDACTED] MD
Clinical Associate Professor of Pediatrics
Division of Pediatric Endocrinology and Diabetes

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tel: 510-428-3654 | fax: 510-450-5614
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[Facebook:ChildrensHospitalOakland](https://www.facebook.com/ChildrensHospitalOakland)
[Twitter:UCSFBenioffOAK](https://twitter.com/UCSFBenioffOAK)

From: [REDACTED]@health.ucsd.edu>
Sent: Monday, August 22, 2022 11:29 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@ucsf.edu>
Subject: Re: opening at UCSF for 2023

This Message Is From an External Sender
This message came from outside your organization.

Thank you, Steve and hi [REDACTED]

[REDACTED] has another year of fellowship, so not quite ready to start. I will share this info with her.
I am very excited about the WPATH and seeing all dear faces again!

□

[REDACTED]

[REDACTED] MD (she, her)
Clinical Professor
Department of Pediatric Endocrinology
University of California San Diego

Medical Co-Director of Center for Gender Affirming Care
Rady Children's Hospital
3030 Children's Way
San Diego, CA 92123
Office: 858-966-4032
FAX: 858-966-6227

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, August 22, 2022 3:10 PM
To: [REDACTED]@health.ucsd.edu>
Cc: [REDACTED]@ucsf.edu>
Subject: Re: opening at UCSF for 2023

Hi [REDACTED]

Nice to hear from you--and I hope you are doing well! Thanks for reaching out about faculty openings in pediatric endocrinology at UCSF and for your enthusiastic recommendation about your fellow, Dr. [REDACTED].

We have actually had a search for a new faculty member in pediatric endocrinology with a primary focus on transgender care that has been open for the last few months. In fact, the search committee has reviewed the applications and already determined its top ranking, and an offer is about to be made. Of course, there's no guarantee that an offer will be accepted, so if this focus on transgender care is of interest to Dr. [REDACTED], she may wish to apply. I have cc'd my colleague, [REDACTED], Chair of the search committee who can provide the link to the job posting.

Thanks and best wishes, and hope to see you in Montreal,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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550 16th St., 4th Floor, #4635
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@health.ucsd.edu
Sent: Sunday, August 21, 2022 9:55 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: opening at UCSF for 2023

This Message Is From an External Sender

This message came from outside your organization.

Dear Steve,

Hope you are doing well.

I am reaching out to "promote" our wonderful 3rd-year pediatric endocrinology fellow, [REDACTED]. She will be finishing her fellowship in June 2023 and is actively looking for a position in the Bay Area due to family reasons. I was wondering if you anticipate having a position at UCSF that will be open around that time.

[REDACTED] is an exceptional fellow in our program at Rady Children's/UCSD. She is very strong clinically, is an EPIC expert, and is loved by patients, families, and clinic staff. [REDACTED] has a strong interest in health inequities and has been involved in several projects involving food insecurity and disparities in technology use in our patients with diabetes. For her main fellowship research project, she has created a fruit and vegetable prescription program within our clinic and is assessing its impact on our patients with type 2 diabetes. She is very interested in an academic career and is involved in our UCSD Clinical Research Training program and Fellows as Clinician Educators program to develop her skills in clinical research and medical education. She has been rotating with me in the Center for Gender Affirming Care as well. In my opinion, she has a great potential to advance the field of pediatric endocrinology.

Please let me know if you have any info and thank you for your time.

Hope to see you in Montreal!

Warmest regards,

[REDACTED] MD (she, her)
Clinical Professor
Department of Pediatric Endocrinology
University of California San Diego

Medical Co-Director of Center for Gender Affirming Care
Rady Children's Hospital
3030 Children's Way
San Diego, CA 92123
Office: 858-966-4032
FAX: 858-966-6227

From: [REDACTED]@rush.edu>
Sent: Monday, November 07, 2022 10:11 AM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)
Attachment(s): "DisclosureForm_21_Gender Affirmation Conference.docx"

This Message Is From an External Sender
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Circling back around about this –

Do we want to schedule a time for the 3 of us to be on a Zoom for an hour while Dr. Rosenthal presents?

Dr. Rosenthal, can you please provide me the following, as well as parts 1 – 6 of the attached form:

- Title of lecture
- 3 course objectives
- Copy of your CV
- A headshot
- Brief bio
- Completion of the disclosure form attached (sections 1-6)

Thank you!

[REDACTED] (they/them/theirs)
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744
t: [REDACTED]
m: [REDACTED]

From: [REDACTED]
Sent: Friday, October 28, 2022 10:51 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Drs. Rosenthal and [REDACTED]

I was able to confirm with our IT department that there is no specific policy regarding utilizing recordings. We can record the presentation via Zoom and play the recording on Zoom for the January 20th session.

I know [REDACTED] is traveling this weekend, but we can circle back next week RE: getting the recording together. I would think maybe [REDACTED] and I could get on the Zoom with Dr. Rosenthal so that we can help facilitate/ask any questions we anticipate the audience may have?

Have a great weekend,
[REDACTED] (they/them/theirs)
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744
t: [REDACTED]
m: [REDACTED]

From: [REDACTED]
Sent: Thursday, October 27, 2022 7:00 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Dr. Rosenthal,

Thank you for presenting at our Gender Didactic Conference. I have you scheduled for January 20th, but as mentioned in previous emails, we will utilize a recording. I have emailed our IT department RE: best practices around this and will let you know once I hear back from them.

In the meantime, if you can provide the information below to me at your earliest convenience, I would greatly appreciate it.

- CV and bio
- Title of presentation

-3 course objectives

-Completion of disclosure form (attached) portions 1-6

Thank you again for being a part of this – I'm really looking forward to your topic. I'll reach out when I have more information from IT, but don't hesitate to let me know if you need anything in the meantime.

Warmly,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 7:14 PM
To: [REDACTED]@rush.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Thanks, [REDACTED]

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:57 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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Works for me

Thanks Stephen

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 6:55 PM
To: [REDACTED]@rush.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Rush Email Security

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Hi [REDACTED]

How about if we choose January 20?

Thanks,
Steve

Get [Outlook for iOS](#)

From: [REDACTED]@rush.edu>

Sent: Wednesday, October 26, 2022 4:52:49 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED]@rush.edu>

Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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This message came from outside your organization.

Thanks Stephen-either date works

Hello [REDACTED] would think we could record on zoom and transfer via dropbox or OneDrive. Perhaps we can check with IT tomorrow and see what they recommend

Thank you both!

[REDACTED]
Sent from my iPhone

On Oct 26, 2022, at 6:46 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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Hi [REDACTED]

I'm happy to present to your multidisciplinary team about management of Transgender/Gender Diverse Youth. Given the hour (0700-0800 Central, which would be 0500-0600 Pacific), a recording would be my very strong preference. If we're looking at January, either the 13th or 20th would be fine--I'd just need to get the recording to you 1-2 days in advance of the date we choose. It will probably be good for an IT person at Rush to review with me exactly how to accomplish this.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, October 24, 2022 7:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender
This message came from outside your organization.

Hello Stephen-

Hope you are well.

I wanted to check in and see if you would be interested in presenting to our multidisciplinary team at Rush. I know it's early for you, so a recording would be ok if that's easier. We could look at dates in January if that works for you.

I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 07, 2022 11:08 AM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

Thank you for all your work to get my CSW position sorted out! I'm wanting to circle back to this CRC position now; do you know where things are at with this?

Best,
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Monday, October 17, 2022 at 3:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: New CRC position

Confirmed!
Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:28 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Yes, you can review and organize the recruitment in BrassRing based on your position. I'll wait for Steve to confirm as well.

Best,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:26 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

Thanks for keeping this ball rolling. Steve and I are planning to review the applicants together, if I'm allowed to based on my current position? I'll let Steve weigh in if there's anybody else he'd like to include in this, but not to my knowledge.

Thanks again,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Monday, October 17, 2022 at 12:13 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Hi [REDACTED],

I submitted the essential hire approval request. Once it's approved, I'll submit the new hire request to HR along with the JD. On the JD, I need to include who will receive and review the resumes in BrassRing, let me know if you would like for me to include someone else from Steve's team.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 4:09 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

I provided the information you requested to the best of my ability, below in red. I've also attached the Word doc, which I think I filled out correctly. Please let us know if more information is needed or any revisions need to be made.

Thanks!

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Wednesday, October 12, 2022 at 12:05 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: New CRC position

Hi Steve,

For new staff recruitments, we will need to submit an essential hire request to the department to approve. The information I need for that is included below. I'll also need you to complete the attached Job Description (JD). You'll also want to make sure you have enough funding to support this position. Please provide me with the funding source you would like to use?

Once you complete the JD and the essential hire request information, I'll submit it to the department for approval. After the department approves, I will then submit new hire requests to HR. They will then post the positions in BrassRing and you will manage the search process.

Info needed for essential hire request.

- Are these new or replacement positions
Splitting already existing position
 - Type
 - Full Time
 - Part Time
 - Contract
 - Limited
 - Job Code 9335
 - Job title Clinical Research Coordinator
 - Briefly describe the position's responsibilities
The CRC will execute, manage, and coordinate research protocols, as directed by the Clinical Research Supervisor and/or Principal Investigator (PI) for the Trans Youth Care Study. Duties may include, but will not be limited to: understanding the regulatory, institutional, sponsor and protocol requirements for the study; recruiting and screening potential participants; conducting all aspects of the informed consent process with potential participants; scheduling and managing study participant study visits; collecting data from participants' medical records and entering it into study database.
 - %FTE for the position
40%
 - Supervisor name
Stephen M. Rosenthal, MD
 - Funding Source for Position*
 - Only positions with 100% confirmed funding will be approved. Please list the confirmed funding sources - include percent effort, Fund-DeptID-Project and if applicable, start & end dates.
- NIH Grant, award number A138395, Trans Youth Care study. 40% FTE through 1/31/2026

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:56 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: New CRC position

Hi [REDACTED],

We would like to initiate a job search for a new part-time CRC position at 40% effort. This will be someone that [REDACTED], cc'd here, and I will both supervise. Please let us know how to proceed. We will be happy to complete the job description portions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, November 07, 2022 11:36 AM PST
To: [REDACTED]@rush.edu>; [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Hi [REDACTED]

I apologize for the delay. I'll complete the requested forms by the end of this week. Also, I'm happy to set up a time if you and [REDACTED] want to be on Zoom while I present. Probably best to set that up the week of January 9.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, November 7, 2022 10:11 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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Circling back around about this –

Do we want to schedule a time for the 3 of us to be on a Zoom for an hour while Dr. Rosenthal presents?

Dr. Rosenthal, can you please provide me the following, as well as parts 1 – 6 of the attached form:

- Title of lecture
- 3 course objectives
- Copy of your CV
- A headshot
- Brief bio
- Completion of the disclosure form attached (sections 1-6)

Thank you!

[REDACTED] (they/them/theirs)
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744
t: [REDACTED]
m: [REDACTED]

From: [REDACTED]
Sent: Friday, October 28, 2022 10:51 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Drs. Rosenthal and [REDACTED]

I was able to confirm with our IT department that there is no specific policy regarding utilizing recordings. We can record the presentation via Zoom and play the recording on Zoom for the January 20th session.

I know [REDACTED] is traveling this weekend, but we can circle back next week RE: getting the recording together. I would think maybe [REDACTED] and I could get on the Zoom with Dr. Rosenthal so that we can help facilitate/ask any questions we anticipate the audience may have?

Have a great weekend,

[REDACTED]
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744

t: [REDACTED]
m: [REDACTED]

From: [REDACTED]
Sent: Thursday, October 27, 2022 7:00 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[\[REDACTED\]@rush.edu](mailto:[REDACTED]@rush.edu)>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Dr. Rosenthal,

Thank you for presenting at our Gender Didactic Conference. I have you scheduled for January 20th, but as mentioned in previous emails, we will utilize a recording. I have emailed our IT department RE: best practices around this and will let you know once I hear back from them.

In the meantime, if you can provide the information below to me at your earliest convenience, I would greatly appreciate it.

- CV and bio
- Title of presentation
- 3 course objectives
- Completion of disclosure form (attached) portions 1-6

Thank you again for being a part of this – I'm really looking forward to your topic. I'll reach out when I have more information from IT, but don't hesitate to let me know if you need anything in the meantime.

Warmly,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 7:14 PM
To: [REDACTED] <[\[REDACTED\]@rush.edu](mailto:[REDACTED]@rush.edu)>
Cc: [REDACTED] <[\[REDACTED\]@rush.edu](mailto:[REDACTED]@rush.edu)>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Thanks, [REDACTED]

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:57 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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Works for me

Thanks Stephen

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 6:55 PM
To: [REDACTED] <[REDACTED]@rush.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Rush Email Security

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Hi [REDACTED],
How about if we choose January 20?
Thanks,
Steve

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From: [REDACTED] <[REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:52:49 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Thanks Stephen-either date works

Hello [REDACTED]-I would think we could record on zoom and transfer via dropbox or OneDrive. Perhaps we can check with IT tomorrow and see what they recommend

Thank you both!

Sent from my iPhone

On Oct 26, 2022, at 6:46 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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Thanks and best wishes,

Steve

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, October 24, 2022 7:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender
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Hello Stephen-

Hope you are well.

I wanted to check in and see if you would be interested in presenting to our multidisciplinary team at Rush. I know it's early for you, so a recording would be ok if that's easier. We could look at dates in January if that works for you.

I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 07, 2022 2:54 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@ucsf.edu>
CC: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Hello,

I'd like to clarify, as I mentioned in our last CAGC Staff Meeting, that we do not have a new Practice Manager, but a new Practice Coordinator. [REDACTED] is taking over the Practice Coordinator duties of scheduling that [REDACTED] has so valiantly spearheaded for the UCSF Child and Adolescent Gender Center. I believe she will also be taking over many of the Communications tasks that [REDACTED] has been helping us with at the UCSF CAGC.

We do desperately need a Practice Manager, however, which I think we will need to request from the Medical Center as an additional hire as our clinic is expanding even more. Right now, we rely on [REDACTED] who is the Practice Manager for our Pediatric Endocrinology and Diabetes Clinics,

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 3, 2022 11:00 AM
To: [REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

You're welcome!

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>
Sent: Thursday, November 3, 2022 10:59 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; J [REDACTED]@ucsf.edu>; [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Thank you for clarifying!

[REDACTED]
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: ([REDACTED])
[REDACTED]@ucsf.edu

On Nov 3, 2022, at 10:50 AM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Hi [REDACTED],

Just to clarify, Dr. [REDACTED] is the Assistant Medical Director for the CAGC. She is not the practice manager, though she did oversee the hiring of the new practice manager. While the new practice manager is getting up to speed, [REDACTED] can answer your questions about wait times/ access for a new patient visit.

Thank you,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>
Sent: Thursday, November 3, 2022 9:08 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>
Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

Thank you for this information, Dr. Rosenthal. No problem regarding the webinar. If there are other days of the week that we decide to add one, I will let you know.

Congrats on your new role, [REDACTED]. When you have a chance, please let me know about current wait times / access for a new patient visit.

Have a great day!

[REDACTED] (she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: ([REDACTED])
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 2, 2022 4:55 PM
To: [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
Cc: [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Hi [REDACTED],

We have very recently hired a practice manager. [REDACTED], MD, MPH, MAS, cc'd here, can provide details.

Re San Mateo, Child and Adolescent Gender Center (CAGC) visits at present continue to be by Telehealth only. I do not yet know when this might change.

Our CAGC Clinical team is in pre-clinic conference (12 noon-1 PM) followed by CAGC Clinic from 1-5 PM every Tuesday, afternoon, so unfortunately the dates/time listed don't work.

Best,

Steve Rosenthal

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@ucsf.edu>
Sent: Wednesday, November 2, 2022 3:03 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
Cc: J [REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>
Subject: RE: UCSF Pediatric Physician Liaison - Gender Center questions

Hi Dr. Rosenthal & [REDACTED]

I am checking in to see if there have been any updates within your department since we conversed over email earlier this year. I just got off a ZOOM presentation with the Pediatricians at San Mateo County Medical Center and they had some Gender Center questions for me.

1. Have you hired a practice manager? (so I don't have to bother you with these questions!)
2. Are we still providing services in San Mateo and if so, are they strictly telehealth? Should we be marketing this service line for San Mateo or leave it off of our material?
3. Current wait time for an appointment so I can give the SMMC providers an idea of what our access is like ([REDACTED] question)
4. Would anyone on your clinical team be willing to do a presentation for our BCH bi-weekly webinar series? The audience is community pediatricians. Tuesdays 12:30 – 1:30pm
 - a. Available 2023 dates...
 - i. 01/24
 - ii. 01/31
 - iii. 03/14
 - iv. 03/21
 - v. 03/28

Thank you very much!

[REDACTED] (she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: ([REDACTED])
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, March 4, 2022 1:55 PM
To: [REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>
Cc: [REDACTED]@ucsf.edu>
Subject: Re: UCSF Pediatric Physician Liaison - Gender Center questions

Hi [REDACTED]

We don't currently have a practice manager (we will soon, we hope!), but I have attached the link, below, which will give you an overview of the Child and Adolescent Gender Center (CAGC) Clinic (there have been some personnel changes since that site was last updated).

We currently are seeing the majority of our patients by Telehealth, including all those that would have been seen in-person at the San Mateo location.

I have cc'd [REDACTED], who can provide information about CAGC appointments.

My schedule is jam-packed over the next two weeks, and then I'll be out of the country until early April. [REDACTED] can let you know her schedule.

Thanks and best wishes,

Steve Rosenthal

<https://diversitybch.ucsf.edu/child-and-adolescent-gender-center#>

Child and Adolescent Gender Center - Diversity, Equity, & Inclusion at UCSF Benioff Children's Hospitals

What services does the Child and Adolescent Gender Center provide? The Child and Adolescent Gender Center (CAGC), a collaboration between UCSF and community organizations, uses a multidisciplinary approach to offer comprehensive, gender affirming care to gender diverse/transgender youth and adolescents.

diversitybch.ucsf.edu

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Friday, March 4, 2022 11:17 AM

To: [REDACTED] <[REDACTED]@ucsfmedicalcenter.org>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Subject: UCSF Pediatric Physician Liaison - Gender Center questions

Hi Dr. Rosenthal & [REDACTED]

Happy Friday! My name is [REDACTED] and I am the UCSF Pediatrics Physician Liaison for the Peninsula & South Bay. I started in this role in January and have been out in the field visiting community Pediatricians for a few weeks. I have been receiving some questions about the gender center and could use some education around the services, access, locations, etc so I can assist these providers and help generate more referrals.

I was given your contact information from one of the other liaisons, but please let me know if there is a practice manager or administrative director that you would prefer for me to reach out to. I would love to set up a ZOOM meeting in the coming weeks to learn more. In the meantime, I also have a few time sensitive questions that I told a provider I would get answered.

1. Do we have a someone providing gender identity services at the San Mateo specialty practice? It says on our website and marketing materials that we do but I am unsure who that provider is and if this is accurate
2. If a family in Los Gatos does not want to drive to SF for initial services, can a new patient visit be done over video?
3. What is the current access to get an appointment for a new patient?

Thank you and please let me know when you may have some time to connect further in the coming weeks.

Have a great weekend!

[REDACTED] (she/her/hers)
Physician Liaison
UCSF Benioff Children's Hospital
Mobile: ([REDACTED])
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, November 07, 2022 2:56 PM PST

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Tuesday 11/8 CAGC mental health schedule

Hi [REDACTED]

Nice to meet you after our brief introduction by zoom at the end of last week! Welcome to our CAGC team! We look forward to working with you! Please don't hesitate to ask any questions!

[REDACTED]
This is not good-bye! You have been an absolute pleasure to work with!!! Thank you for all you have done!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, November 7, 2022 2:34 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: Tuesday 11/8 CAGC mental health schedule

Thank you [REDACTED]. I am looking forward to meeting everyone on the team and learning so many new things! I agree that [REDACTED] is amazing! I too feel very reassured knowing he is there for all my questions.

Many Thanks
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, November 7, 2022 2:08 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Tuesday 11/8 CAGC mental health schedule

[REDACTED]---

I want to express my deep appreciation for you and your tireless work for the CAGC! It has been such a pleasure to work with you. I always felt so reassured you would follow up, were so collaborative and responsive and were so kind and supportive to every family. Wishing you so well.

Welcome [REDACTED]

I am adding our new social worker, [REDACTED] who will likely be interfacing with you [REDACTED] once [REDACTED] (she/they) gets settled in (today is Their first full day!)

warmly

██████████
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
██████████ text/voice
██████████: ██████████ @ucsf.edu

From: ██████████ <██████████@ucsf.edu>
Sent: Monday, November 7, 2022 1:10 PM
To: ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>
Subject: RE: Tuesday 11/8 CAGC mental health schedule

Hello Dr. ██████████

Done, ██████████ CAGC's new Practice Coordinator (currently in training, cc'd here) has added the patients into yours & ██████████'s schedules. She will be taking over all CAGC scheduling so moving forward, plz email her mental health scheduling and all other scheduling inquiries].

Thank you,

From: ██████████ <██████████@ucsf.edu>
Sent: Thursday, November 03, 2022 12:52 PM
To: ██████████ <██████████@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>; ██████████ <██████████@ucsf.edu>
Subject: Tuesday 11/8 CAGC mental health schedule

Hi ██████████,

Here is the mental health schedule for new patients for this coming Tuesday:

██████████
██████████
██████████

██████████
██████████
██████████
██████████

Thanks so much,

██████████

██████████ Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: ██████████: ██████████ @ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 07, 2022 3:01 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Please open gender templates

Hi there,

I'm not surprised that the waitlist is so massive - it was already over 100 a few months ago.

Because of my limited schedule, I really can't be seeing many more new patients until I can pare down my panel. Until March 2023, I am only allowing 2-3 new patients per month to be scheduled with me. I will not be increasing that April 2023 and beyond and will likely reduce that number further to 1-2 new patients per month as I anticipate my grant funding to be active by then. Because I have been the only in-person clinician for the CAGC, [REDACTED] has been holding my slots in case there are urgent in-person new visits to be seen. Hopefully that will alleviate as well as clinicians finally start coming back to clinic!

As you know, once we establish care, we often will keep these patients for several years, so I can't just keep seeing new patients because then my established patients will not be able to get timely follow-up.

Hopefully these new hires will be starting soon.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 4:14 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Please open gender templates

Hi [REDACTED] and [REDACTED],

I just finished a meeting with [REDACTED] (Call Center) and [REDACTED] (Access Center). Please be sure to open your templates through June, 2023, and please do so at your earliest convenience ([REDACTED], they have your schedule through March; [REDACTED], they have your schedule only through December). Right now, patients are being offered new appointments for May/June 2023. The situation should improve at least somewhat when you open your templates. There's still the larger issue that the Access Center currently has 150 patients waiting for new gender clinic appointments while the Call Center has an additional 80 (!).

Thanks very much,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, November 07, 2022 3:05 PM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Please open gender templates

Hi [REDACTED],

I completely understand. Please do open your templates for April-June, 2023 to incorporate the 1-2 new patients per month.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 7, 2022 3:01 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Please open gender templates

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I'm not surprised that the waitlist is so massive - it was already over 100 a few months ago.

Because of my limited schedule, I really can't be seeing many more new patients until I can pare down my panel. Until March 2023, I am only allowing 2-3 new patients per month to be scheduled with me. I will not be increasing that April 2023 and beyond and will likely reduce that number further to 1-2 new patients per month as I anticipate my grant funding to be active by then. Because I have been the only in-person clinician for the CAGC, [REDACTED] has been holding my slots in case there are urgent in-person new visits to be seen. Hopefully that will alleviate as well as clinicians finally start coming back to clinic!

As you know, once we establish care, we often will keep these patients for several years, so I can't just keep seeing new patients because then my established patients will not be able to get timely follow-up.

Hopefully these new hires will be starting soon.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 4, 2022 4:14 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Please open gender templates

Hi [REDACTED] and [REDACTED],

I just finished a meeting with [REDACTED] (Call Center) and [REDACTED] (Access Center). Please be sure to open your templates through June, 2023, and please do so at your earliest convenience ([REDACTED] they have your schedule through March; [REDACTED] they have your schedule only through December). Right now, patients are being offered new appointments for May/June 2023. The situation should improve at least somewhat when you open your templates. There's still the larger

issue that the Access Center currently has 150 patients waiting for new gender clinic appointments while the Call Center has an additional 80 (!).

Thanks very much,

Steve

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Past Vice President and Director, Endocrine Society
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 07, 2022 3:38 PM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position
Attachment(s): "Recruitment Request [#0056] has been Approved..msg"

Hi [REDACTED],

[REDACTED] approved the essential hire request on Monday, 10/31. Can I include you as the resume receiver and reviewer? If so, someone from Talent Acquisition will contact you and walk you through the brassring system and getting access to the recruitment request so you can manage it internally. Once I have this info I can submit the JD to HR so they can review it and provide their approval.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 7, 2022 11:08 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

Thank you for all your work to get my CSW position sorted out! I'm wanting to circle back to this CRC position now; do you know where things are at with this?

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Monday, October 17, 2022 at 3:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: New CRC position

Confirmed!

Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:28 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Yes, you can review and organize the recruitment in BrassRing based on your position. I'll wait for Steve to confirm as well.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:26 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED]

Thanks for keeping this ball rolling. Steve and I are planning to review the applicants together, if I'm allowed to based on my current position? I'll let Steve weigh in if there's anybody else he'd like to include in this, but not to my knowledge.

Thanks again,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Monday, October 17, 2022 at 12:13 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Hi [REDACTED]

I submitted the essential hire approval request. Once it's approved, I'll submit the new hire request to HR along with the JD. On the JD, I need to include who will receive and review the resumes in BrassRing, let me know if you would like for me to include someone else from Steve's team.

Best,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 4:09 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED]

I provided the information you requested to the best of my ability, below in red. I've also attached the Word doc, which I think I filled out correctly. Please let us know if more information is needed or any revisions need to be made.

Thanks!
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Wednesday, October 12, 2022 at 12:05 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: New CRC position

Hi Steve,

For new staff recruitments, we will need to submit an essential hire request to the department to approve. The information I need for that is included below. I'll also need you to complete the attached Job Description (JD). You'll also want to make sure you have enough funding to support this position. Please provide me with the funding source you would like to use?

Once you complete the JD and the essential hire request information, I'll submit it to the department for approval. After the department approves, I will then submit new hire requests to HR. They will then post the positions in BrassRing and you will manage the search process.

Info needed for essential hire request.

- Are these new or replacement positions
Splitting already existing position
- Type
 - Full Time
 - Part Time
 - Contract
 - Limited

- Job Code 9335
- Job title Clinical Research Coordinator
- Briefly describe the position's responsibilities
The CRC will execute, manage, and coordinate research protocols, as directed by the Clinical Research Supervisor and/or Principal Investigator (PI) for the Trans Youth Care Study. Duties may include, but will not be limited to: understanding the regulatory, institutional, sponsor and protocol requirements for the study; recruiting and screening potential participants; conducting all aspects of the informed consent process with potential participants; scheduling and managing study participant study visits; collecting data from participants' medical records and entering it into study database.
- %FTE for the position
40%
- Supervisor name
Stephen M. Rosenthal, MD
- Funding Source for Position*
 - Only positions with 100% confirmed funding will be approved. Please list the confirmed funding sources - include percent effort, Fund-DeptID-Project and if applicable, start & end dates.
NIH Grant, award number A138395, Trans Youth Care study. 40% FTE through 1/31/2026

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: New CRC position

Hi [REDACTED],

We would like to initiate a job search for a new part-time CRC position at 40% effort. This will be someone that [REDACTED], cc'd here, and I will both supervise. Please let us know how to proceed. We will be happy to complete the job description portions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.,
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 07, 2022 3:41 PM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

Yes, you can include me as the resume receiver and reviewer.

Thanks so much,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Monday, November 7, 2022 at 3:38 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Hi [REDACTED],

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Best,
[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 7, 2022 11:08 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

Thank you for all your work to get my CSW position sorted out! I'm wanting to circle back to this CRC position now; do you know where things are at with this?

Best,
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Monday, October 17, 2022 at 3:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: New CRC position

Confirmed!

Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
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Tel.: (415) 476-2266
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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:28 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:26 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

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Thanks again,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Monday, October 17, 2022 at 12:13 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Hi [REDACTED],

I submitted the essential hire approval request. Once it's approved, I'll submit the new hire request to HR along with the JD. On the JD, I need to include who will receive and review the resumes in BrassRing, let me know if you would like for me to include someone else from Steve's team.

Best,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 4:09 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED],

I provided the information you requested to the best of my ability, below in red. I've also attached the Word doc, which I think I filled out correctly. Please let us know if more information is needed or any revisions need to be made.

Thanks!

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Wednesday, October 12, 2022 at 12:05 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: New CRC position

Hi Steve,

For new staff recruitments, we will need to submit an essential hire request to the department to approve. The information I need for that is included below. I'll also need you to complete the attached Job Description (JD). You'll also want to make sure you have enough funding to support this position. Please provide me with the funding source you would like to use?

Once you complete the JD and the essential hire request information, I'll submit it to the department for approval. After the department approves, I will then submit new hire requests to HR. They will then post the positions in BrassRing and you will manage the search process.

Info needed for essential hire request.

- Are these new or replacement positions
Splitting already existing position
- Type
 - Full Time
 - Part Time
 - Contract
 - Limited
- Job Code 9335
- Job title Clinical Research Coordinator
- Briefly describe the position's responsibilities
The CRC will execute, manage, and coordinate research protocols, as directed by the Clinical Research Supervisor and/or Principal Investigator (PI) for the Trans Youth Care Study. Duties may include, but will not be limited to; understanding the regulatory, institutional, sponsor and protocol requirements for the study; recruiting and screening potential participants; conducting all aspects of the informed consent process with potential participants; scheduling and managing study participant study visits; collecting data from participants' medical records and entering it into study database.
- %FTE for the position
40%
- Supervisor name
Stephen M. Rosenthal, MD
- Funding Source for Position*
 - Only positions with 100% confirmed funding will be approved. Please list the confirmed funding sources - include percent effort, Fund-DeptID-Project and if applicable, start & end dates.
NIH Grant, award number A138395, Trans Youth Care study. 40% FTE through 1/31/2026

Let me know if you have any questions.

Best,

██████████

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:56 PM
To: ██████████ <██████████@ucsf.edu>
Cc: ██████████ <██████████@ucsf.edu>
Subject: New CRC position

Hi ██████████,

We would like to initiate a job search for a new part-time CRC position at 40% effort. This will be someone that ██████████, cc'd here, and I will both supervise. Please let us know how to proceed. We will be happy to complete the job description portions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

Obtained via CPRA by Judicial Watch, Inc.

Obtained via CPRA by Judicial Watch, Inc.

UCSF-DCNF-01479

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 07, 2022 3:42 PM PST
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Will do-I'll submit the request today. Thank you [REDACTED]

Best,

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 7, 2022 3:41 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED]

Yes, you can include me as the resume receiver and reviewer.

Thanks so much,

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Date: Monday, November 7, 2022 at 3:38 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Hi [REDACTED]

[REDACTED] approved the essential hire request on Monday, 10/31. Can I include you as the resume receiver and reviewer? If so, someone from Talent Acquisition will contact you and walk you through the brassring system and getting access to the recruitment request so you can manage it internally. Once I have this info I can submit the JD to HR so they can review it and provide their approval.

Best,

[REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 7, 2022 11:08 AM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED]

Thank you for all your work to get my CSW position sorted out! I'm wanting to circle back to this CRC position now; do you know where things are at with this?

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Monday, October 17, 2022 at 3:56 PM
To: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: New CRC position

Confirmed!

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:28 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Yes, you can review and organize the recruitment in BrassRing based on your position. I'll wait for Steve to confirm as well.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, October 17, 2022 12:26 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED]

Thanks for keeping this ball rolling. Steve and I are planning to review the applicants together, if I'm allowed to based on my current position? I'll let Steve weigh in if there's anybody else he'd like to include in this, but not to my knowledge.

Thanks again,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Monday, October 17, 2022 at 12:13 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: New CRC position

Hi [REDACTED]

I submitted the essential hire approval request. Once it's approved, I'll submit the new hire request to HR along with the JD. On the JD, I need to include who will receive and review the resumes in BrassRing, let me know if you would like for me to include someone else from Steve's team.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 4:09 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: New CRC position

Hi [REDACTED]

I provided the information you requested to the best of my ability, below in red. I've also attached the Word doc, which I think I filled out correctly. Please let us know if more information is needed or any revisions need to be made.

Thanks!

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>

Date: Wednesday, October 12, 2022 at 12:05 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: New CRC position

Hi Steve,

For new staff recruitments, we will need to submit an essential hire request to the department to approve. The information I need for that is included below. I'll also need you to complete the attached Job Description (JD). You'll also want to make sure you have enough funding to support this position. Please provide me with the funding source you would like to use?

Once you complete the JD and the essential hire request information, I'll submit it to the department for approval. After the department approves, I will then submit new hire requests to HR. They will then post the positions in BrassRing and you will manage the search process.

Info needed for essential hire request.

- Are these new or replacement positions
Splitting already existing position
- Type
 - Full Time
 - Part Time
 - Contract
 - Limited
- Job Code 9335
- Job title Clinical Research Coordinator
- Briefly describe the position's responsibilities
The CRC will execute, manage, and coordinate research protocols, as directed by the Clinical Research Supervisor and/or Principal Investigator (PI) for the Trans Youth Care Study. Duties may include, but will not be limited to: understanding the regulatory, institutional, sponsor and protocol requirements for the study; recruiting and screening potential participants; conducting all aspects of the informed consent process with potential participants; scheduling and managing study participant study visits; collecting data from participants' medical records and entering it into study database.
- %FTE for the position
40%
- Supervisor name
Stephen M. Rosenthal, MD
- Funding Source for Position*
 - Only positions with 100% confirmed funding will be approved. Please list the confirmed funding sources - include percent effort, Fund-DeptID-Project and if applicable, start & end dates.
NIH Grant, award number A138395, Trans Youth Care study. 40% FTE through 1/31/2026

Let me know if you have any questions.

Best,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, October 10, 2022 5:56 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: New CRC position

Hi [REDACTED],

We would like to initiate a job search for a new part-time CRC position at 40% effort. This will be someone that [REDACTED], cc'd here, and I will both supervise. Please let us know how to proceed. We will be happy to complete the job description portions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, November 07, 2022 8:36 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Thanks Stephen!

We appreciate it-and looking forward.

Hello [REDACTED]-I am back in town the week of Jan 9 and can be on the Zoom with Dr. Rosenthal

Thanks

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, November 7, 2022 1:36 PM
To: [REDACTED]@rush.edu>; [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Rush Email Security

****WARNING**** This email originated from outside of Rush University Medical Center. ****DO NOT CLICK**** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Hi [REDACTED]

I apologize for the delay. I'll complete the requested forms by the end of this week. Also, I'm happy to set up a time if you and [REDACTED] want to be on Zoom while I present. Probably best to set that up the week of January 9.

Thanks and best wishes,

Steve

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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, November 7, 2022 10:11 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Circling back around about this –

Do we want to schedule a time for the 3 of us to be on a Zoom for an hour while Dr. Rosenthal presents?

Dr. Rosenthal, can you please provide me the following, as well as parts 1 – 6 of the attached form:

- Title of lecture
- 3 course objectives
- Copy of your CV
- A headshot
- Brief bio
- Completion of the disclosure form attached (sections 1-6)

Thank you!

██████████(they/them/theirs)
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744
t: ██████████
m: ██████████

From: ██████████
Sent: Friday, October 28, 2022 10:51 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Drs. Rosenthal and ██████████

I was able to confirm with our IT department that there is no specific policy regarding utilizing recordings. We can record the presentation via Zoom and play the recording on Zoom for the January 20th session.

I know ██████████ is traveling this weekend, but we can circle back next week RE: getting the recording together. I would think maybe ██████████ and I could get on the Zoom with Dr. Rosenthal so that we can help facilitate/ask any questions we anticipate the audience may have?

Have a great weekend,
██████████(they/them/theirs)
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744
t: ██████████
m: ██████████

From: ██████████
Sent: Thursday, October 27, 2022 7:00 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████ <██████████@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Dr. Rosenthal,

Thank you for presenting at our Gender Didactic Conference. I have you scheduled for January 20th, but as mentioned in previous emails, we will utilize a recording. I have emailed our IT department RE: best practices around this and will let you know once I hear back from them.

In the meantime, if you can provide the information below to me at your earliest convenience, I would greatly appreciate it.

- CV and bio
- Title of presentation
- 3 course objectives
- Completion of disclosure form (attached) portions 1-6

Thank you again for being a part of this – I'm really looking forward to your topic. I'll reach out when I have more information from IT, but don't hesitate to let me know if you need anything in the meantime.

Warmly,
██████████

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 7:14 PM
To: [REDACTED]@rush.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Thanks, [REDACTED]

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:57 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Works for me

Thanks Stephen

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 6:55 PM
To: [REDACTED]@rush.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Rush Email Security

****WARNING**** This email originated from outside of Rush University Medical Center. ****DO NOT CLICK**** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Hi [REDACTED]
How about if we choose January 20?
Thanks,

Steve

Get [Outlook for iOS](#)

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:52:49 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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This message came from outside your organization.

Thanks Stephen-either date works

Hello [REDACTED]-I would think we could record on zoom and transfer via dropbox or OneDrive. Perhaps we can check with IT tomorrow and see what they recommend

Thank you both!

[REDACTED]
Sent from my iPhone

On Oct 26, 2022, at 6:46 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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****WARNING**** This email originated from outside of Rush University Medical Center. ****DO NOT CLICK**** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Hi [REDACTED]

I'm happy to present to your multidisciplinary team about management of Transgender/Gender Diverse Youth. Given the hour (0700-0800 Central, which would be 0500-0600 Pacific), a recording would be my very strong preference. If we're looking at January, either the 13th or 20th would be fine--I'd just need to get the recording to you 1-2 days in advance of the date we choose. It will probably be good for an IT person at Rush to review with me exactly how to accomplish this.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>

Sent: Monday, October 24, 2022 7:54 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[\[REDACTED\]@rush.edu](mailto:[REDACTED]@rush.edu)>

Subject: Friday morning Gender Lecture (0700-0800 Central)

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Hello Stephen-

Hope you are well.

I wanted to check in and see if you would be interested in presenting to our multidisciplinary team at Rush. I know it's early for you, so a recording would be ok if that's easier. We could look at dates in January if that works for you.

I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: [REDACTED]@rush.edu>
Sent: Tuesday, November 08, 2022 4:28 AM PST
To: [REDACTED]@rush.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)
Attachment(s): "DisclosureForm_Gender Affirmation Conference.docx"

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Great – I will circle back with you both after the New Year to get it on your calendars.

In the meantime, Dr. Rosenthal, do you mind providing the following (for our CME accreditation):

- CV and bio
- Title of presentation
- 3 course objectives
- Completion of disclosure form (attached) portions 1-6

Thank you!

From: [REDACTED]@rush.edu>
Sent: Monday, November 7, 2022 10:36 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Thanks Stephen!

We appreciate it-and looking forward.

Hello [REDACTED]-I am back in town the week of Jan 9 and can be on the Zoom with Dr. Rosenthal

Thanks

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, November 7, 2022 1:36 PM
To: [REDACTED]@rush.edu>; [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Rush Email Security

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Hi [REDACTED],

I apologize for the delay. I'll complete the requested forms by the end of this week. Also, I'm happy to set up a time if you and [REDACTED] want to be on Zoom while I present. Probably best to set that up the week of January 9.

Thanks and best wishes,

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, November 7, 2022 10:11 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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Circling back around about this –

Do we want to schedule a time for the 3 of us to be on a Zoom for an hour while Dr. Rosenthal presents?

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- Title of lecture
- 3 course objectives
- Copy of your CV
- A headshot
- Brief bio
- Completion of the disclosure form attached (sections 1-6)

Thank you!

[REDACTED] (they/them/theirs)
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744
t: [REDACTED]
m: [REDACTED]

From: [REDACTED]
Sent: Friday, October 28, 2022 10:51 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Drs. Rosenthal and [REDACTED]

I was able to confirm with our IT department that there is no specific policy regarding utilizing recordings. We can record the presentation via Zoom and play the recording on Zoom for the January 20th session.

I know [REDACTED] is traveling this weekend, but we can circle back next week RE: getting the recording together. I would think maybe [REDACTED] and I could get on the Zoom with Dr. Rosenthal so that we can help facilitate/ask any questions we anticipate the audience may have?

Have a great weekend,
[REDACTED] (they/them/theirs)
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744
t: [REDACTED]
m: [REDACTED]

From: [REDACTED]
Sent: Thursday, October 27, 2022 7:00 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Dr. Rosenthal,

Thank you for presenting at our Gender Didactic Conference. I have you scheduled for January 20th, but as mentioned in previous emails, we will utilize a recording. I have emailed our IT department RE: best practices around this and will let you know once I hear back from them.

In the meantime, if you can provide the information below to me at your earliest convenience, I would greatly appreciate it.

- CV and bio
- Title of presentation
- 3 course objectives
- Completion of disclosure form (attached) portions 1-6

Thank you again for being a part of this – I'm really looking forward to your topic. I'll reach out when I have more information from IT, but don't hesitate to let me know if you need anything in the meantime.

Warmly,

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 7:14 PM
To: [REDACTED] <[REDACTED]@rush.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Thanks, [REDACTED]

Steve

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:57 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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This message came from outside your organization.

Works for me

Thanks Stephen

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 6:55 PM
To: [REDACTED]@rush.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

Rush Email Security

****WARNING**** This email originated from outside of Rush University Medical Center. ****DO NOT CLICK**** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Hi [REDACTED]
How about if we choose January 20?
Thanks,
Steve

Get [Outlook for iOS](#)

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:52:49 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Thanks Stephen-either date works

Hello [REDACTED]-I would think we could record on zoom and transfer via dropbox or OneDrive. Perhaps we can check with IT tomorrow and see what they recommend

Thank you both!

[REDACTED]
Sent from my iPhone

On Oct 26, 2022, at 6:46 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

Rush Email Security

****WARNING**** This email originated from outside of Rush University Medical Center. ****DO NOT CLICK**** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Hi [REDACTED]

I'm happy to present to your multidisciplinary team about management of Transgender/Gender Diverse Youth. Given the hour (0700-0800 Central, which would be 0500-0600 Pacific), a recording would be my very strong preference. If we're looking at January, either the 13th or 20th would be fine--I'd just need to get the recording to you 1-2 days in advance of the date we choose. It will probably be good for an IT person at Rush to review with me exactly how to accomplish this.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434

Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, October 24, 2022 7:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Friday morning Gender Lecture (0700-0800 Central)

This Message Is From an External Sender

This message came from outside your organization.

Hello Stephen-

Hope you are well.

I wanted to check in and see if you would be interested in presenting to our multidisciplinary team at Rush. I know it's early for you, so a recording would be ok if that's easier. We could look at dates in January if that works for you.

I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Tuesday, November 08, 2022 9:59 AM PST

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Tuesday 11/8 CAGC mental health schedule

Hi All,

Thanks!

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, November 7, 2022 2:56 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Tuesday 11/8 CAGC mental health schedule

Hi [REDACTED]

Nice to meet you after our brief introduction by zoom at the end of last week! Welcome to our CAGC team! We look forward to working with you! Please don't hesitate to ask any questions!

[REDACTED]
This is not good-bye! You have been an absolute pleasure to work with!!! Thank you for all you have done!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, November 7, 2022 2:34 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: Tuesday 11/8 CAGC mental health schedule

Thank you [REDACTED]! I am looking forward to meeting everyone on the team and learning so many new things! I agree that [REDACTED] is amazing! I too feel very reassured knowing he is there for all my questions.

Many Thanks

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, November 7, 2022 2:08 PM

To: [REDACTED]@ucsf.edu; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Tuesday 11/8 CAGC mental health schedule

[REDACTED]---

I want to express my deep appreciation for you and your tireless work for the CAGC! It has been such a pleasure to work with you. I always felt so reassured you would follow up, were so collaborative and responsive and were so kind and supportive to every family. Wishing you so well.

Welcome [REDACTED]

I am adding our new social worker, [REDACTED] who will likely be interfacing with you [REDACTED] once [REDACTED] (she/they) gets settled in (today is Their first full day!)

warmly

[REDACTED]
Pronouns : they/them/theirs

Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center

[REDACTED] text/voice

[REDACTED]@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, November 7, 2022 1:10 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: Tuesday 11/8 CAGC mental health schedule

Hello Dr. [REDACTED]

Done, [REDACTED] CAGC's new Practice Coordinator (currently in training, cc'd here) has added the patients into yours & [REDACTED] schedules. She will be taking over all CAGC scheduling so moving forward, plz email her mental health scheduling and all other scheduling inquiries.

Thank you,

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Thursday, November 03, 2022 12:52 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Tuesday 11/8 CAGC mental health schedule

Hi [REDACTED]

Here is the mental health schedule for new patients for this coming Tuesday:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
Thanks so much,
[REDACTED]

[REDACTED] [REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED] [REDACTED]@ucsf.edu

From: Rosenthal, Stephen

Sent: Tuesday, November 08, 2022 9:41 PM PST

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: SF DPH Grant

Hi [REDACTED] and [REDACTED],

I want to follow-up after our [REDACTED] and my) zoom yesterday with [REDACTED] at DPH. During that conversation, we discussed the possibility of continuing the contract with DPH through the end of the contract period (6/30/23) on a limited basis where we have someone work on the trainings/capacity building component on a contractor basis—e.g. a short-term hire through Pediatric Endocrinology.

[REDACTED] during yesterday's zoom, you expressed potential interest in what was described above, mentioning that you still needed to do some work. Can you clarify if this is something that is of interest to you, and if so what % effort or hours/week—e.g. 4-6 hours/week? We could designate you as a "Consultant" and figure out the hourly rate. Alternatively (or, perhaps, in addition), are you aware of anyone else who might also be interested in working as a consultant in the capacity building domain for a 6-7 month period?

Before I get [REDACTED] involved in the process of bringing you and or someone else on as an independent contractor, please let me know if you are interested, and if so, how many hours/week.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall, Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

**IN THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF WEST VIRGINIA**

HUNTINGTON DIVISION

CHRISTOPHER FAIN,
SHAUNTAE ANDERSON,
individually and on behalf of all others similarly situated,

Plaintiffs,

v.

CIVIL ACTION NO. 3:20-0740

WILLIAM CROUCH, in his official capacity as
Cabinet Secretary of the West Virginia
Department of Health and Human Resources;
CYNTHIA BEANE, in her official capacity as
Commissioner for the West Virginia Bureau for
Medical Services;
WEST VIRGINIA DEPARTMENT OF HEALTH AND
HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES,

Defendants.

MEMORANDUM OPINION AND ORDER

Pending before the Court are cross motions for summary judgment filed by Plaintiffs (transgender individuals who receive healthcare through the West Virginia Medicaid Program) and Defendants (the State actors and agencies responsible for administering the Medicaid Program). ECF Nos. 250, 252. This case challenges the constitutionality of the West Virginia Medicaid Program's exclusion of the surgical treatment of gender dysphoria.

As it currently stands, the West Virginia State Medicaid Program does not afford coverage for gender-conforming surgical care as treatment for gender dysphoria. Ultimately, the exclusion in the healthcare plan precludes coverage for these surgical treatments when a person is diagnosed with gender dysphoria. However, the same or similar surgical treatments are available to persons when the diagnosis requiring that treatment is not gender dysphoria. It is undisputed that the criteria

determining whether or not such treatment is covered under the Medicaid Program hinges on a diagnosis—but when treatment is precluded for a diagnosis based on one’s gender identity, such exclusion invidiously discriminates on the basis of sex and transgender status. Thus, the Court **GRANTS** Plaintiffs’ Motion for Summary Judgment (ECF No. 250) and **DENIES** Defendants’ Motion for Summary Judgment (ECF No. 252).

BACKGROUND

The Plaintiffs in this case are transgender West Virginian Medicaid participants. Plaintiff Christopher Fain is a 46-year-old transgender man enrolled in West Virginia Medicaid. He receives hormone therapy for his gender dysphoria diagnosis. Because of this diagnosis, he seeks a bilateral mastectomy. Two physician letters recommend this treatment. *Fain Tr.*, ECF No. 252-5, at 22. However, he has not formally sought coverage for this surgical procedure or received a denial letter. *Id.* at 23. He felt such an exercise would be futile, knowing that the surgery is excluded under his insurance policy. *Id.*

Plaintiff Shauntae Anderson is a 45-year-old transgender woman enrolled in West Virginia Medicaid. She also receives hormone therapy for her gender dysphoria diagnosis. She seeks vaginoplasty and breast reconstruction surgery to relieve her gender dysphoria. *Anderson Tr.*, ECF No. 250-11, at 11–12. Plaintiff Anderson noted that she has not spoken with a doctor about these procedures because it is known such surgeries are not covered and speaking about the unavailable treatment would cause her distress. *Anderson Tr.*, ECF No. 252-4, at 43.

Medicaid is a federal-state program providing health insurance for eligible persons. 42 U.S.C. § 1396–1396w-5. West Virginia has participated in the Medicaid program since its inception in 1965. The purpose of the program is to “furnish [] medical assistance” to individuals “whose income and resources are insufficient to meet the cost of necessary medical services.” 42

U.S.C. § 1396-1. Medicaid for West Virginia has an annual budget of between \$4.5 and \$5.1 billion. *Manning Tr.*, ECF No. 250-16, at 13. CMS subsidizes 74% to 81% of the state's program. *Beane Tr.*, Ex. 250-13, at 31, 40.

Mountain Health Trust is West Virginia's Medicaid Program. Eligible Medicaid participants may choose a primary health provider and select one of three managed care organizations (MCOs). Each plan provides participants with Medicaid-covered health services. While 85% of Medicaid participants receive coverage through Mountain Health Trust, the remaining 15% receive care through a fee for service model where Medicaid pays providers directly.

Defendants maintain a comprehensive state plan for medical assistance which is detailed in a Medicaid Policy Manual. *Beane Tr.*, ECF No. 250-13, at 28. The Policy Manual provides a blanket exclusion for "transsexual surgery," stating that such a service is not covered "regardless of medical necessity." *Ex. 23*, ECF No. 250-27, at 5–6. Additionally, BMS's contract with each of the three MCOs has an explicit exclusion of coverage for "transsexual surgery." *See Aetna Contract*, ECF No. 250-33; *see UniCare Contract*, ECF No. 250-34; *see The Health Plan Contract*, ECF No. 250-35. The exclusion for "transsexual surgery" was adopted around 2004 and has been maintained since without review. *See Becker Tr.*, ECF No. 250-14, at 11–12; *Beane Tr.*, ECF No. 250-13, at 43–44.

Defendant West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) is a bureau of the West Virginia Department of Health and Human Resources (DHHR) and is the agency responsible for administering the Medicaid program in West Virginia. BMS receives funding from the U.S. Department of Health and Human Services—federal funds. Defendant Bill Crouch is the Cabinet Secretary of DHHR and is responsible for ensuring that BMS

meets the federal requirements. He is also responsible for developing a managed care system to monitor the services provided by the Medicaid program. *See* W. Va. Code § 9-2-9(a)(1). Defendant Cynthia Beane is the Commissioner of BMS. She is responsible for administering the state Medicaid plan and ensuring that it complies with the Affordable Care Act (ACA) and Medicaid Act.

STANDARD OF REVIEW

To obtain summary judgment, the moving party must show that there is no genuine issue as to any material fact and that the moving party is entitled to judgment as a matter of law. Fed. R. Civ. P. 56(a). In considering a motion for summary judgment, the Court will not “weigh the evidence and determine the truth of the matter[.]” *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 249 (1986). Instead, the Court will draw any permissible inference from the underlying facts in the light most favorable to the nonmoving party. *Matsushita Elec. Indus. Co., Ltd. v. Zenith Radio Corp.*, 475 U.S. 574, 587-88 (1986).

Although the Court will view all underlying facts and inferences in the light most favorable to the nonmoving party, the nonmoving party nonetheless must offer some “concrete evidence from which a reasonable juror could return a verdict in his [or her] favor[.]” *Anderson*, 477 U.S. at 256. Summary judgment is appropriate when the nonmoving party has the burden of proof on an essential element of his or her case and does not make, after adequate time for discovery, a showing sufficient to establish that element. *Celotex Corp. v. Catrett*, 477 U.S. 317, 322-23 (1986). The nonmoving party must satisfy this burden of proof by offering more than a mere “scintilla of evidence” in support of his or her position. *Anderson*, 477 U.S. at 252.

DISCUSSION

Plaintiffs bring the following claims against Defendants:

1. Denial of Equal Protection under the Fourteenth Amendment
2. Violation of the Affordable Care Act
3. Violation of the Comparability Requirement of the Medicaid Act
4. Violation of the Availability Requirement of the Medicaid Act

The Court will address each claim.

1. Equal Protection under the Fourteenth Amendment

Plaintiffs assert that the exclusion for the surgical treatment of gender dysphoria violates their rights under the Equal Protection clause of the Fourteenth Amendment. The Equal Protection Clause provides that “[n]o State shall... deny to any person within its jurisdiction the equal protection of the laws.” U.S. CONST. amend. XIV, § 1. This “keeps governmental decisionmakers from treating differently persons who are in all relevant respects alike.” *Nordlinger v. Hahn*, 505 U.S. 1, 10 (1992). A claim for an equal protection violation requires a plaintiff to show that they have “been treated differently from others with whom he is similarly situated and that the unequal treatment was the result of intentional or purposeful discrimination.” *Morrison v. Garraghty*, 239 F.3d 648, 654 (4th Cir. 2001). Once this demonstration is made, next the court must “determine whether the disparity in treatment can be justified under the requisite level of scrutiny.” *Id.*; *City of Cleburne v. Cleburne Living Ctr., Inc.*, 43 U.S. 432, 440 (1985).

a. Resolution of facts related to Equal Protection analysis

Important to the Court’s review of the Equal Protection claim are some key factual findings.

i. *Policy exclusion and covered services*

The exclusion at issue here is the exclusion for “transsexual surgery,” stating that such a service is not covered “regardless of medical necessity.” *Ex. 23*, ECF No. 250-27, at 5–6.

Nonetheless, the policy does cover other treatments related to transgender healthcare. The policy covers psychiatric diagnosis evaluation, psychotherapy, psychological evaluation, counseling, office visits, hormones, and lab work when medically necessary even if the treatments are related to gender-confirming care. *Tr. of Proceedings*, ECF No. 269, at 32–33; *see Beane Tr.*, ECF No. 250-13, at 5, 50. Transgender individuals are covered for the same care as cisgender individuals when such treatment is not the surgical treatment for gender dysphoria.

The West Virginia Medicaid Program uses a utilization management vendor called Kepro to determine whether a service is covered. *See Sarah Young Dep.*, ECF No. 250-18, at 23. Kepro is a screening tool that determines the medical necessity of a treatment, and this system uses nationally accredited criteria established by InterQual. *Id.* at 24. The criteria are derived from a systematic and continuous review of current, evidence-based literature, and also include input from an independent panel of clinical experts. *Id.* at 26. InterQual relies on guidelines promulgated by the World Professional Association of Transgender Health (WPATH) and the Endocrine Society that provide guidance on transgender health treatments. *See generally InterQual Composite*, ECF No. 250-30. Due to the exclusion, Medicaid does not follow the InterQual/Kepro guidance for surgical care to treat gender dysphoria.

ii. *Material differences between surgery for gender-confirming and surgeries for non-gender-confirming treatments*

Defendants assert that the surgical procedures provided to treat gender dysphoria are distinct from those provided to cisgender and transgender patients for non-gender-confirming purposes. To support this position, Defendants point to the InterQual guidelines for gender-affirming care, which are utilized by Kepro. Defendants argue that, because InterQual has guidelines that are specific to gender-affirming surgical services, they are distinct from the

guidelines that relate to the surgeries covered by Medicaid. To Defendants, the fact that there are these separate and distinct InterQual guidelines relating to gender-affirming surgical services proves that the procedures are different. But this argument lacks merit. InterQual's guidelines to determine the medical necessity of surgery to treat gender dysphoria are based on the diagnosis of gender dysphoria; thus, the criteria to determine the medical necessity of surgery to treat a different diagnosis would be based on that different diagnosis. That does not make the actual surgical treatments materially different.

In fact, Defendants' assertion that the surgical services provided for gender dysphoria are fundamentally different from those provided for cisgender and transgender patients is unsupported by the expert and other evidence in the record. In his expert report, Dr. Loren Schechter explains that the same surgical treatments can be performed to address several different diagnoses. *Dr. Schechter Expert Report*, ECF No. 250-23, at 17–18. For example, a vaginoplasty can be performed for a transgender patient to treat gender dysphoria or for a non-transgender woman as a treatment for congenital absence of the vagina. *Id.* at 18. When documenting and billing for these surgical treatments, health care providers utilize Current Procedural Terminology (CPT) codes developed and maintained by the American Medical Association. *Id.* at 17–18. The same CPT codes are used to document and bill the same surgical treatment when performed for a transgender patient with gender dysphoria and for any patient for a different diagnosis.

Defendants also assert that the techniques used to perform gender-affirming surgeries and those used to perform non-gender-confirming surgeries are different, supporting their argument that the procedures are distinct. But, to support this claim, Defendants offer no evidence themselves and instead mischaracterize Plaintiffs' expert testimony. It is true that there are many techniques used for the same kind of surgeries, and the specific technique used by a surgeon will

“depend upon the specific situation” or would depend on “the clinical conditions” of the individual patient *Dr. Schechter Dep.*, ECF No. 252-15, at 40–41. For example, there “is a wide range of indications or techniques used to perform mastectomy, whether for gender-affirming mastectomy or for a mastectomy pertaining to oncologic reasons or for risk reduction mastectomies, meaning removing a breast that is not cancerous but may have an increased predilection or risk of breast [cancer.]” *Id.* at 40. However, the “technical act of a mastectomy” can be performed to treat both a non-gender dysphoria related diagnosis and a gender dysphoria related diagnosis. *Id.* Based on the expert opinion of Dr. Schechter, this Court finds that a surgery, such as a mastectomy, for a gender dysphoria diagnosis and the same surgery for a non-gender dysphoria diagnosis, are not materially different

iii. Costs associated with the surgeries

In their memoranda, Defendants put forth cost considerations as a legitimate governmental interest to support the exclusion. Defendants assert that Medicaid is projecting a budget deficit within two years. *Beane Dep.*, ECF No. 252-3, at 46. Thus, their argument goes, if the program were to include coverage for surgical care for gender dysphoria, the program would have to “cut existing services or receive additional appropriations from the [L]egislature.” *Id.* Defendants also note the Legislature’s hesitancy to increase the Medicaid budget. *Id.*

But Defendant’s cost-related argument is unsupported by the record. First, the Court notes that, puzzlingly, Defendants stipulated to the fact that there are “no documents of which they are aware that were considered in adopting and/or maintaining the Exclusion” in the Medicaid Program.¹ *Corrected Stipulation of Pls. and Defs.*, ECF No. 258. It is curious as to how, in the face of this stipulation, Defendants can assert that the exclusion was adopted with cost

¹ Defendants admit that there is no known reason as to why this Exclusion was ever adopted in the first place. *See Beane Dep.*, ECF No. 250-13, at 42–43.

considerations in mind. Cost information could have been ascertained by Defendants, but it appears that there has been no direct cost analysis regarding surgical care to treat gender dysphoria at all.²

Beyond Defendants' failure to rely on any cost-related documents in consideration of the exclusion, the information in the record that does pertain to costs shows that the cost of providing this coverage is not burdensome. There are a relatively small number of people affected by the exclusion. *See Dr. Karasic's Dep.*, ECF No. 252-8, at 4–5 (noting that around one person in 200 identifies as transgender, while around one in 1,000 is in clinical care for gender dysphoria); *Grimm v. Gloucester Cty. School Bd.*, 972 F.3d 586, 594 (4th Cir. 2020) (noting that only “approximately 0.6% of the United States adult population” identifies as transgender). In fact, Defendants provided that, through September of 2021, there were 686 West Virginia Medicaid participants who have submitted one or more claims with a diagnosis code for gender dysphoria or gender incongruence. *Defs.' Resp. to Pls.' Second Set of Interrogs.*, ECF No. 250-6, at 5. Further, there is no evidence in the record to show that surgeries to treat gender dysphoria are any more or less costly than those similar surgeries to treat other diagnoses. *See Dr. Karasic's Expert Report*, ECF No. 252-8, at 65–66 (“[W]hen a form of treatment is covered for cisgender people under an insurance plan, it is generally not disproportionately costly to cover the same treatment for transgender people simply because it is provided to treat gender dysphoria.”). As discussed above, such surgeries are in all relevant aspects the same, so it logically flows that a surgery to treat gender dysphoria will not be significantly more expensive than one for a different diagnosis. Given the fact that very few individuals will seek such treatment, the Court is unpersuaded that

² Information about how other states apply policies regarding the coverage of surgical treatment for gender dysphoria could have been ascertained. *See Becker Tr.*, ECF No. 250-14, at 18 (discussing documents reviewed by Becker).

providing coverage for this treatment would be too burdensome of a cost.

Further, this assertion flies in the face of unrefuted expert testimony. Dr. Schechter's expert report discusses research of the cost-effectiveness of gender confirmation surgeries. *Dr. Schechter Expert Report*, ECF No. 250-23, at 17–18. Citing to research done at the John Hopkins Bloomberg School of Public Health, the Commonwealth of Massachusetts Group Insurance Commission, and the University of Colorado, Dr. Schechter opines that gender confirmation surgeries typically result in a “significant reduction of gender dysphoria,” while those suffering from gender dysphoria without access to these surgeries tend to “have higher rates of negative health outcomes such as depression, HIV, drug abuse, and suicidality.” *Id.* at 18. The research shows that “the one-time costs of gender confirmation surgeries coupled with standard post-operative care, primary and maintenance care, were overall less expensive at 5- and 10-year marks as compared to the long-term treatment of the negative health outcomes associated with the lack of insurance and resulting healthcare access.” *Id.* at 18–19. Thus, overall, Dr. Schechter notes that these surgeries are both affordable and a “nominal percentage of the care offered through group health plans.” *Id.* at 19.

Defendants can point to no evidence in the record to support the assertion that providing coverage for surgical treatment of gender dysphoria is too costly. In fact, Defendants concede that they have not conducted or ever obtained any cost analysis information to rebut Plaintiffs' claims. The only evidence in the record points to the contrary—that the surgical treatment of gender dysphoria is ultimately cost-effective and comparable to surgery for other diagnoses.

b. The exclusion discriminates based on transgender status

“In determining what level of scrutiny applies to a plaintiff's equal protection claim, we look to the basis of the distinction between the classes of persons.” *Grimm*, 972 F.3d at 607 (citing

United States v. Carolene Prods. Co., 304 U.S. 144, 152 n.4, (1938)). The classifications in most state policies are generally held to be valid when those classifications drawn are “rationally related to a legitimate state interest.” *Cleburne*, 473 U.S. at 440. However, “[t]his general rule ‘gives way’... when the policy discriminates based on membership in certain suspect classes.” *Kadel v. Folwell*, 1:19-cv-272, 2022 WL 2106270, *18 (M.D.N.C. June 10, 2022) (citing *Cleburne*, 473 U.S. at 440). The Fourth Circuit has determined that policies that discriminate on sex or transgender status are reviewed under a heightened scrutiny. *Grimm*, 972 F.3d at 608–10.^{3,4} Policies that classify based on a quasi-suspect classification are found to be unconstitutional unless they are “substantially related to a sufficiently important governmental interest.” *Cleburne*, 473 U.S. at 441.

Plaintiffs’ Equal Protection claim is grounded in the assertion that transgender West

³ When considering whether a certain group constitutes a quasi-suspect class, the Fourth Circuit analyzed four factors:

- Whether the class historically has been subject to discrimination
- Whether the class has a defining characteristic that bears a relation to its ability to perform or contribute to society
- Whether the class may be defined as a discrete group by obvious, immutable, or distinguishing characteristics
- Whether the class lacks political power.

Grimm v. Gloucester Cty. School Bd., 972 F.3d 586, 607–08 (4th Cir. 2020) (internal citations omitted).³ The *Grimm* court discussed the history of discrimination of transgender peoples in education, employment, housing, healthcare access, and military service, in addition to the history of violence and harassment of transgender peoples. The court then opined that one’s transgender status “bears no... relation” to one’s ability to “perform or contribute to society.” *Id.* at 612 (internal quotation omitted). Moving on, the court discussed that a person’s gender identity is “as natural and immutable as being cisgender,” and that transgender people constitute a minority lacking political power, as only 0.6% of the United States population identify as transgender.

Many courts have held that discrimination against transgender persons is sex-based discrimination for Equal Protection purposes because such policies punish transgender persons for gender non-conformity, thus relying on sex stereotypes. *Id.* at 608. Thus, this Court follows *Grimm* and finds that the Plaintiffs in this case fall within a quasi-suspect class, necessitating the application of heightened scrutiny.

⁴ At the outset, the Court notes that Defendants have argued that *Grimm* should not apply to this analysis. Defendants argue that the matter before this Court is a case of first impression, entirely novel from the *Grimm* case, where the Fourth Circuit considered a challenge to a policy requiring students to use bathrooms based on their biological, or birth-assigned, sex. Here, in contrast, the Court is grappling with a Medicaid benefits case. But the context of the cases is immaterial to the application of the applicable level of scrutiny. Regardless of the specific set of facts under which each case arises, the Court must use the appropriate level of scrutiny to analyze each of the policies. The four-factor test enumerated in *Grimm* aids this Court’s determination of whether a suspect class exists here.

Virginia Medicaid participants are denied the medically necessary surgeries that participants receiving those same surgeries for non-gender dysphoria related treatments are allowed—thus, the classification is based on transgender status. Defendants refute this assertion, claiming that the exclusion does not take into consideration gender status, but instead is based on diagnosis, i.e., surgeries are excluded for the diagnosis of “gender dysphoria,” not excluded for transgender people. Further, Defendants say that transgender Medicaid participants are not denied any coverage that similarly situated persons have. According to Defendants, the persons affected by the exclusion, transgender people suffering from gender dysphoria seeking surgery, are similarly situated only to other transgender people suffering from gender dysphoria seeking surgery—thus, there is no disparate treatment, as surgery for gender dysphoria is not covered for anyone. Defendants assert that Plaintiffs cannot seek comparison with cisgender persons who seek surgeries for reasons for other than gender-confirmation, because those procedures sought by cisgender persons are not gender-confirmation procedures, making the groups not “in all relevant aspects alike.” Defendants further assert that, because other gender-confirming treatments are made available under the West Virginia Medicaid Program, and that only a subgroup of transgender people will ever seek surgery, Defendants are not discriminating against transgender people.

The Court is not persuaded by Defendant’s arguments. First, inherent in a gender dysphoria diagnosis is a person’s identity as transgender. In other words, a person cannot suffer from gender dysphoria without identifying as transgender. *See Kadel*, 2022 WL 2106270, at *20 (“even if the Court credited Defendant’s characterization of the Plan as applying only to diagnoses of gender dysphoria, it would still receive intermediate scrutiny. Discrimination against individuals suffering from gender dysphoria is also discrimination based on sex and transgender status. As with the

Plan’s exclusions, one cannot explain gender dysphoria ‘without referencing sex’ or a synonym.” (quoting *Grimm*, 972 F.3d at 608)). Transgender people have access to the same surgeries for other diagnosis—the exclusion is aimed specifically at a gender change procedure. Thus, the exclusion targets transgender people because they are transgender.

Second, the Court turns to the argument that transgender individuals with gender dysphoria seeking gender-confirmation surgery are not similarly situated to individuals seeking the same surgeries for reasons other than gender-confirmation. Defendant supports this position by relying on a report and recommendation out of the Eastern District of Louisiana, where a pro se prisoner filed a § 1983 action alleging that defendants were deliberately indifferent to her need for medical treatment for gender dysphoria and violated her right to equal protection. *Williams v. Kelly*, No. 17-12993, 2018 WL 4403381, at *1 (E.D. La. Aug. 27, 2018). The report found that plaintiff was not similarly situated to cisgender patients seeking vaginal surgeries, so her Equal Protection claim failed. *Id.* at *12. This Court is neither bound nor persuaded by this report. The *Williams* court was not bound by *Grimm*’s sex discrimination analysis and decided that case before *Bostock*’s guidance for analyzing sex discrimination against transgender people. *See Bostock v. Clayton Cnty., Georgia*, 140 S. Ct. 1731 (2020). Further, the majority of cases support this Court’s analysis.⁵

The Court disagrees with Defendants’ position. The exclusion at issue here denies coverage to transgender people with a gender dysphoria diagnosis seeking medically necessary surgeries. “Similarly situated persons in all relevant aspects alike” cannot refer only to people from the same exact group—the legal standard simply asks the Court to look to persons “in all *relevant* respects alike.” *Morrison*, 239 F.3d at 654 (emphasis added). The *Grimm* court agreed, rejecting a similar argument where the school board contended that the plaintiff, a transgender boy, was not similarly

⁵ See *Grimm*, 972 F.3d at 609–10; see *Kadel v. Folwell*, 1:19-cv-272, 2022 WL 2106270, *21 (M.D.N.C. June 10, 2022); see *Fletcher v. Alaska*, 443 F. Supp. 3d 1024, 1030 (D. Alaska 2020).

situation to cisgender boys, but only to biological girls. *Grimm*, 972 F.3d at 609–10. The Fourth Circuit opined that embedded in this argument is the bias that gender identity is a choice, and that adopting this framing of the issue would give in to stereotyping. *Id.* at 610.

The relevant comparison here is to persons who seek the same, medically necessary surgeries for non-gender dysphoria related treatments. The West Virginia Medicaid Program provides, for example, medically necessary mastectomies for non-gender dysphoria related diagnoses. The only difference between this scenario and the Plaintiffs' circumstances is that Plaintiffs seek these surgeries to treat gender dysphoria—thus, a distinction hinging on their transgender identity. There are InterQual standards, which are evidence-based standards, that determine the medical necessity of a procedure—these standards exist for both gender dysphoria treatment surgeries and non-gender-affirming surgeries, providing objective basis for determining when such treatments will be covered. Additionally, the surgeries for both gender-affirming and non-gender-affirming reasons utilize the same CPT codes in documenting and billing. The only difference, which results in the preclusion of coverage for Plaintiffs, is that their diagnosis is for gender dysphoria, arising from their identity as transgender.

Lastly, the Court disagrees with Defendants' assertion that, because West Virginia Medicaid provides coverage for some treatments of gender dysphoria, excluding coverage for surgical treatments for gender dysphoria is not discriminatory, as only a subset of transgender individuals will seek this treatment. Defendant relies on *Toomey v. Arizona*, a report and recommendation that found that a policy exclusion which “discriminates against some natal females but not all...is not, on its face, discrimination on the basis of sex.” No. CV-19-0035-TUC-RM, 2020 WL 8459367, *4 (D. Ariz. Nov. 30, 2020).⁶ This is an out-of-district case and is non-

⁶ The Court notes that this report and recommendation was denied in part by the District Court. *Toomey v. Arizona*, 19-cv-00035, 2021 WL 753721 (D. Ariz. Feb 26, 2021).

binding on this Court. The District Judge in this matter did not discuss the magistrate's report and recommendation regarding this analysis in detail, but rather, found that 1) plaintiffs had not met the heightened standard for such relief and 2) the preliminary injunctive relief sought by plaintiffs was the same as the ultimate relief sought in the case, and without a showing of extraordinary circumstances, such relief could not be granted at the preliminary injunction phase. *Toomey v. Arizona*, 19-cv-00035, 2021 WL 753721 *5-*6 (D. Ariz. Feb 26, 2021). The report was adopted only to the extent that it recommended denying the Motion for Preliminary Injunction on the grounds that Plaintiff had not met the heightened standard. *Id.* at *6. The rest of the report was rejected by the District Court. *Id.* Thus, this report and recommendation is not persuasive to this Court's analysis.

Further, the Supreme Court has made clear that it "does [not] matter if an employer discriminates against only a subset of men or women." *Bostock*, 140 S. Ct. at 1775; *see also Phillips v. Martin Marietta Corp.*, 400 U.S. 542, 544 (1971) (finding that, even though only some women will become pregnant or have children, the refusal to hire women with preschool-aged children was facial sex discrimination). The exclusion here denies surgical care to all transgender people who may seek surgery to treat gender dysphoria—that subset of transgender people is equally protected against discrimination. Further, the narrow question addressed by this Court is the exclusion of surgical care. Simply because the West Virginia Medicaid Program does not discriminate in all aspects does not permit it to discriminate narrowly against transgender surgical care.

c. The exclusion discriminates on its face

Generally, a plaintiff must show that a policy based on sex or transgender status had discriminatory intent. But such a showing is unnecessary when the policy tends to discriminate on

its face. *Kadel*, 2022 WL 2106270, at *18 (citing *Shaw v. Reno*, 509 U.S. 630, 642 (1993)). The Court looks to the language of the policy to determine whether it is facially neutral or whether it explicitly references gendered or sex-related terms. See *Washington v. Seattle Sch. Dist. No. 1*, 458 U.S. 457, 485 (1982).

In *Grimm*, the Fourth Circuit found that a bathroom policy that required students to use bathrooms according to their “biological genders” discriminated on the basis of sex. *Grimm*, 972 F.3d at 608–10. The court reasoned that the policy “necessarily rests on a sex classification” and “cannot be stated without referencing sex.” *Id.* at 608. Further, the court found that the bathroom policy propagated sex stereotyping, as the transgender plaintiff was viewed as “failing to conform” to sex stereotypes. *Id.* The *Grimm* court also found that the policy further discriminated on the plaintiff’s status as a transgender boy, noting that “[m]any courts...have held that various forms of discrimination against transgender people constitute sex-based discrimination for purposes of the Equal Protection Clause because such policies punish transgender persons for gender non-conformity, thereby relying on sex stereotypes.” *Id.*

Looking to the language of the exclusion, it is clear that the exclusion discriminates on its face. The exclusion denies coverage for “transsexual surgery.” This language refers explicitly to sex—one seeking a “transsexual surgery” seeks to change from their sex assigned at birth to the sex that more accurately reflects their gender identify. Only individuals who identify as transgender would seek “transsexual surgery,” and as the Supreme Court reasoned in *Bostock v. Clayton County, Georgia*, one cannot consider the term “transgender” without considering sex. *Bostock*, 140 S. Ct. at 1746 (“[T]ry writing out instructions for who should check the [transgender] box [on a job application] without using the words man, woman, or sex (or some synonym). It can’t be done.”). Following this reasoning, the Court finds that the exclusion references sex on its

face. *See Kadel*, 2022 WL 2106270, at *19 (finding that the health plan’s exclusions for sex changes or modifications and related care facially discriminate); *see also Fletcher v. Alaska*, 443 F. Supp. 3d 1024, 1030 (D. Alaska 2020) (“In sum, defendant’s policy of excluding coverage for medically necessary surgery such as vaginoplasty and mammoplasty for employees, such a[s] plaintiff, whose natal sex is male while providing coverage for such medically necessary surgery for employees whose natal sex is female is discriminatory on its face and is direct evidence of sex discrimination.”).

Defendants point to *Geduldig v. Aiello* to support their argument that the exclusion is facially neutral. 417 U.S. 484 (1974). In *Geduldig*, the Court found that a disability insurance program which exempted from coverage any work loss resulting from pregnancy did not discriminate based on sex. *Id.* at 494. The Court reasoned that pregnancy was a physical condition divorced from gender, and while only women can get pregnant, the group of members who were not pregnant included both men and women. *Id.* at 496. Here, the nonsuspect class—those not seeking surgical treatment for gender dysphoria—are treated more favorably, as their materially same surgeries are covered. This is unlike *Geduldig*, where men were not treated more favorably under the challenged policy. And, as the *Kadel* court found, the exclusion precludes a specific treatment that is connected to a person’s sex and gender identity—not just a single “objectively identifiable physical condition with unique characteristics.” *Kadel*, 2022 WL 2106270, at *21.

Thus, it is the opinion of the Court that the exclusion at issue here facially discriminates on the basis of sex and transgender status. Thus, there is no need for Plaintiffs to show discriminatory intent or purpose.

d. Heightened Scrutiny Analysis

Finding that the exclusion does discriminate on the basis of sex and transgender status, the

Court must determine whether the exclusion survives heightened scrutiny. It does not.

Classifications based on sex and transgender status “fail[] unless [they are] substantially related to a sufficiently important governmental interest.” *Grimm*, 972 F.3d at 608 (citing *Cleburne*, 473 U.S. at 441). The governmental interests that Defendants put forward to support the exclusion are unsupported by the evidence in the record.

1. Cost

Defendants assert cost considerations as a reason to justify the exclusion. However, as previously discussed, Defendant has not supported with any evidence in the record its concern about the costs of providing coverage for surgical treatments of gender dysphoria. In fact, Defendant stipulated to having not considered any documents, let alone any documents considering costs, in adopting this exclusion. *See* ECF No. 258. Further, all the evidence in the record point to the long-term cost-efficiency of providing this coverage, contradicting Defendants’ assertion. Thus, cost considerations have not been established as an important governmental purpose that justifies the discrimination.

2. Consistency with CMS policy

Next, Defendants claim that providing coverage consistent with what is required by the Centers for Medicare and Medicaid Services (CMS) is an important governmental purpose for the exclusion. CMS oversees Medicaid by maintaining the Medicaid regulations and approving state plans and state plan amendments. *See Sarah Young Dep.*, ECF No 252-1, at 42–43. The Medicaid Program bases “all of [its] policies and procedures within the confines of the federal regulation, the state code, state laws, and [it] ensure[s] that the covered services are available to members.” *Id.* at 20. CMS communicates with the Medicaid Program to dictate changes to the program or clarify a policy. *Id.* at 21. Further, CMS generally has an active role in reviewing and approving

of changes to Medicaid coverage. *Id.* at 17. CMS neither mandates nor prohibits coverage for the surgical care of gender dysphoria—this decision is left up to the individual states. *See id.* at 42.

Defendants assert that Secretary Crouch and Commissioner Beane have relied on guidance from CMS and the Department of Human Health Services (HHS) to determine required coverages. Since surgical treatment of gender dysphoria is not a mandated coverage dictated by CMS, Defendants assert that excluding this coverage is simply following CMS guidance and is an important governmental interest. Further, Defendants note that CMS has never notified the West Virginia Medicaid program that excluding this coverage is in violation of any law, thus, they argue, the Exclusion is not unlawful. *Id.* at 37.

Importantly, the lack of a mandate by CMS does not permit Defendants to ignore their obligations under the Constitution. CMS's lack of guidance on the matter does not give a green light for the states to enact discriminatory policies. Defendants' purported governmental interest in providing coverage consistent with what is required by CMS rings hollow in light of the fact that the West Virginia Medicaid Program covers other services which would be characterized as optional by CMS. *Tr. of Proceedings*, ECF No. 269, at 45.

Defendants also point to a 2016 study by HHS, discussed by Dr. Stephen Levine, where HHS refused to mandate coverage for transgender surgeries, leaving such decisions up to the individual states due to the lack of evidence regarding the long-term benefits of such surgeries. *Dr. Stephen Levine's Expert Report*, ECF No. 252-11, at 14. But this assertion regarding the long-term benefits is inconsistent with the body of literature on this topic. As Dr. Karasic points out in his rebuttal report, gender confirming surgery "has been studied extensively, with much evidence of the effectiveness of such treatment." *Dr. Karasic's Rebuttal Report*, ECF No. 250-21, at 16; *see also id.* at 14 (citing to a Cornell University study which found a "robust international consensus

in the peer-reviewed literature that gender transition, including medical treatments such as hormone therapy and surgeries, improves the overall well-being of transgender individuals.).⁷ Further, the underlying HHS study to which Dr. Levine references followed the agency's decision to eliminate a categorical ban on gender-affirming surgery, like the ban found in the West Virginia Medicaid Program. *See Dr. Loren Schechter's Rebuttal Report*, ECF No. 250-24, at 5.

Thus, the Court does not find that the adherence to the required services as mandated by CMS to be a sincere or compelling governmental interest.

3. *Question of medical necessity*

Lastly, Defendants question the medical necessity of the surgical treatment of gender dysphoria. This assertion is without support in the record. Dr. Schechter directly addresses the medical necessity of surgical care to treat gender dysphoria. *See Dr. Schechter's Expert Report*, ECF No 250-23, at 12–13; *see Dr. Schechter's Rebuttal Report*, ECF No. 250-24, at 13. As Dr. Schechter points out, these procedures are “clinically indicated to treat the underlying medical condition of gender dysphoria.” *Dr. Schechter's Expert Report*, ECF No. 250-23, at 13. Dr. Schechter discusses that the “prevailing consensus of the medical community recognizes “that procedures used to treat gender dysphoria are reconstructive, not experimental, and are medically necessary.” *see Dr. Schechter's Rebuttal Report*, ECF No. 250-24, at 13. The techniques used to perform these surgeries are well-established and used to perform many different surgeries, not just gender confirming surgeries. *Id.* Gender confirming surgeries have been performed “for decades” and have demonstrated benefits. *Id.*

There are Standards of Care promulgated by the World Professional Association of

⁷ Dr. Karasic also points out the potential bias in Dr. Levine's testimony, as recognized by the Judge Jon Tigar in the Northern District of California. *See Norsworthy v. Beard*, 87 F. Supp. 3d 1164, 1188 (N.D. Cal. 2015) (where the court gave Dr. Levine's opinion very little weight due to his misrepresentations of the Standards of Care and illogical inferences).

Transgender Health (WPATH) that provide clinical criteria for the medical interventions to treat gender dysphoria. *Dr. Karasic's Expert Report*, ECF No. 250-20, at 8. These Standards of Care are recognized by a number of leading medical professional entities, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, the Endocrine Society, the Pediatric Endocrine Society, the American College of Obstetrics and Gynecology, the American College of Physicians, and the World Medical Association, among others. *Id.* Similarly, the Endocrine Society has published a clinical practice guideline providing protocols for the medically necessary treatment of gender dysphoria. Further, many of the major medical organizations have opposed the blanket denial of this medically necessary care. *Id.* at 10. The medical treatments for gender dysphoria have been studied extensively, and have been shown to improve “quality of life and measures of mental health” for patients. *Id.* at 11–12 (citing to the Cornell University study that supported gender affirming “hormone and surgical treatment improved the well-being of transgender individuals”).

Further, InterQual has developed clinical standards of care to determine the medical necessity of surgical treatment for gender dysphoria. For example, the InterQual standards created for vaginoplasty for gender affirmation surgery note that “[d]elaying treatment for those with gender dysphoria is not a reasonable treatment option.” *InterQual Composite*, ECF No. 250-30, at 36. These standards note that this procedure can be performed for medically necessary purposes and that the criteria found therein is intended to determine the medical appropriateness of the procedure. *Id.* at 38. The InterQual standards for the surgical care of gender dysphoria would be utilized by West Virginia Medicaid Program’s Kepro system if the exclusion at issue here did not prohibit coverage of this treatment.

The argument that surgical treatment of gender dysphoria is not medically necessary is

wholly unsupported by the record, and importantly, is refuted by the majority of the medical community. Thus, the Court finds that concern for the medical necessity of this treatment is not a sufficiently important governmental interest.

e. The exclusion does not survive heightened scrutiny, thus, violating Equal Protection

The Court has discussed Defendants' purported governmental interests that are upheld by the exclusion. None survive heightened scrutiny. Without a sufficiently important governmental interest, this exclusion must fail. Thus, the Court finds that the exclusion violates the Equal Protection Clause of the Fourteenth Amendment.

2. Violation of the Affordable Care Act

The Affordable Care Act (ACA) "aims to increase the number of Americans covered by health insurance" through the creation of "a comprehensive national plan to provide universal health insurance coverage." *Nat'l Fed'n of Indep. Bus. v. Sebelius*, 567 U.S. 519, 538, 583 (2012). An important component of the ACA is the anti-discrimination mandate in section 1557. *Whitman-Walker Clinic, Inc. v. U.S. Dep't of Health & Human Servs.*, 485 F. Sup. 3d 1, 11 (D.D.C. 2020). This section provides that "[e]xcept as otherwise provided... an individual shall not, on the ground prohibited under title VI of the Civil Rights Act...[and] title IX...be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance...". 42 U.S.C. § 18116. Because the ACA explicitly incorporates Title VI and Title IX, and the Fourth circuit looks to Title VII to guide the evaluation of claims under Title IX, the test announced in *Bostock* is the appropriate test to determine whether a policy discriminates in violation of the ACA. *Kadel*, 2022 WL 2106270, at *29.

To prevail on a section 1557 claim, a plaintiff must show that:

1. Defendant is a health program or activity that receives federal funds, and
2. Plaintiff was subjected to discrimination in healthcare services on the basis of sex.

See id.

BMS has already admitted that it is a “health program or activity” for purposes of Section 1557 analysis. *See Defs.’ Answer to Am. Compl.*, ECF No 151, ¶ 15 (“These Defendants further admit that West Virginia Medicaid is jointly funded by the State of West Virginia and the federal government. These Defendants admit that BMS is a recipient of federal funds from the U.S. Department of Health and Human Services, including Medicaid funding.”). Thus, the first element of the 1557 claim is met.

Pursuant to the Equal Protection analysis above, this Court has found that Plaintiffs were subjected to discrimination in healthcare services on the basis of sex. The exclusion precludes individuals who are seeking surgical treatment of gender dysphoria from coverage. As already noted by this Court, a transgender identity is inherent in an individual who suffers from gender dysphoria. Transgender status, and thus, this exclusion, cannot be understood without a reference to sex. *See Bostock*, 140 S. Ct. at 1746. Plaintiffs are subjected to discrimination on the basis of sex.

Defendants make the argument that, historically, the term “sex” has referred to the binary sexes of male and female. Gender identity, Defendants assert, is something entirely distinct from the sexes, and thus, for the purposes of the ACA, Defendants cannot be guilty of discrimination because transgender status does not implicate this binary categorization—*Bostock* rejects this limitation on the scope of discrimination.

Defendants also to *Hennessy-Waller v. Snyder* out of the District of Arizona to support their position. 529 F. Supp. 3d 1031 (D. Ariz. 2021). At the outset, the *Hennessy-Waller* court was deciding a motion for preliminary injunction, which requires a different standard than this Court deciding motions for summary judgment. In that case, the plaintiffs were transgender minors enrolled in the state Medicaid who were diagnosed with gender dysphoria. The Medicaid program covered other treatments for gender dysphoria but excluded coverage for gender reassignment surgeries. With respect to the plaintiffs' ACA claim, the court reasoned that the exclusion only precluded coverage for surgical treatment; other treatment was covered, so plaintiffs could not show that there was discrimination. *Id.* at 1045. Further, the District of Arizona also questioned the safety of these procedures for adolescents. *Id.* Defendants here made similar arguments. But as already discussed, this Court fundamentally disagrees with these positions. First, Defendants are not permitted to discriminate on one aspect of healthcare just because they do not discriminate across the board for all treatments. The issue here is narrow regarding the discrimination with respect to surgical care, and this Court found that the exclusion does discriminate. Second, the safety, effectiveness, and medical necessity have been clearly demonstrated by the expert evidence in the record and is confirmed by the many major health organizations supporting the safety and effectiveness of this treatment. The *Hennessy-Waller* court did not have the robust medical evidence in the record that this Court has before it; this case is unpersuasive here.

Thus, because this Court finds that Defendants are a "health program or activity" under the ACA, and that Plaintiffs have been subjected to discrimination on the basis of sex, Defendants have violated ACA section 1557.

3. Violation of Medicaid

Plaintiffs assert that the Exclusion violates the Availability and Comparability requirements of the Medicaid Act, because coverage for medically necessary treatments for gender dysphoria are excluded from coverage while the same treatments are covered for other medically necessary reasons.

The Medicaid Program is established in Title XIX of the Social Securities Act. 42 U.S.C. §§ 1396 *et seq.* The purpose of this act is to enable “each State, as far as practicable under the conditions in such state, to furnish... medical assistance [to individuals] whose income and resources are insufficient to meet the costs of necessary medical services.” *Id.* § 1396-1. Participation in Medicaid is optional—however, once a state elects to participate in the Medicaid program, it is subject to federal laws and regulations. *See Antrican v. Odom*, 290 F.3d 178, 183 n.2 (4th Cir. 2002); *Flack v. Wisconsin Dep’t of Health and Servs.*, 395 F. Supp. 3d 1001, 1015 (W.D. Wisc. 2019) (noting that a state Medicaid Program “must comply with all federal statutory and regulatory requirements”).

Plaintiffs allege violations of both Medicaid’s Availability and Comparability requirements. The Court will address each.

a. Violation of Medicaid’s availability requirement

A state Medicaid Program “must... provide... for making medical assistance available, including at least the care and services listed in paragraphs (1) through (5), (17), (21), (28), (29), and (30) of section 1905(a).” 42 U.S.C. § 1396a(a)(10)(A). A state must provide coverage for mandatory categories of treatment and must cover services when they (1) fall within a category of mandatory medical services or optional medical services that the state has elected to provide; and (2) are “medically necessary” for a particular participant. *See Beal v. Doe*, 432 U.S. 438 (1977). The state “may place appropriate limits on a service based on such criteria as medical necessity or

on utilization control procedures.” 42 C.F.R. § 440.230. “These limits must be ‘reasonable’ and ‘consistent with the objectives of the [Medicaid] Act.” *Flack*, 395 F. Supp. 3d at 1015 (quoting *Rush v. Parham*, 625 F.2d 1150, 1155 (5th Cir. 1980)).

Plaintiffs here assert that BMS has either mandated or chosen to cover the same surgical procedures for non-gender-dysphoria related treatment and that the unrebutted evidence in the record demonstrates the medical necessity of surgical care. This Court agrees. The surgical care precluded by the exclusion is made available and covered by Medicaid when the surgical care is to treat diagnoses other than gender dysphoria. Indeed, the same CPT codes are used to document the surgeries, whether performed for gender dysphoria treatment or for treatment of another diagnosis. And, there is ample evidence in the record to support the medical necessity of the treatments. *See Alvarez v. Betlach*, 572 F. App’x 519, 521 (9th Cir. 2014) (discussing that states are prohibited “from denying coverage of ‘medically necessary’ services that fall under a category covered in their Medicaid plans.” (quoting *Beal v. Doe*, 432 U.S. 438, 444 (1977)); *see Bontrager v. Ind. Fam. Soc. Servs. Admin.*, 697 F.3d 604, 608 (7th Cir. 2012) (“[T]he State is required to provide Medicaid coverage for medically necessary in those service areas that the State opts to provide such coverage.”); *see Beal*, 432 U.S. at 444 (“[S]erious statutory questions might be presented if a state Medicaid plan excluded necessary medical treatment from its coverage...”).

Defendants point to *Casillas v. Daines* to support the contention that regulations permit a Medicaid Program to place limits on services, even when those services are required to be covered. 580 F. Supp. 2d 235, 245–46 (S.D.N.Y. 2008). Notably, *Casillas* is nonbinding on this Court, and was not even followed within the Southern District of New York. *See Cruz v. Zucker*, 116 F. Supp. 3d 334 (S.D.N.Y. 2015). And, while states are granted “discretion to choose the proper mix of amount, scope, and duration limitations on coverage,” such choices must ensure that the “care and

services are provided in ‘the best interests of the recipients.’” *Alexander v. Choate*, 469 U.S. 287, 303 (1985) (quoting 42 U.S.C. § 1396a(a)(19)). The limitations must also be consistent with the Medicaid Act. *Id.* at 303 n.23. When a state Medicaid Program does choose to limit services, it cannot limit a service it has elected to cover based on diagnosis—this Court finds that such a limitation would not be “appropriate.” *See e.g. Bontrager*, 697 F.3d at 609 (finding that a budgetary cap on coverage for medically necessary procedures was not a proper utilization control procedure). The exclusion violates the availability requirement.

b. Violation of Medicaid’s comparability requirement

The State Medicaid Program provides coverage for both the “categorically needy” and “medically needy” participants. “Categorically needy” individuals receive some form of public assistance, *see* 42 U.S.C. § 1396a(a)(10)(A), while “medically needy” individuals are those “whose incomes are too large to qualify as categorically needy,” yet “lack the funds to pay for medical expenses.” *Benjamin H. v. Ohl*, No. Civ. A. 3:99-0338, 1999 WL 34783552, *3 (S.D.W. Va. July 15, 1999) (citing *Schweiker v. Gray Panthers*, 453 U.S. 34, 37 (1981)).

The Medicaid statute provides that:

- The medical assistance made available to...any individual described in subparagraph (A)—
- (i) Shall not be less in amount, duration, or scope than the medical assistance made available to any other such individual and
 - (ii) Shall not be less in amount, duration, or scope than the medical assistance made available to individuals not described in subparagraph (A);

42 U.S.C. § 1396a(a)(10)(B). Further, the regulations promulgated pursuant to the Medicaid Act provide that:

- (a) The plan must provide that the services available to any categorically needy recipient under the plan are not less in amount, duration, and scope than those services available to a medically needy recipient; and
- (b) The plan must provide that the services available to any

individual in the following groups are equal in amount, duration, and scope for all recipients within the group:

- a. The categorically needy
- b. A covered medically needy group

42 C.F.R. § 440.240. The regulations also provide that “[t]he agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.” 42 U.S.C. § 440.230.

Plaintiffs assert that Defendants violate the comparability requirement of the Medicaid Act by providing particular services to some Medicaid participants but not others based solely on diagnosis. This Court has found that the surgeries, such as mastectomies, which are covered to treat non-gender dysphoria diagnoses are materially the same as the surgeries provided to treat gender dysphoria. Thus, the difference in treatment clearly violates the comparability requirement, which requires that all persons within a specific category be treated equally. *See White v. Beal*, 555 F.2d 1146, 1151 (3d Cir. 1977) (“We find nothing in the federal statute that permits discrimination based upon etiology rather than need for the services.”).

Defendants rely on *Rodriguez v. City of New York* to support their argument that, since surgical treatment for gender dysphoria is not covered for any Medicaid participant, there is no violation of the comparability requirement. 197 F.3d 611 (2d Cir. 1999). But their reliance on *Rodriguez* is misplaced. In *Rodriguez*, plaintiffs challenged the failure of New York City to provide personal-care services to Medicaid recipients. A key distinction in *Rodriguez* is that the benefit sought by Plaintiffs was provided to no one. *Id.* at 616. Here, the surgeries sought by Plaintiffs are materially the same to covered procedures that treat other diagnoses. The exclusion essentially denies services to some categorically needy persons while the same services are provided for other persons with similar needs. *See Davis v. Shah*, 821 F.3d 231, 258 (2d Cir. 2016) (discussing that an analysis under the comparability requirement must “entail some independent

judicial assessment of whether a state has made its services available to all categorically needy individuals with equivalent medical needs”).

The exclusion “fails to make covered treatments available in sufficient amount, duration and scope” and discriminates on the basis of diagnosis. *Flack*, 395 F. Supp. 3d at 1019 (internal quotation omitted). Thus, it violates the comparability requirement of the Medicaid Act.

4. Standing

Lastly, Defendants argue that Plaintiffs lack the standing to bring this case because neither has suffered an injury in fact. To establish standing, “a plaintiff must show (1) it has suffered an ‘injury in fact’ that is (a) concrete and particularized and (b) actual or imminent, not conjectural or hypothetical; (2) the injury is fairly traceable to the challenged action of the defendant; and (3) is likely, as opposed to merely speculative, that the injury will be redressed by a favorable decision.” *South Carolina v. United States*, 912 F.3d 720, 726 (4th Cir. 2019) (quoting *Friends of the Earth, Inc. v. Laidlaw Envtl. Servs. (TOC), Inc.*, 528 U.S. 167, 180–81 (2000)). Defendants argue that, because Plaintiffs have not submitted a claim for and been denied gender-affirming care by Medicaid, they cannot show injury in fact, and thus, lack standing.

However, Defendants enacted a clear policy excluding coverage for surgical care of gender dysphoria with no exceptions. This caused an actual, concrete injury to Plaintiffs by essentially constructing a discriminatory barrier between them and health insurance coverage. This is not a hypothetical injury. Plaintiffs requesting coverage would have been futile due to the exceptionless exclusion, and the law does not require Plaintiffs to take such futile acts. *Townes v. Jarvis*, 577 F.3d 543, 547 n.1 (4th Cir. 2009). “In the context of applications for government benefits... [the] threshold requirement... may be excused... where a plaintiff makes a substantial showing that the application for the benefit... would have been futile.” *Safari Club Int’l v. Jewell*, 842 F.3d 1280,

1286 (D.C. Cir. 2016) (internal quotations omitted). Defendants' policy was clear—a request for coverage would have been denied under the exclusion. Thus, Plaintiffs have standing.

CONCLUSION

The West Virginia Medicaid Program exclusion denying coverage for the surgical care for gender dysphoria invidiously discriminates on the basis of sex and transgender status. Such exclusion violates the Equal Protection clause of the Fourteenth Amendment, the Affordable Care Act, and the Medicaid Act. Defendants are enjoined from enforcing or applying the exclusion.

Thus, the Court **GRANTS** Plaintiffs' Motion for Summary Judgment (ECF No. 250) and **DENIES** Defendants' Motion for Summary Judgment (ECF No. 252).

The Court also **DENIES as MOOT** the Motion to Exclude Expert Testimony of Stephen B. Levine, M.D. ECF No. 254. Resolving the Motion for Summary Judgment in favor of Plaintiffs moots this Motion.

The Court **DIRECTS** the Clerk to send a copy of this Memorandum Opinion and Order to counsel of record and any unrepresented parties.

ENTER: August 2, 2022



ROBERT C. CHAMBERS
UNITED STATES DISTRICT JUDGE

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 09, 2022 10:17 AM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: FTE for CAGC SW

Hi [REDACTED],

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Best wishes,

Steve

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CC: [REDACTED] <[REDACTED]@ucsf.edu>
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Hi,

[REDACTED] is .9.

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**IN THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF WEST VIRGINIA**

HUNTINGTON DIVISION

CHRISTOPHER FAIN,
SHAUNTAE ANDERSON,
individually and on behalf of all others similarly situated,

Plaintiffs,

v.

CIVIL ACTION NO. 3:20-0740

WILLIAM CROUCH, in his official capacity as
Cabinet Secretary of the West Virginia
Department of Health and Human Resources;
CYNTHIA BEANE, in her official capacity as
Commissioner for the West Virginia Bureau for
Medical Services;
WEST VIRGINIA DEPARTMENT OF HEALTH AND
HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES,

Defendants.

MEMORANDUM OPINION AND ORDER

Pending before the Court are cross motions for summary judgment filed by Plaintiffs (transgender individuals who receive healthcare through the West Virginia Medicaid Program) and Defendants (the State actors and agencies responsible for administering the Medicaid Program). ECF Nos. 250, 252. This case challenges the constitutionality of the West Virginia Medicaid Program's exclusion of the surgical treatment of gender dysphoria.

As it currently stands, the West Virginia State Medicaid Program does not afford coverage for gender-conforming surgical care as treatment for gender dysphoria. Ultimately, the exclusion in the healthcare plan precludes coverage for these surgical treatments when a person is diagnosed with gender dysphoria. However, the same or similar surgical treatments are available to persons when the diagnosis requiring that treatment is not gender dysphoria. It is undisputed that the criteria

determining whether or not such treatment is covered under the Medicaid Program hinges on a diagnosis—but when treatment is precluded for a diagnosis based on one’s gender identity, such exclusion invidiously discriminates on the basis of sex and transgender status. Thus, the Court **GRANTS** Plaintiffs’ Motion for Summary Judgment (ECF No. 250) and **DENIES** Defendants’ Motion for Summary Judgment (ECF No. 252).

BACKGROUND

The Plaintiffs in this case are transgender West Virginian Medicaid participants. Plaintiff Christopher Fain is a 46-year-old transgender man enrolled in West Virginia Medicaid. He receives hormone therapy for his gender dysphoria diagnosis. Because of this diagnosis, he seeks a bilateral mastectomy. Two physician letters recommend this treatment. *Fain Tr.*, ECF No. 252-5, at 22. However, he has not formally sought coverage for this surgical procedure or received a denial letter. *Id.* at 23. He felt such an exercise would be futile, knowing that the surgery is excluded under his insurance policy. *Id.*

Plaintiff Shauntae Anderson is a 45-year-old transgender woman enrolled in West Virginia Medicaid. She also receives hormone therapy for her gender dysphoria diagnosis. She seeks vaginoplasty and breast reconstruction surgery to relieve her gender dysphoria. *Anderson Tr.*, ECF No. 250-11, at 11–12. Plaintiff Anderson noted that she has not spoken with a doctor about these procedures because it is known such surgeries are not covered and speaking about the unavailable treatment would cause her distress. *Anderson Tr.*, ECF No. 252-4, at 43.

Medicaid is a federal-state program providing health insurance for eligible persons. 42 U.S.C. § 1396–1396w-5. West Virginia has participated in the Medicaid program since its inception in 1965. The purpose of the program is to “furnish [] medical assistance” to individuals “whose income and resources are insufficient to meet the cost of necessary medical services.” 42

U.S.C. § 1396-1. Medicaid for West Virginia has an annual budget of between \$4.5 and \$5.1 billion. *Manning Tr.*, ECF No. 250-16, at 13. CMS subsidizes 74% to 81% of the state's program. *Beane Tr.*, Ex. 250-13, at 31, 40.

Mountain Health Trust is West Virginia's Medicaid Program. Eligible Medicaid participants may choose a primary health provider and select one of three managed care organizations (MCOs). Each plan provides participants with Medicaid-covered health services. While 85% of Medicaid participants receive coverage through Mountain Health Trust, the remaining 15% receive care through a fee for service model where Medicaid pays providers directly.

Defendants maintain a comprehensive state plan for medical assistance which is detailed in a Medicaid Policy Manual. *Beane Tr.*, ECF No. 250-13, at 28. The Policy Manual provides a blanket exclusion for "transsexual surgery," stating that such a service is not covered "regardless of medical necessity." *Ex. 23*, ECF No. 250-27, at 5–6. Additionally, BMS's contract with each of the three MCOs has an explicit exclusion of coverage for "transsexual surgery." *See Aetna Contract*, ECF No. 250-33; *see UniCare Contract*, ECF No. 250-34; *see The Health Plan Contract*, ECF No. 250-35. The exclusion for "transsexual surgery" was adopted around 2004 and has been maintained since without review. *See Becker Tr.*, ECF No. 250-14, at 11–12; *Beane Tr.*, ECF No. 250-13, at 43–44.

Defendant West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) is a bureau of the West Virginia Department of Health and Human Resources (DHHR) and is the agency responsible for administering the Medicaid program in West Virginia. BMS receives funding from the U.S. Department of Health and Human Services—federal funds. Defendant Bill Crouch is the Cabinet Secretary of DHHR and is responsible for ensuring that BMS

meets the federal requirements. He is also responsible for developing a managed care system to monitor the services provided by the Medicaid program. *See* W. Va. Code § 9-2-9(a)(1). Defendant Cynthia Beane is the Commissioner of BMS. She is responsible for administering the state Medicaid plan and ensuring that it complies with the Affordable Care Act (ACA) and Medicaid Act.

STANDARD OF REVIEW

To obtain summary judgment, the moving party must show that there is no genuine issue as to any material fact and that the moving party is entitled to judgment as a matter of law. Fed. R. Civ. P. 56(a). In considering a motion for summary judgment, the Court will not “weigh the evidence and determine the truth of the matter[.]” *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 249 (1986). Instead, the Court will draw any permissible inference from the underlying facts in the light most favorable to the nonmoving party. *Matsushita Elec. Indus. Co., Ltd. v. Zenith Radio Corp.*, 475 U.S. 574, 587-88 (1986).

Although the Court will view all underlying facts and inferences in the light most favorable to the nonmoving party, the nonmoving party nonetheless must offer some “concrete evidence from which a reasonable juror could return a verdict in his [or her] favor[.]” *Anderson*, 477 U.S. at 256. Summary judgment is appropriate when the nonmoving party has the burden of proof on an essential element of his or her case and does not make, after adequate time for discovery, a showing sufficient to establish that element. *Celotex Corp. v. Catrett*, 477 U.S. 317, 322-23 (1986). The nonmoving party must satisfy this burden of proof by offering more than a mere “scintilla of evidence” in support of his or her position. *Anderson*, 477 U.S. at 252.

DISCUSSION

Plaintiffs bring the following claims against Defendants:

1. Denial of Equal Protection under the Fourteenth Amendment
2. Violation of the Affordable Care Act
3. Violation of the Comparability Requirement of the Medicaid Act
4. Violation of the Availability Requirement of the Medicaid Act

The Court will address each claim.

1. Equal Protection under the Fourteenth Amendment

Plaintiffs assert that the exclusion for the surgical treatment of gender dysphoria violates their rights under the Equal Protection clause of the Fourteenth Amendment. The Equal Protection Clause provides that “[n]o State shall... deny to any person within its jurisdiction the equal protection of the laws.” U.S. CONST. amend. XIV, § 1. This “keeps governmental decisionmakers from treating differently persons who are in all relevant respects alike.” *Nordlinger v. Hahn*, 505 U.S. 1, 10 (1992). A claim for an equal protection violation requires a plaintiff to show that they have “been treated differently from others with whom he is similarly situated and that the unequal treatment was the result of intentional or purposeful discrimination.” *Morrison v. Garraghty*, 239 F.3d 648, 654 (4th Cir. 2001). Once this demonstration is made, next the court must “determine whether the disparity in treatment can be justified under the requisite level of scrutiny.” *Id.*; *City of Cleburne v. Cleburne Living Ctr., Inc.*, 43 U.S. 432, 440 (1985).

a. Resolution of facts related to Equal Protection analysis

Important to the Court’s review of the Equal Protection claim are some key factual findings.

i. *Policy exclusion and covered services*

The exclusion at issue here is the exclusion for “transsexual surgery,” stating that such a service is not covered “regardless of medical necessity.” *Ex. 23*, ECF No. 250-27, at 5–6.

Nonetheless, the policy does cover other treatments related to transgender healthcare. The policy covers psychiatric diagnosis evaluation, psychotherapy, psychological evaluation, counseling, office visits, hormones, and lab work when medically necessary even if the treatments are related to gender-confirming care. *Tr. of Proceedings*, ECF No. 269, at 32–33; *see Beane Tr.*, ECF No. 250-13, at 5, 50. Transgender individuals are covered for the same care as cisgender individuals when such treatment is not the surgical treatment for gender dysphoria.

The West Virginia Medicaid Program uses a utilization management vendor called Kepro to determine whether a service is covered. *See Sarah Young Dep.*, ECF No. 250-18, at 23. Kepro is a screening tool that determines the medical necessity of a treatment, and this system uses nationally accredited criteria established by InterQual. *Id.* at 24. The criteria are derived from a systematic and continuous review of current, evidence-based literature, and also include input from an independent panel of clinical experts. *Id.* at 26. InterQual relies on guidelines promulgated by the World Professional Association of Transgender Health (WPATH) and the Endocrine Society that provide guidance on transgender health treatments. *See generally InterQual Composite*, ECF No. 250-30. Due to the exclusion, Medicaid does not follow the InterQual/Kepro guidance for surgical care to treat gender dysphoria.

ii. *Material differences between surgery for gender-confirming and surgeries for non-gender-confirming treatments*

Defendants assert that the surgical procedures provided to treat gender dysphoria are distinct from those provided to cisgender and transgender patients for non-gender-confirming purposes. To support this position, Defendants point to the InterQual guidelines for gender-affirming care, which are utilized by Kepro. Defendants argue that, because InterQual has guidelines that are specific to gender-affirming surgical services, they are distinct from the

guidelines that relate to the surgeries covered by Medicaid. To Defendants, the fact that there are these separate and distinct InterQual guidelines relating to gender-affirming surgical services proves that the procedures are different. But this argument lacks merit. InterQual's guidelines to determine the medical necessity of surgery to treat gender dysphoria are based on the diagnosis of gender dysphoria; thus, the criteria to determine the medical necessity of surgery to treat a different diagnosis would be based on that different diagnosis. That does not make the actual surgical treatments materially different.

In fact, Defendants' assertion that the surgical services provided for gender dysphoria are fundamentally different from those provided for cisgender and transgender patients is unsupported by the expert and other evidence in the record. In his expert report, Dr. Loren Schechter explains that the same surgical treatments can be performed to address several different diagnoses. *Dr. Schechter Expert Report*, ECF No. 250-23, at 17–18. For example, a vaginoplasty can be performed for a transgender patient to treat gender dysphoria or for a non-transgender woman as a treatment for congenital absence of the vagina. *Id.* at 18. When documenting and billing for these surgical treatments, health care providers utilize Current Procedural Terminology (CPT) codes developed and maintained by the American Medical Association. *Id.* at 17–18. The same CPT codes are used to document and bill the same surgical treatment when performed for a transgender patient with gender dysphoria and for any patient for a different diagnosis.

Defendants also assert that the techniques used to perform gender-affirming surgeries and those used to perform non-gender-confirming surgeries are different, supporting their argument that the procedures are distinct. But, to support this claim, Defendants offer no evidence themselves and instead mischaracterize Plaintiffs' expert testimony. It is true that there are many techniques used for the same kind of surgeries, and the specific technique used by a surgeon will

“depend upon the specific situation” or would depend on “the clinical conditions” of the individual patient *Dr. Schechter Dep.*, ECF No. 252-15, at 40–41. For example, there “is a wide range of indications or techniques used to perform mastectomy, whether for gender-affirming mastectomy or for a mastectomy pertaining to oncologic reasons or for risk reduction mastectomies, meaning removing a breast that is not cancerous but may have an increased predilection or risk of breast [cancer.]” *Id.* at 40. However, the “technical act of a mastectomy” can be performed to treat both a non-gender dysphoria related diagnosis and a gender dysphoria related diagnosis. *Id.* Based on the expert opinion of Dr. Schechter, this Court finds that a surgery, such as a mastectomy, for a gender dysphoria diagnosis and the same surgery for a non-gender dysphoria diagnosis, are not materially different

iii. Costs associated with the surgeries

In their memoranda, Defendants put forth cost considerations as a legitimate governmental interest to support the exclusion. Defendants assert that Medicaid is projecting a budget deficit within two years. *Beane Dep.*, ECF No. 252-3, at 46. Thus, their argument goes, if the program were to include coverage for surgical care for gender dysphoria, the program would have to “cut existing services or receive additional appropriations from the [L]egislature.” *Id.* Defendants also note the Legislature’s hesitancy to increase the Medicaid budget. *Id.*

But Defendant’s cost-related argument is unsupported by the record. First, the Court notes that, puzzlingly, Defendants stipulated to the fact that there are “no documents of which they are aware that were considered in adopting and/or maintaining the Exclusion” in the Medicaid Program.¹ *Corrected Stipulation of Pls. and Defs.*, ECF No. 258. It is curious as to how, in the face of this stipulation, Defendants can assert that the exclusion was adopted with cost

¹ Defendants admit that there is no known reason as to why this Exclusion was ever adopted in the first place. *See Beane Dep.*, ECF No. 250-13, at 42–43.

considerations in mind. Cost information could have been ascertained by Defendants, but it appears that there has been no direct cost analysis regarding surgical care to treat gender dysphoria at all.²

Beyond Defendants' failure to rely on any cost-related documents in consideration of the exclusion, the information in the record that does pertain to costs shows that the cost of providing this coverage is not burdensome. There are a relatively small number of people affected by the exclusion. *See Dr. Karasic's Dep.*, ECF No. 252-8, at 4–5 (noting that around one person in 200 identifies as transgender, while around one in 1,000 is in clinical care for gender dysphoria); *Grimm v. Gloucester Cty. School Bd.*, 972 F.3d 586, 594 (4th Cir. 2020) (noting that only “approximately 0.6% of the United States adult population” identifies as transgender). In fact, Defendants provided that, through September of 2021, there were 686 West Virginia Medicaid participants who have submitted one or more claims with a diagnosis code for gender dysphoria or gender incongruence. *Defs.' Resp. to Pls.' Second Set of Interrogs.*, ECF No. 250-6, at 5. Further, there is no evidence in the record to show that surgeries to treat gender dysphoria are any more or less costly than those similar surgeries to treat other diagnoses. *See Dr. Karasic's Expert Report*, ECF No. 252-8, at 65–66 (“[W]hen a form of treatment is covered for cisgender people under an insurance plan, it is generally not disproportionately costly to cover the same treatment for transgender people simply because it is provided to treat gender dysphoria.”). As discussed above, such surgeries are in all relevant aspects the same, so it logically flows that a surgery to treat gender dysphoria will not be significantly more expensive than one for a different diagnosis. Given the fact that very few individuals will seek such treatment, the Court is unpersuaded that

² Information about how other states apply policies regarding the coverage of surgical treatment for gender dysphoria could have been ascertained. *See Becker Tr.*, ECF No. 250-14, at 18 (discussing documents reviewed by Becker).

providing coverage for this treatment would be too burdensome of a cost.

Further, this assertion flies in the face of unrefuted expert testimony. Dr. Schechter's expert report discusses research of the cost-effectiveness of gender confirmation surgeries. *Dr. Schechter Expert Report*, ECF No. 250-23, at 17–18. Citing to research done at the John Hopkins Bloomberg School of Public Health, the Commonwealth of Massachusetts Group Insurance Commission, and the University of Colorado, Dr. Schechter opines that gender confirmation surgeries typically result in a “significant reduction of gender dysphoria,” while those suffering from gender dysphoria without access to these surgeries tend to “have higher rates of negative health outcomes such as depression, HIV, drug abuse, and suicidality.” *Id.* at 18. The research shows that “the one-time costs of gender confirmation surgeries coupled with standard post-operative care, primary and maintenance care, were overall less expensive at 5- and 10-year marks as compared to the long-term treatment of the negative health outcomes associated with the lack of insurance and resulting healthcare access.” *Id.* at 18–19. Thus, overall, Dr. Schechter notes that these surgeries are both affordable and a “nominal percentage of the care offered through group health plans.” *Id.* at 19.

Defendants can point to no evidence in the record to support the assertion that providing coverage for surgical treatment of gender dysphoria is too costly. In fact, Defendants concede that they have not conducted or ever obtained any cost analysis information to rebut Plaintiffs' claims. The only evidence in the record points to the contrary—that the surgical treatment of gender dysphoria is ultimately cost-effective and comparable to surgery for other diagnoses.

b. The exclusion discriminates based on transgender status

“In determining what level of scrutiny applies to a plaintiff's equal protection claim, we look to the basis of the distinction between the classes of persons.” *Grimm*, 972 F.3d at 607 (citing

United States v. Carolene Prods. Co., 304 U.S. 144, 152 n.4, (1938)). The classifications in most state policies are generally held to be valid when those classifications drawn are “rationally related to a legitimate state interest.” *Cleburne*, 473 U.S. at 440. However, “[t]his general rule ‘gives way’... when the policy discriminates based on membership in certain suspect classes.” *Kadel v. Folwell*, 1:19-cv-272, 2022 WL 2106270, *18 (M.D.N.C. June 10, 2022) (citing *Cleburne*, 473 U.S. at 440). The Fourth Circuit has determined that policies that discriminate on sex or transgender status are reviewed under a heightened scrutiny. *Grimm*, 972 F.3d at 608–10.^{3,4} Policies that classify based on a quasi-suspect classification are found to be unconstitutional unless they are “substantially related to a sufficiently important governmental interest.” *Cleburne*, 473 U.S. at 441.

Plaintiffs’ Equal Protection claim is grounded in the assertion that transgender West

³ When considering whether a certain group constitutes a quasi-suspect class, the Fourth Circuit analyzed four factors:

- Whether the class historically has been subject to discrimination
- Whether the class has a defining characteristic that bears a relation to its ability to perform or contribute to society
- Whether the class may be defined as a discrete group by obvious, immutable, or distinguishing characteristics
- Whether the class lacks political power.

Grimm v. Gloucester Cty. School Bd., 972 F.3d 586, 607–08 (4th Cir. 2020) (internal citations omitted).³ The *Grimm* court discussed the history of discrimination of transgender peoples in education, employment, housing, healthcare access, and military service, in addition to the history of violence and harassment of transgender peoples. The court then opined that one’s transgender status “bears no... relation” to one’s ability to “perform or contribute to society.” *Id.* at 612 (internal quotation omitted). Moving on, the court discussed that a person’s gender identity is “as natural and immutable as being cisgender,” and that transgender people constitute a minority lacking political power, as only 0.6% of the United States population identify as transgender.

Many courts have held that discrimination against transgender persons is sex-based discrimination for Equal Protection purposes because such policies punish transgender persons for gender non-conformity, thus relying on sex stereotypes. *Id.* at 608. Thus, this Court follows *Grimm* and finds that the Plaintiffs in this case fall within a quasi-suspect class, necessitating the application of heightened scrutiny.

⁴ At the outset, the Court notes that Defendants have argued that *Grimm* should not apply to this analysis. Defendants argue that the matter before this Court is a case of first impression, entirely novel from the *Grimm* case, where the Fourth Circuit considered a challenge to a policy requiring students to use bathrooms based on their biological, or birth-assigned, sex. Here, in contrast, the Court is grappling with a Medicaid benefits case. But the context of the cases is immaterial to the application of the applicable level of scrutiny. Regardless of the specific set of facts under which each case arises, the Court must use the appropriate level of scrutiny to analyze each of the policies. The four-factor test enumerated in *Grimm* aids this Court’s determination of whether a suspect class exists here.

Virginia Medicaid participants are denied the medically necessary surgeries that participants receiving those same surgeries for non-gender dysphoria related treatments are allowed—thus, the classification is based on transgender status. Defendants refute this assertion, claiming that the exclusion does not take into consideration gender status, but instead is based on diagnosis, i.e., surgeries are excluded for the diagnosis of “gender dysphoria,” not excluded for transgender people. Further, Defendants say that transgender Medicaid participants are not denied any coverage that similarly situated persons have. According to Defendants, the persons affected by the exclusion, transgender people suffering from gender dysphoria seeking surgery, are similarly situated only to other transgender people suffering from gender dysphoria seeking surgery—thus, there is no disparate treatment, as surgery for gender dysphoria is not covered for anyone. Defendants assert that Plaintiffs cannot seek comparison with cisgender persons who seek surgeries for reasons for other than gender-confirmation, because those procedures sought by cisgender persons are not gender-confirmation procedures, making the groups not “in all relevant aspects alike.” Defendants further assert that, because other gender-confirming treatments are made available under the West Virginia Medicaid Program, and that only a subgroup of transgender people will ever seek surgery, Defendants are not discriminating against transgender people.

The Court is not persuaded by Defendant’s arguments. First, inherent in a gender dysphoria diagnosis is a person’s identity as transgender. In other words, a person cannot suffer from gender dysphoria without identifying as transgender. *See Kadel*, 2022 WL 2106270, at *20 (“even if the Court credited Defendant’s characterization of the Plan as applying only to diagnoses of gender dysphoria, it would still receive intermediate scrutiny. Discrimination against individuals suffering from gender dysphoria is also discrimination based on sex and transgender status. As with the

Plan’s exclusions, one cannot explain gender dysphoria ‘without referencing sex’ or a synonym.” (quoting *Grimm*, 972 F.3d at 608)). Transgender people have access to the same surgeries for other diagnosis—the exclusion is aimed specifically at a gender change procedure. Thus, the exclusion targets transgender people because they are transgender.

Second, the Court turns to the argument that transgender individuals with gender dysphoria seeking gender-confirmation surgery are not similarly situated to individuals seeking the same surgeries for reasons other than gender-confirmation. Defendant supports this position by relying on a report and recommendation out of the Eastern District of Louisiana, where a pro se prisoner filed a § 1983 action alleging that defendants were deliberately indifferent to her need for medical treatment for gender dysphoria and violated her right to equal protection. *Williams v. Kelly*, No. 17-12993, 2018 WL 4403381, at *1 (E.D. La. Aug. 27, 2018). The report found that plaintiff was not similarly situated to cisgender patients seeking vaginal surgeries, so her Equal Protection claim failed. *Id.* at *12. This Court is neither bound nor persuaded by this report. The *Williams* court was not bound by *Grimm*’s sex discrimination analysis and decided that case before *Bostock*’s guidance for analyzing sex discrimination against transgender people. *See Bostock v. Clayton Cnty., Georgia*, 140 S. Ct. 1731 (2020). Further, the majority of cases support this Court’s analysis.⁵

The Court disagrees with Defendants’ position. The exclusion at issue here denies coverage to transgender people with a gender dysphoria diagnosis seeking medically necessary surgeries. “Similarly situated persons in all relevant aspects alike” cannot refer only to people from the same exact group—the legal standard simply asks the Court to look to persons “in all *relevant* respects alike.” *Morrison*, 239 F.3d at 654 (emphasis added). The *Grimm* court agreed, rejecting a similar argument where the school board contended that the plaintiff, a transgender boy, was not similarly

⁵ See *Grimm*, 972 F.3d at 609–10; see *Kadel v. Folwell*, 1:19-cv-272, 2022 WL 2106270, *21 (M.D.N.C. June 10, 2022); see *Fletcher v. Alaska*, 443 F. Supp. 3d 1024, 1030 (D. Alaska 2020).

situation to cisgender boys, but only to biological girls. *Grimm*, 972 F.3d at 609–10. The Fourth Circuit opined that embedded in this argument is the bias that gender identity is a choice, and that adopting this framing of the issue would give in to stereotyping. *Id.* at 610.

The relevant comparison here is to persons who seek the same, medically necessary surgeries for non-gender dysphoria related treatments. The West Virginia Medicaid Program provides, for example, medically necessary mastectomies for non-gender dysphoria related diagnoses. The only difference between this scenario and the Plaintiffs' circumstances is that Plaintiffs seek these surgeries to treat gender dysphoria—thus, a distinction hinging on their transgender identity. There are InterQual standards, which are evidence-based standards, that determine the medical necessity of a procedure—these standards exist for both gender dysphoria treatment surgeries and non-gender-affirming surgeries, providing objective basis for determining when such treatments will be covered. Additionally, the surgeries for both gender-affirming and non-gender-affirming reasons utilize the same CPT codes in documenting and billing. The only difference, which results in the preclusion of coverage for Plaintiffs, is that their diagnosis is for gender dysphoria, arising from their identity as transgender.

Lastly, the Court disagrees with Defendants' assertion that, because West Virginia Medicaid provides coverage for some treatments of gender dysphoria, excluding coverage for surgical treatments for gender dysphoria is not discriminatory, as only a subset of transgender individuals will seek this treatment. Defendant relies on *Toomey v. Arizona*, a report and recommendation that found that a policy exclusion which “discriminates against some natal females but not all...is not, on its face, discrimination on the basis of sex.” No. CV-19-0035-TUC-RM, 2020 WL 8459367, *4 (D. Ariz. Nov. 30, 2020).⁶ This is an out-of-district case and is non-

⁶ The Court notes that this report and recommendation was denied in part by the District Court. *Toomey v. Arizona*, 19-cv-00035, 2021 WL 753721 (D. Ariz. Feb 26, 2021).

binding on this Court. The District Judge in this matter did not discuss the magistrate's report and recommendation regarding this analysis in detail, but rather, found that 1) plaintiffs had not met the heightened standard for such relief and 2) the preliminary injunctive relief sought by plaintiffs was the same as the ultimate relief sought in the case, and without a showing of extraordinary circumstances, such relief could not be granted at the preliminary injunction phase. *Toomey v. Arizona*, 19-cv-00035, 2021 WL 753721 *5-*6 (D. Ariz. Feb 26, 2021). The report was adopted only to the extent that it recommended denying the Motion for Preliminary Injunction on the grounds that Plaintiff had not met the heightened standard. *Id.* at *6. The rest of the report was rejected by the District Court. *Id.* Thus, this report and recommendation is not persuasive to this Court's analysis.

Further, the Supreme Court has made clear that it "does [not] matter if an employer discriminates against only a subset of men or women." *Bostock*, 140 S. Ct. at 1775; *see also Phillips v. Martin Marietta Corp.*, 400 U.S. 542, 544 (1971) (finding that, even though only some women will become pregnant or have children, the refusal to hire women with preschool-aged children was facial sex discrimination). The exclusion here denies surgical care to all transgender people who may seek surgery to treat gender dysphoria—that subset of transgender people is equally protected against discrimination. Further, the narrow question addressed by this Court is the exclusion of surgical care. Simply because the West Virginia Medicaid Program does not discriminate in all aspects does not permit it to discriminate narrowly against transgender surgical care.

c. The exclusion discriminates on its face

Generally, a plaintiff must show that a policy based on sex or transgender status had discriminatory intent. But such a showing is unnecessary when the policy tends to discriminate on

its face. *Kadel*, 2022 WL 2106270, at *18 (citing *Shaw v. Reno*, 509 U.S. 630, 642 (1993)). The Court looks to the language of the policy to determine whether it is facially neutral or whether it explicitly references gendered or sex-related terms. See *Washington v. Seattle Sch. Dist. No. 1*, 458 U.S. 457, 485 (1982).

In *Grimm*, the Fourth Circuit found that a bathroom policy that required students to use bathrooms according to their “biological genders” discriminated on the basis of sex. *Grimm*, 972 F.3d at 608–10. The court reasoned that the policy “necessarily rests on a sex classification” and “cannot be stated without referencing sex.” *Id.* at 608. Further, the court found that the bathroom policy propagated sex stereotyping, as the transgender plaintiff was viewed as “failing to conform” to sex stereotypes. *Id.* The *Grimm* court also found that the policy further discriminated on the plaintiff’s status as a transgender boy, noting that “[m]any courts...have held that various forms of discrimination against transgender people constitute sex-based discrimination for purposes of the Equal Protection Clause because such policies punish transgender persons for gender non-conformity, thereby relying on sex stereotypes.” *Id.*

Looking to the language of the exclusion, it is clear that the exclusion discriminates on its face. The exclusion denies coverage for “transsexual surgery.” This language refers explicitly to sex—one seeking a “transsexual surgery” seeks to change from their sex assigned at birth to the sex that more accurately reflects their gender identify. Only individuals who identify as transgender would seek “transsexual surgery,” and as the Supreme Court reasoned in *Bostock v. Clayton County, Georgia*, one cannot consider the term “transgender” without considering sex. *Bostock*, 140 S. Ct. at 1746 (“[T]ry writing out instructions for who should check the [transgender] box [on a job application] without using the words man, woman, or sex (or some synonym). It can’t be done.”). Following this reasoning, the Court finds that the exclusion references sex on its

face. *See Kadel*, 2022 WL 2106270, at *19 (finding that the health plan’s exclusions for sex changes or modifications and related care facially discriminate); *see also Fletcher v. Alaska*, 443 F. Supp. 3d 1024, 1030 (D. Alaska 2020) (“In sum, defendant’s policy of excluding coverage for medically necessary surgery such as vaginoplasty and mammoplasty for employees, such a[s] plaintiff, whose natal sex is male while providing coverage for such medically necessary surgery for employees whose natal sex is female is discriminatory on its face and is direct evidence of sex discrimination.”).

Defendants point to *Geduldig v. Aiello* to support their argument that the exclusion is facially neutral. 417 U.S. 484 (1974). In *Geduldig*, the Court found that a disability insurance program which exempted from coverage any work loss resulting from pregnancy did not discriminate based on sex. *Id.* at 494. The Court reasoned that pregnancy was a physical condition divorced from gender, and while only women can get pregnant, the group of members who were not pregnant included both men and women. *Id.* at 496. Here, the nonsuspect class—those not seeking surgical treatment for gender dysphoria—are treated more favorably, as their materially same surgeries are covered. This is unlike *Geduldig*, where men were not treated more favorably under the challenged policy. And, as the *Kadel* court found, the exclusion precludes a specific treatment that is connected to a person’s sex and gender identity—not just a single “objectively identifiable physical condition with unique characteristics.” *Kadel*, 2022 WL 2106270, at *21.

Thus, it is the opinion of the Court that the exclusion at issue here facially discriminates on the basis of sex and transgender status. Thus, there is no need for Plaintiffs to show discriminatory intent or purpose.

d. Heightened Scrutiny Analysis

Finding that the exclusion does discriminate on the basis of sex and transgender status, the

Court must determine whether the exclusion survives heightened scrutiny. It does not.

Classifications based on sex and transgender status “fail[] unless [they are] substantially related to a sufficiently important governmental interest.” *Grimm*, 972 F.3d at 608 (citing *Cleburne*, 473 U.S. at 441). The governmental interests that Defendants put forward to support the exclusion are unsupported by the evidence in the record.

1. Cost

Defendants assert cost considerations as a reason to justify the exclusion. However, as previously discussed, Defendant has not supported with any evidence in the record its concern about the costs of providing coverage for surgical treatments of gender dysphoria. In fact, Defendant stipulated to having not considered any documents, let alone any documents considering costs, in adopting this exclusion. *See* ECF No. 258. Further, all the evidence in the record point to the long-term cost-efficiency of providing this coverage, contradicting Defendants’ assertion. Thus, cost considerations have not been established as an important governmental purpose that justifies the discrimination.

2. Consistency with CMS policy

Next, Defendants claim that providing coverage consistent with what is required by the Centers for Medicare and Medicaid Services (CMS) is an important governmental purpose for the exclusion. CMS oversees Medicaid by maintaining the Medicaid regulations and approving state plans and state plan amendments. *See Sarah Young Dep.*, ECF No 252-1, at 42–43. The Medicaid Program bases “all of [its] policies and procedures within the confines of the federal regulation, the state code, state laws, and [it] ensure[s] that the covered services are available to members.” *Id.* at 20. CMS communicates with the Medicaid Program to dictate changes to the program or clarify a policy. *Id.* at 21. Further, CMS generally has an active role in reviewing and approving

of changes to Medicaid coverage. *Id.* at 17. CMS neither mandates nor prohibits coverage for the surgical care of gender dysphoria—this decision is left up to the individual states. *See id.* at 42.

Defendants assert that Secretary Crouch and Commissioner Beane have relied on guidance from CMS and the Department of Human Health Services (HHS) to determine required coverages. Since surgical treatment of gender dysphoria is not a mandated coverage dictated by CMS, Defendants assert that excluding this coverage is simply following CMS guidance and is an important governmental interest. Further, Defendants note that CMS has never notified the West Virginia Medicaid program that excluding this coverage is in violation of any law, thus, they argue, the Exclusion is not unlawful. *Id.* at 37.

Importantly, the lack of a mandate by CMS does not permit Defendants to ignore their obligations under the Constitution. CMS's lack of guidance on the matter does not give a green light for the states to enact discriminatory policies. Defendants' purported governmental interest in providing coverage consistent with what is required by CMS rings hollow in light of the fact that the West Virginia Medicaid Program covers other services which would be characterized as optional by CMS. *Tr. of Proceedings*, ECF No. 269, at 45.

Defendants also point to a 2016 study by HHS, discussed by Dr. Stephen Levine, where HHS refused to mandate coverage for transgender surgeries, leaving such decisions up to the individual states due to the lack of evidence regarding the long-term benefits of such surgeries. *Dr. Stephen Levine's Expert Report*, ECF No. 252-11, at 14. But this assertion regarding the long-term benefits is inconsistent with the body of literature on this topic. As Dr. Karasic points out in his rebuttal report, gender confirming surgery "has been studied extensively, with much evidence of the effectiveness of such treatment." *Dr. Karasic's Rebuttal Report*, ECF No. 250-21, at 16; *see also id.* at 14 (citing to a Cornell University study which found a "robust international consensus

in the peer-reviewed literature that gender transition, including medical treatments such as hormone therapy and surgeries, improves the overall well-being of transgender individuals.).⁷ Further, the underlying HHS study to which Dr. Levine references followed the agency's decision to eliminate a categorical ban on gender-affirming surgery, like the ban found in the West Virginia Medicaid Program. *See Dr. Loren Schechter's Rebuttal Report*, ECF No. 250-24, at 5.

Thus, the Court does not find that the adherence to the required services as mandated by CMS to be a sincere or compelling governmental interest.

3. *Question of medical necessity*

Lastly, Defendants question the medical necessity of the surgical treatment of gender dysphoria. This assertion is without support in the record. Dr. Schechter directly addresses the medical necessity of surgical care to treat gender dysphoria. *See Dr. Schechter's Expert Report*, ECF No 250-23, at 12–13; *see Dr. Schechter's Rebuttal Report*, ECF No. 250-24, at 13. As Dr. Schechter points out, these procedures are “clinically indicated to treat the underlying medical condition of gender dysphoria.” *Dr. Schechter's Expert Report*, ECF No. 250-23, at 13. Dr. Schechter discusses that the “prevailing consensus of the medical community recognizes “that procedures used to treat gender dysphoria are reconstructive, not experimental, and are medically necessary.” *see Dr. Schechter's Rebuttal Report*, ECF No. 250-24, at 13. The techniques used to perform these surgeries are well-established and used to perform many different surgeries, not just gender confirming surgeries. *Id.* Gender confirming surgeries have been performed “for decades” and have demonstrated benefits. *Id.*

There are Standards of Care promulgated by the World Professional Association of

⁷ Dr. Karasic also points out the potential bias in Dr. Levine's testimony, as recognized by the Judge Jon Tigar in the Northern District of California. *See Norsworthy v. Beard*, 87 F. Supp. 3d 1164, 1188 (N.D. Cal. 2015) (where the court gave Dr. Levine's opinion very little weight due to his misrepresentations of the Standards of Care and illogical inferences).

Transgender Health (WPATH) that provide clinical criteria for the medical interventions to treat gender dysphoria. *Dr. Karasic's Expert Report*, ECF No. 250-20, at 8. These Standards of Care are recognized by a number of leading medical professional entities, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, the Endocrine Society, the Pediatric Endocrine Society, the American College of Obstetrics and Gynecology, the American College of Physicians, and the World Medical Association, among others. *Id.* Similarly, the Endocrine Society has published a clinical practice guideline providing protocols for the medically necessary treatment of gender dysphoria. Further, many of the major medical organizations have opposed the blanket denial of this medically necessary care. *Id.* at 10. The medical treatments for gender dysphoria have been studied extensively, and have been shown to improve “quality of life and measures of mental health” for patients. *Id.* at 11–12 (citing to the Cornell University study that supported gender affirming “hormone and surgical treatment improved the well-being of transgender individuals”).

Further, InterQual has developed clinical standards of care to determine the medical necessity of surgical treatment for gender dysphoria. For example, the InterQual standards created for vaginoplasty for gender affirmation surgery note that “[d]elaying treatment for those with gender dysphoria is not a reasonable treatment option.” *InterQual Composite*, ECF No. 250-30, at 36. These standards note that this procedure can be performed for medically necessary purposes and that the criteria found therein is intended to determine the medical appropriateness of the procedure. *Id.* at 38. The InterQual standards for the surgical care of gender dysphoria would be utilized by West Virginia Medicaid Program’s Kepro system if the exclusion at issue here did not prohibit coverage of this treatment.

The argument that surgical treatment of gender dysphoria is not medically necessary is

wholly unsupported by the record, and importantly, is refuted by the majority of the medical community. Thus, the Court finds that concern for the medical necessity of this treatment is not a sufficiently important governmental interest.

e. The exclusion does not survive heightened scrutiny, thus, violating Equal Protection

The Court has discussed Defendants' purported governmental interests that are upheld by the exclusion. None survive heightened scrutiny. Without a sufficiently important governmental interest, this exclusion must fail. Thus, the Court finds that the exclusion violates the Equal Protection Clause of the Fourteenth Amendment.

2. Violation of the Affordable Care Act

The Affordable Care Act (ACA) "aims to increase the number of Americans covered by health insurance" through the creation of "a comprehensive national plan to provide universal health insurance coverage." *Nat'l Fed'n of Indep. Bus. v. Sebelius*, 567 U.S. 519, 538, 583 (2012). An important component of the ACA is the anti-discrimination mandate in section 1557. *Whitman-Walker Clinic, Inc. v. U.S. Dep't of Health & Human Servs.*, 485 F. Sup. 3d 1, 11 (D.D.C. 2020). This section provides that "[e]xcept as otherwise provided... an individual shall not, on the ground prohibited under title VI of the Civil Rights Act...[and] title IX...be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance...". 42 U.S.C. § 18116. Because the ACA explicitly incorporates Title VI and Title IX, and the Fourth circuit looks to Title VII to guide the evaluation of claims under Title IX, the test announced in *Bostock* is the appropriate test to determine whether a policy discriminates in violation of the ACA. *Kadel*, 2022 WL 2106270, at *29.

To prevail on a section 1557 claim, a plaintiff must show that:

1. Defendant is a health program or activity that receives federal funds, and
2. Plaintiff was subjected to discrimination in healthcare services on the basis of sex.

See id.

BMS has already admitted that it is a “health program or activity” for purposes of Section 1557 analysis. *See Defs.’ Answer to Am. Compl.*, ECF No 151, ¶ 15 (“These Defendants further admit that West Virginia Medicaid is jointly funded by the State of West Virginia and the federal government. These Defendants admit that BMS is a recipient of federal funds from the U.S. Department of Health and Human Services, including Medicaid funding.”). Thus, the first element of the 1557 claim is met.

Pursuant to the Equal Protection analysis above, this Court has found that Plaintiffs were subjected to discrimination in healthcare services on the basis of sex. The exclusion precludes individuals who are seeking surgical treatment of gender dysphoria from coverage. As already noted by this Court, a transgender identity is inherent in an individual who suffers from gender dysphoria. Transgender status, and thus, this exclusion, cannot be understood without a reference to sex. *See Bostock*, 140 S. Ct. at 1746. Plaintiffs are subjected to discrimination on the basis of sex.

Defendants make the argument that, historically, the term “sex” has referred to the binary sexes of male and female. Gender identity, Defendants assert, is something entirely distinct from the sexes, and thus, for the purposes of the ACA, Defendants cannot be guilty of discrimination because transgender status does not implicate this binary categorization—*Bostock* rejects this limitation on the scope of discrimination.

Defendants also to *Hennessy-Waller v. Snyder* out of the District of Arizona to support their position. 529 F. Supp. 3d 1031 (D. Ariz. 2021). At the outset, the *Hennessy-Waller* court was deciding a motion for preliminary injunction, which requires a different standard than this Court deciding motions for summary judgment. In that case, the plaintiffs were transgender minors enrolled in the state Medicaid who were diagnosed with gender dysphoria. The Medicaid program covered other treatments for gender dysphoria but excluded coverage for gender reassignment surgeries. With respect to the plaintiffs' ACA claim, the court reasoned that the exclusion only precluded coverage for surgical treatment; other treatment was covered, so plaintiffs could not show that there was discrimination. *Id.* at 1045. Further, the District of Arizona also questioned the safety of these procedures for adolescents. *Id.* Defendants here made similar arguments. But as already discussed, this Court fundamentally disagrees with these positions. First, Defendants are not permitted to discriminate on one aspect of healthcare just because they do not discriminate across the board for all treatments. The issue here is narrow regarding the discrimination with respect to surgical care, and this Court found that the exclusion does discriminate. Second, the safety, effectiveness, and medical necessity have been clearly demonstrated by the expert evidence in the record and is confirmed by the many major health organizations supporting the safety and effectiveness of this treatment. The *Hennessy-Waller* court did not have the robust medical evidence in the record that this Court has before it; this case is unpersuasive here.

Thus, because this Court finds that Defendants are a "health program or activity" under the ACA, and that Plaintiffs have been subjected to discrimination on the basis of sex, Defendants have violated ACA section 1557.

3. Violation of Medicaid

Plaintiffs assert that the Exclusion violates the Availability and Comparability requirements of the Medicaid Act, because coverage for medically necessary treatments for gender dysphoria are excluded from coverage while the same treatments are covered for other medically necessary reasons.

The Medicaid Program is established in Title XIX of the Social Securities Act. 42 U.S.C. §§ 1396 *et seq.* The purpose of this act is to enable “each State, as far as practicable under the conditions in such state, to furnish... medical assistance [to individuals] whose income and resources are insufficient to meet the costs of necessary medical services.” *Id.* § 1396-1. Participation in Medicaid is optional—however, once a state elects to participate in the Medicaid program, it is subject to federal laws and regulations. *See Antrican v. Odom*, 290 F.3d 178, 183 n.2 (4th Cir. 2002); *Flack v. Wisconsin Dep’t of Health and Servs.*, 395 F. Supp. 3d 1001, 1015 (W.D. Wisc. 2019) (noting that a state Medicaid Program “must comply with all federal statutory and regulatory requirements”).

Plaintiffs allege violations of both Medicaid’s Availability and Comparability requirements. The Court will address each.

a. Violation of Medicaid’s availability requirement

A state Medicaid Program “must... provide... for making medical assistance available, including at least the care and services listed in paragraphs (1) through (5), (17), (21), (28), (29), and (30) of section 1905(a).” 42 U.S.C. § 1396a(a)(10)(A). A state must provide coverage for mandatory categories of treatment and must cover services when they (1) fall within a category of mandatory medical services or optional medical services that the state has elected to provide; and (2) are “medically necessary” for a particular participant. *See Beal v. Doe*, 432 U.S. 438 (1977). The state “may place appropriate limits on a service based on such criteria as medical necessity or

on utilization control procedures.” 42 C.F.R. § 440.230. “These limits must be ‘reasonable’ and ‘consistent with the objectives of the [Medicaid] Act.” *Flack*, 395 F. Supp. 3d at 1015 (quoting *Rush v. Parham*, 625 F.2d 1150, 1155 (5th Cir. 1980)).

Plaintiffs here assert that BMS has either mandated or chosen to cover the same surgical procedures for non-gender-dysphoria related treatment and that the unrebutted evidence in the record demonstrates the medical necessity of surgical care. This Court agrees. The surgical care precluded by the exclusion is made available and covered by Medicaid when the surgical care is to treat diagnoses other than gender dysphoria. Indeed, the same CPT codes are used to document the surgeries, whether performed for gender dysphoria treatment or for treatment of another diagnosis. And, there is ample evidence in the record to support the medical necessity of the treatments. *See Alvarez v. Betlach*, 572 F. App’x 519, 521 (9th Cir. 2014) (discussing that states are prohibited “from denying coverage of ‘medically necessary’ services that fall under a category covered in their Medicaid plans.” (quoting *Beal v. Doe*, 432 U.S. 438, 444 (1977)); *see Bontrager v. Ind. Fam. Soc. Servs. Admin.*, 697 F.3d 604, 608 (7th Cir. 2012) (“[T]he State is required to provide Medicaid coverage for medically necessary in those service areas that the State opts to provide such coverage.”); *see Beal*, 432 U.S. at 444 (“[S]erious statutory questions might be presented if a state Medicaid plan excluded necessary medical treatment from its coverage...”).

Defendants point to *Casillas v. Daines* to support the contention that regulations permit a Medicaid Program to place limits on services, even when those services are required to be covered. 580 F. Supp. 2d 235, 245–46 (S.D.N.Y. 2008). Notably, *Casillas* is nonbinding on this Court, and was not even followed within the Southern District of New York. *See Cruz v. Zucker*, 116 F. Supp. 3d 334 (S.D.N.Y. 2015). And, while states are granted “discretion to choose the proper mix of amount, scope, and duration limitations on coverage,” such choices must ensure that the “care and

services are provided in ‘the best interests of the recipients.’” *Alexander v. Choate*, 469 U.S. 287, 303 (1985) (quoting 42 U.S.C. § 1396a(a)(19)). The limitations must also be consistent with the Medicaid Act. *Id.* at 303 n.23. When a state Medicaid Program does choose to limit services, it cannot limit a service it has elected to cover based on diagnosis—this Court finds that such a limitation would not be “appropriate.” *See e.g. Bontrager*, 697 F.3d at 609 (finding that a budgetary cap on coverage for medically necessary procedures was not a proper utilization control procedure). The exclusion violates the availability requirement.

b. Violation of Medicaid’s comparability requirement

The State Medicaid Program provides coverage for both the “categorically needy” and “medically needy” participants. “Categorically needy” individuals receive some form of public assistance, *see* 42 U.S.C. § 1396a(a)(10)(A), while “medically needy” individuals are those “whose incomes are too large to qualify as categorically needy,” yet “lack the funds to pay for medical expenses.” *Benjamin H. v. Ohl*, No. Civ. A. 3:99-0338, 1999 WL 34783552, *3 (S.D.W. Va. July 15, 1999) (citing *Schweiker v. Gray Panthers*, 453 U.S. 34, 37 (1981)).

The Medicaid statute provides that:

- The medical assistance made available to...any individual described in subparagraph (A)—
- (i) Shall not be less in amount, duration, or scope than the medical assistance made available to any other such individual and
 - (ii) Shall not be less in amount, duration, or scope than the medical assistance made available to individuals not described in subparagraph (A);

42 U.S.C. § 1396a(a)(10)(B). Further, the regulations promulgated pursuant to the Medicaid Act provide that:

- (a) The plan must provide that the services available to any categorically needy recipient under the plan are not less in amount, duration, and scope than those services available to a medically needy recipient; and
- (b) The plan must provide that the services available to any

individual in the following groups are equal in amount, duration, and scope for all recipients within the group:

- a. The categorically needy
- b. A covered medically needy group

42 C.F.R. § 440.240. The regulations also provide that “[t]he agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.” 42 U.S.C. § 440.230.

Plaintiffs assert that Defendants violate the comparability requirement of the Medicaid Act by providing particular services to some Medicaid participants but not others based solely on diagnosis. This Court has found that the surgeries, such as mastectomies, which are covered to treat non-gender dysphoria diagnoses are materially the same as the surgeries provided to treat gender dysphoria. Thus, the difference in treatment clearly violates the comparability requirement, which requires that all persons within a specific category be treated equally. *See White v. Beal*, 555 F.2d 1146, 1151 (3d Cir. 1977) (“We find nothing in the federal statute that permits discrimination based upon etiology rather than need for the services.”).

Defendants rely on *Rodriguez v. City of New York* to support their argument that, since surgical treatment for gender dysphoria is not covered for any Medicaid participant, there is no violation of the comparability requirement. 197 F.3d 611 (2d Cir. 1999). But their reliance on *Rodriguez* is misplaced. In *Rodriguez*, plaintiffs challenged the failure of New York City to provide personal-care services to Medicaid recipients. A key distinction in *Rodriguez* is that the benefit sought by Plaintiffs was provided to no one. *Id.* at 616. Here, the surgeries sought by Plaintiffs are materially the same to covered procedures that treat other diagnoses. The exclusion essentially denies services to some categorically needy persons while the same services are provided for other persons with similar needs. *See Davis v. Shah*, 821 F.3d 231, 258 (2d Cir. 2016) (discussing that an analysis under the comparability requirement must “entail some independent

judicial assessment of whether a state has made its services available to all categorically needy individuals with equivalent medical needs”).

The exclusion “fails to make covered treatments available in sufficient amount, duration and scope” and discriminates on the basis of diagnosis. *Flack*, 395 F. Supp. 3d at 1019 (internal quotation omitted). Thus, it violates the comparability requirement of the Medicaid Act.

4. Standing

Lastly, Defendants argue that Plaintiffs lack the standing to bring this case because neither has suffered an injury in fact. To establish standing, “a plaintiff must show (1) it has suffered an ‘injury in fact’ that is (a) concrete and particularized and (b) actual or imminent, not conjectural or hypothetical; (2) the injury is fairly traceable to the challenged action of the defendant; and (3) is likely, as opposed to merely speculative, that the injury will be redressed by a favorable decision.” *South Carolina v. United States*, 912 F.3d 720, 726 (4th Cir. 2019) (quoting *Friends of the Earth, Inc. v. Laidlaw Envtl. Servs. (TOC), Inc.*, 528 U.S. 167, 180–81 (2000)). Defendants argue that, because Plaintiffs have not submitted a claim for and been denied gender-affirming care by Medicaid, they cannot show injury in fact, and thus, lack standing.

However, Defendants enacted a clear policy excluding coverage for surgical care of gender dysphoria with no exceptions. This caused an actual, concrete injury to Plaintiffs by essentially constructing a discriminatory barrier between them and health insurance coverage. This is not a hypothetical injury. Plaintiffs requesting coverage would have been futile due to the exceptionless exclusion, and the law does not require Plaintiffs to take such futile acts. *Townes v. Jarvis*, 577 F.3d 543, 547 n.1 (4th Cir. 2009). “In the context of applications for government benefits... [the] threshold requirement... may be excused... where a plaintiff makes a substantial showing that the application for the benefit... would have been futile.” *Safari Club Int’l v. Jewell*, 842 F.3d 1280,

1286 (D.C. Cir. 2016) (internal quotations omitted). Defendants' policy was clear—a request for coverage would have been denied under the exclusion. Thus, Plaintiffs have standing.

CONCLUSION

The West Virginia Medicaid Program exclusion denying coverage for the surgical care for gender dysphoria invidiously discriminates on the basis of sex and transgender status. Such exclusion violates the Equal Protection clause of the Fourteenth Amendment, the Affordable Care Act, and the Medicaid Act. Defendants are enjoined from enforcing or applying the exclusion.

Thus, the Court **GRANTS** Plaintiffs' Motion for Summary Judgment (ECF No. 250) and **DENIES** Defendants' Motion for Summary Judgment (ECF No. 252).

The Court also **DENIES as MOOT** the Motion to Exclude Expert Testimony of Stephen B. Levine, M.D. ECF No. 254. Resolving the Motion for Summary Judgment in favor of Plaintiffs moots this Motion.

The Court **DIRECTS** the Clerk to send a copy of this Memorandum Opinion and Order to counsel of record and any unrepresented parties.

ENTER: August 2, 2022



ROBERT C. CHAMBERS
UNITED STATES DISTRICT JUDGE

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, November 09, 2022 11:55 AM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CAGC Psychologist

Hi Steve and [REDACTED]

I wanted to let you know that I have sent a note out to [REDACTED] assuring him that while things are moving glacially, he should be hearing from us soon.

Thank you,

[REDACTED] LMFT
Service Line Director Behavioral Health
[REDACTED]@ucsf.edu
C: [REDACTED]

Administrative Assistant
[REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 4:28 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: CAGC Psychologist
Importance: High

Hi [REDACTED]

I received an email from [REDACTED] over the weekend. He is concerned that he has heard nothing in follow-up on his status. He was told he would be on-boarded in November, and he now realizes that is unlikely, given the current date.

Can I ask you to please send [REDACTED] an email so he at least knows about the MOU and when he is likely to be able to start, and please cc me and [REDACTED]? I'm honestly quite concerned that we may lose the opportunity to hire him if there is no current communication with him as to his status.

Thanks for your understanding,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 3:23 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]

<[REDACTED]@ucsf.edu>

Subject: Re: CAGC Psychologist

Thanks so much, [REDACTED]. In addition to Steve's question, I was wondering about the timeline for the MOU.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 13, 2022 2:53 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist

Thanks, [REDACTED]. Do you have an approximate idea as to when [REDACTED] will be able to start?

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 2:50 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CAGC Psychologist

Hi Steve and [REDACTED]

We have been working to get this to completion. There was so confusion between the FPO and DPBS on how to direct the funding. There is an MOU that is going to be excuted and then the offer should be sent out.

I am so sorry for all the delays.

[REDACTED], LMFT
Service Line Director Behavioral Health
[REDACTED]@ucsf.edu
C: [REDACTED]

Administrative Assistant
[REDACTED]
[REDACTED]@ucsf.edu


UCSF Benioff Children's Hospitals

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Sunday, October 2, 2022 6:35 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@questfamilies.com>

Subject: CAGC Psychologist

Importance: High

Dear [REDACTED] and [REDACTED],

[REDACTED] cc'd here, let me know that she has tried multiple times to contact you for an update on the status of [REDACTED] PhD, as the leading candidate for the CAGC Psychologist position. Dr. [REDACTED] checked in with Dr. [REDACTED] today and he noted that after many interviews quite a while ago he hasn't heard anything about next steps from UCSF. Quite some time ago, we were told that he would be onboarded by the beginning of November. As that's now less than a month away, we would be grateful if you could please reply to this email and let us know where things stand with Dr. [REDACTED]. As you know, we are in urgent need of onboarding a psychologist for the CAGC.

Thanks and best wishes,

Steve

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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 09, 2022 12:04 PM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist

Thanks, [REDACTED]. Much appreciated!

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Sent: Wednesday, November 9, 2022 11:55 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CAGC Psychologist

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Thank you,

[REDACTED] LMFT
Service Line Director Behavioral Health
[REDACTED]@ucsf.edu
C: [REDACTED]

Administrative Assistant
[REDACTED]
[REDACTED]@ucsf.edu



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Sent: Wednesday, October 26, 2022 4:28 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: CAGC Psychologist
Importance: High

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Can I ask you to please send [REDACTED] an email so he at least knows about the MOU and when he is likely to be able to start, and please cc me and [REDACTED]? I'm honestly quite concerned that we may lose the opportunity to hire him if there is no current communication with him as to his status.

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 3:23 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist

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[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
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San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 13, 2022 2:53 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 2:50 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CAGC Psychologist

Hi Steve and [REDACTED]

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I am so sorry for all the delays.

■■■■■, LMFT
Service Line Director Behavioral Health
■■■■■@ucsf.edu
C: ■■■■■

Administrative Assistant
■■■■■
■■■■■@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Sunday, October 2, 2022 6:35 PM
To: ■■■■■, ■■■■■ <■■■■■@ucsf.edu>; ■■■■■, ■■■■■ <■■■■■@ucsf.edu>
Cc: ■■■■■, ■■■■■ <■■■■■@ucsf.edu>; ■■■■■@questfamilies.com>
Subject: CAGC Psychologist
Importance: High

Dear ■■■■■ and ■■■■■,

■■■■■, cc'd here, let me know that she has tried multiple times to contact you for an update on the status of ■■■■■, as the leading candidate for the CAGC Psychologist position. Dr. ■■■■■ checked in with Dr. ■■■■■ today and he noted that after many interviews quite a while ago he hasn't heard anything about next steps from UCSF. Quite some time ago, we were told that he would be onboarded by the beginning of November. As that's now less than a month away, we would be grateful if you could please reply to this email and let us know where things stand with Dr. ■■■■■. As you know, we are in urgent need of onboarding a psychologist for the CAGC.

Thanks and best wishes,

Steve

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen
Sent: Wednesday, November 09, 2022 12:18 PM PST
To: [REDACTED], [REDACTED] (DPH) <[REDACTED]@sfdph.org>
CC: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: SFDPH-CAGC grant

Hi [REDACTED],

It was great to meet by zoom with you and [REDACTED] on Monday. I wanted to follow-up with you regarding the possibility of continuing the grant in a limited form through the end of the current funding period (June, 2023) by continuing to do the capacity building work. I have initiated a conversation with [REDACTED] and Dr. [REDACTED] to determine who we might identify that could do this work on a contract basis through Pediatric Endocrinology at UCSF.

You mentioned that you would be checking in with [REDACTED] about this possibility. Please let us know as soon as you can if this is of interest, and we will work to figure things out on our end, as Community Outreach continues to be a high priority for the CAGC.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 09, 2022 12:20 PM PST
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

[REDACTED] and [REDACTED],

Please let me know if you would like to set up a zoom to discuss the email I sent last night. Sometime on Friday would work best for me.

Please let me know your thoughts.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen
Sent: Tuesday, November 8, 2022 9:41 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: SF DPH Grant

Hi [REDACTED] and [REDACTED],

I want to follow-up after our ([REDACTED] and my) zoom yesterday with [REDACTED] at DPH. During that conversation, we discussed the possibility of continuing the contract with DPH through the end of the contract period (6/30/23) on a limited basis where we have someone work on the trainings/capacity building component on a contractor basis—e.g. a short-term hire through Pediatric Endocrinology.

[REDACTED] during yesterday's zoom, you expressed potential interest in what was described above, mentioning that you still needed to do some work. Can you clarify if this is something that is of interest to you, and if so what % effort or hours/week—e.g. 4-6 hours/week? We could designate you as a "Consultant" and figure out the hourly rate. Alternatively (or, perhaps, in addition), are you aware of anyone else who might also be interested in working as a consultant in the capacity building domain for a 6-7 month period?

Before I get [REDACTED] involved in the process of bringing you and or someone else on as an independent contractor, please let me know if you are interested, and if so, how many hours/week.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

Obtained via CPRA by Judicial Watch, Inc.

Obtained via CPRA by Judicial Watch, Inc.

UCSF-DCNF-01571

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, November 09, 2022 12:29 PM PST
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
CC: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: FW: Major backlog for CAGC new patient referrals

Dear [REDACTED] and [REDACTED]:

I hope that you are well!

I am writing on behalf of our child and adolescent gender team with concern about the long delay in completing the hiring process for our preferred psychologist applicant. Would it be possible to please provide a status update – we are worried we may lose that candidate given the duration of the hiring process. Given the current dire situation of high need for mental health support for our patients, we are hoping to hear an update soon

Kind regards,

[REDACTED]

[REDACTED] MD, MHSc
Pronouns: she/her/hers
Selma L. Kaplan Chair Distinguished Professorship in Pediatric Endocrinology/Diabetes
Professor of Pediatrics
Chief, Division of Pediatric Endocrinology and Diabetes
University of California, San Francisco
Department of Pediatrics
Division of Pediatric Endocrinology
Mission Hall
550 16th St., 4th Floor, Box 0434
San Francisco, CA 94143
Tel: (415) 476-3310
Fax: (415) 476-5356
For FedEx deliveries, please use 94158
--

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Friday, November 4, 2022 at 5:07 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: Major backlog for CAGC new patient referrals

Steve,

Adding [REDACTED] who I'm hoping can provide an update related to the CAGC psychologist hire.

Thanks,

[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 04, 2022 5:03 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Major backlog for CAGC new patient referrals

Hi [REDACTED],

It's my understanding that capacity is currently maxed out for medical providers in the CAGC (including Adolescent Medicine, but I'll defer to [REDACTED], cc'd here, who can speak for himself as well as the other 2 Adolescent Med providers-- [REDACTED] and [REDACTED]).

Rather than set up a zoom meeting now, I think the best solution, now that I see from [REDACTED] that the new CAGC APP has been approved, would be to get that position posted and filled as soon as possible. If that person's primary clinical focus is seeing new CAGC patients, that will make a major difference.

However, of course, the limiting capacity will then be mental health support—which we require for all new CAGC patients. The recent addition of two Child and Adolescent Psychiatrists has certainly helped, but we have yet to have the new CAGC psychologist position filled (vacant now for 13 months!). I believe you are aware of the long delays in completing the hiring process for our preferred psychologist applicant. We were told that person would be on-boarded in November, but we have gotten no response to our requests for a status update from Behavioral Health, and I fear we may lose that candidate. It might be helpful if you are able to intervene.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 4, 2022 4:44 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Major backlog for CAGC new patient referrals

Hi Steve- I agree we have reached a point where the need far outpaces the access to care for gender diverse youth – hiring the new PNP, bring [REDACTED] on faculty in Sept, and sending an offer to [REDACTED] are part of the plan – in the interim [REDACTED] has switched to seeing more gender patients than general endo – and we have some new adolescent med folks who could perhaps ramp up their clinic time in the interim? Im not sure what else we can do with the faculty we currently have... i.e. who has the capacity to see more patients than they already are... happy to have a call to discuss- I'll ask [REDACTED] to set one up – who would you like to be on ?

From: [REDACTED] <[REDACTED]@ucsf.edu>
Date: Friday, November 4, 2022 at 4:38 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: Major backlog for CAGC new patient referrals

All,

The CAGC APP received FPO approval and is awaiting approval by the Labor Management Review committee before being pushed through to HR for posting. I will update the group as soon as it's posted, hopefully within the next week.

Thanks,

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Friday, November 04, 2022 4:35 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Major backlog for CAGC new patient referrals

Hi Steve,

Thank you for advocating for these patients! I included [REDACTED] in case he has additional updates on the new CAGC PNP hire. We continue to have patient demand for additional mental health and medical staffing. We should also be receiving additional nursing FTE when we add medical providers.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Friday, November 4, 2022 at 5:27 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Major backlog for CAGC new patient referrals

Hi [REDACTED],

I just had a meeting with clinic schedulers for the CAGC, including [REDACTED] from the Call Center (for Internal Referrals) and [REDACTED] from the Access Center (for External Referrals). I was shocked to learn that there are currently approximately 150 patients awaiting new CAGC appointments from the Access Center and an additional 80 patients awaiting new CAGC appointments from the Call Center = **230 patients currently waiting for a new patient CAGC appointment (!!!)** Some of our CAGC medical providers will be opening their CAGC templates for 2023, but this will only put a minor dent in addressing the need.

Can we set up a zoom to strategize?

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Wednesday, November 09, 2022 1:07 PM PST

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Fw: CAGC Psychologist

Hi [REDACTED],

Here's an email I received just a little while ago from [REDACTED] (and my response).

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Wednesday, November 9, 2022 12:04 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: CAGC Psychologist

Thanks, [REDACTED]. Much appreciated!

Sincerely,

Steve

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Wednesday, November 9, 2022 11:55 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: CAGC Psychologist

Hi Steve and [REDACTED],

I wanted to let you know that I have sent a note out to [REDACTED] assuring him that while things are moving glacially, he should be hearing from us soon.

Thank you,

■■■■■, LMFT
Service Line Director Behavioral Health
■■■■■@ucsf.edu
C: ■■■■■

Administrative Assistant
■■■■■
■■■■■@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 4:28 PM
To: ■■■■■, ■■■■■ <■■■■■@ucsf.edu>
Cc: ■■■■■, ■■■■■ <■■■■■@ucsf.edu>; ■■■■■, ■■■■■ <■■■■■@ucsf.edu>
Subject: Fw: CAGC Psychologist
Importance: High

Hi ■■■■■,

I received an email from ■■■■■ over the weekend. He is concerned that he has heard nothing in follow-up on his status. He was told he would be on-boarded in November, and he now realizes that is unlikely, given the current date.

Can I ask you to please send ■■■■■ an email so he at least knows about the MOU and when he is likely to be able to start, and please cc me and ■■■■■? I'm honestly quite concerned that we may lose the opportunity to hire him if there is no current communication with him as to his status.

Thanks for your understanding,

Steve

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From: ■■■■■, ■■■■■ <■■■■■@ucsf.edu>
Sent: Thursday, October 13, 2022 3:23 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ■■■■■, ■■■■■ <■■■■■@ucsf.edu>; ■■■■■, ■■■■■ <■■■■■@ucsf.edu>
Subject: Re: CAGC Psychologist

Thanks so much, ■■■■■. In addition to Steve's question, I was wondering about the timeline for the MOU.

■■■■■, Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
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e-mail: ■■■■■@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, October 13, 2022 2:53 PM
To: ■■■■■, ■■■■■ <■■■■■@ucsf.edu>; ■■■■■, ■■■■■ <■■■■■@ucsf.edu>
Cc: ■■■■■, ■■■■■ <■■■■■@ucsf.edu>
Subject: Re: CAGC Psychologist

Thanks, [REDACTED]. Do you have an approximate idea as to when [REDACTED] will be able to start?

Steve

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 2:50 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CAGC Psychologist

Hi Steve and [REDACTED]

We have been working to get this to completion. There was so confusion between the FPO and DPBS on how to direct the funding. There is an MOU that is going to be excuted and then the offer should be sent out.

I am so sorry for all the delays.

[REDACTED] LMFT
Service Line Director Behavioral Health
[REDACTED]@ucsf.edu
C: [REDACTED]

Administrative Assistant
[REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Sunday, October 2, 2022 6:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@questfamilies.com>
Subject: CAGC Psychologist
Importance: High

Dear [REDACTED] and [REDACTED],

[REDACTED] cc'd here, let me know that she has tried multiple times to contact you for an update on the status of [REDACTED], as the leading candidate for the CAGC Psychologist position. Dr. [REDACTED] checked in with Dr. [REDACTED] today and he noted that after many interviews quite a while ago he hasn't heard anything about next steps from UCSF. Quite some time ago, we were told that he would be onboarded by the beginning of November. As that's now less than a month away, we would be grateful if you could please reply to this email and let us know where things stand with Dr. [REDACTED]. As you know, we are in urgent need of onboarding a psychologist for the CAGC.

Thanks and best wishes,

Steve

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From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Wednesday, November 09, 2022 1:53 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: CAGC Psychologist

Great thanks.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Date: Wednesday, November 9, 2022 at 1:07 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: CAGC Psychologist

Hi [REDACTED],

Here's an email I received just a little while ago from [REDACTED] (and my response).

Thanks,

Steve

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:04 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist

Thanks, [REDACTED]. Much appreciated!

Sincerely,

Steve

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To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CAGC Psychologist

Hi Steve and [REDACTED]

I wanted to let you know that I have sent a note out to [REDACTED] assuring him that while things are moving glacially, he should be hearing from us soon.

Thank you,

[REDACTED], LMFT
Service Line Director Behavioral Health
[REDACTED]@ucsf.edu
C: [REDACTED]

Administrative Assistant
[REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 4:28 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: CAGC Psychologist
Importance: High

Hi [REDACTED]

I received an email from [REDACTED] over the weekend. He is concerned that he has heard nothing in follow-up on his status. He was told he would be on-boarded in November, and he now realizes that is unlikely, given the current date.

Can I ask you to please send [REDACTED] an email so he at least knows about the MOU and when he is likely to be able to start, and please cc me and [REDACTED]? I'm honestly quite concerned that we may lose the opportunity to hire him if there is no current communication with him as to his status.

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Sent: Thursday, October 13, 2022 3:23 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: CAGC Psychologist

Thanks so much, [REDACTED]. In addition to Steve's question, I was wondering about the timeline for the MOU.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
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Thanks, [REDACTED]. Do you have an approximate idea as to when [REDACTED] will be able to start?

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Sent: Thursday, October 13, 2022 2:50 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CAGC Psychologist

Hi Steve and [REDACTED]

We have been working to get this to completion. There was so confusion between the FPO and DPBS on how to direct the funding. There is an MOU that is going to be excuted and then the offer should be sent out.

I am so sorry for all the delays.

[REDACTED] LMFT
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[REDACTED]@ucsf.edu

C: [REDACTED]

Administrative Assistant

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[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Sunday, October 2, 2022 6:35 PM

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Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@questfamilies.com>

Subject: CAGC Psychologist

Importance: High

Dear [REDACTED] and [REDACTED],

[REDACTED] cc'd here, let me know that she has tried multiple times to contact you for an update on the status of [REDACTED] PhD, as the leading candidate for the CAGC Psychologist position. Dr. [REDACTED] checked in with Dr. [REDACTED] today and he noted that after many interviews quite a while ago he hasn't heard anything about next steps from UCSF. Quite some time ago, we were told that he would be onboarded by the beginning of November. As that's now less than a month away, we would be grateful if you could please reply to this email and let us know where things stand with Dr. [REDACTED]. As you know, we are in urgent need of onboarding a psychologist for the CAGC.

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Sent: Wednesday, November 09, 2022 3:13 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED]@ucsf.edu
Subject: Re: CAGC Psychologist

Thank you so much, and looking forward to a glacial melt. We have a long, long waitlist and a missing psychology position for over a year now.

Best,

[REDACTED]

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
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Subject: Re: CAGC Psychologist

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Subject: Re: CAGC Psychologist

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, October 13, 2022 2:50 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: CAGC Psychologist

Hi Steve and [REDACTED]

We have been working to get this to completion. There was so confusion between the FPO and DPBS on how to direct the funding. There is an MOU that is going to be excuted and then the offer should be sent out.

I am so sorry for all the delays.

[REDACTED] LMFT
Service Line Director Behavioral Health
[REDACTED]@ucsf.edu
C: [REDACTED]

Administrative Assistant
[REDACTED]
[REDACTED]@ucsf.edu



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Sunday, October 2, 2022 6:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@questfamilies.com>
Subject: CAGC Psychologist
Importance: High

Dear [REDACTED] and [REDACTED],

[REDACTED] cc'd here, let me know that she has tried multiple times to contact you for an update on the status of [REDACTED], as the leading candidate for the CAGC Psychologist position. Dr. [REDACTED] checked in with [REDACTED] today and he noted that after many interviews quite a while ago he hasn't heard anything about next steps from UCSF. Quite some time ago, we were told that he would be onboarded by the beginning of November. As that's now less than a month away, we would be grateful if you could please reply to this email and let us know where things stand with [REDACTED]. As you know, we are in urgent need of onboarding a psychologist for the CAGC.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

Obtained via CPRA by Judicial Watch, Inc.

Obtained via CPRA by Judicial Watch, Inc.

UCSF-DCNF-01586

Sent: Wednesday, November 09, 2022 7:47 PM PST

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Wednesday, November 09, 2022 8:05 PM PST

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Gender Clinic Waitlist

Hi [REDACTED],

I'm happy to respond to the group, but before I do, I wanted to have clarity on [REDACTED]'s overall time in clinic starting in September, and wanted to be sure she has agreed to 2 half-day clinics/week at the East Bay CAGC.

As I understand it, [REDACTED] will have 0.3 FTE as CAGC Director of Advocacy. That leaves 0.7 FTE for clinical work, which would come out to 5-6 clinics/week (based on 8 clinics/week for 1.0 Clinical FTE).

My hope is that she will spend 2 half-day clinics at the Mission Bay CAGC (where there is significant need not only from continued high rates of referral, but also with [REDACTED] cutting back her clinical time once her "K" is hopefully funded, and with my retirement from clinical work at the end of this academic year). My understanding is that she will also be spending 1 half-day clinic/week in the adult gender program (with Maddie Deutsch). The East Bay CAGC currently meets as a team only 1 half-day per month. As I mentioned above, I just wanted to be sure that [REDACTED] has agreed to spend 2 half-day clinics/week at the East Bay CAGC. That would add up to a total of 5 gender clinics/week--which I hope won't lead to burn-out from too many gender clinics (these clinics are often very intense). I assume she would also have some general endocrine (and/or DSD) clinics in her overall panel.

Please confirm and then I'll be happy to respond to the group.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Wednesday, November 9, 2022 1:35 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Gender Clinic Waitlist

[REDACTED]
I am cc'ing Steve Rosenthal, medical director of the Child and Adolescent Gender center, to help with the answer to your question about scripting to providers- Steve, can you please help with this / provide some guidance?

As for medical staff,

We will have Dr. [REDACTED] - [REDACTED] starting Sept 1

- [REDACTED] will have 2 half day clinic sessions per week at Oakland in the CAGC

We are recruiting a second physician and are working on the offer letter at present

We have started the process to recruit another nurse practitioner focused on West Bay CAGC but as we centralize referrals this should help!

From: [REDACTED] <[REDACTED]@ucsf.edu>

Date: Wednesday, November 9, 2022 at 1:21 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Gender Clinic Waitlist

Hi [REDACTED],

Can you provide an update on when the new gender providers will be starting, and how much time will be devoted to the EB campuses?

Currently we have 121 patients waiting to be seen, and the staff are fielding phone calls from referring offices and families. Too, we noticed an increase of patients being routed to us from WB. Currently our team is struggling to provide care to those referred directly to us, we don't have the bandwidth to take on patients that are being referred to us from the WB.

Can you provide a script of what the staff should be telling providers and families as it relates to our current wait?

[REDACTED]
Practice Administrator/Ambulatory Services
Endocrinology | Pulmonary | Sleep Medicine | Synagis

UCSF Benioff Children's Hospital Oakland

744 52nd Street | Oakland, CA 94609

office: 510-428-3885 ext: 6904 | mobile: [REDACTED]

[REDACTED]@ucsf.edu

www.childrenshospitaloakland.org

[Facebook: ChildrensHospitalOakland](https://www.facebook.com/ChildrensHospitalOakland)

[Twitter: UCSFBenioffOAK](https://twitter.com/UCSFBenioffOAK)



UCSF Benioff Children's Hospitals

From: [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 7:17 AM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

Hi Steve and [REDACTED],

Thank you, Steve for following up
I wish things were different and I do have interest in staying connected yet right now is not possible.
I am hoping sometime after the year turns, maybe in February, I'll know better my capacity.
If the grant stays open loosely or you are open to something under endocrine from other funds maybe we can check back when I'm more free and have more clarity.
It's a hard time, and as I've said if I had any other option I would.
I really appreciate your message and support over these years.
For now I'll focus on getting the report focused on June-November to [REDACTED] and [REDACTED] as well as onboarding [REDACTED].
I'm happy to ask around if you want to consider bringing someone in sooner. Let me know.

Thank you
[REDACTED]

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:20:55 PM
To: [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

[REDACTED] and [REDACTED],

Please let me know if you would like to set up a zoom to discuss the email I sent last night. Sometime on Friday would work best for me.

Please let me know your thoughts.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen
Sent: Tuesday, November 8, 2022 9:41 PM
To: [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED].[REDACTED]@ucsf.edu>
Subject: SF DPH Grant

Hi [REDACTED] and [REDACTED],

I want to follow-up after our ([REDACTED] and my) zoom yesterday with [REDACTED] at DPH. During that conversation, we discussed the possibility of continuing the contract with DPH through the end of the contract period (6/30/23) on a limited basis where we have someone work on the trainings/capacity building component on a contractor basis—e.g. a short-term hire through Pediatric Endocrinology.

[REDACTED] during yesterday's zoom, you expressed potential interest in what was described above, mentioning that you still needed to do some work. Can you clarify if this is something that is of interest to you, and if so what % effort or hours/week—e.g. 4-6 hours/week? We could designate you as a "Consultant" and figure out the hourly rate. Alternatively (or, perhaps, in addition), are you aware of anyone else who might also be interested in working as a consultant in the capacity building

domain for a 6-7 month period?

Before I get [REDACTED] involved in the process of bringing you and or someone else on as an independent contractor, please let me know if you are interested, and if so, how many hours/week.

Thanks,

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 8:57 AM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: SF DPH Grant

That sounds perfect, [REDACTED] Sending you all the best wishes during your difficult time, and just circle back when it feels right for you.

Best,

[REDACTED]

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 7:17 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

Hi Steve and [REDACTED],

Thank you, Steve for following up
I wish things were different and I do have interest in staying connected yet right now is not possible.
I am hoping sometime after the year turns, maybe in February, I'll know better my capacity.
If the grant stays open loosely or you are open to something under endocrine from other funds maybe we can check back when I'm more free and have more clarity.
It's a hard time, and as I've said if I had any other option I would.
I really appreciate your message and support over these years.
For now I'll focus on getting the report focused on June-November to [REDACTED] and [REDACTED] as well as onboarding [REDACTED].
I'm happy to ask around if you want to consider bringing someone in sooner. Let me know.

Thank you

[REDACTED]

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:20:55 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

[REDACTED] and [REDACTED],

Please let me know if you would like to set up a zoom to discuss the email I sent last night. Sometime on Friday would work best for me.

Please let me know your thoughts.

Thanks,

Steve

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen
Sent: Tuesday, November 8, 2022 9:41 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: SF DPH Grant

Hi [REDACTED] and [REDACTED],

I want to follow-up after our ([REDACTED] and my) zoom yesterday with [REDACTED] at DPH. During that conversation, we discussed the possibility of continuing the contract with DPH through the end of the contract period (6/30/23) on a limited basis where we have someone work on the trainings/capacity building component on a contractor basis—e.g. a short-term hire through Pediatric Endocrinology.

[REDACTED] during yesterday's zoom, you expressed potential interest in what was described above, mentioning that you still needed to do some work. Can you clarify if this is something that is of interest to you, and if so what % effort or hours/week—e.g. 4-6 hours/week? We could designate you as a "Consultant" and figure out the hourly rate. Alternatively (or, perhaps, in addition), are you aware of anyone else who might also be interested in working as a consultant in the capacity building domain for a 6-7 month period?

Before I get [REDACTED] involved in the process of bringing you and or someone else on as an independent contractor, please let me know if you are interested, and if so, how many hours/week.

Thanks,

Steve

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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 12:02 PM PST
To: [REDACTED]@sprintmail.com [REDACTED]@sprintmail.com>
CC: [REDACTED]@yahoo.com [REDACTED]@yahoo.com>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Two quick questions (from [REDACTED])

Hi [REDACTED]

You are so kind! Thank you! I have cc'd [REDACTED] [REDACTED], Director of Health for our Children's Hospital. I would be grateful for any donation that could be given to our UCSF Child and Adolescent Gender Center (CAGC), and [REDACTED] can guide you in that process.

[REDACTED]
[REDACTED]
[REDACTED]. Please also have my cell [REDACTED]

Thanks again for your unwavering support and kindness, and for your friendship.

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sprintmail.com>
Sent: Thursday, November 10, 2022 9:02 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Two quick questions (from [REDACTED])

This Message Is From an External Sender

This message came from outside your organization.

Dr. Rosenthal

Hope this note finds you all at 100%, skating often, feeling great and on and on.

Anyway, two quick easy questions

1. I would like to make a donation to an org in your honor. In the past, I did it to NCLR. Should I keep it the same or do you have another suggestion?
2. What is your NON-UCSF email....so that when you decide to totally move on, we can still keep in touch.

[REDACTED]
[REDACTED]
Thanks always
[REDACTED]

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 12:16 PM PST
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

Hi [REDACTED]

I agree with [REDACTED]--I hope for the best for you and your family during this difficult time, and welcome your reconnecting when the time is right for you.

In terms of keeping the DPH grant open in a limited capacity beyond the end of November, I still need to hear back from [REDACTED] (following my email to her from yesterday) to know if this is an option. If it is, and you are interested (perhaps around February), then we can figure out financially how to re-engage you. Also, if you are aware of someone who might be available to be involved in the capacity building role starting as early as December or January, please let me and [REDACTED] know. I'm confident that even if we were to have someone else begin before you might be able to re-engage, that we would definitely have the budget to support 2 people through the end of June, 2023.

Thanks again for everything you have done for the CAGC. When the time is right, I (and I'm sure [REDACTED], too) would love to invite you for a meal and celebrate you and your contributions to the CAGC.

Hoping for the best, and please keep in touch (I know we will be in touch through the end of this month anyway as you complete the report for DPH work through November).

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 8:57 AM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: SF DPH Grant

That sounds perfect, [REDACTED] Sending you all the best wishes during your difficult time, and just circle back when it feels right for you.

Best,

[REDACTED]

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 7:17 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

Hi Steve and [REDACTED],

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Thank you
[REDACTED]

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:20:55 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

[REDACTED] and [REDACTED]

Please let me know if you would like to set up a zoom to discuss the email I sent last night. Sometime on Friday would work best for me.

Please let me know your thoughts.

Thanks,

Steve

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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen
Sent: Tuesday, November 8, 2022 9:41 PM
To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: SF DPH Grant

Hi [REDACTED] and [REDACTED]

I want to follow-up after our ([REDACTED] and my) zoom yesterday with [REDACTED] at DPH. During that conversation, we discussed the possibility of continuing the contract with DPH through the end of the contract period (6/30/23) on a limited basis where we have someone work on the trainings/capacity building component on a contractor basis—e.g. a short-term hire through Pediatric Endocrinology.

[REDACTED] during yesterday's zoom, you expressed potential interest in what was described above, mentioning that you still needed to do some work. Can you clarify if this is something that is of interest to you, and if so what % effort or hours/week—e.g. 4-6 hours/week? We could designate you as a "Consultant" and figure out the hourly rate. Alternatively (or, perhaps, in addition), are you aware of anyone else who might also be interested in working as a consultant in the capacity building domain for a 6-7 month period?

Before I get [REDACTED] involved in the process of bringing you and or someone else on as an independent contractor, please let me know if you are interested, and if so, how many hours/week.

Thanks,

Steve

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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 12:55 PM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>
Subject: Re: Form Submission - Contact Dr. [REDACTED]

Thanks for letting me know and for your insights about these journalists.

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 12:53 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>
Subject: Re: Form Submission - Contact Dr. [REDACTED]

Thank you so much for this, [REDACTED]. It's good to be aware that they are in town. I'll alert [REDACTED] in Strat Comms to see if other steps should be taken. Take care, [REDACTED]

[REDACTED]
Senior Public Information Representative
UCSF Office of Communications

University of California, San Francisco
Cell/Text: [REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 12:46 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; Deutsch, Madeline <Madeline.Deutsch@ucsf.edu>
Subject: FW: Form Submission - Contact Dr. [REDACTED]

Hey [REDACTED]:

FYI looks like journalists from the conservative Daily Caller will be in SF. I'm obviously ignoring this email, but not sure if they'd tried to ambush any of our providers? I'm cc'ing Steve and Maddie as well, so they're aware.

[REDACTED]
[REDACTED] MD MHS
Assistant Professor, Division of Child & Adolescent Psychiatry
Affiliate Faculty, Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

From: Squarespace <form-submission@squarespace.info>
Date: Thursday, November 10, 2022 at 12:41 PM
To: [REDACTED]
Subject: Form Submission - Contact [REDACTED]

Sent via form submission from [Dr. \[REDACTED\]](#)

Name: Rachel Page

Email: rpage@dailycaller.com

Message: Hi [REDACTED],

My name is Rachel Page and I'm producing a documentary on the journey of adults who underwent the gender affirmation process. Many of our interviewees underwent both HRT and gender affirming surgeries. Several of our interviewees "de-transitioned" from their transgender identity.

We're going to be in the SF-area on Nov. 16 and we were hoping to sit down with you to discuss the importance of supporting the LGBT agenda as well as rebut misconceptions about trans rights (i.e. transgender women are a threat to women's sports).

Let me know if that date would work for you and if you have time. I look forward to hearing from you!

Reaching out regarding:: Media Inquiry

Does this submission look like spam? [Report it here.](#)

From: [REDACTED] [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 1:06 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@sprintmail.com [REDACTED]@sprintmail.com>
CC: [REDACTED]@yahoo.com [REDACTED]@yahoo.com>
Subject: RE: Two quick questions (from [REDACTED])

Hi [REDACTED]

Thank you your thoughtfulness to make a donation in honor of Dr. Rosenthal!

Please make checks payable to UCSF Foundation, and include instructions on the memo line or attach a note telling us how to designate the gift. In this instance, you'll want to note Child and Adolescent Gender Center.

Send to:

Attn: [REDACTED] [REDACTED]

UCSF Foundation
[REDACTED]
[REDACTED]

If it is a donor advised fund, you can recommend a grant through this portal <https://giving.ucsf.edu/donor-advised-funds>

Additionally, here is the link to our FAQ about ways to make donations if you need more information:
<https://giving.ucsf.edu/payment-faq>

Please let me know if you have questions.

Thank you so much!
[REDACTED]



[REDACTED] [REDACTED]
Director of Development,
Children's Health
Pronouns: she, her, hers

C [REDACTED]
E [REDACTED]@ucsf.edu

UCSF Benioff Children's Hospitals
Foundation

give.ucsfbenioffchildrens.org



From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 12:02 PM
To: [REDACTED]@sprintmail.com
Cc: [REDACTED]@yahoo.com; [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>
Subject: Re: Two quick questions (from Wayne Firsty)

Hi [REDACTED]

You are so kind! Thank you! I have cc'd [REDACTED] [REDACTED], Director of Health for our Children's Hospital. I would be grateful for any donation that could be given to our UCSF Child and Adolescent Gender Center (CAGC), and [REDACTED] can guide you in that process.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Thanks again for your unwavering support and kindness, and for your friendship.

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@sprintmail.com [REDACTED]@sprintmail.com>
Sent: Thursday, November 10, 2022 9:02 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Two quick questions (from [REDACTED])

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Dr. Rosenthal

Hope this note finds you all at 100%, skating often, feeling great and on and on.

Anyway, two quick easy questions

1. I would like to make a donation to an org in your honor. In the past, I did it to NCLR. Should I keep it the same or do you have another suggestion?
2. What is your NON-UCSF email....so that when you decide to totally move on, we can still keep in touch.

[REDACTED]

[REDACTED]

Thanks always

[REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 2:29 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fwd: draft story language —
FYI

[REDACTED], MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 9th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Megan Twohey <megan.twohey@nytimes.com>
Sent: Thursday, November 10, 2022 1:51:59 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Christina Jewett <christina.jewett@nytimes.com>
Subject: Re: draft story language —

This Message Is From an External Sender
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Hi [REDACTED]

Sorry for the delayed response. We've been juggling a million things :-)

For our story, we commissioned a meta-analysis of seven studies from the Netherlands, Canada and England involving about 500 transgender teens from 1998 through 2021 that looked at the effects of puberty blockers on the bones:

"Bone Mass in Young Adulthood Following Gonadotropin-Releasing Hormone Analog Treatment and Cross-Sex Hormone Treatment in Adolescents With Gender Dysphoria," Klink et. al, [Journal of Clinical Endocrinology & Metabolism](#), 2015

"Effect of Pubertal Suppression and Cross-Sex Hormone Therapy on Bone Turnover Markers and Bone Mineral Apparent Density (BMAD) in Transgender Adolescents," Vlot et. al, [Bone](#), 2017

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"Pubertal Suppression, Bone Mass and Body Composition in Youth With Gender Dysphoria," Navabi et. al, [Pediatrics](#), 2021

What the meta-analysis found:

Researchers observed that while on blockers, the teens did not gain any bone density, on average — and lost significant ground compared to their peers.

Only two of those studies, published by Dutch doctors, have tracked the bone development of trans patients from beginning blockers through early hormone treatment:

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In both studies, dozens of patients started blockers at 14 or 15, on average, and began estrogen or testosterone at 16. The participants, followed in one study through age 18, and in the other through age 22, saw their bones strengthen, on average, once on hormones. Still, most patients continued to lag behind their peers; trans men neared average levels, but trans women fell far below.

We've gone over these studies with the researchers in the Netherlands.

We're aware of the Schagen study, but it doesn't track the same patients from start of blockers through hormone treatment. As we understand it, that study with newer findings that you took notes on at the WPATH meeting have not been published and are confidential right now.

If you'd like to discuss any of this, please let us know. As of now, you're not quoted in the story.

Best,

Megan and Christina

On Fri, Oct 21, 2022 at 10:22 PM [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi Megan and Christina,

Thank you for the update. I am happy to review any passages about interpretation of the bone data for accuracy, or answer any further questions you may have.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Megan Twohey <megan.twohey@nytimes.com>

Sent: Friday, October 21, 2022 11:58:18 AM

To: [REDACTED] <[REDACTED]@ucsf.edu>

Cc: Christina Jewett <christina.jewett@nytimes.com>

Subject: Re: draft story language --

This Message Is From an External Sender

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Thanks so much, [REDACTED]

We have removed reference to you in the story and have made some revisions to our language.

Let us know if you'd like to get on the phone to discuss this more!

Best,

Megan

On Thu, Oct 20, 2022 at 8:44 PM [REDACTED] <[REDACTED]@ucsf.edu> wrote:

Hi Christina and Megan,

Thank you for sending this draft for my review. I'm a bit concerned about how my interpretation of the data is being presented. I wrote that F32 grant proposal in 2018 (nearly 4 years ago), and there have been more data published and developments which render those paragraphs inaccurate. In short, I don't believe the data presented or my contemporary views are accurately represented in this current draft. There are some additional misinterpretations as well. See my comments below for further details:

1. A clarification: a BMD Z-score >-2 is considered NORMAL bone mineral density. There are not gradations of bone density as in post-menopausal individuals and T-scores (I take it that you are thinking about bone density based on the WHO classifications of "osteopenia" and "osteoporosis" which apply to post-menopausal aged people, NOT youth). As I sent to you yesterday (ISCD pediatric positions statement and manuscript by Bachrach and Gordon), BMD by DXA is only a measurement of bone mass which is an imperfect proxy for

- skeletal health, especially in pediatrics. It tells us nothing about bone strength or quality, and additionally can be influenced by bone size (which is why we height-adjust Z-scores in very short or very tall individuals). In your first paragraph, bone density by DXA is conflated with bone strength in that first paragraph sentence fragment "saw their bones strengthen again once they went on hormones." In my professional opinion, this is an inaccurate statement. A more correct statement would be that BMD Z-scores increased once GAHT was initiated. We cannot infer anything about bone strength or quality based on DXA imaging.
2. Something I want to make sure is very clear: Absolute BMD continues to increase in TGD youth and young adults receiving GnRHa + GAHT. BMD Z-scores to date have been compared with sex designated at birth reference populations. There should be a distinction made that absolute BMD does not decrease. On GnRHa, BMD accrual slows in relation to others of the same age + sex designated at birth (because puberty is not paused in the comparator population) and therefore BMD Z-scores decrease.
 3. Another clarification: While BMD Z-scores have been associated with fracture risk as in ref 22 of my F32 grant, we CANNOT make inferences as to whether these DXA data in TGD youth and adolescents are actually suggestive of increased fracture risk. There is no validated fracture risk calculator for youth (unlike in our post-menopausal age people, where we can use the FRAX calculator to compute 10-year risks for hip and major osteoporotic fractures). The whole reason why I am pursuing my studies with HR-pQCT is so that we can have at least some sense of bone strength using advanced skeletal imaging and modeling (finite element analysis) without having to wait and see what happens with fracture rates decades from now. We clinicians who care for youth with metabolic bone conditions are aware that DXA BMD Z-scores don't exactly correlate with skeletal fragility (again - pointing to the references I sent to you yesterday about limitations of DXA in youth) --> I have seen youth fracture who have normal BMD Z-scores >-2, and I have also seen youth with low BMD Z-scores <-2 who do not fracture. I do not agree with the last sentence of your second paragraph. Additionally, I shared with you my recent manuscript in the J Clin Densitometry pointing out that we do not even know if we are using appropriate reference populations to determine BMD Z-scores in these youth. To date, all these papers have used the sex designated at birth references - likely not appropriate given the differential effects of estradiol and testosterone on skeletal development. The ISCD adult position statement recommends that BMD Z-scores be determined based on GENDER (not sex designated at birth, unless the person has a non-binary gender).
 4. There are now more than those 2 studies detailing longitudinal BMD changes in TGD youth.
 - a. Joseph et al (J Pediatr Endocrinol Metab 2019) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/31472062/> - 2-year BMD/BMAD by DXA follow-up data on GnRHa only. This cohort actually had lower BMD Z-scores in transgender boys than in transgender girls, and demonstrated the expected drop in BMD Z-scores on GnRHa (although mean Z-scores all were in normal range except for mean spine BMD Z-score -2 after 2 years of GnRHa in transgender boys).
 - b. Stoffers et al (J Sex Med 2019) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/31405768/> - BMD Z-scores decreased in transmasculine youth over 12-24 months.
 - c. Schagen et al (JCEM 2020) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/32909025/> - BMD Z-scores increased during GAHT, although transgender girls had relatively lower BMD/BMAD Z-scores. This is still a shorter-term study with only 3 years of GAHT follow-up.
 - d. Navabi et al (Pediatrics 2021) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/34497118/> - BMD Z-scores over 355.2 +/- 96.7 days of GnRHa monotherapy; noted that transgender girls had lower LS BMD Z-scores but pre/post-GnRHa mean BMD Z-scores were all normal (>-2) in their cohort.
 5. Just a comment that I believe that some of the study participants in the Vlot paper overlapped with those in the Klink paper. More correct would be to characterize the individuals as late pubertal in the Klink paper, but the Vlot paper also had some participants who were in earlier puberty, which they based on skeletal/bone age.
 6. Overall, the published data have only been short-term, and we know that peak bone mass is not achieved until mid to late 20s so there will be more data to come. In fact, at the WPATH 2022 meeting, there was an oral presentation by Marianne van der Loos, MD, PhD student from Amsterdam University Medical Centers entitled "Long-Term Follow-up of Bone Mineral Density in Transgender Youth Treated with GnRHa to Suppress Puberty" on 09/18/2022 followed up 75 individuals (25 assigned male at birth and 50 assigned female at birth - these might have some of the same individuals from the Klink/Vlot papers but you'd need to verify with them) out to mean age 28.2 years. The majority were in late puberty at baseline (~60% Tanner Stage 5, mean age of GnRHa 14.5 years AMAB and 15.9 years AFAB) and had mean duration of GnRHa monotherapy 1.5 years and GAHT 11.6 years (estrogen) and 11.9 years (testosterone). This group showed in these longer-term data that AMAB had improvement to BMD Z-scores in the total hip and femoral neck to pre-treatment levels but not in the lumbar spine (although generally Z-scores were normal >-2). The AFAB had improvements to BMD Z-scores in all sites at the longer-term follow-up timepoint after GnRHa+GAHT.

Minor correction: I am an assistant professor of pediatrics and of medicine - I have a dual-appointment here at UCSF as a board-certified pediatric and adult endocrinologist.

My perspective is that we have seen a distinct cohort of TGD youth with low pre-treatment BMD Z-scores prior to any GnRHa or GAHT, and we need to investigate the reasons for those low BMD Z-scores so we are able to optimize bone health in these youth. Given our findings of low physical activity correlating with low pre-treatment BMD, it is our directive to ensure that TGD youth are encouraged to participate in weight-bearing physical activities and optimize dietary calcium intake and vitamin D status. I am also interested in how this cohort of TGD youth with low BMD Z-scores are distinct from those with normal BMD Z-scores so that we can identify additional areas which we can optimize. We additionally don't know if we are utilizing the proper methods to determine BMD Z-scores in TGD youth (do we utilize skeletal age? which sex reference? etc), and we don't yet know how these DXA data correlate with bone microarchitecture/strength or fracture risk. In earnest, because peak bone mass is not achieved until mid- to late-20s we can't really infer anything about skeletal fragility or fracture risk from short-term longitudinal data. Point #6 above is actually the most reassuring unpublished data I've seen, and my hope is that HR-pQCT can give us more insights on bone now since it'll be some years before peak bone mass is attained in our current study cohorts.

Hopefully that gives you a bit more insight - please let me know how you revise your statements as I do not want the data or my views to be mischaracterized in your story.

Best,

[Redacted Signature]

MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [Redacted]@ucsf.edu
She/Her/They

From: Christina Jewett <christina.jewett@nytimes.com>

Sent: Thursday, October 20, 2022 8:31 AM

To: [Redacted] <[Redacted]@ucsf.edu>

Cc: Megan Twohey <megan.twohey@nytimes.com>

Subject: draft story language —

This Message Is From an External Sender

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Hi [REDACTED] - Thanks for the quick reply! As you know, we got a copy of your (and all other bone-related) NIH study proposal. We noted with particular interest your analysis of the Klink and Vlot studies, particularly this passage: Additionally, the overall trend of decreasing BMD Z-scores in all transgender youth undergoing gender-affirming medical therapy is concerning, as one standard deviation decrease in BMD has been associated with a substantial increase in fracture risk....

Given that, as well as our observation that a group of 15 young trans women in the Vlot study ended up below -1 (Z-score), we have this in the story draft (which discusses bone health at some length):

So far, only two small studies, published by Dutch doctors, have tracked the bone development of trans patients as they proceed from blockers to hormone treatment. In both studies, patients started blockers at 14 or 15, on average, and began hormone treatment at 16. One study tracked 34 patients through age 22, the other tracked 56 patients for just two years. The young people, on average, saw their bones strengthen again once they went on hormones. Still, most patients continued to lag and were further behind their peers than when they first started blockers.

In a 2018 application for an N.I.H. grant to research the effects of blockers on the bones Dr. [REDACTED], an assistant professor of pediatrics at University of California San Francisco, called the findings from the Dutch studies "concerning," particularly the lower levels of bone density seen in trans females. She pointed out that even after two years on estrogen, 15 trans women in the second study had, on average, a bone density level that is "associated with a substantial increase in fracture risk."

Please let us know if you flag any concerns or inaccuracies. We're more than happy to talk by phone. For ready reference, attaching the relevant passage of your NIH proposal. (I'll note that the story goes on to quote Dr. Rosenthal saying he won't put kids on blockers alone after age 14 to protect the bones.)

thanks,
Christina & Megan

—
Christina Jewett
FDA Correspondent
Health and Science desk

christina.jewett@nytimes.com
(916) 202-0886 (m)
Twitter: @By_Cjewell

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 2:37 PM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: draft story language ---

Thanks, [REDACTED]. Probably a blessing for you that (as of now) you're not quoted in their story.

Steve

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From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 2:29:12 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fwd: draft story language ---

FYI

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
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To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Christina Jewett <christina.jewett@nytimes.com>
Subject: Re: draft story language ---

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What the meta-analysis found:

Researchers observed that while on blockers, the teens did not gain any bone density, on average — and lost significant

ground compared to their peers.

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Best,
Megan and Christina

On Fri, Oct 21, 2022 at 10:22 PM [REDACTED] <[REDACTED]@ucsf.edu> wrote:
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[REDACTED]

[REDACTED] MD, MPH, MAS
Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
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Thanks so much, [REDACTED]
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Let us know if you'd like to get on the phone to discuss this more!

Best,
Megan

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1. A clarification: a BMD Z-score >-2 is considered NORMAL bone mineral density. There are not gradations of bone density as in post-menopausal individuals and T-scores (I take it that you are thinking about bone density based on the WHO classifications of "osteopenia" and "osteoporosis" which apply to post-menopausal aged people, NOT youth). As I sent to you yesterday (ISCD pediatric positions statement and manuscript by Bachrach and Gordon), BMD by DXA is only a measurement of bone mass which is an imperfect proxy for skeletal health, especially in pediatrics. It tells us nothing about bone strength or quality, and additionally can be influenced by bone size (which is why we height-adjust Z-scores in very short or very tall individuals). In your first paragraph, bone density by DXA is conflated with bone strength in that first paragraph sentence fragment "saw their bones strengthen again once they went on hormones." In my professional opinion, this is an inaccurate statement. A more correct statement would be that BMD Z-scores increased once GAHT was initiated. We cannot infer anything about bone strength or quality based on DXA imaging.
2. Something I want to make sure is very clear: Absolute BMD continues to increase in TGD youth and young adults receiving GnRHa + GAHT. BMD Z-scores to date have been compared with sex designated at birth reference populations. There should be a distinction made that absolute BMD does not decrease. On GnRHa, BMD accrual slows in relation to others of the same age + sex designated at birth (because puberty is not paused in the comparator population) and therefore BMD Z-scores decrease.
3. Another clarification: While BMD Z-scores have been associated with fracture risk as in ref 22 of my F32 grant, we CANNOT make inferences as to whether these DXA data in TGD youth and adolescents are actually suggestive of increased fracture risk. There is no validated fracture risk calculator for youth (unlike in our post-menopausal age people, where we can use the FRAX calculator to compute 10-year risks for hip and major osteoporotic fractures). The whole reason why I am pursuing my studies with HR-pQCT is so that we can have at least some sense of bone strength using advanced skeletal imaging and modeling (finite element analysis) without having to wait and see what happens with fracture rates decades from now. We clinicians who care for youth with metabolic bone conditions are aware that DXA BMD Z-scores don't exactly correlate with skeletal fragility (again - pointing to the references I sent to you yesterday about limitations of DXA in youth) --> I have seen youth fracture who have normal BMD Z-scores >-2 , and I have also seen youth with low BMD Z-scores <-2 who do not fracture. I do not agree with the last sentence of your second paragraph. Additionally, I shared with you my recent manuscript in the J Clin Densitometry pointing out that we do not even know if we are using appropriate reference populations to determine BMD Z-scores in these youth. To date, all these papers have used the sex designated at birth references - likely not appropriate given the differential effects of estradiol and testosterone on skeletal development. The ISCD adult position statement recommends that BMD Z-scores be determined based on GENDER (not sex designated at birth, unless the person has a non-binary gender).
4. There are now more than those 2 studies detailing longitudinal BMD changes in TGD youth.
 - a. Joseph et al (J Pediatr Endocrinol Metab 2019) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/31472062/> - 2-year BMD/BMD by DXA follow-up data on GnRHa only. This cohort actually had lower BMD Z-scores in transgender boys than in transgender girls, and demonstrated the expected drop in BMD Z-scores on GnRHa (although mean Z-scores all were in normal range except for mean spine BMD Z-score -2 after 2 years of GnRHa in transgender boys).
 - b. Stoffers et al (J Sex Med 2019) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/31405768/> - BMD Z-scores decreased in transmasculine youth over 12-24 months.
 - c. Schagen et al (JCEM 2020) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/32909025/> - BMD Z-scores increased during GAHT, although transgender girls had relatively lower BMD/BMD Z-scores. This is still a shorter-term study with only 3 years of GAHT follow-up.
 - d. Navabi et al (Pediatrics 2021) - <https://pubmed.ncbi.nlm.nih.gov/ucsf.idm.oclc.org/34497118/> - BMD Z-scores over 355.2 +/- 96.7 days of GnRHa monotherapy; noted that transgender girls had lower LS BMD Z-scores but pre/post-GnRHa mean BMD Z-scores were all normal (>-2) in their cohort.
5. Just a comment that I believe that some of the study participants in the Vlot paper overlapped with those in the Klink paper. More correct would be to characterize the individuals as late pubertal in the Klink paper, but the Vlot paper also had some participants who were in earlier puberty, which they based on skeletal/bone age.
6. Overall, the published data have only been short-term, and we know that peak bone mass is not achieved until mid to late 20s so there will be more data to come. In fact, at the WPATH 2022 meeting, there was an oral presentation by Marianne van der Loos, MD, PhD student from Amsterdam University Medical Centers entitled "Long-Term Follow-up of Bone Mineral Density in Transgender Youth Treated with GnRHa to Suppress Puberty" on 09/18/2022 followed up 75 individuals (25 assigned male at birth and 50 assigned female at birth - these might have some of the same individuals from the Klink/Vlot papers but you'd need to verify with them) out to mean age 28.2 years. The majority were in late puberty at baseline (~60% Tanner Stage 5, mean age of GnRHa 14.5 years AMAB and 15.9 years AFAB) and had mean duration of GnRHa monotherapy 1.5 years and GAHT 11.6 years (estrogen) and 11.9 years (testosterone). This group showed in these longer-term data that AMAB had improvement to BMD Z-scores in the total hip and femoral neck to pre-treatment levels but not in the lumbar spine (although generally Z-scores were normal >-2). The AFAB had improvements to BMD Z-scores in all sites at the longer-term follow-up timepoint after GnRHa+GAHT.

Minor correction: I am an assistant professor of pediatrics and of medicine - I have a dual-appointment here at UCSF as a board-certified pediatric and adult endocrinologist.

My perspective is that we have seen a distinct cohort of TGD youth with low pre-treatment BMD Z-scores prior to any GnRHa or GAHT, and we need to investigate the reasons for those low BMD Z-scores so we are able to optimize bone health in these youth. Given our findings of low physical activity correlating with low pre-treatment BMD, it is our directive to ensure that TGD youth are encouraged to participate in weight-bearing physical activities and optimize dietary calcium intake and vitamin D status. I am also interested in how this cohort of TGD youth with low BMD Z-scores are distinct from those with normal BMD Z-scores so that we can identify additional areas which we can optimize. We additionally don't know if we are utilizing the proper methods to determine BMD Z-scores in TGD youth (do we utilize skeletal age? which sex reference? etc), and we don't yet know how these DXA data correlate with bone microarchitecture/strength or fracture risk. In earnest, because peak bone mass is not achieved until mid- to late-20s we can't really infer anything about skeletal fragility or fracture risk from short-term longitudinal data. Point #6 above is actually the most reassuring unpublished data I've seen, and my hope is that HR-pQCT can give us more insights on bone now since it'll be some years before peak bone mass is attained in our current study cohorts.

Hopefully that gives you a bit more insight - please let me know how you revise your statements as I do not want the data or my views to be mischaracterized in your story.

Best,

[REDACTED]

[REDACTED] MD, MPH, MAS

Assistant Professor of Pediatrics and of Medicine
Divisions of Pediatric Endocrinology and Endocrinology & Metabolism
Assistant Medical Director, Child and Adolescent Gender Center
University of California, San Francisco

Mission Hall
550 16th St, 4th Floor, Box 0434
San Francisco, CA 94143
E-mail: [REDACTED]@ucsf.edu
She/Her/Hers

From: Christina Jewett <christina.jewett@nytimes.com>
Sent: Thursday, October 20, 2022 8:31 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: Megan Twohey <megan.twohey@nytimes.com>
Subject: draft story language ---

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Hi [REDACTED]. Thanks for the quick reply! As you know, we got a copy of your (and all other bone-related) NIH study proposal. We noted with particular interest your analysis of the Klink and Vlot studies, particularly this passage: Additionally, the overall trend of decreasing BMD Z-scores in all transgender youth undergoing gender-affirming medical therapy is concerning, as one standard deviation decrease in BMD has been associated with a substantial increase in fracture risk.²²

Given that, as well as our observation that a group of 15 young trans women in the Vlot study ended up below -1 (Z-score), we have this in the story draft (which discusses bone health at some length):

So far, only two small studies, published by Dutch doctors, have tracked the bone development of trans patients as they proceed from blockers to hormone treatment. In both studies, patients started blockers at 14 or 15, on average, and began hormone treatment at 16. One study tracked 34 patients through age 22, the other tracked 56 patients for just two years. The young people, on average, saw their bones strengthen again once they went on hormones. Still, most patients continued to lag and were further behind their peers than when they first started blockers.

In a 2018 application for an N.I.H. grant to research the effects of blockers on the bones Dr. [REDACTED], an assistant professor of pediatrics at University of California San Francisco, called the findings from the Dutch studies "concerning," particularly the lower levels of bone density seen in trans females. She pointed out that even after two years on estrogen, 15 trans women in the second study had, on average, a bone density level that is "associated with a substantial increase in fracture risk."

Please let us know if you flag any concerns or inaccuracies. We're more than happy to talk by phone. For ready reference, attaching the relevant passage of your NIH proposal. (I'll note that the story goes on to quote Dr. Rosenthal saying he won't put kids on blockers alone after age 14 to protect the bones.)

thanks,
Christina & Megan

—
Christina Jewett
FDA Correspondent
Health and Science desk

christina.jewett@nytimes.com
(916) 202-0886 (m)
Twitter: @By_Cjewett

From: [REDACTED] (DPH) <[REDACTED]@sfdph.org>
Sent: Thursday, November 10, 2022 2:52 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: SFDPH-CAGC grant

This Message Is From an External Sender

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Hi Steve,

It was great to meet with you and J on Monday. I had the opportunity to consult with [REDACTED] today to propose using some of the remaining contractual funds for capacity-building activities through subcontract. In the long run, additional processes with budget modifications and other contractual revisions could complicate the target of winding down CAGC direct services at the end of this month. For example, we would have to do a whole contract revision to add any subcontractor to your budget which could take some time. After considering these additional processes and the remaining contract term, it boiled down to ensuring a smooth and clean end to the contract. I wish there were an easy way, but our efforts would not be as fruitful given these contractual processes.

Regarding invoicing, a provider typically has 45 days to submit their last invoice. [REDACTED] noted that UC's finance team should have the invoices to complete submission by the end of this year.

I want to express my immense gratitude to you and the CAGC teams for being in the forefront of gender-affirming clinical practice and care for trans and gender-diverse kids and families. CAGC saves so many young lives from experiencing undue distress and suffering for just being who they are. Thank you for allowing me to your team's work. I am immensely proud of CAGC's positive impact on our system of care and clients. I look forward to continued collaborations and support in the near future.

Sincerely,

[REDACTED]

[REDACTED], MPH
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: (415) [REDACTED] Fax: (415) [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:19 PM
To: [REDACTED] (DPH) <[REDACTED]@sfdph.org>
Cc: [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>
Subject: SFDPH-CAGC grant

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Hi [REDACTED],

It was great to meet by zoom with you and [REDACTED] on Monday. I wanted to follow-up with you regarding the possibility of continuing the grant in a limited form through the end of the current funding period (June, 2023) by continuing to do the capacity building work. I have initiated a conversation with [REDACTED] and Dr. [REDACTED] to determine who we might identify that could do this work on a contract basis through Pediatric Endocrinology at UCSF.

You mentioned that you would be checking in with [REDACTED] about this possibility. Please let us know as soon as you can if this is of interest, and we will work to figure things out on our end, as Community Outreach continues to be a high priority for the CAGC.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

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Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 2:56 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

Ditto to everything Steve has proposed, with the addition that when we plan a lunch or however we get together to honor and celebrate, let us know if there are other people you would like to join us.

[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 12:16 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

Hi [REDACTED]

I agree with [REDACTED]--I hope for the best for you and your family during this difficult time, and welcome your reconnecting when the time is right for you.

In terms of keeping the DPH grant open in a limited capacity beyond the end of November, I still need to hear back from [REDACTED] (following my email to her from yesterday) to know if this is an option. If it is, and you are interested (perhaps around February), then we can figure out financially how to re-engage you. Also, if you are aware of someone who might be available to be involved in the capacity building role starting as early as December or January, please let me and [REDACTED] know. I'm confident that even if we were to have someone else begin before you might be able to re-engage, that we would definitely have the budget to support 2 people through the end of June, 2023.

Thanks again for everything you have done for the CAGC. When the time is right, I (and I'm sure [REDACTED], too) would love to invite you for a meal and celebrate you and your contributions to the CAGC.

Hoping for the best, and please keep in touch (I know we will be in touch through the end of this month anyway as you complete the report for DPH work through November).

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 8:57 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: SF DPH Grant

That sounds perfect, [REDACTED]. Sending you all the best wishes during your difficult time, and just circle back when it feels right for you.

Best,
[REDACTED]

██████████ Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: ██████████@ucsf.edu

From: ██████████, ██████████ <██████████@ucsf.edu>
Sent: Thursday, November 10, 2022 7:17 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: SF DPH Grant

Hi Steve and ██████████,

Thank you, Steve for following up
I wish things were different and I do have interest in staying connected yet right now is not possible.
I am hoping sometime after the year turns, maybe in February, I'll know better my capacity.
If the grant stays open loosely or you are open to something under endocrine from other funds maybe we can check back when I'm more free and have more clarity.
It's a hard time, and as I've said if I had any other option I would.
I really appreciate your message and support over these years.
For now I'll focus on getting the report focused on June-November to ██████████ and ██████████ as well as onboarding ██████████.
I'm happy to ask around if you want to consider bringing someone in sooner. Let me know.

Thank you
██████████

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:20:55 PM
To: ██████████, ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Subject: Re: SF DPH Grant

██████████ and ██████████,

Please let me know if you would like to set up a zoom to discuss the email I sent last night. Sometime on Friday would work best for me.

Please let me know your thoughts.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen
Sent: Tuesday, November 8, 2022 9:41 PM
To: ██████████, ██████████ <██████████@ucsf.edu>; ██████████, ██████████ <██████████@ucsf.edu>
Subject: SF DPH Grant

Hi ██████████ and ██████████,

I want to follow-up after our [REDACTED] and my) zoom yesterday with [REDACTED] at DPH. During that conversation, we discussed the possibility of continuing the contract with DPH through the end of the contract period (6/30/23) on a limited basis where we have someone work on the trainings/capacity building component on a contractor basis—e.g. a short-term hire through Pediatric Endocrinology.

[REDACTED] during yesterday's zoom, you expressed potential interest in what was described above, mentioning that you still needed to do some work. Can you clarify if this is something that is of interest to you, and if so what % effort or hours/week—e.g. 4-6 hours/week? We could designate you as a "Consultant" and figure out the hourly rate. Alternatively (or, perhaps, in addition), are you aware of anyone else who might also be interested in working as a consultant in the capacity building domain for a 6-7 month period?

Before I get [REDACTED] involved in the process of bringing you and or someone else on as an independent contractor, please let me know if you are interested, and if so, how many hours/week.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 3:20 PM PST
To: [REDACTED] (DPH) <[REDACTED]@sfdph.org>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SFDPH-CAGC grant

Hi [REDACTED],

Thanks for your clear response, which is very understandable. I will inform our Business Manager from Pediatric Endocrinology so that the final invoices can be submitted in a timely manner.

Please know how grateful I and our team have been for this nearly 6-year collaboration. I truly appreciate your and [REDACTED]'s incredible support and belief in our mission and also hope there will be new opportunities for collaboration in the near future.

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] (DPH) <[REDACTED]@sfdph.org>
Sent: Thursday, November 10, 2022 2:52 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: SFDPH-CAGC grant

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Hi Steve,

It was great to meet with you and [REDACTED] on Monday. I had the opportunity to consult with [REDACTED] today to propose using some of the remaining contractual funds for capacity-building activities through subcontract. In the long run, additional processes with budget modifications and other contractual revisions could complicate the target of winding down CAGC direct services at the end of this month. For example, we would have to do a whole contract revision to add any subcontractor to your budget which could take some time. After considering these additional processes and the remaining contract term, it boiled down to ensuring a smooth and clean end to the contract. I wish there were an easy way, but our efforts would not be as fruitful given these contractual processes.

Regarding invoicing, a provider typically has 45 days to submit their last invoice. [REDACTED] noted that UC's finance team should have the invoices to complete submission by the end of this year.

I want to express my immense gratitude to you and the CAGC teams for being in the forefront of gender-affirming clinical practice and care for trans and gender-diverse kids and families. CAGC saves so many young lives from experiencing undue distress and suffering for just being who they are. Thank you for allowing me to your team's work. I am immensely proud of CAGC's positive impact on our system of care and clients. I look forward to continued collaborations and support in the near future.

Sincerely,

[REDACTED]

[REDACTED] MPH
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114

Tel: () Fax: ()
@sfdph.org
Pronouns: she/her



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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:19 PM
To: (DPH) <@sfdph.org>
Cc: (UCSF) <@ucsf.edu>; (UCSF) <@ucsf.edu>
Subject: SFDPH-CAGC grant

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Hi ,

It was great to meet by zoom with you and on Monday. I wanted to follow-up with you regarding the possibility of continuing the grant in a limited form through the end of the current funding period (June, 2023) by continuing to do the capacity building work. I have initiated a conversation with and Dr. to determine who we might identify that could do this work on a contract basis through Pediatric Endocrinology at UCSF.

You mentioned that you would be checking in with about this possibility. Please let us know as soon as you can if this is of interest, and we will work to figure things out on our end, as Community Outreach continues to be a high priority for the CAGC.

Thanks and best wishes,

Steve

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Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 3:46 PM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: SFDPH-CAGC grant

Hi [REDACTED] and [REDACTED]

As you know, we've had a significant and fruitful collaboration between the CAGC and SF-DPH for the last almost 6 years. This collaboration was in the form of an annual grant of approximately \$325,000 to the CAGC to support our Community Outreach program for gender-diverse youth in San Francisco. In the past year, this funding was primarily for salary support of 2 members of our CAGC team: [REDACTED], LPCC, Director of Community-based Clinical Programs (I believe at 60% effort) and [REDACTED] who served as Director of Community based Clinical Services and Training (I believe at 30% effort). In addition, Dr. [REDACTED] and I each served as Supervisors on this grant and received support in the range of 5-7 %.

Unexpectedly, [REDACTED] informed us that he had accepted a new full-time job outside of UCSF as of early October, and [REDACTED] very recently informed us that because of [REDACTED], they will be leaving UCSF as of the end of this month. Unfortunately, we do not have other personnel who could step in and take over the work of [REDACTED] and [REDACTED] for the DPH grant. I explored with the DPH whether or not it would be possible for us to identify new people through a subcontract that could continue this work through the end of the current academic year's funding period of June 30, 2023. As you will see from the email below, this will not be possible.

What this means is that the current grant, which runs through June 30, 2023, now will end on November 30, 2022. UCSF will have 45 days to submit final invoices.

It's sad to not be able to continue this work that was already funded for another 7 months, but I don't see any other options.

Please let me know if you have any questions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 3:20 PM
To: [REDACTED], [REDACTED] (DPH) <[REDACTED]@sfdph.org>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SFDPH-CAGC grant

Hi [REDACTED],

Thanks for your clear response, which is very understandable. I will inform our Business Manager from Pediatric Endocrinology so that the final invoices can be submitted in a timely manner.

Please know how grateful I and our team have been for this nearly 6-year collaboration. I truly appreciate your and [REDACTED]'s incredible support and belief in our mission and also hope there will be new opportunities for collaboration in the near future.

Sincerely,

Steve

Stephen M. Rosenthal, M.D.

Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] (DPH) <[REDACTED]@sfdph.org>
Sent: Thursday, November 10, 2022 2:52 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: SFDPH-CAGC grant

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Hi Steve,

It was great to meet with you and J on Monday. I had the opportunity to consult with [REDACTED] today to propose using some of the remaining contractual funds for capacity-building activities through subcontract. In the long run, additional processes with budget modifications and other contractual revisions could complicate the target of winding down CAGC direct services at the end of this month. For example, we would have to do a whole contract revision to add any subcontractor to your budget which could take some time. After considering these additional processes and the remaining contract term, it boiled down to ensuring a smooth and clean end to the contract. I wish there were an easy way, but our efforts would not be as fruitful given these contractual processes.

Regarding invoicing, a provider typically has 45 days to submit their last invoice. [REDACTED] noted that UC's finance team should have the invoices to complete submission by the end of this year.

I want to express my immense gratitude to you and the CAGC teams for being in the forefront of gender-affirming clinical practice and care for trans and gender-diverse kids and families. CAGC saves so many young lives from experiencing undue distress and suffering for just being who they are. Thank you for allowing me to your team's work. I am immensely proud of CAGC's positive impact on our system of care and clients. I look forward to continued collaborations and support in the near future.

Sincerely,

[REDACTED]

[REDACTED] MPH
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: () [REDACTED] Fax: () [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:19 PM
To: [REDACTED] (DPH) <[REDACTED]@sfdph.org>
Cc: [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>; [REDACTED] (UCSF) <[REDACTED]@ucsf.edu>
Subject: SFDPH-CAGC grant

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Hi [REDACTED],

It was great to meet by zoom with you and [REDACTED] on Monday. I wanted to follow-up with you regarding the possibility of continuing the grant in a limited form through the end of the current funding period (June, 2023) by continuing to do the capacity building work. I have initiated a conversation with [REDACTED] and Dr. [REDACTED] to determine who we might identify that could do this work on a contract basis through Pediatric Endocrinology at UCSF.

You mentioned that you would be checking in with [REDACTED] about this possibility. Please let us know as soon as you can if this is of interest, and we will work to figure things out on our end, as Community Outreach continues to be a high priority for the CAGC.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, November 10, 2022 6:39 PM PST

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

CC: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Gender Clinic Waitlist

Hi [REDACTED],

In terms of a script that staff should be telling providers and families about current wait times for a new appointment to the CAGC, I would say the following:

"The clinic Directors are acutely aware of the long wait times for new appointments to the CAGC and are making every effort to address these needs by hiring additional medical and mental health providers. We are pleased to say that our efforts for hiring new personnel are well underway. In addition, while waiting for an appointment to the CAGC, if you are in need of a mental health gender specialist, please check the website:

<https://www.genderyouthproviders.com/>

where you will find contact information for mental health gender specialists throughout the Bay Area".

As an FYI, we are having similar challenges for wait times at the West Bay CAGC. As of the end of last week, we have 230 patients that are waiting for an appointment and are currently scheduling new patient appointments as far out as May, 2023.

Please let me know if I can be of any further help.

Best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Wednesday, November 9, 2022 1:35 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: Gender Clinic Waitlist

[REDACTED]
I am cc'ing Steve Rosenthal, medical director of the Child and Adolescent Gender center, to help with the answer to your question about scripting to providers- Steve, can you please help with this / provide some guidance?

As for medical staff,

We will have Dr. [REDACTED] - [REDACTED] starting Sept 1

- [REDACTED] will have 2 half day clinic sessions per week at Oakland in the CAGC

We are recruiting a second physician and are working on the offer letter at present

We have started the process to recruit another nurse practitioner focused on West Bay CAGC but as we centralize referrals this should help!

From: [REDACTED] <[REDACTED]@ucsf.edu>

Date: Wednesday, November 9, 2022 at 1:21 PM

To: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED]@ucsf.edu, [REDACTED] <[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED]
<[REDACTED]@ucsf.edu>, [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Gender Clinic Waitlist

Hi [REDACTED],

Can you provide an update on when the new gender providers will be starting, and how much time will be devoted to the EB campuses?

Currently we have 121 patients waiting to be seen, and the staff are fielding phone calls from referring offices and families. Too, we noticed an increase of patients being routed to us from WB. Currently our team is struggling to provide care to those referred directly to us, we don't have the bandwidth to take on patients that are being referred to us from the WB.

Can you provide a script of what the staff should be telling providers and families as it relates to our current wait?

[REDACTED]
Practice Administrator|Ambulatory Services
Endocrinology | Pulmonary | Sleep Medicine |Synagis

UCSF Benioff Children's Hospital Oakland

744 52nd Street | Oakland, CA 94609

office:510-428-3885 [REDACTED] mobile:[REDACTED]

[REDACTED]@ucsf.edu

www.childrenshospitaloakland.org

[Facebook:ChildrensHospitalOakland](https://www.facebook.com/ChildrensHospitalOakland)

[Twitter:UCSFBenioffOAK](https://twitter.com/UCSFBenioffOAK)



From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Friday, November 11, 2022 7:24 AM PST
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: SF DPH Grant

Thank you both.

It looks like we will close out in this form of relationship per [REDACTED]'s email.

Steve -- in case you were not updated .. [REDACTED] oversees everything but the person "on the ground" who is [REDACTED]'s replacement is [REDACTED]. I met with her this week so I can get all the accounting from 2017 to present to respond to [REDACTED] directly which is different than the invoice process which she also oversees.

She confirmed your suspicion that invoices have gone in for 21-22 but not yet for 22-23 and was just starting this. When this work was handed to her she was not really updated and had just gotten word herself things were late from 21-22 when she reached out to us for the deliverable reports for last FY. So she is catching up and seems aware of the needs and process.

Here is her email should you need to connect :
[REDACTED], [REDACTED]@ucsf.edu

Thanks
[REDACTED]

[REDACTED]
Pronouns : they/them/theirs
Director of Community based Clinical Services and Training
UCSF Child & Adolescent Gender Center
[REDACTED] text/voice
[REDACTED], [REDACTED]@ucsf.edu

From: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 2:56 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

Ditto to everything Steve has proposed, with the addition that when we plan a lunch or however we get together to honor and celebrate, let us know if there are other people you would like to join us.

[REDACTED], [REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED], [REDACTED]@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 12:16 PM
To: [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED], [REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

Hi [REDACTED]

I agree with [REDACTED]--I hope for the best for you and your family during this difficult time, and welcome your reconnecting when the time is right for you.

In terms of keeping the DPH grant open in a limited capacity beyond the end of November, I still need to hear back from [REDACTED] (following my email to her from yesterday) to know if this is an option. If it is, and you are interested (perhaps around February), then we can figure out financially how to re-engage you. Also, if you are aware of someone who might be available to be involved in the capacity building role starting as early as December or January, please let me and [REDACTED] know. I'm confident that even if we were to have someone else begin before you might be able to re-engage, that we would definitely have the budget to support 2 people through the end of June, 2023.

Thanks again for everything you have done for the CAGC. When the time is right, I (and I'm sure [REDACTED], too) would love to invite you for a meal and celebrate you and your contributions to the CAGC.

Hoping for the best, and please keep in touch (I know we will be in touch through the end of this month anyway as you complete the report for DPH work through November).

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 8:57 AM
To: [REDACTED] <[REDACTED]@ucsf.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: Re: SF DPH Grant

That sounds perfect, [REDACTED] Sending you all the best wishes during your difficult time, and just circle back when it feels right for you.

Best,

[REDACTED]
[REDACTED] Ph.D.
Director of Mental Health, Child and Adolescent Gender Center
Department of Pediatrics
UCSF Benioff Children's Hospital
1825 Fourth St., Sixth Floor
San Francisco, CA 94158
e-mail: [REDACTED]@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Thursday, November 10, 2022 7:17 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

Hi Steve and [REDACTED],

Thank you, Steve for following up
I wish things were different and I do have interest in staying connected yet right now is not possible.
I am hoping sometime after the year turns, maybe in February, I'll know better my capacity.
If the grant stays open loosely or you are open to something under endocrine from other funds maybe we can check back when I'm more free and have more clarity.
It's a hard time, and as I've said if I had any other option I would.
I really appreciate your message and support over these years.
For now I'll focus on getting the report focused on June-November to [REDACTED] and [REDACTED] as well as onboarding [REDACTED].
I'm happy to ask around if you want to consider bringing someone in sooner. Let me know.

Thank you
[REDACTED]

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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:20:55 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SF DPH Grant

[REDACTED] and [REDACTED]

Please let me know if you would like to set up a zoom to discuss the email I sent last night. Sometime on Friday would work best for me.

Please let me know your thoughts.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen
Sent: Tuesday, November 8, 2022 9:41 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: SF DPH Grant

Hi [REDACTED] and [REDACTED],

I want to follow-up after our ([REDACTED] and my) zoom yesterday with [REDACTED] at DPH. During that conversation, we discussed the possibility of continuing the contract with DPH through the end of the contract period (6/30/23) on a limited basis where we have someone work on the trainings/capacity building component on a contractor basis—e.g. a short-term hire through Pediatric Endocrinology.

[REDACTED], during yesterday's zoom, you expressed potential interest in what was described above, mentioning that you still needed to do some work. Can you clarify if this is something that is of interest to you, and if so what % effort or hours/week—e.g. 4-6 hours/week? We could designate you as a "Consultant" and figure out the hourly rate. Alternatively (or, perhaps, in addition), are you aware of anyone else who might also be interested in working as a consultant in the capacity building domain for a 6-7 month period?

Before I get [REDACTED] involved in the process of bringing you and or someone else on as an independent contractor, please let me know if you are interested, and if so, how many hours/week.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Friday, November 11, 2022 9:10 AM PST

To: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Fw: SFDPH-CAGC grant

FYI

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall; Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, November 10, 2022 3:46 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Fw: SFDPH-CAGC grant

Hi [REDACTED] and [REDACTED]

As you know, we've had a significant and fruitful collaboration between the CAGC and SF-DPH for the last almost 6 years. This collaboration was in the form of an annual grant of approximately \$325,000 to the CAGC to support our Community Outreach program for gender-diverse youth in San Francisco. In the past year, this funding was primarily for salary support of 2 members of our CAGC team: [REDACTED], LPCC, Director of Community-based Clinical Programs (I believe at 60% effort) and [REDACTED], who served as Director of Community based Clinical Services and Training (I believe at 30% effort). In addition, Dr. [REDACTED] and I each served as Supervisors on this grant and received support in the range of 5-7 %.

Unexpectedly, [REDACTED] informed us that he had accepted a new full-time job outside of UCSF as of early October, and [REDACTED] very recently informed us that because of [REDACTED], they will be leaving UCSF as of the end of this month. Unfortunately, we do not have other personnel who could step in and take over the work of [REDACTED] and [REDACTED] for the DPH grant. I explored with the DPH whether or not it would be possible for us to identify new people through a subcontract that could continue this work through the end of the current academic year's funding period of June 30, 2023. As you will see from the email below, this will not be possible.

What this means is that the current grant, which runs through June 30, 2023, now will end on November 30, 2022. UCSF will have 45 days to submit final invoices.

It's sad to not be able to continue this work that was already funded for another 7 months, but I don't see any other options.

Please let me know if you have any questions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 3:20 PM
To: [REDACTED], [REDACTED] (DPH) <[REDACTED]@sfdph.org>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: SFDPH-CAGC grant

Hi [REDACTED],

Thanks for your clear response, which is very understandable. I will inform our Business Manager from Pediatric Endocrinology so that the final invoices can be submitted in a timely manner.

Please know how grateful I and our team have been for this nearly 6-year collaboration. I truly appreciate your and [REDACTED]'s incredible support and belief in our mission and also hope there will be new opportunities for collaboration in the near future.

Sincerely,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] (DPH) <[REDACTED]@sfdph.org>
Sent: Thursday, November 10, 2022 2:52 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>
Subject: RE: SFDPH-CAGC grant

This Message Is From an External Sender

This message came from outside your organization.

Hi Steve,

It was great to meet with you and [REDACTED] on Monday. I had the opportunity to consult with [REDACTED] today to propose using some of the remaining contractual funds for capacity-building activities through subcontract. In the long run, additional processes with budget modifications and other contractual revisions could complicate the target of winding down CAGC direct services at the end of this month. For example, we would have to do a whole contract revision to add any subcontractor to your budget which could take some time. After considering these additional processes and the remaining contract term, it boiled down to ensuring a smooth and clean end to the contract. I wish there were an easy way, but our efforts would not be as fruitful given these contractual processes.

Regarding invoicing, a provider typically has 45 days to submit their last invoice. [REDACTED] noted that UC's finance team should have the invoices to complete submission by the end of this year.

I want to express my immense gratitude to you and the CAGC teams for being in the forefront of gender-affirming clinical practice and care for trans and gender-diverse kids and families. CAGC saves so many young lives from experiencing undue distress and suffering for just being who they are. Thank you for allowing me to your team's work. I am immensely proud of CAGC's positive impact on our system of care and clients. I look forward to continued collaborations and support in the near future.

Sincerely,

[REDACTED]

██████████ MPH
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: (████) (████) Fax: (████) (████)
██████████@sfdph.org
Pronouns: she/her



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From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:19 PM
To: ██████████ (DPH) <██████████@sfdph.org>
Cc: ██████████ (UCSF) <██████████@ucsf.edu>; ██████████ (UCSF) <██████████@ucsf.edu>
Subject: SFDPH-CAGC grant

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi ██████████,

It was great to meet by zoom with you and ██████████ on Monday. I wanted to follow-up with you regarding the possibility of continuing the grant in a limited form through the end of the current funding period (June, 2023) by continuing to do the capacity building work. I have initiated a conversation with ██████████ and Dr. ██████████ to determine who we might identify that could do this work on a contract basis through Pediatric Endocrinology at UCSF.

You mentioned that you would be checking in with ██████████ about this possibility. Please let us know as soon as you can if this is of interest, and we will work to figure things out on our end, as Community Outreach continues to be a high priority for the CAGC.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
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Director, World Professional Association for Transgender Health
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Friday, November 11, 2022 1:14 PM PST
To: [REDACTED]@rush.edu>; [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)
Attachment(s): "Rosenthal_DisclosureForm_Gender Affirmation Conference.docx", "Rosenthal Biosketch_02-09-22 copy.pdf", "Stephen ROSENTHAL_Brief Bio_08-23-22.docx"

Hi [REDACTED]

Attached, please find the following: Disclosure form, NIH Biosketch (CV), and Brief Bio.

My lecture title is: "Advances & Challenges in the Care of Transgender/Gender Diverse Youth".

Learning objectives:

1. Understand evidence for biological underpinnings of gender identity
2. Understand outcomes of current treatment models
3. Understand gaps in knowledge, barriers to care, and priorities for research

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
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Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Tuesday, November 8, 2022 4:28 AM
To: [REDACTED]@rush.edu>; Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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This message came from outside your organization.

Great – I will circle back with you both after the New Year to get it on your calendars.

In the meantime, Dr. Rosenthal, do you mind providing the following (for our CME accreditation):

- CV and bio
- Title of presentation
- 3 course objectives
- Completion of disclosure form (attached) portions 1-6

Thank you!

From: [REDACTED]@rush.edu>
Sent: Monday, November 7, 2022 10:36 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Thanks Stephen!

We appreciate it-and looking forward.

Hello [REDACTED]-I am back in town the week of Jan 9 and can be on the Zoom with Dr. Rosenthal

Thanks

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, November 7, 2022 1:36 PM
To: [REDACTED]@rush.edu>; [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Hi [REDACTED],

I apologize for the delay. I'll complete the requested forms by the end of this week. Also, I'm happy to set up a time if you and [REDACTED] want to be on Zoom while I present. Probably best to set that up the week of January 9.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, November 7, 2022 10:11 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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Circling back around about this –

Do we want to schedule a time for the 3 of us to be on a Zoom for an hour while Dr. Rosenthal presents?

Dr. Rosenthal, can you please provide me the following, as well as parts 1 – 6 of the attached form:

- Title of lecture
- 3 course objectives
- Copy of your CV
- A headshot
- Brief bio
- Completion of the disclosure form attached (sections 1-6)

Thank you!

[REDACTED] (they/them/theirs)
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744
t: [REDACTED]
m: [REDACTED]

From: [REDACTED]
Sent: Friday, October 28, 2022 10:51 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Drs. Rosenthal and [REDACTED]

I was able to confirm with our IT department that there is no specific policy regarding utilizing recordings. We can record the presentation via Zoom and play the recording on Zoom for the January 20th session.

I know [REDACTED] is traveling this weekend, but we can circle back next week RE: getting the recording together. I would think maybe [REDACTED] and I could get on the Zoom with Dr. Rosenthal so that we can help facilitate/ask any questions we anticipate the audience may have?

Have a great weekend,
[REDACTED] (they/them/theirs)
Gender Service Line Administrator
The Rush Center for Gender, Sexuality & Reproductive Health
Rush University Medical Center POB 744
t: [REDACTED]
m: [REDACTED]

From: [REDACTED]
Sent: Thursday, October 27, 2022 7:00 AM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

Hi Dr. Rosenthal,

Thank you for presenting at our Gender Didactic Conference. I have you scheduled for January 20th, but as mentioned in previous emails, we will utilize a recording. I have emailed our IT department RE: best practices around this and will let you know once I hear back from them.

In the meantime, if you can provide the information below to me at your earliest convenience, I would greatly appreciate it.

- CV and bio
- Title of presentation
- 3 course objectives
- Completion of disclosure form (attached) portions 1-6

Thank you again for being a part of this – I'm really looking forward to your topic. I'll reach out when I have more information from IT, but don't hesitate to let me know if you need anything in the meantime.

Warmly,
[REDACTED]

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 7:14 PM
To: [REDACTED] <[REDACTED]@rush.edu>
Cc: [REDACTED] <[REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Thanks, [REDACTED]

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health

Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:57 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: RE: Friday morning Gender Lecture (0700-0800 Central)

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Works for me

Thanks Stephen

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, October 26, 2022 6:55 PM
To: [REDACTED]@rush.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Hi [REDACTED]
How about if we choose January 20?
Thanks,
Steve

Get [Outlook for iOS](#)

From: [REDACTED]@rush.edu>
Sent: Wednesday, October 26, 2022 4:52:49 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Re: Friday morning Gender Lecture (0700-0800 Central)

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Thanks Stephen-either date works

Hello [REDACTED]-I would think we could record on zoom and transfer via dropbox or OneDrive. Perhaps we can check with IT tomorrow and see what they recommend

Thank you both!

[REDACTED]
Sent from my iPhone

On Oct 26, 2022, at 6:46 PM, Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu> wrote:

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Hi [REDACTED]

I'm happy to present to your multidisciplinary team about management of Transgender/Gender Diverse Youth. Given the hour (0700-0800 Central, which would be 0500-0600 Pacific), a recording would be my very strong preference. If we're looking at January, either the 13th or 20th would be fine--I'd just need to get the recording to you 1-2 days in advance of the date we choose. It will probably be good for an IT person at Rush to review with me exactly how to accomplish this.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED]@rush.edu>
Sent: Monday, October 24, 2022 7:54 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED]@rush.edu>
Subject: Friday morning Gender Lecture (0700-0800 Central)

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Hello Stephen-

Hope you are well.

I wanted to check in and see if you would be interested in presenting to our multidisciplinary team at Rush. I know it's early for you, so a recording would be ok if that's easier. We could look at dates in January if that works for you.

I am copying [REDACTED], our Director, on the email.

Glad to discuss and thank you for considering.

[REDACTED]

From: [REDACTED]@chla.usc.edu>
Sent: Monday, November 14, 2022 10:13 AM PST
To: [REDACTED]@luriechildrens.org>; [REDACTED]@chla.usc.edu>; [REDACTED]
[REDACTED]@childrens.harvard.edu>; [REDACTED]@chla.usc.edu>; Rosenthal, Stephen
<Stephen.Rosenthal@ucsf.edu>; [REDACTED]@chla.usc.edu>; [REDACTED]
[REDACTED]@chla.usc.edu>; [REDACTED]@luriechildrens.org>; [REDACTED]
[REDACTED]@childrens.harvard.edu>; [REDACTED]@luriechildrens.org>; [REDACTED]
<[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED]@luriechildrens.org>;
[REDACTED]@mednet.ucla.edu>
Subject: NYT Article
Attachment(s): "Puberty Blockers Can Help Transgender Youth. Is There a Cost_ - The New York Times.pdf"

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Good morning,

The NYT article has been published. Here's the link, and I've attached a PDF.

<https://www.nytimes.com/2022/11/14/health/puberty-blockers-transgender.html>

The link in the article to our study takes readers to the JMIR protocol paper.

Steve, you were quoted in the article around not prescribing stand-alone blockers to anyone over 14, and there's a link to your statement against the Alabama ban on medical treatment for trans youth.

Dr. Spack and Boston Children's Hospital are mentioned as leading the US adoption of blocker treatment.

Thanks,

[REDACTED]
She/her/hers
Clinical Research Manager
Division of Adolescent and Young Adult Medicine
Children's Hospital Los Angeles
4650 Sunset Blvd, MS 2
Los Angeles, CA 90027

[REDACTED]@chla.usc.edu
www.chla.org/adolhealth | @youthchla

I humbly acknowledge our presence on the traditional, ancestral, and unceded territory of the Gabrielino-Tongva peoples. I recognize that these Peoples were forcibly removed from their homelands. I take this opportunity to acknowledge the generations that have gone before as well as the present-day Gabrielino-Tongva people. With humility, I recognize and respect all Indigenous peoples, their histories, and their ties to the land. I also recognize the Chumash, Tataviam, Serrano, Cahuilla, Juaneno, and Luiseno People for the land that CHLA/USC occupies around Southern California. We pay respects to their past and present. Let this acknowledgement serve as an ongoing reminder of the original inhabitants where you reside.

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They Paused Puberty, but Is There a Cost?

Puberty blockers can ease transgender youths' anguish and buy time to weigh options. But concerns are growing about long-term physical effects and other consequences.



By Megan Twohey and Christina Jewett

Nov. 14, 2022 Updated 9:45 a.m. ET

The medical guidance was direct.

Eleven-year-old Emma Basques had identified as a girl since toddlerhood. Now, as she worried about male puberty starting, a Phoenix pediatrician advised: Take a drug to stop it.

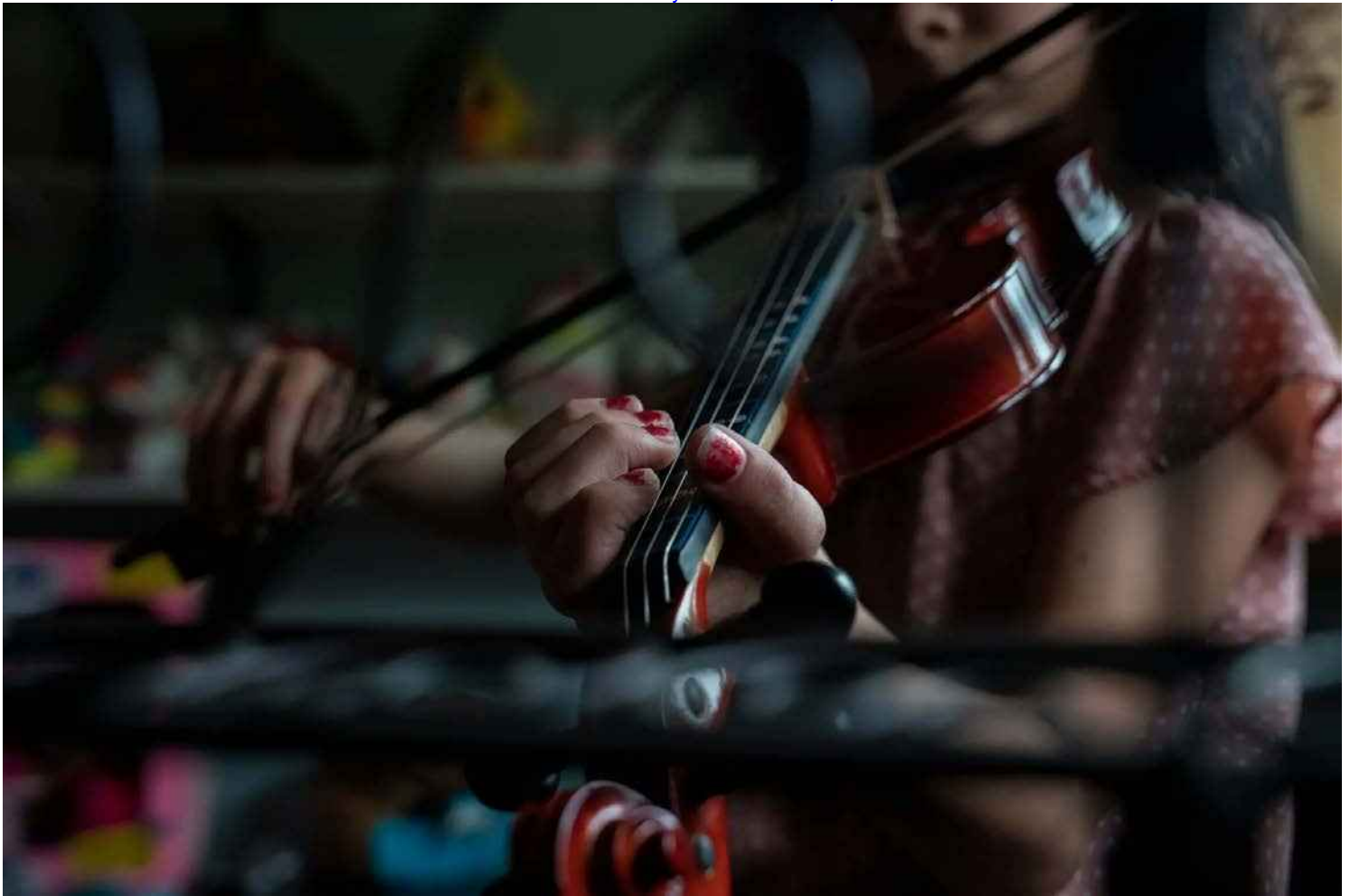
At 13, Jacy Chavira felt increasingly uncomfortable with her maturing body and was beginning to believe she was a boy. Use the drug, her endocrinologist in Southern California recommended, and puberty would be suspended.

An 11-year-old in New York with deepening depression expressed a desire to no longer be a girl. A therapist told the family the drug was the preteen's best option, and a local doctor agreed.

"Puberty blockers really help kids like this," the child's mother recalled the therapist saying. "It was presented as a tourniquet that would stop the hemorrhaging."

As the number of adolescents who identify as transgender grows, drugs known as puberty blockers have become the first line of intervention for the youngest ones seeking medical treatment.

Their use is typically framed as a safe — and reversible — way to buy time to weigh a medical transition and avoid the anguish of growing into a body that feels wrong. Transgender adolescents suffer from disproportionately high rates of depression and other mental health issues. Studies show that the drugs have eased some patients' gender dysphoria — a distress over the mismatch of their birth sex and gender identity.



Emma, now 14, has identified as a girl since toddlerhood and feels that she's on the right path. Verónica G. Cárdenas for The New York Times

"Anxiety drains away," said Dr. Norman Spack, who pioneered the use of puberty blockers for trans youth in the United States and is one of many physicians who believe the drugs can be lifesaving. "You can see these kids being so relieved."

But as an increasing number of adolescents identify as transgender — in the United States, an estimated 300,000 ages 13 to 17 and an untold number who are younger — concerns are growing among some medical professionals about the consequences of the drugs, a New York Times examination found. The questions are fueling government reviews in Europe, prompting a push for more research and leading some prominent specialists to reconsider at what age to prescribe them and for how long. A small number of doctors won't recommend them at all.

Dutch doctors first offered puberty blockers to transgender adolescents three decades ago, typically following up with hormone treatment to help patients transition. Since then, the practice has spread to other countries, with varying protocols, little documentation of outcomes and no government approval of the drugs for that use, including by the U.S. Food and Drug Administration.

But there is emerging evidence of potential harm from using blockers, according to reviews of scientific papers and interviews with more than 50 doctors and academic experts around the world.

Behind Our Reporting on Puberty Blockers



Megan Twohey and Christina Jewett
Reporting for the Investigations Desk

As growing numbers of adolescents who identify as transgender are prescribed drugs to block puberty, the treatment is becoming a source of confusion and controversy.

We spent months scouring the scientific evidence, interviewing doctors around the world and speaking to patients and families.

Here's a closer look at what we found →

The drugs suppress estrogen and testosterone, hormones that help develop the reproductive system but also affect the bones, the brain and other parts of the body.

During puberty, bone mass typically surges, determining a lifetime of bone health. When adolescents are using blockers, bone density growth flatlines, on average, according to an analysis commissioned by The Times of observational studies examining the effects.



Jacy Chavira, 22, thinks puberty blockers were prescribed to her too quickly. After treatment with blockers starting at 13, followed by testosterone, she has resumed her female identity. Verónica G. Cárdenas for The New York Times

Many doctors treating trans patients believe they will recover that loss when they go off blockers. But two studies from the analysis that tracked trans patients' bone strength while using blockers and through the first years of sex hormone treatment found that many do not fully rebound and lag behind their peers.

That could lead to heightened risk of debilitating fractures earlier than would be expected from normal aging — in their 50s instead of 60s — and more immediate harm for patients who start treatment with already weak bones, experts say.

"There's going to be a price," said Dr. Sundeep Khosla, who leads a bone research lab at the Mayo Clinic. "And the price is probably going to be some deficit in skeletal mass."

Many physicians in the United States and elsewhere are prescribing blockers to patients at the first stage of puberty — as early as age 8 — and allowing them to progress to sex hormones as soon as 12 or 13. Starting treatment at young ages, they believe, helps patients become better aligned physically with their gender identity and helps protect their bones.

But that could force life-altering choices, other doctors warn, before patients know who they really are. Puberty can help clarify gender, the doctors say — for some adolescents reinforcing their sex at birth, and for others confirming that they are transgender.

“The most difficult question is whether puberty blockers do indeed provide valuable time for children and young people to consider their options, or whether they effectively ‘lock in’ children and young people to a treatment pathway,” wrote Dr. Hilary Cass, a pediatrician leading an independent review in England of medical treatments of adolescents presenting as transgender.



“There’s going to be a price,” said Dr. Sundeep Khosla, who leads a bone research lab at the Mayo Clinic. “And the price is probably going to be some deficit in skeletal mass.” Jenn Ackerman for The New York Times

On her recommendation, England’s National Health Service last month proposed restricting use of the drugs for trans youths to research settings. Sweden and Finland have also placed limits on the treatment, concerned not just with the risk of blockers, but the steep rise in young patients, the psychiatric issues that many exhibit, and the extent to which their mental health should be assessed before treatment.

In the United States, though, there is no universal policy, and the public discussion is polarized.

Republican governors and lawmakers in more than a dozen states are working to limit or even criminalize the treatments, as some in their party also seek to restrict access to sports and bathrooms, ban discussion of gender in public schools, and call into question whether transgender identity even exists. (This month, the Florida medical board banned medications and surgeries for new patients under 18.) Meanwhile, the Biden administration describes transgender medicine as a civil right. And some advocates criticize anyone who questions the treatments’ safety.

Long-awaited research funded by the National Institutes of Health could provide more guidance. In 2015, four prominent American gender clinics were awarded \$7 million to examine the effects of blockers and hormone treatment on transgender youth. In explaining their study, the researchers pointed out that the United States had produced no data on the impact or safety of blockers, particularly among transgender patients under 12, leaving a “gap in evidence for this practice.” Seven years in, they have yet to report key outcomes of their work, but say the findings are coming soon.

Many young patients and their families have concluded that the benefits of easing the despair of gender dysphoria far outweigh the risks of taking blockers. For others, the limited studies and politicization of trans medicine can make it difficult to fully evaluate the decision. A Reuters examination of a range of transgender treatments also found scant research into the long-term effects.

Three years after starting the drugs, Emma Basques believes she's on the right path.

Jacy Chavira, now 22, decided that the medical treatment was not appropriate for her and resumed her female identity.

And the New York adolescent had such a significant loss in bone density after more than two years on blockers that the parents halted use of the drugs.

"We went into this because we wanted to help," the mother said. "Now I worry that we got into a situation with a very powerful drug and don't understand what the long-term effects will be."



Emma's mother, Cherise Basques, right, and father let her grow her hair longer and take other steps to socially transition when she was 5. Verónica G. Cárdenas for The New York Times

'Time to Start'

It didn't take long for Cherise and Arick Basques to realize that their toddler was different. The child rejected pants, toy trucks and sports in favor of dresses, Barbie dolls and ballet. When Ms. Basques ran into a friend at a restaurant in their Phoenix suburb and introduced her then-4-year-old as her son, the child shouted: "No! I'm your daughter!"

The couple worked with children — Ms. Basques as an occupational therapist, her husband as a teacher and school administrator — but this was unfamiliar territory. None of the therapists the parents called felt equipped to help. Their pediatrician offered only that things could change once the child started school, Ms. Basques said. Eventually, the couple discovered a local support group for parents of transgender children.

The next year, they allowed the child, then 5, to begin using the name Emma, grow longer hair and take other steps to socially transition. In 2019, when Emma turned 11, a physician at a local gender clinic advised starting blockers.

"At the first subtle signs of puberty, it was like: 'Yep, that's it. Time to start!'" recalled Ms. Basques. Along with her husband and Emma, she asked that their full names be used because they consider themselves advocates of the treatment.

For decades, transgender medical treatment in multiple countries was restricted to patients 18 and older. But in the 1990s, a hospital clinic in Amsterdam began treating adolescents.



By the time Emma began taking blockers, in 2019, multiple medical groups had endorsed their use for gender dysphoria. Verónica G. Cárdenas for The New York Times

Puberty blockers can be given as an injection or an implant. (The best known is Lupron, made by AbbVie.) They were being used in the United States and elsewhere, with approval by the F.D.A. and its counterparts overseas, to treat prostate cancer; endometriosis, a painful disease that causes uterine tissue to grow elsewhere in the body; and the unusually early onset of puberty, typically age 6 or 7. If blockers were safe for patients with that rare condition, known as central precocious puberty, the Dutch doctors reasoned, they were likely to be safe for trans adolescents too.

The first trans patient treated with blockers, from age 13 to 18, moved on to testosterone, the male sex hormone. Halting female puberty had offered emotional relief and helped him look more masculine. As the Dutch clinicians prescribed blockers, followed by hormones, to a half-dozen other patients in those early years, the medical team found that their mental health and well-being improved.

“They were usually coming in very miserable, feeling like an outsider in school, depressed or anxious,” recalled Dr. Peggy Cohen-Kettenis, a retired psychologist at the clinic. “And then you start to do this treatment, and a few years later, you see them blossoming.”

In 1998, she worked with a small international group — which would later expand and become known as the World Professional Association for Transgender Health, or WPATH — to include puberty blockers and hormones for adolescents in their treatment guidelines.

The Dutch doctors had yet to publish any research findings, she acknowledged. Some other physicians, including the one overseeing transgender medical treatment in England, were wary of potential harm.

But doctors in the group considered the early results from Amsterdam as reassuring enough to move forward. They were eager to treat the psychological distress observed in many trans adolescents.



"It was just really exciting," Emma said of starting her transition. "I finally got to be who I was." Verónica G. Cárdenas for The New York Times

Doctors debated about whether "starting the puberty blockers would somehow damage the children," recalled Dr. Walter Meyer, a Texas pediatric endocrinologist and psychiatrist involved with the 1998 standards of care.

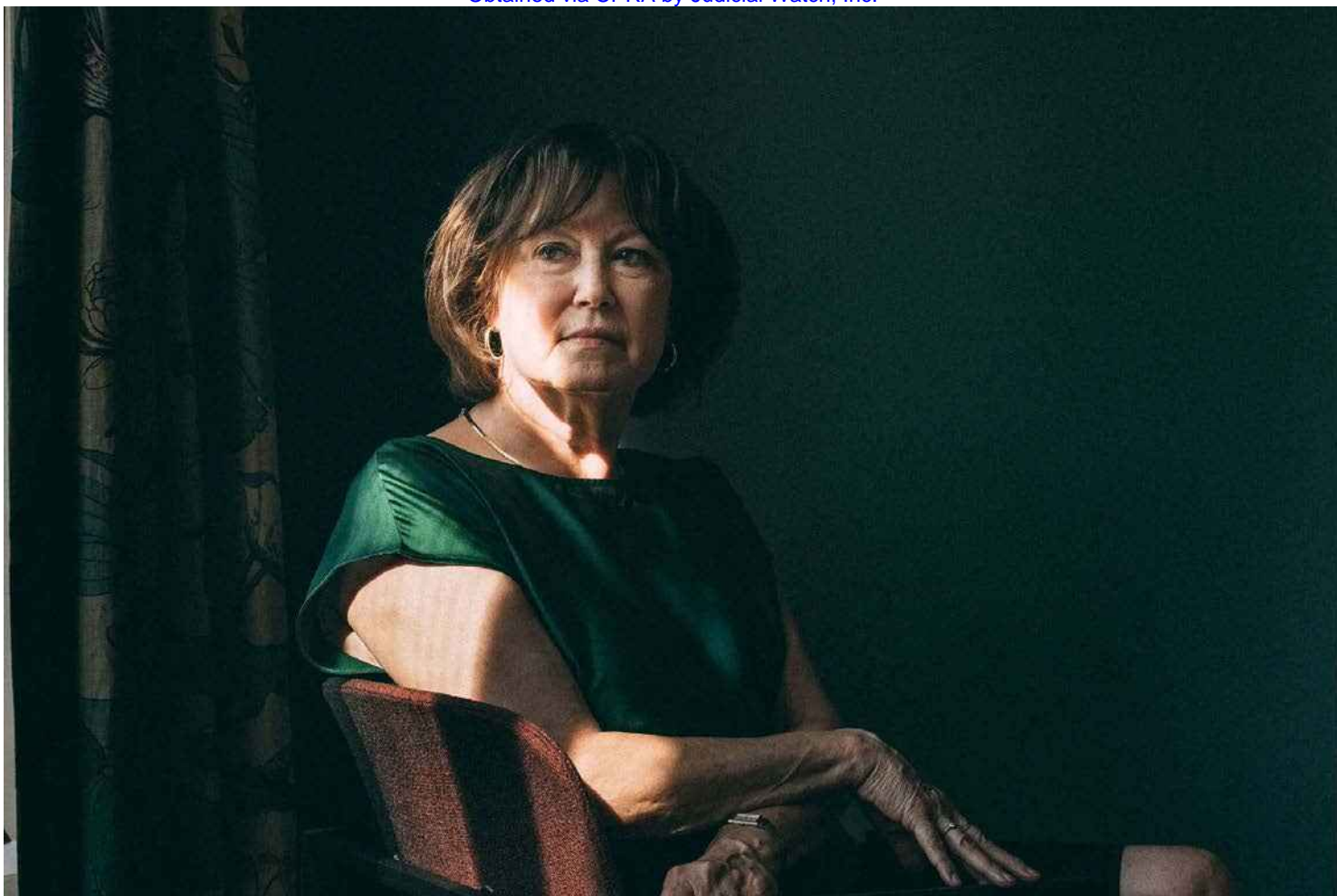
"The Dutch were saying, 'Oh, no, it's not causing a problem,'" said Dr. Meyer, who continues to support the use of the drugs.

Dr. Cohen-Kettenis hoped physicians in other countries would adopt the Dutch protocol, and document and share the outcomes as she and her colleagues in Amsterdam planned. Her clinic treated only patients who had consistently presented as transgender since early childhood and did not suffer from distinct psychiatric disorders that could interfere with diagnosis or treatment. They had to be at least 12 for puberty blockers, with the option of moving on to hormones at 16.

The international standards of care advised similar criteria. But they were recommendations, not requirements. Soon, the use of puberty blockers spread. In the United States and Canada, countries without centralized health systems, protocols were largely left to the discretion of individual clinics and practitioners. Dr. Spack, the pediatric endocrinologist who led U.S. adoption of the treatment, opened the first American clinic in 2007 at Boston Children's Hospital; others eventually followed in nearly every state.

Some started children on blockers at the first signs of puberty and prescribed testosterone or estrogen to patients 14 or younger. Doctors believed that earlier treatment would lead to more successful medical transitions, and wanted to spare patients the difficulty of watching their peers develop while their own bodies remained unchanged.

The doctor in Arizona who treated Emma, for example, tells preteen patients that if he prescribed blockers and didn't start hormones for five years, they would look 12 at age 16.



Dr. Peggy Cohen-Kettenis was a psychologist in the Dutch clinic that pioneered treatments for transgender youths. “They were usually coming in very miserable,” she recalled. With treatment, she said, “you see them blossoming.” Marlena Waldthausen for The New York Times

Transgender activists across the country pushed for early and easy access to the treatment. At a 2006 Philadelphia medical convention, Jenn Burleton, an advocate from Oregon, heard Dr. Spack describe his experience starting to treat adolescents with blockers. Like others of her generation, Ms. Burleton, now 68, could not medically transition until adulthood, and puberty had been traumatic. Treating adolescents with blockers was “game-changing,” she said.

Back home, Ms. Burleton prodded pediatric endocrinologists to adopt the practice for their patients. “We have a chance to prevent them from being emotionally broken,” she recalled saying.

Advocates successfully pushed Oregon, Massachusetts, California and other states to allow for Medicaid coverage of puberty blockers for adolescents identifying as trans. They also helped win approval in Oregon for a variety of medical workers — doctors, nurse practitioners, naturopaths — to administer blockers if overseen, even long-distance, by an endocrinologist.

“It went so quickly that not even centers but individual clinicians, people who were not knowledgeable, were just giving this kind of treatment,” said Dr. Cohen-Kettenis, the Dutch psychologist. “There was a great concern.”

By the time Emma Basques began taking blockers in 2019, multiple medical groups had endorsed their use for gender dysphoria. Among them were the American Academy of Pediatrics and the international Endocrine Society, which in 2017 had described the limited research on the effects of the drugs on trans youth as “low-quality.” Still, the organizations were encouraged by what they saw as a promising treatment.

Many doctors point out that it’s not unusual for research to lag behind the launch of new treatments and for drugs to be used off-label on patients without F.D.A. approval, especially in pediatric medicine.



Jenn Burleton, an advocate from Oregon, speaking at a support group for parents whose children identify as transgender. Verónica G. Cárdenas for The New York Times

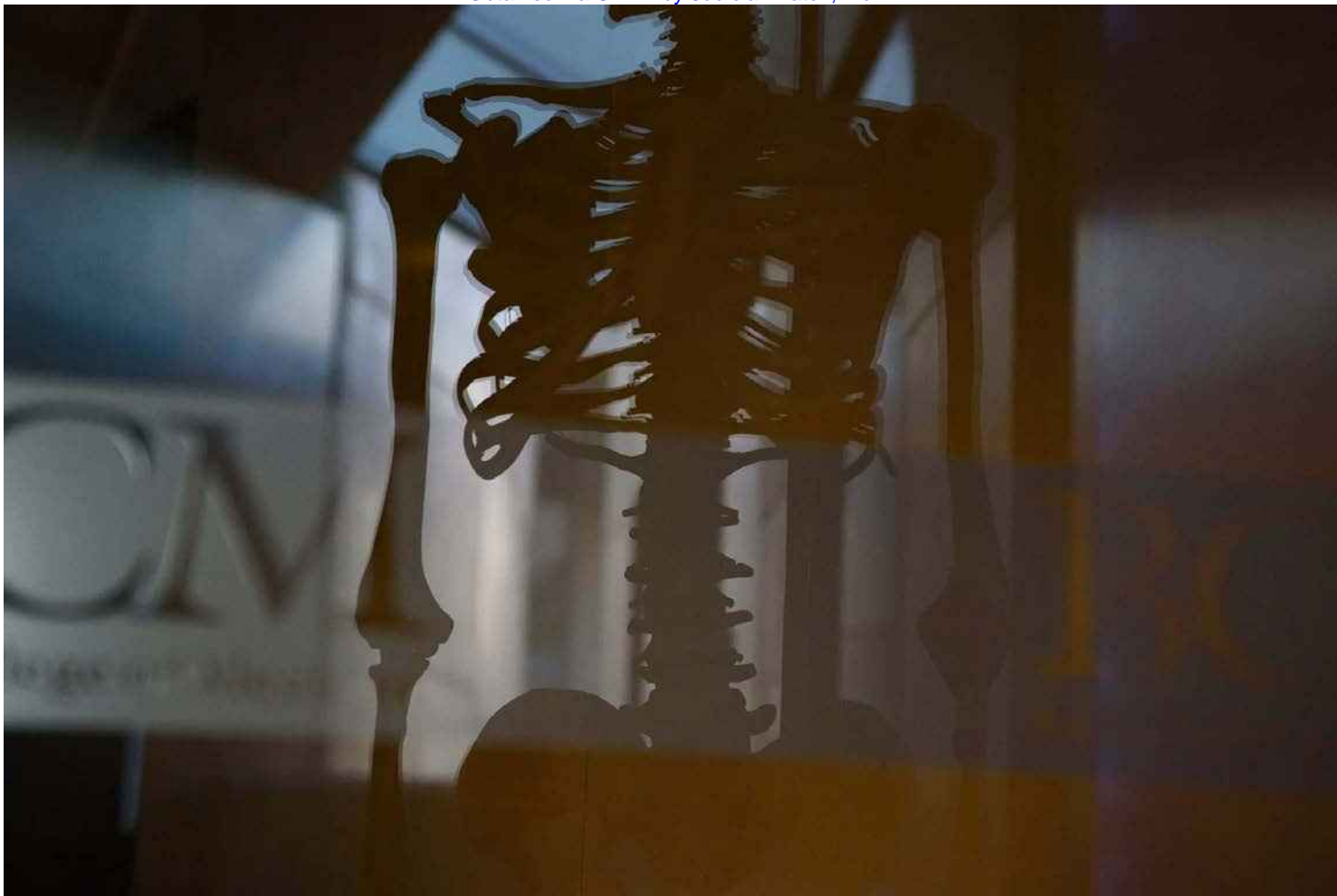
An F.D.A. spokeswoman said in a statement that doctors have the discretion to do so, but also noted that just because a drug has been approved for one class of patients doesn't mean it's safe for another.

There is no centralized tracking of blocker prescriptions in the United States. Komodo Health, a health technology company, compiled private and public insurance data for Reuters, showing a sharp increase in the number of children ages 6 to 17 diagnosed with gender dysphoria, from about 15,000 in 2017 to about 42,000 in 2021. During that time, 4,780 patients with that diagnosis were put on puberty blockers covered by insurance, the data shows, with new prescriptions growing each year. But the data does not capture the many cases in which insurance does not cover the drugs for that use, leaving families to pay out of pocket.

Some leading American practitioners asked AbbVie and Endo Pharmaceuticals, maker of another blocker, to seek F.D.A. approval for the drugs' use among trans adolescents. The drugmakers would have to fund research for a patient population that made up just a small part of their market. But the physicians argued that regulatory approval could help establish the safety of the treatment and broaden insurance coverage of the drugs, which can cost tens of thousands of dollars a year. In the end, AbbVie and Endo said no. The companies declined to comment on the decision.

Emma Basques was on blockers for two years. Then, after she turned 13 in October of last year, a doctor in the Portland, Ore., suburb where her family had moved, prescribed estrogen, starting her transition. It had become increasingly awkward to feel left behind as her classmates physically matured. And she felt confident that she was ready.

"It was just really exciting," Emma said. "I finally got to be who I was."



A skeleton model at the Baylor College of Medicine in Houston. A full accounting of blockers' risk to bones is not possible. Because most treatment is provided outside of research studies, there's little public documentation of outcomes. Callaghan O'Hare for The New York Times

'We Need to Give This a Chance'

The 11-year-old in New York, who had begun puberty and started at a new school, was increasingly distressed — refusing to bathe or go to class and, for the first time, expressing a desire to no longer have a girl's body.

When the parents consented to blockers in 2018, they hoped the drug would bring emotional stability and time to consider next steps.

"If everyone thinks this will help, and it's reversible, then we need to give this a chance," said the mother, who asked that her name be withheld to protect the family's privacy.

The first two years were promising, with the patient, by then a teen, taking Prozac in addition to the blockers. But at the start of the third year, a bone scan was alarming. During treatment, the teen's bone density plummeted — as much as 15 percent in some bones — from average levels to the range of osteoporosis, a condition of weakened bones more common in older adults.

The doctor recommended starting testosterone, explaining that it would help the teen regain bone strength. But the parents had lost faith in the medical counsel.

"I was furious," the mother recalled. "I'm thinking, 'I worry we've done permanent damage.'"

INTERPRETATION:

L-Spine (L1 to L4) 0.575 g/cm² Bone Mineral Density (BMD), -5.7 T-Score, -4.9 Z-Score.

Based on the patient's age and weight, the patient's bone density is below the 1st percentile.

IMPRESSION:

Bone mineral density below 1st percentile indicating osteoporosis.

RECOMMENDATIONS:

Since the diagnosis and treatment of osteoporosis in children is usually associated with other disease processes, the referring physicians should determine individual treatments based on the need of each patient.

A Texas teenager had very low bone density in the lumbar spine after a year on blockers, records show. No baseline bone scan had been performed at the outset of treatment. The New York Times

A full accounting of blockers' risk to bones is not possible. While the Endocrine Society recommends baseline bone scans and then repeat scans every one to two years for trans youths, WPATH and the American Academy of Pediatrics provide little guidance about whether to do so. Some doctors require regular scans and recommend calcium and exercise to help to protect bones; others do not. Because most treatment is provided outside of research studies, there's little public documentation of outcomes.

But it's increasingly clear that the drugs are associated with deficits in bone development. During the teen years, bone density typically surges by about 8 to 12 percent a year. The analysis commissioned by The Times examined seven studies from the Netherlands, Canada and England involving about 500 transgender teens from 1998 through 2021. Researchers observed that while on blockers, the teens did not gain any bone density, on average — and lost significant ground compared to their peers, according to the analysis by Farid Foroutan, an expert on health research methods at McMaster University in Canada.

The findings match what practitioners of the treatment have seen, including Dr. Catherine Gordon, a pediatric endocrinologist and bone researcher at Baylor College of Medicine in Houston. "When they lose bone density, they're really getting behind," said Dr. Gordon, who is leading a separate study on why the drugs have such an effect.

Many doctors caring for young trans patients are reassured by the rebounds seen in the children who take blockers for unusually early puberty. In most cases, their bone strength fully recovers after they stop the drugs at about age 11 and resume full puberty, which can last up to five years. But patients identifying as trans take the drugs later, interrupting their normally timed puberty and limiting that crucial period of development.

"That's the difference," Dr. Gordon said. "You shorten that critical window of puberty."

So far, only two small studies, published by Dutch doctors, have tracked the bone development of trans patients from beginning blockers through early hormone treatment. In both studies, dozens of patients started blockers at 14 or 15, on average, and began estrogen or testosterone at 16. The participants, followed in one study through age 18, and in the other through age 22, saw their bones strengthen, on average, once on hormones. Still, most patients continued to lag behind their peers; trans men neared average levels, but trans women fell far below.



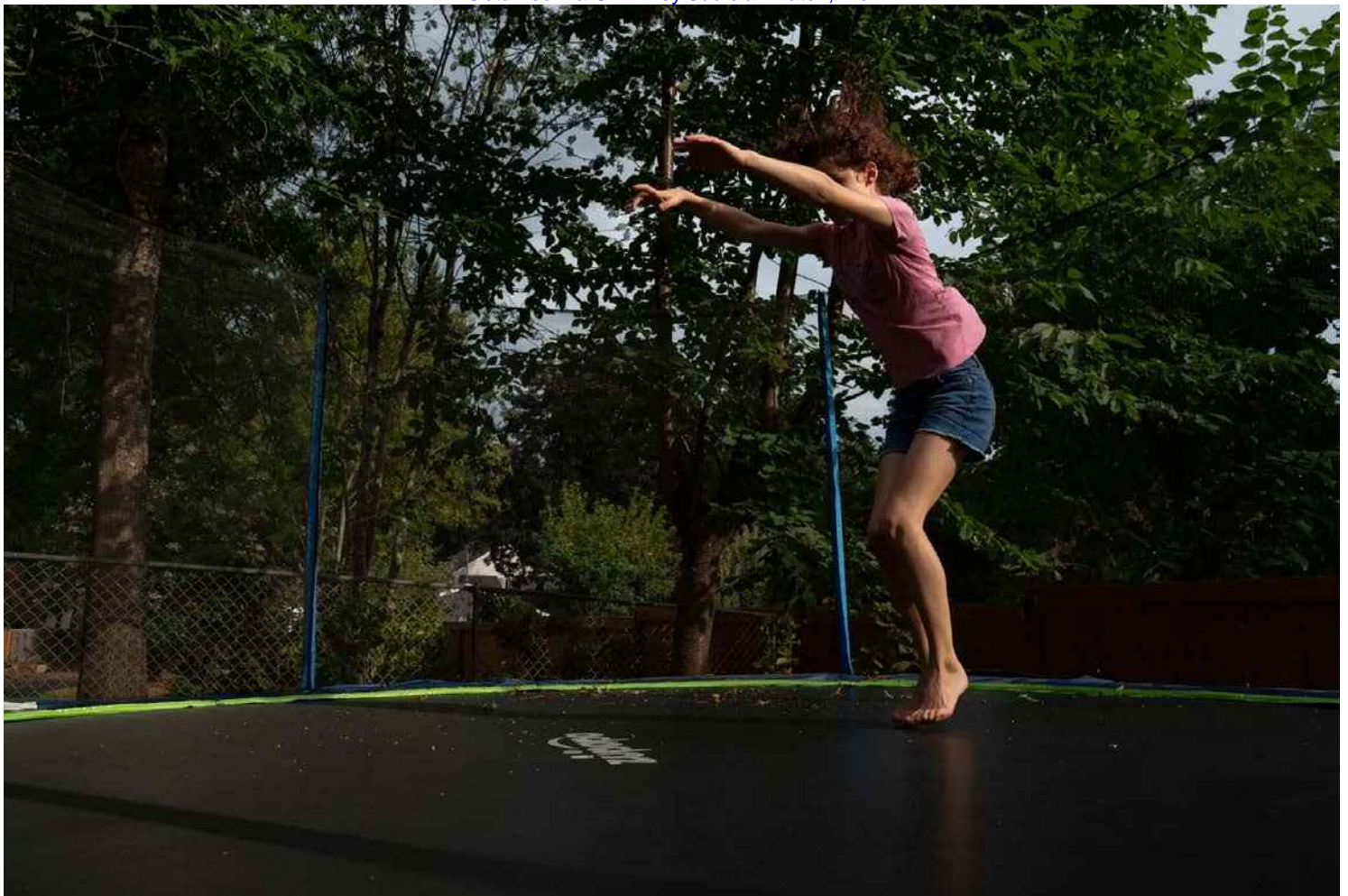
Dr. Catherine Gordon, a pediatric endocrinologist and bone researcher at Baylor, is leading a study on the effects of puberty blockers on bone development in transgender youths. Callaghan O'Hare for The New York Times

“I think there’s a false sense of security,” said Dr. Khosla, the Mayo Clinic specialist, who is skeptical that all trans patients can catch up.

Dr. Khosla and Dr. Gordon don’t believe the effects on bones are reason for medical providers to halt use of the drugs in adolescents. But they think the risks should be factored into patient decisions and that bones should be carefully monitored.

If any harm resulted from the use of blockers, it likely would not be evident until decades later, with fractures. However, for children who already have weak bones as they start treatment, the dangers could be more immediate. While there is no systematic record-keeping of such cases, some anecdotal evidence is available.

After more than a year on blockers, a 15-year-old in Texas, who had not had a baseline scan, showed spinal bone density so low that it was below the first percentile for the teen’s age and weight, indicating osteoporosis, according to medical records from earlier this year.



Emma takes calcium, makes an effort to exercise and has undergone scans showing that her bones are healthy. Verónica G. Cárdenas for The New York Times

A transgender adolescent in Sweden who took the drugs from age 11 to 14 with no bone scans until the last year of treatment developed osteoporosis and sustained a compression fracture in his spine, an X-ray showed in 2021, as reported earlier in a documentary on Swedish television.

“The patient now suffers from continued back pain,” medical records note, describing a “permanent disability” caused by the blockers.

Some practitioners in the United States and Australia do not provide the drugs to patients who are well into puberty, concerned that the treatment poses the greatest threat to bones in that period.

“You’re potentially taking on risks that I felt should be avoided,” said Dr. Stephen Rosenthal, medical director of the University of California, San Francisco, Child and Adolescent Gender Center.

He won’t prescribe blockers as a stand-alone treatment to anyone over 14. That includes the growing number of nonbinary youths who don’t want to mature into either male or female bodies. “We make it very clear that no one stays on a blocker,” he said.

Dr. Rosenthal is a principal investigator in the yearslong N.I.H. study, which also involves gender clinics in Los Angeles, Chicago and Boston. Asked why they have yet to report on key outcomes, he said their research was delayed when the pandemic halted in-person treatment. Papers on the effects of blockers on bones and other findings should be published next year, he said.

Like many physicians, Dr. Rosenthal believes the benefits of using blockers to alleviate gender dysphoria are much greater than any risks to bones. (He was among the doctors who filed statements in a lawsuit against an Alabama ban on medical treatment of trans youth.)

Emma Basques, for example, takes calcium, makes an effort to exercise and has undergone scans that showed her bones are healthy. “I can’t even imagine how life would be for Emma,” said her mother, Ms. Basques, “if she was not given blockers and had to go through male puberty.”

Emma added: “I wouldn’t like my body at all.”

But the parents in New York insisted on ending treatment for their teen, who has yet to have a follow-up scan to see if bone density has improved since going off blockers.

"I don't think we have the science behind them to be prescribing these drugs," the mother said.



"I wish I hadn't been steered into transitioning the way I was, and that I had been told there were other ways to cope with the discomfort of puberty," Ms. Chavira said. Verónica G. Cárdenas for The New York Times

'I Wish There Had Been More Questions'

Jacy Chavira, in Southern California, had already cut her hair short and begun binding her chest when she was prescribed blockers at age 13. A therapist and her parents agreed that gender dysphoria, a condition Jacy learned about from a magazine, could explain the mounting anxiety and discomfort that she was experiencing during early puberty.

Once on blockers, Ms. Chavira said, she became fixated on moving ahead with a medical transition. She was thrilled shortly after turning 16 when her pediatric endocrinologist prescribed testosterone. But soon she started having doubts. Her body was growing more masculine, but she was secretly putting on dresses. At 17, in a consultation for breast removal, she worried aloud about the potential loss of feeling in the nipples. To her, this was a sign of not wanting to go through with the surgery.

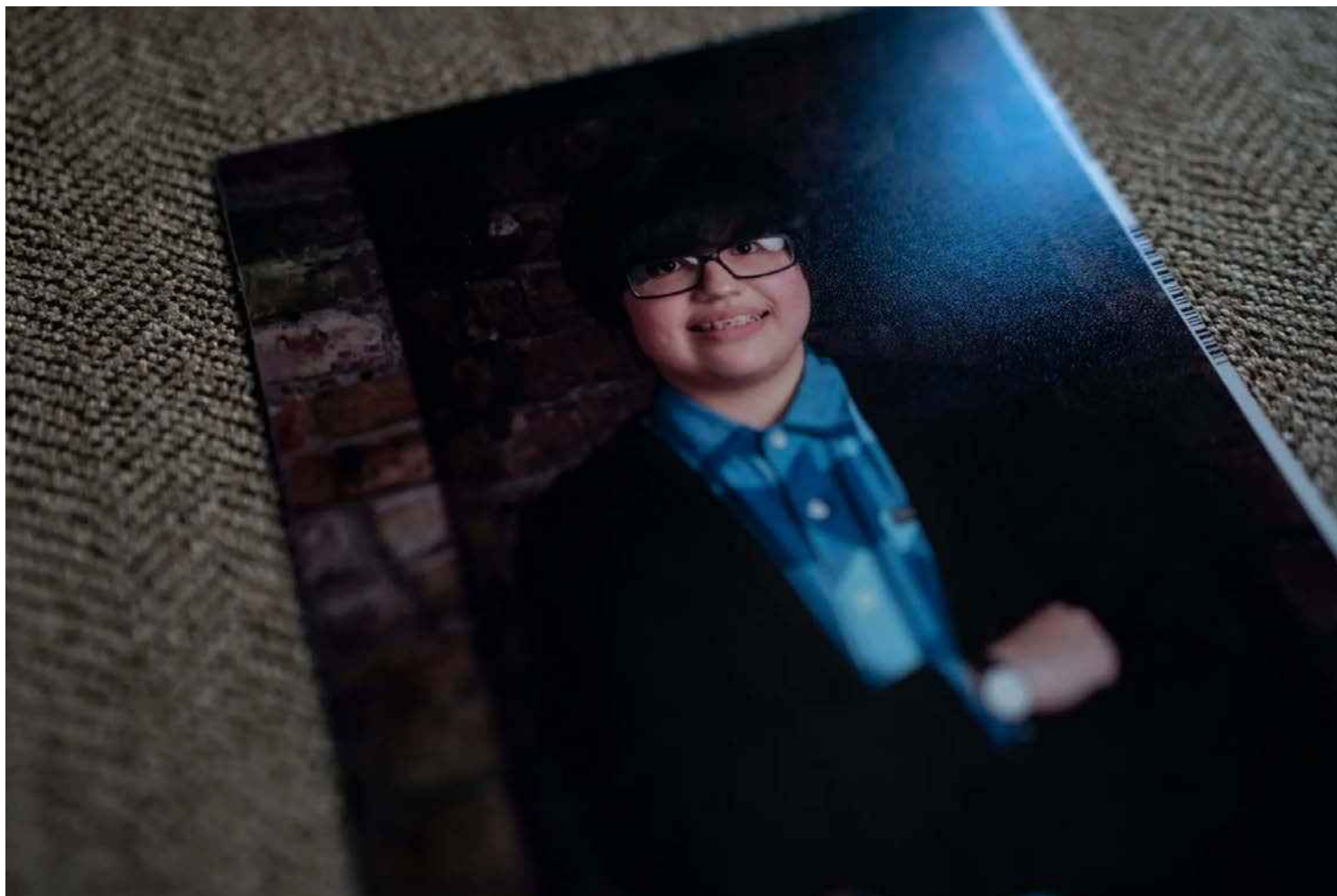
She came to realize that her anguish had stemmed from a larger inner conflict, and that continuing with a gender transition would be a mistake. "I believe it was an issue with my identity, accepting who I was, and not just the physical female portion of it," she said.

Like Ms. Chavira, most patients who take puberty blockers move on to hormones to transition, as many as 98 percent in British and Dutch studies. While many doctors see that as evidence that the right adolescents are getting the drugs, others worry that some young people are being swept into medical interventions too soon.

Over the past decade, growing numbers of medical providers have lowered the ages at which they prescribe the treatments. Today, the WPATH and Endocrine Society advise that blockers can be prescribed at the first signs of puberty and hormone treatment, in some cases, earlier than 16. The American Academy of Pediatrics says blockers can be provided anytime during puberty and hormones from "early adolescence onward."

Some doctors and researchers are concerned that puberty blockers may somehow disrupt a formative period of mental growth. With adolescence comes critical thinking, more sophisticated self-reflection and other significant leaps in brain development. Sex hormones have been shown to affect social and problem-solving skills. It's believed that brain growth is connected to gender identity, but research in

these areas is still very new.



Jacy at age 14, while on blockers. "I believe it was an issue with my identity," she said, "accepting who I was, and not just the physical female portion of it." Verónica G. Cárdenas for The New York Times

In a 2020 paper, 31 psychologists, neuroscientists and hormone experts from around the world urged more study of the effects of blockers on the brain.

"If the brain is expecting to receive those hormones at a certain time and doesn't, what happens?" said Dr. Sheri Berenbaum, head of a gender research lab at Penn State, and one of the authors of the paper. "We don't know."

The physicians in the Amsterdam clinic, where the treatment began, have lowered their minimum ages for starting blockers and hormones. But they are very cautious in selecting patients.

"Our concern is always: When is gender identity fixed or not fluid anymore? And when do you fully understand the lifelong consequences of such treatment?" said Dr. Annelou de Vries, head therapist at the clinic.

For some medical professionals across the country, there are too many uncertainties about the effects of blockers to provide the treatment.

Among them are seven pediatric endocrinologists and pediatric endocrine nurse practitioners in Florida who recently wrote to the state health department that evidence to support the use of those treatments in adolescents "is simply lacking" and asking that it be confined to research settings.

"Without much data, it's hard to make a conclusion that we're doing the right thing," said Dr. Matthew Benson, an assistant professor of pediatrics at Mayo Clinic College of Medicine in Jacksonville and an author of the letter. (He also voiced concerns at a state hearing in July on whether to stop allowing Medicaid coverage in Florida for transgender medical treatment.)



Ms. Chavira halted her medical treatment at 18, but she is left with a voice that sounds like a man's and other enduring physical changes. Verónica G. Cárdenas for The New York Times

Even enthusiasts, like Emma and her parents, acknowledge it can be hard to fully grasp all the potential results of treatment. Infertility is among other lasting effects for patients who start blockers at the first stage of puberty and proceed to hormones and surgery. Emma was advised that, to possibly preserve fertility, she would need to pause treatment at some point down the line, with the hopes of developing and freezing sperm.

"I knew what I wanted," Emma said of her medical transition. "But all this other stuff was kind of just confusing." Her father said, "We worked really hard to talk to her at her age level to make sure she understood some of these more complicated things."

When Dutch doctors launched the use of blockers and hormones on trans youth decades ago, they warned in their early papers of the possibility of "false positives" — patients who medically transition, then later declare they are not transgender.

There's no official tracking of those cases and many practitioners believe the total numbers are small. So far, scores of accounts have emerged in social media, news stories and published research.

Keira Bell, who was prescribed blockers at age 16, then moved on to testosterone and breast-removal surgery, no longer identified as transgender five years after starting to transition. She sued the Tavistock gender clinic in London where she had been treated. (A judge ruled that patients under 16 were unable to consent to puberty blockers — a decision later overturned on appeal.)

Jacy Chavira, looking back on her own experience, thinks that drugs were prescribed too quickly. At 18, she halted her medical treatment and resumed her female identity. Now, she is left with a voice that sounds like a man's and other enduring physical changes.

"I wish there had been more questions asked by the doctors," she said. "I wish I hadn't been steered into transitioning the way I was, and that I had been told there were other ways to cope with the discomfort of puberty."

Alarmed by the uncertain number of cases like Jacy's, as well as the rising numbers of patients with gender dysphoria and the psychiatric disorders many display, Sweden is working to standardize adolescent transgender medical treatment and restrict it to research settings.

Finland is also limiting treatment, more closely following the Dutch protocol, and doctors there remain concerned about the physical effects of blockers, including on brain development, said Dr. Riittakerttu Kaltiala, chief of adolescent psychiatry at a gender clinic in Tampere. (Dr. Kaltiala testified this fall before the Florida medical board as it was considering its ban on treatment.)

As European countries continue to examine and tailor their treatment, in the United States the public discourse about transgender care is growing more incendiary.

Last month, the American Academy of Pediatrics and other medical groups wrote to Attorney General Merrick B. Garland, urging the Justice Department to investigate growing threats of violence against physicians and hospitals that provide transgender medical treatment to adolescents. As more Republicans frame the treatment as child abuse, some doctors have become wary of discussing their work for fear of becoming targets.

More than a dozen doctors declined to be interviewed for this article, and several who spoke to The Times — some who support treatment, others who question it — asked not to be named.

The climate could have a chilling effect on research, said Dr. Natalie Nokoff, assistant professor of pediatric endocrinology at the University of Colorado, who recently conducted a soon-to-be-published study showing that a longer treatment period on puberty blockers was associated with a lower bone density.

“It’s leading to concerns that people’s well-intentioned scientific research could be misconstrued” and exploited for political gain, she said.

The prospect of such an outcome is disheartening for the families of Emma Basques, Ms. Chavira and the teen in New York. Despite their differing experiences, they share the same hopes for transgender medicine: less vitriol, more science.

Methodology

The analysis commissioned by The Times examined the findings of seven observational studies from the Netherlands, England and Canada, documenting the association between puberty blockers and bone density in about 500 adolescents.

In each study, bone density was measured at the spine and the hip using Dual-energy X-ray absorptiometry, or DEXA scan. The analysis looked at group means, because not every study released individual person data. Each study’s findings were weighted based on its number of participants.

The change in bone density while adolescents were on blockers was observed to be zero. The analysis also showed that the adolescents’ Z-scores, a measure of bone density that is benchmarked to peers, consistently fell during treatment with blockers.

The studies included are:

“Bone Mass in Young Adulthood Following Gonadotropin-Releasing Hormone Analog Treatment and Cross-Sex Hormone Treatment in Adolescents With Gender Dysphoria,” Klink et. al, Journal of Clinical Endocrinology & Metabolism, 2015

“Effect of Pubertal Suppression and Cross-Sex Hormone Therapy on Bone Turnover Markers and Bone Mineral Apparent Density (BMAD) in Transgender Adolescents,” Vlot et. al, Bone, 2017

“The Effect of GnRH Analogue Treatment on Bone Mineral Density in Young Adolescents With Gender Dysphoria: Findings From a Large National Cohort,” Joseph et. al, Journal of Pediatric Endocrinology and Metabolism, 2019

“Physical Changes, Laboratory Parameters and Bone Mineral Density During Testosterone Treatment in Adolescents With Gender Dysphoria,” Stoffers et. al, The Journal of Sexual Medicine, 2019

“Bone Development in Transgender Adolescents Treated With GnRH Analogues and Subsequent Gender-Affirming Hormones,” Schagen et. al, Journal of Clinical Endocrinology & Metabolism, 2020

“Short-Term Outcomes of Pubertal Suppression in a Selected Cohort of 12- to 15-Year-Old Young People With Persistent Gender Dysphoria in the U.K.,” Carmichael et. al, PLOS One, 2021

“Pubertal Suppression, Bone Mass and Body Composition in Youth With Gender Dysphoria,” Navabi et. al, Pediatrics, 2021

Julie Tate contributed research.

Megan Twohey is a prize-winning investigative reporter and a best-selling author who has focused much of her work on the treatment of women and children. @mega2e • Facebook

Christina Jewett covers the Food and Drug Administration. She is an award-winning investigative journalist and has a strong interest in how the work of the F.D.A. affects the people who use regulated products. @By_Cjewett

A version of this article appears in print on , Section A, Page 1 of the New York edition with the headline: Pressing Pause on Puberty

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 14, 2022 11:11 AM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Subject: RE: SFDPH-CAGC grant

Hi Steve,

This is unfortunate to hear. Is it possible to directly hire the interested person at UCSF from the subcontract organization?

Hate to see we are returning funds when you still have work to carry out on the project.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Thursday, November 10, 2022 3:47 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: SFDPH-CAGC grant

Hi [REDACTED] and [REDACTED]

As you know, we've had a significant and fruitful collaboration between the CAGC and SF-DPH for the last almost 6 years. This collaboration was in the form of an annual grant of approximately \$325,000 to the CAGC to support our Community Outreach program for gender-diverse youth in San Francisco. In the past year, this funding was primarily for salary support of 2 members of our CAGC team: [REDACTED], LPCC, Director of Community-based Clinical Programs (I believe at 60% effort) and [REDACTED], who served as Director of Community based Clinical Services and Training (I believe at 30% effort). In addition, Dr. [REDACTED] and I each served as Supervisors on this grant and received support in the range of 5-7 %.

Unexpectedly, [REDACTED] informed us that he had accepted a new full-time job outside of UCSF as of early October, and [REDACTED] very recently informed us that because of [REDACTED] they will be leaving UCSF as of the end of this month. Unfortunately, we do not have other personnel who could step in and take over the work of [REDACTED] and [REDACTED] for the DPH grant. I explored with the DPH whether or not it would be possible for us to identify new people through a subcontract that could continue this work through the end of the current academic year's funding period of June 30, 2023. As you will see from the email below, this will not be possible.

What this means is that the current grant, which runs through June 30, 2023, now will end on November 30, 2022. UCSF will have 45 days to submit final invoices.

It's sad to not be able to continue this work that was already funded for another 7 months, but I don't see any other options.

Please let me know if you have any questions.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology

Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences

550 16th St., 4th Floor, #4635

San Francisco CA 94143-0434
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Director, World Professional Association for Transgender Health
Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Thursday, November 10, 2022 3:20 PM

To: [REDACTED], [REDACTED] (DPH) <[REDACTED]@sfdph.org>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: SFDPH-CAGC grant

Hi [REDACTED],

Thanks for your clear response, which is very understandable. I will inform our Business Manager from Pediatric Endocrinology so that the final invoices can be submitted in a timely manner.

Please know how grateful I and our team have been for this nearly 6-year collaboration. I truly appreciate your and [REDACTED]'s incredible support and belief in our mission and also hope there will be new opportunities for collaboration in the near future.

Sincerely,

Steve

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email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED], [REDACTED] (DPH) <[REDACTED]@sfdph.org>

Sent: Thursday, November 10, 2022 2:52 PM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Cc: [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED], [REDACTED] <[REDACTED]@ucsf.edu>

Subject: RE: SFDPH-CAGC grant

This Message Is From an External Sender

This message came from outside your organization.

Hi Steve,

It was great to meet with you and J on Monday. I had the opportunity to consult with [REDACTED] today to propose using some of the remaining contractual funds for capacity-building activities through subcontract. In the long run, additional processes with budget modifications and other contractual revisions could complicate the target of winding down CAGC direct services at the end of this month. For example, we would have to do a whole contract revision to add any subcontractor to your budget which could take some time. After considering these additional processes and the remaining contract term, it boiled down to ensuring a smooth and clean end to the contract. I wish there were an easy way, but our efforts would not be as fruitful given these contractual processes.

Regarding invoicing, a provider typically has 45 days to submit their last invoice. [REDACTED] noted that UC's finance team should have the invoices to complete submission by the end of this year.

I want to express my immense gratitude to you and the CAGC teams for being in the forefront of gender-affirming clinical practice and care for trans and gender-diverse kids and families. CAGC saves so many young lives from experiencing undue distress and suffering for just being who they are. Thank you for allowing me to your team's work. I am immensely proud of CAGC's positive impact on our system of care and clients. I look forward to continued collaborations and support in the near future.

Sincerely,

[REDACTED]

██████████ MPH
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: (████) ██████ Fax: (████) ██████
██████████@sfdph.org
Pronouns: she/her



CONFIDENTIALITY NOTICE: This email is intended for the recipient only. If Protected Health Information (PHI) is contained in this email, unauthorized disclosure may subject the discloser to civil or criminal penalties under state and federal privacy laws. If you received this email in error, notify me and destroy the email immediately.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:19 PM
To: ██████████ (DPH) <██████████@sfdph.org>
Cc: ██████████ (UCSF) <██████████@ucsf.edu>; ██████████, ██████████ (UCSF) <██████████@ucsf.edu>
Subject: SFDPH-CAGC grant

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi ██████████,

It was great to meet by zoom with you and ██████████ on Monday. I wanted to follow-up with you regarding the possibility of continuing the grant in a limited form through the end of the current funding period (June, 2023) by continuing to do the capacity building work. I have initiated a conversation with ██████████ and Dr. ██████████ to determine who we might identify that could do this work on a contract basis through Pediatric Endocrinology at UCSF.

You mentioned that you would be checking in with ██████████ about this possibility. Please let us know as soon as you can if this is of interest, and we will work to figure things out on our end, as Community Outreach continues to be a high priority for the CAGC.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, November 14, 2022 3:05 PM PST

To: [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: SFDPH-CAGC grant

Hi [REDACTED],

Unfortunately, given the specialization of this work, the SFDPH didn't think it would be possible to identify and hire new people for a project that ends in June—definitely a disappointment that our two key personnel on this project had, to leave prematurely.

Steve

Stephen M. Rosenthal, M.D.
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Medical Director, Child and Adolescent Gender Center
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Sent: Thursday, November 10, 2022 3:47 PM

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Cc: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

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Hi Steve,

It was great to meet with you and J on Monday. I had the opportunity to consult with [REDACTED] today to propose using some of the

remaining contractual funds for capacity-building activities through subcontract. In the long run, additional processes with budget modifications and other contractual revisions could complicate the target of winding down CAGC direct services at the end of this month. For example, we would have to do a whole contract revision to add any subcontractor to your budget which could take some time. After considering these additional processes and the remaining contract term, it boiled down to ensuring a smooth and clean end to the contract. I wish there were an easy way, but our efforts would not be as fruitful given these contractual processes.

Regarding invoicing, a provider typically has 45 days to submit their last invoice. [REDACTED] noted that UC's finance team should have the invoices to complete submission by the end of this year.

I want to express my immense gratitude to you and the CAGC teams for being in the forefront of gender-affirming clinical practice and care for trans and gender-diverse kids and families. CAGC saves so many young lives from experiencing undue distress and suffering for just being who they are. Thank you for allowing me to your team's work. I am immensely proud of CAGC 's positive impact on our system of care and clients. I look forward to continued collaborations and support in the near future.

Sincerely,

[REDACTED]

[REDACTED] MPH
Director
Gender Health SF
SFDPH, Castro Mission Health Center
3850 17th Street, San Francisco, CA 94114
Tel: () [REDACTED] Fax: () [REDACTED]
[REDACTED]@sfdph.org
Pronouns: she/her



CONFIDENTIALITY NOTICE: This email is intended for the recipient only. If Protected Health Information (PHI) is contained in this email, unauthorized disclosure may subject the discloser to civil or criminal penalties under state and federal privacy laws. If you received this email in error, notify me and destroy the email immediately.

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Wednesday, November 9, 2022 12:19 PM
To: [REDACTED], [REDACTED] (DPH) <[\[REDACTED\]@sfdph.org](mailto:[REDACTED]@sfdph.org)>
Cc: [REDACTED], [REDACTED] (UCSF) <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>; [REDACTED], [REDACTED] (UCSF) <[\[REDACTED\]@ucsf.edu](mailto:[REDACTED]@ucsf.edu)>
Subject: SFDPH-CAGC grant

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi [REDACTED],

It was great to meet by zoom with you and [REDACTED] on Monday. I wanted to follow-up with you regarding the possibility of continuing the grant in a limited form through the end of the current funding period (June, 2023) by continuing to do the capacity building work. I have initiated a conversation with [REDACTED] and Dr. [REDACTED] to determine who we might identify that could do this work on a contract basis through Pediatric Endocrinology at UCSF.

You mentioned that you would be checking in with [REDACTED] about this possibility. Please let us know as soon as you can if this is of interest, and we will work to figure things out on our end, as Community Outreach continues to be a high priority for the CAGC.

Thanks and best wishes,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
550 16th St., 4th Floor, #4635
San Francisco CA 94143-0434
Pronouns: he/him/his

Director, World Professional Association for Transgender Health

Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266

Fax: (415) 476-5356

email: Stephen.Rosenthal@ucsf.edu

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, November 14, 2022 3:35 PM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: Message from TOLL FREE CALL (8774812708)
Attachment(s): "VoiceMessage.wav"

Hi [REDACTED]
Please listen to this message.
Thanks,
Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Past Vice President and Director, Endocrine Society
Past President, Pediatric Endocrine Society

Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: Cisco Unity Connection Messaging System <unityconnection@mbhcuc01.infra.ucsf.edu>
Sent: Monday, November 14, 2022 3:15 PM
To: rosenthals@mbhcuc01.infra.ucsf.edu <rosenthals@mbhcuc01.infra.ucsf.edu>
Subject: Message from TOLL FREE CALL (8774812708)

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>

Sent: Monday, November 14, 2022 3:37 PM PST

To: [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: Re: NYT piece

Hi [REDACTED]

Happy to chat by phone. There were a number of misleading and incorrect statements, but overall, it wasn't as bad as I feared it might be.

Thanks,

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>

Sent: Monday, November 14, 2022 8:28 AM

To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>; [REDACTED] <[REDACTED]@ucsf.edu>

Subject: NYT piece

Hi folks,

As you probably know, the NYT piece is out:

<https://www.nytimes.com/2022/11/14/health/puberty-blockers-transgender.html>

I am very interested to hear your thoughts, if you care to share. Feel free to call if easier (in fact this may be most prudent). Currently wrangling the child to school, but available starting at 9.

Best, [REDACTED]

[REDACTED]
Senior Public Information Representative
UCSF Office of Communications

University of California, San Francisco
Cell/Text: [REDACTED]

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 14, 2022 3:49 PM PST
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
CC: [REDACTED]@ucsf.edu
Subject: Re: Message from TOLL FREE CALL (8774812708)

Done!!

Practice Coordinator II
UCSF Child & Adolescent Gender Center
415-215-1093

she/her/hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, November 14, 2022 3:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED]@ucsf.edu
Subject: Fw: Message from TOLL FREE CALL (8774812708)

Hi [REDACTED]
Please listen to this message.
Thanks,
Steve

Stephen M. Rosenthal, M.D.
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Division of Pediatric Endocrinology
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email: Stephen.Rosenthal@ucsf.edu

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To: rosenthals@mbhcuc01.infra.ucsf.edu <rosenthals@mbhcuc01.infra.ucsf.edu>
Subject: Message from TOLL FREE CALL (8774812708)

From: Rosenthal, Stephen on behalf of Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, November 14, 2022 3:52 PM PST
To: [REDACTED] <[REDACTED]@ucsf.edu>
CC: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Message from TOLL FREE CALL (8774812708)

Thanks!

Steve

Stephen M. Rosenthal, M.D.
Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child and Adolescent Gender Center
University of California, San Francisco
Mission Hall: Global Health and Clinical Sciences
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Tel.: (415) 476-2266
Fax: (415) 476-5356
email: Stephen.Rosenthal@ucsf.edu

From: [REDACTED] <[REDACTED]@ucsf.edu>
Sent: Monday, November 14, 2022 3:49 PM
To: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Re: Message from TOLL FREE CALL (8774812708)

Done!!

Practice Coordinator II
UCSF Child & Adolescent Gender Center
415-215-1093

she/her/hers

From: Rosenthal, Stephen <Stephen.Rosenthal@ucsf.edu>
Sent: Monday, November 14, 2022 3:35 PM
To: [REDACTED] <[REDACTED]@ucsf.edu>
Cc: [REDACTED] <[REDACTED]@ucsf.edu>
Subject: Fw: Message from TOLL FREE CALL (8774812708)

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