I, Dr. Lawrence S. Mayer, declare as follows:

**Qualifications**

1. While retained as a private consultant in this matter, I serve as a Visiting Fellow in Integrative Knowledge and Human Flourishing at Harvard University.

2. I have been asked to offer my opinions on the state of science on the issues of sexual orientation and gender identity with a focus on the published quantitative literature.

3. I am a research physician, epidemiologist, and biostatistician; one of the few physicians with training in psychiatry, clinical epidemiology and a Ph.D. in Mathematics and Statistics.

4. I have served as a tenured (and nontenured) professor at major universities for over four decades. My professorial (and research) appointments have been at Arizona State University, Johns Hopkins University, The Ohio State University, The Mayo Clinic, Princeton University, Stanford University, University of Michigan, University of Pennsylvania, and Virginia Tech. I am currently a Visiting Fellow at Harvard University where my research focuses
on the integration of the quantitative methods of the social sciences with more classical biostatistical and epidemiological methods.

5. My appointments have been in 23 disciplines including statistics, biostatistics, epidemiology, public health, mental health, social methodology, psychiatry, mathematics, sociology, political science, economics, and biomedical informatics. My primary focus has been on the intersection among biostatistics, epidemiology, medicine, and public health.

6. I have reviewed as a biostatistician, epidemiologist, physician, and social methodologist hundreds of manuscripts submitted for publication to many of the major medical, statistical, and public health journals, including *The New England Journal of Medicine*, *The Journal of the American Statistical Association*, and *The American Journal of Public Health*. I have served as an associate editor for *The Journal of the American Statistical Association* and *Social Methods and Research*. I am a founding member of the editorial board of the journal *Social Methodology* and the Sage series on Social Methodology.

7. I am a Fellow of the Royal Statistical Society.

8. I attach as Exhibit A a copy of my current Professional Vita, which lists my education, appointments, publications, research, and other professional experience.

9. In this declaration, I present, in the headings marked with Roman numerals or capital letters, certain of my opinions about the current state of scientific knowledge about health, mental health, fluidity, and therapies in populations that are identified by their sexual orientation or gender identities. For each of these opinions, I then provide a non-exhaustive list of citations to studies published in science journals or other respected sources that support and provide in part the basis of my opinion, quoting or summarizing relevant findings of each article.
10. I begin by noting that the concepts at the core of these discussions—sexual orientation and gender identity—are complex, not well defined, and disputed. Widely cited researchers in the field, Lisa Diamond and Clifford Rosky, state that “sexual orientation is not easy to define or measure. This ambiguity poses a problem for research…. Sexual orientation is a multifaceted phenomenon, incorporating sexual attractions, sexual arousal, sexual fantasy, sexual behavior, and sexual identity…. Different researchers have emphasized different facets, and the facets themselves do not always coincide.” Lisa M. Diamond & Clifford J. Rosky, Scrutinizing Immutability: Research on Sexual Orientation & U.S. Legal Advocacy for Sexual Minorities, 53:4-5 J. of Sex Research 363, 365 (2016).

11. Similarly, there is no precise, unambiguous, let alone agreed upon, definition of “gender” or “gender identity.”

I. Numerous published studies suggest that sexual orientation is fluid across the life span; for many persons, their orientation is not immutable.


a) Studies “unequivocally demonstrate that same-sex and other-sex attractions do change over time in some individuals. The degree of change is difficult to reliably estimate, given differences in study measures, but the occurrence of change is indisputable.” (368-67)

b) “[A]rguments based on the immutability of sexual orientation are unscientific, given that scientific research does not indicate that sexual orientation is uniformly biologically determined at birth or that patterns of same-sex and other-sex attractions remain fixed over the life course.” (364)
c) These authors summarized findings from the Ott et al. Growing Up Today Study (GUTS) (2011) (http://nhs2survey.org/gutwordpress/) that involved more than 13,000 youth this way: “Of the 7.5% of men and 8.7% of women who chose a nonheterosexual descriptor at ages 18 to 21, 43% of the men and 46% of the women chose a different category by age 23. Among the same-sex-attracted youth who changed, 57% of the men’s changes and 62% of the women’s changes involved switching to completely heterosexual.” (369-70)

d) These authors also summarized findings from the Dunedin Multidisciplinary Health and Development Study (DMHD) (available at https://dunedinstudy.otago.ac.nz/) this way: “[R]ates of change do not appear to decline as respondents get older. Rates of change in attractions among same-sex-attracted men ranged from 26% to 45%, and rates of change in same-sex-attracted women ranged from 55% to 60%. Among the same-sex attracted men reporting change, between 67% and 100% of the changes were toward heterosexuality, and this also was true for 83% to 91% of the same-sex-attracted women undergoing changes.” (368)

e) These authors summarized findings from the National Survey of Midlife Development in the United States (MIDUS I and II) this way: “[F]ew respondents (less than 1% among both men and women) described themselves as homosexual or bisexual. Yet among this group 64% of the women and 26% of the men identified their sexual orientation differently 10 years later (Mock & Eibach, 2012). Half of the men’s changes and 55% of the women’s changes involved switching to heterosexuality.” (370) (Information about this survey is available at http://midus.wisc.edu/scopeofstudy.php, as is access to the many papers published from the survey.)


a) “...research on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or identities over time.” (636)

b) “Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation.” (562)

c) “Over the course of life, individuals experience the following: (a) changes or fluctuations in sexual attractions, behaviors, and romantic partnerships;...” (619)

   a) “Migration over time among sexual orientation components was in both directions, from opposite-sex attraction and behavior to same-sex attraction and behavior and vice versa.” (385)

   b) “Evidence to support sexual orientation stability among nonheterosexuals is surprisingly meager. . . . Support for the instability of sexual orientation is far more prevalent—in both adult and adolescent populations. Among the 14% of Dutch adult males who reported ever having physical attraction to other males, about half noted that these feelings disappeared later in life (Sandfort, 1997).” (386)

   c) “Although most (97%) heterosexuals maintained their heterosexual identity, nonheterosexuals frequently changed their identity label over the life course: 39% of gay males, 65% of lesbians, 66% of male bisexuals, and 77% of female bisexuals. The dimensional assessments of fantasy, attraction, and behavior reflected similar trends. Although roughly 90% of heterosexually identified individuals had none or one point changes during their lifetime, the majority of gay (52%), lesbian (80%), and bisexual (90%) identified individuals had multiple changes on the dimensional variables.” (387)

   d) “The data . . . highlight the high proportion of participants with same- and both-sex attraction and behavior that migrated into opposite-sex [heterosexual] categories between waves.” (388)

   e) “All attraction categories other than opposite-sex were associated with lower likelihood of stability over time. That is, individuals reporting any same-sex attractions were more likely to report subsequent shifts in their attractions than were individuals without any same-sex attractions.” (389)

4. Steven E. Mock & Richard P. Eibach, *Stability and Change in Sexual Orientation Identity Over a 10-year Period in Adulthood*, 41 Archives of Sexual Behavior 642, 646 (2011) (summarizing findings from National Survey of Midlife Development in the United States (MIDUS I and II) this way: “Overall, 55 (2.15%) participants reported a different sexual orientation identity at Wave 2 compared to Wave 1. Among women, 1.36% with a heterosexual identity changed, 63.3% with a homosexual identity changed, and 64.71% with a bisexual
identity changed. Among men, 0.78% with a heterosexual identity changed, 9.52% with a homosexual identity changed, and 47.06% with a bisexual identity changed.

5. American Psychiatric Association, “Position Statement on Issues Related to Homosexuality” (2013) (Glassgold Decl. Ex. D) (acknowledging non-fixity in sexual orientation: “The American Psychiatric Association believes that the causes of sexual orientation (whether homosexual or heterosexual) are not known at this time and likely are multifactorial including biological and behavioral roots which may vary between different individuals and may even vary over time.”).

II. The studies available, although limited, indicate that for a significant number of individuals who suffer gender dysphoria, most of whom identify as transgender, gender identity is not immutable.

1. American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders 455 (5th Ed., 2013) (“Rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary. In natal males, persistence has ranged from 2.2% to 30.0%. In natal females, persistence has ranged from 12% to 50%.” Quoted in Kenneth J. Zucker, The Myth of Persistence: Response to “A Critical Commentary on Follow-up Studies and ‘Desistance’ Theories About Transgender & Gender Nonconforming Children” by Temple Newhook et al., 19:2 INT’L J. OF TRANSGENDERISM 1, 3 (2018).


3. Stephen B. Levine, Informed Consent for Transgendered Patients, J. OF SEX & MARITAL THERAPY 7 (2018), DOI: 10.1080/0092623X.2018.1518885 (‘‘It is important for parents to be told that the majority of cross-gender identified


III. Multiple studies report that voluntary therapeutic counsel is effective for some persons who are highly motivated to change sexual thoughts, attractions, and behavior.


   a) “Former participants in SOCE reported diverse evaluations of their experiences: Some individuals perceived that they had benefited from SOCE, . . . [These] individuals reported that SOCE was helpful—for example, it helped them live in a manner consistent with their faith. Some individuals described finding a sense of community through religious SOCE and valued having others with whom they could identify.” (3)

   b) “For instance, participants reporting beneficial effects in some studies perceived changes to their sexuality, such as in their sexual orientation, gender identity, sexual behavior, sexual orientation identity….” (49)

2. Stanton L. Jones & Mark A. Yarhouse, *A Longitudinal Study of Attempted Religiously Mediated Sexual Orientation Change*, 37 J. OF SEX & MARITAL THERAPY 404 (2011) (23% of study participants experienced substantial reduction in homosexual attraction and substantial increase in heterosexual attraction and functioning. An additional 30% of participants experienced that homosexual attraction remained present only incidentally or in a way that did not seem to bring about distress, allowing them to live contentedly without overt sexual activity.).
3. Robert L. Spitzer, *Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation*, 32:5 Archives of Sexual Behavior 403, 413 (2003) (“This study indicates that some gay men and lesbians, following reparative therapy, report that they have made major changes from a predominantly homosexual orientation to a predominantly heterosexual orientation. The changes following reparative therapy were not limited to sexual behavior and sexual orientation self-identity. The changes encompassed sexual attraction, arousal, fantasy, yearning, and being bothered by homosexual feelings. The changes encompassed the core aspects of sexual orientation. Even participants who only made a limited change nevertheless regarded the therapy as extremely beneficial.”).


   a) Participants “experienced a decrease in homosexual feelings and behavior, an increase in heterosexual feelings and behavior, and a positive change in psychological functioning.” (97)

   b) “Participants perceived the most helpful interventions to be a men's weekend/retreat, a psychologist, and a mentoring relationship.” (98)
IV. Available science does not permit a conclusion that voluntary therapeutic conversations aiming for change in sexual attraction, thoughts, behavior, or orientation, or of gender-identity, are harmful to most patients.

   a) “Although the recent studies do not provide valid causal evidence of the efficacy of SOCE or of its harm, some recent studies document that there are people who perceive that they have been harmed through SOCE… just as other recent studies document that there are people who perceive that they have benefited from it. . . . We conclude that there is a dearth of scientifically sound research on the safety of SOCE. Early and recent research studies provide no clear indication of the prevalence of harmful outcomes among people who have undergone efforts to change their sexual orientation or the frequency of occurrence of harm because no study to date of adequate scientific rigor has been explicitly designed to do so. Thus, we cannot conclude how likely it is that harm will occur from SOCE.” (42)
   b) “[I]t is still unclear which techniques or methods may or may not be harmful.” (91)

2. Jones & Yarhouse (2011) (“The attempt to change sexual orientation did not appear to be harmful on average for these participants. The only statistically significant trends that emerged…indicated improving psychological symptoms.”). (424)

V. Available science does not permit a conclusion that voluntary therapeutic conversations aiming for change in sexual attraction, thoughts, behavior, or orientation, or of gender-identity, are ineffective.

   a) “We found that nonaversive and recent approaches to SOCE have not been rigorously evaluated. Given the limited amount of methodologically sound research, we cannot draw a conclusion regarding whether recent forms of SOCE are or are not effective.” (43)
   b) “We thus concluded that there is little in the way of credible evidence that could clarify whether SOCE does or does not work in changing same-sex sexual attractions.” (28)
   c) “There are no studies of adequate scientific rigor to conclude whether or not recent SOCE do or do not work to change a person’s sexual orientation.” (120)
VI. Anecdotal stories, no matter how tragic, of suicide, depression, or distress in homosexual or transgender individuals who have undergone any particular treatment or therapy, do not constitute scientific evidence for causation or even correlation. This is because persons identifying as lesbian, gay, bisexual, and transgender exhibit substantially higher rates of suicidal ideation and attempts, and worse mental and physical health, than the general population.

A. Suicidal ideation, attempts, and completed suicide are more prevalent in the population of people who identify as homosexual or transgender.

1. John R. Blosnich et al., *Suicidality & Sexual Orientation: Characteristics of Symptom Severity, Disclosure, & Timing Across the Life Course*, 86:1 AM. J. ORTHOPSYCHIATRY 69, 69 (2016) (“Sexual minority men and women were more likely than heterosexual men and women to have disclosed suicide attempts to a medical professional.”).

2. Ron de Graaf et al., *Suicidality & Sexual Orientation: Differences Between Men & Women in a General Population-Based Sample from the Netherlands*, 35:3 ARCHIVES OF SEXUAL BEHAVIOR 253, 253 (2006) (“This study suggests that even in a country with a comparatively tolerant climate regarding homosexuality, homosexual men were at much higher risk for suicidality than heterosexual men.”).

3. Daniel M. Fergusson et al., *Is Sexual Orientation Related to Mental Health Problems & Suicidality in Young People?*, 56 ARCHIVES OF GEN. PSYCHIATRY 876, 876-80 (1999) (found that non-heterosexual young people were at increased risk for suicidal behavior and ideation, major depression, generalized anxiety disorder, conduct disorder, tobacco dependence, and multiple disorders compared to the heterosexual subsample).

4. Robin M. Mathy et al., *The Ass’n Between Relationship Markers of Sexual Orientation & Suicide*, 46 SOCIAL PSYCHIATRY AND PSYCHIATRIC EPIDEMIOLOGY 111, 111 (2011) (“The estimated age-adjusted suicide mortality risk for [men in same-sex registered domestic partnerships] was nearly eight times greater than for men with positive histories of heterosexual marriage and nearly twice as high for men who had never married.”).

   a) Population-based surveys of U.S. adolescents since the 1990s indicate that suicide attempts are “two to seven times” more likely in “high school students who identify as LGB.” (17)

   b) Studies cited in the report show that lesbian or bisexual women are likelier, on average, to experience suicidal ideation, that gay or bisexual men are more likely, on average, to attempt suicide, and that lifetime suicide attempts among non-heterosexuals are greater in men than in women. (15-19)


   a) Among psychiatric patients, homosexual or bisexual populations are over-represented in “serious suicide attempts.” (722)

   b) In nonclinical population-based studies, non-heterosexual status is found to be one of the strongest predictors of suicide attempts. (722)

   c) “The most exhaustive collation of published and unpublished international studies on the association of suicide attempts and sexual orientation with different methodologies has produced a very consistent picture: nearly all studies found increased incidences of self-reported suicide attempts among sexual minorities.” (723)

   d) “Given the evidence presented, sexual minority individuals are at greater risk for suicides and suicide attempts, compared to their heterosexual counterparts.” (724)

7. Mathy et al. (2011) (After reviewing the impact of sexual orientation on suicide rates in Denmark during the first twelve years after the legalization of same-sex registered domestic partnerships (RDPs), this study found that the estimated age-adjusted suicide rate for men in same-sex registered domestic partnerships was nearly eight times the rate for men in heterosexual marriages, and nearly twice the rate for men who had never married.). (112)

our study, increased rates of suicide attempts among sexual minority individuals occurred for all dimensions of sexual orientation: sexual behavior, sexual fantasies, partner preference, and self-identification.”).


   a) “The prevalence of suicide attempts among respondents to the National Transgender Discrimination Survey (NTDS), conducted by the National Gay and Lesbian Task Force and National Center for Transgender Equality, is 41 percent, which vastly exceeds the 4.6 percent of the overall U.S. population who report a lifetime suicide attempt, and is also higher than the 10 – 20 percent of lesbian, gay and bisexual adults who report ever attempting suicide.” (2)

   b) The authors note that “respondents who said they had received transition-related health care or wanted to have it someday were more likely to report having attempted suicide than those who said they did not want it.” (8)

   a) Of 392 male-to-female and 123 female-to-male transgender persons in study, 62% of the male-to-female and 55% of the female-to-male transgender persons were depressed at the time of the study, and 32% of each population had attempted suicide. (919)

   b) “The prevalence of suicide attempts among male-to-female and female-to-male transgender persons in our study was much higher than that found in US household probability samples and a population-based sample of adult men reporting same-sex partners.” (919)


   a) “Significantly higher percentages of lesbian, gay, or bisexual students (47.7%) and students not sure of their sexual identity (31.8%) seriously considered attempting suicide than heterosexual students (13.3%).” (84)

   b) “Significantly higher percentages of lesbian, gay, or bisexual students (38.0%) and students not sure of their sexual identity (25.6%) made a suicide plan than heterosexual students (10.4%).” (85)

   c) “Significantly higher percentages of lesbian, gay, or bisexual students (23.0%) and students not sure of their sexual identity (14.3%) attempted suicide than heterosexual students (5.4%).” (86)

   d) “Significantly higher percentages of lesbian, gay, or bisexual students (7.5%) and students not sure of their sexual identity (5.6%) were injured in a suicide attempt than heterosexual students (1.7%).” (87)

B. Mental health problems other than suicidal ideation, attempts, and completions are more prevalent in the population of people who identify as homosexual.

1. 2018 CDC Report (“Significantly higher percentages of lesbian, gay, or bisexual students (63.0%) and students not sure of their sexual identity (46.4%) experienced persistent feelings of sadness or hopelessness than heterosexual students (27.5%).”) (83).
2. Theo G. Sandfort et al., *Same-Sex Sexual Behavior & Psychiatric Disorders*, 48 ARCHIVES OF GEN. PSYCHIATRY 85, 85 (2001) (discussing findings from the 2001 Netherlands Mental Health Survey and Incidence Study (NEMESIS): “…people with same-sex sexual behavior are at greater risk for psychiatric disorders.”).

3. D. Bradford Reich et al., *Sexual Orientation & Relationship Choice in Borderline Personality Disorder Over Ten Years of Prospective Follow-up*, 22:6 J. OF PERSONALITY DISORDERS 564, 564 (2008) (Study showed that individuals with borderline personality disorders “were significantly more likely than comparison subjects [with other personality disorders] to report homosexual or bisexual orientation and intimate same-sex relationships.”).

4. Michael King et al., *A Systematic Rev. of Mental Disorder, Suicide, & Deliberate Self Harm in Lesbian, Gay, & Bisexual People*, 8:70 BMC PSYCHIATRY 1, 1 (2008) (Non-heterosexual people face a “higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than heterosexual people,” with 2.47 times higher lifetime risk than heterosexuals for suicide attempts; twice as likely to experience depression over a 12-month period; and approximately 1.5 times as likely to experience anxiety disorders.).

5. Wendy B. Bostwick et al., *Dimensions of Sexual Orientation & the Prevalence of Mood & Anxiety Disorders in the United States*, 100:3 AM. J. PUB. HEALTH 468, 471 (2010) (Lesbian and bisexual women reported higher rates of anxiety disorder; also of lifetime mood disorders than women who identified as heterosexual: 44% in lesbians, 58.7% in bisexuals, compared to 30.5% in heterosexuals. Gay men had more than double the prevalence of lifetime mood disorders compared to men who identified as heterosexual (42.3% vs. 19.8%), and more than double the rate of any lifetime anxiety disorder (41.2% vs. 18.6%).).

HEALTH 2048, 2048 (2007) (Non-heterosexual populations are at a higher risk of physical health problems in addition to mental health problems.).

7. Christine E. Grella et al., Influence of Gender, Sexual Orientation, & Need on Treatment Utilization for Substance Use & Mental Disorders: Findings from the Ca. Quality of Life Survey, 9:52 BMC PSYCHIATRY 1, 1 (2008) (More than twice as many LGB individuals, compared to heterosexuals, had reported receiving treatment in the past twelve months (48.5% compared to 22.5%).).

8. Theo G.M. Sandfort et al., Sexual Orientation & Mental & Physical Health Status: Findings From a Dutch Population Survey, 96:6 AM. J. PUB. HEALTH 1119, 1119 (2006) (Non-heterosexual respondents reported experiencing higher numbers of acute mental health problems and reported worse general mental health than heterosexuals; lesbian and gay respondents were more likely to report chronic health problems.).

9. Haas et al. (2011) (Combined worldwide studies showed up to 50% higher rates of mental disorders and substance abuse among persons self-identifying in surveys as lesbian, gay, or bisexual; lesbian or bisexual women showed higher levels of substance abuse, while gay or bisexual men had higher rates of depression and panic disorder.).

C. Mental health problems other than suicidal ideation, attempts, and completions are more prevalent in the population of people who identify as transgender.

1. Riittakerttu Kaltiala-Heino et al., Two Years of Gender Identity Service for Minors: Overrepresentation of Natal Girls with Severe Problems in Adolescent Development, 9:9 CHILD & ADOLESCENT PSYCHIATRY & MENTAL HEALTH 1, 5 (2015) (Reports 2015 Finland gender identity service statistics: 75% of adolescents assessed “had been or were currently undergoing child and adolescent psychiatric treatment for reasons other than gender dysphoria.”).

2. Lisa Littman, Parent Reports of Adolescents & Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria, PLOS ONE at 13 (2018) (Parental survey concerning adolescents exhibiting Rapid Onset Gender
Dysphoria reported that 62.5% of gender dysphoric adolescents had “a psychiatric disorder or neurodevelopmental disability preceding the onset of gender dysphoria.”).

   
a) “Eighty-three patients requesting sex reassignment surgery (SRS) were recruited and assessed … for DSM-IV Axis I disorders:” 62.7% had one or more. 33.7% had major depressive disorder, 20.5% had specific phobia, and 15.7% had adjustment disorder (the three most common). (1)

   b) “Consistent with most earlier researches, the majority of patients with gender dysphoria had psychiatric Axis I comorbidity.” (1)

4. Gunter Heylens et al., *Psychiatric Characteristics in Transsexual Individuals: Multicentre Study in Four European Countries*, 204 The British Journal of Psychiatry 151, 151 (2014) (In a sample from four nations in Europe: 38% with GID have a current DSM-IV-TR Axis I Diagnosis, mostly affective and anxiety disorders. Nearly 70% had “a current and lifetime diagnosis.”).

5. Sari L. Reisner et al., *Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study*, 56:3 J. of Adolescent Health 274, 279 (2015) (Transgender youth had an elevated risk of depression (50.6% vs. 20.6%) and anxiety (26.7% vs. 10.0%); a higher risk of suicidal ideation (31.1% vs. 11.1%), suicide attempts (17.2% vs. 6.1%), and self-harm without lethal intent (16.7% vs. 4.4%) relative to the matched controls; and a significantly greater proportion of transgender youth accessed inpatient mental health care (22.8% vs. 11.1%) and outpatient mental health care (45.6% vs. 16.1%) services.).
VII. Multiple authors have reported data that show that the majority of individuals seeking counseling or therapy to change sexual orientation are motivated by religious convictions.

   a) “From our survey of recent publications and research, most SOCE currently seem directed to those holding conservative religious and political beliefs, and recent research on SOCE includes almost exclusively individuals who have strong religious beliefs.” (25)
   b) “The recent literature on those who participate in SOCE identifies a population of predominantly White men who are strongly religious and participate in conservative faiths.” (52)

2. Diamond & Rosky (2016) (“[T]he majority of individuals seeking to change their sexual orientation report doing so for religious reasons rather than to escape discrimination.”) (6).

3. American Counseling Association, “Ethical issues related to conversion or reparative therapy,” ACA (Jan. 16, 2013) (Glassgold Decl., Ex. O at 4) (“Conversion therapy as a practice is a religious, not psychologically-based, practice…. The treatment may include techniques based in Christian faith-based methods….”).


I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and that this declaration was executed on April 11, 2019.

By:

Dr. Lawrence S. Mayer
EXHIBIT A
LAWRENCE S. MAYER, MD, MS, PhD  
Professional Vita  
April 2019

Primary interests: Biostatistical methods, applications and interpretations used in public health, epidemiology, medicine and social policy. Development implementation and evaluation of statistical methods for assessing health effects of preventive interventions and environmental exposures including life-style variables. Analysis of statistical and epidemiological issues arising from applying evidence-based medicine in a clinical or policy environment. Analysis of the statistical issues arising from applying epidemiological models in the diagnosis, treatment, and prognosis of disease. Particularly interested in the intersections among medicine, public health, epidemiology and statistics.

Current Positions:

Visiting Fellow in Human Flourishing, Harvard University, 2018- 
https://www.iq.harvard.edu/people/lawrence-s-mayer (for identification only)

Independent Scholar and Consultant: Working and consulting on the application of epidemiology, clinical trials and related methodologies in policy and legal settings.

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Scottsdale, AZ 85259

Arizona State University  
Department of Economics  
Tempe, AZ 85258

Education:

Undergraduate: Arizona State University (1963-64) and Ohio State University: Psychology (Pre-med),
BS, 1967, Phi Beta Kappa, magna cum laude with distinction in psychology. President’s award for outstanding graduate.

Professional: Ohio State University College of Medicine (pre-clinical), dual enrollment, 1966-68; Guy’s Hospital Medical School, London, MB (British MD), 1969; Junior House Officer, Associated Medical Schools, British Virgin Islands 1969-1970, MD qualified to practice as a Public Health Physician (psychiatric epidemiologist), British Health Service, 1970

Graduate: Ohio State University, Mathematics, MS, 1969; Mathematics (Statistics and Biostatistics); PhD, 1971

Other: MA in Arts and Letters, honoris causa, University of Pennsylvania, 1981

Previous Appointments:

Scholar in Residence, Department of Psychiatry, Johns Hopkins School of Medicine, 2016-2017

Professor of Statistics, Biostatistics, and Economics, Arizona State University, 1995-2016

(Affiliate) Professor, Mayo Clinic/ASU Program in Biomedical Informatics, 2008-2016

Professor of Psychiatry and Public Health (Part-time), School of Medicine and Bloomberg School of Public Health, Johns Hopkins University, 1989-2016

Detective (Fully Sworn), Prosecutor’s Office, Maricopa County, Arizona 1998-2016 (retired) and State Resource Officer (Fully Sworn), State of Arizona, 1983-1998

Professor of Epidemiology, College of Public Health, University of Arizona, 2000-2016

Research Staff Member, Mayo Clinic, 2014-2016

Consultant in Psychiatric Epidemiology, Banner Alzheimer’s Institute, Phoenix, 2003-2016

Chief, Epidemiology and Biostatistics Section, Integrated Fellowship in Cardiology, Phoenix, 1998-2016

Faculty Member, Medical Education, Banner Good Samaritan Medical Center, Phoenix, 1993-2016

Visiting Professor, Division of Neuropsychiatry, Department of Psychiatry, Johns Hopkins Medicine, 2003-2004

Visiting Professor, Department of Biostatistics, Johns Hopkins School of Public Health, 1996-1997, 1989-1990

Director of Research, Maricopa Integrated Health System, 2003-2006

System Director, Research and Director and Medical Director of the Banner Health Research Institute, Banner Health System, Phoenix, 2001-2003

Director, Wharton Analysis Center, Wharton School; Associate Professor of Statistics, Public and Urban Policy, and Epidemiology, University of Pennsylvania, 1979-1983
Visiting Professor, Department of Statistics, Stanford University, 1982-1983

Research Statistician and Lecturer with Rank of Associate Professor, Department of Statistics; Member, Center for Energy and Environmental Studies; Associate Master and Fellow, Princeton Inn College; Instructor, Woodrow Wilson School of Public Affairs; Princeton University, 1974-1979

Assistant Professor of Statistics (with secondary appointments in Political Science, Sociology, and Education) Virginia Polytechnic Institute and State University, 1971-1974

Assistant Professor, Department of Political Science, The Ohio State University, 1971

Teaching Assistant, Department of Mathematics, The Ohio State University, 1967-1968

Visiting Scholar, Department of Statistics, Stanford University, Summer Semesters, 1984-1988

Instructor, Summer Programs, Inter-University Consortium for Political and Social Research, Institute for Social Research, University of Michigan, 1971-1980

**Other Major Appointments:**

Clinical Professor, College of Medicine, University of Arizona, 1997-2006

Chair, Division of Research, Medical Professionals of Arizona, Phoenix, 2003-2006

Director, Good Samaritan Research Institute, Phoenix, 1999-2001

Consultant in Biostatistics and Clinical Epidemiology, Good Samaritan Medical Center, Phoenix, 1993-2000

Thesis Advisor, Masters in Public Health, School of Public Health, University of Arizona, 1996-1998

Member, Committee on Statistics, Graduate College, Arizona State University, 1989-2004

Member, Program on Law and the Social Sciences, Arizona State University, 1983-2004

Member, Committee on Malpractice Reform, Arizona Supreme Court, 1989-1993

Erskine Fellow, Occupational Medicine, University of Canterbury, Christchurch, New Zealand, 1989-90

**Scholarly Publications:**


Mayer, LS, and McHugh, PR (2016) Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences, The New Atlantis, Fall;(50): 7-143 (the entire issue – an invited issue)


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Research Monographs:


Chapters in Research Monographs:


Published Book Reviews:

On the Verge: The Legal Fight of Travellers in England for their Rights (many authors), Romani Studies, 2001, 144-146

Firms and Markets (C. Tucker and R. Fuller, eds.), Perspective, Winter, 1988, 41

Social Science and Social Policy (R. Shotland and M. Mark, eds.), Perspective, April, 1986, 60

Principles of Epidemiology (Kleinbaum, Kupper and Morgenstern) Journal of the American Statistical Association, July/August 1984, 108

U.S. Interests and Global Natural Resources (Castle and Price, eds.), Perspective, September, 1984, 725-726


On the Social Use of Information (A. Wissel), Perspective, June, 1977, Vol. 6, No. 5


Registering Voters by Mail: The Maryland and New Jersey Experience (R. Smolka), Perspective, October 1975, Vol. 4, No. 8

Other Professional Activities:

Guest Lecture, Statistics and Epidemiology in Court, University of Maryland Law School, March, 2012
Editorial Board Member, Journal of Cardiology Research, 2003-

Member, Development Board, Copper Ridge Institute, Sykesville, MD, 1998-2000

Member, Expert Panel, Sexually Transmitted Disease and Teens, W. T. Grant Foundation, 2000-2001

Advisor, Sexually Transmitted Diseases & the Internet, American Social Health Association, 2000-2001

Invited Member, Panel on Mental Health Problems of Asylum Seekers, University of Greenwich, July 2000


Chief, Epidemiology and Biostatistics Branch, Phoenix Integrated Residency in Cardiology, 1999-

Clinical Professor, Prevention Center, College of Medicine, University of Arizona, 1999-

Member, Faculty of the Psychiatry Residency Program, Good Samaritan, 1998 –

Member of the Board of Directors, Palms Clinic, Phoenix, 1998-

Invited Participant, US Environmental Protection Agency Expert Panel on Cryptosporidium, October, 1998

Member, Evaluation Panel, Graduate Programs, University of Greenwich, London, August, 1998

Expert Witness, Appropriations Hearing on NIH Budget, US Senate, October, 1997-

Member, Expert Review Committee on Grant Applications and Awards, Health Care and Promotion Fund, Hong Kong, 1996-1998

Member, Clinical Committee, Health Services Advisory Group, Arizona, [the arm of the Medicare system that advises Medicare on reimbursements], 1994-1996

Alternate Member, Institutional Review Board, Samaritan Health Systems 1994-2001

Invited Attendee, Workshop on Psychosocial Research, American Psychiatric Association, Massachusetts General Hospital, Boston, October, 1996

Invited Attendee, Risk Estimation Conference, Environmental Protection Agency, Durham, North Carolina, September, 1996

Invited Attendee, Society for Prevention Research, Annual Conference, Puerto Rico, May, 1996

Proposal Evaluation Site Visit, Raptor Research Center, Boise State University, March 1996

Workshop Attendee, The Epidemiology of Avian Mortality, California Energy Commission, Sacramento, California, January, 1996

Invited Attendee, Prevention Science and Methodology Conference, Baltimore, MD, October, 1995

Invited Attendee, Avian Windpower Planning Meeting, Palm Springs, September, 1995

Invited Attendee, Mini-conference on Measuring Health Outcomes, Phoenix, March 1995

Invited Attendee, Private Conference on Wind Energy Research, California Energy Commission, Grand Island, California, December, 1994

Invited Participant, Workshop on Prevention Methodology, University of South Florida, Baltimore, December, 1994

Invited Participant, National Conference on Prevention Research, Washington, DC, December, 1994

Invited Consultant, California Energy Commission, Flagstaff, Arizona, November, 1994

Invited Participant, Workshop on the Science of Prevention, NIMH, Baltimore, December, 1994


Invited Participant, Workshop on Prevention Methodology, Oregon Social Learning Center, Eugene Oregon, August, 1994

Invited Technical Advisor, National Planning Meeting on Wind Power and Avian Mortality, Lakewood, CO, July, 1994

Invited Participant, Workshop on Biostatistical Methods in Preventive Mental Health Research, College of Public Health, University of South Florida, Tampa, March, 1994


Member, Special Study Section, National Institute of Health, 1993-

Invited Participant, Avian Mortality Taskforce Meeting, October, Pleasonton, CA, December, 1993

Invited Participant, Conference on Avian Mortality and Wind Energy, Pacific Gas and Electric, Livermore, CA, October, 1993

Invited Participant, Prevention Center Directors Meeting, National Institute of Mental Health, Tysons Corner, September, 1993


Invited Participant, Prevention Center Directors Meeting, National Institute of Mental Health, Rockville, September, 1992

Invited Participant, Prevention Center Directors Meeting, National Institute of Mental Health, Rockville, September, 1991


Invited Participant, Workshop on Development of Delinquency, National Academy of Science,
Woods Hole Study Center, July, 1991

Invited Participant, Workshop on Preventive Research, National Institute of Mental Health, October, 1990

Invited Lecturer, Exploratory Data Analysis, The Bootstrap and Panel Models in Occupational Medicine, lecture series, College of Business Administration, University of Canterbury, Christchurch, New Zealand, September - October, 1989

Invited Host, Mini-conference on The Epidemiology of Bladder Cancer, August, 1988, Lenox, Massachusetts

Expert Witness, Department of Public Health, Commonwealth of Massachusetts, July, 1988

Expert Witness, Department of Labor and Industry, Commonwealth of Massachusetts, July, 1988

Invited Participant, Workshop in Multidimensional Analysis, Information Theory and Asymptotic Methods, Stanford University, July 1983

Assisted in Preparation and Coordination, Conference on Science and Technology in the Soviet Union, Stanford University, July, 1983


Member, Committee on Industrial Use of Solar Energy, Solar Energy Research Institute, Golden, Colorado, 1979-1981

Press Conference on Wharton's Support to Litigation Project Award, April, 1981, Philadelphia

Invited Participant, Workshop on Model Validation, Department of Economics, New York University, April, 1980.


Lecturer, Workshop in Environmental Policy, Florida Atlantic University, March, 1980


Member, Committee on Health Manpower Training, Department of Health, New Jersey, 1976-79.


Organizer, Workshop on Resource Estimation, Department of Energy Statistical Symposium, Gatlinburg, Tennessee, October, 1979

Session Chairperson, Special Topics Meetings on Regression, Institute of Mathematical Statistics,
October, 1979


Invited Participant, Workshop on Measuring Model Confidence, National Bureau of Standards, Gaithersburg, MD, October 1979

Expert Witness, Hearings on State Health Benefits, Ohio State Assembly, February, 1979

Member, Committee on Model Evaluation, General Accounting Office, United States Congress, 1977-1978.


Lecturer, Program on Environmental Management, Florida Atlantic University, April, 1978


Chairperson, Committee on Membership, Institute of Mathematical Statistics, 1974-78

Invited Participant, Workshop on Energy Information, Stanford University, December 1977

Invited Participant, Conference on Criteria for Evaluation of Econometric Models, University of Michigan, June 1977


Conference Chair, Conference on the Analysis of Large Data Sets, Institute of Mathematical Statistics and American Statistical Association, Dallas, February 1977

Panelist, Seminars on Models and Energy Policy, Program in Public Policy, George Washington University, February, 1977

Invited Participant, Workshop on Stochastic Models of Social Structure Carnegie-Mellon University, MSSB Workshop, Pittsburgh, December, 1977

Interviewed on Energy Policy, West Virginia Public Television Network, October, 1976

Member, Committee on Measurement of Energy Consumption, National Academy of Sciences, 1975-76

Interviewed on Energy Policy, West Virginia Public Television Network, October, 1976

Participant, Workshop on Model Building, Mathematical Association of America, Cornell University,
August, 1976

Organizer and Chair, Session on Voting Models, Annual Meeting of the Public Choice Society, Roanoke, VA, April, 1976

Instructor, Short Course on Advances in Data Analysis, Princeton University, April, 1976

Member, Organizing Committee, Annual Convention, Institute of Mathematical Statistics, 1975-76

Member, Site Review Committee, University of Texas, San Antonio, National Science Foundation, 1975

Participant, Workshop on Validation of Econometric Models, National Science Foundation, Vail, Colorado, June, 1975

Participant, Workshop on Decentralization Theory, National Science Foundation, Princeton University, March, 1975

Member of the Council, Polymetrics Section, International Studies Association, 1973-75

Member, Committee on Education of Gifted Children, Department of Education, Virginia, 1973-74

Member, Committee on Health Training, State Council of Higher Education, Virginia, 1973-74

Instructor, Workshop on Survey Research, University of Cologne, Cologne, West Germany, 1973

Lecturer, Institute on Model Building, National Science Foundation, Blacksburg, Virginia, August, 1973

Clinical Assistant [Clinical Rotations], Associated Medical Schools, British Virgin Islands, 1969-1970

Summer Fellow, College of Medicine, University of Michigan, Summer, 1970

**Major Consulting Appointments (Other than Public and Non-profit):**

Play an active advisory role to several CEO's, corporate medical directors, courts, boards, and non-profits on specific health issues, which are confidential, private, proprietary or privileged. I would be glad to discuss these activities in an executive session. They are not appropriate for open documentation.

**Major Consulting Appointments (Public and Non-profit):**

Consultant in Research Compliance, Maricopa Integrated Medical System, 2002-2003

Consultant, California Energy Commission, 1994-2002

Consultant, National Renewable Energy Laboratory, 1992-1996

Consultant, Department of Mental Hygiene, Johns Hopkins Medical Institutions, June-August, 1990-1993

Consultant, Special Counsel, Department of Energy, 1979-82.
Consultant, National Governors Association, 1979-81
Consultant, Environmental Monitoring Project, Environmental Protection Agency, 1979
Consultant, Department of Health, City of New York, 1976-78
Consultant, Center for the Study of Emergency Health Services, University of Pennsylvania, 1977
Consultant, Chancellor, The University of Missouri, 1976
Consultant, National Commission on Water Quality, 1974-76
Consultant, Trout Unlimited, 1976
Consultant, Policy Analysis Division, Department of Housing and Urban Development, 1974
Consultant, Department of Political Science, Ohio State University, 1974
Consultant, Committee on State Employee Benefits, Assembly of the State of Ohio, 1973
Consultant, Department of Preventive Medicine, Ohio State University, 1972-73

**Editorial Service:**
Abstract Review Board, Annual Meeting, Society for General Internal Medicine, 1995
Associate Editor, *Series on Social Methodology*, Sage Publications, 1974-81
Member, Editorial Board, *Journal of Politics*, 1974-81
Associate Editor, *Journal of the American Statistical Association*, 1977-79
Abstracter, Executive Sciences Incorporated, 1974-79
Abstracter, *Mathematical Reviews*, 1974-76
Proposal reviewer for a variety of public agencies. In 1991-93 reviewed proposals for NIH, NIMH, NSF, DOE, EPA and others
Manuscript reviewer for several publishers including John Wiley and Sons and Wadsworth

**Honors and Awards:**
Listed in the International Who's Who in Medicine, 1997-
Listed in Who's Who in Medicine, 1994-
Honorary Member, Phi Beta Phi, Honorary Society, inducted 1991
Distinguished Research Professor, Arizona State University, 1987-88
Listed in Who's Who in the West, 1983-
Listed in Who's Who in Medical Research, 1982-
Listed in Personalities in America, 1981-
Listed in Distinguished Educators, 1982-
Member, Phi Beta Kappa, inducted 1967
Member, Alpha Iota Delta (Decision Science Honorary Society), elected 1986
Distinguished Alumni Award, Ohio State University, 1971
Awardee, Graduate Scholarship, National Science Foundation, 1967
Recipient, President's Scholarship Award, Ohio State University, 1968
Recipient, President's Scholarship Award, Ohio State University, 1967

Research Grants and Contracts:

Co-Principal Investigator, Alzheimer’s Disease and Anti-Inflammatory Prevention: Is Elevated Serum Cholesterol Predictive of Developing AD?, D. Larry Sparks, PI, Institute for the Study of Aging, funded, March 2001, 360,000

Biostatistical Problems in Research Methodology, Samaritan Health Services, Principal Investigator: L.S. Mayer, 1996-2003, approximate award 450,000

Statistical Problems in Developing Intermediate Outcome Models of the Role of Apolipoprotein E in Alzheimer’s Disease, Office of Research, Arizona State University, 1994-95, approximate award 20,000.

Biostatistical Problems in Research Methodology, Samaritan Health Services, Principal Investigator: L.S. Mayer, 1995-96, approximate award 26,000

Co-Principal Investigator, Prevention Research Training Grant, awarded by the Prevention Branch, National Institute of Mental Health, to the Prevention Center, Department of Mental Hygiene, Johns Hopkins School of Hygiene and Public Health. Principal Investigator: S. G. Kellam, 1994-1999, approximate award 500,000
Co-Principal Investigator, Epidemiological Prevention Center for Early Risk Behavior, awarded by the Prevention Branch, National Institute of Mental Health, to the Prevention Center, Department of Mental Hygiene, Johns Hopkins School of Hygiene and Public Health. Principal Investigator: S. G. Kellam, 1990-1995, approximate award, 5,000,000

Biostatistical Problems in Research Methodology, Samaritan Health Services, Principal Investigator: L.S. Mayer, 1994-95, approximate award 26,000

Biostatistical Problems in Research Methodology, Samaritan Health Services, Principal Investigator: L.S. Mayer, 1993-94, approximate award 25,000

Wharton Support to Litigation Project, awarded by the Office of the Special Counsel, Department of Energy to the Wharton Analysis Center, Wharton School, University of Pennsylvania. Principal Investigator: L.S. Mayer, 1981-83, approximate award: 2,200,000

Wharton Energy Allocation Project, awarded by the Department of Energy to the Wharton Analysis Center, Wharton School, University of Pennsylvania, Principal Investigator: L.S. Mayer, 1981-83, approximate award: 100,000

Wharton Energy Data Analysis Project, awarded by Oak Ridge National Laboratory to the Wharton Analysis Center, Wharton School, University of Pennsylvania, Principal Investigator: L.S. Mayer, 1980-81, approximate award: 450,000

Wharton Petroleum Data Analysis Project, awarded by CEXEC, Inc. to the Wharton Analysis Center, Wharton School, University of Pennsylvania, Principal Investigator: L.S. Mayer, 1980-81, approximate award: 100,000

Wharton Model Evaluation Project, awarded by the Energy Information Administration, Department of Energy to the Wharton Analysis Center, Wharton School, University of Pennsylvania, Principal Investigator: L.S. Mayer, 1979-81, approximate award: 900,000

Wharton Energy Assessment Project, awarded by Oak Ridge National Laboratory to the Wharton Analysis Center, Wharton School, University of Pennsylvania, Principal Investigator: L.S. Mayer, 1980-81, approximate award: 100,000


Analysis of Residential Energy Demand, awarded by the Office of Conservation, Department of Energy to the Center for Energy and Environmental Studies, Princeton University, Principal Investigators: R. Socolow, D. Harrje, L. Mayer and F. Sinden, 1977-78, approximate award: 300,000

Analysis of Statistical Issues Arising from Energy Studies, awarded by the National Science Foundation to the Center for Energy and Environmental Studies, Princeton University, Principal Investigator: L.S. Mayer, 1977-78, approximate award: 50,000

Analysis of Residential Energy Demand, awarded by the Energy Research and Development Administration to the Center for Energy and Environmental Studies, Princeton University, Principal Investigators: R. Socolow, D. Harrje and L. Mayer, 1976-77, approximate award: 300,000

Assessing the Value of Econometric Energy Models, awarded by the Department of Commerce to
Papers Presented at Professional Meetings:

Depression in Assisted Living is Common and Related To Physical Burden, Gerontology Society Annual Meeting, Washington DC, November 2004

"Methodological Issues In Modeling The Incidence Of Alzheimer's Disease As A Function Of Age", World Congress of Epidemiology, Toronto, June, 2001

"Biostatistical Problems in Forecasting the Prevalence of Alzheimer's Disease" World Psychiatric Congress, Baltimore, March, 2001


"A Randomized Clinical Trial of a Group Empowerment Program for Somatizing Patients: Six Months Follow-up Results", (with J. C. Peirce, A. Miller and J. Westley), invited lecture, Society for General Internal Medicine, Washington, DC, May 1997


"Developmental Epidemiology and its Implications for Prevention Research" invited lecture (with Sheppard Kellam), Life History Society Annual Meeting, London, December, 1996

"Using Multilevel Models to Tease Out Variability in Individual Behavior", invited lecture, Association for Clinical Psychosocial Research, American Psychiatric Association, Boston, October, 1996

“Statistical Issues Arising from Application of the Proximal-Distal Model in Prevention Research, Society for Prevention Research, San Juan, Puerto Rico, June, 1996.


"Advances in the Methods of Prevention Research", invited lecture, National Forum on Prevention, McLean, VA, May, 1996

"Multilevel Models in Prevention Science", invited presentation, Prevention Science Methodology Group meeting, College of Public Health, University of South Florida, Tampa, March, 1996

"Prevented Fractions and Attributable Risk in Proximal Distal Prevention Models", invited lecture, College of Public Health, University of South Florida, Tampa, February, 1996

"Prevented Fractions and Attributable Risks in Preventive Trials", invited paper, Prevention Science and Methodology Conference, Baltimore, MD, October, 1995

"The Use of Epidemiological Measures to Estimate the Effects of Adverse Factors and Preventive Interventions", Workshop on Avian Mortality, Palm Springs, September, 1995

"The Use of Epidemiological Measures to Estimate the Effects of Adverse Factors and Preventive Interventions", invited presentation, Workshop on Avian Mortality and Avian Windpower Planning Meeting, Department of Energy, Palm Springs, September, 1995


"The Impact of Failure on Boys and Girls: Preventive Intervention Studies on Achievement and Depression" with S. Kellam, G. Rebok, and N. Ialongo, Society for Life History, Durham, November, 1993


"The Course and Malleability of Aggressive Behavior in Young Children", invited presentation, with S. Kellam, et. al., National Academy of Science Institute of Medicine, Committee on Prevention of Mental Disorders, June, 1992

"Developmental Epidemiology and the course of Aggressive Behavior", Life Course Development Society, Philadelphia, April, 1992


"Recent Advances in Cross-Lagged Panel Analysis," invited lecture, Southwest Social Science Convention, San Antonio, March, 1986

Hypothesis Testing with Continuous Variable Panel Data," Annual Meeting, Biometrics Society (WNAR), San Luis Obispo, June, 1985

"Multivariate Cross-Lagged Panel Models: Does IQ Cause Achievement?" invited lecture, Regional Meeting, Institute of Mathematical Statistics, Humboldt State University, Arcata, CA, June, 1983


"Large Data Sets and the Meta-Theorems of Exploratory Data Analysis," invited lecture, American Statistical Association, Special Topic Meeting, Dallas, 1977


"Equivalent Estimation and a Special Group Structure," (with T. Woteki), invited lecture, Regional Meeting, Institute of Mathematical Statistics, Minneapolis, March 1975


"Some Problems with the Theory of Coalitions as Applied to the Judiciary," invited paper, Annual Meeting, American Political Science Association Convention, Chicago, August 1974

"On Principal Components and Clusters," invited lecture, Annual Meeting, International Classification Society, Atlanta, Georgia, April, 1973

"On Biased Estimation in Linear Models," invited lecture, Annual Meeting, American Statistical
Association, New York, December, 1973

"Invariant Estimation with Applications to Linear Models," (with M.S. Younger), Institute of Mathematical Statistics, Blacksburg, Virginia, Academy of Science, May, 1972


**Speeches, Presentations, Lectures and Colloquia:**

“Validating Biomarkers in Psychiatry”, Department of Psychiatry, University of Athens, Athens, Greece, October, 2006


“Psychiatric Epidemiology”, Residency Program in Psychiatry, Samaritan Health System, September, 2000

“Critical Appraisal in Internal Medicine”, invited speaker, Good Samaritan Internal Medicine Program. April, 2000

“Psychiatric Epidemiology”, Residency Program in Psychiatry, Samaritan Health System, September, 1999

“Tradeoffs Between Latent Growth Models and Epidemiological Models of Preventive Interventions, invited colloquium, Department of Mental Hygiene, Johns Hopkins School of Hygiene and Public Health, October, 1998

“Psychiatric Epidemiology”, Residency Program in Psychiatry, Samaritan Health System, September, 1998

“Advances in Psychiatric Epidemiology”, Clinical Epidemiology Section, Royal Medical Society (Edinburgh), August, 1998

“Latent Growth Models and Attributable Risks”, luncheon speaker, Fellowship in Drug Epidemiology, Johns Hopkins University, April 1998

“Attributable Risk Measure in Mediational Impact Models: Somatizing Behavior”, invited colloquium, Department of Mental Hygiene, Johns Hopkins School of Hygiene and Public Health, March, 1998

“Statistical Problems that Arise in Applying Intermediate outcome Models in Prevention Research”, invited lecture, Department of Statistics, Virginia Polytechnic Institute and State University; Blacksburg, Virginia, May, 1997

"The Epidemiology of Thyroid Disease", invited lecture, Grand Rounds in Endocrinology, Samaritan Health Services, April, 1997


"Advances in Prevention Methodology", invited lecture, Prevention Research Center, Johns Hopkins University, September, 1994

"Multi-level Modeling in Prevention Research", invited colloquium, Prevention Research Center, Arizona State University, April, 1994

"Multi-level Modeling of Health Data; The Effects of Intervention on Aggressive Behavior", invited lecture, Program in Developmental Biology, University of North Carolina, April, 1994

"Mediation in Intermediate Variable Models", Department of Epidemiology and Biostatistics, College of Public Health, University of South Florida, March, 1994

"Assessing the Impact of Interventions on Proximal and Distal Outcomes" NIMH Prevention Research Center Directors Meeting, October 1993 with Reiser, M. and Warsi, G

"Epidemiology and Social Methodology: Complementarity in Prevention Research", invited presentation, with S. Kellam, et. al., NIMH Prevention Research Conference, Tysons Corners, VA, April, 1993

"Statistical Issues in Prevention Research", invited lecture, Directors' Meeting, Prevention Research Center Directors Meeting, National Institute of Mental Health, Rockville, Maryland, October, 1992

"The Course and Malleability of Aggressive Behavior in Young Children", invited presentation, with S. Kellam, et. al., National Academy of Science Institute of Medicine, Committee on Prevention of Mental Disorders, June, 1992

"Causal Models in Prevention Research: Mediation Moderation and Confounding", invited seminar, Carl A. Taube Memorial Colloquium Series in Psychiatry and Mental Health, Johns Hopkins University, May, 1992

"Breast Implants, Risk Surveillance and Health Statistics", invited lecture, MBA Special Colloquium Series, Arizona State University, March, 1992

"Proximal/Distal Effects on Two Developmental Epidemiologically-Based Preventive Interventions", invited seminar, Colloquium Series in Mental Health, Johns Hopkins School of Hygiene and Public Health, February, 1992

"Analyzing Subgroups and Contextual Effects" [with Sheppard Kellam], invited presentation, Directors' Meeting, Prevention Research Center Directors Meeting, National Institute of Mental Health,
Rockville, Maryland, September, 1991

"Proximal/Distal Effects on Two Developmental Epidemiologically-Based Preventive Interventions" [with Sheppard Kellam, et. al.], invited seminar, Carl A. Taube Memorial Colloquium Series in Mental Health, Johns Hopkins School of Hygiene and Public Health, September 1991

"The Epidemiology of Preventive Care in the Workplace", invited lecture, Phoenix Chapter, Association of Corporate Fitness Directors, Phoenix, May 1991.


"Statistical Models in the Analysis of Panel Data", invited lecture, Department of Biostatistics, Johns Hopkins School of Hygiene and Public Health, April, 1990

"Applications of Statistics to Occupational Health Problems", invited lecture, Department of Statistics, MacQuarie University, Australia, October, 1989

"Panel Models and Policy Analysis", invited lecture, Lincoln College, Christchurch, New Zealand, September 1989

"Panel Analysis and Occupational Health Analysis", invited lecture, University of Otago, New Zealand", September 1989

"Current Trends in Data Analysis, invited lecture, MBA colloquium, University of Canterbury, Christchurch, New Zealand, September 1989

"Managing the Health of Workers and the Health of the Firm", invited banquet speech, Conference on Analysis of Occupational Health Risks, Phoenix, August 1987

"Panel Models, Covariance Structures and the Exclusion of Liberals from 'Death-Sentence' Juries", invited colloquium, Department of Statistics, Stanford University, August, 1986


"A Statistician Looks at Panel Analysis", invited lecture, College of Business, University of Tennessee, June, 1983

"The Use of Panel Models in Non-experimental Research", invited lecture, College of Medicine, University of California, San Francisco, June, 1983

"Competing Approaches to Analysis of Panel Data", invited lecture, Econometrics Seminar, Stanford University, May 1983

"Science Analysis in Politics and the Politics of Science Analysis", invited lecture, Butler University, Indianapolis, March, 1983


"A Statistician Looks at Panel Analysis or a Perfidious Peek at Pundits and Pookas", invited lecture, Department of Computer and Information Sciences, University of California, Santa Cruz, February, 1983
"A Statistician Looks at Panel Analysis or a Perfidious Peek at Pundits and Pookas", invited lecture, Department of Computer and Information Sciences, University of Santa Clara, February, 1983

"Statistical Problems in Panel Analysis", invited lecture, Department of Mathematics, University of California, Santa Barbara, February, 1983

"A Statistician Looks at Panel Analysis", invited lecture, Department of Statistics, University of Arizona, February, 1983


"Some Exciting Problems in Energy Modeling", invited lecture, Department of Mathematics, Arizona State University, August, 1982


"Problems in Forecasting Energy Supplies", Decision Sciences Seminar, Wharton School, September, 1981


"Exploratory Methods and the Art of Data Analysis", Dinner speech, Philadelphia Chapter, American Statistical Association, October, 1979

"Models of Domestic Oil Resources: Science Products and Political Agents", invited lecture, Thayer School of Engineering, Dartmouth College, March, 1979

"Models of Sequential Voting", invited lecture, Department of Political Science, Dartmouth College, March, 1979


"Estimating the Domestic Crude Oil Resource Base: Examining the King's Approach", invited lecture, Department of Statistics, University of Pennsylvania, November, 1978


"Exploratory Data Analysis as an Alternative to the Econometric Analysis of Social Problems," invited lecture, Department of Psychology, College of William and Mary, April, 1977

"Analyzing Energy Policy: The Competing Roles of the Economist, Engineer and Mathematician", invited lecture, Department of Mathematics, University of South Carolina, April, 1977


"Schur-Convexity and the Equivalence of Multivariate Tests", invited seminar, Department of Statistics, Rutgers University, October, 1975

"On Communal Indifference Curves," (with I.J. Good), invited seminar, Mathematical Economics Seminar, Virginia Polytechnic Institute and State University, October, 1975


"Energy Research and Residential Housing", invited lecture, The Federal Energy Administration, September, 1975

"Consumer Reaction to the Energy Crisis: The Long Underwear Effect", invited address, West Virginia University, February, 1975

"Mathematical Models and other Forms of Hocus-Pocus", invited lecture, Department of Political Science, West Virginia University, February, 1975


"LSD and Political Science: Distinguishing Uppers and Downers", invited address, Western New England College, November, 1974


"A Mathematician's Doubts About Econometric Solutions to Political Problems", invited lecture, Department of Political Science, Ohio State University, May, 1973

"Estimating the Relationship Between Unobserved Variables, or Can We Sell the Second Canonical Correlation to the Social Scientists?", invited lecture, Department of Statistics, Ohio State University, May, 1973

"Generalized Spatial Models of Voting Theory", invited lecture, Center for Public Choice, Virginia Polytechnic Institute and State University, February, 1973


"Sex, the Generation Gap, and Fermat's Last Theorem", invited speech, Tidewater Council of Teachers of Mathematics, Norfolk, Virginia, September, 1972

"Mathematics: Is it Irrelevant by Necessity or Design?", invited lecture, Department of Mathematics, Emory and Henry College, Emory, Virginia, April, 1972

"Is There Reason for a Mathematician to help a Social Scientist?", invited to deliver annual Phi Mu Epsilon Lecture, Blacksburg, Virginia, 1972


"If Educators Educate Educators, Who Educates the Educated?", banquet address, State Mathematics Teachers Convention, Norfolk, Virginia, 1971

"Two-Stage Estimation in linear Models", invited lecture, Department of Statistics, Pennsylvania State University, January, 1971

"Problems in Cluster Analysis", invited lecture, Department of Applied Statistics, University of Minnesota, January 1971

Papers in Proceedings:


**Published Abstracts:**


"A Fortran Program for Linear Log Odds Analysis", (with P.J. Pichotta), Behavior Research Methods and Instrumentation, 1974, 6, p. 521

"Invariant Estimation in the Social Sciences", (with M. S. Younger), Bulletin of the Institute of Mathematical Statistics, 1973

"On Principal Components and Clusters", Bulletin of the International Classification Society, 1973

"Methods of Cluster Analysis Which Utilize Principal Components", Bulletin of the International Classification Society, 1972


**Society Membership:**


**Courses Taught at Arizona State University and Banner Good Samaritan Medical Center**


**Courses taught at other Universities:**
Undergraduate:


Graduate:


Professional:

Statistics and Public Policy (Woodrow Wilson School, Princeton University); Advanced Study in Energy Analysis (Wharton MBA Program, University of Pennsylvania); Advanced Study in Statistics and Law (Law School, University of Pennsylvania); Medical Statistics (College of Medicine, Ohio State University)

Notable University Committees:

Member, Graduate Committee on Ph.D. program in Health Services Administration and Policy, Arizona State University (ASU) 1991-1992

Member, Executive Board, Program on Law and the Social Sciences, ASU, 1983-1989

Faculty Senate (elected), ASU, 1987-89

University Services Committee, ASU, 1988-89

Council on Research and Creative Activities, ASU, 1986-1988

Sunset Review Committee, Meteorite Center, ASU, 1987

Sunset Review Committee, Energy Research Center, ASU, 1987

Chair, Sunset Review Committee, Center for Advanced Research in Transportation, ASU, 1987

Women Studies Research Awards Committee, ASU, 1984-1989

Board, Ph.D. Program in Justice Studies, ASU, 1987-1989

Biomedical Research Committee, ASU< 1986-1988

Notable Previous University Committee Assignments:

Member, Health Professions Advisory Board, University of Pennsylvania, 1980-83

Member, Environmental Task Force Committee, Office of the Provost, University of Pennsylvania, 1979-82
Member, Committee on Undergraduate Student Life, Princeton University, 1976

Member, Council of Masters, Princeton University, 1976-79

Fellow, Princeton Inn College, Princeton University, 1975-76

Member, Chair Search Committee, Department of Statistics, Virginia Polytechnic Institute and State University, 1972-74