

**UNITED STATES DISTRICT COURT  
DISTRICT OF PUERTO RICO**

DANIELA ARROYO GONZÁLEZ; VICTORIA  
RODRÍGUEZ-ROLDÁN; J.G.; and PUERTO  
RICO PARA TOD@S,

*Plaintiffs,*

v.

RICARDO ROSSELLÓ-NEVARES, in his  
official capacity as Governor of the  
Commonwealth of Puerto Rico; RAFAEL  
RODRÍGUEZ-MERCADO, in his official capacity  
as Secretary of the Department of Health of the  
Commonwealth of Puerto Rico; and WANDA  
LLOVET-DÍAZ, in her official capacity as  
Director of the Division of Demographic Registry  
and Vital Statistics of the Commonwealth of  
Puerto Rico,

*Defendants.*

Civil No. 3:17-cv-01457-CCC

**PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT**

Pursuant to Federal Rule of Civil Procedure 56 and Local Rule 7, Plaintiffs Daniela Arroyo González, Victoria Rodríguez Roldán, J.G., and Puerto Rico Para Tod@s (“Plaintiffs”) move for summary judgment on their claims against Defendants Ricardo Rosselló Nevares, in his official capacity as Governor of the Commonwealth of Puerto Rico; Rafael Rodríguez Mercado, in his official capacity as Secretary of the Department of Health of the Commonwealth of Puerto Rico; and Wanda Llovet Díaz, in her official capacity as Director of the Division of Demographic Registry and Vital Statistics of the Commonwealth of Puerto Rico.

As fully set forth in the accompanying Memorandum of Law, Defendants’ policy and practice related to the correction of gender markers on birth certificates, based on the Vital Statistics Registry Act, 24 L.P.R.A. § 1231 (the “Birth Certificate Policy”), violates the equal protection guarantees of the Fourteenth Amendment to the U.S. Constitution; the fundamental rights to privacy, individual

dignity, liberty, and autonomy granted by the Fourteenth Amendment; and the right to freedom of speech under the First Amendment. The Defendants' administration and enforcement of Puerto Rico's Birth Certificate Policy has resulted in impermissible discrimination against the Plaintiffs on the basis of their sex and transgender status, prohibited an entire class of people from exercising their fundamental rights to informational and decisional privacy, infringed upon their fundamental rights to individual dignity, liberty, and autonomy, and impermissibly compelled transgender persons, including Plaintiffs, to publicly identify themselves with a sex inconsistent with who they are.

The Court should grant Plaintiffs' Motion for Summary Judgment; declare Puerto Rico's Birth Certificate Policy unconstitutional; permanently enjoin Defendants from enforcing the Birth Certificate Policy; and award Plaintiffs reasonable attorneys' fees, costs and expenses and other relief the Court deems just and proper.

Respectfully submitted,

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**CERTIFICATE OF SERVICE**

I hereby certify that I filed the foregoing with the Clerk of the United States District Court for the District of Puerto Rico via the CM/ECF system this 26th day of June, 2017. I certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the CM/ECF system.

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RICARDO ROSSELLÓ-NEVARES, in his  
official capacity as Governor of the  
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*Defendants.*

Civil No. 3:17-cv-01457-CCC

**STATEMENT OF MATERIAL FACTS IN SUPPORT OF  
PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT**

Plaintiffs Daniela Arroyo González, Victoria Rodríguez-Roldán, J.G., and Puerto Rico Para Tod@s (“Plaintiffs”), by and through their attorneys, and pursuant to Rule 56 of the Federal Rules of Civil Procedure and Local Civil Rule 56(b), submit the following Statement of Material Facts in support of their Motion for Summary Judgment, which is filed herewith.

**I. SEX AND GENDER IDENTITY**

1. A person has multiple sex-related characteristics, including hormones, external and internal morphological features, external and internal reproductive organs, chromosomes, and gender identity. These characteristics may not always be in alignment. Decl. of Dr. Randi C. Ettner, Ph.D. (“Ettner Decl.”) ¶ 15.

2. Gender identity—a person’s core internal sense of their own gender—is the primary factor in determining a person’s sex. Every person has a gender identity. There is a medical consensus that gender identity is innate and that efforts to change a person’s gender identity are unethical and harmful to a person’s health and well-being. Ettner Decl. ¶¶ 15, 18, 21, 24.

3. Although there is no one definitive factor that determines gender identity, biological factors—most notably the neurodevelopmental characteristics of a person’s brain with respect to sex—play a role in gender identity development, and cannot be changed. Ettner Decl. ¶¶ 21-24.

4. The phrase “sex assigned at birth” refers to the sex recorded on a person’s birth certificate at the time of birth. Typically, a person is assigned a sex on their birth certificate solely on the basis of the appearance of external genitalia at the time of birth. Other sex-related characteristics (such as a person’s chromosomal makeup and gender identity, for example) are typically not assessed or considered at the time of birth. Ettner Decl. ¶¶ 13, 15, 38. *See also Whitaker v. Kenosha Unified Sch. Dist. No. 1 Bd. of Educ.*, No. 16-3522, 2017 WL 2331751, at \*13 (7th Cir. May 30, 2017) (a designation of sex on a birth certificate determined from external genitalia alone is not “a true proxy for an individual’s biological sex.”); *Ex parte Delgado*, 165 D.P.R. 170, 198 (2005) (Rivera Pérez, J., concurring) (“The sexual classification corresponding to a person is defined at the time of the person’s birth, taking into consideration the phenotype displayed by the newborn.”).

5. External genitalia alone—the critical criterion for assigning sex at birth—is not an accurate proxy for a person’s sex. Ettner Decl. ¶ 14.

6. When there is divergence between anatomy and identity, one’s gender identity is paramount and the primary determinant of an individual’s sex designation. Ettner Decl. ¶ 17.

7. Transgender persons are people whose gender identity diverges from the sex they were assigned at birth. A transgender man's sex is male (even though he was assigned the sex of female at birth) and a transgender woman's sex is female (even though she was assigned the sex of male at birth). Ettner Decl. ¶¶ 13, 19, 20.

8. Cisgender persons are people whose gender identity aligns with the sex they were assigned at birth. A cisgender man's sex is male (and was assigned the sex of male at birth) and a cisgender woman's sex is female (and was assigned the sex of female at birth). Ettner Decl. ¶¶ 13, 18, 19.

9. The incongruence between a transgender person's gender identity and sex assigned at birth can sometimes be associated with gender dysphoria. Gender dysphoria is a serious medical condition recognized in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Ed. (2013) ("DSM-V"), and by the other leading medical and mental health professional groups, including the American Medical Association and the American Psychological Association. Ettner Decl. ¶ 25.

10. Gender dysphoria refers to clinically significant distress that can result when a person's gender identity differs from the person's sex assigned at birth. If left untreated, gender dysphoria may result in psychological distress, anxiety, depression, and suicidal ideation or even self-harm. Ettner Decl. ¶¶ 25, 28.

11. Treatment of gender dysphoria is usually provided pursuant to the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, published by the World Professional Association of Transgender Health ("WPATH"). Ettner Decl. ¶ 29.

12. Medical treatment for gender dysphoria must be individualized and tailored to the medical needs of each patient. Ettner Decl. ¶ 28.

13. These treatments do not change a transgender person's sex, which is already determined by their gender identity. Instead, they affirm the authentic gender that an individual person *is*. Attempts to change a person's gender identity in order to bring it into alignment with the person's sex assigned at birth are not only unsuccessful but also dangerous, risking psychological harm and even suicide. Ettner Decl. ¶¶ 24, 32, 36.

14. Treatments for gender dysphoria align the transgender person's body and lived experience with the person's true sex. Among the steps that transgender people take to treat their gender dysphoria are: (1) social transition; (2) hormone therapy; and/or (3) gender-affirming surgery. Ettner Decl. ¶¶ 21, 33-37.

15. Social transition entails a transgender person living in accordance with the person's gender identity. For example, for a transgender woman, social transition can include, among other actions, changing her first name to a name typically associated with women, no longer using male pronouns, changing her identity documents to indicate a female gender, wearing clothing and adopting grooming habits stereotypically associated with women, and otherwise living as a woman in all aspects of life. Ettner Decl. ¶ 33.

16. Social transition requires that a transgender woman or a transgender man be recognized, respectively, as a woman or a man, respectively, and treated the same as all other women or men, respectively, by family members, coworkers, and others in the community. Ettner Decl. ¶¶ 37, 45.

17. Social transition—which often includes correcting one's identity documents to accurately reflect one's sex—is the most important, and sometimes the only, aspect of transition that transgender people undertake. Ettner Decl. ¶ 34.

18. Living in a manner consistent with one's gender identity is critical to the health and well-being of all transgender people. Ettner Decl. ¶ 33.

19. Living in a manner consistent with one's gender identity is also a key aspect of treatment for gender dysphoria for those who suffer from it. Ettner Decl. ¶¶ 38, 39.

20. Identity documents consistent with one's lived experience affirm and consolidate one's gender identity, mitigating distress and functional consequences. Changes in gender presentation and role—to feminize or masculinize appearance—and social and legal recognition are crucial components of treatment for gender dysphoria. Social transition involves dressing, grooming, and otherwise outwardly presenting oneself through social signifiers of a person's true sex as determined by their affirmed gender identity. Ettner Decl. ¶¶ 39.

21. Not every person suffering from gender dysphoria undergoes the same treatment. From a medical and scientific perspective, there is no basis for refusing to acknowledge a transgender person's true sex based on whether that person has undergone surgery or any other medical treatment. Ettner Decl. ¶¶ 28, 46.

## **II. PLAINTIFFS**

22. Plaintiffs are three transgender individuals and an organization with transgender members who wish to amend their Puerto Rico birth certificates to accurately reflect their gender identity. Decl. of Daniela Arroyo González ("Daniela's Decl.") ¶¶ 5, 31; Decl. of Victoria Rodríguez Roldán ("Victoria's Decl.") ¶¶ 5, 26; Decl. of J.G. ("J.G.'s Decl.") ¶¶ 5, 33; Decl. of Pedro Julio Serrano Burgos ("Serrano Decl.") ¶¶ 4, 10.

### ***Plaintiff Daniela Arroyo González***

23. Plaintiff Daniela Arroyo González is an 18 year old woman who was born in Arecibo, Puerto Rico and who resides in Moca, Puerto Rico. Daniela's Decl. ¶¶ 2, 4.

24. At birth, Ms. Arroyo was incorrectly designated “male” on her birth certificate, even though she is, in fact, a woman. Daniela’s Decl. ¶ 5.

25. Ms. Arroyo is transgender. Daniela’s Decl. ¶ 5.

26. Ms. Arroyo has been diagnosed with gender dysphoria. Daniela’s Decl. ¶ 14.

27. Ms. Arroyo’s gender identity and expression is female (she looks, dresses, and expresses herself as a woman). Daniela’s Decl. ¶¶ 8, 13, 14, 15.

28. Ms. Arroyo has aligned her body characteristics, appearance, and lived experience with her female gender identity. Daniela’s Decl. ¶¶ 13, 15, 16.

29. Ms. Arroyo has changed her name and corrected the gender marker on her driver’s license and social security records. Daniela’s Decl. ¶ 22.

30. Ms. Arroyo has changed her name on her birth certificate, but has been prevented from correcting the gender marker on her birth certificate by Puerto Rico’s Birth Certificate Policy. Daniela’s Decl. ¶¶ 22, 24.

31. Ms. Arroyo wishes to correct the gender marker on her birth certificate to accurately reflect her identity as a woman, as determined by her gender identity. Daniela’s Decl. ¶ 31.

32. Ms. Arroyo’s birth certificate does not reflect her true identity, is incongruent with her female identity and expression, and conflicts with her other identification documents. Daniela’s Decl. ¶¶ 24, 26, 31.

***Plaintiff Victoria Rodríguez Roldán***

33. Plaintiff Victoria Rodriguez-Roldan is a 28 year old woman who was born in Río Piedras, Puerto Rico and currently resides in the Washington, DC metro area. Victoria’s Decl. ¶¶ 2, 4.

34. At birth, Ms. Rodríguez-Roldán was incorrectly designated “male” on her birth certificate, even though she is, in fact, a woman. Victoria’s Decl. ¶ 5.

35. Ms. Rodríguez-Roldán is transgender. Victoria’s Decl. ¶ 5.

36. Ms. Rodríguez-Roldán has been diagnosed with gender dysphoria. Victoria’s Decl. ¶ 11.

37. Ms. Rodríguez-Roldán’s gender identity and expression is female (she looks, dresses, and expresses herself as a woman). Victoria’s Decl. ¶¶ 9, 11, 12.

38. Ms. Rodríguez-Roldán has aligned her body characteristics, appearance, and lived experience with her female gender identity. Victoria’s Decl. ¶¶ 11, 12, 13, 14.

39. Ms. Rodríguez-Roldán has changed her name and corrected the gender marker on her driver’s license, U.S. Passport, and social security records. Victoria’s Decl. ¶ 14.

40. Because as a result of Puerto Rico’s Birth Certificate Policy, it is impossible for Ms. Rodríguez-Roldán to correct the gender marker on her birth certificate, she considers it futile to correct her name on her birth certificate, as the document would still be incongruent with her other identification documents. Victoria’s Decl. ¶ 17.

41. Ms. Rodríguez-Roldán wishes to correct the gender marker on her birth certificate to accurately reflect her identity as a woman, as determined by her gender identity. Victoria’s Decl. ¶ 26.

42. Ms. Rodríguez-Roldán’s birth certificate does not reflect her true identity, is incongruent with her female identity and expression, and conflicts with her other identification documents. Victoria’s Decl. ¶¶ 16, 17, 22, 24, 25.

***Plaintiff J.G.***

43. Plaintiff J.G. is a 25 year old man who was born raised in the greater San Juan metropolitan area. J.G.'s Decl. ¶¶ 2, 4.

44. At birth, J.G. was incorrectly designated "female" on his birth certificate, even though he is, in fact, a man. J.G.'s Decl. ¶ 5.

45. J.G. is transgender. J.G.'s Decl. ¶ 5.

46. J.G. has been diagnosed with gender dysphoria. J.G.'s Decl. ¶ 13.

47. J.G.'s gender identity and expression is male (he looks, dresses, and expresses himself as a man). J.G.'s Decl. ¶¶ 7, 11, 13, 15.

48. J.G. has aligned his body characteristics, appearance, and lived experience with his male gender identity. J.G.'s Decl. ¶¶ 11, 12, 13, 14.

49. J.G. has changed his name and corrected the gender marker on his driver's license and social security records. J.G.'s Decl. ¶¶ 17, 18.

50. J.G. has changed his name on his birth certificate, but has been prevented from correcting the gender marker on his birth certificate by Puerto Rico's Birth Certificate Policy. J.G.'s Decl. ¶ 20.

51. J.G. wishes to correct the gender marker on his birth certificate to accurately reflect his identity as a man, as determined by his gender identity. J.G.'s Decl. ¶ 33.

52. J.G.'s birth certificate does not reflect his true identity, is incongruent with male identity and expression, and conflicts with his other identifications. J.G.'s Decl. ¶¶ 21, 22, 24, 33.

53. J.G.'s transgender status is not publicly known, including not being known by his current employer or co-workers. J.G.'s Decl. ¶ 14.

***Plaintiff Puerto Rico Para Tod@s***

54. Organizational Plaintiff Puerto Rico Para Tod@s is a nonprofit organization dedicated to securing, protecting, and defending the equal civil rights and welfare of lesbian, gay, bisexual, and transgender (“LGBT”) people and their families in Puerto Rico. It works to fulfill its mission through education, legislative advocacy, grassroots organizing, and coalition-building. Its activities include advocating to enact nondiscrimination protections for LGBT people in public accommodations, the workplace, and housing; training law enforcement officers about hate crimes and LGBT awareness; and conducting workshops in schools about LGBT issues and bullying. Serrano Decl. ¶¶ 4, 6, 7.

55. Puerto Rico Para Tod@s has hundreds of members across Puerto Rico, including multiple transgender members who desire to change the gender marker on their Puerto Rico birth certificates to accurately reflect their gender identity. Serrano Decl. ¶¶ 4, 5, 6, 7.

56. As a result of Puerto Rico’s Birth Certificate Policy, transgender members of Puerto Rico Para Tod@s born in Puerto Rico have birth certificates that reflect the sex they were incorrectly assigned at birth. Serrano Decl. ¶ 10. They desire to correct their Puerto Rico birth certificates to accurately reflect their sex, as determined by their gender identity, but are prevented from doing so by Puerto Rico’s Birth Certificate Policy. *Id.*

**III. PUERTO RICO’S BIRTH CERTIFICATE POLICY**

57. The Vital Statistics Registry Act (the “Act”) provides that all birth certificates must include, *inter alia*, a newborn’s place of birth, residence, given name and surnames, date of birth, parents’ names, and sex. *See* 24 L.P.R.A. § 1133.

58. In his official capacity as Governor of Puerto Rico, Defendant Ricardo Roselló Nevares executes the laws of the Commonwealth, including the Act, and supervises the official

conduct of all executive and ministerial officers who implement and enforce the Act. *See* 3 L.P.R.A. § 1; P.R. Const. art. IV, § 4.

59. In his official capacity as Secretary of the Department of Health, Defendant Rafael Rodríguez Mercado's duties include, *inter alia*, "prepar[ing], caus[ing] to be printed, and furnish[ing] to the keepers of the Registers, all books, printed matter and forms to be used for the registration of births . . . occurring or taking place in the Commonwealth of Puerto Rico." 24 L.P.R.A. § 1231. In addition, Secretary Rodríguez Mercado "prepare[s] and distribute[s] such detailed instruction . . . as may be necessary for the uniform application [of the Act]." *Id.*

60. In her official capacity as the Director of the Division of Demographic Registry and Vital Statistics, pursuant to 24 L.P.R.A. § 1071, Defendant Wanda Llovet Díaz is "in charge of all matters connected with the registration of births, marriages and deaths which may occur or take place in Puerto Rico." 24 L.P.R.A. § 1071.

61. Recognizing that the information in a birth certificate may sometimes be inaccurate or need updating, the Act and the regulations promulgated and enforced by Defendants permit the correction of errors and updating of birth certificate records.

62. For example, pursuant to 24 L.P.R.A. § 1231, any omissions or defects appearing on any birth certificate before being registered and filed may be corrected by Defendants, and any corrections, additions, or amendments after a birth certificate has been registered and filed may be made pursuant to a court order. Changes, additions, or modifications of a name or surname can also be made pursuant to court order.

63. In addition, under 24 L.P.R.A. § 1136, following the adoption of a child, a birth certificate reflecting only the names of the adoptive parents must be substituted for the original registered birth certificate. The original registration certificate of the birth of the adoptee, the

decision of the court, and other documents are kept in a sealed envelope and are considered highly confidential documents.

64. No specific statute or regulation prohibits the correction of the gender marker on a birth certificate in order to accurately reflect the sex of a transgender person. Nonetheless, the Supreme Court of Puerto Rico in *Ex parte Delgado*, 165 D.P.R. 170 (2005), held that the Act, 24 L.P.R.A. § 1231, enforced by Defendants, does not permit transgender people to correct the gender markers on their birth certificates. *See* 165 D.P.R. at 193-94 (“[I]t is not appropriate to authorize the change requested on the birth certificate of the petitioner to change petitioner’s sex, because the Demographic Registry Law does not expressly authorize it.”).

65. Defendants, thus, enforce a policy and practice, based on that interpretation of the Act, which categorically prohibits transgender persons born in Puerto Rico from correcting the gender marker on their birth certificates to accurately reflect their sex, as determined by their gender identity. *See* Defs.’ Mot. to Dismiss (ECF No. 22) at 5-6 (“Defendants’ actions . . . [are based] on [the] Vital Statistics Registry Act of Puerto Rico.”); *id.* at 12 (“[T]he change in the sex marker in the birth certificate cannot be allowed by the ‘policies and practices’ of the Department of Health that the plaintiff challenges as unconstitutional.”). *See also* Daniela’s Decl. ¶ 23; Victoria’s Decl. ¶ 15; J.G.’s Decl. ¶ 19; Serrano Decl. ¶ 9.

66. Furthermore, in issuing name changes on birth certificates, Puerto Rico’s practice is to show a strike-out line through any information corrected, as delineated in 24 L.P.R.A. § 1231.

67. Taken in conjunction, these applications of the Act by Defendants constitute the Birth Certificate Policy challenged by Plaintiffs.

**IV. THE HARMS INFLICTED UPON TRANSGENDER PERSONS, INCLUDING PLAINTIFFS, BY THE BIRTH CERTIFICATE POLICY**

68. Being unable to correct the gender marker on one's identity documents, including one's birth certificate, means that transgender people are forced to display documents that indicate their birth-assigned sex (typically assumed based only by the appearance of genitalia at birth), rather than their actual sex as determined by their gender identity and their lived experience. This discordance creates a myriad of deleterious social and psychological consequences. Ettner Decl. ¶ 38.

69. The inability to access identity documents, such as birth certificates, that accurately reflect one's true sex is harmful and exacerbates gender dysphoria, kindling shame and amplifying fear of exposure, as the *sine qua non* of the gender dysphoria diagnosis is the desire to be regarded in accordance with one's true sex as determined by one's gender identity. Ettner Decl. ¶¶ 41, 44.

70. The forced disclosure of the transgender status of Plaintiffs and other transgender persons by way of an inaccurate birth certificates exposes them to prejudice, discrimination, distress, harassment, and violence. Ettner Decl. ¶¶ 41, 42; Daniela's Decl. ¶¶ 20, 27, 30; Victoria's Decl. ¶¶ 19, 21; J.G.'s Decl. ¶¶ 24, 28, 29; Serrano Decl. ¶¶ 11, 12. *See also* Ex. B at 7 ("Nearly one-third (32%) of respondents who have shown an ID with a name or gender that did not match their gender presentation were verbally harassed, denied benefits or service, asked to leave, or assaulted.").<sup>1</sup>

71. These concerns are even more acute for transgender people, like Daniela, J.G. and transgender members of Puerto Rico Para Tod@s, who live in Puerto Rico, where transgender

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<sup>1</sup> Except where otherwise specified, exhibit numbers herein (e.g., Ex. \_) refer to exhibits to the Declaration of Omar Gonzalez-Pagan.

people face high levels of violence and stigma. Daniela's Decl. ¶¶ 20, 30; Victoria's Decl. ¶ 23; J.G.'s Decl. ¶ 29; Serrano Decl. ¶ 11; Ex. C; Ex. D.

72. Having a birth certificate incorrectly identifying the sex of a transgender person is also a significant barrier to their ability to function successfully as their true selves in seeking employment and gaining access to other private and public services, entitlements, and benefits. *See, e.g.*, J.G.'s Decl. ¶ 23; Ex. B at 7.

73. For example, while J.G. was looking for employment, he was asked to provide his birth certificate to human resources as he was being considered for a job. The prospective employer noticed and commented on the discrepancy, and J.G. was forced to reveal his transgender status. J.G.'s Decl. ¶ 25.

74. Having an inaccurate birth certificate also serves as a barrier to transgender persons' exercise of constitutional rights, such as the right to vote. Daniela's Decl. ¶ 25; J.G.'s Decl. ¶¶ 26, 27. *See also Veasey v. Perry*, 71 F. Supp. 3d 627, 670 (S.D. Tex. 2014) ("It is important that birth certificates be accurate in order for individuals to use them to obtain identification."), *aff'd in part, vacated in part, rev'd in part, sub nom. Veasey v. Abbott*, 830 F.3d 216 (5th Cir. 2016) (en banc).

75. In order to vote in primaries and general elections in Puerto Rico, voters must present their voter identification cards at the voting polls. Daniela's Decl. ¶ 25; J.G.'s Decl. ¶ 27. *See also* 16 L.P.R.A. § 4069.

76. Indeed, in April 2016, J.G. sought to update the name and correct the gender marker on his Puerto Rico voter identification card. And while he was able to update the name, J.G. was not allowed to correct the gender marker on my voter identification card. The staff at the local board of registration requested J.G.'s birth certificate in order to make the corrections. The

presentation of his inaccurate birth certificate led not only to distress, embarrassment and humiliation, but also resulted in J.G.'s voter identification card not accurately reflecting his sex. As a result, his voter identification card inaccurately states that he is female, resulting in disclosure of J.G.'s transgender status. J.G. did not vote in the 2016 elections in order to prevent the disclosure and expose himself to invasions of privacy, prejudice, discrimination, distress, embarrassment, and humiliation. J.G.'s Decl. ¶¶ 26, 27.

77. The forced disclosure of a person's transgender status through inaccurate identification documents, such as a birth certificate, violates a transgender person's privacy—the right to maintain stewardship of personal and medical information—and their ability to control, whether, when, how, and to whom disclose one's transgender status. Ettner Decl. ¶ 44.

78. Being denied birth certificates that accurately reflect their sex, as determined by their gender identity, is psychologically and emotionally harmful to transgender persons born in Puerto Rico, including Plaintiffs. Ettner Decl. ¶¶ 41-43; Daniela's Decl. ¶ 29; Victoria's Decl. ¶ 25; J.G.'s Decl. ¶ 32; Serrano Decl. ¶ 13.

79. Finally, that their government, through the Birth Certificate Policy, does not recognize their gender identity—despite their social and medical transitions, and in defiance of their legal name changes and corrections to their other Puerto Rico and Federal identity documents—interferes with Plaintiffs' ability to communicate to others who they are. Daniela's Decl. ¶¶ 24, 26, 28, 29; Victoria's Decl. ¶¶ 16, 20, 24; J.G.'s Decl. ¶¶ 21, 22, 31, 32.

80. As a result of the Birth Certificate Policy, Plaintiffs are faced with a consistent reminder that the Commonwealth of Puerto Rico does not respect them for who they are and does not recognize their personhood. Ettner Decl. ¶¶ 40, 45; Daniela's Decl. ¶ 29; Victoria's Decl. ¶¶ 20, 25; J.G.'s Decl. ¶ 32; Serrano Decl. ¶ 13.

81. The Birth Certificate Policy stigmatizes transgender persons born in Puerto Rico, such as Plaintiffs, as illegitimate or unworthy of recognition. Ettner Decl. ¶¶ 40, 42; Daniela's Decl. ¶ 29; Victoria's Decl. ¶ 25; J.G.'s Decl. ¶ 32; Serrano Decl. ¶ 13.

82. The Commonwealth's Birth Certificate Policy inhibits the ability of transgender persons born in Puerto Rico, including Plaintiffs, to fully participate in our society. *See, e.g.*, J.G.'s Decl. ¶ 23; Serrano Decl. ¶ 14.

Dated on this 26th day of June, 2017.

Respectfully submitted,

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**CERTIFICATE OF SERVICE**

I hereby certify that I filed the foregoing with the Clerk of the United States District Court for the District of Puerto Rico via the CM/ECF system this 26th day of June, 2017. I certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the CM/ECF system.

/s/ Omar Gonzalez-Pagan  
Omar Gonzalez-Pagan\*  
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UNITED STATES DISTRICT COURT  
DISTRICT OF PUERTO RICO

DANIELA ARROYO GONZÁLEZ; VICTORIA  
RODRÍGUEZ-ROLDÁN; J.G.; and PUERTO  
RICO PARA TOD@S,

*Plaintiffs,*

v.

RICARDO ROSSELLÓ-NEVARES, in his  
official capacity as Governor of the  
Commonwealth of Puerto Rico; RAFAEL  
RODRÍGUEZ-MERCADO, in his official capacity  
as Secretary of the Department of Health of the  
Commonwealth of Puerto Rico; and WANDA  
LLOVET-DÍAZ, in her official capacity as  
Director of the Division of Demographic Registry  
and Vital Statistics of the Commonwealth of  
Puerto Rico,

*Defendants.*

Civil No. 3:17-cv-01457-CCC

**DECLARATION OF DANIELA ARROYO GONZÁLEZ IN SUPPORT OF  
PLAINTIFFS’ MOTION FOR SUMMARY JUDGMENT**

I, Daniela Arroyo, being of legal age and sound mind, do hereby declare and state as follows:

1. I am a plaintiff in the above-captioned action. I am also a Board member of Puerto Rico Para Tod@s, an organizational plaintiff in this lawsuit. I have actual knowledge of the matters stated in this declaration.
2. I am 18 years old. I was born in Arecibo, Puerto Rico and currently reside in Moca, Puerto Rico.
3. I just graduated high school from Escuela Superior Catalina Morales de Flores and plan to attend college in Puerto Rico to study psychology.
4. I am a woman.

5. I am also transgender. I was incorrectly designated “male” on my birth certificate, even though I am, in fact, a woman.

6. Below is a picture of me:



7. Throughout my childhood and early adolescence, I experienced profound discomfort with being assumed to be a boy by others.

8. As early as around the age of 3 years old, I knew and felt that I was a girl. Growing up, I was interested in toys and activities that would traditionally be associated with girls and would dress and act in traditionally feminine ways.

9. I was raised as a boy and pushed into dressing and acting “like a boy.” And though I had never questioned that I was a girl, I began asking myself “why is my body different [from other girls]?” and “why do I have to act differently than who I am?”

10. Despite social pressures and the discomfort and distress I felt by being assumed to be a boy, I knew that I was a girl. And as a young girl, I told my family that I was indeed a girl.

11. I felt shame and discomfort when I graduated from the ninth grade and was called by the name I was given at birth, which was one traditionally associated with the sex I was incorrectly assigned at birth.

12. Around the age of 14 years old, I told my mom that I was transgender.

13. After my mother and I educated ourselves, and with the support of my family, at the age of 14 years old, I began to socially and medically transition in order to align my lived experience and body characteristics with my gender identity.

14. In 2013, I was diagnosed with gender dysphoria. In consultation with my medical and mental health professionals, in 2016, I began to undergo medically necessary treatment, specifically hormone therapy, to relieve my gender dysphoria and bring my body into alignment with my gender identity. The steps I have taken in my transition have brought my outside appearance into alignment with my female identity so that the general public sees me as the woman I am.

15. In addition undergoing medically necessary treatment for my gender dysphoria, I have sought to align my whole lived experience with my gender identity.

16. As I started aligning my lived experience with my true self, I faced discrimination and harassment in school.

17. As I started my sophomore year, I began wearing a female uniform to my high school.

18. However, my high school denied me the ability to use the restroom consistent with my female gender identity. As a result, fearing for my safety and well-being, I was forced to exit school every time I needed to use a bathroom, and used the bathrooms in a private establishment across the street.

19. In 2016, after I advocated for three years, my school finally stopped forcing me to use the boy's restroom. Nonetheless, the school still unlawfully denied me the ability to use the restroom consistent with my female gender identity, in part, because Puerto Rico's Birth Certificate Policy prohibits me from correcting the gender marker on my birth certificate.

20. In addition, cognizant of how transgender people, particularly transgender youth, regularly suffer discrimination, violence, and harassment in Puerto Rico, and based in part on my own experiences, I co-founded, along with Raymond Rohena Pérez, the Puerto Rico Trans Youth Coalition, an organization dedicated to provide a safe space and network for transgender youth in Puerto Rico and which counts with over 200 participants, in 2015.

21. In February 2017, I legally changed my name from the traditionally male name I was given at birth to my current traditionally female name.

22. In March 2017, I began the process to correct the name and gender marker in my identity documents, including my driver's license, Social Security records, and birth certificate, so that my identity documents would accurately reflect my identity and true sex as female.

23. I am aware that the Commonwealth of Puerto Rico has a policy and practice that categorically prohibits transgender persons, like me, from correcting the gender marker in their birth certificates so that the birth certificates may accurately reflect their sex, as determined by their gender identity (hereinafter the "Birth Certificate Policy").

24. Because of Puerto Rico's Birth Certificate Policy, I am prohibited from correcting the gender marker in my birth certificate. As a result, my birth certificate and other identification documents are incongruent with each other.

25. Because I turned 18 years old after the November 2016 elections, I have not had an opportunity to vote. I am aware of several instances in which transgender people have been

denied voter identification cards that accurately reflect their identity because they were unable to correct the sex on their birth certificates. Upon information and belief, in order to vote in primaries and general elections in Puerto Rico, voters must present their voter identification cards at the voting polls.

26. I am stigmatized and harmed by Puerto Rico's Birth Certificate Policy. I need my identity documents to be congruent with who I am—a woman—and I believe that my identity should be recognized and respected by the Commonwealth.

27. I reasonably fear that possessing a birth certificate that fails to accurately reflect my sex, as determined by my gender identity, increases the chances that I will be subjected to discrimination, harassment, or violence.

28. As a result of Defendants' Birth Certificate Policy, my current Puerto Rico birth certificate reflects the sex I was incorrectly assigned at birth, erroneously stating that I am male.

29. Being denied a birth certificate that accurately reflects my sex, as determined by my gender identity, is psychologically and emotionally harmful for me and I am faced with the persistent reminder that the Commonwealth of Puerto Rico does not respect me for who I am and I am kept in fear of what may happen the next time I have to show my birth certificate to a stranger.

30. Puerto Rico's Birth Certificate Policy subjects me to potential physical harm, particularly as a young transgender woman residing in Puerto Rico.

31. I wish to correct my birth certificate which currently indicates that my sex is male, to accurately reflect my sex as female, as determined by my gender identity.

Signed under penalty of perjury under the laws of the United States this 21 day of  
June 2017.

  
\_\_\_\_\_  
Daniela Afroyo González

UNITED STATES DISTRICT COURT  
DISTRICT OF PUERTO RICO

DANIELA ARROYO GONZÁLEZ; VICTORIA  
RODRÍGUEZ-ROLDÁN; J.G.; and PUERTO  
RICO PARA TOD@S,

*Plaintiffs,*

v.

RICARDO ROSSELLÓ-NEVARES, in his  
official capacity as Governor of the  
Commonwealth of Puerto Rico; RAFAEL  
RODRÍGUEZ-MERCADO, in his official capacity  
as Secretary of the Department of Health of the  
Commonwealth of Puerto Rico; and WANDA  
LLOVET-DÍAZ, in her official capacity as  
Director of the Division of Demographic Registry  
and Vital Statistics of the Commonwealth of  
Puerto Rico,

*Defendants.*

Civil No. 3:17-cv-01457-CCC

**DECLARATION OF VICTORIA RODRÍGUEZ ROLDÁN IN SUPPORT OF  
PLAINTIFFS’ MOTION FOR SUMMARY JUDGMENT**

I, Victoria Rodríguez Roldán, being of legal age and sound mind, do hereby declare and state as follows:

1. I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.
2. I am 28 years old. I was born in Río Piedras, Puerto Rico and currently reside in Maryland within the Washington, DC metro area.
3. I graduated from the University of Puerto Rico – Río Piedras and the University of Maine – School of Law. I have dedicated my professional life to eradicating discrimination and fighting for social justice in various capacities, including working for the United States Department of Labor and currently as an advocate in a non-profit organization.

4. I am a woman.

5. I am also transgender. I was designated “male” on my birth certificate, even though I am, in fact, a woman.

6. Below is a picture of me:



7. Though I was raised as a boy, I, as a child, identified with traditionally feminine toys and activities.

8. Because I was perceived as a boy, when I displayed feminine traits, my peers harassed and violently assaulted me for behaving differently from other children who were assigned “male” at birth. I was told that my feminine behavior was bad and something about which to be ashamed. Indeed, in response to the bullying I experienced, adults who were entrusted with my care would simply encourage me to be and act “normal,” as if I was at fault for the harassment that I experienced.

9. It was not until I was 14-years-old that I encountered the term transgender. At that time, I was able to understand the reason for my discomfort and distress growing up and came to understand my identity as a transgender woman. And though I confided in one cousin, throughout my adolescence, I otherwise kept my true gender identity a secret for fear that I

would be rejected by my family.

10. On my first day of college in 2007, when I was 18 years old, I began to slowly come out to my friends, classmates, and professors. By my sophomore year, at age 19, I asked others to refer to me by my chosen name, Victoria.

11. Around the same time, in 2007, my medical provider diagnosed me with gender dysphoria. Then, in consultation with my medical and mental health professionals, I began to undergo medically-necessary treatment, specifically hormone therapy, to relieve my gender dysphoria and bring my body into alignment with my gender identity. The steps I have taken in my transition have brought my outside appearance into alignment with my female identity so that the general public sees me as the woman I am.

12. I have also taken steps to align my entire lived experience with my female gender identity.

13. In college I made ad hoc arrangements for myself to prevent myself from being outed or misgendered because I had not yet obtained my legal name change. For example, I informed my professors of my chosen name, Victoria, prior to the start of a course so that my name would be correct for roll call and in order to prevent disclosure of my transgender status to students I might not know or confide in.

14. In 2011, while I was a student at the University of Maine – School of Law, I legally changed my name to my traditionally-female chosen name. Thereafter, I changed my name and gender marker on my social security records and on my U.S. passport, as well as corrected the name on my Puerto Rico's driver's license. In 2014, I corrected the gender marker on my driver's license, when I moved to Washington, DC and obtained a driver's license from that jurisdiction.

15. I am aware that the Commonwealth of Puerto Rico has a policy and practice, pursuant to the Vital Statistics Registry Act of Puerto Rico, as interpreted by the Supreme Court of Puerto Rico in *Ex parte Delgado*, 165 D.P.R. 170 (2005), that categorically prohibits transgender persons, like me, from correcting the gender marker in their birth certificates so that the birth certificates may accurately reflect their sex, as determined by their gender identity (hereinafter the “Birth Certificate Policy”).

16. As a result, my birth certificate still incorrectly identifies my sex as male, despite my being a woman and the gender marker on my other government identification documents correctly identifying me as female.

17. Because of Puerto Rico’s Birth Certificate Policy, it is impossible for me to correct the gender marker on my birth certificate, and I have thus considered it futile to attempt to correct my name on my birth certificate. As a result, my birth certificate and other identification documents are incongruent with each other.

18. I am personally aware of the high incidence of violence and harassment directed at transgender persons as well as the high rates of employment and housing discrimination faced by transgender persons in Puerto Rico and the Washington, DC metro area.

19. I reasonably fear that possessing a birth certificate that fails to match my gender identity increases the chances that I will be subjected to invasions of privacy, prejudice, discrimination, distress, harassment, or violence and I have taken steps to try to reduce those risks.

20. I am harmed by Puerto Rico’s Birth Certificate Policy. I need my identity documents to be congruent with the woman that I am and I believe that my gender identity should be recognized and respected by the Commonwealth.

21. I reasonably fear that possessing a birth certificate that fails to accurately reflect my sex, as determined by my gender identity, increases the chances that I will be subjected to discrimination, harassment, or violence.

22. For example, while I was attending law school in Maine, I regularly traveled between Maine and Puerto Rico. Because Puerto Rico, at the time, did not permit transgender people to have driver's licenses accurately reflecting their true sex—as it still refuses to permit with regard to birth certificates—and my identification documents were inconsistent with who I am, I was constantly misgendered by others as I traveled, causing me distress and humiliation.

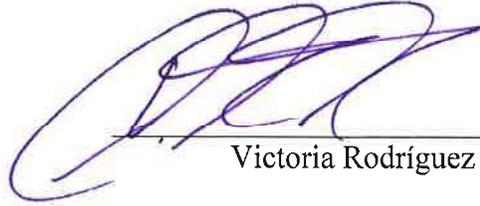
23. As a transgender woman of color, I am aware of the high incidence of violence and harassment directed at transgender women of color, particularly in Puerto Rico and the Washington, DC metro area.

24. As a result of Defendants' Birth Certificate Policy, my current Puerto Rico birth certificate reflects the sex I was incorrectly assigned at birth solely based on external reproductive organs, erroneously stating that I am male.

25. Being denied a birth certificate that accurately reflects my sex, as determined by my gender identity, is psychologically and emotionally harmful for me, as I am faced with the persistent reminder that the Commonwealth of Puerto Rico does not respect me for who I am and I am kept in fear of what may happen the next time I have to show my birth certificate to a stranger. Puerto Rico's Birth Certificate Policy subjects me to potential physical harm, particularly as a transgender woman of color in D.C., known for high rates of violence against transgender women like myself.

26. I wish to correct my birth certificate which currently indicates that my sex is male, to accurately reflect my sex as female, as determined by my gender identity.

Signed under penalty of perjury under the laws of the United States this 23<sup>rd</sup> day of  
June 2017.

A handwritten signature in blue ink, consisting of stylized, overlapping loops and lines, positioned above a horizontal line.

Victoria Rodríguez Roldán

UNITED STATES DISTRICT COURT  
DISTRICT OF PUERTO RICO

DANIELA ARROYO GONZÁLEZ; VICTORIA  
RODRÍGUEZ-ROLDÁN; J.G.; and PUERTO  
RICO PARA TOD@S,

*Plaintiffs,*

v.

RICARDO ROSSELLÓ-NEVARES, in his  
official capacity as Governor of the  
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as Secretary of the Department of Health of the  
Commonwealth of Puerto Rico; and WANDA  
LLOVET-DÍAZ, in her official capacity as  
Director of the Division of Demographic Registry  
and Vital Statistics of the Commonwealth of  
Puerto Rico,

*Defendants.*

Civil No. 3:17-cv-01457-CCC

**DECLARATION OF J.G. IN SUPPORT OF  
PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT**

I, J.G., being of legal age and sound mind, do hereby declare and state as follows:

1. I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.
2. I am 25 years old. I was born and raised in the greater San Juan metropolitan area.
3. I completed my undergraduate studies in Puerto Rico and currently work in sales and marketing for a media company.
4. I am a man.
5. I am also transgender. I was incorrectly designated "female" on my birth certificate, even though I am, in fact, a man.

6. Throughout my childhood and adolescence, I experienced profound discomfort with being assumed to be a girl by others.

7. As early as the age of 4 years old, I knew that I was “different” from other children assigned the sex of female at birth. Ever since I was a young child, I was interested in toys and activities that would traditionally be associated with boys, and would wear traditionally masculine clothes.

8. Throughout my childhood and adolescence, I experienced profound discomfort with being seen as a girl by others. Because I did not identify with girls and was not considered one of the boys, I had a solitary life as a child and had trouble socializing with kids my own age. If I had been able to live in accord with my true sex and socialize as a boy, I would have felt accepted.

9. As I grew up, my discomfort and distress with being assumed to be a girl by others intensified as I identified even more closely with clothes and activities that aligned with who I am.

10. By the time I was 22 or 23 years old, I had learned language for my experience and was able to understand the reason for my discomfort and distress growing up. I am a man who had incorrectly been designated the sex of female at birth.

11. In 2015, I began to socially and medically transition in order to align my lived experience and body characteristics with my true sex, as determined by my gender identity. Since then, I have lived as my true self—a man—in all aspects of my life.

12. That same year, I told my family that I was transgender. My parents, siblings, and other relatives expressed their support at the time and continue to support me and treat me as the man I am.

13. In 2015, I was diagnosed with gender dysphoria. In consultation with my medical and mental health professionals, I began to undergo medically necessary hormone therapy to relieve my gender dysphoria and bring my body into alignment with my gender identity. The steps I have taken in my transition have brought my outside appearance into alignment with my male identity so that the general public sees me as the man I am.

14. Indeed, my transgender status is not publicly known, including not being known by my current employer or co-workers.

15. I have sought to align my lived experience with my true sex, which is male.

16. In early 2016, I legally changed my name to a name traditionally associated with men.

17. Following my legal name change, I sought to update the name and correct the gender marker on my personal identity documents.

18. I updated my name and corrected my gender marker on my Puerto Rico driver's license in accordance with the policy and practice of the Commonwealth's Department of Transportation and Public Works. I also corrected my Social Security records and updated my name on my birth certificate.

19. I am aware that the Commonwealth of Puerto Rico has a policy and practice that categorically prohibits transgender persons, like me, from correcting the gender marker in their birth certificates so that the birth certificates may accurately reflect their sex, as determined by their gender identity (hereinafter the "Birth Certificate Policy").

20. I have corrected my name on my birth certificate. However, as a result of Puerto Rico's Birth Certificate Policy, I was prohibited from correcting the gender marker on my birth certificate.

21. As a result, my Puerto Rico birth certificate still incorrectly identifies my sex as female, despite my being a man and the gender marker on my other government identification documents accurately reflecting my sex as male.

22. Accordingly, my current birth certificate fails to accurately reflect who I am.

23. Having a birth certificate that incorrectly identifies me as female is a significant barrier to my ability to function successfully as a man in seeking employment and gaining access to other private and public services, entitlements, and benefits.

24. Because my birth certificate inaccurately states that I am female, I have been asked about the discrepancy between the gender marker on my birth certificate, my other identification documents, and my appearance. Such occurrences have led to my outing and disclosure of my status as a transgender man, subjecting me to potential discrimination, harassment, and fear of physical harm, as well as embarrassment and humiliation.

25. For example, while I was looking for employment, I was asked to provide my birth certificate to human resources as I was being considered for a job. The prospective employer noticed and commented on the discrepancy, and I was forced to reveal my transgender status.

26. In April 2016, I sought to update the name and correct the gender marker on my Puerto Rico voter identification card. I was able to update the name but was not allowed to correct the gender marker on my voter identification card. The staff at the local board of registration requested my birth certificate in order to make the corrections. The presentation of my inaccurate birth certificate led not only to distress, embarrassment and humiliation, but also resulted in my voter identification card not accurately reflecting my sex, further exposing me to invasion of privacy, prejudice, discrimination, distress, embarrassment, and humiliation.

27. Upon information and belief, in order to vote in primaries and general elections in Puerto Rico, voters must present their voter identification cards at the voting polls. Because my voter identification card inaccurately states that I am female, the presentation of the voter identification card discloses my transgender status. In order to prevent such disclosure, I did not vote in the 2016 elections.

28. Further, being forced to show an identity document that identifies me as female when I live and appear as male puts me at significant risk of discrimination, harassment, and physical violence. It is psychologically and emotionally harmful for me to have a government-issued birth certificate that states incorrectly that I am female.

29. I am aware of the high incidence of violence and harassment directed at transgender and gender-nonconforming persons in Puerto Rico as well as the high rates of employment and housing discrimination faced by transgender persons in Puerto Rico.

30. I fear that possessing a birth certificate that fails to accurately reflect my sex, as determined by his gender identity, increases the chances that I will be subjected to discrimination, harassment, or violence and have taken steps to try to reduce those risks, including refraining from exercising my right to vote.

31. As a result of Puerto Rico's Birth Certificate Policy, my current Puerto Rico birth certificate reflects the sex I was incorrectly assigned at birth erroneously stating that I am female.

32. Being denied a birth certificate that accurately reflects my sex, as determined by my gender identity, is psychologically and emotionally harmful to me as I am faced with the persistent reminder that the Commonwealth of Puerto Rico does not respect me for who I am and I am kept in fear of what may happen the next time I have to show my birth certificate to a stranger. Puerto Rico's Birth Certificate Policy also subjects me to potential physical harm,

particularly as a transgender man residing in Puerto Rico.

33. I wish to correct my birth certificate which currently indicates that my sex is female, to accurately reflect my sex as male, as determined by my gender identity.

Signed under penalty of perjury under the laws of the United States this \_\_\_\_\_ day of June 2017.

---

J.G.



City of New York, State of New York, County of New York

I, Aurora Landman, hereby certify that the document “Active\_63572348\_2\_Declaration of J.G. (Ropes edits)” is, to the best of my knowledge and belief, a true and accurate translation from English into Spanish (PR).

A handwritten signature in blue ink, appearing to read 'Aurora Landman', written over a horizontal line.

Aurora Landman

Sworn to before me this  
June 20, 2017

A handwritten signature in blue ink, appearing to read 'Wendy Poon', written over a horizontal line.

Signature, Notary Public



Stamp, Notary Public

LANGUAGE AND TECHNOLOGY SOLUTIONS FOR GLOBAL BUSINESS

**TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS  
PARA EL DISTRITO DE PUERTO RICO**

DANIELA ARROYO GONZÁLEZ; VICTORIA  
RODRÍGUEZ-ROLDÁN; J.G.; y PUERTO  
RICO PARA TOD@S,

*los demandantes,*

contra

RICARDO ROSSELLÓ-NEVARES, en su calidad  
oficial de Gobernador del Estado Libre Asociado  
de Puerto Rico; RAFAEL RODRÍGUEZ-  
MERCADO, en su calidad oficial de Secretario del  
Departamento de Salud del Estado Libre Asociado  
de Puerto Rico; Y WANDA LLOVET-DÍAZ, en  
su calidad oficial de Directora de la División del  
Registro Civil del Estado Libre Asociado de  
Puerto Rico,

*los demandados.*

Civil No. 3:17-cv-01457-CCC

**DECLARACIÓN DE J.G. EN APOYO A LA PETICIÓN DEL  
DEMANDANTE PARA SENTENCIA DEL PROCEDIMIENTO SUMARIO**

Yo, J.G., mayor de edad y en mi entero y cabal juicio, por la presente declaro lo  
siguiente:

1. Soy demandante en la acción mencionada anteriormente. Tengo conocimiento real de los asuntos indicados en esta declaración.
2. Tengo 25 años. Nací y crecí en el área metropolitana de San Juan.
3. Completé mis estudios universitarios en Puerto Rico y actualmente trabajo en ventas y marketing para una compañía de medios.
4. Soy hombre.
5. También soy transgénero. Me designaron incorrectamente como de sexo “femenino” en mi certificado de nacimiento, a pesar de que soy, de hecho, un hombre.

6. A lo largo de mi niñez y adolescencia, experimenté un profundo malestar cuando otros asumían que yo era una chica.

7. Ya a la edad de 4 años, sabía que yo era “diferente” de otras niñas a las que se les había asignado el sexo femenino al nacer. Desde que era un niño pequeño, estaba interesado en los juguetes y las actividades que estaban asociadas tradicionalmente a los niños y usaba ropa tradicionalmente masculina.

8. A lo largo de mi niñez y adolescencia, experimenté un profundo malestar cuando otros me veían como una chica. Debido a que no me identificaba con las niñas y no era considerado uno de los niños, tuve una vida solitaria de niño y tuve problemas para socializar con niños de mi edad. Si hubiera podido vivir de acuerdo con mi verdadero sexo y socializar como un niño, me habría sentido aceptado.

9. A medida que crecí, mi incomodidad y angustia con el hecho de que otros me consideraran una chica se intensificó a medida que me identificaba aún más estrechamente con ropa y actividades que se alineaban con quien soy.

10. Cuando tenía 22 o 23 años, había aprendido el idioma para mi experiencia y pude entender la razón de mi malestar y angustia al crecer. Soy un hombre al que incorrectamente se le designó el sexo femenino al nacer.

11. En 2015 comencé a hacer la transición desde los puntos de vista social y médico para alinear mi experiencia vivida y las características del cuerpo con mi verdadero sexo, como lo determina mi identidad de género. Desde entonces, he vivido como mi verdadero ser, un hombre, en todos los aspectos de mi vida.

12. Ese mismo año, le dije a mi familia que yo era transgénero. Mis padres, hermanos y otros parientes expresaron su apoyo en ese momento y continúan apoyándome y tratándome como el hombre que soy.

13. En 2015, me diagnosticaron disforia de género. Después de consultar con mis profesionales médicos y de la salud mental, comencé a someterse a una terapia hormonal necesaria desde el punto de vista médico para aliviar mi disforia de género y alinear mi cuerpo con mi identidad de género. Los pasos que he tomado en mi transición han alineado mi apariencia externa con mi identidad masculina para que el público en general me vea como el hombre que soy.

14. De hecho, no se conoce públicamente mi condición de transgénero, y esta tampoco es conocida ni por mi actual empleador ni por mis compañeros de trabajo.

15. He buscado alinear mi experiencia vivida con mi verdadero sexo, que es masculino.

16. A principios de 2016, cambié legalmente mi nombre por un nombre tradicionalmente asociado con los hombres.

17. Después del cambio de mi nombre legal, busqué actualizarlo y corregir el marcador de género en mis documentos de identidad personal.

18. He actualizado mi nombre y corregido el marcador de género en mi licencia de conducir de Puerto Rico de acuerdo con la política y práctica del Departamento de Transporte y Obras Públicas del Estado Libre Asociado. También corregí mis registros de Seguro Social y actualicé mi nombre en mi certificado de nacimiento.

19. Soy consciente de que el Estado Libre Asociado de Puerto Rico tiene una política y una práctica que prohíbe categóricamente a las personas transgénero, como yo, corregir el

marcador de género de sus certificados de nacimiento para que los certificados de nacimiento reflejen con exactitud su sexo, como lo determina su identidad de género (en adelante, la “Política de Certificado de Nacimiento”).

20. He corregido mi nombre en mi certificado de nacimiento. Sin embargo, como resultado de la Política de Certificado de Nacimiento de Puerto Rico, se me prohibió corregir el marcador de género en mi certificado de nacimiento.

21. Como resultado, mi certificado de nacimiento de Puerto Rico aún identifica incorrectamente mi sexo como femenino, a pesar de que soy hombre y que el marcador de género en mis otros documentos de identificación del gobierno reflejan exactamente mi sexo como masculino.

22. Por consiguiente, mi certificado de nacimiento actual no refleja con exactitud quién soy.

23. Tener un certificado de nacimiento que me identifique incorrectamente como mujer es una barrera significativa para mi capacidad de funcionar con éxito como hombre en la búsqueda de empleo y en el acceso a otros servicios, derechos y beneficios privados y públicos.

24. Debido a que mi certificado de nacimiento indica de manera imprecisa que soy mujer, me han preguntado sobre la discrepancia entre el marcador de género de mi certificado de nacimiento, mis otros documentos de identificación y mi apariencia. Tales ocurrencias han llevado a que divulgue mi estado de hombre transgénero, lo que me expone a posible discriminación, acoso y miedo a sufrir lesiones físicas, así como vergüenza y humillación.

25. Por ejemplo, mientras buscaba empleo, se me pidió que proporcionara mi certificado de nacimiento al departamento de recursos humanos mientras me consideraban para un trabajo. El posible empleador notó y comentó la discrepancia, y me vi obligado a revelar mi

condición de transgénero.

26. En abril de 2016, busqué actualizar el nombre y corregir el marcador de género de mi tarjeta de identificación electoral de Puerto Rico. Pude actualizar el nombre pero no se me permitió corregir el marcador de género de mi tarjeta de identificación electoral. El personal de la junta de registro local solicitó mi certificado de nacimiento para poder hacer las correcciones. La presentación de mi certificado de nacimiento impreciso produjo no solo angustia, vergüenza y humillación, sino que también trajo como resultado que mi tarjeta de identificación electoral no reflejara mi sexo con precisión, lo que me expuso más a la invasión de la privacidad, los prejuicios, la discriminación, la angustia, la vergüenza y la humillación.

27. En base a la información y de acuerdo con mi leal saber y entender, para poder votar en las elecciones primarias y en las elecciones generales de Puerto Rico, los electores deben presentar sus tarjetas de identificación electoral en las elecciones. Debido a que mi tarjeta de identificación electoral indica incorrectamente que soy mujer, la presentación de la tarjeta de identificación electoral revela mi estado de transgénero. Para evitar tal revelación, no voté en las elecciones de 2016.

28. Además, ser forzado a mostrar un documento de identidad que me identifica como mujer cuando vivo y luzco como un hombre me pone en un riesgo significativo de discriminación, acoso y violencia física. Es psicológicamente y emocionalmente perjudicial para mí tener un certificado de nacimiento emitido por el gobierno que indica incorrectamente que soy mujer.

29. Tengo conocimiento de la alta incidencia de violencia y hostigamiento contra las personas transgénero y no conformistas en materia de género en Puerto Rico, así como de las elevadas tasas de discriminación en materia de empleo y vivienda que sufren las personas

transgénero en Puerto Rico.

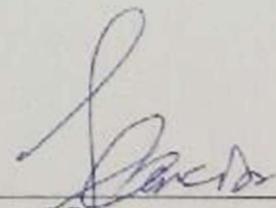
30. Tengo miedo de que poseer un certificado de nacimiento que no refleje exactamente mi sexo, determinado por la identidad de género, aumenten las posibilidades de que yo sea víctima de discriminación, acoso o violencia, y he tomado medidas para tratar de reducir esos riesgos, incluido el abstenerse de ejercer mi derecho a votar.

31. Como resultado de la Política de Certificado de Nacimiento de Puerto Rico, mi actual certificado de nacimiento de Puerto Rico refleja el sexo que me asignaron incorrectamente al nacer, que indica erróneamente que soy mujer.

32. Que se me niegue un certificado de nacimiento que refleje con exactitud mi sexo, como lo determina mi identidad de género, es psicológicamente y emocionalmente perjudicial para mí, ya que me enfrento con el recordatorio constante de que el Estado Libre Asociado de Puerto Rico no me respeta por lo que soy y tengo miedo de lo que pueda suceder la próxima vez que tenga que mostrar mi certificado de nacimiento a un extraño. La Política de Certificado de Nacimiento de Puerto Rico también me expone a posibles lesiones físicas, particularmente como transgénero que reside en Puerto Rico.

33. Quiero corregir mi certificado de nacimiento, que actualmente indica que mi sexo es femenino, para que refleje con exactitud mi sexo masculino, según lo determina mi identidad de género.

Firmado bajo pena de perjurio conforme a las leyes de los Estados Unidos el 26 de junio de 2017.

  
\_\_\_\_\_  
J.G.

UNITED STATES DISTRICT COURT  
DISTRICT OF PUERTO RICO

DANIELA ARROYO GONZÁLEZ; VICTORIA RODRÍGUEZ-ROLDÁN; J.G.; and PUERTO RICO PARA TOD@S,

*Plaintiffs,*

Civil No. 3:17-cv-01457-CCC

v.

RICARDO ROSSELLÓ-NEVARES, in his official capacity as Governor of the Commonwealth of Puerto Rico; RAFAEL RODRÍGUEZ-MERCADO, in his official capacity as Secretary of the Department of Health of the Commonwealth of Puerto Rico; and WANDA LLOVET-DÍAZ, in her official capacity as Director of the Division of Demographic Registry and Vital Statistics of the Commonwealth of Puerto Rico,

*Defendants.*

**DECLARATION OF PEDRO JULIO SERRANO BURGOS IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT**

I, Pedro Julio Serrano Burgos, being of legal age and sound mind, do hereby declare and state as follows:

1. I am a Board Member, President, and founder of Puerto Rico Para Tod@s, Inc., an organizational plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

2. I am 42 years old and reside in Carolina, Puerto Rico. I have personal knowledge of the matters stated in this declaration and can and will so testify if called as a witness.

3. I studied communications at the University of Puerto Rico—Río Piedras Campus. I have more than 20 years of experience working for the rights of lesbian, gay, bisexual, transsexual and transgender (LGBT) people in Puerto Rico and the United States. I have worked

as the Director of Communications of LLEGO, a national organization for LGBT for Latinos in the United States, the Communications Manager for the National Gay and Lesbian Task Force, a national organization that seeks to build the grassroots power of the LGBT community, and the Communications Director for New York City Council Speaker Melissa Mark Viverito. In September 2003 I, along with other people interested in social justice and human rights, founded Puerto Rico Para Tod@s. Since then I have served on the Board of Directors of Puerto Rico Para Tod@s and also serve as its President and spokesperson.

4. Puerto Rico Para Tod@s, Inc. is a domestic nonprofit corporation organized under the laws of Puerto Rico. It is a leading nonprofit organization working to secure, protect, and defend the equal civil rights, dignity, and welfare of LGBT people and their families in Puerto Rico. Puerto Rico Para Tod@s is governed by a board of directors, of which Plaintiff Daniela Arroyo González is a member.

5. Puerto Rico Para Tod@s has hundreds of members throughout Puerto Rico, including multiple transgender people, who have contributed time, money and resources to help the organization achieve its goals. Its board and membership includes transgender persons who were born or reside within the Commonwealth of Puerto Rico.

6. Puerto Rico Para Tod@s endeavors to fulfill its mission through education, legislative advocacy, grassroots organizing, and coalition building. These efforts are designed to educate the public and the media, to promote a politically active, effective membership, and to inform policymakers about issues affecting our members.

7. As part of its advocacy efforts, Puerto Rico Para Tod@s issues communications, engages in public education, advocates, and plans events in support of the rights, equality, and dignity of LGBT people in Puerto Rico. For example, in the past two years, Puerto Rico Para

Tod@s has organized an effort to oppose House Bill 1018 which aims to legalize discrimination against LGBT people; helped organize the “Trans Day in the University Strike” and was recognized for the first time by the National Puerto Rican Day Parade; advocated for the enactment of nondiscrimination protections for LGBT people in the workplace, public accommodations, and housing; helped train law enforcement officers about hate crimes and LGBT awareness; and conducted workshops in schools about LGBT issues and bullying.

8. The promotion, achievement, and protection of the civil rights of transgender people in Puerto Rico is a priority for Puerto Rico Para Tod@s. As such, Puerto Rico Para Tod@s has called for the ability of transgender persons born in Puerto Rico to correct the gender marker on their birth certificates and has successfully advocated for the ability of transgender persons to correct the gender marker on their Puerto Rico driver’s licenses.



9. I, along with the leadership and membership of Puerto Rico Para Tod@s, am aware that the Commonwealth of Puerto Rico has a policy and practice, pursuant to the Vital Statistics Registry Act of Puerto Rico, as interpreted by the Supreme Court of Puerto Rico in *Ex parte Delgado*, 165 D.P.R. 170 (2005), that categorically prohibits transgender persons, including members of Puerto Rico Para Tod@s, from correcting the gender marker in their birth certificates so that the birth certificates may accurately reflect their sex, as determined by their gender identity (hereinafter the “Birth Certificate Policy”).

10. Transgender members of Puerto Rico Para Tod@s, including Ms. Arroyo González, desire and intend to amend their Puerto Rican birth certificates to accurately reflect their sex, as determined by their gender identity, but have been prevented from doing so by Puerto Rico’s Birth Certificate Policy because they are transgender. Transgender members of Puerto Rico Para Tod@s have experienced and continue to experience a variety of physical and

emotional hardships and stigma because they cannot update their Puerto Rican birth certificate gender markers.

11. I, along with the leadership and membership of Puerto Rico Para Tod@s, am also aware of the high incidence of violence, harassment, hate crimes, and discrimination directed at transgender persons in Puerto Rico. For example, just between 2008 and 2011, there were at least 18 homicides of LGBT persons in Puerto Rico.

12. Exposure of one's transgender status based on an inaccurate birth certificate could subject transgender persons to potential physical harm, violence, harassment, hate crimes, and discrimination. Consequently, transgender members of Puerto Rico Para Tod@s live in fear of what may happen the next time they have to show their birth certificate to a stranger, and worry that they may be subject to such harms as a result of Puerto Rico's Birth Certificate Policy.

 13. Being denied birth certificates that accurately reflects their sex, as determined by their gender identity, is also psychologically and emotionally harmful to transgender members of Puerto Rico Para Tod@s, who are faced with the persistent reminder that the Commonwealth of Puerto Rico does not respect them for who they are and does not recognize their personhoods.

14. Puerto Rico's Birth Certificate Policy compels transgender persons, including members of Puerto Rico Para Tod@s, to possess and, because of its ubiquitous nature, use a form of identification that inaccurately reflects who they are. It compels them to express an identity contrary to who they are. As a result, Puerto Rico's Birth Certificate Policy inhibits the ability of transgender persons born in Puerto Rico to fully participate in our society.

Signed under penalty of perjury under the laws of the United States this 23 day of  
June 2017.



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Pedro Julio Serrano Burgos

UNITED STATES DISTRICT COURT  
DISTRICT OF PUERTO RICO

DANIELA ARROYO GONZÁLEZ; VICTORIA  
RODRÍGUEZ-ROLDÁN; J.G.; and PUERTO  
RICO PARA TOD@S,

*Plaintiffs,*

v.

RICARDO ROSSELLÓ-NEVARES, in his  
official capacity as Governor of the  
Commonwealth of Puerto Rico; RAFAEL  
RODRÍGUEZ-MERCADO, in his official capacity  
as Secretary of the Department of Health of the  
Commonwealth of Puerto Rico; and WANDA  
LLOVET-DÍAZ, in her official capacity as  
Director of the Division of Demographic Registry  
and Vital Statistics of the Commonwealth of  
Puerto Rico,

*Defendants.*

Civil No. 3:17-cv-01457-CCC

**DECLARATION OF DR. RANDI C. ETTNER, Ph.D.**

I, Dr. Randi C. Ettner, declare as follows:

1. I submit this expert declaration based on my personal knowledge.
2. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

**Qualifications and Basis of Opinion**

3. I am a licensed clinical and forensic psychologist with expertise concerning the diagnosis and treatment of gender dysphoria. I received my doctorate in psychology from Northwestern University in 1979. I have been the chief psychologist at the Chicago Gender Center since 2005, which specializes in the treatment of individuals with gender dysphoria. I have been involved in the treatment of patients with gender dysphoria since 1977, when I was an intern at Cook County Hospital in Chicago.

4. During the course of my career, I have evaluated and/or treated between 2,500 and 3,000 individuals with gender dysphoria and mental health issues related to gender variance.

5. I have published four books related to the treatment of individuals with gender dysphoria, including the medical text entitled *Principles of Transgender Medicine and Surgery* (Ettner, Monstrey & Eyler, 2007) and the second edition (Ettner, Monstrey & Coleman, 2016). In addition, I have authored numerous articles in peer-reviewed journals regarding the provision of care to this population. I serve as a member of the editorial boards for the *International Journal of Transgenderism* and *Transgender Health*.

6. I am the Secretary and member of the Executive Board of Directors of the World Professional Association for Transgender Health (“WPATH”) (formerly the Harry Benjamin Gender Dysphoria Association) and an author of the *WPATH Standards of Care for the Health of Transsexual, Transgender and Gender-nonconforming People*, 7<sup>th</sup> version, published in 2012. The WPATH promulgated Standards of Care (“Standards of Care”) are the internationally recognized guidelines for the treatment of persons with gender dysphoria and serve to inform medical treatment in the United States and throughout the world.

7. I have lectured throughout North America, Europe, and Asia on topics related to gender dysphoria, and on numerous occasions I have presented grand rounds on gender dysphoria at medical hospitals. I am an honoree of the *Randi and Fred Ettner Fellowship in Transgender Health at the University of Minnesota*, and have been an invited guest at the National Institutes of Health to participate in developing a strategic research plan to advance the health of sexual and gender minorities.

8. I have been retained as an expert regarding gender dysphoria and its treatment in multiple federal court proceedings, and have repeatedly qualified as an expert.

9. My clinical consulting fee in this case is \$300 USD per hour.

10. In preparing this declaration, I have relied on my extensive professional experience and my review of the medical literature, including my own, related to gender dysphoria over the past three decades.

11. A true and accurate copy of my Curriculum Vitae is attached hereto as Exhibit A, which documents my education, training, research, and years of experience in this field. A bibliography of the materials reviewed in connection with this declaration is attached hereto as Exhibit B. The sources cited therein are authoritative, scientific peer-reviewed publications. I generally rely on these materials when I provide expert testimony, and they include the documents specifically cited as supportive examples in particular sections of this declaration. The materials I have relied on in preparing this declaration are the same type of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

12. I have not met or spoken with the Plaintiffs for purposes of this declaration. My opinions are based solely on the information I have been provided by Plaintiffs' attorneys as well as my extensive experience studying gender dysphoria and in treating transgender patients.

### **Sex and Gender Identity**

13. At birth, infants are assigned a sex, typically male or female, based solely on the appearance of their external genitalia. For most people, that assignment turns out to be accurate, and their birth-assigned sex matches that person's actual sex. However, for transgender people, the sex assigned at birth does not align with the individual's genuine, experienced sex, resulting in the distressing condition of gender dysphoria.

14. External genitalia alone—the critical criterion for assigning sex at birth—is not an accurate proxy for a person's sex.

15. A person's sex is comprised of a number of components including, *inter alia*: chromosomal composition (detectable through karyotyping); gonads and internal reproductive organs (detectable by ultrasound, and occasionally by a physical pelvic exam); external genitalia (which are visible at birth); sexual differentiations in brain development and structure (detectable by functional magnetic resonance imaging studies and autopsy); and gender identity.

16. Gender identity is a person's inner sense of belonging to a particular sex, such as male or female. It is a deeply felt and core component of human identity. It is detectable by self-disclosure in adolescents and adults. In children under age 4, it is detectable by behaviors that are persistent and discordant with the sex assigned at birth (meaning the sex recorded on a person's birth certificate at the time of birth).

17. When there is divergence between anatomy and identity, one's gender identity is paramount and the primary determinant of an individual's sex designation. Developmentally, it is the overarching determinant of the self-system, influencing personality, a sense of mastery, relatedness, and emotional reactivity, across the life span. It is also the foremost predictor of satisfaction and quality of life. Psychologist Eric Erickson defined identity as "the single motivating force in life."

18. Like non-transgender people (also known as cisgender people), transgender people do not simply have a "preference" to act or behave consistently with their gender identities. Every person has a gender identity. It is a firmly established elemental component of the self-system of every human being.

19. The only difference between transgender people and cisgender people is that the latter have gender identities that are consistent with their birth-assigned sex whereas the former

do not. A transgender man cannot simply turn off his gender identity like a switch, any more than anyone else could.

20. In other words, transgender men are men and transgender women are women.

21. A growing assemblage of research documents that gender identity is immutable and biologically based. Efforts to change an individual's gender identity are therefore both futile and unethical.

22. For example, with the advent of sophisticated brain imagery techniques, researchers are now able to study large numbers of brains in living people, rather than via autopsy. These studies show that the cortex of the brain is the seat of the most consistently documented differences between transgender and non-transgender people. Brain bundles that connect the regions of the brain, white and gray matter, and intracranial volume are implicated before and immediately after birth (perinatally) in the architecture of the cortex. Differences in intracranial volume, cortical thickness, the putamen, and other areas in the right hemisphere of the brain, are sexually dimorphic. These neurodevelopmental differences in the brain cannot be changed.

23. Additionally, as early as 2000, researchers found that the probability of a sibling of a transgender person also being transgender was almost five times higher than the general public, and that twins have a 33.3% concordance rate for transgenderism, even when raised apart. This also suggests a genetic component, and some researchers are looking at specific genes that may help explain the origins of gender incongruity.

24. The evidence demonstrating that gender identity cannot be altered, either for transgender or for non-transgender individuals, further underscores the innate and immutable nature of gender identity. Past attempts to "cure" transgender individuals by means of

psychotherapy, aversion treatments or electroshock therapy, in order to change their gender identity to match their birth-assigned sex, have proven ineffective and caused extreme psychological damage. All major associations of medical and mental health providers, such as the American Medical Association, the American Psychiatric Association, the American Psychological Association, and WPATH's Standards of Care, consider such efforts unethical.

### **Gender Dysphoria and Its Treatment**

25. Gender Dysphoria is the clinically significant distress or impairment of functioning that can result from the incongruence between a person's gender identity and the sex assigned to them at birth. Gender dysphoria is a serious medical condition associated with severe and unremitting emotional pain from the incongruity between various aspects of one's sex. It is codified in the *International Classification of Diseases* (10<sup>th</sup> revision: World Health Organization), the diagnostic and coding compendia for mental health and medical professionals, and the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* Fifth Edition (DSM-5). People diagnosed with gender dysphoria have an intense and persistent discomfort with their assigned sex.

26. Gender dysphoria was previously referred to as gender identity disorder. In 2013, the American Psychiatric Association changed the name and diagnostic criteria to be "more descriptive than the previous DSM-IV term gender identity disorder and focus[] on dysphoria as the clinical problem, not identity per se." DSM-5 at 451.

27. The diagnostic criteria for Gender Dysphoria in Adolescents and Adults are as follows:

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two of the following:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated sex characteristics).
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.

28. Once a diagnosis of gender dysphoria is established, individualized treatment should be initiated. Without treatment, individuals with gender dysphoria experience anxiety,

depression, suicidality and other attendant mental health issues and are often unable to adequately function in occupational, social, or other areas of life.

29. The medically accepted standards of care for treatment of gender dysphoria are set forth in the *WPATH Standards of Care* (7<sup>th</sup> version, 2011), first published in 1979. The WPATH-promulgated Standards of Care are the internationally recognized guidelines for the treatment of persons with gender dysphoria, and inform medical treatment throughout the world.

30. The *American Medical Association*, the *Endocrine Society*, the *American Psychological Association*, the *American Psychiatric Association*, the *World Health Organization*, the *American Academy of Family Physicians*, the *National Commission of Correctional Health Care*, the *American Public Health Association*, the *National Association of Social Workers*, the *American College of Obstetrics and Gynecology*, the *American Society of Plastic Surgeons*, and *The American Society of Gender Surgeons* all endorse protocols in accordance with the WPATH standards. (See, e.g., American Medical Association (2008) Resolution 122 (A-08); Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline (2009); American Psychological Association Policy Statement on Transgender, Gender Identity and Gender Expression Nondiscrimination (2009).)

31. The Standards of Care identify the following treatment protocols for treating individuals with gender dysphoria, which should be tailored to the patient's individual medical needs:

- Changes in gender expression and role, also known as social transition (which involves living in the gender role consistent with one's gender identity);

- Hormone therapy to feminize or masculinize the body in order to reduce the distress caused by the discordance between one's gender identity and sex assigned at birth;
- Surgery to change primary and/or secondary sex characteristics; and
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; and promoting resilience.

32. These treatments do not change a transgender person's sex, which is already determined by their gender identity. Attempts to change a person's gender identity to bring it into alignment with their birth-assigned sex are not only futile, but also dangerous and unethical.

### **The Process of Gender Transition**

33. Gender transition is the process through which a person begins bringing their outer appearance and lived experience into alignment with their core gender. Transition may or may not include medical or legal aspects such as taking hormones, having surgeries, or correcting the sex designation on identity documents. Social transition—which often includes correcting one's identity documents to accurately reflect one's sex—is the most important, and sometimes the only, aspect of transition that transgender people undertake. Changes often associated with a social transition include changes in clothing, name, pronouns, and hairstyle.

34. A complete transition is one in which a person attains a sense of lasting personal comfort with their gendered self, thus maximizing overall health, well-being, and personal safety. Social role transition has an enormous impact in the treatment of gender dysphoria. An

early seminal study emphasizes the importance of aligning presentation and identity. Greenberg and Laurence (1981) compared the psychiatric status of individuals with gender dysphoria who had socially transitioned with those who had not. Those who had implemented a social transition showed “a notable absence of psychopathology” compared to those who were living in their birth-assigned sex.

35. Hormones are often medically indicated for patients with gender dysphoria, and are extremely therapeutic. In addition to inducing a sense of wellbeing, owing to the influence of sex steroids on the brain, hormones induce physical changes which attenuate the dysphoria. One or more surgical procedures are medically indicated for some, but by no means all, transgender individuals.

36. A person’s gender identity is an innate, immutable characteristic; it is not determined by a particular medical treatment or procedure. The medical treatments provided to transgender people (including social transition), do not “change a woman into a man” or vice versa. Instead, they affirm the authentic gender that an individual person *is*.

37. The goal of proper treatment is to align the person’s body and lived experience with the person’s fixed identity as male or female, which already exists. Treatment creates more alignment between the person’s identity and the person’s appearance, attenuating the dysphoria, and allowing the person’s actual sex to be seen and recognized by others. Treatments fall below the accepted Standards of Care if they fail to recognize that a person’s affirmed gender identity is not how they feel, but rather essentially who they are.

**The Importance of Accurate Identity Documents, Including Birth Certificates, for Transgender People**

38. Being unable to correct the gender marker on one’s identity documents, including one’s birth certificate, means that transgender people are forced to display documents that

indicate their birth-assigned sex (typically assumed based only by the appearance of genitalia at birth), rather than their actual sex as determined by their gender identity and their lived experience. This discordance creates a myriad of deleterious social and psychological consequences.

39. Identity documents consistent with one's lived experience affirm and consolidate one's gender identity, mitigating distress and functional consequences. Changes in gender presentation and role, to feminize or masculinize appearance, and social and legal recognition, are crucial components of treatment for gender dysphoria. Social transition involves dressing, grooming, and otherwise outwardly presenting oneself through social signifiers of a person's true sex as determined by their affirmed gender identity.

40. Through this process, the shame of growing up living as a "false self" and the grief of being born into the "wrong body" are ameliorated. Being socially and legally recognized with correct identification is essential to successful treatment. The WPATH Standards of Care explicitly state that changing the gender marker on identity documents greatly assists in alleviating gender dysphoria. Uncorrected identity documents serve as constant reminders that one's identity is perceived by society and government as "illegitimate." Individuals who desire and require surgery must, as a prerequisite, undergo social role transition, which can be thwarted or upended by inaccurate identification documents.

41. An inability to access identity documents that accurately reflect one's true sex is harmful and exacerbates gender dysphoria, kindling shame and amplifying fear of exposure. Inaccurate documents can cause an individual to isolate, in order to avoid situations that might evoke discrimination, ridicule, accusations of fraud, harassment, or even violence—experiences that are all too common among transgender people. Ultimately, this leads to feelings of

hopelessness, lack of agency, and despair. Being stripped of one's dignity, privacy, and the ability to move freely in society can lead to a degradation of coping strategies and cause major psychiatric disorders, including generalized anxiety disorder, major depressive disorder, posttraumatic stress disorder, emotional decompensation, and suicidality. Research has demonstrated that transgender women who fear disclosure are at 100% increased risk for hypertension, owing to the intersection of stress and cardiac reactivity.

42. An abundance of research establishes that transgender people suffer from stigma and discrimination. The "minority stress model" explains that the negative impact of the stress attached to being stigmatized is socially based. This stress can be both *external*, i.e., actual experiences of rejection or discrimination (enacted stigma), and, as a result of such experiences, *internal*, i.e., perceived rejection or the expectation of being humiliated or discriminated against (felt stigma). Both are corrosive to physical and mental health.

43. Until recently, it wasn't understood that these experiences of humiliation and discrimination have serious and enduring consequences. It is now well documented that stigmatization and victimization are the most powerful predictors of current and future mental health problems. The presentation of a birth certificate is required in numerous situations. For the transgender individual, an inaccurate birth certificate can transform a mundane interaction into a traumatic experience. Repeated negative experiences inevitably erode resilience, creating an ingravescient course of gender dysphoria and attendant psychiatric disorders.

44. Many people who suffer from gender dysphoria go to great lengths to align their physical characteristics, voice, mannerisms and appearance to match their gender identity. Since gender identity is immutable, these changes are the appropriate, and indeed the only treatment for the condition. Understandably, the desire to make an authentic appearance is of great concern

for transgender individuals, as the *sine qua non* of the gender dysphoria diagnosis is the desire to be regarded in accordance with one's true sex as determined by one's gender identity. Privacy, and the ability to control whether, when, how, and to whom to disclose one's transgender status, is essential to accomplishing this therapeutic aim.

45. Thus, when an individual implements a social role transition, legal recognition of that transition is vital and an accurate birth certificate is a crucial aspect of that recognition, in large part because congruent identity documentation confers privacy—the right to maintain stewardship of personal and medical information—allowing an individual to live a safe and healthy life.

**Surgical or Hormonal Therapies Should Not be Required to Correct the Gender Marker  
On a Person's Identity Documents**

46. From a medical and scientific perspective, there is no basis for refusing to acknowledge a transgender person's sex, as determined by their gender identity, based on whether that person has undergone surgery or any other medical treatment. The appearance of genitalia and/or the ratio of circulating sex steroids are not relevant to a person's innate and immutable gender identity.

47. Moreover, not all individuals with gender dysphoria require hormonal or surgical therapy. For some, social role transition may be the essential and sufficient therapeutic intervention to alleviate distress. Indeed, for many transgender individuals, surgery is not medically necessary or may be safely delayed for some time as their dysphoria is alleviated through social role transition and other medical treatments. It is estimated that only 33% of transgender individuals undergo some form of gender-related surgery. Not all individuals for whom surgical intervention is medically indicated are able to access these options due to financial and other systemic barriers to necessary medical treatments.

48. Many insurance companies have policies that specifically exclude coverage of hormonal and surgical treatments for gender dysphoria. Additionally, there are some medical complications that preclude surgical treatment. These include brittle diabetes, morbid obesity, recent history of stroke, or other uncontrolled disease or organ damage.

49. Thus, transgender people should not be required to undergo hormonal or surgical treatment in order to have identity documents (including birth certificates) that accurately reflect who they are.

### **Conclusion**

50. Medical management of gender dysphoria includes the alignment of appearance, presentation, expression, and often, the body, to reflect a person's true sex as determined by their gender identity. Correcting the gender marker on identification documents confers social and legal recognition of identity and is crucial to this process. The necessity and importance of privacy is universal, and exists even in animals. A wide range of species avoid predators by managing information about internal states and future intentions, for purposes of survival. Privacy enables normal psychological functioning, the ability to have experiences that promote healthy personal growth and interpersonal relationships, and allows for measured self-disclosure. It is the basis for the development of individuality and autonomy.

51. For a transgender person, a birth certificate bearing an incorrect gender marker invades privacy, releases confidential medical information, and places the individual at risk for grave psychological and physical harm.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Dated: 4-23, 2017

Dr. Randi C. Ettner

Dr. Randi C. Ettner

*Arroyo González v. Rosselló Nevares*  
Civil No. 3:17-cv-01457-CCC  
Declaration of Dr. Randi C. Ettner, Ph.D.

# Exhibit A

**RANDI ETTNER, PHD**  
**1214 Lake Street**  
**Evanston, Illinois 60201**  
**847-328-3433**

**POSITIONS HELD**

Clinical Psychologist  
Forensic Psychologist  
Fellow and Diplomate in Clinical Evaluation, American Board of  
Psychological Specialties  
Fellow and Diplomate in Trauma/PTSD  
President, New Health Foundation Worldwide  
Secretary, World Professional Association of Transgender Healthcare  
(WPATH)  
Chair, Committee for Incarcerated Persons, WPATH  
University of Minnesota Medical Foundation: Leadership  
Council  
Psychologist, Chicago Gender Center  
Adjunct Faculty, Prescott College  
Editorial Board, *International Journal of Transgenderism*  
Editorial Board, *Transgender Health*  
Television and radio guest (more than 100 national and international  
appearances)  
Internationally syndicated columnist  
Private practitioner  
Medical staff privileges attending psychologist; Advocate Lutheran General  
Hospital

**EDUCATION**

PhD, 1979	Northwestern University (with honors) Evanston, Illinois
MA, 1976	Roosevelt University (with honors) Chicago, Illinois
BA, 1969-73	Indiana University Bloomington, Indiana Cum Laude Major: Clinical Psychology; Minor: Sociology
1972	Moray College of Education Edinburgh, Scotland International Education Program
1970	Harvard University Cambridge, Massachusetts Social Relations Undergraduate Summer Study Program in Group Dynamics and Processes

**CLINICAL AND PROFESSIONAL EXPERIENCE**

- 2016 Psychologist: Chicago Gender Center  
Consultant: Walgreens; Tawani Enterprises  
Private practitioner
- 2011 Instructor, Prescott College: Gender - A multidimensional approach
- 2000 Instructor, Illinois Professional School of Psychology
- 1995-present Supervision of clinicians in counseling gender non-conforming clients
- 1993 Post-doctoral continuing education with Dr. James Butcher in MMPI-2 Interpretation, University of Minnesota
- 1992 Continuing advanced tutorial with Dr. Leah Schaefer in psychotherapy
- 1983-1984 Staff psychologist, Women's Health Center, St. Francis Hospital, Evanston, Illinois
- 1981-1984 Instructor, Roosevelt University, Department of Psychology: Psychology of Women, Tests and Measurements, Clinical Psychology, Personal Growth, Personality Theories, Abnormal Psychology
- 1976-1978 Research Associate, Cook County Hospital, Chicago, Illinois, Department of Psychiatry
- 1975-1977 Clinical Internship, Cook County Hospital, Chicago, Illinois, Department of Psychiatry
- 1971 Research Associate, Department of Psychology, Indiana University
- 1970-1972 Teaching Assistant in Experimental and Introductory Psychology  
Department of Psychology, Indiana University
- 1969-1971 Experimental Psychology Laboratory Assistant, Department of Psychology, Indiana University

**LECTURES AND HOSPITAL GRAND ROUNDS PRESENTATIONS**

*Psychiatric and Legal Issues for Transgender Inmates*, USPATH, Los Angeles, 2017

*Transgender 101 for Surgeons*, American Society of Plastic Surgeons, 2017.

*Healthcare for transgender inmates in the US*, Erasmus Medical Center, Rotterdam, Netherlands, 2016.

*Tomboys Revisited: Replication and Implication; Models of Care; Orange Isn't the New Black Yet-* WPATH symposium, Amsterdam, Netherlands, 2016.

*Foundations in mental health; role of the mental health professional in legal and policy issues, healthcare for transgender inmates; children of transgender parents:* WPATH global education initiative, Chicago, 2015; Atlanta, 2016; Ft. Lauderdale, 2016; Washington, D.C., 2016, Los Angeles, 2017, Minneapolis, 2017

*Pre-operative evaluation in gender-affirming surgery-*American Society of Plastic Surgeons, 2015

*Gender affirming psychotherapy; Assessment and referrals for surgery-Standards of Care-*Fenway Health Clinic, Boston, 2015

*Gender reassignment surgery-* Midwestern Association of Plastic Surgeons, 2015

*Adult development and quality of life in transgender healthcare-* Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2015

*Healthcare for transgender inmates-* American Academy of Psychiatry and the Law, 2014

*Supporting transgender students: best school practices for success-* American Civil Liberties Union of Illinois and Illinois Safe School Alliance, 2014

*Addressing the needs of transgender students on campus-* Prescott College, 2014

*The role of the behavioral psychologist in transgender healthcare –* Gay and Lesbian Medical Association, 2013

*Understanding transgender-* Nielsen Corporation, Chicago, Illinois, 2013;

*Role of the forensic psychologist in transgender care; Care of the aging transgender patient-* University of California San Francisco, Center for Excellence, 2013

*Evidence-based care of transgendered patients-* North Shore University Health Systems, University of Chicago, Illinois, 2011; Roosevelt-St. Vincent Hospital, New York; Columbia Presbyterian Hospital, Columbia University, New York, 2011

*Children of Transsexuals-*International Association of Sex Researchers, Ottawa, Canada, 2005; Chicago School of Professional Psychology, 2005

*Gender and the Law-* DePaul University College of Law, Chicago, Illinois, 2003; American Bar Association annual meeting, New York, 2000

*Gender Identity and Clinical Issues* –WPATH Symposium, Bangkok, Thailand, 2014; Argosy College, Chicago, Illinois, 2010; Cultural Impact Conference, Chicago, Illinois, 2005; Weiss Hospital, Department of Surgery, Chicago, Illinois, 2005; Resurrection Hospital Ethics Committee, Evanston, Illinois, 2005; Wisconsin Public Schools, Sheboygan, Wisconsin, 2004, 2006, 2009; Rush North Shore Hospital, Skokie, Illinois, 2004; Nine Circles Community Health Centre, University of Winnipeg, Winnipeg, Canada, 2003; James H. Quillen VA Medical Center, East Tennessee State University, Johnson City, Tennessee, 2002; Sixth European Federation of Sexology, Cyprus, 2002; Fifteenth World Congress of Sexology, Paris, France, 2001; Illinois School of Professional Psychology, Chicago, Illinois 2001; Lesbian Community Cancer Project, Chicago, Illinois 2000; Emory University Student Residence Hall, Atlanta, Georgia, 1999; Parents, Families and Friends of Lesbians and Gays National Convention, Chicago, Illinois, 1998; In the Family Psychotherapy Network National Convention, San Francisco, California, 1998; Evanston City Council, Evanston, Illinois 1997; Howard Brown Community Center, Chicago, Illinois, 1995; YWCA Women’s Shelter, Evanston, Illinois, 1995; Center for Addictive Problems, Chicago, 1994

*Psychosocial Assessment of Risk and Intervention Strategies in Prenatal Patients-* St. Francis Hospital, Center for Women’s Health, Evanston, Illinois, 1984; Purdue University School of Nursing, West Lafayette, Indiana, 1980

*Psychoneuroimmunology and Cancer Treatment-* St. Francis Hospital, Evanston, Illinois, 1984

*Psychosexual Factors in Women’s Health-* St. Francis Hospital, Center for Women’s Health, Evanston, Illinois, 1984

*Sexual Dysfunction in Medical Practice-* St. Francis Hospital, Dept. of OB/GYN, Evanston, Illinois, 1980

*Sleep Apnea* - St. Francis Hospital, Evanston, Illinois, 1996; Lincolnwood Public Library, Lincolnwood, Illinois, 1996

*The Role of Denial in Dialysis Patients* - Cook County Hospital, Department of Psychiatry, Chicago, Illinois, 1977

## **PUBLICATIONS**

Ettner, R. Pre-operative evaluation in Schechter (Ed.) Surgical Management of the Transgender Patient. Elsevier, 2017.

Berli, J., Kudnson, G., Fraser, L., Tangpricha, V., Ettner, R., et al. Gender Confirmation Surgery: what surgeons need to know when providing care for transgender individuals. *JAMA Surgery*; in press.

Ettner, R., Ettner, F. & White, T. Choosing a surgeon: an exploratory study of factors influencing the selection of a gender affirmation surgeon. *Transgender Health*, 1(1), 2016.

Ettner, R. & Guillamon, A. Theories of the etiology of transgender identity. In Principles of Transgender Medicine and Surgery. Ettner, Monstrey & Coleman (Eds.), 2nd edition; Routledge, June, 2016.

Ettner, R., Monstrey, S., & Coleman, E. (Eds.) Principles of Transgender Medicine and Surgery, 2nd edition; Routledge, June, 2016.

Bockting, W, Coleman, E., Deutsch, M., Guillamon, A., Meyer, I., Meyer, W., Reisner, S., Sevelius, J. & Ettner, R. Adult development and quality of life of transgender and gender nonconforming people. *Current Opinion in Endocrinology and Diabetes*, 2016.

Ettner, R. Children with transgender parents in Sage Encyclopedia of Psychology and Gender. Nadal (Ed.) Sage Publications, 2017

Ettner, R. Surgical treatments for the transgender population in Lesbian, Gay, Bisexual, Transgender, and Intersex Healthcare: A Clinical Guide to Preventative, Primary, and Specialist Care. Ehrenfeld & Eckstrand, (Eds.) Springer: MA, 2016.

Ettner, R. Etiopathogenetic hypothesis on transsexualism in Management of Gender Identity Dysphoria: A Multidisciplinary Approach to Transsexualism. Trombetta, Liguori, Bertolotto, (Eds.) Springer: Italy, 2015.

Ettner, R. Care of the elderly transgender patient. *Current Opinion in Endocrinology and Diabetes*, 2013, Vol. 20(6), 580-584.

Ettner, R., and Wylie, K. Psychological and social adjustment in older transsexual people. *Maturitas*, March, 2013, Vol. 74, (3), 226-229.

Ettner, R., Ettner, F. and White, T. Secrecy and the pathophysiology of hypertension. *International Journal of Family Medicine* 2012, Vol. 2012.

Ettner, R. Psychotherapy in Voice and Communication Therapy for the Transgender/Transsexual Client: A Comprehensive Clinical Guide. Adler, Hirsch, Mordaunt, (Eds.) Plural Press, 2012.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W., Monstrey, S., Adler, R., Brown, G., Devor, A., Ehrbar, R., Ettner, R., et.al. Standards of Care for the health of transsexual, transgender, and gender-nonconforming people. World Professional Association for Transgender Health (WPATH). 2012.

Ettner, R., White, T., and Brown, G. Family and systems aggression towards therapists. *International Journal of Transgenderism*, Vol. 12, 2010.

Ettner, R. The etiology of transsexualism in Principles of Transgender Medicine and Surgery, Ettner, R., Monstrey, S., and Eyler, E. (Eds.). Routledge Press, 2007.

Ettner, R., Monstrey, S., and Eyler, E. (Eds.) Principles of Transgender Medicine and Surgery. Routledge Press, 2007.

Monstrey, S. De Cuypere, G. and Ettner, R. Surgery: General principles in Principles of Transgender Medicine and Surgery, Ettner, R., Monstrey, S., and Eyler, E. (Eds.) Routledge Press, 2007.

Schechter, L., Boffa, J., Ettner, R., and Ettner, F. Revision vaginoplasty with sigmoid interposition: A reliable solution for a difficult problem. The World Professional Association for Transgender Health (WPATH), 2007, *XX Biennial Symposium*, 31-32.

Ettner, R. Transsexual Couples: A qualitative evaluation of atypical partner preferences. *International Journal of Transgenderism*, Vol. 10, 2007.

White, T. and Ettner, R. Adaptation and adjustment in children of transsexual parents. *European Journal of Child and Adolescent Psychiatry*, 2007: 16(4)215-221.

Ettner, R. Sexual and gender identity disorders in Diseases and Disorders, Vol. 3, Brown Reference, London, 2006.

Ettner, R., White, T., Brown, G., and Shah, B. Client aggression towards therapists: Is it more or less likely with transgendered clients? *International Journal of Transgenderism*, Vol. 9(2), 2006.

Ettner, R. and White, T. in Transgender Subjectives: A Clinician's Guide Haworth Medical Press, Leli (Ed.) 2004.

White, T. and Ettner, R. Disclosure, risks, and protective factors for children whose parents are undergoing a gender transition. *Journal of Gay and Lesbian Psychotherapy*, Vol. 8, 2004.

Witten, T., Benestad, L., Berger, L., Ekins, R., Ettner, R., Harima, K. Transgender and Transsexuality. Encyclopeida of Sex and Gender. Springer, Ember, & Ember (Eds.) Stonewall, Scotland, 2004.

Ettner, R. Book reviews. *Archives of Sexual Behavior*, April, 2002.

Ettner, R. Gender Loving Care: A Guide to Counseling Gender Variant Clients. WW Norton, 2000.

“Social and Psychological Issues of Aging in Transsexuals,” proceedings, Harry Benjamin International Gender Dysphoria Association, Bologna, Italy, 2005.

“The Role of Psychological Tests in Forensic Settings,” *Chicago Daily Law Bulletin*, 1997.

Confessions of a Gender Defender: A Psychologist’s Reflections on Life amongst the Transgendered. Chicago Spectrum Press. 1996.

“Post-traumatic Stress Disorder,” *Chicago Daily Law Bulletin*, 1995.

“Compensation for Mental Injury,” *Chicago Daily Law Bulletin*, 1994.

“Workshop Model for the Inclusion and Treatment of the Families of Transsexuals,” Proceedings of the Harry Benjamin International Gender Dysphoria Symposium; Bavaria, Germany, 1995.

“Transsexualism- The Phenotypic Variable,” Proceedings of the XV Harry Benjamin International Gender Dysphoria Association Symposium; Vancouver, Canada, 1997.

“The Work of Worrying: Emotional Preparation for Labor,” Pregnancy as Healing. A Holistic Philosophy for Prenatal Care, Peterson, G. and Mehl, L. Vol. II. Chapter 13, Mindbody Press, 1985.

### **PROFESSIONAL AFFILIATIONS**

University of Minnesota Medical School–Leadership Council  
American College of Forensic Psychologists  
World Professional Association for Transgender Health  
World Health Organization (WHO) Global Access Practice Network  
TransNet national network for transgender research  
American Psychological Association  
American College of Forensic Examiners  
Society for the Scientific Study of Sexuality  
Screenwriters and Actors Guild  
Phi Beta Kappa

### **AWARDS AND HONORS**

*The Randi and Fred Ettner Transgender Health Fellowship*-Program in Human Sexuality, University of Minnesota, 2016

Phi Beta Kappa, 1971  
Indiana University Women’s Honor Society, 1969-1972  
Indiana University Honors Program, 9-1972  
Merit Scholarship Recipient, 1970-1972  
Indiana University Department of Psychology Outstanding Undergraduate Award Recipient, 1970-1972

Representative, Student Governing Commission, Indiana University, 1970

**LICENSE**

Clinical Psychologist, State of Illinois, 1980

*Arroyo González v. Rosselló Nevares*  
Civil No. 3:17-cv-01457-CCC  
Declaration of Dr. Randi C. Ettner, Ph.D.

# Exhibit B

**BIBLIOGRAPHY:**

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Bentz, E.K., Hefler, L.A., Kaufman, U. et al (2008). A polymorphism of the CYP17 gene related to sex steroid metabolism is associated with female-to-male but not male-to-female transsexualism. *Fertility and Sterility* 90(1): 56-59.

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Budge, S., Adelson, J. & Howard, K. (2013). Anxiety and depression in transgender individuals: The role of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology* 81(3): 545.

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- Ettner, R. & Guillamon, A. (2016). Theories of the etiology of transgenderism. In Principles of Transgender Medicine and Surgery. Ettner, Monstrey & Coleman (eds). New York: Routledge.
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- Gomez-Gil, E., Zubiaurre-Elorza, L., Esteva, I., Guillamon, A. et al (2012). Hormone treated transsexuals report less social distress, anxiety and depression.

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World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, 7th version (2012).

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its relation to transsexuality. *Nature* 378(6552): 68-70.

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