

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WISCONSIN**

CODY FLACK and  
SARA ANN MAKENZIE,

Plaintiffs,

v.

WISCONSIN DEPARTMENT OF  
HEALTH SERVICES and  
LINDA SEEMEYER, in her official capacity  
as Secretary of the Wisconsin Department of  
Health Services,

Defendants.

Case No. 3:18-cv-00309-wmc  
Judge William Conley

**DECLARATION OF TRISHA E. SCHIMEK, MD**

I, Trisha E. Schimek, MD, declare as follows:

1. I am a medical doctor with a specialization in family medicine. I submit this declaration in my capacity as the former primary care physician of Sara Makenzie, a plaintiff in the above-captioned matter. In preparation for drafting this declaration, I reviewed my medical notes from the period I treated Ms. Makenzie.

2. I earned my medical degree from the Sydney Kimmel Jefferson Medical College in Philadelphia in 2012; completed a residency in family medicine at the University of Wisconsin, Madison Medical College of Wisconsin in 2015; and completed the Health, Equity, Action, and Leadership (HEAL) Initiative Global Health Fellowship a fellowship in 2017. Since September 2017, I have worked as a family physician in Contra Costa Regional Medical Center and Health Centers in Pittsburg, California.

3. I was Sara Makenzie's primary care physician from June 2014 until June 2015 at the Access Community Health Centers in Madison, Wisconsin.

4. Ms. Makenzie is a transgender woman who, during the time I treated her, was living as a woman in accordance with her female gender identity. When I first met with Ms. Makenzie, she had already been diagnosed with Gender Dysphoria and another provider had started her on hormonal therapy the previous year.

5. As her primary care physician, in June 2014, I determined that Ms. Makenzie would benefit from continuing her hormonal therapy to treat her gender dysphoria. Accordingly, I prescribed her with Spironolactone, to lower her testosterone, and Estradiol, to increase her estrogen levels. Ms. Makenzie responded well to the hormone therapy and it helped to decrease her gender dysphoria.

6. In October 2014, I provided a letter to Ms. Makenzie for her to correct the gender marker on her Passport to female.

7. As early as June 2014, Ms. Mikenzie discussed with me her desire to obtain gender confirming surgery. Specifically, we discussed an orchiectomy, the removal of her testicles. Ms. Makenzie asked me to attempt to request a prior authorization to her insurance for her to obtain the surgery. When I told her that Medicaid would not cover her surgery, she informed me she was going to move to San Francisco to get the surgery.

8. As my patient, Ms. Makenzie often discussed her desire for genital reconstruction surgery and her distress at not being able to afford the surgery.

9. In my professional medical opinion, genital reconstruction is a medically necessary treatment for Ms. Makenzie's gender dysphoria as it would treat the excessive mental distress that she experiences every day because she lives with genitals that do not match her gender.

10. In my professional medical opinion, Ms. Makenzie meets the criteria set forth by the World Professional Association for Transgender Health (WPATH), the clinical standards of care for gender dysphoria, for receiving genital reconstruction surgery as part of her treatment for gender dysphoria.

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

Executed this 21st day of May, 2018.



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Trisha Schimek, MD