

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WISCONSIN

---

ALINA BOYDEN, et al.

Plaintiffs,

Case No. 17-cv-264

v.

STATE OF WISCONSIN DEPARTMENT  
OF EMPLOYEE TRUST FUNDS, et al.,

Defendants.

---

**DECLARATION OF SHANNON ANDREWS**

---

I, Shannon Andrews, do hereby declare:

1. I am a 36-year-old research assistant at the Carbone Cancer Center, part of the Clinical Sciences Center at the University of Wisconsin-Madison's School of Medicine and Public Health.

2. I began my current position at UW-Madison in March of 2014. As an employee of UW-Madison, I am eligible for health insurance coverage through the State of Wisconsin Department of Employee Trust Funds ("ETF").

3. I am a woman who is transgender, meaning that while I was assigned the male gender at birth, my gender identity is female.

4. I first began identifying as female at around age five (5), and began talking about my gender with my mother shortly after. However, after some of my elementary school classmates reacted negatively when they found out that I dressed

as a girl outside of school, I decided that I needed to keep my female identity a secret in order to survive.

5. In 1994, while I was in middle school, I came out again to my mother, but again decided to hide my identity and continue living as a boy. At that time, I felt that my family and doctor did not have a lot of knowledge about what it meant to be transgender and I feared that they would not understand or accept me as a girl.

6. I first sought out therapy for my gender dysphoria in 2007, while I was earning my Ph.D. in molecular biology from Princeton University. I quickly learned, however, that my healthcare plan through the University at the time did not cover transition-related medical care.

7. Because I did not have access to proper medical care, I continued to suppress my female identity, at great personal and emotional cost. I became extremely depressed in the beginning of the summer of 2011 and made several attempts to commit suicide.

8. In the fall of 2012, I suffered an emotional breakdown and lost my job. It was clear to me then that I needed to transition to living as a woman in order to survive, so I began to undergo electrolysis (permanent hair removal) in order to feminize my appearance. I was forced to delay further medical procedures, however, as I was struggling with unemployment and lacked health insurance coverage.

9. In October 2013, I found employment and began taking hormones.

10. When I took my current research assistant position at UW-Madison's School of Public Health in March of 2014, I presented as female outside of work, but

because I feared losing my job if I came out as transgender, I did not initially present as female at work.

11. I waited until after I had received my first positive employment evaluation in June of 2014 to come out as transgender to my supervisor and co-workers and present as the woman I am at work.

12. I have legally changed my first name to "Shannon" to conform to my female identity, and I have had my name and gender marker changed on my California birth certificate, my driver's license, my passport, my school records, my social security records, and my employment documents.

13. I saw a therapist, Nyle Biondi, M.S., from September 2012 until 2015 related to my dysphoria and other issues. Although I had received some treatment for my gender dysphoria and had made changes in my personal and work life to conform my lived experience with my female gender identity, I continued to experience discomfort with my body, anxiety, depression, and fear for my safety. I spoke to Mr. Biondi about these issues and he agreed that surgery was necessary treatment for gender dysphoria.

14. I made an appointment with Dr. Christine McGinn of the Papillon Gender Wellness Center in New Hope, Pennsylvania, in the summer of 2015 to be evaluated for purposes of gender affirming surgery. My therapist, Mr. Biondi, wrote a letter to Dr. McGinn supporting my need for surgery.

15. I also underwent a formal clinical psychological evaluation with Dr. Susan M. Gill, a psychologist, who found that I met the criteria for adult Gender

Identity Disorder, as well as the WPATH eligibility and readiness criteria for gender confirmation surgery (“GCS”). Dr. Gill also wrote a letter supporting my need for GCS to Dr. McGinn.

16. On October 27, 2015, I had genital reconstruction surgery (a vaginoplasty) to treat my gender dysphoria at Lower Bucks Hospital in Bristol, Pennsylvania. Dr. Christine McGinn performed the surgery.

17. Prior to my surgery, in September 2015, I paid \$14,750.00 to the Papillon Center and \$1,350.00 to Liberty Anesthesia Associates, P.C. On the morning of the surgery, I paid the remaining \$4,900.00 in hospital fees directly to Lower Bucks Hospital.

18. Following the surgery, I submitted a claim for coverage of GCS to my health insurance administrator, Wisconsin Physicians Service Insurance Corporation d/b/a WPS Health Solutions, or just “WPS”.

19. I submitted my claim to WPS in two (2) parts, or as two (2) distinct claims. Around February 6, 2016, I filed a claim for the \$14,750.00 payment directly with WPS, and around March 22, 2016, Lower Bucks Hospital submitted a claim for the remaining services to WPS.<sup>1</sup>

20. Before I had the hospital submit the second part of my claim, on or about February 26, 2016, WPS denied my first claim for \$14,750.00, stating: “This

---

<sup>1</sup> In addition to the \$14,750.00 that Dr. Andrews paid directly to the Papillon Gender Wellness Center and for which she filed a separate claim, Dr. Andrews paid \$1,350.00 for anesthesia and \$4,900.00 for hospital services. Lower Bucks Hospital made the second claim to WPS for \$52,467.95. Dr. Andrews does not know why Lower Bucks Hospital made a claim to WPS for more than what it charged her.

service/supply is not covered based upon an exclusion in the plan.” I submitted a grievance to WPS regarding the denial of this claim on April 3, 2016.

21. On April 6, 2016, WPS denied the second claim, made by the hospital on my behalf, citing in the Remarks: “w85 – ANSI Code – 11: The diagnosis is inconsistent with the procedure. Gender conflict; the patient’s gender and Principal procedure code, on the claim are not permissible. Sources for procedure code changes include: AMA/AAOS/ACS/ACOG/ACR/CPT/CCI/Medicare/CMS.” I did not file a grievance to appeal the second claim.

22. On May 4, 2016, I met with representatives from WPS to discuss my grievance and appeal the denial of my first claim.

23. The following day, May 5, 2016, WPS upheld the denial of my first claim.

24. I submitted a complaint to ETF on June 2, 2016.

25. On or about July 26, 2016, I submitted a charge of discrimination against ETF and the Group Insurance Board (“GIB”) to the Equal Employment Opportunity Commission (“EEOC”), which I subsequently amended to also include WPS and the School of Medicine as defendants.

26. I spoke to Mr. Biondi and Dr. Gill about my need for facial feminization surgery, but had to defer completing that surgery due to my lack of insurance coverage. However, on March 20, 2017, I was able to set up an appointment with Dr. Jordan Deschamps-Braly to consult with him regarding my need for additional GCS. Dr. Deschamps-Braly conducted a full physical examination of my head and face, and made a plan for facial feminization procedures. In December of 2017, I spoke again

to Mr. Biondi regarding the distress I continued to experience and my need for this additional surgery. Mr. Biondi then wrote a letter of support for the surgery to Dr. Deschamps-Braly.

27. On February 7, 2018, I underwent facial feminization surgery, performed by Dr. Deschamps-Braly, at St. Francis Memorial Hospital in San Francisco, California. The total cost for my facial feminization surgery was \$49,758.49.

28. As a result of the healthcare exclusion, I have had to pay substantial sums of money out of my own pocket to treat my gender dysphoria and have my body and lived experience conform to my female identity.

29. The surgical procedures and hormone replacement therapy I have undergone are necessary for my survival. Prior to receiving GCS in 2015, I was living with an ever-present horror about my body and the way others perceived me. Afterwards, I felt like I could breathe for the first time.

30. If I had not been able to receive GCS, life would not have been worth living. I would have killed myself if I had not been able to transition.

31. In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 6<sup>th</sup> day of June 2018.



Shannon Andrews