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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, vs. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants.	Case No. 1:17-cv-151-BLW **DEFENDANTS' MARCH 19, 2019 JOINT STATUS REPORT**

COME NOW Defendants Idaho Department of Correction (IDOC), Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert (collectively, the IDOC Defendants) and Defendants Corizon, Inc. (Corizon), Dr. Scott Eliason, Dr. Murray Young, and Dr. Catherine Whinnery (collectively, the Corizon Defendants), and pursuant to this Court's March 5, 2019 docket entry (Dkt. 176), hereby submit this joint status report.

1. Status of Appeal

Defendants filed their joint opening briefing with the Ninth Circuit on March 6, 2019. Plaintiff's answering brief is due April 6, 2019. Defendants are permitted to file an optional reply brief within 21 days after service of the answering brief. Accordingly, all briefing on appeal should be submitted in late April, 2019.

2. Motion to Stay

On March 4, 2019, this Court entered its Memorandum Decision and Order (Dkt. 175) denying Defendants' motion to stay. Four days later, on March 8, 2019, Defendants filed a Joint Urgent Motion to Stay Injunction Pending Appeal with the Ninth Circuit. Plaintiff filed an opposing brief on March 15, 2019, and Defendants filed a reply on March 18, 2019. Briefing on that motion has been fully submitted to the Ninth Circuit.

3. Surgical Preparations

Since Defendants last provided the Court with a written update on January 15, 2019 (Dkt. 157), Defendants have continued making reasonable and diligent efforts to comply with the Court's December 13, 2018 Order requiring Defendants to "take all actions reasonably necessary to provide Ms. Edmo gender confirming surgery as promptly as possible and no later than six months from the date of this order." (Dkt. 149, p. 45).

Ms. Edmo is scheduled for a pre-operative appointment with Moscow, Idaho-based surgeon, Dr. Geoffrey Stiller, for an undisclosed date in April.[1] IDOC has already scheduled Ms. Edmo for transport to northern Idaho in advance of the pre-operative appointment and arrangements have been made for her to be housed at the Idaho Correctional Institution-Orofino (ICIO) during the pre-operative phase. A security team will transport and accompany Ms. Edmo to and from all necessary medical appointments. Post-surgical housing arrangements have also been made for Ms. Edmo.

As set forth in the *Declaration of Aaron Hofer* ("*Hofer Decl.*"), filed contemporaneously herewith as **Exhibit 1**, several potential complications have arisen that may create barriers to having the surgery performed before June. Most notably, consistent with the WPATH clinical guidelines[2], Dr. Stiller requires a referral letter from Ms. Edmo's treating physician as well as separate referral letters from two mental health providers confirming that Ms. Edmo, among other things, has good adherence with treatment and care recommendations, is a good candidate for surgery, and meets the criteria for surgery under the WPATH. (*Hofer Decl.*, ¶¶ 15-17) The relevant portions of the WPATH guidelines that discuss the referral letters and criteria for surgery are attached hereto as **Exhibit 2.** Because Ms. Edmo's medical and mental health providers do not believe that Ms. Edmo meets the criteria for surgery, and that she is not a good candidate for the procedure, Defendants are unable to provide those referral letters. (*Hofer Decl.*, ¶ 18).

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[1] For security reasons, Defendants are not including in this status report the exact date and time of the pre-operative appointment.

[2] The World Professional Association for Transgender Health (WPATH), *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, Version 7. While Defendants' recognize and utilize the WPATH clinical guidelines as a valuable resource, the same are to be applied flexibly and do not equate to the standard of care for diagnosis and treatment of inmates or persons diagnosed with Gender Dysphoria.

4. Meet and Confer Efforts

Counsel for the parties met and conferred over the phone on March 12, 2019 and subsequently by email. Defendants expressed their concern to Ms. Edmo's counsel regarding the lack of any providers who can ethically and professionally provide Ms. Edmo with the referral letters required by Dr. Stiller and the WPATH. Defendants communicated to counsel that their clients will need to raise the issue with this Court. Ms. Edmo's counsel suggested that Defendants retain independent medical and mental health professionals to conduct evaluations and provide referral letters. Defendants expressed their position that providing new evaluations to determine if Ms. Edmo meets the criteria for surgery was neither required nor reasonably contemplated by the Court's Order. Defendants also expressed concern with how those evaluations will be conducted, what information is provided to the evaluators, and what happens if those evaluators are unable to provide the referral letters after performing their evaluations. Ultimately, counsel for Ms. Edmo and the Defendants were unable to agree on a path forward and Defendants indicated their intention to raise these issues with the Court during the telephonic status conference scheduled for March 21, 2019.

DATED this 19th day of March, 2019.

MOORE ELIA KRAFT & HALL, LLP

/s/ Brady J. Hall
Brady J. Hall
Attorney for Defendants Idaho Department of Correction, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert

PARSONS BEHLE & LATIMER

/s/ Dylan Eaton
Dylan Eaton
Attorneys for Defendants Corizon, Inc. (Corizon), Dr. Scott Eliason, Dr. Murray Young, and Dr. Catherine Whinnery

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 19th day of March, 2019, I filed the foregoing electronically through the CM/ECF system. I caused to be served a true and correct copy of the foregoing document, by the method indicated below, and addressed to the following:

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EXHIBIT 1

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, v. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants.	CIVIL ACTION FILE NO. 1:17-cv-151-BLW **DECLARATION OF AARON HOFER**

I, Aaron Hofer, declare as follows:

1. I am more than eighteen years of age and I am legally competent to make this declaration. I have personal knowledge of the facts set forth herein, and can testify as to the truth

of the statements contained herein if called upon as a witness at the trial of this action.

2. I have been the Idaho Regional Vice President of Operations for Corizon, LLC from about October 2018 to present. I earned an MBA from Northwest Nazarene University. Corizon, LLC contracts with the Idaho Department of Corrections (IDOC) to provide services to inmates in Idaho prisons, including certain medical and psychiatric services. As the Vice President of Operations, I oversee Corizon's administrative operations in Idaho. I am not a medical provider, but constantly work closely with Corizon's medical providers in providing medical services to Idaho inmates. I also am constantly in contact with IDOC employees and leaders.

3. Prior to working as the Vice President of Operations, I was the Health Services Administrator at the Idaho State Correctional Institution (ISCI) from about May 2015 to October 2018. In this role, I managed Corizon staff and operations at ISCI.

4. I am aware of the Court's December 2018 order in this case stating, in pertinent part "Defendants are ordered to provide Plaintiff [Edmo] with adequate medical care, including gender confirmation surgery. Defendants shall take all actions reasonably necessary to provide Ms. Edmo gender confirmation surgery as promptly as possible and no later than six months from the date of this order…."

5. I have learned that gender confirmation surgery (GCS) is a broad term that can include various types of surgeries. Although the order does not specifically state the type of surgery, it is my understanding that Ms. Edmo wants a vaginoplasty, which has been the focus of my arrangements to date.

6. I am one of the people, along with IDOC employees, who have been working to comply with the court's order. This declaration serves to provide the court with an update on the status of the arrangements made to date related to providing GCS for Ms. Edmo and explains

significant obstacles Corizon and IDOC have run into while trying to comply with the court's preliminary injunction order.

7. For the last couple of years, Corizon has worked with Dr. Alviso, an offsite physician who works at Family Medicine Residency of Idaho (FMRI) in Boise, to help provide treatment and care to inmates with Gender Dysphoria (GD). I understand him to have experience in providing medical care and treatment to patients with GD, especially related to hormone therapy treatment and care, which he primarily manages for IDOC inmates, including Ms. Edmo. In January 2019, I spoke with Dr. Alviso regarding recommendations of GCS surgeons for Ms. Edmo, and he suggested Dr. Geoffrey D. Stiller. I then asked Dr. Alviso to make contact with Dr. Stiller to start the process of getting Ms. Edmo ready for the GCS as ordered by the court. However, I learned in February 2019 that Dr. Alviso had not yet contacted Dr. Stiller because had some hesitancy about the GCS process for Ms. Edmo as the court order did not seem to contemplate the numerous pre-operative requirements for GCS.

8. Therefore, I contacted Dr. Stiller's office directly and have primarily been working with Sarah Bergmann, Dr. Stiller's Surgical Coordinator, to schedule Ms. Edmo's surgery and obtain all necessary pre-operative information and requirements. She has convinced me that she is very knowledgeable about the GCS process and she works hand-in hand with Dr. Stiller and the GCS patients. She has told me that she is the first contact with the GCS patients at the initial consult and explains much of the process to the patient before Dr. Stiller meets with the patients. Any representations in this declaration regarding Dr. Stiller's pre-operative process, unless otherwise stated, are based on what Ms. Bergmann has told me.

9. I have attempted many times to have a short telephone call with the surgeon, Dr. Stiller, but have not been able to speak with him directly to date due to his very busy schedule.

Ms. Bergmann has told me that Dr. Stiller would likely only talk to us if his staff could not answer our questions. To date, I believe Ms. Bergmann has been able to answer my questions.

10. I informed Ms. Bergman that this GCS is being provided per a court order. She said that she made Dr. Stiller aware of the order and he wanted to work with Corizon and IDOC (as well as Ms. Edmo) related to the court's GCS order.

11. In light of the court's order, Dr. Stiller's staff agreed to schedule an initial consult for Ms. Edmo in mid-April 2019 at Dr. Stiller's clinic and the GCS surgery in later May 2019 at a surgery center, which will both occur in Moscow, Idaho. The surgery typically requires a 3-day hospitalization. However, as discussed more below, the surgeon will need certain pre-operative requirements satisfied before the GCS surgery.

12. Based on the information I have to date, it is my understanding Dr. Stiller is the only surgeon in Idaho who performs GCS.

13. It is my understanding that IDOC would very much prefer the GCS for Ms. Edmo to occur in Idaho for safety, cost, operation, and other logistical purposes. Corizon prefers that the GCS occur in Idaho as well for similar reasons.

14. Ms. Bergmann provided me with a copy of Dr. Stiller's resume, which is attached hereto as Exhibit A. Among other things, Dr. Stiller is a WPATH member and Ms. Bergmann tells us that he performs, on average, about 2 vaginoplasties per week.

15. Dr. Stiller's office indicated that the pre-operative requirements for GCS include:

a. A referral and letter from the patient's treating physician

b. Two (2) mental health provider referrals

c. Hormone treatment and counseling for at least one (1) year

d. Laser treatment and/or electrolysis for lower region (a.k.a., the genital region)

e. Consult with Dr. Stiller

f. Approval for surgery and payment for the surgery

16. With respect to the treating physician referral and letter requirement, Ms. Bergmann informed me that Dr. Stiller needs to know, among other things, if Ms. Edmo is a good candidate for surgery, such as if there are any comorbidities that would preclude surgery, and if she has good adherence with treatment and care recommendations. I am not aware of any Corizon treating physician who can submit a referral and letter recommending GCS to Dr. Stiller. John Migliori, M.D., is the medical director at Idaho State Correctional Center (ISCC) where Ms. Edmo is currently housed and Rebekah Haggard, M.D., is the ISCI medical director and interim Regional Medical Director. It is my understanding that, in part, Dr. Migliori and Dr. Haggard cannot make the referral for GCS because of concerns about Ms. Edmo's history of lack of compliance with treatment recommendations and because of concerns expressed by mental health providers, including concern that Ms. Edmo's mental health conditions, other than GD, are not well controlled. It is my understanding that Dr. Alviso has similar concerns.

17. Dr. Stiller's requirements for two mental health care referrals comes from WPATH guidelines. Ms. Bergmann summarized these requirements by telling me that one referral needs to be from a mental health care provider who has had enough appointments with Ms. Edmo in order to establish a doctor-patient relationship and is able to make a sound decision about whether GCS is medically necessary. The second mental health care provider referral may be from a consultant who has not been treating Ms. Edmo.

18. Most mental health care providers, such as clinicians, are IDOC employees. I am not aware of any psychiatrist or other mental health care provider employed by Corizon (or by IDOC for that matter) who can refer Ms. Edmo for GCS to Dr. Stiller. Dr. Eliason, who is a

Defendant in this case, has stated, among other things, he does not believe GCS is medically necessary for Ms. Edmo because her mental health care conditions, not related to GCS, are not well controlled, and she has not had a true real-world social experience living as a female prior to GCS.

19. At the initial consultation, Ms. Bergmann and then Dr. Stiller will meet with Ms. Edmo. Dr. Stiller will conduct a medical examination, including examining Ms. Edmo's anatomy and genitals and make a determination if she is a good candidate for the surgery. He will also undergo his own mental health assessment at that time. He will determine at the initial consult if hair removal on the genitals by laser or electrolysis is necessary. According to Ms. Bergmann, if the electrolysis is needed, the process can take (on the low end) 6 to 8 months and (on the high end) up to 1 year. Ms. Bergmann indicated that most patients need hair removal.

20. Any bloodwork and labs that are needed would be done at Dr. Stiller's clinic or the surgery center.

21. I also learned from Ms. Bergman that there are 3 options for a vaginoplasty. First, is the "zero depth" option that is usually reserved for older patients or patients who are not sexually active. The vaginal cavity that is created with this option is minimal to non-existent. The second vaginoplasty option, which is the most common, is a penal inversion. Dr. Stiller would attempt to get a vaginal cavity with this option with a depth of about 5 to 6 inches. The final vaginoplasty option is called a "colo-vaginoplasty" and involves 2 surgeries and utilizes part of the colon to form the vaginal cavity. This option allows for the most depth of the vaginal cavity, which can be 7 to 8 inches. The second of the colo-vaginoplasty surgeries usually occurs several months (about 6 months) after the first surgery.

22. I asked Ms. Bergmann how it is determined which vaginoplasty option is selected. I was told that it is based partly on Dr. Stiller's assessment of the patient's anatomy and based partly on the patient's preference.

23. The court's order does not indicate which vaginoplasty is medically necessary and required by the court.

24. I was told that patients with darker skin, which likely would include Ms. Edmo, would undergo electrolysis treatment, rather than laser treatment, for hair removal on her genitalia, if the surgeon deems it necessary.

25. I asked for recommendations of places that perform the required electrolysis in Boise or in Idaho, and Ms. Bergmann did not have any readily available recommendations. I located one company in Boise that provides electrolysis services, but they currently have a wait list of about 5 weeks before they can begin the process. Ms. Bergmann indicated that electrolysis treatments occur usually every 1 to 2 weeks.

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

DATED this 18 day of March, 2019.

Aaron Hofer
Vice President Operations - Idaho

Aaron Hofer

EXHIBIT 1

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the _____ day of March, 2019, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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By: */s/ Dylan A. Eaton*
Dylan A. Eaton

Exhibit A

EXHIBIT 1

Geoffrey D. Stiller, MD, FACS, FAACS

Education:

1981-1987	Mining and Mechanical Institute, Freeland, PA
1987-1991	Eastern College, St. Davids, PA Graduated Magna Cum Laude with a B.S. in Biology and minor in Chemistry
1992-1996	University of Minnesota Medical School Graduate medical studies leading to an MD

Residency:

1996-1997	Intern in General Surgery, Graduate Hospital, Philadelphia, PA
1997-2000	Resident in General Surgery, Graduate Hospital, Philadelphia, PA
2000-2001	Administrative Chief Surgical Resident, Graduate Hospital, Philadelphia, PA

Fellowship:

2007-2008	Fellow in Cosmetic Surgery, Southcenter Cosmetic Surgery and Hair Restoration, Inc. Seattle, WA

Employment:

Aug 2001-June 2005	USAF, Mountain Home AFB, Mountain Home, ID Staff General Surgeon, Chief of Surgery, Officer in charge of Surgery Clinic, Interim Chief of Medical Staff
2002-2005	Department of Veterans Affairs, Boise, ID Associate Staff General Surgeon without compensation
Jan 2005-July 2005	Palouse Surgeons, LLC, Pullman, WA General Surgeon Locum Tenem
Aug 2005-Aug 2008	Palouse Surgeons, LLC, Pullman, WA Owner, General/Vascular/Thoracic/Laparoscopic Surgeon
Sept 2007-Aug 2008	Southcenter Cosmetic Surgery & Hair Restoration, Inc., Seattle, WA Cosmetic Surgery Fellow
Sept 2008-Mar 2009	Genesis ENT and Plastic Surgery, Charlotte, NC Cosmetic Surgeon
Apr 2009-Mar 2010	Uplift Cosmetic Surgery, Laser and Skin Center, Charlotte, NC Owner
Mar 2010- Feb 2012	Shape Cosmetic Surgery and Medspa, Spokane, WA Cosmetic Surgeon

Mar 2012-present	Palouse Surgeons, LLC, Pullman, WA Cosmetic and General Surgeon

Faculty Appointment:

Aug 2005-Aug 2008	Affiliate Faculty University of Washington Medical School WWAMI program
2010-present	Faculty of the National Society of Cosmetic Physicians
2013-present	Clinical Assistant Professor of Surgery of Western University Of Health Sciences/College of Osteopathic Medicine of the Pacific

Publications:

Stiller, GD, et al: A Unique Method of Body Contouring after Massive Weight Loss. The American Journal of Cosmetic Surgery. 28(3):130-137, 2011

Weese, JL, et al: Neoadjuvant chemotherapy, radical resection with intraoperative radiation therapy (IORT): Improved treatment for gastric adenocarcinoma. Surgery 128-4:566-71, 2000

Centeno, RF, et al: An alternative approach: antegrade catheter-directed thrombolysis in a case of phlegmasia cerulean dolens. Am Surg 65(3): 229-31, 1999

Presentations:

Nov 2010	Brazilian Butt Lift. National Society of Cosmetic Physicians
Nov 2010	Awake Inframammary Breast Augmentation. National Society of Cosmetic Physicians
Nov 2011	Brazilian Butt Lift. National Society of Cosmetic Physicians
Nov 2011	Liposuction of the Inner and Outer thigh, Banana roll, and Knees National Society of Cosmetic Physicians
Nov 2011	Abdominoplasty Complications. National Society of Cosmetic Physicians
Nov 2011	Thighplasty. National Society of Cosmetic Physicians
Nov 2011	Breast Augmentation Approaches. National Society of Cosmetic Physicians
Nov 2011	Facial Rejuvenation with Facelift and Fat Transfers. National Society Of Cosmetic Physicians
Apr 2012	Cosmetic Surgery on the Palouse. Gritman Medical Center
Sep 2012	Breast Cancer and Reconstruction. Moscow Breast Cancer Support Group
Oct 2012	Brazilian Butt Lift. National Society of Cosmetic Physicians
Oct 2012	Breast Augmentation Techniques. National Society of Cosmetic Physicians
Oct 2012	Facial Rejuvenation using Autologous Fat Transfer. National Society of Cosmetic Physicians
Oct 2012	Hand Rejuvenation using Autologous Fat Transfer. National Society of Cosmetic Physicians
Oct 2012	Mini-Facelift. National Society of Cosmetic Physicians
Oct 2012	Lipo-Abdominoplasty. National Society of Cosmetic Physicians

Sep 2013	Surgical Options for the Massive Weight Loss Patient. National Society of Cosmetic Physicians
Sep 2013	The Art of Beauty. National Society of Cosmetic Physicians
Sep 2013	Lipo-Abdominoplasty. National Society of Cosmetic Physicians
Mar 2014	Breast Cancer Treatment on the Palouse. Gritman Medical Center
May 2014	Current Advances in Breast Cancer Screening and Treatment. Gritman Medical Center
Oct 2014	Current Breast Cancer Treatment. Pullman Regional Hospital
May 2017	Transgender Surgery, Pullman Regional Hospital
April 2018	Transfeminizing Bottom Surgery, Swedish Medical Center

Awards:

1998	Robert Lauks Award: chosen by faculty as the exemplary surgical resident in overall knowledge and care of the surgical patient (one award given per year for the entire residency)
2000	Robert Lauks Award: chosen by faculty as the exemplary surgical resident in overall knowledge and care of the surgical patient (one award given per year for the entire residency)
2001	Paul Nemir Award: chosen by faculty and peers as the senior surgical resident with outstanding surgical skills and knowledge
2001-2002	Customer Service Award Hero: Mountain Home AFB patient survey
2002-2003	Customer Service Award Hero: Mountain Home AFB patient survey
2003-2004	Customer Service Award Hero: Mountain Home AFB patient survey
2005	USAF Meritorious Service Medal
2006	Pullman Regional Hospital Patient Satisfaction Award, Runner-up

Medical License:

State of Idaho
State of Washington
State of North Carolina expired, not renewed
State of South Carolina expired, not renewed
State of Pennsylvania expired, not renewed

Board Certification:

Board Certified by the American College of Surgery 2003, re-certified 2012
Board Certified by the American Board of Cosmetic Surgery 2011

Society Memberships:

Fellow of the American College of Surgeons
Fellow of the American Academy of Cosmetic Surgery
World Professional Association for Transgender Health
United States Professional Association for Transgender Health

Hobbies:

Hiking, camping, canoeing, fly-fishing, hunting, kayaking, skiing, boating, scuba diving, home remodeling, home brewing

WPATH WORLD PROFESSIONAL ASSOCIATION for TRANSGENDER HEALTH

Standards of Care

for the Health of Transsexual, Transgender, and Gender Nonconforming People

The World Professiona Association for Transgender Health

7th Version[1] | www.wpath.org

1 This is the seventh version of the Standards of Care. The original SOC were published in 1979. Previous revisions were in 1980, 1981, 1990, 1998, and 2001.

Referral for feminizing/masculinizing hormone therapy

People may approach a specialized provider in any discipline to pursue feminizing/masculinizing hormone therapy. However, transgender health care is an interdisciplinary field, and coordination of care and referral among a client's overall care team is recommended.

Hormone therapy can be initiated with a referral from a qualified mental health professional. Alternatively, a health professional who is appropriately trained in behavioral health and competent in the assessment of gender dysphoria may assess eligibility, prepare, and refer the patient for hormone therapy, particularly in the absence of significant co-existing mental health concerns and when working in the context of a multidisciplinary specialty team. The referring health professional provides documentation – in the chart and/or referral letter – of the patient's personal and treatment history, progress, and eligibility. Health professionals who recommend hormone therapy share the ethical and legal responsibility for that decision with the physician who provides the service.

The recommended content of the referral letter for feminizing/masculinizing hormone therapy is as follows:

1. The client's general identifying characteristics;

2. Results of the client's psychosocial assessment, including any diagnoses;

3. The duration of the referring health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;

4. An explanation that the criteria for hormone therapy have been met, and a brief description of the clinical rationale for supporting the client's request for hormone therapy;

5. A statement about the fact that informed consent has been obtained from the patient;

6. A statement that the referring health professional is available for coordination of care and welcomes a phone call to establish this.

For providers working within a multidisciplinary specialty team, a letter may not be necessary, rather, the assessment and recommendation can be documented in the patient's chart.

5. If applicable, assess eligibility, prepare, and refer for surgery

The *SOC* also provide criteria to guide decisions regarding breast/chest surgery and genital surgery (outlined in section XI and Appendix C). Mental health professionals can help clients who are considering surgery to be both psychologically prepared (for example, has made a fully informed

decision with clear and realistic expectations; is ready to receive the service in line with the overall treatment plan; has included family and community as appropriate) and practically prepared (for example, has made an informed choice about a surgeon to perform the procedure; has arranged aftercare). If clients are of childbearing age, reproductive options (section IX) should be explored before undergoing genital surgery.

The *SOC* do not state criteria for other surgical procedures, such as feminizing or masculinizing facial surgery; however, mental health professionals can play an important role in helping their clients to make fully informed decisions about the timing and implications of such procedures in the context of the overall coming out or transition process.

It is important for mental health professionals to recognize that decisions about surgery are first and foremost a client's decisions – as are all decisions regarding healthcare. However, mental health professionals have a responsibility to encourage, guide, and assist clients with making fully informed decisions and becoming adequately prepared. To best support their clients' decisions, mental health professionals need to have functioning working relationships with their clients and sufficient information about them. Clients should receive prompt and attentive evaluation, with the goal of alleviating their gender dysphoria and providing them with appropriate medical services.

Referral for surgery

Surgical treatments for gender dysphoria can be initiated with a referral (one or two, depending on the type of surgery) from a qualified mental health professional. The mental health professional provides documentation – in the chart and/or referral letter – of the patient's personal and treatment history, progress, and eligibility. Mental health professionals who recommend surgery share the ethical and legal responsibility for that decision with the surgeon.

- One referral from a qualified mental health professional is needed for breast/chest surgery (e.g., mastectomy, chest reconstruction, or augmentation mammoplasty).

- Two referrals – from qualified mental health professionals who have independently assessed the patient – are needed for genital surgery (i.e., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries). If the first referral is from the patient's psychotherapist, the second referral should be from a person who has only had an evaluative role with the patient. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent. Each referral letter, however, is expected to cover the same topics in the areas outlined below.

The recommended content of the referral letters for surgery is as follows:

1. The client's general identifying characteristics;

2. Results of the client's psychosocial assessment, including any diagnoses;

3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;

4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery;

5. A statement about the fact that informed consent has been obtained from the patient;

6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

For providers working within a multidisciplinary specialty team, a letter may not be necessary, rather, the assessment and recommendation can be documented in the patient's chart.

Relationship of Mental Health Professionals with Hormone-Prescribing Physicians, Surgeons, and other Health Professionals

It is ideal for mental health professionals to perform their work and periodically discuss progress and obtain peer consultation from other professionals (both in mental health care and other health disciplines) who are competent in the assessment and treatment of gender dysphoria. The relationship among professionals involved in a client's health care should remain collaborative, with coordination and clinical dialogue taking place as needed. Open and consistent communication may be necessary for consultation, referral, and management of postoperative concerns.

Tasks Related to Psychotherapy

1. Psychotherapy is not an absolute requirement for hormone therapy and surgery

A mental health screening and/or assessment as outlined above is needed for referral to hormonal and surgical treatments for gender dysphoria. In contrast, psychotherapy – although highly recommended – is not a requirement.

The *SOC* do not recommend a minimum number of psychotherapy sessions prior to hormone therapy or surgery. The reasons for this are multifaceted (Lev, 2009). First, a minimum number of sessions tends to be construed as a hurdle, which discourages the genuine opportunity for personal growth. Second, mental health professionals can offer important support to clients throughout all

Criteria for genital surgery (two referrals)

The criteria for genital surgery are specific to the type of surgery being requested.

Criteria for hysterectomy and ovariectomy in FtM patients and for orchiectomy in MtF patients:

1. Persistent, well documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled.
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones).

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before the patient undergoes irreversible surgical intervention.

These criteria do not apply to patients who are having these procedures for medical indications other than gender dysphoria.

Criteria for metoidioplasty or phalloplasty in FtM patients and for vaginoplasty in MtF patients:

1. Persistent, well documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled;
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones).
6. 12 continuous months of living in a gender role that is congruent with their gender identity;

Although not an explicit criterion, it is recommended that these patients also have regular visits with a mental health or other medical professional.

Rationale for a preoperative, 12-month experience of living in an identity-congruent gender role:

The criterion noted above for some types of genital surgeries – i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity – is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery. As noted in section VII, the social aspects of changing one's gender role are usually challenging – often more so than the physical aspects. Changing gender role can have profound personal and social consequences, and the decision to do so should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be, so that people can function successfully in their gender role. Support from a qualified mental health professional and from peers can be invaluable in ensuring a successful gender role adaptation (Bockting, 2008).

The duration of 12 months allows for a range of different life experiences and events that may occur throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences). During this time, patients should present consistently, on a day-to-day basis and across all settings of life, in their desired gender role. This includes coming out to partners, family, friends, and community members (e.g., at school, work, other settings).

Health professionals should clearly document a patient's experience in the gender role in the medical chart, including the start date of living full time for those who are preparing for genital surgery. In some situations, if needed, health professionals may request verification that this criterion has been fulfilled: They may communicate with individuals who have related to the patient in an identity-congruent gender role, or request documentation of a legal name and/or gender marker change, if applicable.

Surgery for Persons with Psychotic Conditions and Other Serious Mental Illnesses

When patients with gender dysphoria are also diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated. Reevaluation by a mental health professional qualified to assess and manage psychotic conditions should be