

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA  
HUNTINGTON DIVISION

CHRISTOPHER FAIN, *et al.*, individually and  
on behalf of all others similarly situated,

*Plaintiffs,*

v.

WILLIAM CROUCH, *et al.*,

*Defendants.*

CIVIL ACTION NO. 3:20-cv-00740

HON. ROBERT C. CHAMBERS, JUDGE

**DECLARATION OF SHAUNTAE ANDERSON**

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

1. My name is Shauntae Tamara Anderson.<sup>1</sup> I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

2. I have agreed to be a class representative in this case because I want to help make the system better for all transgender Medicaid participants in West Virginia who are being or would be denied gender-confirming care. I have kept in close contact with my counsel throughout my involvement in this case. In joining this case, continuing to participate in the case, and communicating with my counsel, I have had the proposed class's best interests in mind.

3. I am 45 years old and I live in Charleston, West Virginia. I was born in West Virginia and have lived in West Virginia for the vast majority of my life.

4. I have been enrolled as a Medicaid participant since 2019.

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<sup>1</sup> Since the filing of the First Amended Class Action Complaint in this matter, ECF No. 140, I have changed my legal name to Shauntae Tamara Anderson.

5. I am a woman who is also transgender. Although I was incorrectly designated male at birth, my gender identity is female.

6. I experience gender dysphoria related to the disconnect between my primary and secondary sex characteristics and my gender identity.

7. As a child, I never felt “right” in my body. I was incredibly shy and was uncomfortable being raised and socialized as a boy. But for much of my childhood and into early adulthood, I was forced to suppress my gender identity due to family disapproval and societal stigma.

8. Around the age of six, I started using my mother’s makeup and playing with my sister’s toys. In or around ninth grade, I started to socially transition at school by dressing in a more typically feminine manner and wearing makeup.

9. In 2010, I began to medically transition. Although I lacked access to health insurance for gender-confirming care, my need to transition was so urgent that I was forced to self-treat. I began taking estrogen in the form of birth control pills to help feminize my appearance. While birth control pills are not remotely adequate as a substitute for hormone replacement therapy, my gender dysphoria was so severe that even a modest feminizing effect helped relieve some of my distress.

10. I subsequently served time in federal prison. While incarcerated, I continued the process of socially transitioning, and began a formal medical transition in consultation with and under the care of medical professionals.

11. During my time in the custody of the Bureau of Prisons, I updated my status within the Bureau of Prison’s system to not only reflect my transgender identity but also ensure that I would be recognized and treated as a woman for the purpose of security checks. Additionally, I was evaluated by medical professionals and received approval to wear typically feminine undergarments as part of my transition.

12. I began counseling to help address my gender dysphoria, and was diagnosed with gender dysphoria.

13. While I was incarcerated, I advocated for access to gender-confirming care for several years.

14. In or around 2019, my health care providers recommended that I begin hormone replacement therapy to alleviate my gender dysphoria by further aligning my physical characteristics with my gender identity. I began hormone replacement therapy, in the form of estradiol pills and spironolactone, in or around May 2019. I was not, however, able to access gender-confirming surgery.

15. As a Medicaid participant, I receive coverage through the MCO Aetna Better Health of West Virginia. I understand, however, that there is an exclusion in the state Medicaid Plan that bans the gender-confirming surgical care I need. As a result I have no access to this surgery, which increases my symptoms of gender dysphoria and causes me a great deal of anguish. The type of hurt that I experience due to the distress I feel is a pain I do not want others to have to deal with. I have spent too much of my time in tears and there have been a lot of sleepless nights worrying about whether I will ever get the care that I need.

16. To try to reduce the severe distress and embarrassment over the presence of my typically male-appearing features, I often employ the use of shapewear, like push-up bras, to help with further feminizing my body. These coping techniques, however, are not adequate to treat my gender dysphoria and do not alleviate my need for surgery.

17. I need surgery to help treat my ongoing gender dysphoria related to my genitals and breasts. The agonizing distress I experience negatively impacts my life day in and day out. I particularly experience such distress when I get dressed and when I use the restroom. When I use the

restroom, I am often reminded of the fact that there are aspects of my physical body that do not feel right. While bathing and grooming myself, I make sure to not spend too much time looking at my body because it hurts to see a reflection of myself that does not match my gender identity. Additionally, I am forced to painfully arrange and hide my genitals as much as possible to ensure that they are not visible in the clothing I wear.

18. I need gender-confirming surgery, including but not limited to vaginoplasty and breast reconstruction surgery. My physical and mental wellbeing has suffered without access to this surgical care. I lie awake at night, sometimes in tears, thinking about how grueling it is to deal with the constant ache of having significant parts of my body misaligned with my gender identity. Additionally, because I have not had surgery to remove my hormone-producing gonads, I need to take higher doses of estrogen to try to counterbalance the testosterone my body produces. I understand that higher doses of estrogen can have side effects and I experience hot flashes and fatigue. My body constantly feels out of step with itself and at my age, it takes a lot out of me physically. Gender-confirming surgery would ensure that I could lower my dose of estrogen and alleviate my gender dysphoria.

19. The ability to access gender-confirming surgery that can help further align my physical self with my gender identity is also a matter of personal safety. Not being able to fully align my body with my identity makes it more likely that others recognize that I am transgender, which can be unsafe. I have experienced hostility in the past when certain people in public discovered my transgender identity. For example, once while traveling by bus, someone announced to others sitting near me, "that's a damn man." I endured dirty looks for the rest of the ride and constant anxiety that they might escalate to further harassment or even violence. Because transgender people are still widely stigmatized, the risk of being involuntarily outed in my ordinary life is frightening. The effort

it takes to try to counteract this risk is exhausting. Every day, I check myself several times before I go out. I feel like everything about my appearance has to be perfect because if I am not seen as the woman that I am, I may be harassed or worse.

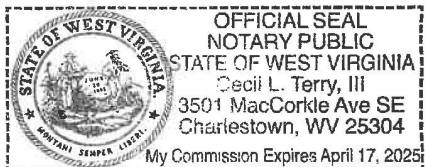
20. At times my spirit feels broken. The emotional toll of being denied surgery, and the gender dysphoria it causes, tears me apart. I would not wish this feeling on anyone else in the world. That is why I am a plaintiff in this lawsuit, because I hope that other Medicaid participants will not have to suffer like this in the future.

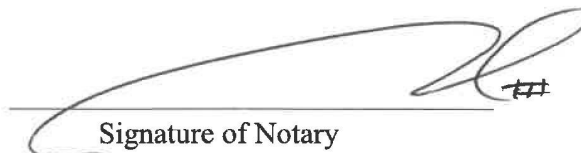
I declare under the penalty of perjury that the foregoing is true and correct.

Dated: April 19, 2022

  
Shauntae Anderson

Subscribed and sworn before me, a Notary Public in and for the Charleston, State of  
WV, this 19 day of APRIL, 2022.



  
Signature of Notary