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11 *Attorneys for Plaintiffs and the Class*

12  
 13 UNITED STATES DISTRICT COURT  
 14 DISTRICT OF ARIZONA

15 D.H., by and through his mother, Janice  
 16 Hennessy-Waller, and John Doe, by his  
 17 guardian and next friend, Susan Doe, on behalf  
 of themselves and all others similarly situated,

18 Plaintiffs,

19 v.

20 Jami Snyder, Director of the Arizona Health  
 21 Care Cost Containment System, in her official  
 capacity,

22 Defendant.

No. CV-20-00335-TUC-SHR

**SUPPLEMENTAL  
 DECLARATION OF ANDREW  
 CRONYN, MD, IN SUPPORT OF  
 D.H. AND JOHN DOE'S MOTION  
 FOR PRELIMINARY  
 INJUNCTION**

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1 I, Dr. Andrew Cronyn, hereby declare as follows:

2 1. I provide this supplemental declaration in further support of Plaintiff D.H.’s  
3 request that AHCCCS cover D.H.’s male chest reconstruction surgery as a medically  
4 necessary procedure to treat his gender dysphoria.

5 2. I submit this declaration based on my experience treating D.H., specifically  
6 my evaluation of D.H. on November 9, 2020.

7 3. In early October 2020, D.H. started working at a local car wash. His job  
8 requires him to interact with customers as well as assist in washing and drying cars.

9 4. D.H. reported that soon after starting this job he was regularly referred to as  
10 female by co-workers and customers based on the appearance of his chest. His co-workers  
11 would stare at his chest while making these comments. He also reported receiving similar  
12 comments from customers. D.H. recounted that one customer loudly called out, “hey,  
13 tranny,” a derogatory word used to refer to transgender people, when D.H. didn’t respond  
14 to being called “ma’am.”

15 5. This exacerbated D.H.’s gender dysphoria to the point that he began “double  
16 binding,” a practice of wearing a smaller binder over a slightly larger binder. I had heard  
17 of this practice before, but had not previously seen it in my teen patients. This practice is  
18 used to further flatten the chest, which serves the dual purposes of alleviating gender  
19 dysphoria (because wearing a single binder is perceived as insufficient) and increasing the  
20 likelihood that a transgender male will be treated as male. Given the size of D.H.’s chest  
21 and the physical nature of his work, this is a dangerous practice because it greatly reduces  
22 his ability to breathe properly, especially during exercise or exertion. Research shows that  
23 use of chest binders is associated with abnormal lung function testing with lower lung  
24 volumes which can cause other problems including shortness of breath, light-headedness,  
25 and fainting. In fact, D.H. reported already being sent home early from work more than  
26 once due to difficulty breathing. The constriction caused by “double binding,” especially  
27 when done for long periods of time, has the potential to bruise ribs. Double binding is highly  
28 discouraged due to the potential of ill effects, but some transgender men will use this

1 technique to help with their gender dysphoria in times of increased stress.

2 6. On November 2, 2020, D.H. reported being misgendered by several  
3 customers in a short time span, causing him to start panicking and struggling to control his  
4 breathing.

5 7. Although he was able to keep working and maintain his composure until his  
6 lunch break, he immediately decompensated on his way to buy lunch at a local restaurant.  
7 D.H. started having difficulty breathing, which caused him to hyperventilate and feel weak.  
8 He also had difficulty speaking and found himself stuttering (a problem he had not had  
9 previously). D.H. called emergency services and was evaluated by EMTs. The EMTs did  
10 not find any evidence of a life-threatening physical condition, like a heart arrhythmia,  
11 diabetes or an infection, that would have caused the symptoms D.H. reported. They  
12 recommended that D.H. go to the emergency room for further evaluation and observation  
13 but felt he would be safe in a private car rather than an ambulance. He was transported to  
14 a nearby hospital by his mother.

15 8. At the emergency room, D. H. was given one liter of intravenous fluids for  
16 concern of dehydration. An EKG showed a normal heart rhythm, and lab work (blood  
17 sugar, thyroid studies, complete blood count) were all normal as was a chest x-ray. He also  
18 had a CT scan of his head/brain that showed no acute findings. The doctor who evaluated  
19 D.H. at the hospital discharged him with a recommendation to follow up with his primary  
20 care provider and obtain an EEG to rule out the possibility that he had a seizure.

21 9. I saw D.H. on November 9, 2020 to provide follow-up care. I conducted a  
22 full evaluation of D.H.'s physical and mental health. Based on the events that preceded  
23 D.H.'s symptoms, it is my opinion that D.H. had a severe panic attack. But, out of an  
24 abundance of caution and based on the recommendation of the doctor who evaluated D.H.  
25 in the emergency room, I also ordered an EEG for D.H., the results of which should be  
26 available in a few weeks. Lastly, I ensured that D.H. was continuing to have regular  
27 appointments with Tamar Reed, his mental health provider.

28 10. The fact that D.H. was "double binding," coupled with his asthma, further

1 contributed to the severity of the panic attack and the symptoms that D.H. experienced.  
 2 Typically during a panic attack, a person will start to breathe deeper and faster. Because  
 3 the binders restricted D.H.’s chest, he could not breathe deeper, only faster. As he began to  
 4 hyperventilate, the sensation of shortness of breath would worsen and it would continue in  
 5 a worsening feedback loop. As a result, I advised D.H. to stop double binding, but I am not  
 6 confident that D.H. will be able to comply with that advice because of his increasing gender  
 7 dysphoria.

8 11. D.H.’s self-treatment using “double binding” and the severe panic attack he  
 9 experienced both indicate that D.H.’s mental health is becoming more fragile and his  
 10 healthier coping mechanisms are beginning to fail. For example, now that a single binder  
 11 is no longer sufficient to temporarily calm D.H.’s gender dysphoria so that he can function  
 12 throughout the day, I am concerned that he could turn to more destructive coping  
 13 mechanisms to deal with his psychological distress, including self-harming behaviors.  
 14 Given D.H.’s prior serious suicidal ideation, his mental health could deteriorate quickly and  
 15 unpredictably.

16 12. This change in D.H.’s overall health and well-being make his need for male  
 17 chest reconstruction even more urgent.

18 I declare under penalty of perjury pursuant to the laws of the State of Arizona that  
 19 the foregoing is true and correct.

20 Executed this <sup>18</sup> \_\_\_ th day of November, 2020 at Tucson, Arizona.

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 22 DocuSigned by:  
 Andrew Cronyn, MD  
 6B3AD548AAC4472...

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 24 Andrew Cronyn, M.D.

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