

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
CHARLOTTE DIVISION**

KANAUTICA ZAYRE-BROWN,

*Plaintiff,*

v.

No. 3:22-cv-00191

THE NORTH CAROLINA  
DEPARTMENT OF PUBLIC SAFETY,  
*et al.,*

*Defendants.*

**PLAINTIFF’S MOTION FOR PRELIMINARY INJUNCTION**

Plaintiff Kanautica Zayre-Brown respectfully moves the Court, pursuant to Rule 65(a) of the Federal Rules of Civil Procedure, for a preliminary injunction on her Eighth Amendment claim against defendant state prison officials Buffaloe, Ishee, Junker, Harris, Campbell, Catlett, Peiper, Sheitman, Langley, Agarwal, Cobb, Panter, Williams, and Amos, sued in their official capacities (hereinafter, “Defendants”) for their failure to treat her gender dysphoria, a serious medical need. Specifically, Plaintiff asks the Court to order Defendants to provide her with the medically necessary gender-affirming surgery described in her Verified Complaint. (Doc. 1). As demonstrated in the accompanying brief and exhibits supporting this Motion, Plaintiff will likely succeed on the merits of her Eighth Amendment claim, she is suffering and will continue to suffer irreparable harm without preliminary relief, the balance of equities weighs in her favor, and preliminary relief is in the

public interest. Plaintiff also moves for waiver of a security bond upon grant of the preliminary injunction.

Plaintiff seeks leave to present oral argument in support of this Motion.

Dated: June 28, 2022

Respectfully submitted,

/s/ Jaclyn A. Maffetore

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**CERTIFICATE OF CONFERENCE**

Pursuant to LR 7.1(b), I certify that on June 22, 2022, counsel for Plaintiff conferred with counsel for Defendants via email to notify them of Plaintiffs' intent to file the instant Motion and to inquire whether the relief sought would be possible without judicial intervention. On June 23, 2022, counsel for Defendants indicated that, following discussion with their clients, they did not believe that settlement discussions would be productive at this time.

Dated: June 28, 2022

Respectfully submitted,

/s/ Jaclyn A. Maffetore

Jaclyn A. Maffetore

*Counsel for Plaintiff*

**CERTIFICATE OF SERVICE**

I certify that on June 28, 2022, I filed the foregoing with the Clerk of the Court using the CM/ECF system which will effect service on all counsel of record.

Dated: June 28, 2022

Respectfully submitted,

/s/ Jaclyn A. Maffetore

Jaclyn A. Maffetore

*Counsel for Plaintiff*

# EXHIBIT 1

Expert Declaration of Dr. Randi C. Ettner, Ph.D.

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA

KANAUTICA ZAYRE-BROWN,

*Plaintiff,*

v.

THE NORTH CAROLINA  
DEPARTMENT OF PUBLIC SAFETY,  
*et al.,*

*Defendants.*

Civil Action No. 3:22-cv-00191

**EXPERT DECLARATION OF RANDI C. ETTNER, PH.D. IN SUPPORT OF  
PLAINTIFF'S MOTION FOR PRELIMINARY INJUNCTION**

I, Dr. Randi Ettner, Ph.D., hereby declare as follows:

1. I am a clinical and forensic psychologist with expertise concerning the diagnosis and treatment of gender dysphoria. I am the immediate past Secretary of, and served as a member for more than 12 years on, the Board of Directors of the World Professional Association of Transgender Health (“WPATH”), the preeminent professional organization dedicated to the understanding and treatment of gender dysphoria worldwide. I have extensive experience treating transgender individuals with gender dysphoria in my clinical practice and have published numerous books and articles on the topic.

2. I have been retained by counsel for Plaintiff Kanautica Zayre-Brown (“Mrs. Zayre-Brown” or “Plaintiff”) to provide the Court with my expert evaluation and opinion regarding the appropriateness of the treatment for gender dysphoria provided to Mrs. Zayre-Brown by the Defendants. This declaration provides my opinions and conclusions, including (i) scientific information regarding gender dysphoria and its impact on the health and well-being of individuals living with gender dysphoria; (ii) information regarding best practices and the accepted standards of care for individuals with gender dysphoria; and (iii) the results of my review of Mrs. Zayre-Brown’s treatment for gender dysphoria and my in-person interview and assessment of Mrs. Zayre-Brown. I have actual knowledge of the matters stated herein and could and would so testify if called as a witness.

### **I. QUALIFICATIONS**

3. I am a licensed clinical and forensic psychologist with a specialization in the diagnosis, treatment, and management of gender dysphoric individuals. I received my Doctorate in Psychology (with honors) from Northwestern University in 1979. I am a Fellow and Diplomate in Clinical Evaluation of the American Board of Psychological Specialties, and a Fellow and Diplomate in Trauma/Post-Traumatic Stress Disorder.

4. During the course of my career, I have evaluated, diagnosed, and treated between 2,500 and 3,000 individuals with gender dysphoria and mental health issues related to gender variance from 1977 to present.

5. I have published four books related to the treatment of individuals with gender dysphoria, including the medical text entitled *Principles of Transgender Medicine and Surgery* (co-editors Monstrey & Eyler; Routledge 2007) and the 2nd edition (co-editors Monstrey & Coleman; Routledge 2016). In addition, I have authored numerous articles in peer-reviewed journals regarding the provision of healthcare to the transgender population.

6. I have served as a member of the University of Chicago Gender Board, am on the editorial boards of *Transgender Health* and the *International Journal of Transgender Health* and am an author of the *WPATH Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People* (7th version), published in 2011. WPATH is an international association of 2,500 medical and mental health professionals worldwide specializing in the treatment of gender diverse people. I chair the WPATH Committee for Institutionalized Persons and provide training to medical professionals on healthcare for transgender prisoners.

7. I have lectured throughout North America, Europe, South America, and Asia on topics related to gender dysphoria and have given grand rounds on gender dysphoria at university hospitals. I am the honoree of the externally funded Randi and Fred Ettner Fellowship in Transgender Health at the University of Minnesota. I have been an invited guest at the National Institute of Health to participate in developing a strategic research plan to advance the health of sexual and gender minorities, and in November 2017, I was invited to address the Director of the Office of Civil Rights of the United States Department of Health and Human Services

regarding the medical treatment of gender dysphoria. I received a commendation from the United States House of Representatives on February 5, 2019, recognizing my work for WPATH and gender dysphoria in Illinois.

8. I have been a consultant to news media and have been interviewed as an expert on gender dysphoria for hundreds of television, radio, and print articles throughout the country.

9. I have been retained as an expert regarding gender dysphoria and the treatment of gender dysphoria in multiple court cases and administrative proceedings, including cases involving the treatment of individuals with gender dysphoria in prison settings. Over the past four years, I have given expert testimony at trial or by deposition in the following cases: *Kadel v. Folwell*, No. 1:19-cv-00272 (M.D.N.C. 2021); *Iglesias v. Connor*, No. 3:19-cv-00415-NJR (S.D. Ill. 2021); *Monroe v. Jeffreys*, No. 3:18-CV-00156-NJR (S.D. Ill. 2021); *Singer v. Univ. of Tennessee Health Sciences Ctr.*, No. 2:19-cv-02431-JPM-cgc (W.D. Tenn. 2021); *Morrow v. Tyson Fresh Meats, Inc.*, No. 6:20-cv-02033 (N.D. Iowa 2021); *Claire v. Fla. Dep't of Mgmt. Servs.*, No. 4:20-cv-00020-MW-MAF (N.D. Fla. 2020); *Williams v. Allegheny Cty.*, No. 2:17-cv-01556-MJH (W.D. Pa. 2020); *Gore v. Lee*, No. 3:19-CV-00328 (M.D. Tenn. 2020); *Eller v. Prince George's Cty. Pub. Schs.*, No. 8:18-cv-03649-TDC (D. Md. 2020); *Monroe v. Baldwin*, No. 18-CV-00156-NJR-MAB (S.D. Ill. 2020); *Gilbert v. Dell Technologies*, No. 19-cv-1938 (JGK) (S.D.N.Y. 2019); *Ray v. Acton*, No. 2:18-cv-00272 (S.D. Ohio 2019); *Soneeya v. Turco*, No. 07-12325-DPW (D. Mass. 2019); *Edmo v. Idaho Dep't of Corr.*, No. 1:17-CV-00151-BLW (D. Idaho 2018).

10. A true and correct copy of my Curriculum Vitae, which provides a complete overview of my education, training, and work experience and a full list of my publications, is attached hereto as **Appendix A**.

## **II. COMPENSATION**

11. My clinical consulting fee in this case is \$375.00 per hour for any clinical services, records review, or report drafting in connection with this case; \$475.00 per hour for any depositions or oral testimony in this case, and \$2,500.00 per day for any necessary travel in conjunction with this case. A true and correct copy of my engagement agreement in this case is attached hereto as **Appendix B**. As provided in that agreement, my compensation does not depend on the outcome of this case, the opinions I express, or the testimony I may provide.

## **III. MATERIALS CONSIDERED**

12. I have considered information from various sources in forming my opinions enumerated herein, in addition to drawing on my extensive clinical experience and my review of the literature related to gender dysphoria over the past three decades. Attached as **Appendix C** is a bibliography of relevant medical and scientific materials related to transgender people and gender dysphoria. I generally rely on these materials when I provide expert testimony, in addition to the documents specifically cited in particular sections of this declaration.

13. In preparing this declaration, I also reviewed and relied on Plaintiff's medical and mental health records, compiled by the North Carolina Department of Public Safety ("DPS"), which were provided to me by Plaintiff's counsel.

14. Lastly, I conducted and have relied on an extensive in-person interview and assessment of Mrs. Zayre-Brown.

#### **IV. GENDER DYSPHORIA**

15. The term “gender identity” is a well-established concept in medicine, referring to one’s internal sense of oneself as belonging to a particular gender. All human beings develop this elemental internal conviction of belonging to a particular gender, such as male or female.

16. At birth, infants are typically classified as male or female. This classification becomes the person’s birth-assigned sex. Typically, persons born with the external physical characteristics associated with males psychologically identify as men, and persons born with the external physical characteristics associated with females psychologically identify as women. However, for transgender individuals, this is not the case. For transgender individuals, the sense of one’s gender—one’s gender identity—differs from the birth-assigned sex, giving rise to a sense of being “wrongly embodied.”

17. For some, the incongruence between gender identity and assigned gender does not create clinically significant distress. However, for others, the incongruence results in gender dysphoria, a serious medical condition characterized by a clinically significant and persistent feeling of distress and discomfort with the gender they were identified as at birth (their “assigned gender” or “birth-assigned sex”).

18. In 1980, the American Psychiatric Association (“APA”) introduced the diagnosis Gender Identity Disorder (“GID”) in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (“DSM-III”). The GID diagnosis was maintained in a revised version of DSM, known as DSM-III-R (1987), as well as in DSM-IV which was issued in 1994.

19. In 2013, with the publication of DSM-V, the GID diagnosis was removed and replaced with a new diagnostic term: gender dysphoria. This new diagnostic term was based on significant changes in the understanding of the condition of individuals whose birth-assigned sex differs from their gender identity. The change in nomenclature was intended to acknowledge that gender incongruence, in and of itself, does not constitute a mental disorder. Nor is an individual’s identity disordered. Rather, the diagnosis is based on the distress or dysphoria that some transgender people experience because of the incongruence between birth-assigned sex and gender identity and the social problems that ensue. The DSM-V explained that the former GID diagnosis connoted “that the patient is ‘disordered.’” American Psychiatric Association, “Gender Dysphoria,” *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2013). But, as the APA explained, “[i]t is important to note that gender nonconformity is not in itself a mental disorder. The critical element of Gender Dysphoria is the presence of clinically significant distress associated with the condition.” *Id.* By “focus[ing] on dysphoria as the clinical problem, not identity per se,” the change from GID to Gender Dysphoria destigmatizes the diagnosis. American

Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2013) (“DSM-V”).

20. In addition, the categorization of gender dysphoria and its placement in the DSM system is different for gender dysphoria than it was for GID. In every version of the DSM prior to 2013, GIDs were a subclass of some broader classification, such as Disorders Usually First Evident in Infancy, Childhood, or Adolescence, or alongside other subclasses such as Developmental Disorders, Eating Disorders, and Tic Disorders. For the first time ever, DSM-V categorizes the diagnosis separately from all other conditions. In the DSM-V, gender dysphoria is classified on its own. In 2018, the World Health Organization (“WHO”) likewise reclassified the gender incongruence diagnosis in the International Classification of Diseases-11. This is significant because the new classification removes gender incongruence from the chapter on mental and behavioral disorders, in recognition that it is not a mental illness.

21. The diagnostic criteria for Gender Dysphoria in Adolescents and Adults in DSM-V are as follows:

- A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least two of the following:
  - 1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  - 2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s

experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated sex characteristics).

3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
  4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

22. In addition to renaming and reclassifying gender dysphoria, the medical research that supports the gender dysphoria diagnosis has evolved. Unlike DSM's treatment of GID, the DSM-V includes a section entitled "Genetics and Physiology," which discusses the genetic and hormonal contributions to Gender Dysphoria. *See* DSM-V at 457 ("For individuals with gender dysphoria . . . some genetic contribution is suggested by evidence for (weak) familiarity of transsexualism among nontwin siblings, increased concordance for transsexualism in monozygotic compared with dizygotic same-sex twins, and some degree of heritability of gender dysphoria[.]").

23. There is now scientific consensus that gender identity is biologically based and a significant body of scientific and medical research that gender dysphoria has a physiological and biological etiology (cause or origin). It has been demonstrated that transgender women, transgender men, non-transgender women, and non-

transgender men have different brain compositions, with respect to the white matter of the brain, the cortex (central to behavior), and subcortical structures. *See, e.g.*, Rametti et al., 45 J. Psychiatric Res. 199 (2011); Rametti et al., 45 J. Psychiatric Res. 949 (2011); Luders et al. (2006); Krujiver et al. (2000). Differences between transgender and non-transgender individuals primarily involve the right hemisphere of the brain. The significance of the right hemisphere is important because that is the area that relates to attitudes about bodies in general, one's own body, and the link between the physical body and the psychological self.

24. In addition, scientific investigation has found a co-occurrence of gender dysphoria in families. Gómez-Gil et al. concluded that the probability of a sibling of a transgender individual also being transgender was 5 times higher than someone in the general population. Gómez-Gil et al. (2010). And, in identical twins, there was a very high likelihood (33%) of both twins being transgender, even when reared apart, demonstrating the role of genetics in the development of gender dysphoria. *See* Diamond (2013) (abstract: "The responses of our twins relative to their rearing along with our findings regarding some of their experiences during childhood and adolescence show their [gender] identity was much more influenced by their genetics than their rearing."); *see also* Green (2000).

25. It is now believed that gender dysphoria evolves as a result of the interaction of the developing brain and sex hormones. For example, one study found that:

[d]uring the intrauterine period a testosterone surge masculinizes the fetal brain, whereas the absence of such

a surge results in a feminine brain. As sexual differentiation of the brain takes place at a much later stage in the development than sexual differentiation of the genitals, these two processes can be influenced independently of each other. Sex differences in cognition, gender identity . . . , sexual orientation . . . , and the risks of developing neuropsychiatric disorders are programmed into our brain during early development. There is no evidence that one's postnatal social environment plays a crucial role in gender identity or sexual orientation.

Bao & Swaab (2011).

26. Similarly, Hare et al. found that “a decrease in testosterone levels in the brain during development might result in incomplete masculinization of the brain . . . resulting in a more feminized brain and a female gender identity.” Hare et al. at 93, 96 (2009).

27. Efforts to change a person's gender identity are unethical, harmful, and futile. Researchers have documented the risks and harms of attempting to coerce individuals to conform to their birth-assigned sex. These include, but are not limited to, the onset or increase of depression, suicidality, substance abuse, loss of relationships, family estrangement, and a range of post-traumatic responses. *See* Burnes et al. (2016); Green et al. (2020); Turban et al. (2019). Numerous professional organizations have endorsed the United States Joint Statement Against Conversion Efforts, including the American Medical Association, The American Academy of Family Physicians, The American Psychological Association, The American Psychoanalytical Association, The World Professional Association for Transgender Health, and many other professional organizations. Several countries throughout the

world, and states and municipalities in the United States, have enacted laws prohibiting health care professionals from engaging in conversion attempts.

## V. TREATMENT OF GENDER DYSPHORIA

### A. WPATH Standards of Care

28. Gender dysphoria can be ameliorated or even effectively cured through medical treatment. The standards of care for treatment of gender dysphoria are currently set forth in the WPATH *Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People* (7th version), published in 2011. The 8th version is forthcoming and expected to be publicly released later this year. The WPATH-promulgated Standards of Care (“SOC”) are the internationally recognized guidelines for the treatment of persons with gender dysphoria and inform medical treatment throughout the world. The American Medical Association, the Endocrine Society, the American Psychological Association, the American Psychiatric Association, the World Health Organization, the American Academy of Family Physicians, the American Public Health Association, the National Association of Social Workers, the American College of Obstetrics and Gynecology and the American Society of Plastic Surgeons all endorse treatment protocols in accordance with the SOC. *See, e.g.*, American Medical Association Resolution 122 (A-08) (2008) (“AMA Resolution 122”); Hembree et al. (2009); American Psychological Association, *Policy Statement on Transgender, Gender Identity, and Gender Expression Nondiscrimination* (2009) (“APA Policy Statement”).

29. As part set out in the SOC, many transgender individuals with gender dysphoria undergo a medically indicated and supervised gender transition in order to ameliorate the debilitation of gender dysphoria and live life consistent with their gender identity. The SOC recommend an individualized approach to gender transition, consisting of one or more of the following protocol components of evidence-based care for gender dysphoria:

- Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity);
- Hormone therapy to feminize or masculinize the body;
- Surgery to change primary and/or secondary sex characteristics (e.g. breasts/chest, external and/or internal genitalia, facial features, body contouring);
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support improving body image; or promoting resilience.

SOC at 9–10.

30. The treatment of incarcerated persons with gender dysphoria has been addressed in the SOC since 1998. As with protocols for the treatment of diabetes or other medical disorders, medical management of gender dysphoria for incarcerated individuals does not differ from protocols for non-institutionalized persons. For this reason, the SOC expressly state that all elements of the prescribed assessment and treatment are equally applicable to patients in prison (Section XIV), and the National

Commission on Correctional Health (NCCHC) recommends treatment in accordance with the SOC for people in correctional settings. *See* NCCHC Position Statement, *Transgender and Gender Diverse Health Care in Correctional Settings* (2020), <https://www.ncchc.org/transgender-and-gender-diverse-health-care-in-correctional-settings-2020/>.

31. Under the SOC, while it is true that “[r]easonable accommodations to the institutional environment can be made in the delivery of care consistent with the [SOC],” it is also true that “[d]enial of needed changes in gender role or access to treatments, including sex reassignment surgery, on the basis of residence in an institution are not reasonable accommodations.” SOC at 68.

32. Once a diagnosis of gender dysphoria is made, a treatment plan should be developed based on an individualized assessment of the medical needs of the particular patient.

33. The development of any treatment plan and all subsequent treatment must be administered by clinicians qualified in treating patients with gender dysphoria. The SOC specify the qualifications that professionals must meet in order to provide care to gender dysphoric patients. *See* SOC at Section VII. In particular, the SOC provide that all mental health professionals should have certain minimum credentials before treating patients with gender dysphoria, including a master’s degree (or equivalent) in a clinical behavioral science field; competencies in using the DSM-V and/or the International Classification of Diseases for diagnostic purposes; ability to recognize and diagnose co-existing mental health concerns and to

distinguish these from gender dysphoria; documented supervised training and competence in psychotherapy or counseling; knowledge of gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; and continuing education in the assessment and treatment of gender dysphoria. SOC at 22.

34. Importantly, the SOC require that “[m]ental health professionals who are new to the field (irrespective of their level of training and other experience) should work under the supervision of a mental health professional with established competence in the assessment and treatment of gender dysphoria.” SOC at 22–23. Self-study cannot substitute for first-hand clinical experience in treating the range of clinical presentations of gender dysphoria, or the mentorship and supervision of an expert in this field.

35. In addition to these minimum credentials, clinicians working with gender dysphoric patients should develop and maintain cultural competence to provide optimal care. A growing body of scientific literature underlies this specialized area of medicine and presents advances in treatment that inform care.

36. Treatment plans generated by providers lacking the requisite experience can result in inappropriate care and can place patients at significant risk.

37. While psychotherapy or counseling can provide support and help with the personal and social aspects of a gender transition, they are not a substitute for medical intervention where medical intervention is needed, nor are they preconditions for such intervention. By analogy, in Type One diabetes, counseling

might provide psychoeducation about living with a chronic condition and information about nutrition, but it does not obviate the need for insulin.

38. For many individuals with gender dysphoria, changes to gender expression and role to feminize or masculinize one's appearance, often called "social transition," are an important part of treatment for the condition. This involves dressing, grooming, and otherwise outwardly presenting oneself through social signifiers of gender consistent with one's gender identity. This is an appropriate and necessary part of identity consolidation. Through this experience, the shame of growing up living as a "false self" and the grief of being born into the "wrong body" can be ameliorated. *See, e.g.,* Greenberg & Laurence (1981); Ettner (1999); Devor (2004).

## **B. Hormone Therapy**

39. For almost all individuals with persistent, well-documented gender dysphoria, hormone therapy is essential and medically indicated treatment to alleviate the distress of the condition. The SOC specify that "feminizing/masculinizing hormone therapy—the administration of exogenous endocrine agents to induce feminizing or masculinizing changes—is a medically necessary intervention for many transsexual, transgender, and gender non-conforming individuals with gender dysphoria." SOC at Section VIII, p. 33.

40. Hormone therapy is a well-established and effective means of treating gender dysphoria. The American Medical Association, the Endocrine Society, the American Psychiatric Association, and the American Psychological Association all

agree that hormone therapy in accordance with the WPATH SOC is medically necessary treatment for many individuals with gender dysphoria. *See* AMA Resolution 122; Hembree et al. (2009); APA Policy Statement.

41. The goals of hormone therapy for individuals with gender dysphoria are: (i) to significantly reduce hormone production associated with the person's sex assigned at birth and, thereby, the secondary sex characteristics of the individual's sex assigned at birth; and (ii) to replace circulating sex hormones associated with the person's sex assigned at birth with feminizing or masculinizing hormones, using the principles of hormone replacement treatment developed for hypogonadal patients (i.e., non-transgender males born with insufficient testosterone or non-transgender females born with insufficient estrogen). *See* Hembree et al. (2009).

42. The therapeutic effects of hormone therapy are twofold: (i) with endocrine treatment, the patient acquires congruent sex characteristics, *i.e.*, for transgender women, breast development, redistribution of body fat, cessation of male pattern baldness, and reduction of body hair; and (ii) hormones act directly on the brain, via receptor sites for sex steroids, which produces an attenuation of dysphoria and attendant psychiatric symptoms, and the promotion of a sense of well-being. *See, e.g.*, Cohen-Kettenis & Gooren (1993).

43. The efficacy of hormone therapy to treat gender dysphoria is observed clinically and is well documented in the literature. For example, in one study, researchers investigated 187 transgender individuals who had received hormone therapy and compared them with a group of transgender individuals who did not.

Untreated individuals showed much higher levels of depression, anxiety, and social distress than those who received hormone therapy. *See* Rametti, et al. (2011); *see also* Colizzi et al. (2014); Gorin-Lazard et al. (2014); Gorin-Lazard et al. (2011).

44. Transgender women who have undergone gender-affirming orchiectomy or other gender-affirming genital surgeries resulting in removal of the testicles, like Mrs. Zayre-Brown, must receive consistent gender-affirming hormone therapy at the appropriate therapeutic levels to avoid adverse health effects. Interruption of this essential treatment can result in a lack of lymphocyte production and impaired immunity, hypertension, hypoglycemia, depression, and electrolyte imbalance. Appropriate laboratory monitoring of hormone therapy should occur every three months for the first year of treatment to validate the efficacy of treatment. Once stability is attained, laboratory monitoring can be done twice a year. Laboratory work should include tests for liver function, complete blood counts, lipid panel, and electrolyte values.

### **C. Gender-Affirming Surgery**

45. For some individuals with severe gender dysphoria, hormone therapy alone is insufficient. For these individuals, relief from their dysphoria cannot be achieved without surgical intervention to modify primary and/or secondary sex characteristics, *i.e.*, genital reconstruction. Under the contemporary understanding of gender identity, transition-related medical treatments confirm, rather than “change,” an individual’s sex by aligning primary and secondary sex characteristics with a person’s gender identity. The SOC state:

While many transsexual, transgender, and gender-nonconforming individuals find comfort with their gender identity, role, and expression without surgery, for many others surgery is essential and medically necessary to alleviate their gender dysphoria . . . For the latter group, relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity.

SOC at 54–55.

46. Gender-affirming genital surgery for transgender women has two therapeutic purposes. First, removal of the testicles eliminates the major source of testosterone in the body. Second, through gender-affirming genital surgery, the patient attains body congruence as a result of uro-genital structures appearing and to some extent functioning in ways that are more typical for non-transgender women. Both are critical in alleviating or eliminating gender dysphoria.

47. Decades of careful and methodologically sound scientific research have demonstrated that gender-affirming surgeries are safe and effective treatments for severe gender dysphoria and, indeed, for many people suffering from gender dysphoria, the only effective treatment. *See, e.g.,* Pfäfflin & Junge (1998); Smith et al. (2005); Jarolím et al. (2009).

48. WPATH, the American Medical Association, the Endocrine Society, and the American Psychological Association all support surgery in accordance with the SOC as medically necessary treatment for individuals with severe gender dysphoria. *See* AMA Resolution 122; Hembree et al. at 3148 (2009) (“For many transsexual adults, genital [gender-affirming] surgery may be the necessary step towards

achieving their ultimate goal of living successfully in their desired gender role.”); APA Policy Statement at 26 (recognizing “the efficacy, benefit, and necessity of gender transition treatments” and referencing studies demonstrating the effectiveness of gender-affirming surgeries).

49. Surgeries are considered “effective” from a medical perspective if they “have a therapeutic effect.” *See* Monstrey et al. at 95 (2007). More than three decades of research confirms that gender-affirming surgery is therapeutic and therefore an effective treatment for gender dysphoria.

50. In a 1998 meta-analysis, Pfäfflin and Junge reviewed data from 80 studies, spanning 30 years, from 12 countries. They concluded that “reassignment procedures were effective in relieving Gender Dysphoria. There were few negative consequences and all aspects of the reassignment process contributed to overwhelmingly positive outcomes.” Pfäfflin & Junge (1998). (Terminology like “sex reassignment surgery,” “sex change surgery,” and “transsexual surgery” are obsolete terms referring to the current and more accurate term, gender-affirming surgery.)

51. Numerous subsequent studies confirm this conclusion. Researchers reporting on a large-scale prospective study of 325 individuals in the Netherlands concluded that after gender-affirming surgery there was “a virtual absence of gender dysphoria” in the cohort and “results substantiate previous conclusions that [gender-affirming] surgery is effective.” Smith et al. at 94, 89 (2005). Indeed, the authors of the study concluded that the surgery “appeared therapeutic and beneficial” across a wide spectrum of factors and “[t]he main symptom for which the patients had

requested treatment, Gender Dysphoria, had decreased to such a degree that it had disappeared.” *Id.* at 96.

52. In 2007, Gijs and Brewayes analyzed 18 studies published between 1990 and 2007, encompassing 807 patients. The researchers concluded: “Summarizing the results from the 18 outcome studies of the last two decades, the conclusion that [gender-affirming surgery] is the most appropriate treatment to alleviate the suffering of extremely gender dysphoric individuals still stands: Ninety-six percent of the persons who underwent [surgery] were satisfied and regret was rare.” Gijs & Brewayes (2007).

53. Studies conducted in countries throughout the world conclude that gender-affirming surgery is an extremely effective treatment for gender dysphoria. For example, a 2001 study published in Sweden states: “The vast majority of studies addressing outcome have provided convincing evidence for the benefit of [gender-affirming] surgery in carefully selected cases.” Landen (2001). Similarly, urologists at the University Hospital in Prague, Czech Republic, in a *Journal of Sexual Medicine* article concluded, “Surgical conversion of the genitalia is a safe and important phase of the treatment of male-to-female transsexuals.” Jarolím (2009).

54. Patient satisfaction is an important measure of effective treatment. Achieving functional and normal physical appearance consistent with gender identity alleviates the suffering of gender dysphoria and enables the patient to function in everyday life. Studies have shown that by alleviating the suffering and dysfunction caused by severe gender dysphoria, gender-affirming surgery improves virtually

every facet of a patient's life. This includes satisfaction with interpersonal relationships and improved social functioning, *see e.g.*, Rehman et al. (1999); Johansson et al. (2010); Hepp et al. (2002); Ainsworth & Spiegel (2010); Smith et al. (2005); improvement in self-image and satisfaction with body and physical appearance, *see, e.g.*, Lawrence (2003); Smith et al. (2005); Weyers et al. (2009); and greater acceptance and integration into the family, *see, e.g.*, Lobato et al. (2006).

55. Studies have also shown that gender-affirming surgery improves patients' abilities to initiate and maintain intimate relationships. *See, e.g.*, Lobato et al. (2006); Lawrence (2005); Lawrence (2006); Imbimbo et al. (2009); Klein & Gorzalka (2009); Jarolím et al. (2009); Smith et al. (2005); Rehman et al. (1999); De Cuypere et al. (2005).

56. Multiple long-term studies have confirmed these results. *See, e.g.*, Vujovic et al. (2009); Weyers et al. (2009); Hepp et al. (2002); Johansson et al. (2010); Imbimbo et al. (2009); Lobato et al. (2006).

57. Given the extensive experience and research supporting the effectiveness of gender-affirming surgery spanning decades, it is clear that such surgery is a medically necessary, not experimental, treatment for severe gender dysphoria as demonstrated by, among other things, its inclusion as a medically necessary treatment in the SOC.

58. In 2008, WPATH issued a "Medical Necessity Statement" expressly stating: "These medical procedures and treatment protocols are not experimental:

decades of both clinical and medical research show they are essential to achieving well-being for the transsexual patient.”

59. Similarly, Resolution 122 (A-08) of the American Medical Association states: “Health experts in GID, including WPATH, have rejected the myth that these treatments are ‘cosmetic’ or ‘experimental’ and have recognized that these treatments can provide safe and effective treatment for a serious health condition.”

60. On September 25, 2013, the Department of Health Care Services of the State of California Health and Human Services Agency issued All Plan Letter 13-011, which makes clear that gender confirmation surgery was a covered service for Medi-Cal (California Medicaid) beneficiaries when the surgery was not cosmetic in nature and referred providers to the WPATH SOC for the “criteria for the medical necessity of transgender services.”

61. On May 30, 2014, the Appellate Division of the Departmental Appeals Board of the United States Department of Health and Human Services issued decision number 2576, in which the Board determined that a Medicare regulation denying coverage of “all transsexual surgery [outdated terminology for gender-affirming surgery] as a treatment for transsexualism [outdated terminology for gender dysphoria]” was not valid under the “reasonableness standard.” The Board specifically concluded that “transsexual surgery is an effective treatment option for transsexualism in appropriate cases.”

62. The corpus of studies increases yearly as access to gender-affirming surgery increases. For example, a group at Cornell University conducted a review of

56 studies from 1991 to June 2017 on the outcomes of gender-affirming surgeries for transgender individuals. The results verify the efficacy of surgery: 52 studies (93%) reported beneficial effects, 4 studies reported mixed or null effects, and no studies demonstrated that gender-affirming surgeries cause harm. *What does the scholarly research say about transition on transgender well-being?* Cornell University What We Know: The Public Policy Research Portal (2019), <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>.

#### **D. Living Consistently with Gender Identity**

63. The SOC establish the therapeutic importance of changes in gender expression by means of social signifiers that align with gender identity. Gender dysphoria, like many medical conditions, often requires more than a single intervention for effective treatment. For example, clothing and grooming that affirm one's gender identity, such as bras for transgender females, and the use of pronouns congruent with an individual's gender identity are critically important components of treatment protocols. *See* Greenberg & Laurence (1981); Ettner (1999); Devor (2004).

64. The SOC also specifically provide that permanent hair removal of hair from certain parts of the body and especially the face, which eliminates a particularly visible secondary sex characteristic, is significant in alleviating gender dysphoria for transgender women. Other gender-appropriate grooming items for transgender women such as feminine deodorant, moisturizer, hair care, and make-up may also be

necessary for treatment. These accoutrements are critical to the social transition and mental wellbeing of gender dysphoric people.

65. The most commonly pursued gender-affirming medical intervention in transgender women is facial hair removal, as facial hair is an obvious source of distress. Electrolysis and/or laser hair removal are typically required to live safely and comfortably in the affirmed female gender. The removal of hair is an ongoing process for most transgender women, particularly those with dark and coarse hair, and may require numerous treatments. A very recent study explored satisfaction with hair removal in relation to gender dysphoria and psychological symptoms in a group of 281 transgender women. Bradford, Rider & Spencer (2019). Results found satisfaction with hair removal correlated with less body dysphoria, less depression and anxiety, and an overall enhanced sense of wellbeing. The authors conclude that “[t]hese findings cast significant doubt on the assertion that hair removal services for transfeminine people are cosmetic.” *Id.*

66. “Misgendering”—the act or referring to a transgender person by the incorrect gender—is harmful to the mental health of transgender persons. It threatens their identity and exacerbates the mental health problems attendant to gender dysphoria. It is therefore important, especially for those charged with the medical treatment and mental health care of transgender persons to use the correct, gender-affirming names and pronouns for them. *See* Bauer et al. (2015); Frost et al. (2015); Bockting (2014).

67. Gender dysphoric prisoners are at heightened risk for depression, anxiety, suicidal ideation, and self-harm without appropriate treatment and care. In addition to the concerns outlined above, it is important for correctional facilities to consider appropriate housing and shower/bathroom facilities for transgender individuals. Each individual's gender identity and role, dignity, and personal safety should be taken into account in housing and other assignments. *See* SOC at 68. If the institution fails to do so, there can be serious consequences for mental and physical health. *See* Seelman (2016).

68. Moreover, incarcerated transgender women with feminine characteristics are at elevated risk for harm when housed in male prisons. Verbal harassment, physical abuse, sexual assault, and sexual coercion of these women occur at an alarming rate, and too often there is inadequate protection.

69. Gender consistent clothing and grooming items are particularly important to provide to transgender patients with gender dysphoria, especially for those individuals who have initiated hormone therapy. The physical changes facilitated by hormones in these patients make gender-affirming clothing and grooming items necessary not only for the mental health of these patients, but also for their basic physical comfort and dignity. For example, for transgender women, female undergarments allow genitals to be tucked and less visible, reducing symptoms of gender dysphoria. Likewise, regardless of breast development, a bra may be an important and affirming symbol of femininity for gender dysphoric transgender women.

70. Social role transition—the ability for a transgender person to appear and live consistent with their gender—has an enormous impact in the treatment of gender dysphoria. An early seminal study emphasized the importance of aligning gender presentation and identity and the benefits of doing so to mental health. Greenberg and Laurence compared the psychiatric status of gender dysphoric individuals who had socially transitioned with those who had not. Those who had implemented a social transition showed “a notable absence of psychopathology” compared to those who were presenting in their birth-assigned sex role. Greenberg & Laurence (1981). In addition, social transition should include use of facilities (restrooms, showers, etc.) that are consistent with one’s gender identity. More recently, Sevelius (2013) proposed a “gender affirmation model” which demonstrated that access to gender-affirming components of social role transition equated with better mental health, fewer suicide attempts, and lower levels of depression and posttraumatic stress disorder (PTSD) symptoms.

### **E. Risks of Providing Inadequate Care**

71. Without adequate treatment, adults with gender dysphoria experience a range of debilitating psychological symptoms such as anxiety, depression, suicidality, and other attendant mental health issues. They are frequently socially isolated as they carry a burden of shame and low self-esteem, attributable to the feeling of being inherently “defective.” This leads to stigmatization, and over time proves ravaging to healthy personality development and interpersonal relationships. Without treatment, many gender dysphoric people are unable to adequately function

in occupational, social, or other areas of life. Many gender dysphoric women without access to appropriate care are often so desperate for relief that they resort to life-threatening attempts at auto-castration (the removal of one's testicles) or auto-penectomy (the removal of one's penis). *See* Brown & McDuffie (2009). A recent survey found a 41% rate of suicide attempts among this population, which is far above the baseline suicide attempt rates for North America. Mak et al. (2020).

72. Gender dysphoria intensifies with age. As cortisol (the body's "stress hormone") rises with normal aging, the ratio of dehydroepiandrosterone ("DHEA," a precursor hormone involved in the production of sex hormones—testosterone and estrogen—which decreases with normal aging) to cortisol is affected, which acts to alter brain chemistry and intensify gender dysphoria. With the passage of time, prisoners who require surgical treatment will experience greater distress, and no means of relief. *See* Ettner (2013); Ettner & Wiley (2013). This is particularly deleterious for transgender prisoners serving long sentences. Because gender dysphoria entails clinically significant and persistent feelings of distress and discomfort with one's assigned gender, if it is not treated, those feelings intensify with time and can become critical. The results are serious and debilitating symptoms of anxiety, depression, and hopelessness. Without adequate, appropriate treatment, these individuals may not be capable of accomplishing simple everyday tasks, and may become increasingly socially withdrawn and isolated, which only serves to further exacerbate their symptoms.

73. Gender dysphoria left untreated or inadequately treated, will result in serious psychological and physical harm. The depression and hopelessness associated with the condition causes suicidal ideation, which will result in actual suicide for many individuals. *See* SOC at 67. Research shows that the risk of suicide can be significantly diminished with prompt and effective treatment. *See, e.g.,* Bauer (2015).

74. Moreover, gender dysphoric individuals have a profound discomfort or disgust of their genitalia. Without effective treatment as outlined above, this often leads to attempts at surgical self-treatment (SST), which can result in lasting physical trauma or death. *See* Brown & McDuffie (2009).

75. In sum, the results of providing inadequate treatment are predictable and dire, and take one of three paths: profound psychological decompensation, attempts at surgical self-treatment, or suicidality and suicide.

## **VI. CLINICAL INTERVIEW AND ASSESSMENT OF PLAINTIFF KANAUTICA ZAYRE-BROWN**

76. Kanautica Zayre-Brown is a 40-year-old transgender woman, assigned male at birth. On May 25, 2022, I conducted an in-person psychological assessment of Mrs. Zayre-Brown at Anson Correctional Institution in Polkton, North Carolina, to evaluate her current psychological and emotional status and the adequacy of the treatment she is receiving for her gender dysphoria. I met with Mrs. Zayre-Brown in a private area and was afforded all the necessary courtesies by the prison staff. My assessment, which lasted approximately four hours, included the administration of three statistically reliable and valid psychometric tests and an extensive clinical interview.

## A. Relevant Medical History

77. At 5 feet 11 inches, and 236 pounds, Mrs. Zayre-Brown makes an authentic female presentation. She has long, neatly arranged hair, and tastefully applied make-up. She wore prison issued garments and several tattoos were visible.

78. Mrs. Zayre-Brown does not smoke cigarettes nor use any illicit substances. She takes no psychotropic medications. In December 2020, she received Sertraline, an anti-depressant medication, during a month-long hospitalization resulting from her attempt to amputate her penis. Anti-depressants and/or anxiolytics are not efficacious when depression or anxiety are symptoms of gender dysphoria, rather than the result of primary co-occurring mood disorders. Mrs. Zayre-Brown eventually discontinued this medication.

79. Mrs. Zayre-Brown has no psychiatric diagnoses. She has been repeatedly diagnosed with gender dysphoria (302.85, DSM-V). Prior to her incarceration, Mrs. Zayre-Brown began her gender transition and underwent several gender-affirming surgeries beginning in 2011, including breast augmentation, body contouring, ear lobe surgery, and chin implantation. She has also had feminizing surgical facial fillers. Mrs. Zayre-Brown met the WPATH criteria for bilateral orchiectomy (surgical removal of the testes) and underwent the procedure in 2017.<sup>1</sup>

80. In 2012, Mrs. Zayre-Brown initiated medically indicated and supervised gender-affirming hormone therapy. However, when she entered DPS custody in 2017,

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<sup>1</sup> Bilateral orchiectomy was performed in a tissue sparing manner. When this is done, incisions are carefully placed in so as not to disrupt future genital reconstruction.

she was denied the essential estrogen she required for eight to nine months. Due to the surgical removal of her testicles, which are responsible for the majority of male testosterone production, Mrs. Zayre-Brown's body is no longer capable of producing endogenous gonadotrophic hormones and she requires regular, sufficient, and gender appropriate prescription hormone therapy. Hormones are essential to the function and maintenance of every organ system in the human body. Absent these crucial endocrine compounds, individuals are physiologically and psychologically at extreme risk for a number of catastrophic occurrences, including lack of lymphocyte production and impaired immunity, hypertension, hypoglycemia, depression, and electrolyte imbalance. During that eight-to-nine-month period, Mrs. Zayre-Brown gained weight, had a marked diminution of energy, and attempted suicide.

81. In addition to the initial unjustified interruption of Mrs. Zayre-Brown's hormone therapy, in January 2019 it was discovered that DPS had not ordered the correct laboratory work for Mrs. Zayre-Brown's hormone therapy appointment with an external provider. Subsequently, the appropriate laboratory work showed that her hormone levels were below the therapeutic range. In April 2019, DPS again failed to provide the required laboratory work for an external endocrinology appointment Mrs. Zayre-Brown had to monitor her hormone therapy. From July 2020 until June 2021, Mrs. Zayre-Brown hormone therapy was not being monitored through routine laboratory work. When she was finally seen by an endocrinologist, the laboratory work showed her hormone levels were again not within the therapeutic range. Mrs. Zayre-Brown has also experienced unjustified delays in the timely administration of

her hormone therapy, in January 2019 and August 2020, with those delays ranging from days to weeks.

### **B. Clinical and Psychometric Assessment**

82. Mrs. Zayre-Brown was completely cooperative throughout the evaluation process, and I am confident that the opinions I hereafter render are reliable and valid to a reasonable degree of medical certainty. Mrs. Zayre-Brown was able to attend to the entire, lengthy interview without agitation or restlessness. She engaged with ease, maintained eye contact throughout, and her affect was appropriate to content. She has no disorders of thought, and thought processes are logical, goal-directed, and without distortion. Memory and abstract reasoning are well within normal limits. Insight and judgment are good. Language is fluent, speech is natural, and intelligence is above average (by estimation). Mrs. Zayre-Brown has obtained several advanced degrees. She is married and has raised three foster children.

### **C. Relevant Transition-Related History**

83. Born in North Carolina, Mrs. Zayre-Brown was raised by her grandmother. Both biological parents are deceased, and she has a younger half-sister. As early as 5 or 6 years of age, Mrs. Zayre-Brown would wear her grandmother's shoes and put a skirt on her head, pretending it was long, female hair. She never played with boys or engaged in any sports.

84. Mrs. Zayre-Brown left school at 15 or 16 years of age. She wrote worthless checks to purchase female items and was committed to the juvenile justice

system. As a teen, Mrs. Zayre-Brown and her family assumed she was “gay.” Growing up in an era prior to the existence of “social media” or other readily accessible sources of information, she was unaware that she suffered from a treatable medical condition, namely, gender dysphoria. Although she never felt “masculine,” she had no knowledge that there was a name for her persistent feeling of being female. Ultimately, Mrs. Zayre-Brown learned about the concept of being “transgender” from a gay friend, and about the impact of feminizing hormones. In 2010, while working at Humana, Mrs. Zayre-Jones received medically indicated hormone therapy under the care of a provider at the University of North Carolina at Chapel Hill.

85. While hormone therapy is an essential element of treatment of gender dysphoria, that treatment alone is not sufficient for patients like Mrs. Zayre-Brown, who suffer from severe gender dysphoria. As with all medical conditions, treatment for gender dysphoria must be individualized. Patients who have severe gender dysphoria require both medical and surgical interventions. Individuals with early-onset gender dysphoria that persists into adolescence, like Mrs. Zayre-Brown, typically suffer the most severe symptoms associated with gender dysphoria. By analogy, type-one diabetes appears in childhood and differs from type-two diabetes, which typically is a disease arising in adulthood. The treatment of the conditions can differ, with the latter often being less severe and not necessarily requiring insulin.

86. After years of hormone therapy, Mrs. Zayre-Brown has *been hormonally confirmed*. This means that she has the circulating sex steroid hormones typical for females. Her testosterone levels are in the reference range appropriate for females

and indistinguishable from her female peers. She has the secondary sex characteristics of a woman: female breasts, softened skin, diminution of body hair, absence of male pattern baldness, redistribution of body fat consistent with a female-shaped body, loss of muscle mass, and genital changes.

**D. CONCERNS REGARDING THE ADEQUACY OF DEFENDANTS' TREATMENT OF MRS. ZAYRE-BROWN'S GENDER DYSPHORIA**

87. I have serious concerns about the adequacy of treatment provided by DPS and its employees for Mrs. Zayre-Brown's gender dysphoria, which falls far outside of what is recommended by the SOC. DPS personnel have been aware of Mrs. Zayre-Brown's gender dysphoria diagnosis and need for treatment, including gender-affirming surgery, since her incarceration, as evidenced by the October 2017 "Mental Health Assessment" by DPS provider Susan Garvey and the November 2017 Division Transgender Accommodation Review Committee ("DTARC") "Gender Dysphoria Treatment Plan." These documents from Mrs. Zayre-Brown's DPS medical records are attached to this declaration as Appendix D.<sup>2</sup> Despite their awareness of Mrs. Zayre-Brown's gender diagnosis and need for treatment, DPS personnel have repeatedly delayed and/or denied providing her with medically necessary treatment.

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<sup>2</sup> Certain sensitive information in Mrs. Zayre-Brown's DPS medical records and included as appendices in this declaration has been redacted by Plaintiff's counsel. The categories of redacted information include Mrs. Zayre-Brown "deadname" (the typically masculine name given to her at birth and named utilized by DPS in their record keeping, despite Mrs. Zayre-Brown's legal name change in 2012) and sensitive health information, unrelated to Mrs. Zayre-Brown's gender dysphoria and need for gender-affirming surgery. Upon request, Plaintiff's counsel will readily provide the Court and Defendants' counsel with unredacted versions of these records, which Plaintiff's counsel obtained from Defendants.

She was inappropriately housed in a male facility for years and denied female clothing and grooming items. Her essential hormone therapy was also inordinately delayed and interrupted, without medical justification or explanation. Since receiving hormone therapy, treatment has been inconsistent and inappropriately evaluated, and follow-up monitoring has been insufficient. Her recent medical consultations have been via teletherapy, which does not allow palpation to diagnose potential abnormalities secondary to hormonal affirmation. Most egregiously, DPS continues to ignore her serious, urgent, and longstanding medical need for gender-affirming surgery.

88. Mrs. Zayre-Brown has persistently advocated for the surgical treatment she requires. In addition, numerous medical and mental health providers have stated that surgery is a medical necessity for Mrs. Zayre-Brown, including DPS providers Dr. Joseph Umesi (January 2019) and Jennifer Dula (October 2021) and specialty external providers DPS referred Ms. Zayre-Brown to for gender-affirming care, Dr. Brad Figler (July 2021) and Dr. Donald Caraccio (October 2021). Attached as Appendix E is a compilation of Mrs. Zayre-Brown's DPS medical records from these four providers, organized chronologically. Nevertheless, DPS officials have repeatedly delayed and denied Mrs. Zayre-Brown's requests for gender-affirming surgery. Attached at Appendix F is a compilation of DPS's considerations and denials, organized chronologically. Most recently, in response to Mrs. Zayre-Brown's latest request for gender-affirming surgery, the DTARC in a final determination issued on

2/17/2022, wrote “DTARC does not recommend Gender Affirmation surgery. This surgery is not medically necessary.”

### CONCLUSIONS AND OPINIONS

89. Mrs. Zayre-Brown is currently struggling with thoughts of auto-penectomy, the “last resort” to eliminate gender dysphoria. She consolidated her female identity long ago but cannot resolve the anatomical dysphoria resulting from having male genitalia and a female gender identity and an otherwise female body.

90. With normal aging, cortisol levels increase. For gender dysphoric individuals, elevated cortisol alters brain chemistry and intensifies gender dysphoria. Mrs. Zayre-Brown’s gender dysphoria will continue to intensify, with no means of relief. Her immediate need for surgery is great and will only accelerate.

91. Mrs. Zayre-Brown is unusually well-adjusted and has shown remarkable resilience given my understanding of her experiences in DPS custody. But her resilience is rapidly eroding. She has met, and exceeded, all the requirements of the WPATH SOC for surgical intervention, which is medically necessary to treat her severe gender dysphoria. My understanding is that decisions regarding gender-affirming surgery for DPS inmates are made by the DTARC and are subject to the approval of the Deputy Commissioner and the Director of Health and Wellness. But medical decisions, and especially decisions about whether a patient should receive or be denied treatment, are rarely proper for committees, especially committees composed of individuals without expertise in the condition being treated. In this case, the records I have reviewed indicate that the healthcare providers with expertise in

established care protocols. It is my opinion that any provider with experience in treating gender dysphoric individuals would recommend gender-affirming genital surgery for Mrs. Zayre-Brown.

92. Mrs. Zayre-Brown has persistent, severe, gender dysphoria. The diagnosis is certain, and the necessary treatment is curative. Mrs. Zayre-Brown urgently requires gender-affirming genital surgery for the treatment of her severe gender dysphoria.

Pursuant to 28 U.S.C. § 1746, I declare that the foregoing is true and correct.

Dated: June 27, 2022

Dr. Randi Ettner Ph.D.  
Dr. Randi Ettner, Ph.D.

# APPENDIX A

**RANDI ETTNER, PHD**  
**1214 Lake Street**  
**Evanston, Illinois 60201**  
**847-328-3433**

**POSITIONS HELD**

Clinical Psychologist  
Forensic Psychologist  
Fellow and Diplomate in Clinical Evaluation, American Board of  
Psychological Specialties  
Fellow and Diplomate in Trauma/PTSD  
President, New Health Foundation Worldwide  
Secretary, World Professional Association for Transgender Health  
(WPATH)  
Chair, Committee for Institutionalized Persons, WPATH  
Global Education Initiative Committee Curriculum Development, WPATH  
University of Minnesota Medical Foundation: Leadership Council  
Psychologist, Center for Gender Confirmation Surgery, Weiss Memorial  
Hospital  
Adjunct Faculty, Prescott College  
Editorial Board, *International Journal of Transgender Health*  
Editorial Board, *Transgender Health*  
Television and radio guest (more than 100 national and international  
appearances)  
Internationally syndicated columnist on women's health issues  
Private practitioner  
Medical staff; Department of Medicine: Weiss Memorial Hospital, Chicago,  
IL  
Advisory Council, National Center for Gender Spectrum Health  
Global Clinical Practice Network; World Health Organization  
Harvard Law School LGBTQ Clinic Leadership Council

**EDUCATION**

PhD, 1979	Northwestern University (with honors) Evanston, Illinois
MA, 1976	Roosevelt University (with honors) Chicago, Illinois
BA, 1969-73	Indiana University Bloomington, Indiana Cum Laude Major: Clinical Psychology; Minor: Sociology
1972	Moray College of Education Edinburgh, Scotland International Education Program
1970	Harvard University Cambridge, Massachusetts Social Relations Undergraduate Summer Study Program in Group Dynamics and Processes

**CLINICAL AND PROFESSIONAL  
EXPERIENCE**

- 2016-2022 Psychologist: Weiss Memorial Hospital Center for Gender Confirmation Surgery  
Consultant: Walgreens; Tawani Enterprises  
Private practitioner/ Supervision
- 2011 Instructor, Prescott College: Gender-A multidimensional approach
- 2000 Instructor, Illinois School of Professional Psychology
- 1995-present Supervision of clinicians in counseling gender non-conforming clients
- 1993 Post-doctoral continuing education with Dr. James Butcher in MMPI-2 Interpretation, University of Minnesota
- 1992 Continuing advanced tutorial with Dr. Leah Schaefer in psychotherapy
- 1983-1984 Staff psychologist, Women's Health Center, St. Francis Hospital, Evanston, Illinois
- 1981-1984 Instructor, Roosevelt University, Department of Psychology: Psychology of Women, Tests and Measurements, Clinical Psychology, Personal Growth, Personality Theories, Abnormal Psychology
- 1976-1978 Research Associate, Cook County Hospital, Chicago, Illinois, Department of Psychiatry
- 1975-1977 Clinical Internship, Cook County Hospital, Chicago, Illinois, Department of Psychiatry
- 1971 Research Associate, Department of Psychology, Indiana University
- 1970-1972 Teaching Assistant in Experimental and Introductory Psychology  
Department of Psychology, Indiana University
- 1969-1971 Experimental Psychology Laboratory Assistant, Department of Psychology, Indiana University

**INVITED PRESENTATIONS AND HOSPITAL GRAND ROUNDS**

*Sexual Function: Expectations and outcomes for patients undergoing gender-affirming surgery.* Whitney, N., Ettner, R., Schechter, L. Rush University, Department of Plastic and Reconstructive Surgery, Chicago, IL 2022

*Care of the Older Transgender Patient,* Weiss Memorial Hospital, Chicago, IL, 2021

*Working with Medical Experts,* The National LGBT Law Association, webinar presentation, 2020

*Legal Issues Facing the Transgender Community,* Illinois State Bar Association, Chicago, IL, 2020

*Providing Gender Affirming Care to Transgender Patients,* American Medical Student Association, webinar presentation, 2020

*Foundations in Mental Health for Working with Transgender Clients; Advanced Mental Health Issues, Ethical Issues in the Delivery of Care,* Center for Supporting Community Development Initiatives, Vietduc University Hospital, Hanoi, Vietnam, 2020

*The Transgender Surgical Patient,* American Society of Plastic Surgeons, Miami, FL 2019

*Mental health issues in transgender health care,* American Medical Student Association, webinar presentation, 2019

*Sticks and stones: Childhood bullying experiences in lesbian women and transmen,* Buenos Aires, 2018

*Gender identity and the Standards of Care,* American College of Surgeons, Boston, MA, 2018

*Expectations of individuals undergoing gender-confirming surgeries* Schechter, L., White, T., Ritz, N., Ettner, R. Buenos Aires, 2018

*The mental health professional in the multi-disciplinary team, pre-operative evaluation and assessment for gender confirmation surgery,* American Society of Plastic Surgeons, Chicago, IL, 2018; Buenos Aires, 2018

*Navigating transference and countertransference issues,* WPATH Global Education Initiative, Portland, OR; 2018

*Psychological aspects of gender confirmation surgery* International Continence Society, Philadelphia, PA 2018

*The role of the mental health professional in gender confirmation surgeries,* Mt. Sinai Hospital, New York City, NY, 2018

*Mental health evaluation for gender confirmation surgery*, Gender Confirmation Surgical Team, Weiss Memorial Hospital, Chicago, IL 2018

*Transitioning; Bathrooms are only the beginning*, American College of Legal Medicine, Charleston, SC, 2018

*Gender Dysphoria: A medical perspective*, Department of Health and Human Services, Office for Civil Rights, Washington, D.C, 2017

*Multi-disciplinary health care for transgender patients*, James A. Lovell Federal Health Care Center, North Chicago, IL, 2017

*Psychological and Social Issues in the Aging Transgender Person*, Weiss Memorial Hospital, Chicago, IL, 2017.

*Psychiatric and Legal Issues for Transgender Inmates*, USPATH, Los Angeles, CA, 2017

*Transgender 101 for Surgeons*, American Society of Plastic Surgeons, Chicago, IL, 2017.

*Healthcare for transgender inmates in the US*, Erasmus Medical Center, Rotterdam, Netherlands, 2016.

*Tomboys Revisited: Replication and Implication; Orange Isn't the New Black Yet*- WPATH symposium, Amsterdam, Netherlands, 2016.

*Can two wrongs make a right? Expanding models of care beyond the divide*, Amsterdam, Netherlands, 2016.

*Foundations in mental health; role of the mental health professional in legal and policy issues, healthcare for transgender inmates; children of transgender parents; transfeminine genital surgery assessment*: WPATH Global Education Initiative, Chicago, IL, 2015; Atlanta, GA, 2016; Columbia, MO, 2016; Ft. Lauderdale, FL, 2016; Washington, D.C., 2016, Los Angeles, CA, 2017, Minneapolis, MN, 2017, Chicago, IL, 2017; Columbus, Ohio, 2017; Portland, OR, 2018; Cincinnati, OH, 2018, Buenos Aires, 2018

*Pre-operative evaluation in gender-affirming surgery*-American Society of Plastic Surgeons, Boston, MA, 2015

*Gender affirming psychotherapy; Assessment and referrals for surgery-Standards of Care*-Fenway Health Clinic, Boston, 2015

*Transgender surgery*- Midwestern Association of Plastic Surgeons, Chicago, 2015

*Adult development and quality of life in transgender healthcare*- Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2015

*Healthcare for transgender inmates-* American Academy of Psychiatry and the Law, Chicago, 2014

*Supporting transgender students: best school practices for success-* American Civil Liberties Union of Illinois and Illinois Safe School Alliance, 2014

*Addressing the needs of transgender students on campus-* Prescott College, 2014

*The role of the behavioral psychologist in transgender healthcare –* Gay and Lesbian Medical Association, 2013

*Understanding transgender-* Nielsen Corporation, Chicago, 2013

*Role of the forensic psychologist in transgender care; Care of the aging transgender patient* University of California San Francisco, Center for Excellence, 2013

*Grand Rounds: Evidence-based care of transgender patients-* North Shore University Health Systems, University of Chicago, Illinois, 2011

*Grand Rounds: Evidence-based care of transgender patients* Roosevelt-St. Vincent Hospital, New York, 2011

*Grand Rounds: Evidence-based care of transgender patients* Columbia Presbyterian Hospital, Columbia University, New York, 2011

*Hypertension: Pathophysiology of a secret.* WPATH symposium, Atlanta, GA, 2011

*Exploring the Clinical Utility of Transsexual Typologies* Oslo, Norway, 2009

*Children of Transsexuals-*International Association of Sex Researchers, Ottawa, Canada, 2005

*Children of Transsexuals* Chicago School of Professional Psychology, Chicago, 2005

*Gender and the Law-* DePaul University College of Law, Chicago, Illinois, 2003; American Bar Association annual meeting, New York, 2000

*Gender Identity, Gender Dysphoria and Clinical Issues –*WPATH Symposium, Bangkok, Thailand, 2014; Argosy College, Chicago, Illinois, 2010; Cultural Impact Conference, Chicago, Illinois, 2005; Weiss Hospital, Department of Surgery, Chicago, Illinois, 2005; Resurrection Hospital Ethics Committee, Evanston, Illinois, 2005; Wisconsin Public Schools, Sheboygan, Wisconsin, 2004, 2006, 2009; Rush North Shore Hospital, Skokie, Illinois, 2004; Nine Circles Community Health Centre, University of Winnipeg, Winnipeg, Canada, 2003; James H. Quillen VA Medical Center, East Tennessee State University, Johnson City, Tennessee, 2002; Sixth European Federation of Sexology, Cyprus, 2002; Fifteenth World Congress of Sexology, Paris, France, 2001; Illinois School of Professional Psychology, Chicago, Illinois 2001; Lesbian Community Cancer Project, Chicago, Illinois 2000; Emory

University Student Residence Hall, Atlanta, Georgia, 1999; Parents, Families and Friends of Lesbians and Gays National Convention, Chicago, Illinois, 1998; In the Family Psychotherapy Network National Convention, San Francisco, California, 1998; Evanston City Council, Evanston, Illinois 1997; Howard Brown Community Center, Chicago, Illinois, 1995; YWCA Women's Shelter, Evanston, Illinois, 1995; Center for Addictive Problems, Chicago, 1994

*Psychosocial Assessment of Risk and Intervention Strategies in Prenatal Patients*- St. Francis Hospital, Center for Women's Health, Evanston, Illinois, 1984; Purdue University School of Nursing, West Layette, Indiana, 1980

*Psychoneuroimmunology and Cancer Treatment*- St. Francis Hospital, Evanston, Illinois, 1984

*Psychosexual Factors in Women's Health*- St. Francis Hospital, Center for Women's Health, Evanston, Illinois, 1984.

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*Sleep Apnea* - St. Francis Hospital, Evanston, Illinois, 1996; Lincolnwood Public Library, Lincolnwood, Illinois, 1996

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“The Work of Worrying: Emotional Preparation for Labor,” Pregnancy as Healing. A Holistic Philosophy for Prenatal Care, Peterson, G. and Mehl, L. Vol. II. Chapter 13, Mindbody Press, 1985.

## **PROFESSIONAL AFFILIATIONS**

University of Minnesota Medical School–Leadership Council  
American College of Forensic Psychologists  
World Professional Association for Transgender Health  
World Health Organization (WHO) Global Access Practice Network  
TransNet national network for transgender research  
American Psychological Association  
American College of Forensic Examiners  
Society for the Scientific Study of Sexuality  
Screenwriters and Actors Guild  
Phi Beta Kappa

## **AWARDS AND HONORS**

University of Minnesota, Institute for Sexual and Gender Health; *50 Distinguished Sex and Gender Revolutionaries* award, 2021

Letter of commendation from United States Congress for contributions to public health in Illinois, 2019

WPATH Distinguished Education and Advocacy Award, 2018

*The Randi and Fred Ettner Transgender Health Fellowship*-Program in Human Sexuality, University of Minnesota, 2016

Phi Beta Kappa, 1972

Indiana University Women's Honor Society, 1970-1972

Indiana University Honors Program, 1970-1972

Merit Scholarship Recipient, 1970-1972

Indiana University Department of Psychology Outstanding Undergraduate Award Recipient, 1970-1972

Representative, Student Governing Commission, Indiana University, 1970

## **LICENSE**

Clinical Psychologist, State of Illinois, 1980

# APPENDIX B

JON L. STRYKER AND SLOBODAN  
RANDJELOVIĆ  
LESBIAN GAY BISEXUAL  
TRANSGENDER QUEER  
& HIV PROJECT

JAMES D. ESSEKS  
DIRECTOR

February 24, 2022

**By Email**

Randi Ettner, PhD.  
[rettner@aol.com](mailto:rettner@aol.com)

Re: Expert witness engagement for the matter of Kanautica  
Zayre-Brown

Dear Dr. Ettner:

This will memorialize the terms of the agreement under which you have been retained by the American Civil Liberties Union (“ACLU”) and the American Civil Liberties Union of North Carolina (“ACLU of NC”) to perform professional services in connection with the above-referenced matter.

We have retained you for services in connection with the above-referenced matter from time to time. We may request these services orally or in writing. This assignment shall potentially include, but not be limited to, preparing a declaration and/or expert report, which may be used in connection with the lawsuit. We expect that you will apply your professional judgment, knowledge, expertise, and expertise to assist us. You shall undertake no work under this agreement unless specifically requested to do so by us. Whenever you believe additional work that we have not requested is necessary or appropriate, you will let us know so we can decide whether to authorize it.

Your work under this agreement will be personally directed and supervised by Taylor Brown of the ACLU, Jon W. Davidson of the ACLU, Jaclyn Maffetore of the ACLU of NC, and other attorneys at the ACLU and/or the ACLU of NC.

Compensation shall be computed on an hourly rate for actual time devoted, at:

- \$375.00 per hour for any clinical services, records review, or report drafting in conjunction with this matter;
- \$475.00 per hour for any deposition or trial testimony.



National Office  
125 Broad Street, 18th floor  
New York NY 10004  
(212) 549-2500  
[aclu.org](http://aclu.org)

You should submit bills on a regular basis directly to ACLU by emailing bills to Jon W. Davidson at [jondavidson@aclu.org](mailto:jondavidson@aclu.org). Such bills should generally describe the activities performed in the time for which you are billing and the dates on which those activities were performed, as the time spent on each activity (rounded up to the nearest 1/10 of an hour). For example:

8/2/22	Draft expert report	1.3 hours
8/2/22	Phone conversation with Attorney X. Smith related to drafting report	.5 hours



The ACLU and the ACLU of NC agree to pay \$2,500.00 per day for any necessary travel in conjunction with this matter. Additionally, the ACLU and the ACLU of NC agree to pay any reasonable out-of-pocket expenses incurred. Any out-of-pocket expenses including copying and mailing costs paid by you for the purpose of completing your obligations under this agreement will be promptly reimbursed upon submission of an invoice, receipts, or other valid statements of expense, provided that, in order for any single expense of over \$200.00 to be reimbursable by counsel, that expense must be approved by us prior to being incurred. Any change in compensation rates must be agreed upon in writing. Your compensation does not depend on the outcome of this litigation, the opinions you express, or the testimony you provide.

Any and all studies, reports, or other data or information gathered, collected, or prepared by or for you in fulfillment of this retention shall be our property and shall be delivered to us upon our request or upon completion of your services under this agreement.

You understand that your work under this agreement is for us and is done at our request as attorneys in aid of litigation, and that all work performed by you under this agreement, including but not limited to all communications, whether written or oral, between you and any attorney or employee of the ACLU or the ACLU of NC, are confidential and privileged communications which you will not reveal to any other person, except as authorized by us in advance or required by law, with

prior notice to us. In this regard, you agree to inform each of your employees or agents performing services under this agreement of the confidentiality obligations set forth herein.

You also understand that you need to preserve any written materials, including e-mails, generated or received by you in connection with this engagement, as such materials are potentially discoverable in litigation, and, by entering into this retention, you agree that you will do so.

It is understood that during the course of your engagement you will adhere to all applicable ethical and legal standards.

This agreement shall not be assigned, or transferred, in whole or in part by either party without the previous written consent of the other party, and any attempt to do so shall be void and unenforceable.

Counsel may decide, in their discretion, to terminate their engagement of you and/or withdraw the request that you serve as a witness at deposition or trial. Additionally, you may terminate your engagement. If you terminate your engagement, you will provide notice of termination in writing to counsel at least thirty (30) days prior to the termination of engagement.

If either party exercises its right of termination, you shall, if requested by counsel, bring to an orderly conclusion any project or projects on which you are then working in connection with this agreement and deliver your work product to counsel within thirty (30) days of the notice of termination. In the unlikely event that you terminate your engagement less than sixty (60) days before trial, you will deliver your work product to counsel within five (5) days of the notice of termination.

This agreement shall be governed and interpreted according to the laws of the State of New York. This letter agreement, when signed by you, shall constitute the entire agreement between you and us with respect to this matter.



Randi Ettner, PhD.  
February 24, 2022  
Page 4

If you agree to the terms set forth above, please print and sign and return this agreement to me electronically.

Very truly yours,

/s/ Jon W. Davidson  
Jon W. Davidson  
Senior Staff Attorney  
ACLU LGBTQ & HIV Project  
jondavidson@aclu.org | P: 323-536-9880



APPROVED AND AGREED TO:

By: Randi Ettner PhD  
Randi Ettner, PhD.

# APPENDIX C

## BIBLIOGRAPHY

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# APPENDIX D

**North Carolina Department of Public Safety  
Mental Health Assessment**

Offender Name: [REDACTED] Off #: 0618705  
Date of Birth: [REDACTED] /1981 Sex: M Facility: CRAV  
Date: 10/13/2017 09:30 Provider: Garvey, Susan C M.A. Staff

**Treatment Setting**

Outpatient Program at CRAVEN CI.

**Referral**

Nursing

**Violence Alerts**

There are no elevated risk factors presently noted for inmate CHESTNUT.

**Escape Alerts**

There are no elevated risk factors presently noted for inmate CHESTNUT.

**Self-Injury Alerts**

There are no elevated risk factors presently noted for inmate CHESTNUT.

**Current Problems**

Inmate [REDACTED] is a 36 year old, African American male who reports he identifies as transgender, male to female. He reports he has undergone breast augmentation, hormone replacement therapy, and an orchiectomy (removal of testicles). He reports he had the orchiectomy on August 25, 2017. He reports prior to beginning the surgeries for transformation, he participated in counseling at UNC Chapel Hill School of Psychiatry.

Inmate [REDACTED] reports he was around the age of 17 when he "came out" as gay. He states "I lived a gay lifestyle until I was 29." He reports it has been within the last 5 years he has begun his transition to becoming a female. When asked about how he saw himself as a child, he replies "I acted boyish but presented as feminine. I was confused. I fought a lot." He then states "I always had an inclination to change."

Inmate [REDACTED] reports he legally changed his name to Kanautica Zayre in 2011, through Wake County. He states he would like to be referred to by his legal name while incarcerated instead of the name he provided at the time of his arrest. He reports in December 2012, he began seeing a psychologist through UNC Healthcare, so he could be approved to begin his transition to becoming a woman. He reports after eight months in counseling, he was approved to begin having surgeries and to receive hormones. He states he began hormones prior to surgeries which include estrogen, progestin, and spemalactin (blocks testosterone and is described as required pre-castration). Prior to his orchiectomy, he reports he was seen again by his psychologist at UNC Healthcare, for approval and/or clearance to undergo this surgery. He states he was given two letters by his psychologist stating he was ready to have these surgeries completed. He reports his psychologist's name was Neffateria Hans.

Inmate [REDACTED] reports he began having surgery in May 2017 with a Brazilian Butt Lift. He reports in October 2013, he had breast implant surgery. He reports his third surgery involved a facial fat transfer in which fat was transferred to his forehead, jaw, chin, and cheeks. He reports this process also concealed his Adam's Apple. He notes this surgery, as well as a surgery to feminize his ear lobes, were completed in July 2017. He reports just prior to being incarcerated, he had an orchiectomy, in which his testicles were removed. He notes his last surgery is to have a vagioplasty. He reports he has spent approximately \$57,000 on surgeries.

Inmate [REDACTED] reports he feels more like a woman with each surgery, which he notes is comforting to him. When asked how he would describe himself to others, he replies "A breath of fresh air. I always try to smile."

**History**

Inmate [REDACTED] reports his mother was 13 years old when she gave birth to him so he was primarily raised by his maternal grandparents, [REDACTED]. He states after this occurred, he often ran away from home to avoid any further abuse. He reports after he first ran away, he was placed in the Kennedy Home for two years. He states shortly after he returned home, he ran away again, and then was sent to Samarkand for a few months and then was transferred to Eckerd Youth Camp. He reports he returned home after he completed the youth camp. He states shortly after he returned home, he stole his teacher's car. He reports he did not receive any charges but was sent to Dobbs Training

Offender Name: [REDACTED] Off #: 0618705  
Date of Birth: [REDACTED]/1981 Sex: M Facility: CRAV  
Date: 10/13/2017 09:30 Provider: Garvey, Susan C M.A. Staff

School for four months. He reports after he returned to his grandparents after being released from Dobbs, he was sent to live with his mother in Raleigh. He reports his mother then "disappeared" and he returned to his grandparents. He reports at this point, his grandparent were told if they did not legally adopt him, he would be placed in a foster home. He states despite being adopted, he was sent back to the Kennedy Home. He reports he was sent back to his grandparents after being sexually harassed while at the Kennedy Home.

Inmate [REDACTED] states his mother is gay and describes her as a "stud." He reports she recently passed away from breast cancer. He reports his mother was hospitalized once after an unsuccessful suicide attempt.

Inmate [REDACTED] reports he has been with his spouse, Dionne Brown, since August 2011. He reports he and his spouse were married shortly after the court ruling on same sex marriages, on October 24, 2014. He notes since he began having surgeries to change his body, he and his spouse have "grown apart." He reports his spouse believes he is changing too fast. Inmate [REDACTED] reports the rapidness of his changes have boosted his self-esteem.

Inmate [REDACTED] reports he completed the 11th grade and then did not return to school to graduate. He denies being held back any grades. He reports he was in honor's classes and part of the school's Honor's Society. He reports a history of suspension for fighting. He denies any history of expulsion. He indicates continuing his education in 2004 through Mayland Community College in Spruce Pines, NC. He reports from 2005 through 2009, he took courses through University of North Carolina and earned an Associate's Degree in Sociology. He reports he began working on his Bachelor's of Social Work while incarcerated at Avery-Mitchell CI. He reports he completed his Bachelor's of Social Work after his release, through an online program with Michigan State University in 2013.

Inmate [REDACTED] reports from 2009 through 2013, he worked began as a direct care employee and moved to a Qualified Professional for Supreme Love Inc, group homes owned by a family member. He reports from 2013 through 2016, he worked as a Program Supervisor for Holly Hill Hospital. He reports he was an instructor for NCI and CPI. He reports he also worked part time for the Autism Society during this period. He reports from 2016 through September 2017, he worked "nightlife and dancing" at "exotic" strip clubs.

Inmate [REDACTED] denies any significant medical conditions at this time. Please refer to medical encounters regarding recent medical diagnoses. He denies any significant history of head injury. He reports a family history of hypertension and cancer.

Inmate [REDACTED] denies any mental health treatment history outside of what is required for a transgender individual to have treatments or surgeries. He denies any history of inpatient mental health treatment. He denies any history of taking psychotropic medications. He denies any history of engaging in self-injurious or suicidal behavior.

Inmate [REDACTED] reports a history of alcohol and marijuana use. He states his last use was approximately four years ago. He denies any history of substance abuse treatment.

Inmate [REDACTED] is currently serving a 7 year, 5 month to 9 year, 11 month sentence for charges of Habitual Felon, Obtaining Property by False Pretense, and Insurance Fraud. Per OPUS, he has 125 days of jail credit towards his sentence. Per OPUS, his projected release date is currently unaudited.

#### Interview/MSE

Inmate [REDACTED] was informed of the limits of confidentiality as they pertain to the state prison system. He is appropriately dressed in prison attire and demonstrates proper personal hygiene. Alert and oriented in all spheres. Inmate denies current or recent suicidal or homicidal ideation or intent. He denies any current or recent self-injurious behaviors or destructive ideations. Inmate [REDACTED] did not present with any paranoid or delusional ideation. His speech was normal in rate and volume. No flight of ideas, loose associations, or pressure was noted. Mood and affect are unremarkable.

#### Assessment

According to the DSM-V, inmate [REDACTED] meets the criteria for a diagnosis of Gender Dysphoria in Adolescents and Adults (302.85) based on the following markers...

Offender Name: [REDACTED] Off #: 0618705  
Date of Birth: [REDACTED] /1981 Sex: M Facility: CRAV  
Date: 10/13/2017 09:30 Provider: Garvey, Susan C M.A. Staff

Inmate [REDACTED] has expressed an interest in openly living as a female since the age of 29. He notes the incongruence between his expressed gender and primary and/or secondary sex characteristics are of significant distress to him, especially given he has one more surgery to complete his full transition to becoming a female. He reports he has undergone several treatments and surgeries already to have his male primary and secondary characteristics changed to meet his expressed gender.

**Diagnosis**

302.85 Gender Dysphoria in Adolescents and Adults

**Plan**

Per Health Services policy (TX 1-13), a multidisciplinary treatment team will be formed and will interview inmate [REDACTED] and review all available records. This will occur at his receiving facility. Once this psychologist is aware of the unit he will transfer, they will be informed of the need to bring together a treatment team. The treatment team will develop an individualized treatment plan. The mental health assessment and psychiatric assessment will be made available to the treatment team to the extent necessary for treatment decisions and recommendations.

**Diagnosis:**

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Initial

**Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Mental Health Progress Note F/U	11/10/2017 00:00	Garvey, Susan C Staff Psychologist

Co-Pay Required: No      Cosign Required: No  
Telephone/Verbal Order: No  
Standing Order: No

Completed by Garvey, Susan C M.A. Staff Psychologist on 11/01/2017 10:37  
Requested to be reviewed by Peiper, Lewis J Ph.D Asst. Dir. of Beh. Health.  
Review documentation will be displayed on the following page.



# North Carolina Department of Public Safety

Prisons

Roy Cooper, Governor  
Erik A. Hooks, Secretary

W. David Guice, Commissioner  
George T. Solomon, Director

## GENDER DYSPHORIA TREATMENT PLAN

Inmate: [REDACTED]  
OPUS #: 0618705  
DOB: [REDACTED]/1981 (age 36)  
Facility: Harnett Correctional Institute, 3805

Review Panel Date: 11/27/2017

### Review Panel Members:

Joseph Umesi, MD, primary care provider who completed physical examination  
Phillip Graham, Predoctoral Intern, inmate's assigned clinician under the supervision of:  
Marcia L. Brumbaugh, PhD, Psychological Program Manager  
Tammy Black, RN, Nursing Supervisor  
Melanie Shelton, Assistant Superintendent of Programs

The panel interviewed inmate [REDACTED] on the above date and reviewed relevant records, including the 10/18/2017 Psychiatric Evaluation by Dr. Hamra; the 10/12/2017 History and Physical records by Dr. Engleman; and the 10/13/2017 Mental Health Assessment by Ms. Garvey (all are attached).

**Diagnosis:** 302.85 (F64.1) Gender Dysphoria in Adolescents and Adults

**Accommodations Requested:** Inmate [REDACTED] requested the following accommodations during his panel interview:

- Privacy during showers, with a request to shower during count time if possible. He also requested that not as many staff be present during his showers. (He was informed that these requests are consistent with the facility SOP, which will be followed henceforth.)
- That he receive mail under his alias name Kanuatica Zayre. (He reports that he legally changed his name in 2011; community records scanned into HERO confirmed this alias.)
- He requested that records that contain his aforementioned alias be included with his recognized name ([REDACTED]) in the NCDPS system.
- Inmate requested documents to have his name legally changed, noted and included in the NCPDS system with a badge to reflect his name change. (He was informed of how to complete the process.)
- He inquired about why his UR request for hormones treatment was cancelled. (Inmate was informed that policy only allows for continuation of hormone treatment that was active immediately prior to incarceration, which records verify is not the case for this inmate, and so he does not meet criteria for pursuing UR approval during processing. He was further informed that the purpose of the current meeting is to seek approval for endocrinologist consultation.)

**MAILING ADDRESS:**  
Post Office Box 1569  
Lillington, N.C. 27546  
**COURIER:** 14-70-02  
www.ncdps.gov



**OFFICE LOCATION:**  
Harnett Correctional Institution, #3805  
1210 E. McNeill Street  
Lillington, N.C. 27546  
Telephone: (910) 893-2751  
Fax: (910) 893-6432

- Bras (Please note that he currently has 5 bras but reported that he has "gained weight" and requires bras to accommodate the changes in his body. He was informed that he would need to have his measurements updated and placed on the list for the next clothing shipment.)  
-Inmate requested the grooming and hygiene policy for women. (Inmate was informed that panel members are not aware of such gender specific policies but will check.)  
-Inmate inquired about how to move forward with completing his gender reassignment surgery. He inquired if it would be possible. (Dr. Umesi informed the inmate that he will need to follow up and let him know at a later date.)

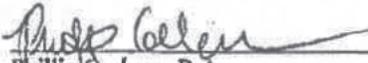
**Psychiatric Referral:** Not indicated, as inmate [REDACTED] was already seen in Psychiatry Clinic, most recently by Dr. Badri Hamra for a Psychiatric Evaluation. Neither psychiatric medication nor psychiatry appointments were indicated.

**Other Appropriate Referrals:** The panel recommends referring inmate [REDACTED] to Endocrinology for consideration of cross-sex hormone treatment. Inmate stated his goal is to have a "more feminine appearance," and he inquired if the "State" will follow up with his request to continue with gender reassignment surgery.

**Education Resources to Make Available:** None. Inmate reports being familiar with the process due to having done "extensive research."

**Management Recommendations:** The panel recommends housing inmate [REDACTED] in a single cell environment. This recommendation was made in consideration for the well-being of the inmate's safety due to his vulnerable status as a trans-female housed in a male facility.

Submitted by:

 7/128/2017  
Phillip Graham, B.A. Date  
Predoctoral Intern, Harnett Correctional Institute  
 11/28/17  
Marcia L. Brumbaugh, PhD Date  
Psychological Program Manager, Harnett Correctional Institute

cc: Central Office Transgender Review Committee, Facility Review Panel and Administrators  
Ms. Tammy Black, Nurse Manager, Harnett Correctional Institute  
Ms. Terri Catlett, Health Services Deputy Director  
Mr. Jamie Cobb, Assistant Superintendent of Custody, Harnett Correctional Institute  
Dr. Patricia Hahn, Assistant Director of Behavioral Health, Triangle Region  
Dr. Bryan Harrelson, Acting Chief of Psychiatry  
Dr. Gary Junker, Director of Behavioral Health  
Ms. Melanie Shelton, Assistant Superintendent of Programs, Harnett Correctional Institute  
Dr. Paula Smith, Director of Health Services  
Ms. Cynthia Thornton, Correctional Administrator I, Harnett Correctional Institute  
Dr. Joseph Umesi, Physician

# APPENDIX E

## North Carolina Department of Public Safety Clinical Encounter

Offender Name: [REDACTED]		Off #: 0618705
Date of Birth: [REDACTED] 1981	Sex: M Race: BLACK	Facility: HARN
Encounter Date: 01/07/2019 09:03	Provider: Umesl, Joseph J MD	Unit: GDM-

Provider Evaluation encounter performed at Clinic.

**SUBJECTIVE:**

**COMPLAINT 1**      Provider: Umesl, Joseph J MD

**Chief Complaint:** Other Problem

**Subjective:** Patient is a 37 year transgender female who started gender reassignment surgery prior to incarceration. Prior surgeries include bilateral orchiectomy, breast augmentation, facial feminization, Brazilian butt lift, forehead and chin fillers. Per Dr. Hope Sherrie, Cosmetic Concierge, the reassignment surgery was performed according to the guidelines of World Professional Association for Transgender Health Standards of Care. The next stage for patient prior to incarceration was full genital gender-affirming surgery. Patient is therefore requesting this surgery.

Patient is also working towards being transferred to a female camp. He is requesting female undergarment. According to patient, policy TX 1 through 13 subject evaluation and management for transgender offenders (section care of treatment for patients), requires accommodation including having female under garments if desired by patient.

Patient is requesting renewal of his medications. Patient's TARC (Transgender Accommodation Review Committee) meeting is scheduled for January 11, 2019.

**Pain Location:**

**Pain Scale:**

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
01/07/2019	08:59 HARN	98.4	36.9	Oral	Sansone, Kaneisia E RN

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
01/07/2019	08:59 HARN	75	Via Machine		Sansone, Kaneisia E RN

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
01/07/2019	08:59 HARN	18	Sansone, Kaneisia E RN

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
01/07/2019	08:59 HARN	110/77	Left Arm	Sitting	Adult-large	Sansone, Kaneisia E RN

**SpO2:**

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Alr</u>	<u>Provider</u>
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Offender Name: [REDACTED]  
Date of Birth: [REDACTED] 1981  
Encounter Date: 01/07/2019 09:03

Sex: M Race: BLACK  
Provider: Umesi, Joseph J MD

Off #: 0618705  
Facility: HARN  
Unit: GDM-

Date	Time	Value(%)	Air	Provider
01/07/2019	08:59	HARN	99 Room Air	Sansone, Kaneisia E RN

**Height:**

Date	Time	Inches	Cm	Provider
01/07/2019	08:59	HARN	70.0 177.8	Sansone, Kaneisia E RN

**Weight:**

Date	Time	Lbs	Kg	Waist Circum.	Provider
01/07/2019	08:59	HARN	255.0 115.7		Sansone, Kaneisia E RN

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Apparent Distress

**Head**

**General**

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

**Eyes**

**General**

Yes: PERRLA, Extraocular Movements Intact

**Periorbital/Orbital/Lids**

Yes: Normal Appearing

**Conjunctiva and Sclera**

Yes: Normal Appearing

**Neck**

**General**

Yes: Supple, Symmetric, Trachea Midline

**Thyroid**

No: Diffuse Enlargement, Multinodular, Nodule, Tenderness

**Musculoskeletal**

Yes: Full ROM

No: Tenderness, Muscle Spasms, Trauma

**Pulmonary**

**Auscultation**

Yes: Clear to Auscultation

**Cardiovascular**

**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

**Genitourinary**

Previously evaluated and with presence of signs of reported surgeries.

**Musculoskeletal**

**Wrist/Hand/Fingers**

Yes: Normal Exam, Full Range of Motion

**Ankle/Foot/Toes**

Yes: Normal Exam, Full Range of Motion

**Breast**

Offender Name: [REDACTED]  
Date of Birth: [REDACTED] 1981  
Encounter Date: 01/07/2019 09:03

Sex: M Race: BLACK  
Provider: Umesl, Joseph J MD

Off #: 0618705  
Facility: HARN  
Unit: GDM-

**Exam:**

Female appearing breast. Did not perform brace exam.

**Neurologic**

**Sensory And Motor Reflexes**

Yes: Normal Exam

**Cranial Nerves (CN)**

Yes: CN 2-12 Intact Grossly

**Motor System-General**

Yes: Normal Exam

**Mental Health**

Patient is alert, oriented, cooperative, appropriate. Patient has no signs of higher cognitive deficits and appears confident and decisive as to what she wants to do.

**ASSESSMENT:**

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Recurrence

**PLAN:**

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
A3554227	ESTRADIOL 2 MG TAB	01/07/2019 09:03	Take one (1) tablet by mouth daily *UR approved until 1-20-19 x 180 day(s)
<b>Indication:</b> Gender Dysphoria in Adolescents and Adults			
A3517881	CYANOCOBALAMIN 250 MCG TAB	01/07/2019 09:03	Take one (1) tablet by mouth daily x 365 day(s)
<b>Indication:</b> Other fatigue			
A3517863	VITAMIN D3 1000 U TAB	01/07/2019 09:03	Take one (1) tablet by mouth daily x 365 day(s)
<b>Indication:</b> Other fatigue			

**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-E-Estradiol	One Time	01/08/2019 00:00	Routine
Lab Tests-L-Luteinizing Hormone (LH)			
Lab Tests-T-Testosterone, Total			

**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Due Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
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Offender Name: [REDACTED]  
Date of Birth: [REDACTED] /1981  
Encounter Date: 01/07/2019 09:03

Sex: M Race: BLACK  
Provider: Umesi, Joseph J MD

Off #: 0618705  
Facility: HARN  
Unit: GDM-

UR Request Routine (review within 30 days) No

**Reason for Request:**

Full genital gender-affirming surgery. Patient started surgeries prior to incarceration. Prior surgeries include bilateral orchiectomy, breast augmentation, facial feminization, Brazilian butt lift, forehead and chin fillers. Per Dr. Hope Sherrie, Cosmetic Concierge, the reassignment surgery was performed according to the guidelines of World Professional Association for Transgender Health Standards of Care. The next stage for patient prior to incarceration was full genital gender-affirming surgery. Patient has TARC hearing 1/11/2019 and patient's endocrinology appointment has been scheduled. Patient has been followed by endocrinologist and mental health physician.

**Provisional Diagnosis:**

Transgender.

UR Request Rush (review within 7 days) No

**Reason for Request:**

Estradiol 2 mg daily x 6 months. Patient is transgender under care by endocrinologist who has approved continuing Estradiol which patient was on before incarceration.

**Provisional Diagnosis:**

Transgender.

UR Request Rush (review within 7 days) No

**Reason for Request:**

Five female undergarments every six months (size 8). Patient requesting this for accommodation following policy treatment 1 through 13, section care and treatment for patient, subject evaluation and management for transgender offenders.

**Provisional Diagnosis:**

Transgender.

**Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/07/2019	Counseling	Plan of Care	Umesi, Joseph	Verbalizes Understanding

Co-Pay Required: No      Cosign Required: No  
Telephone/Verbal Order: No  
Standing Order: No

Completed by Umesi, Joseph J MD on 01/07/2019 09:47



UNCH  
500 Eastowne Drive  
Chapel Hill NC 27514-2244

MRN: 000015493026, DOB: [REDACTED] 1981, Sex: F  
Visit date: 7/12/2021

*Kindy [Signature], MD*

07/12/2021 - Office Visit in UNCH UROLOGY HILLSBOROUGH

## Abstract Notes

### Progress Notes

#### Bradley David Figler, MD at 7/12/2021 1100

Author: Bradley David Figler, MD

Service: —

Author Type: Physician

Filed: 07/18/21 0652

Encounter Date: 7/12/2021

Status: Signed

Editor: Bradley David Figler, MD (Physician)

### ASSESSMENT:

Transgender adult, interested in vaginoplasty

### DISCUSSION:

We had an extensive discussion re: vaginoplasty.

We discussed indications for the procedures. She is aware that we follow the World Professional Association for Transgender Health (WPATH) standards of care (SOC), and has access to the latest standards of care. Criteria for genital surgery, according to WPATH SOC:

- Persistent, well documented gender dysphoria
- Capacity to make fully informed decisions and to consent to treatment
- Age of majority in a given country
- If significant medical or mental health concerns are present, they must be well controlled
- 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unwilling or unable to take hormones)
- 12 continuous months of living in a gender role that is congruent with their gender identity
- Two referrals, at least one from a qualified mental health professional

We discussed rationale for referrals. The purpose of these assessment letters is to assess emotional stability and confirm these three primary categories:

- Presence of persistent gender dysphoria
- If any mental health issues are present, they are reasonably well controlled
- Someone has lived in their identified gender for at least one year.

We discussed penile inversion vaginoplasty in detail, including our technique, pre-operative and post-operative management. We discussed peri-operative hormone management, and I requested that she consult with her hormone provider re: peri-operative dosing.

We discussed risks of the procedure. General risks of the procedure include heart attack, stroke, pneumonia, blood clots, pulmonary embolus, and others. Estrogen has been associated with venous thromboembolism through multiple mechanisms, though there is considerable variability in practice patterns related to perioperative estrogen and there are currently no guidelines. Risks specific to the procedure include bleeding, tissue necrosis, wound dehiscence, poor cosmesis, pelvic pain, poor graft take, granulation tissue, neovaginal/labial hair, urge incontinence, stress incontinence, urethral stricture, post-void dribbling, urinary tract infections, weak, splayed and non-directable urine stream, adhesions, inability to orgasm or change in orgasm, pain/scarring, prolapse, vaginal stenosis/shortening, injury to surrounding tissue (including bowel, rectum, bladder, urethra) and possible development of fistula.

Because of the risk of neovaginal hair, we discussed the need for hair removed pre-operatively and we provided a template.

We discussed risks related to high lithotomy position, including lower extremity paresthesias or pain (the vast majority of which would resolve in 24 hours), compartment syndrome (requiring emergency surgery to decompress), and



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MRN: 000015493026, DOB: [REDACTED]/1981, Sex: F  
Visit date: 7/12/2021

07/12/2021 Office Visit in UNCH UROLOGY HILLSBOROUGH (continued)

**Abstract Notes (continued)**

rhabdomyolysis. These complications are more likely with longer times in the lithotomy position, and this surgery will require a prolonged lithotomy time.

We discussed importance of bolster and limited activity for graft take, and the importance of post-operative dilation and pelvic floor physical therapy.

We also discussed alternative approaches to vaginoplasty, including robotic peritoneal flap and bowel interposition.

A copy of "What You Need Before Vaginoplasty" from the UNC Transgender Health Program was provided.

After extensive discussion of risks, benefits and alternatives, decision was made to move forward with vaginoplasty.

**PLAN:**

- Proceed with **vulvoplasty** per WPATH criteria pending
  - Weight loss. Goal 215 (BMI 30), max 250 (BMI 35)
- Will order case request & notify surgery scheduler when approved by THP

**HISTORY OF PRESENT ILLNESS:**

A 39 y.o.-year-old transgender adult seen today in consultation at the request of Umesi, Joseph for bottom surgery.

Assigned male at birth

Pronouns: she/her

Living full time in current gender role since: 2012

On gender affirming hormones since: 2012

Hair removal: Face/chest only

Are you sexually active? No

Preferred gender of sexual partner(s)? Male

Do you use your penis for penetrative sex? No

Are you seeking a vaginal canal (vaginoplasty) or limited depth vulvoplasty? Vulvoplasty

Goals of surgery, ranked:

1. Dysphoria

PMH: [REDACTED]

PSH: Orchiectomy (hope sherry), brazilian butt lift, top surgery

Meds: Currently on transdermal estrogen 0.1mg biweekly for hormone therapy

Family Hx: No familial hx of bleeding or clotting disorders. No personal or family hx of DVT, PE.

Any tobacco use previous or current: No

IDU previous or current: No

Genital injury, surgery, UTIs, dysuria, hematuria, stricture, scrotal pain, elevated PSA, history of prostate biopsy, prostatitis, pelvic radiation: No

Circumcised: no

Children/interest in future fertility: No



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MRN: 000015493026, DOB: [REDACTED]/1981, Sex: F  
Visit date: 7/12/2021

07/12/2021 - Office Visit in UNCH UROLOGY HILLSBOROUGH (continued)

**Abstract Notes (continued)**

**PMHX:** [REDACTED]

No hx of clotting disorders in family

Height: 5'10 3/4"

Weight: (approx) 275lbs

I review history elements and review of systems on new patient intake form.

**PAST MEDICAL HISTORY:**

**Past Medical History:**

Diagnosis	Date
• Goiter	
• Male-to-female transgender person	
• Testosterone deficiency	
• Thyroid nodule <i>Left lobe complex nod</i>	07/27/2018

**PAST SURGICAL HISTORY:**

**Past Surgical History:**

Procedure	Laterality	Date
• BUNIONECTOMY		2018
• ORCHIECTOMY	Bilateral	
• TRANSUMBILICAL AUGMENTATION MAMMAPLASTY		10/2012

**MEDICATIONS:**

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• [REDACTED]	Take 1 tablet by mouth daily.		
• estradiol (VIVELLE) 0.1 mg/24 hr	Place 1 patch on the skin Two (2) times a week.		
• sertraline (ZOLOFT) 100 MG tablet	Take 150 mg by mouth daily.		
• biotin 5 mg tablet	Take one tablet daily as directed by Dr. Pou	90 tablet	1
	Medically necessary for transition		
• cholecalciferol, vitamin D3, (VITAMIN D3) 1,000 unit capsule	Take 1,000 Units by mouth daily.		
• cyanocobalamin (VITAMIN B-12) 100 MCG tablet	Take 250 mcg by mouth daily.		
• MINERAL OIL-	Apply 120 g topically		



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MRN: 000015493026, DOB: [REDACTED]/1981, Sex: F  
Visit date: 7/12/2021

07/12/2021 - Office Visit in UNCH UROLOGY HILLSBOROUGH (continued)

#### Abstract Notes (continued)

PETROLAT,WHT-WATER TOP every thirty (30)  
days.

No current facility-administered medications for this visit.

#### ALLERGIES:

No Known Allergies

#### FAMILY HISTORY:

##### Family History

Problem	Relation	Age of Onset
• Cancer	Mother	

#### SOCIAL HISTORY:

##### Social History

##### Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

##### Occupational History

- Not on file

##### Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

##### Substance and Sexual Activity

- Alcohol use: No
- Drug use: Not on file
- Sexual activity: Not on file

##### Other Topics

- Concern

##### Social History Narrative

- Not on file

#### Social Determinants of Health

##### Financial Resource Strain

- Difficulty of Paying Living Expenses:

##### Food Insecurity

- Worried About Running Out of Food in the Last Year:
- Ran Out of Food in the Last Year:

##### Transportation Needs

- Lack of Transportation (Medical):
- Lack of Transportation (Non-Medical):

##### Physical Activity



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Visit date: 7/12/2021

07/12/2021 - Office Visit in UNCH UROLOGY HILLSBOROUGH (continued)

#### Abstract Notes (continued)

- Days of Exercise per Week:
- Minutes of Exercise per Session:

#### Stress:

- Feeling of Stress :

#### Social Connections:

- Frequency of Communication with Friends and Family:
- Frequency of Social Gatherings with Friends and Family:
- Attends Religious Services:
- Active Member of Clubs or Organizations:
- Attends Club or Organization Meetings:
- Marital Status:

#### REVIEW OF SYSTEMS:

10-system review of systems negative other than what is mentioned above.

The patient was asked to review all abnormal responses not pertinent to today's visit with their primary care physician.

#### PHYSICAL EXAM:

GENERAL: Pleasant adult in no acute distress.

VITAL SIGNS: Blood pressure 125/85, pulse 62, temperature 36.4 °C (97.6 °F), temperature source Temporal, resp. rate 18, height 180.3 cm (5' 11"), weight(1) 130.6 kg (288 lb), SpO2 100 %.

Estimated body mass index is 40.17 kg/m<sup>2</sup> as calculated from the following:

Height as of this encounter: 180.3 cm (5' 11").

Weight as of this encounter: 130.6 kg (288 lb).

HEENT: Normocephalic, atraumatic, extraocular muscles intact

NECK: Supple, no lymphadenopathy

CARDIOVASCULAR: No peripheral edema

PULMONARY: Normal work of breathing, no use of accessory muscles

ABDOMEN: Soft, non-tender, non-distended. No organomegaly or hernias.

BACK: No costovertebral angle tenderness, no spiny bone tenderness.

EXTREMITIES: No clubbing, cyanosis or edema.

NEUROLOGIC: Cranial nerves II-XII grossly intact

PSYCHOLOGIC: Normal affect, normal mood

SKIN: Warm and dry. No lesions.

GU: nI non-circ phallus

Penis size: Adequate

Scrotal size: Adequate

#### LAB RESULTS:

Results for orders placed or performed in visit on 03/06/20

#### TSH

Result	Value	Ref Range
TSH	0.907	0.600 - 3.300 uIU/mL

#### Estradiol (Estrogen) Level

Result	Value	Ref Range
Estradiol	277.4	pg/mL

#### Luteinizing hormone

Result	Value	Ref Range
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MRN: 000015493026, DOB: [REDACTED] 1981, Sex: F  
Visit date: 7/12/2021

07/12/2021 - Office Visit in UNCH UROLOGY HILLSBOROUGH (continued)

Abstract Notes (continued)

LH	6.8	mIU/mL
<b>Vitamin B12 Level</b>		
Result	Value	Ref Range
Vitamin B-12	653	193 - 900 pg/ml
<b>Vitamin D 25 Hydroxy (25OH D2 + D3)</b>		
Result	Value	Ref Range
Vitamin D Total (25OH)	26.5	20.0 - 80.0 ng/mL

Ordered at this visit: No orders of the defined types were placed in this encounter.

No results found for: PSASCRN, PSADIAG

Lab Results

Component	Value	Date
WBC	6.8	10/17/2012
HGB	14.7	10/17/2012
HCT	44.8	10/17/2012
PLT	308	10/17/2012

Lab Results

Component	Value	Date
NA	138	12/02/2019
K	4.1	12/02/2019
CL	102	12/02/2019
CO2	27.0	12/02/2019
BUN	20	12/02/2019
CREATININE	1.12	12/02/2019
GLU	89	12/02/2019
CALCIUM	9.4	12/02/2019

Lab Results

Component	Value	Date
BILITOT	0.6	12/02/2019
BILIDIR	0.20	12/02/2019
PROT	7.6	12/02/2019
ALBUMIN	4.3	12/02/2019
ALT	17	12/02/2019
AST	28	12/02/2019
ALKPPOS	66	12/02/2019

No results found for: LABPROT, INR, APTT



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MRN: 000015493026, DOB: [REDACTED]/1981, Sex: F  
Visit date: 7/12/2021

07/12/2021 - Office Visit in UNCH UROLOGY HILLSBOROUGH (continued)

**Abstract Notes (continued)**

Electronically signed by Bradley David Figier, MD at 07/18/21 0852

**End of Document**

# North Carolina Department of Public Safety Transgender Accommodation Summary

Offender Name:	[REDACTED]	Off #:	0618705
Date of Birth:	[REDACTED]/1981	Sex:	F
Date:	10/20/2021 09:00	Facility:	ANSO
		Provider:	Dula, Jennifer L MSW Clinical

### Review of Mental Health History

Ms. Brown is a transgender female receiving mental health services while currently housed at Anson Correctional Institution for Women. She has actively engaged with mental health services since October 2017.

Prior to incarceration, Ms. Brown endorses engaging in mental health services as part of the requirements for trans-affirming medical care such as cross-hormonal therapy and various gender-affirming surgical interventions. Specifically, Ms. Brown reports engaging in eight months of psychotherapy in 2012 prior to initiating gender-affirming medical procedures and care. She denies engaging in any other mental health services outside of addressing her gender dysphoria.

Since incarceration, Ms. Brown has engaged in mental health services to access transgender accommodations and to address and manage her feelings of gender dysphoria and the subsequent anxiety and depression associated with it. Review of the records shows mostly routine psychotherapy and treatment in support of her transitional care. There has been some crisis intervention required including four SIRA's and one in-patient placement since 2017. The acute events have been connected to Ms. Brown's distress over her gender identity and the process of addressing her transitional needs within a multi-level medical system.

### Accommodation Requests

Ms. Brown expresses a persistent desire for trans-feminine bottom surgery. After consulting with outside medical providers at UNC Trans Health, Ms. Brown determined vulvoplasty was the next step in her transitional care. Her goals of surgery are to alleviate her gender dysphoria. She wants to feel comfortable in her own body and feel that it matches who she is on the inside. She feels others will see her as the woman she knows herself to be which will reduce her anxiety and depressive symptoms.

### Review of Transgender History

Ms. Brown identifies as a transgender female and uses female pronouns (she, her hers). Ms. Brown endorses feelings of gender incongruence since the age of around the age 7 or 8 years old. She began the process to socially transition in 2011. She has changed pronouns, legally changed her name, engages in tucking and is currently housed in a female facility. She has been successfully living in a gender role congruent with her affirmed gender since at least 2014. She has been consistently on hormone therapy since 2012. Ms. Brown has also undergone several other gender affirming surgeries as part of her transition such as an orchiectomy, breast augmentation and facial feminization.

Despite these interventions, Ms. Brown continues to report clinically significant anxiety, depression and distress associated with her gender dysphoria that has been documented consistently throughout her mental health treatment. My clinical evaluation and the existing mental health documentation for Ms. Brown meets the criteria for a diagnosis of Gender Dysphoria.

Based on the review of her records and the current assessment, it appears the next appropriate step for Ms. Brown is to undergo trans-feminine bottom surgery. The surgery will help her make significant progress in further treatment of her gender dysphoria. Ms. Brown is psychologically stable to undergo this surgery and will be able to access post op care at an appropriate DPS facility. She has no issues with illicit drug use or abuse. Review of the all medical consultations with UNC Trans Health show that the risks, benefits and alternatives of this surgery have been reviewed with Ms. Brown, and she showed an excellent understanding during those consultations and this evaluation. She has demonstrated the ability to make an informed decision about undertaking surgery. In summary, Ms. Brown has met the WPATH criteria and is an appropriate candidate for surgery.

### Adjustment to Incarceration

Ms. Brown has struggled at times with being incarcerated as a transgender female. Her adjustment has improved since being transferred to a female facility. For the most part, the other inmates and staff have been inclusive and supportive. However, now that the issue of housing has been addressed and is affirming, it seems to have made her more aware and dysphoric about the one part of her body that does not affirm her gender identity. Ms. Brown demonstrates a desire to use her coping strategies but is expressing increased frustration with the process.

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Offender Name: ██████████ Off #: 0618705  
Date of Birth: ██████/1981 Sex: F Facility: ANSO  
Date: 10/20/2021 09:00 Provider: Dula, Jennifer L MSW Clinical

---

**Co-Pay Required:** No      **Cosign Required:** No

**Telephone/Verbal Order:** No

**Standing Order:** No

Completed by Dula, Jennifer L MSW Clinical Social Worker on 10/26/2021 11:55

# North Carolina Department of Public Safety Clinical Encounter

Offender Name: ██████████		Off #: 0618705
Date of Birth: ██████/1981	Sex: F Race: BLACK/AFRI	Facility: ANSO
Encounter Date: 10/21/2021 08:24	Provider: Caraccio, Donald MD	Unit: LPODE

Endocrinology encounter performed at Telehealth.

**SUBJECTIVE:**

COMPLAINT 1      Provider: Caraccio, Donald MD

Chief Complaint: Other Problem

Subjective: This is 40yo transgender woman seen for continued hormonal treatment. She is s/p orchiectomy and has been on estrogen since 2012. She is seeking vulvoplasty as part of her treatment of Gender dysphoria (DSM V diagnosis).

Tolerating estradiol 20mg Q 14 days. She is now at 245lbs (from ~275lbs). She saw Dr. Figler and was cleared from him for surgery (vulvoplasty) is she could get weight to under 250lbs. She was then denied by prison. She is working with ACLU on this.

Hair growth is less. Having less frequent erections, which has had a very big impact on her mental health status. No leg swelling. No chest pain/SOB. Her mood is excellent.

Her first estradiol measurement was 309 on day 13 after injection. Her next level was 1082 on day 8.

**Pain Location:**

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

**OBJECTIVE:**

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
10/16/2021	14:23 ANSO	98.3	36.8	Oral	Crump, Alison F LPN

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
10/16/2021	14:23 ANSO	76	Via Machine		Crump, Alison F LPN

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
10/16/2021	14:23 ANSO	18	Crump, Alison F LPN

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
10/16/2021	14:23 ANSO	114/77	Left Arm	Sitting	Adult-large	Crump, Alison F LPN

**SpO2:**

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
10/16/2021	14:23 ANSO	100	Room Air	Crump, Alison F LPN

**Height:**

14

Offender Name: [REDACTED]  
Date of Birth: [REDACTED]/1981  
Encounter Date: 10/21/2021 08:24

Sex: F Race: BLACK/AFRI  
Provider: Caraccio, Donald MD  
Off #: 0618705  
Facility: ANSO  
Unit: LPODE

Date	Time	Inches	Cm	Provider
10/16/2021	14:23 ANSO	71.0	180.3	Crump, Alison F LPN

**Weight:**

Date	Time	Lbs	Kg	Waist Circum.	Provider
10/16/2021	14:23 ANSO	240.8	109.2		Crump, Alison F LPN

**Exam:**

**General**

**Appearance**

Yes: Appears Well  
No: Apparent Distress

**Nutrition**

Yes: Normal, Excellent food intake

**Pulmonary**

**Observation/Inspection**

Yes: Normal

**Cardiovascular**

**Observation**

No: Painful Distress

**Abdomen**

**Inspection**

Yes: Normal  
Significant reduction in central obesity

**Mental Health**

**Mood**

Yes: Normal

**Thought Process**

Yes: Normal

**ASSESSMENT:**

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Marked Improvement - *Patient responding well to IM estradiol. Her levels are above goal (mid cycle 200-350pg/ml).*

*Plan: reduce to 10mg estradiol IM every 14 days.*

*Check estradiol level on day 7 after injection in December. Also check fasting lipid panel and hepatic function panel.*

*We discussed perioperative hormone reduction. There is no established guidelines in this area. Given her age and obesity, she has some risks for VTE. Given that she is on a hormone replacement with longer duration of action, I would recommend holding any estradiol injections two weeks prior to surgery and restarting and standard dose one week after surgery.*

*Did review recent literature on this "Effect of cross-sex hormone therapy on VTE risk in M-F gender affirming surgery" Annals of Plastic Surgery 1/2021.*

*Regarding for desire for vulvoplasty, this is medically necessary part of treatment for this patient. She has been treated with hormones since 2012 and orchiectomy in 2017, with persistent symptoms of gender dysphoria. Will communicate my plans with Dr. Figler.*

Offender Name: [REDACTED]  
Date of Birth: [REDACTED]/1981  
Encounter Date: 10/21/2021 08:24

Sex: F Race: BLACK/AFRI  
Provider: Caraccio, Donald MD  
Off #: 0618705  
Facility: ANSO  
Unit: LPODE

**PLAN:**

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Provider Clinic	10/21/2021 00:00	Physician
follow up 2 months (around 12/21) with caraccio telehealth endo for transgender		

**Disposition:**

General Population

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/21/2021	Counseling	Access to Care	Caraccio, Donald	Verbalizes Understanding

**Co-Pay Required:** No      **Cosign Required:** No

**Telephone/Verbal Order:** No

**Standing Order:** No

Completed by Caraccio, Donald MD on 10/21/2021 09:35

Requested to be reviewed by Norris, Jennifer L. NP.

Review documentation will be displayed on the following page.

**North Carolina Department of Public Safety  
Cosign/Review**

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Offender Name:	████████████████████	Sex:	F	Off #:	0618705
Date of Birth:	██████/1981	Provider:	Caraccio, Donald MD	Race:	BLACK/AFRIC
Encounter Date:	10/21/2021 08:24			Facility:	ANSO

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**Reviewed with New Encounter Note by Norris, Jennifer L. NP on 10/21/2021 13:08.**

# APPENDIX F



**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY**  
**Division Transgender Accommodation Review Committee (TARC) Report**

Offender Name: [REDACTED] OPUS Number: 0618705  
Facility TARC Date: 7/11/2019 Division TARC Date: August 21, 2019  
Names and Titles of TARC Members Present: Anita Wilson, Medical Director; Charlotte Williams, PREA Director;  
Gary Junker, Director of Behavioral Health; Anita Myers, Director of Nursing; Sarah Cobb, Deputy Director  
Rosemary Jackson, UR physician; Terri Gallett, Director of Administration

Transgender Accommodation Requests Under Review: \_\_\_\_\_  
Request vaginoplasty

Approved Accommodations: \_\_\_\_\_

Accommodations Not Approved and Rationale: \_\_\_\_\_

Request for vaginoplasty - Deferred as offender has successfully completed gender reassignment surgically. Vaginoplasty is an elective procedure which is not medically necessary for reassignment. Current staffing and resources does not allow for the proper post operative care of this procedure

Other: \_\_\_\_\_

Scan into HERO as "TARC/Division Report."  
Attach to HERO Scanned Document Type "Division Transgender Accommodation Committee Report."

DC - 411D (07/18) This form is not to be amended, revised, or altered without approval of the Medical Records Committee.



**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY**  
**Division Transgender Accommodation Review Committee (TARC) Report**

Offender Name: [REDACTED] (Kanautica Zayre-Brown) OPUS Number: 0618705

Facility TARC Date: \_\_\_\_\_ Division TARC Date: 2/25/2021

Names and Titles of TARC Members Present: Lewis Peiper (Dir. of BH), Arthur Campbell (Chief Med. Ofc.),  
Brian Sheitman (Chief Psychiatrist), Valerie Langley (Dir. of Nursing), Terri Catlett (Dir. Health Serv. Admin), Charlotte Williams (PREA Director),  
Josh Panter (Dir. Operations), Sarah Cobb (Dir. Rehab. Services), Cynthia Bostic (Asst. Dir. Rehab. Services)

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Transgender Accommodation Request(s) Under Review: In-person consultation with UNC surgical specialist

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Approved Accommodation(s): Attempts to schedule in-person consultation with UNC Urology had been unsuccessful. Ms. Catlett provided a follow-up in an effort to get appointment scheduled. The appointment would be informational for both the offender and prison system. The information would then be reviewed by DTARC for further consideration.

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Accommodation(s) Not Approved and Rationale: \_\_\_\_\_

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Accommodation(s) Referred for Final Determination: \_\_\_\_\_

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Other: Ms. Catlett was informed prior to the offender being seen by a Specialist for an in-person appointment, offender will need to meet with the UNC Transgender Health Program Management Team. Ms. Catlett has requested additional details of what the meeting with the UNC Transgender Program Management Team would entail.

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**Final Determination of Referred Accommodation(s)**

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Scan Type: "TARC/Division Report."

Attach: "Division Transgender Accommodation Committee Report."

This form is not to be amended, revised, or altered without approval of the Behavioral Health Documentation Committee.  
DC – 411D (05/20)

COMMENTS: HAIR LOSS IS TO BE TREATED, SHOULD ENDOCRINOLOGY BE  
 CONSULTED? LJ  
 MALE PATTERN BALDNESS IS CONSIDERED PRIMARILY COSMETIC.

UR REQUEST DATE: 08/18/21 TIME: 09:01 LOCATION: 4575 -ANSON CI  
 UR REQUEST TYPE: C-RUSH 02-PROCEDURE  
 UR REQUEST BY : MD/DDS/DO: NJL18-NORRIS, JENNIFER LEIGH  
 NURSE : HDL68-HILDRETH, DELOISE LISA  
 DIAGNOSIS/COMPLAINT: F64.9 -GENDER IDENTITY DISORDER UNS  
 CPT/HCPCS/VE REQ. : 57291 -CONSTRUCTION OF VAGINA  
 PROVIDER REQUESTED : UNC16-UNC PHYS/NON-CONTRAC AT G1680 UNC HOSPITALS  
 DRUG REQUESTED : EMER/CO-PAY EXEMPT?

ACTION : 08/18/21 09:48 BY DAF03-CAMERON, ALICE L. ACTION: CARE/PENDE  
 REASON(S) EVL - FURTHER EVALUATION  
 PENDE TO: AEX06- AMOS, ELTON  
 AUTHORIZATION NO. EXPIRATION DATE :  
 LENGTH OF STAY : DAYS TOTAL APPROVED: DAYS  
 BEGIN DATE/TIME : AT  
 STOP PAYMENT DATE: ACTUAL DISCHARGE DATE :

ACTION : 09/08/21 14:54 BY AEX06-AMOS, ELTON ACTION: CARE/DEFERRED  
 REASON(S) GNM - GUIDELINES NOT MET  
 PENDE TO: UNIT - UNIT UR NURSE  
 AUTHORIZATION NO. EXPIRATION DATE :  
 LENGTH OF STAY : DAYS TOTAL APPROVED: DAYS  
 BEGIN DATE/TIME : AT  
 STOP PAYMENT DATE: ACTUAL DISCHARGE DATE :

COMMENTS: RECORDS FROM UNC UROLOGY REVIEWED. RECOMMENDATIONS FOR  
 VULVOPLASTY. PATIENT WITH 40 POUND WEIGHT LOSS IN 3 MONTHS  
 AND A BMI OF 36.4. REQUEST UR APPROVAL FOR SURGERY.  
 9.8.21 ELECTIVE PROCEDURES NOT APPROVED. EA

UR REQUEST DATE: 10/22/21 TIME: 08:00 LOCATION: 4575 -ANSON CI  
 UR REQUEST TYPE: D-ROUTINE 01-CONSULT  
 UR REQUEST BY : MD/DDS/DO: NJL18-NORRIS, JENNIFER LEIGH  
 NURSE : HDL68-HILDRETH, DELOISE LISA  
 DIAGNOSIS/COMPLAINT: F64.9 -GENDER IDENTITY DISORDER UNS  
 CPT/HCPCS/VE REQ. : UNLIS -UNLISTED CONSULT  
 PROVIDER REQUESTED : TEND2-TH ENDO-CARACCIO AT 4575 ANSON CI  
 DRUG REQUESTED : EMER/CO-PAY EXEMPT?

**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY**  
**Division Transgender Accommodation Review Committee (TARC) Report**

Offender Name: [REDACTED] (Kanautica Zayre-Brown) OPUS Number: 0618705  
Facility TARC Date: review by DTARC Division TARC Date: 2/17/2022  
Names and Titles of TARC Members Present: Dr. Lewis Peiper, Behavioral Health Director; Dr. Arthur Campbell, Chief Medical Officer;  
Dr. Brian Sheitman, Chief of Psychiatry; Terri Catlett, Dir. Health Services Admin; Charlotte Williams, PREA Director; Sarah Cobb, Dir. Rehabilitative Svcs;  
Josh Pantar, Director of Operations

Transgender Accommodation Request(s) Under Review: Gender Affirmation Surgery/ Vulvoplasty

Approved Accommodation(s): \_\_\_\_\_

Accommodation(s) Not Approved and Rationale: \_\_\_\_\_

Accommodation(s) Referred for Final Determination: DTARC does not recommend Gender Affirmation surgery. This surgery is not medically necessary.

Other: \_\_\_\_\_

**Final Determination of Referred Accommodation(s)**

The Deputy Commissioner and Director of Health and Wellness reviewed documents related to this accommodation request. After review and discussion we concur with the DTARC recommendation. The requested accommodation is not supported.

Scan Type: "TARC/Division Report."  
Attach: "Division Transgender Accommodation Committee Report."

This form is not to be amended, revised, or altered without approval of the Behavioral Health Documentation Committee.  
DC - 411D (05/20)

## North Carolina Department of Public Safety Division Transgender Accommodation Committee Report

Offender Name: [REDACTED]		Off #:	0618705
Date of Birth: [REDACTED] 1981	Sex:	F	Facility: ANSO
Date: 04/26/2022 12:00	Provider:	Peiper, Lewis J Ph.D Dir. of	

**Comment**

The following note is a summary of related input and considerations from the 2/17/2022 Division Transgender Accommodation Review Committee and concludes with a medical analysis from the Division of Prisons Medical Authority related to [REDACTED] (Kanautica Zayre-Brown, 0618705), referred to as Offender Brown and/or patient below with she/her pronouns used where applicable.

Offender Brown was admitted to prison 10/10/2017 with a current projected release date of 11/2/2024. She is currently housed at Anson CI where she was transferred from Warren CI on 8/15/2019. Offender Brown is currently assigned to Medium Custody after being promoted from Close Custody on 1/4/2022.

In response to Offender Brown's request for vaginoplasty or vulvoplasty surgery, the DTARC recommended receiving a consult from a surgical specialist experienced in performing vaginoplasty surgeries to obtain information to further evaluate treatment options and proposed course going forward. Offender Brown participated in a telehealth appointment with Kristia Vasilof from the UNC Transhealth Program as part of the initial review for consult and Katherine Croft (UNC Transhealth Program Manager) completed a telehealth consult with Offender Brown as part of the planned surgical consult with the UNC Transhealth program. An in-person consultation with Dr. Figler from the UNC Transhealth Program on 7/12/2021 indicated the patient's desire for vulvoplasty (versus vaginoplasty) and the need for weight loss from the recorded weight of 288 at the time down to a maximum of 250 with an identified weight goal of 210.

**DTARC Review 2/17/2022:**

Offender Brown has maintained the minimum weight goal identified by the UNC Transhealth program. Weight has been below 240 since 11/15/2021 and at the time of the DTARC was most recently (2/11) at 236. Patient is now eligible for review related to DTARC recommendation on requested vulvoplasty surgery.

Review of patient's related mental health and behavioral health record, and the baseline criteria identified by UNC Transhealth Program could make her a candidate for surgery. The patient has a well-documented, persistent transgender identity with a desire for "bottom surgery." The patient has been educated on the surgical interventions by the UNC Transhealth Program and identified a preference for a vulvoplasty if performed. The patient had completed other gender-affirming surgeries (orchiectomy, breast implants) prior to incarceration and has been on hormone replacement therapy since 2012. Mental health and behavioral health case reviews indicated no current evidence of any significant comorbid mental health issues. Patient continues to demonstrate emotional and psychological stability with evidence of adequate coping skills. The patient's mood and anxiety symptoms appear well-controlled by psychiatric interventions, however, recent progress notes from supportive counseling and therapy sessions indicate the patient has been heavily focused on the status of the final decision regarding her requested/desired surgery and experiencing related anxiety/frustrated mood.

Offender Brown has been housed in a female prison since 8/2019 and her adjustment to being housed in a female prison has been generally acceptable apart from a period of time in the fall / winter of 2020 related to reports of this offender having engaged in assaultive and extortive behavior against female offenders. Although she has largely adapted well to her current facility assignment, continued vigilance is necessary in order to ensure the offender's continued stability and to protect other offenders.

**MEDICAL ANALYSIS:**

This offender has received and continues to receive extensive treatment while incarcerated. As with all treatments in medicine, ongoing re-evaluations are conducted and regimens adjusted based on the clinical course, with further interventions based on findings from those reevaluations.

Medical analysis for this case included a comprehensive review of the offender's medical and behavioral health history, as well as a comprehensive literature review. When treatments are considered for any patient, the most important imperative for physicians is to base recommendations on evidence-based medicine and consideration of that information in the context of the individual patient. Although the offender has clearly communicated a desire for further

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Offender Name: [REDACTED] Off #: 0618705  
Date of Birth: [REDACTED] 1981 Sex: F Facility: ANSO  
Date: 04/26/2022 12:00 Provider: Peiper, Lewis J Ph.D Dir. of

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gender-affirming surgery, there is insufficient medical evidence to indicate such a complex and irreversible surgical intervention is medically necessary for her at this time.

Based on this review, it is the determination of the medical authority that gender reassignment surgery (GRS) as requested by this offender is not medically necessary.

**Co-Pay Required:** No      **Cosign Required:** No

**Telephone/Verbal Order:** No

**Standing Order:** No

Completed by Peiper, Lewis J Ph.D Dir. of Beh. Health on 04/26/2022 12:12

Requested to be reviewed by Dula, Jennifer L MSW Clinical Social Worker.

Review documentation will be displayed on the following page.

# EXHIBIT 2

Declaration of Kanautica Zayre-Brown

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
CHARLOTTE DIVISION**

KANAUTICA ZAYRE-BROWN,

*Plaintiff,*

v.

Case No. 3:22-cv-00191

THE NORTH CAROLINA  
DEPARTMENT OF PUBLIC SAFETY,  
*et al.,*

*Defendants.*

**DECLARATION OF KANAUTICA ZAYRE-BROWN  
IN SUPPORT OF PLAINTIFF'S MOTION FOR PRELIMINARY  
INJUNCTION**

I, Kanautica Zayre-Brown, am the Plaintiff in the above-captioned case. I have personal knowledge of this information set forth herein, and if called upon to testify, I would testify to the truth of the following:

1. I am a 40-year-old woman, currently in the custody of the North Carolina Department of Safety ("DPS") at Anson Correctional Institution ("Anson CI"). I was born in Wilson County, North Carolina in 1981.

2. I am a transgender woman. Although I was assigned male at birth, on some level I have known that I am female since childhood. Even as a child, I felt conflict between who I knew myself to be and my body. I hated my genitalia and wanted to dress, feel, and be treated like a girl, even though most of my family members discouraged me from doing so.

3. During my teenage years, I was targeted for sexual harassment and violence because I was so feminine. I ran away from home multiple times to avoid that abuse. I spent much of this time in and out of group homes and youth camps but faced sexual harassment in those environments too.

4. In an attempt to escape this abuse and mistreatment for good, I left high school when I was about 15 years old and went out to live on my own. At that time, I was able to wear female clothes and wigs on a more regular basis and began going by Kanautica instead of the male name assigned to me at birth. I finally started to feel like I was becoming who I was supposed to be all along.

5. In 2000, I was able to obtain my General Education Degree through a high school equivalency program at Mayland Community College.

6. For the majority of the time beginning in June 2001 until January 2010, I was under DPS supervision in one form or another. Throughout this period of DPS supervision, I was presenting more like the woman I knew myself to be. I was permitted to wear female clothes and I went out on work release nearly every day.

7. From 2001 until 2005, I was in DPS youthful offender programs. During this time, I completed an undergraduate program in psychology and received a bachelor's degree in psychology with a concentration in religious studies in 2004 through an online and correspondence program from Louisiana Baptist University.

8. I was in DPS custody at various adult correctional institutions from 2005 until 2007, and spent from 2007 until 2010 in Evergreen Rehabilitation Center in Saint Paul, North Carolina. DPS housed me with men during those periods of

incarceration. In 2008, I obtained a Master's Degree in Social Work through an online education program from Liberty University.

9. In early 2010, I was released from DPS supervision. Though I had been presenting in a feminine way for several years, after my release I started publicly identifying myself to others as a woman for the first time. I began living as the woman I know myself to be all the time by wearing female clothing items, makeup, and hairstyles, and using padding and undergarments to give my body a more typically feminine shape. I began using the name Kanautica all the time as well, and asking those around me to address me with she/her pronouns. Around the same time, I began to see a psychologist, Dr. Katrina Kuzyszyn-Jones at the University of North Carolina at Chapel ("UNC") School of Psychiatry. Dr. Kuzyszyn-Jones formally diagnosed my gender dysphoria in 2010. Through meeting with Dr. Kuzyszyn-Jones and learning about what it meant to be transgender from a medical perspective, I finally felt like I finally had the words to describe what I had been experiencing my entire life.

10. Though I had been living as a woman as best I could through wearing female clothing, makeup, and wigs, and using padding to make my body appear more feminine, eventually these superficial changes alone were insufficient to ease my gender dysphoria and I began to research options for medical transition. After learning about hormone therapy and discussing it with Dr. Kuzyszyn-Jones, I began hormone therapy in May of 2012, under the care of endocrinologists at UNC Health Care.

11. In November of 2012, I legally changed my name to Kanautica Promises Zayre in Wake County, North Carolina. I began going by Kanautica Zayre-Brown in 2014, after marrying my long-time partner, Dionne Brown.

12. Hormone therapy alleviated my gender dysphoria somewhat but it could only do so much. It was ultimately not enough to completely align my body with my gender and alleviate my gender dysphoria. I still had a stereotypically male body. Being confronted with this every day caused me a lot of pain and I did not truly feel like myself. It started feeling more urgent for me to physically align my body with my gender, through what I now know to be called gender-affirming surgeries. My gender dysphoria was so bad that my need for surgical transition felt like a matter of life or death.

13. In 2012, with the support of Dr. Kuzyszyn-Jones, I began having gender-affirming surgeries to align my body with my gender and treat my gender dysphoria. From 2012 through 2017, I had facial gender-affirming procedures and gender-affirming body contouring, including mammoplasty, to give my body a more stereotypically feminine shape.

14. Those procedures helped my gender dysphoria and I felt like I was blossoming into the woman that I was always meant to be and knew myself to be. However, I knew that I would not feel complete, and my gender dysphoria would not be completely alleviated, unless I had full gender-affirming genital surgery. My genitals have been my biggest source of gender dysphoria for as long as I have lived. I have hated them for as long as I can remember.

15. Because of the cost of surgery and my financial situation at the time, I decided to pursue gender-affirming genital surgery in stages. In July of 2017, I took the first step toward my ultimate goal of full gender-affirming genital surgery. I had a bilateral orchiectomy (removal of the testicles) performed by Dr. Hope Sherie, in Charlotte, North Carolina. Having discussed with Dr. Sherie my desire for full gender-affirming genital surgery later down the road, Dr. Sherie performed my gender-affirming orchiectomy in a manner to facilitate a full gender-affirming vaginoplasty at a later time. Gender-affirming vaginoplasty was the next step in my treatment plan prior to my current period of incarceration by DPS.

16. On October 10, 2017, a little over two months after my first gender-affirming genital surgery, I returned to DPS custody. Since returning to DPS custody, I have faced countless difficulties trying to get DPS and its officials to treat me like the woman I am and provide me with the medically necessary health care I require to treat my gender dysphoria. I do not believe that DPS or its officials have taken my medical needs related to my gender dysphoria seriously. Time after time, DPS has either significantly delayed or denied nearly every necessary accommodation or treatment related to my gender dysphoria that I have sought, without providing justification for those delays and denials.

17. Promptly upon entering DPS custody in October 2017, I told DPS officials that I am a transgender woman, that I should be referred to using female pronouns, that I had legally changed my name to Kanautica, that I had gender dysphoria, that I had had several gender-affirming surgeries for the treatment of

gender dysphoria and was still recovering from gender-affirming orchiectomy, that I was on hormone therapy for the treatment of my gender dysphoria, and that I needed further treatment for my gender dysphoria. Even though I told DPS officials all of that, I was processed into Craven Correctional Institution (“Craven CI”), a men’s prison, because I was assigned male at birth. DPS officials referred to me verbally and in paperwork using male pronouns and by my previous, stereotypically masculine name (“dead name”).

18. A few days after I arrived at Craven CI, I was evaluated by DPS staff psychologist, Dr. Susan Garvey, who diagnosed me with gender dysphoria, notated my history of gender dysphoria and treatment for gender dysphoria, and my need for full gender-affirming genital surgery.

19. After processing at Craven CI, I was transferred for placement to Harnett Correctional Institution (“Harnett CI”), another men’s prison. On November 16, 2017, my gender dysphoria diagnosis was confirmed by DPS medical doctor, Dr. Joseph Umesi at Harnett CI. I had requested resumption of my hormone therapy but I was told that my request to resume hormone therapy had to be sent to the Harnett CI Facility Transgender Accommodation Review Committee (“FTARC”) for approval.

20. On November 27, 2017, I was interviewed by the Harnett CI FTARC about my requests for accommodations and treatment for my gender dysphoria. I requested that my legal name be used on all of my documents and records in the DPS system, so that I would no longer be referred to by male pronouns or my dead name, which exacerbates my gender dysphoria. I requested female undergarments and

permission to groom according to DPS policies for female prisoners. I requested to be referred to an endocrinologist to resume hormone therapy, which I was told would be considered. When I asked how I could move forward with completing gender-affirming genital surgery, I was vaguely told that Dr. Umesi would follow up with me and let me know if it was possible at a later date. There was never any subsequent follow-up by Dr. Umesi or the FTARC panel after my initial request for gender-affirming genital surgery.

21. After my interview with the Harnett CI FTARC, I heard nothing about resuming hormone therapy or gender-affirming genital surgery. I made repeated requests to the prison for information about the scheduling of an endocrinologist appointment to restart hormone therapy for the treatment of my gender dysphoria. I regularly explained to medical providers at Harnett CI that the lack of hormone therapy, post-orchietomy, was having negative impacts on my physical health, such as hot flashes, increased genital sensation, and some male-pattern hair growth, which were exacerbating my gender dysphoria and causing me further mental and emotional distress. I also feared additional negative physical consequences, such as osteoporosis, due to my lack of hormones. Even though DPS confirmed my gender dysphoria diagnosis and previous history of receiving hormone therapy, DPS, without explanation, did not restart my hormone therapy. I repeatedly followed up, explaining what I was I was going through and the urgency of reinitiating hormone therapy treatment for my gender dysphoria, yet I did not receive a prescription for hormone

therapy until late June of 2018, more than eight months after entering DPS custody and requesting it.

22. Beginning in the fall of 2018, I also repeatedly asked to be transferred to a women's facility because, being a transgender woman in a men's facility, I was facing verbal harassment and threats of physical harassment and I feared that I would be sexually assaulted. In March of 2019, rather than transfer me to a women's facility, DPS transferred me to Warren Correctional Institution ("Warren CI") – another men's facility. After five more months of consistently making requests and filing grievances, working with lawyers to advocate on my behalf with DPS officials, community groups holding events to bring awareness to my situation, and eventually even the Governor of North Carolina publicly supporting my transfer, DPS finally transferred me to Anson Correctional Institution ("Anson CI"), a women's facility, on August 15, 2019. Even though holding me in a men's facility exacerbated my gender dysphoria and placed me at grave risk of physical and sexual violence, I do not think DPS would have transferred me to a women's facility if not for all the public attention and pressure relating to my mistreatment by DPS.

23. Dr. Umesi did not reach out to me with follow-up information after my first FTARC meeting at Harnett CI in November of 2017 where I made my initial inquiry regarding my need for gender-affirming surgery. After a year of waiting on information about surgery and continually trying to get my other gender dysphoria treatment needs met, on November 7, 2018, I submitted a sick call to Nurse Brian

Cawley at Harnett CI requesting gender-affirming surgery. In December of 2018, I submitted a request for vaginoplasty to the Harnett CI FTARC.

24. In response to my requests, on January 7, 2019, I met with Dr. Umesi to discuss my need for gender-affirming genital surgery. Dr. Umesi evaluated me and acknowledged that gender-affirming vaginoplasty was the next step in my gender dysphoria treatment plan before I came to prison. Dr. Umesi also informed me that he received my previous surgical records from Dr. Hope Sherie and, based on those records, understood additional gender-affirming surgery to be necessary. Following the appointment, Dr. Umesi submitted a utilization review (“UR”) request to DPS for me to have gender-affirming vaginoplasty. On January 11, 2019, the Harnett CI FTARC indicated it would not recommend surgery but did not explain why.

25. I believe that FTARC’s January 11, 2019 decision not to recommend the surgery was sent to the Division Transgender Accommodation Review Committee (“DTARC”) for a final decision, but I did not receive any information from DTARC about their decision for a very long time. The uncertainty about whether I would be able to get treatment that I desperately need caused me severe anxiety. In the next several months, I made repeated requests for information about DTARC’s decision to officials at Harnett CI and Warren CI, including DPS health care providers Gloria Harvey and Betty Fields, but did not get any further information from prison officials.

26. Throughout this time, I discussed with my therapist, Dr. Patricia Hahn, my increasing distress about the lack of information and communication from

DTARC about whether I would be provided the gender-affirming surgery I need, and my increasing gender dysphoria as a result of going without this care.

27. I also discussed my need for gender-affirming surgery and my distress at my appointments with Dr. Karla Pou of UNC Health, the endocrinologist DPS was referring me to, who prescribed and monitored my hormone therapy. At my appointment on April 15, 2019, Dr. Pou told me about Dr. Brad Figler, a surgeon at UNC Health and head of the UNC Transgender Health Program. Dr. Pou informed me that Dr. Figler was experienced in providing the gender-affirming surgery that I need. Dr. Pou offered to refer me to Dr. Figler so that I could have a consultation for surgery. Following that appointment, Dr. Pou made the referral and let DPS know about the referral. During my July 8, 2019 appointment with Dr. Pou, I learned from Dr. Pou that Dr. Figler had contacted Warren CI to arrange a consultation but the facility told him they were not aware of any need for a consultation. I believe that, after this appointment, Dr. Pou again requested that DPS contact Dr. Figler's office so that I could have a consultation for gender-affirming surgery as soon as possible.

28. On July 11, 2019, DPS medical provider Harvey submitted another UR request for me to have a surgical consult with Dr. Figler based on Dr. Pou's instructions.

29. By August of 2019, I still had not received any news regarding DTARC's decision. Around this time, in preparation for transferring me to Anson CI, DPS placed me in protective custody. Being in protective custody exacerbated my distress and gender dysphoria. On August 6, 2019, my distress got so bad that I was vomiting,

crying, and barely able to speak. I was taken via ambulance to the emergency room of an outside hospital, and was placed on suicide watch.

30. In September of 2019, after being transferred to Anson CI, I learned that DTARC had deferred my request for gender-affirming surgery on August 21, 2019. Confusingly, DTARC's report stated that I had already "completed transition," that gender-affirming vaginoplasty was elective, and that DPS was not equipped for the appropriate post-operative care for this procedure. I filed a grievance related to this decision on October 27, 2019, stating that gender-affirming surgery was not elective but medically necessary to treat my gender dysphoria; that without it my gender dysphoria would continue to worsen, causing me severe emotional distress; and that depriving me of this treatment violated my constitutional rights and DPS's policies. My grievance and appeals were denied at every step. I fully exhausted that grievance on January 2, 2020. In the final denial of my grievance, DPS told me DTARC's decision had been made following an old policy, rather than the current policy for decisions on gender-affirming surgery. The current policy went into effect the day after their decision was made.

31. I resubmitted my surgery request to FTARC on January 25, 2020, so that it could be reconsidered by DTARC under the current policy. Again, DTARC did not respond for months. Despite repeated follow-up efforts for the next few months, I did not receive any information about the status of my renewed request until July of 2020, when I learned that DTARC had approved me for a consultation with Dr. Figler

for gender-affirming surgery and would decide about approving surgery based on that consultation.

32. I had a phone interview with a coordinator for the UNC Transgender Health Program on August 8, 2020, which I understood to be required before I could have an in-person consultation with Dr. Figler.

33. From August 8, 2020 until December of 2020, I did not receive any information from DTARC about a surgical consultation being scheduled, and I grew increasingly distressed and dysphoric as a result of the lack of care and several instances of verbal harassment based on my transgender status from other prisoners and DPS staff. I was misgendered, and comments were openly made about my genitals. On December 11, 2020, my distress and gender dysphoria escalated again and I was hospitalized at North Carolina Correctional Institution for Women (“NCCIW”). I was again placed on suicide watch because I was feeling an extreme desire to mutilate my phallus and expressed that being dead would be the best thing for me if I could not receive the care I needed. I stayed at NCCIW until January 5, 2021. During my stay at NCCIW, I was prescribed medication for depression and anxiety. Those medications, however did not help my gender dysphoria.

34. On February 21, 2021, I sent an emergency grievance to Defendant Todd Ishee—who is the DPS Commissioner of Prisons—informing him, among other things, that I had been waiting more than six months for a surgical consultation that DTARC had approved in July of 2020 and had not received any information about an appointment despite making nearly 50 requests for gender-affirming care since that

time. I told Defendant Ishee that I was concerned about my worsening mental health, my increased desire to mutilate my phallus, and feelings of wanting to commit suicide. I pleaded for him to intervene and provide me with adequate treatment for my severe gender dysphoria, including gender-affirming surgery. I never received a response to this emergency grievance.

35. On March 26, 2021, over 7 months after my first interview with the UNC Transgender Health Program, I learned that I needed to have a telehealth consultation before an in-person surgical consultation with Dr. Figler could be scheduled. I did not have this telehealth consultation until May 25, 2021.

36. During the May 25, 2021 telehealth consultation, I met with Katherine Croft. We discussed two potential gender-affirming genital surgical options to address my persistent gender dysphoria, in preparation for my in-person consultation with Dr. Figler—vaginoplasty, which I had initially sought in my requests to DPS, and vulvoplasty.

37. On July 12, 2021, I finally had an in-person consultation with Dr. Figler. Dr. Figler evaluated me for gender-affirming genital surgery. During this consultation, I again reviewed the surgical options to address my gender dysphoria. Based on his evaluation of my gender dysphoria and my increasing distress with my genitalia, Dr. Figler recommended that I receive a gender-affirming vulvoplasty. He recommended some weight loss prior to surgery, which I had already been pursuing, informed me that I met the WPATH criteria for gender-affirming genital surgery, and conveyed this information to DPS. I met Dr. Figler's recommended weight loss goal

in the first week of September 2021 and requested that DPS provider FN Jennifer Norris submit a UR request for my surgery.

38. I was informed on September 8, 2021, by Nurse Supervisor West that DPS did not intend to reconsider my request for surgery until November 2021. Later that week, I learned that on September 8, 2021, Dr. Elton Amos had deferred the UR request, writing: “ELECTIVE PROCEDURES NOT APPROVED.”

39. On October 4, 2021, I filed another grievance asking to have my gender-affirming surgery scheduled since I had been evaluated and it was determined that I met the WPATH criteria for that surgery. I also requested transfer to NCCIW to be closer to my medical providers. DPS informed me in writing that it had received and accepted this grievance on October 11, 2021, but then rejected the grievance in writing on October 15, 2021.

40. I tried to appeal the rejected October 4, 2021 grievance but also filed another nearly identical grievance on November 4, 2021. I received written notification that the grievance had been received and accepted and that it would be reviewed on November 13, 2021. This grievance was also denied at every step. On January 18, 2022, I fully exhausted this grievance when the third step of the grievance was dismissed as resolved. I also submitted requests for information inquiring why my surgery was deemed elective in Dr. Amos’s UR request denial, but did not receive a response.

41. In dismissing my grievance, DPS stated that I had been placed on “backlog” for transfer to NCCIW, and that my surgery had not been deferred but

would be considered at the end of January 2022 at the next scheduled DTARC meeting.

42. On February 23, 2022, I learned that the January 2022 DTARC meeting did not take place and was postponed to February 2022.

43. While waiting for a decision from DTARC, I learned that on October 20 and 21, 2021, two more of my providers—DPS provider Jennifer Dula, MSW, and Dr. Donald Caraccio (my endocrinologist at UNC Health)—agreed that vulvoplasty is medically necessary to treat my gender dysphoria and shared their conclusions with DTARC.

44. On April 26, 2022, I was called to a mental health appointment and informed for the first time by DPS provider Dula that, on February 17, 2022, DTARC recommended that my request for gender-affirming genital surgery be denied as not medically necessary. I was also informed that Defendant Harris, the Deputy Commissioner of Prisons, and Defendant Junker, the Director of Health and Wellness, agreed with DTARC's recommendation.

45. I was and am still very disappointed and distraught that DTARC and Defendants Junker and Harris denied my surgery, even though several of my direct health providers and the specialists that DPS sent me to have agreed that gender-affirming genital surgery is necessary to treat my gender dysphoria. I know that, without gender-affirming surgery, I will not experience relief from the severe distress and thoughts of self-harm that I have been experiencing for years while in DPS custody. The treatments that DPS has approved and eventually provided—such as

my hormone therapy, psychotherapy, and social transition—have been inconsistent and are insufficient to treat my gender dysphoria.

46. Even though DPS eventually allowed me to restart hormone therapy in June of 2018, since then DPS has repeatedly interrupted my hormone therapy treatment or failed to timely follow-up with the appropriate laboratory work or maintenance appointments on a consistent basis. DPS has never once explained or provided justification for these interruptions and failures to adequately monitor and maintain my hormone therapy. I have also gone extended periods of time without having the effectiveness of my hormones evaluated in follow-ups with an endocrinologist and have spent long periods of time on an insufficient hormone dose as a result.

47. For example, I did not have any endocrinology appointments from July 9, 2020 until June 10, 2021, about which I notified Defendant Ishee in my February 21, 2021 emergency grievance. When Dr. Caraccio of UNC endocrinology finally received labs to assess my hormone levels in July of 2021, he determined that my hormone levels had not been within the target range and that my hormone therapy had to be adjusted. During the period when my hormone therapy was ineffective, I experienced physical changes such as weight gain, increased hair growth, and increased sensation in my unwanted genitalia—which significantly worsened my gender dysphoria and emotional distress. It was during this same period that I was placed on medication for anxiety and depression.

48. Additionally, even though DPS has allowed me to follow grooming and hygiene standards for women and eventually transferred me to a women's prison, prison staff still addressed me using male pronouns and using my dead name, which encourages other prisoners to do the same and exacerbates my gender dysphoria.

49. When I am able to see a mental health care provider competent in the treatment of gender dysphoria, it does not treat my underlying dysphoria but does help me handle my emotions and pull myself back from the brink of acting on my thoughts of self-mutilation and suicide. However, I have not been provided with a mental health care provider on a consistent basis, and not all DPS providers have been competent in the issues that I am facing. Some have even repeatedly misgendered me.

50. Since this lawsuit was filed, I have received mental health care even less consistently and have only been seen by mental health providers when I have requested a mental health check on an emergency basis. Though I was seeing DPS provider Dula with some regularity and we had developed a trusting relationship, she left her position with DPS in May of 2022. My understanding is that she was unable to secure a continuation of her contract. DPS provider Dula is the sixth mental health care provider that I have lost since June of 2021.

51. I feel like I have lost all of the people within DPS who were assisting me in addressing my severe gender dysphoria, and I no longer feel like I have any mental health or medical health support. It does not feel like anyone within DPS cares about my health. I have repeatedly asked for a new clinician with gender dysphoria

competency to help me handle the heightened anxiety I have been experiencing since DTARC denied my surgery, but DPS has not resumed providing me regular therapy sessions.

52. DPS's inconsistent treatment certainly makes my gender dysphoria worse, but it is clear to me that the treatments I have received, even if consistent, would not adequately alleviate my gender dysphoria. I know that my emotional distress will only continue to get worse the longer I am made to live in a body that does not align with who I am.

53. It causes me unbearable distress to know that other people are aware that I still have a phallus, and to know that, because I still have a phallus, other people do not see me as a complete woman. I have grown increasingly disgusted with my genitals and I know that these feelings will not go away until I am able to have the vulvoplasty that DPS has repeatedly been informed is medically necessary by its own medical staff and the specialists to which DPS has referred me.

54. DPS and DTARC's years of delay before ultimately deciding to deny me this medically necessary surgery has amplified the anxiety and emotional distress that I have been experiencing while suffering with inadequately treated gender dysphoria while in DPS custody. I feel hopeless because I have waited for so long for treatment and relief from my emotional distress, but DPS does not seem to care. The longer I am denied treatment, the more scared I become that I will hurt myself or completely lose the will to live.

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

Executed this 22nd Day of June, 2022.

A handwritten signature in black ink, appearing to read 'Kanautica P. Zayre-Brown', written over a horizontal line.

Kanautica P. Zayre-Brown

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
CHARLOTTE DIVISION**

KANAUTICA ZAYRE-BROWN,

*Plaintiff,*

v.

THE NORTH CAROLINA  
DEPARTMENT OF PUBLIC SAFETY,  
*et al.,*

*Defendants.*

No. 3:22-cv-00191

**EXHIBIT INDEX TO PLAINTIFF'S MOTION FOR PRELIMINARY  
INJUNCTION**

<b>Exhibit</b>	<b>Description</b>
Exhibit 1	Expert Declaration of Dr. Randi C. Ettner, Ph.D.
Exhibit 2	Declaration of Kanautica Zayre-Brown