

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND  
Southern Division**

JENNIFER ELLER,

*Plaintiff,*

v.

PRINCE GEORGE'S COUNTY PUBLIC  
SCHOOLS, et al.,

*Defendants.*

Case No. 18-cv-03649

**PLAINTIFF'S RULE 26(a)(2) REBUTTAL EXPERT DISCLOSURE**

Pursuant to Rule 26(a)(2) of the Federal Rules of Civil Procedure and the Court's scheduling order (Dkt. 44), Plaintiff Jennifer Eller, by and through her attorneys, make the following disclosures of expert rebuttal testimony. These disclosures do not waive any privilege or work-product protection, and are made without prejudice to any other issue or argument. These disclosures do not waive any privilege or work-product protection, and are made without prejudice to any other issue or argument.

Dr. Randi C. Ettner, Ph.D.  
1214 Lake Street  
Evanston, Illinois 60201

A copy of Dr. Ettner's Rebuttal Expert Report is enclosed. Copies of Dr. Ettner's curriculum vitae and a bibliography were previously provided as attachments to her expert report, which were served on Defendants on August 5, 2019.

Dated this 13th of January, 2020.

Respectfully submitted,

/s/ Omar Gonzalez-Pagan

Omar Gonzalez-Pagan  
(admitted *pro hac vice*)  
Carl Charles (admitted *pro hac vice*)  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, NY 10005  
Telephone: (212) 809-8585  
Fax: (212) 809-0055  
ogonzalez-pagan@lambdalegal.org  
ccharles@lambdalegal.org

Paul Pompeo (admitted *pro hac vice*)  
Elliott Mogul (admitted *pro hac vice*)  
Michael Rodríguez (admitted *pro hac vice*)  
Thomas McSorley (No. 18609)  
Jocelyn Wiesner (admitted *pro hac vice*)  
ARNOLD & PORTER  
KAYE SCHOLER LLP  
601 Massachusetts Ave., NW  
Washington, DC 20001-3743  
Telephone: +1 202.942.5000  
Fax: +1 202.942.5999  
paul.pompeo@arnoldporter.com  
elliott.mogul@arnoldporter.com  
michael.rodriquez@arnoldporter.com  
tom.mcsorley@arnoldporter.com  
Jocelyn.Wiesner@arnoldporter.com

Puneet Cheema (admitted *pro hac vice*)  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
1776 K Street NW, Suite 722  
Washington, DC 20006  
Telephone: (202) 804-6245, ext. 596  
pcheema@lambdalegal.org

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing was served by electronic mail (email) on the following counsel of record for Prince George's County Public Schools:

James E. McCollum, Jr.  
Amit K. Sharma  
McCollum & Associates, LLC  
7309 Baltimore Avenue, Suite 117  
College Park, Maryland 20740  
Tel: (301) 864-6070  
Fax: (301) 864-4351  
[jmccollum@jmlaw.net](mailto:jmccollum@jmlaw.net)  
[asharma@jmlaw.net](mailto:asharma@jmlaw.net)

*/s/ Omar Gonzalez-Pagan*  
Omar Gonzalez-Pagan

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JENNIFER ELLER

Plaintiff,

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**EXPERT REBUTTAL REPORT OF DR. RANDI C. ETTNER, Ph.D.**

1. I have been retained by counsel for Plaintiff, Jennifer Eller, as an expert in the above-captioned matter. I submitted my expert report on August 5, 2019. My qualifications as an expert were provided in that document.

2. Since then, I have testified as an expert at trial or by deposition in the following cases: *Ray v. Acton*, No. 2:18-cv-00272 (S.D. Ohio 2019), and *Monroe v. Jeffreys*, No. 3:18-cv-00156 (S.D. Ill. 2019).

3. I have been asked by counsel for Plaintiff to respond to certain opinions of Dr. Marcus R. Cephas, M.D. In preparing to write this rebuttal report, I relied upon or reviewed the expert report of Dr. Cephas and its accompanying attachments; my review of Ms. Eller's medical records, as outlined in my report; the materials referenced in the Bibliography attached as Exhibit B of my report; and my extensive experience as a licensed clinical and forensic psychologist with expertise concerning the diagnosis and treatment of gender dysphoria, as well as of trauma and Post Traumatic Stress Disorder (PTSD), all of which is outlined on my curriculum vitae attached as Exhibit A to my report.

4. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

5. The opinions expressed in this rebuttal report are based on the information that I have reviewed to date. I reserve the right to revise and supplement the report if any new information becomes available in the future.

6. I am being compensated for my work on this matter at a rate of \$375.00 per hour for preparation of declarations and expert reports. I will be compensated \$500.00 per hour for any pre-deposition and/or pre-trial preparation and any deposition testimony or trial testimony. I will receive a flat fee of \$2,500.00 for any travel time to attend deposition or trial, and will be reimbursed for reasonable out-of-pocket travel expenses incurred for the purpose of providing expert testimony in this matter. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

#### **I. EXPERT OPINIONS**

7. I have reviewed Dr. Cephas's report and curriculum vitae, and find no indication that Dr. Cephas has training, continuing education, or clinical experience in the highly specialized area of gender dysphoria, or with the assessment and/or treatment of transgender patients. What is more, Dr. Cephas appears to use in his report inaccurate or outdated terms for cross-sex hormonal treatment and gender confirmation surgery, two modalities that are the standard of care for gender dysphoria. Indeed, his report is peppered with language that reflects a deficit of knowledge regarding conditions of gender incongruity. For example, Dr. Cephas appears to conflate nuanced terms like sex and gender in referencing Ms. Eller's "sexual identity."

8. I believe Dr. Cephas committed an egregious error by stating that Estrace (a brand name for estradiol) is "life-threatening," causes "anxiety, depression, nervousness, ... [and

insomnia,” is a “dangerous” medication, and that therefore “the use of Estrace may cause or contribute significantly to the previous mentioned symptoms of depression, anxiety, and PTSD.” These statements are not backed up by science. A search for the treatment guidelines for gender dysphoria would direct one to the Endocrine Society’s Guidelines, as well as to the statements and guidelines of the Mayo Clinic, the American Medical Association, the American Psychiatric Association, the World Professional Association for Transgender Health (WPATH), and dozens of other medical organizations, all of which illuminate how inaccurate and misleading Dr. Cephas’s statements regarding Estrace are.

9. The suggestion that Ms. Eller’s very significant post-traumatic stress disorder (PTSD) symptoms are the side effect of estrogen has no scientific basis whatsoever. In fact, the opposite is true: A preponderance of medical literature documents that cross-sex hormone therapy (estradiol) is associated with improved mental health, improved quality of life and a significant decrease in psychological symptoms in gender dysphoric patients. Estradiol is within the standards of care for the treatment of gender dysphoria for transgender patients, and Ms. Eller’s dosage is appropriate and consistent with the prescribing guidelines. In our clinic in Chicago, we have treated over 3,000 patients with cross sex hormonal protocols (estrogen therapy) and have never seen any of the “symptoms” Dr. Cephas has described, with the exception of weight gain.

10. Dr. Cephas’s statements regarding the provision of cross-sex hormonal treatment are particularly disconcerting. Gender dysphoria is a serious medical condition. One has to wonder if Dr. Cephas is unaware that estradiol is one of the only efficacious forms of medical treatment? By asserting that estrogen is “dangerous,” is he arguing that this medically necessary medical treatment for transgender patients should be withheld? By analogy, should medically indicated

anti-cholergenic medications be withheld from patients because these medications may have side effects, including an elevated risk of dementia?

11. Dr. Cephas goes to great lengths to dismiss Ms. Eller's PTSD symptoms, despite the fact that she has received this diagnosis from the mental health professionals who provided her treatment. He suggests, for example, that because Ms. Eller has engaged in DBT therapy (dialectical behavior therapy) she may have borderline personality disorder. Although DBT, a talk therapy, was originally developed in 1980 to treat borderline personality disorder, its main aim is to teach people to live in the moment and to cope with stress. Research shows that DBT has been successfully used to treat depression, bulimia, PTSD, and other disorders and to enhance mindfulness and effective communication and interaction with others.

12. In addition to proposing "alternative" diagnoses, among which are depression and medication side effects, Dr. Cephas opines that Ms. Eller's history of depression (attendant to her lifelong gender dysphoria) makes accurate assessment too complicated to confirm a PTSD diagnosis as a result of the hostile work environment, harassment, threats, and discrimination she endured at Prince George's County Public Schools following her decision to socially transition. But people with a history of depression, anxiety or those who have personality disorders are not immune from developing PTSD, given exposure to highly aversive circumstances. The WPATH promulgated Standards of Care, Section VII "Competency of Mental Health Professionals Working with Adults Who Present with Gender Dysphoria," includes the criteria that such clinicians have the "Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria."

13. Many, if not most, people have experienced upsetting or traumatic incidents during their lifetime. These historic events in no way preclude the subsequent development of PTSD, if

one is subjected to ongoing humiliation, discrimination, verbal and physical abuse, as was Ms. Eller. By analogy, the presence of type-one diabetes in childhood does not prevent the development of cancer or other chronic or acute diseases across the lifespan.

14. Regarding Ms. Eller's prior treatment for depression, it is rare for gender dysphoric people to not have a history of depression. The DSM-V notes that "[i]mpairment, ... the development of depression and anxiety, may be a consequence of gender dysphoria."

15. Prior to Ms. Eller's transition, she was never diagnosed with PTSD. A review of her medical records and those of her mental health provider clearly document the hostile environment Ms. Eller endured as the genesis of PTSD, and the corresponding treatments prescribed for the disorder. Additionally, I corroborated these findings through psychological testing of Ms. Eller, specific to PTSD. Only clinical psychologists are formally trained and qualified to purchase and administer these types of psychometric instruments. The specific test administered to Ms. Eller is widely used by the military, and normed and standardized on a US sample. It is not a checklist, but rather a sophisticated assessment tool. It consists of two validity scales, (designed to prevent over-reporting or misrepresentation of PTSD), 12 clinical scales, 12 subscales, and four factors. There is high test-retest reliability, internal consistency, and evidence for concurrent discriminant, criterion, factorial and construct validity. There is no doubt that Ms. Eller's current chronic symptomatology and complex PTSD are the predictable result of the prolonged and repetitive assaults she endured while employed at Prince George's County Public Schools.

16. Ms. Eller endured a negative, non-supportive and at times violent workplace. The unremitting stress eroded her resiliency, resulting in PTSD and residual symptomatology. As I stated in my original report, the ceaseless harassment, discrimination and humiliation to which Ms.



Eller was subjected completely eroded her coping strategies and resilience, and resulted in the irremediable damage of what has now become chronic PTSD.

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

Dated this 9 day of January, 2020.

A handwritten signature in black ink that reads "Dr. Randi C. Ettner". The signature is written in a cursive style with a long horizontal flourish at the end.

Dr. Randi C. Ettner