

**IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
CENTRAL DIVISION**

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DYLAN BRANDT, et al.,	:	
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Plaintiffs,	:	
v.	:	Case No. 4:21-CV-00450-JM
LESLIE RUTLEDGE et al.,	:	
	:	
Defendants.	:	
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**PLAINTIFFS' PRETRIAL DISCLOSURE SHEET**

In accordance with the Court's *Amended Scheduling Order* (ECF 99), Federal Rule of Civil Procedure 26(a)(3), and Local Rule 26.2, Plaintiffs Dylan Brandt, et al., hereby submit their *Pretrial Disclosure Sheet*:

**(1) The identity of the party submitting the information.**

Plaintiffs Dylan Brandt, by and through his mother, Joanna Brandt; Joanna Brandt; Sabrina Jennen, by and through her parents, Lacey and Aaron Jennen; Lacey Jennen; Aaron Jennen; Brooke Dennis, by and through her parents, Amanda and Shayne Dennis; Amanda Dennis; Shayne Dennis; Parker Saxton, by and through his father, Donnie Saxton; Donnie Saxton; and Kathryn Stambough, on behalf of herself and her patients.

**(2) The names, addresses, and telephone numbers of all counsel for the party.**

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**(3) A brief summary of claims and relief sought.**

Plaintiffs bring this action challenging Act 626 (hereafter “Health Care Ban” or “Ban”), which was enacted by the Arkansas General Assembly on April 6, 2021. The Health Care Ban prohibits the provision of all medical treatments to minors “related to gender transition,” denying adolescents with gender dysphoria medical care that comports with widely accepted medical protocols for the treatment of this

condition. The Health Care Ban violates the constitutional rights of transgender adolescents, their parents, and the doctors who treat such adolescents and threatens the health and well-being of transgender youth across Arkansas.

The Ban violates the Equal Protection Clause of the Fourteenth Amendment because it singles out for prohibition all medical treatments for minors “related to gender transition.” By targeting only medical treatments “related to gender transition”—and all such treatments—the Ban discriminates based on transgender status and sex, triggering at least intermediate equal protection scrutiny, which requires the State to demonstrate that the Ban is substantially related to an important government interest. The evidence at trial will show that the State cannot meet that heavy burden and that the Ban fails any level of constitutional scrutiny.

The Health Care Ban also violates the Due Process Clause of the Fourteenth Amendment because it interferes with parents’ fundamental right to seek medical care for their adolescent children in consultation with, and as recommended by, medical professionals. The Ban prevents parents from seeking medical care for their children when the course of treatment is supported by the child and their doctor. Because the evidence will show that the Ban does not satisfy intermediate scrutiny, it cannot satisfy the even more demanding strict scrutiny triggered by the burden on this fundamental right, which requires the government to demonstrate that the law is narrowly tailored to further a compelling state interest.

Lastly, the Health Care Ban violates the First Amendment because it prohibits healthcare providers from referring their adolescent patients for necessary medical treatments related to gender transition. By singling out for prohibition only referrals for these treatments, the Ban establishes content- and viewpoint-based restrictions on speech, triggering strict scrutiny. The State cannot show that this sweeping restriction on the free speech rights of Arkansas's doctors to speak and of Arkansas's patients and their parents to receive information is narrowly tailored to advance a compelling state interest.

For relief, Plaintiffs respectfully request that this Court: (a) enter a judgment declaring that the Health Care Ban violates the Equal Protection Clause, the right to parental autonomy guaranteed by the Due Process Clause, and the right to freedom of speech protected by the First Amendment, (b) issue a permanent injunction barring Defendants from enforcing the Health Care Ban; (c) award Plaintiffs their costs and expenses, including reasonable attorneys' fees, pursuant to 42 U.S.C. § 1988; and (d) grant such other relief as the Court deems just and proper.

**(4) Prospects for settlement.**

The parties conferred about the prospect of settlement by e-mail on August 4, 2022. The parties agreed that settlement before trial is unlikely.

**(5) The basis for jurisdiction and objections to jurisdiction.**

This action arises under the United States Constitution, 42 U.S.C. § 1983. This Court has subject matter jurisdiction pursuant to Article III of the United States Constitution and 28 U.S.C. §§ 1331, 1343, and 1367. The Court is authorized to issue a declaratory judgment pursuant to 28 U.S.C. §§ 2201 and 2202.

**(6) A list of pending motions.**

- Plaintiffs' Motion to Exclude Expert Testimony of Patrick Lappert (ECF 153)
- Plaintiffs' Motion to Exclude Expert Testimony of Mark Regnerus (ECF 155)
- Defendants' Motion to Exclude Plaintiffs' Evidentiary Deposition Designations of Amy Embry (ECF 158)
- Defendants' Motion *in Limine* (ECF 164)
- Defendants' Motion to Exclude Plaintiffs' Evidentiary Deposition Designations of Dr. Rhys Branman (ECF 172)
- Motion for Leave to Appear *Pro Hac Vice* by Alexander F.R. Peacocke (ECF 179)
- Motion for Leave to Appear *Pro Hac Vice* by Arun Bodapati (ECF 180)

**(7) A concise summary of the facts.**

**A. Treatment of Adolescents with Gender Dysphoria.**

“Gender identity” refers to a person’s sense of belonging to a particular gender. Everyone has a gender identity. The term “cisgender” refers to people who have a gender identity that aligns with their sex assigned at birth, and the term “transgender” refers to people who have a gender identity that does not align with their sex assigned at birth.<sup>1</sup>

The lack of alignment between one’s gender identity and sex assigned at birth can cause significant distress. “Gender dysphoria” is the diagnostic term for the distress that can result from incongruence between a person’s gender identity and sex assigned at birth. To be diagnosed with Gender Dysphoria in Adolescents or Adults, a diagnosis in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, the incongruence must have persisted for at least six months and be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning. Gender dysphoria is a serious medical condition that, if left untreated, can result in debilitating anxiety, severe depression, self-harm, and suicide.

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<sup>1</sup> “Sex assigned at birth” refers to a person’s sex designated at birth, usually based on genital anatomy.

The Endocrine Society and the World Professional Association for Transgender Health (“WPATH”) have published widely accepted guidelines for the treatment of gender dysphoria. The guidelines are developed through a systematic review of available scientific evidence. All major medical and mental health professional associations in the United States recognize these guidelines as authoritative, including the American Academy of Pediatrics, the American Medical Association, and the American Psychiatric Association.

Under the WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 7 (“WPATH SOC”) and the Endocrine Society’s Endocrine Treatment of Gender Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline (“Endocrine Society Guideline”), treatment for gender dysphoria differs depending on whether the patient is a prepubertal child, an adolescent, or an adult. Before puberty, no surgical or drug interventions are medically indicated to treat gender dysphoria. For youth who experience distress after the onset of puberty (*i.e.*, during adolescence), medical interventions such as puberty-delaying treatment and hormone therapy may become medically necessary.<sup>2</sup> Treatment decisions are individualized based on the needs of the patient.

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<sup>2</sup> When gender dysphoria persists to the onset of puberty, desistance of the condition is rare.

Clinicians who follow these protocols for the treatment of gender dysphoria do not steer the minor in any particular direction with respect to the minor's gender identity but, rather, through a "non-judgmental partnership with youth and families," facilitate "exploration" of the minor's gender, recognizing that medical "interventions are appropriate for some adolescents, but not for others." (*See* American Academy of Pediatrics, Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents, ECF 45-23, at 4; WPATH SOC, ECF 45-19, at 16.) No minor is "actively encouraged to pursue a transgender identity," as Defendants have claimed. Instead, under the well-established protocols, medical interventions are not provided unless and until a thorough mental health evaluation determines that the diagnostic criteria for gender dysphoria are met and treatment is medically necessary for the patient.

Under these protocols, treatment recommendations for adolescents with gender dysphoria are not made lightly or hurriedly and there is a rigorous assessment process which involves the patients, their parents, and their doctors. Additionally, the WPATH SOC provides that "[b]efore any physical interventions are considered for adolescents, extensive exploration of psychological, family, and social issues should be undertaken." (ECF 45-19, at 18.) Parents must provide informed consent for all medical treatments for gender dysphoria for their minor children.

The Endocrine Society Guideline’s criteria for eligibility for puberty-delaying treatment include that the adolescent’s gender dysphoria has been “long-lasting and intense.” (ECF 45-21, at 10.) The criteria for eligibility for hormone therapy include that the “adolescent has sufficient mental capacity to estimate the consequences of this (partly) irreversible treatment, weigh the benefits and risks, and give informed consent to this (partly) irreversible treatment.” (*Id.*)

When medical interventions are deemed appropriate, they are pursued in a staged process, from fully reversible (puberty-delaying medication) to partially reversible (hormone therapy) to irreversible (surgery). Puberty-delaying medication, which is also used to treat non-transgender children with precocious puberty, pauses puberty at the stage reached when treatment is commenced. When used to treat gender dysphoria, puberty is not delayed beyond the typical age range for puberty, and if an adolescent discontinues treatment, endogenous puberty will resume. This treatment gives an adolescent time to further understand their gender identity before initiating any irreversible treatment and, by preventing the permanent changes to the body that come with endogenous puberty, can drastically minimize dysphoria later in life and may eliminate the need for surgery. For some adolescents, it may become medically necessary to initiate puberty consistent with a patient’s gender identity through gender-affirming hormone therapy. These patients are provided testosterone (for transgender boys) or estrogen and anti-androgens (for

transgender girls)—medications that are used for non-transgender youth for a variety of purposes. Transgender young men who have lived in their affirmed gender for a significant period of time may also receive medically necessary chest reconstruction surgery before the age of majority. Under current protocols, genital surgery is not recommended for minors.

Medical interventions to treat adolescents with gender dysphoria have been shown in studies and decades of clinical experience to be effective at minimizing distress in adolescent patients with gender dysphoria.<sup>3</sup> For this reason, gender-affirming medical interventions to treat adolescents with gender dysphoria are widely recognized in the medical community, including by the major professional medical associations, as medically necessary for the health and well-being of some adolescents suffering from gender dysphoria. Though Defendants refer to what they call an “international controversy” surrounding gender-affirming medical treatment for adolescents, none of the countries referenced by Defendants has banned gender-affirming medical care for adolescents with gender dysphoria.

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<sup>3</sup> These treatments are not “experimentation” on youth as suggested by the Ban’s title, “Save our Children from Experimentation (SAFE) Act.” The evidence supporting this treatment is comparable to—or greater than—evidence supporting other treatments patients and their families are free to pursue. Nor does the fact that the use of these medications to treat gender dysphoria is “off-label”—not FDA-approved for this specific indication—mean the drugs are experimental, untested, or unsafe for this use. Off-label use is commonplace in medicine.

As with many medical treatments, pubertal suppression and hormone therapy can have potential risks, but, as with other medical care for minors, treatment is not provided without informed consent of the parents. None of the potential risks identified by Defendants is unique to gender-affirming medical treatments. The risks are present when these medications are used to treat other conditions. And many other medical treatments that families are free to pursue for their minor children have significant risks. The risks of adverse health impacts are rare when treatment is provided under the supervision of a clinician.<sup>4</sup>

Although psychotherapy can be important for adolescents with gender dysphoria, there is no evidence that psychotherapy alone can alleviate gender dysphoria. Nor is there evidence that psychotherapy or any other treatments can cause a person's gender identity to become congruent with their sex assigned at birth. Such efforts in the past have been attempted without success and with harmful effects and is now considered unethical.

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<sup>4</sup> Like many other interventions that are necessary to preserve a person's health, hormone therapy may have an impact on fertility, although many people are able to conceive children after receiving hormone therapy. The WPATH SOC and Endocrine Society Guideline, therefore, provide that patients should be informed of this risk and provided information about fertility preservation before commencing treatment. Puberty-delaying medication does not, by itself, affect fertility.

**B. Passage of the Health Care Ban.**

On March 29, 2021, the Arkansas General Assembly passed HB 1570, prohibiting healthcare professionals from providing any medical treatments “performed for the purpose of assisting an individual with a gender transition” to anyone under eighteen or “refer[ring]” anyone under eighteen to any healthcare professional for such treatment. HB 1570 § 3.

On April 5, 2021, Governor Hutchinson vetoed HB 1570. In the statement accompanying his veto, Governor Hutchinson explained that the bill created “new standards of legislative interference with physicians and parents” and “puts the state as the definitive oracle of medical care, overriding parents, patients and healthcare experts,” which “would be—and is—a vast government overreach.” (ECF 12, at 9 (citing Governor Asa Hutchinson, *Governor Asa Hutchinson Holds Pen and Pad Session with Local Media*, YOUTUBE, at 9:16–10:05 (April 5, 2021), <https://www.youtube.com/watch?v=9Jt7PxWkVbE>.) He further noted that “denying best practice medical care to transgender youth can lead to significant harm to the young person—from suicidal tendencies and social isolation to increased drug use.” *Id.* Within 24 hours, the General Assembly overrode the Governor’s veto and enacted the law.

The Ban was one of at least twelve bills and resolutions that targeted transgender people during the 2021 Arkansas legislative session. *See* SB 347; SB

354; SB 450; HB 1749; SB 389; HB 1882; HB 1905; HB 1951; HR 1018; SR 7; SR 16. While the Ban was in the General Assembly, majorities in both chambers passed resolutions expressing their view that “gender reassignment medical treatments” are not “natural.” HR 1018, 2021 Gen. Assemb., Reg. Sess. (Ark. 2021); SR 7, 2021 Gen. Assemb., Reg. Sess. (Ark. 2021). Some members of the General Assembly further expressed their personal and religious opposition to people being transgender.<sup>5</sup>

Arkansas does not categorically prohibit any other medical care based on concerns for patient well-being. Rather, the State leaves it to patients (and for minors, their parents) and doctors to evaluate risks and benefits of treatment. This is true even when the State is aware of risks associated with treatment and that a particular treatment is not supported by evidence of efficacy.

### **C. Plaintiffs.**

#### *i. Dylan, Sabrina, Parker, Brooke, and their families*

Plaintiffs Dylan Brandt, Sabrina Jennen, Parker Saxton, and Brooke Dennis (the “Minor Plaintiffs”) are Arkansas minors who have been diagnosed with gender

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<sup>5</sup> See, e.g., March 10, 2021 Hearing (Transcript) at 17:12-18:10 (Rep. Jim Wooten: “[W]hat if your child come to you and says, ‘I want to be a cow?’ . . . . This is absolutely ridiculous. Change from a man to a woman? It’ll never work.”); *S. Floor Debate, 2021 Gen. Assemb. 93rd Sess.*, (Mar. 10, 2021) at 2:19:12 (“A woman shall not wear anything that pertains to a man, nor a man put on a woman’s garments. For all who do so are an abomination to the Lord your God.”), [https://sg001-harmony.sliq.net/00284/Harmony/en/PowerBrowser/PowerBrowserV2/20210310/-1/21305?viewMode=1#agenda\\_](https://sg001-harmony.sliq.net/00284/Harmony/en/PowerBrowser/PowerBrowserV2/20210310/-1/21305?viewMode=1#agenda_).)

dysphoria and are currently receiving, or will imminently need, gender-affirming medical care that is prohibited by the Ban. Dylan's, Sabrina's, and Parker's lives have all been positively transformed by their treatment.

Dylan, who is 16, has been on hormone therapy for over two years and has developed secondary sex characteristics typical of teenage boys. The treatment has alleviated his depression and social anxiety and allowed him to become a confident, happy teenager. The thought of being forced to physically detransition and go back to how he felt before beginning treatment is unbearable to Dylan.

Likewise, since starting testosterone, Parker—now 17—is always smiling, laughing, and telling jokes. Before he was in constant distress over his body, and he had lost the joy his father had seen in him as a child. He has now been receiving treatment for over a year. Parker's father fears that ending that treatment would be a death sentence for Parker.

Prior to starting treatment, Sabrina, 16, saw no future for herself; she was depressed and engaged in self-harm. Since starting hormone therapy, Sabrina's confidence and happiness have been noticeably improved. Additionally, with this increased confidence, she has gained a large group of supportive friends, and has found her voice and a place for herself in her community. Sabrina's parents are fearful about what would happen to their daughter if she had to stop treatment. They believe the consequences of stopping care may be life-threatening. They cannot bear

to see Sabrina go back to how she was before beginning treatment, and to return to constant concern about her safety.

Brooke Dennis is 10. In 2020, she told her parents she is a girl, but her mother testified that “Brooke always knew who she was.” She was diagnosed with gender dysphoria, which has caused her distress, and she is increasingly anxious about puberty and what will happen to her body. In consultation with Brooke’s doctors, her parents intend to start puberty suppression after puberty begins, which could happen at any time. Brooke is fearful about the uncertain future of this treatment.

All of the family plaintiffs have long-standing, close ties to their extended families, schools, jobs, and communities in Arkansas. But if the Ban goes into effect, Joanna Brandt, Aaron and Lacey Jennen, Donnie Saxton, and Amanda and Shayne Dennis (the “Parent Plaintiffs”) may have to uproot their families and leave Arkansas if that is what they need to do to ensure their children can get the medical care they need. Regular travel to another state for necessary medical care for their children may not be logistically or financially feasible for all families.

*ii. Dr. Kathryn Stambough and her patients*

Dr. Kathryn Stambough (the “Physician Plaintiff”)<sup>6</sup> treats patients at the gender clinic at Arkansas Children’s Hospital, which provides care, including

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<sup>6</sup> Dr. Michele Hutchinson, formerly a plaintiff in this action, has left her position at Arkansas Children’s Hospital.

treatments prohibited by the Health Care Ban, to youth with gender dysphoria.<sup>7</sup> The clinic currently serves about 300 patients. The clinic's protocols for treatment include a thorough psychological evaluation prior to the initiation of pubertal suppression or hormone therapy to treat gender dysphoria and all patients who are receiving gender-affirming medical care are required to have a mental health provider.

Dr. Stambough knows from clinical experience that the Ban would significantly and severely compromise her patients' health. Shortly after the Ban was introduced, the clinic received calls from numerous families, panicking because their children were expressing suicidal thoughts at the prospect of losing the healthcare they rely on for their well-being, and four of the clinic's patients—and three other transgender adolescents—were hospitalized after suicide attempts.

Given the penalties attached to the Ban, if it takes effect, Dr. Stambough would not be able to treat her patients with gender dysphoria in accordance with the accepted medical protocols. Being forced to deny her patients medically necessary care that can be lifesaving for some patients violates the tenets of her profession by leaving her patients to suffer needless pain.

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<sup>7</sup> Because of the current legal uncertainty related to providing gender-affirming medical care to adolescents while this litigation is pending, and the risks of starting and then stopping hormone therapy, Arkansas Children's Hospital's gender clinic made the decision to discontinue initiating hormonal therapies for new patients at this time. Patients who have already been started on treatment are continuing to receive care at the clinic.

**(8) All proposed stipulations.**

- Authenticity and Admissibility of Legislative Hearing Videos/Transcripts (BrandtPlaintiffs-00001823–02957), including admissibility of legislative and public commentary.
- Plaintiffs’ Proposed Stipulations of Fact. *See Appendix A.* In accordance with the *Amended Scheduling Order*, Plaintiffs provided these proposed stipulations to Defendants to facilitate the meet-and-confer process and submission of joint stipulations to the Court on August 10, 2022.

**(9) The issues of fact expected to be contested.**

Plaintiffs anticipate the following fact issues to be contested at trial:

- Whether the Health Care Ban is narrowly tailored to further a compelling government interest.
- Whether the Health Care Ban is substantially related to an important government interest.
- Whether the Health Care Ban is rationally related to the furtherance of a legitimate government interest.

**(10) The issues of law expected to be contested.**

Plaintiffs expect the following issues of law to be contested at trial:

- Whether the Ban violates the Equal Protection Clause of the Fourteenth Amendment.
  - Whether the Ban violates parents' fundamental right to seek appropriate medical care for their adolescent children in consultation with and as recommended by medical professionals.
  - Whether the Ban violates the First Amendment by prohibiting healthcare providers from referring their adolescent patients for necessary medical treatments related to gender transition.
  - Whether Plaintiffs have standing to challenge the constitutionality of the Ban.
  - Whether the Physician Plaintiff has third-party standing to assert the rights of her patients.
  - Whether Plaintiffs are entitled to a permanent injunction barring enforcement of the Ban.
- (11) A list and brief description of exhibits, documents, charts, graphs, models, schematic diagrams, summaries, and similar objects which may be used in opening statement, closing argument, or any other part of the trial, other than solely for impeachment purposes, whether or not they will be offered in evidence. Separately designate those documents and exhibits which the party expects to offer and those which the party may offer.**

Plaintiffs will use the following exhibits at trial:

- Photos of each of the Plaintiffs and their families, as found in Plaintiffs' complaint (ECF 1)
- Video Deposition of Rep. Robin Lundstrum, transcript as designated
- Video Deposition of Ms. Amy Embry, transcript as designated
- Printout of the homepage of the Arkansas State Medical Board website (Embry Depo Ex. 3)
- Printout from the Medical Board re: Regulatory and Discipline (Embry Depo Ex. 4)
- Arkansas State House Bill 1718 (Embry Depo Ex. 5)
- Video Deposition of Dr. Rhys Branman, transcript as designated
- Guidance for the Use of Hydroxychloroquine and Chloroquine For the Treatment of COVID 19 (Branman Depo Ex. 7; Embry Depo Ex. 6)
- Opinion article, Governor Hutchison, Washington Post, April 8, 2021 (Branman Depo Ex. 8; Embry Depo Ex. 10)
- H.B. 1570 (Branman Depo Ex. 9; Embry Depo Ex. 9)
- The Curriculum Vitae of the following individuals:
  - Dr. Deanna Adkins (Adkins Depo Ex. 7)
  - Dr. Armand Antommara (Antommara Depo Ex. 3)
  - Dr. Jack Turban (Turban Depo Ex. 2)
  - Dr. Dan Karasic (Karasic Depo Ex. 1)

- Videos and transcripts of legislative hearings held during the passage of the Health Care Ban (BrandtPlaintiffs-00001823–02957)
- The Arkansas State Medical Practices Act & Regulations, revised as of December 2, 2020 (Embry Depo Ex. 2)

Plaintiffs may use the following exhibits at trial:

- Declaration of Dylan Brandt (ECF 11-1)
- Declaration of Joanna Brandt (ECF 11-2)
- Declaration of Sabrina Jennen (ECF 11-3)
- Declaration of Aaron and Lacey Jennen (ECF 11-4)
- Declaration of Brooke Dennis (ECF 11-5)
- Declaration of Shayne and Amanda Dennis (ECF 11-6)
- Declaration of Parker Saxton (ECF 11-7)
- Declaration of Donnie Saxton (ECF 11-8)
- Declaration of Dr. Kathryn Stambough (ECF 11-10)
- Declaration of Dr. Michele Hutchison (ECF 11-9)
- Medical Records of Dylan Brandt (BrandtPlaintiffs-00000001–00194 and BrandtPlaintiffs-00001356-01532)
- Medical Records of Sabrina Jennen (BrandtPlaintiffs-00000448–00748 and BrandtPlaintiffs-00001543–01545)

- Medical Records of Brooke Dennis (BrandtPlaintiffs-00000195–00447)
- Medical Records of Parker Saxton (BrandtPlaintiffs-00000479–01355 and BrandtPlaintiffs-00001549–01563)
- Defendants’ Responses to Requests for Admissions
- Defendants’ Responses to Interrogatories
- Gender Spectrum Clinic Informed Consent Form (Hutchison Depo Ex. C8)
- Expert Report of Dan H. Karasic, MD (Karasic Depo Ex. 1)
- Expert Rebuttal Report of Dan H. Karasic, MD (Karasic Depo Ex. 2)
- Expert Report of Jack Turban (Turban Depo Ex. 2)
- Expert Rebuttal Report of Jack Turban (Turban Depo Ex. 3)
- American Academy of Pediatrics Policy Statement: Off-Label Use of Drugs in Children (Turban Depo Ex. 14)
- Expert Report of Armand H. Antommara (Antommara Depo Ex. 3)
- Rebuttal Report of Armand H. Antommara (Antommara Depo Ex. 4)
- Expert Report of Deanna Adkins (Adkins Depo Ex. 9)
- Rebuttal Report of Deanna Adkins (Adkins Depo Ex. 11)
- Little Rock Cosmetic Surgery Center web page (Branman Depo Ex. 3)

- American Society of Plastic Surgeons – Gender Affirmation Surgeries (Branman Depo Ex. 4)
- 30(b)(6) Notice for Defendant Arkansas State Medical Board (Embry Depo Ex. 1)
- June 21, 2021 Email from Robin Lundstrum to Tom Lundstrum, re: Draft, Please Help (Lundstrum Depo Ex. 1)
- April 1, 2021 Email from Charisse Dean to Robin Lundstrum, re: Updated final SAFE Act Talking Points for Media and Interviews (Lundstrum Depo Ex. 2)
- April 5, 2021 Email from Jerry Cox to Robin Lundstrum, re: Representative Lundstrum’s Comments (Lundstrum Depo Ex. 6)
- April 9, 2021 Email from Jerry Cox to Robin Lundstrum, re: Answers to Two main questions on HB 1570 Gender Transition (Lundstrum Depo Ex. 9)
- Text messages with Quena Gonzales (Lundstrum Depo Ex. 11)
- April 13, 2021 Email from Quena Gonzales to Robin Lundstrum, re: Save Adolescents from Experimentation for North Dakota (Lundstrum Depo Ex. 12)
- Family Research Council, The President’s Cabinet, Tom and Robin Lundstrum Itinerary (Lundstrum Depo Ex. 14)

- July 29, 2021 Email from Nicolas Reynolds to Robin Lundstrum, re: Dinner Tonight: Gender Clinics Don't Help Kids (Lundstrum Depo Ex. 17)
- July 27, 2021 Email from Nicolas Reynolds to Robin Lundstrum, re: Dinner with a Dad Fighting to Protect His Son from the Transgender Movement (Lundstrum Depo Ex. 18)
- May 28, 2021 Email from Amanda Banks, Subject: Statesman Academy Alumni Newsletter, April-May 2021 (Lundstrum Depo Ex. 24)
- August 27, 2021 Email from Amanda Banks, Subject: Statements Academy Alumni Newsletter: August 2021 (Lundstrum Depo Ex. 28)
- Family Policy Alliance – More detailed version of the Gender Issues Policy Panel Outline (Lundstrum Depo Ex. 30)
- July 30, 2021 Email from Amanda Banks, Subject: Follow-up Infor and Resources: Called Together (Lundstrum Depo Ex. 31)
- Social Media Engagement Packet – Help Not Harm, Family Policy Alliance (Lundstrum Depo Ex. 33)
- Screen Shot: The Born Identity (Lundstrum Depo Ex. 42)
- Text Messages with Leslie Rutledge (Lundstrum Depo Ex. 45)

- Any documents produced pursuant to the Court's Order dated August 4, 2022 (ECF 178)<sup>8</sup>
- Other bills introduced during the 2021 Arkansas legislative session, including SB 347, SB 354, SB 450, HB 1749, SB 389, HB 1882, HB 1905, HB 1951, HR 1018, SR 7, and SR 16
- Public statements made by members of the Arkansas General Assembly regarding the Health Care Ban
- Any stipulations of fact entered into by the parties

Plaintiffs reserve the right to use any exhibit identified by Defendants; any document, information, materials, or other tangible matter produced or used by any party or a third-party during discovery, including deposition exhibits not listed above; and any materials necessary for impeachment or rebuttal purposes.

With respect to demonstrative aides, Plaintiffs may use a PowerPoint presentation during opening statement and/or closing argument; legislative hearing video clips and/or transcripts; deposition video clips and/or transcripts; enlarged versions of exhibits; and charts comparing diagnoses and treatments for gender dysphoria for children, adolescents, and adults.

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<sup>8</sup> Plaintiffs reserve the right to offer and/or use any documents that the Court orders to be produced following the *in camera* review referred to in the Court's August 4, 2022 Order.

- (12) **The names, addresses, and telephone numbers of witnesses for the party. Separately identify witnesses whom the party expects to present and those whom the party may call. Designate witnesses whose testimony is expected to be presented via deposition and, if not taken stenographically, a transcript of the pertinent portion of the deposition testimony.**

Plaintiffs will call the following witnesses:

Witness	Contact Information	Live/Deposition
Representative Robin Lundstrum	500 Woodlane St. Little Rock, Arkansas 72201 [hereinafter “Capitol Building”] 479-957-1959	Via video deposition. <i>See Appendix B</i> (Plaintiffs’ Deposition Designations)
Amy Embry, Corporate Representative of Defendant Arkansas State Medical Board and Executive Director of the Arkansas State Medical Board	C/O Dylan L. Jacobs ARKANSAS ATTORNEY GENERAL’S OFFICE 323 Center Street, Suite 200 Little Rock, AR 72201 Phone: (501) 682-2700  [hereinafter, “C/O Defendants’ Counsel”]	Via video deposition. <i>See Appendix C</i> (Plaintiffs’ Deposition Designations)
Dr. Rhys Branman	C/O Defendants’ Counsel	Via video deposition. <i>See Appendix D</i> (Plaintiffs’ Deposition Designations)
Armand H. Matheny Antommara, MD, PhD, FAAP, HEC-C	C/O Laura Kabler Oswell Sullivan & Cromwell LLP 1870 Embarcadero Road Palo Alto, California 94303 (650) 461-5600 [hereinafter, “Plaintiffs’ Counsel”]	Live

<b>Witness</b>	<b>Contact Information</b>	<b>Live/Deposition</b>
Dan H. Karasic, M.D.	C/O Plaintiffs' Counsel	Live
Deanna Adkins, M.D.	C/O Plaintiffs' Counsel	Live
Jack Turban, M.D., MHS	C/O Plaintiffs' Counsel	Live
Dr. Katherine Stambough	C/O Plaintiffs' Counsel	Live
Dr. Michele Hutchison	C/O Plaintiffs' Counsel	Live

Plaintiffs may call the following witnesses:

<b>Witness</b>	<b>Contact Information</b>	<b>Live/Deposition</b>
Attorney General Leslie Rutledge	C/O Defendants' Counsel	Live
Senator Alan Clark	Capitol Building (501) 844-6800	Live
Representative Mary Bentley	Capitol Building (501) 889-3556	Live
Representative Marcus Richmond	Capitol Building (479) 299-4416	Live
Representative Jim Wooten	Capitol Building (501) 858-7403	Live
Dylan Brandt	C/O Plaintiffs' Counsel	Live
Joanna Brandt	C/O Plaintiffs' Counsel	Live
Sabrina Jennen	C/O Plaintiffs' Counsel	Live
Lacey Jennen	C/O Plaintiffs' Counsel	Live
Aaron Jennen	C/O Plaintiffs' Counsel	Live
Brooke Dennis	C/O Plaintiffs' Counsel	Live
Amanda Dennis	C/O Plaintiffs' Counsel	Live
Shayne Dennis	C/O Plaintiffs' Counsel	Live
Parker Saxton	C/O Plaintiffs' Counsel	Live
Donnie Saxton	C/O Plaintiffs' Counsel	Live

Plaintiffs reserve the right to call any witness identified by Defendants and any witness necessary for rebuttal or impeachment purposes.

**(13) The current status of discovery, a precise statement of the remaining discovery and an estimate of the time required to complete discovery.**

With the exception of documents subject to *Plaintiffs' Motion to Compel* (ECF 122), which either have not yet been produced to Plaintiffs, or which have not yet been produced to the Court for *in camera* review, (*see Order Granting in Part and Denying in Part Plaintiffs' Motion to Compel*, ECF 178), discovery is complete.

**(14) An estimate of the length of trial and suggestions for expediting disposition of the action.**

It is estimated that trial will take ten (10) days. To streamline the trial, Plaintiffs propose that the parties: (1) stipulate to any undisputed facts; (2) stipulate to the authenticity and admissibility of certain testimony and debate from legislative proceedings; and (3) identify for the Court any public statements that are properly the subject of judicial notice.

Dated: August 8, 2022

Leslie Cooper

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Chase Strangio\*  
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*Attorney for Plaintiffs*

**CERTIFICATE OF SERVICE**

I, Breean Walas, hereby certify that the foregoing was electronically filed with the Clerk on August 8, 2022, and by nature of that filing all parties were served via their counsel of record.

*Breean Walas* \_\_\_\_\_

# Appendix A

**IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
CENTRAL DIVISION**

----- x

DYLAN BRANDT, et al., :

Plaintiff,

v.

Case No. 4:21-CV-00450-JM

LESLIE RUTLEDGE, et al.,

Defendant.

----- x

**JOINT STIPULATIONS OF FACT**

**GENDER-DYSPHORIA**

1. According to the American Psychiatric Association’s Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition (“DSM-V”), “gender dysphoria” is the diagnostic term for the condition experienced by some transgender people of clinically significant distress resulting from the lack of congruence between their gender identity and the sex assigned to them at birth.
2. The World Professional Association for Transgender Health (“WPATH”) publishes Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People (“WPATH SOC”). It is currently in its 7<sup>th</sup> version.
3. The Endocrine Society published Endocrine Treatment of Gender Dysphoric/Gender-Incongruent Persons: an Endocrine Society Clinical Practice Guideline (“Endocrine Society Clinical Practice Guideline”) in 2017.
4. The WPATH SOC and Endocrine Society Clinical Practice Guideline do not recommend pharmacological or surgical interventions to treat gender dysphoria prior to puberty. Treatment for gender dysphoria before puberty can include psychotherapy and “social transition,” which can include allowing children to wear clothing, to cut or grow their hair,

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to use names and pronouns typically associated with their gender identity, and to use restrooms and other sex-separated facilities in line with their gender identities instead of the sex assigned to them at birth.

5. The WPATH SOC and Endocrine Society Clinical Guideline indicate that medical interventions may be appropriate for individual patients with gender dysphoria after the onset of puberty.
6. The WPATH SOC provides that treatment for gender dysphoria in post-pubertal adolescents can include “the use of GnRH [gonadotropin releasing hormone] analogues to suppress estrogen or testosterone production and consequently delay the physical changes of puberty,” “hormone therapy to masculinize or feminize the body,” and chest surgery.
7. For post-pubertal adolescents, the Endocrine Society Clinical Practice Guideline: (1) “recommend[s] that, where indicated, GnRH analogues are used to suppress pubertal hormones[;]” (2) “recommend[s] initiating treatment using a gradually increasing dose schedule after a multidisciplinary team of medical and [mental health providers] has confirmed the persistence of [gender dysphoria] /gender incongruence and sufficient mental capacity to give informed consent[;]” and (3) “suggest that clinicians determine the timing of breast surgery for transgender males based upon the physical and mental health status of the individual.”

#### **THE BRANDT FAMILY**

8. Dylan Brandt and his mother, Joanna Brandt, live in Greenwood, Arkansas.
9. Dylan is 17 years old.
10. Dylan is transgender. He was designated as female on his birth certificate, but has a male gender identity.
11. Dylan was diagnosed with gender dysphoria by Dr. Michelle Hutchison at the Gender Spectrum Clinic located at the Arkansas Children’s Hospital (the “Clinic”) in late January or early February 2020.
12. In late January or early February 2020, Dylan received his first shot of Depo-Provera to stop menstruation.
13. After meeting with a psychiatrist in August 2020, Dylan began receiving testosterone.
14. Dylan’s name was legally changed to “Dylan” in August 2020.

#### **THE JENNEN FAMILY**

15. Sabrina Jennen and her parents, Aaron and Lacey Jennen, live in Fayetteville, Arkansas.

16. Sabrina is 17 years old.
17. Sabrina is transgender. She was designated as male on her birth certificate, but has a female gender identity.
18. Sabrina was diagnosed with gender dysphoria by Cathy Campbell, LPC during an appointment in July 2020.
19. Sabrina began treatment with a testosterone suppressant and estrogen prescribed by Dr. Stephanie Ho in January 2021.
20. Sabrina's name was legally changed to "Sabrina" on June 2, 2021.

#### **THE DENNIS FAMILY**

21. Brooke Dennis and her parents, Amanda and Shayne Dennis, live in Bentonville, Arkansas.
22. Brooke is 10 years old.
23. Brooke is transgender. Brooke was designated male on her birth certificate, but has a female gender identity.
24. In June 2020, Brooke was diagnosed with gender dysphoria by Julie Tate, M.D. who referred her to the Clinic.
25. Brooke had a consultation with the Clinic in October 2020. There, her family was advised to watch for signs of puberty, and that when puberty begins they can consider starting Brooke on puberty blockers if medically indicated.

#### **THE SAXTON FAMILY**

26. Parker Saxton and his father, Donnie Saxton, live in Conway, Arkansas.
27. Parker is 17 years old.
28. Parker is transgender. He was designated as female on his birth certificate, but has a male gender identity.
29. Parker was diagnosed with gender dysphoria by Dr. Hutchison at the Clinic in 2019.
30. In the fall of 2019, Parker received his first shot of Depo-Provera to stop menstruation.
31. On May 27, 2021, Parker began receiving testosterone injections at the Clinic.

#### **Act 626**

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32. During the 2021 legislative session, the Arkansas General Assembly introduced SB 347, which would have made it a felony for a healthcare provider to provide “gender transition services” to anyone under 18 years of age; HB 1749, which would have provided that employees of public schools and colleges are not “required to use a pronoun, title, or other word to identify a . . . student as male or female that is inconsistent with the . . . student’s biological sex;” and HB 1882, HB 1905, and HB 1951, which would have barred transgender people from using restrooms or other facilities that accord with their gender identity in schools and other public buildings.
33. The Arkansas General Assembly passed SB 389, enacted as Act 552, on March 31, 2021, which provides that parents be given notice and a right to opt their children out of any curriculum or school materials related to sexual orientation or gender identity (as well as sex education).
34. The Arkansas General Assembly passed Act 461 on March 23, 2021 and Act 953 on April 21, 2021, which ban transgender girls from participating in school sports. The General Assembly also proposed a constitutional amendment to do the same.
35. Banning transgender girls from school sports, banning transgender students from using restrooms consistent with their gender identity, and banning transgender minors from receiving transition related healthcare were all part of the “Promise to America’s Children,” “a 10-point pledge to protect children’s minds, bodies, and relationships with their parents,” which was developed by Family Policy Alliance, the Heritage Foundation, and Alliance Defending Freedom.
36. Legislators consulted with the Family Council, Family Research Council, and Family Policy Alliance in drafting Act 626.
37. Family Council and Family Research Council helped draft talking points about Act 626 for use with legislators, media, and other interviews.
38. According to Family Policy Alliance, the Family Policy Alliance is “a Christ-centered organization” whose “mission is to advance biblical citizenship, equip and elect statesmen, promote policy and serve an effective alliance.”
39. According to Family Council, Family Council’s mission is “to promote, protect, and strengthen traditional family values found and reflected in the Bible by impacting public opinion and public policy.”
40. According to Family Research Council, Family Research Council is a nonprofit research organization that “seeks to inform . . . about family issues that affect the nation from a biblical worldview.”

41. The video recordings (BrandtPlaintiffs-00001823) and transcripts (BrandtPlaintiffs-00001823-BrandtPlaintiffs-00002957) are authentic reproductions of the legislative hearings on HB 1570 and are admissible.
42. On March 10, 2021, HB 1570 was considered, debated, and voted upon by members of the Arkansas House of Representatives.
43. In speaking in favor of HB 1570, Representative Robin Lundstrum voiced the following:
  - “HB 1570 prohibits sex change procedures on children.”
  - “We need to protect children from changing their sex before they are 18 years old, because guess what? We’ve all done some things when we were under 18 that we probably shouldn’t have done, and the children of Arkansas deserve to be protected.”
  - “There was not even one Arkansan parent of a transgender youth or an Arkansan transgender youth that spoke in favor of the bill.”
44. In speaking against HB 1570, Representative Ferguson stated:
  - “This is a solution looking for a problem. These children – if you care about these children, this is the worst thing that you can do is pass this bill. These young people are already being handled appropriately. Every major medical group in science supports a standard of care, and they are being referred to Children’s and UAMS and other places to deal with very complex psychological and gender issues.”
  - “These are struggling kids, and this – this bill ultimately is just intended to make life more miserable and discriminate against this very tiny minority of kids.”
45. In speaking in favor of HB 1570, Representative Mary Bentley stated:
  - “Father God, our Creator, has some very important things that he would like to say about [HB 1570]” and that it is “impossible to govern the world without God and the Bible.”
  - Representative Bentley quoted the biblical passage: “a woman shall not wear anything that pertains to a man, nor a man put on a woman’s garments, for all who do so are an abomination to the Lord your God.”
46. In speaking in favor of HB 1570, Representative Jim Wooten stated:
  - “[W]hat if your child comes to you and says, ‘I want to be a cow’? . . . What have we done as a society, a nation, a country in Arkansas. What have we done? What have we permitted to occur in a civilized society? You want to talk about God?

I'll tell you about God. God made you like you are. God formed you. Why in the world would we want to encourage, and get up here and say, 'Let them do it.' I can't sit down here and do that. This is absolutely ridiculous. Change from a man to a woman? It'll never work. . . . I'm going to quote the Bible, because I'm telling you, that's God's word. That's what this nation is based on."

47. On March 17, 2021 and April 1, 2021, respectively, the Arkansas State Senate and Arkansas House of Representatives passed resolutions stating that "gender reassignment medical treatments" are "neither natural nor healthy." SR 7, HR 1018.
48. On March 29, 2021, the Arkansas General Assembly passed HB 1570 (the bill that was later codified as Act 626).
49. On April 5, 2021, Governor Asa Hutchinson vetoed HB 1570. In a public statement at the time of issuing his veto, Governor Hutchinson explained: "I vetoed this bill because it creates new standards of legislative interference with physicians and parents as they deal with some of the most complex and sensitive matters concerning our youths. . . . HB 1570 puts the state as the definitive oracle of medical care, overriding parents, patients and health-care experts. . . . This would be — and is — a vast government overreach."
50. On April 6, 2021, the General Assembly overrode the Governor's veto by a simple majority vote.
51. It would violate Act 626 for an Arkansas doctor or other medical provider who had been providing gender-affirming hormone therapy to an adolescent with gender dysphoria to advise that patient of a doctor in another state who could continue that care.
52. If Act 626 goes into effect, if an adolescent has been receiving gender-affirming hormone therapy to treat gender dysphoria, they would have to discontinue their treatment.
53. If Act 626 goes into effect, if an adolescent has been receiving puberty suppressing treatment for gender dysphoria, they would have to discontinue their treatment.
54. Discontinuing puberty suppressing treatment and/or gender-affirming hormone therapy would cause a patient's endogenous puberty to resume.
55. Discontinuing puberty suppressing treatment and/or gender-affirming hormone therapy may "cause distress" to patients currently undergoing that care.
56. Abruptly discontinuing hormone therapy can cause physiological side effects to patients receiving such therapy.
57. GnRH analogues may be prescribed to children with central precocious puberty to delay puberty. The use of GnRH analogues for this purpose is not prohibited by Act 626.

58. Testosterone may be prescribed to treat delayed puberty in adolescent natal boys. The use of testosterone for this purpose is not prohibited by Act 626.
59. Estrogen may be prescribed to treat adolescent natal girls for conditions such as delayed puberty, primary ovarian insufficiency, hypogonadotropic hypogonadism, and Turner's Syndrome. The use of estrogen for these purposes is not prohibited by Act 626.
60. Estrogen may be prescribed to treat adolescents with certain intersex conditions (also known as disorders of sexual development). The use of estrogen for these purposes is not prohibited by Act 626.

### **THE REGULATION OF MEDICINE IN ARKANSAS**

61. The mission of the Arkansas State Medical Board (the "Board") "is to protect the public and act as their advocate by effectively regulating the practices of Medical Doctors[.]"
62. Under the Arkansas Medical Practices Act, the Board may "promulgate and put into effect such rules and regulations as are necessary to carry out the purposes of the Arkansas Medical Practices Act." (Arkansas Medical Practices Act, § 17-95-303.)
63. Under the Arkansas Medical Practices Act, the Board "may revoke an existing license, impose penalties as listed in § 17-95-410 or refuse to issue a license in the event that holder or complainant . . . has committed any of the acts or defenses defined in this section to be unprofessional conduct." (Arkansas Medical Practices Act, § 17-95-409.)
64. If Act 626 goes into effect, the Board will be responsible for disciplining physicians who provide procedures prohibited by Act 626.
65. If Act 626 goes into effect, the Board will enforce the law "the same as any other enforcement."
66. Act 626's ban on a specific medical treatment "is not typical as to how Arkansas regulates medicine at the moment." The decision about whether to undergo care is "usually . . . between the physician and the parent and the patient."
67. The Chronic Intractable Pain Treatment Act and Board Regulation 2 subsection 6 regulate the prescription of opioid medications but do not ban opioid prescriptions.
68. Act 1356 and Board Regulation 27 enumerate requirements of the informed consent process for gastric bypass but do not ban this surgery.
69. The Arkansas Department of Health issued a document called "Guidance For the Use of Hydroxychloroquine and Chloroquine For the Treatment of COVID 19." The document provides:

“On June 15, 2020 the Food and Drug Administration, FDA, revoked the emergency use authorization, EUA, for the use of chloroquine, CQ, and hydroxychloroquine, HCQ, to treat COVID 19 after concluding it was ‘no longer reasonable to believe that oral formulations of HCQ and CQ may be effective in treating COVID 19, nor is it reasonable to believe that the known and potential benefits of these products outweigh their known and potential risks.’ The latter included serious adverse events. Based on this information, the Arkansas Department of Health, ADH, updated its guidance related to HCQ and CQ indicating that their use for treatment of COVID 19 should be avoided in both outpatient and hospitalized settings, but could be administered prescribed and dispensed for FDA medical supervision of a patient's healthcare provider. Unapproved use, i.e., off-label use, of these medications is left to the discretion of individual clinicians and their patients. However, the ADH wants clinicians to be aware that coadministration of HCQ or CQ with remdesivir and MEUA, approved medication for treatment of COVID 19, is not recommended based on data showing an antagonistic effect of these medications on the antiviral activity of remdesivir.”

70. FDA approval for a particular indication is not required for a doctor to prescribe medication in Arkansas.
71. Doctors prescribe medications for off-label use in Arkansas.
72. When Act 626 was enacted, there was no other medical treatment that was banned in the State of Arkansas based on concern about the patient's health.
73. The Board has never received any complaints about the provision of gender-affirming medical care.
74. The Board has the authority to promulgate regulations concerning the provision of medical treatment to minors with gender dysphoria.
75. Amy Embry, the Executive Director of the Board, believes that, if Act 626 goes into effect, it “would be in conflict with another law,” the Patient Right-to-Know Act, which makes it unprofessional conduct for a physician to stop treating a patient without referring them to another physician for care. Dr. Branman, a member of the Board, agrees.

**DR. DEANNA ADKINS**

76. Deanna Adkins, M.D. received her medical degree from the Medical College of Georgia in 1997.

77. Dr. Adkins served as the Fellowship Program Director of Pediatric Endocrinology at Duke University School of Medicine for 14 years and is currently the Director of the Duke Center for Child and Adolescent Gender Care.
78. Dr. Adkins has been licensed to practice medicine in North Carolina since 2001.
79. Dr. Adkins is a member of the American Academy of Pediatrics, the North Carolina Pediatric Society, the Pediatric Endocrine Society, the Endocrine Society, and WPATH.
80. Dr. Adkins is the founder of the Duke Center for Child and Adolescent Gender Care, and currently serves as its director.

**DR. ARMAND H. MATHENY AN TOMM ARIA**

81. Armand H. Matheny Antomm ari a, M.D., Ph.D., received his medical degree from Washington University School of Medicine in St. Louis, Missouri in 2000.
82. Dr. Antomm ari a received his Ph.D. in Religious Ethics from The University of Chicago Divinity School in 2000.
83. Dr. Antomm ari a completed a pediatrics residency at the University of Utah in 2003.
84. Dr. Antomm ari a was licensed to practice medicine in 2001, Board Certified in general pediatrics in 2004 and pediatric hospital medicine in 2019, and certified as a healthcare ethics consultant in 2019.
85. Dr. Antomm ari a has been Director of the Ethics Center at Cincinnati Children’s Hospital since 2012.
86. Dr. Antomm ari a regularly consults on cases at the Transgender Health Clinic at Cincinnati Children’s and participates in its monthly multidisciplinary team meetings.
87. Dr. Antomm ari a is part of Cincinnati Children’s team that cares for patients born with intersex traits, also known as differences or disorders of sex development (DSD).
88. Dr. Antomm ari a is the Chair of Cincinnati Children’s Fetal Care Center’s Oversight Committee, which issues recommendations on the use of innovative treatments and experimental interventions.
89. Dr. Antomm ari a is a member of the American Academy of Pediatrics, and was a member of its Committee on Bioethics from 2005 to 2011. He is currently the Associate Editor of the Ethics Rounds section of the Academy’s lead journal *Pediatrics*.

90. Dr. Antommaria is a member of the American Society for Bioethics and Humanities, served as a member of its Clinical Ethics Consultation Affairs Committee from 2009 to 2014, and currently serves on its Healthcare Ethics Consultant Certification Commission.
91. Dr. Antommaria is a member of the Association of Bioethics Program Directors, and the Society for Pediatric Research.

**DR. JACK TURBAN**

92. Jack Turban, M.D., received his medical degree and a Master of Health Science degree from Yale University School of Medicine in 2017.
93. Dr. Turban completed a residency training in general psychiatry at the Massachusetts General Hospital and McLean Hospital in 2020.
94. Dr. Turban was awarded the Yale Ferris Prize for his thesis entitled “Evolving Treatment Paradigms for Transgender Youth” in 2011.
95. Dr. Turban received the United States Preventative Health Services Award for Excellence in Public Health based on his work related to the mental health of transgender youth in 2017.
96. Dr. Turban has served as a manuscript reviewer for numerous professional publications, including *The Journal of The American Medical Association (JAMA)*, *JAMA Pediatrics*, *JAMA Psychiatry*, *The Journal of The American Academy of Child & Adolescent Psychiatry*, *Pediatrics*, *The Journal of Adolescent Health*, and *The American Journal of Public Health*.
97. Dr. Turban has served as lead author for textbook chapters on the mental health of transgender youth, including for *Lewis’s Child & Adolescent Psychiatry: A Comprehensive Textbook* and the textbook of The International Academy for Child & Adolescent Psychiatry and Allied Professionals. He is co-editor of the textbook *Pediatric Gender Identity: Gender-Affirming Care for Transgender and Gender Diverse Youth*.

**DR. DANIEL KARASIC**

98. Daniel Karasic, M.D., received his medical degree from the Yale Medical School in 1987.
99. Dr. Karasic completed a residency in psychiatry at the University of California – Los Angeles Neuropsychiatric Institutes in 1991.
100. Dr. Karasic is currently a Professor Emeritus of Psychiatry at the UCSF Weill Institute for Neurosciences. He has been on faculty at the University of California – San Francisco since 1991.

101. Dr. Karasic has a telepsychiatry private practice.
102. Dr. Karasic specializes in the evaluation and treatment of transgender, gender dysphoric, and HIV-positive patients.
103. Dr. Karasic is a Distinguished Fellow of the American Psychiatric Association and currently the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, as well as the sole author of the chapter on transgender care in the *American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition*.
104. Dr. Karasic served on the City and County of San Francisco Human Rights Commission's LGBT Advisory Committee, and has been an expert consultant for California state agencies and on multiple occasions for the United Nations Development Programme on international issues in transgender care.
105. Dr. Karasic was an attending psychiatrist for San Francisco General Hospital's consultation-liaison service for AIDS care, an outpatient psychiatrist for HIV-AIDS patients at UCSF, a psychiatrist for the Transgender Life Care Program and the Dimensions Clinic at Castro Mission Health Center, and the founder and co-lead of the UCSF Alliance Health Project's Transgender Team.
106. Dr. Karasic has been a consultant in transgender care to the California Department of State Hospitals and is currently a consultant for the California Department of Corrections and Rehabilitation on the care of incarcerated transgender people.
107. Dr. Karasic has authored many articles and book chapters, and edited the book *Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation*.

#### **RELEVANT PROCEDURAL HISTORY**

108. On May 25, 2021, Plaintiffs filed the Complaint in this action.
109. On June 15, 2021, Plaintiffs filed their *Motion For A Preliminary Injunction*.
110. On June 16, 2021, Defendants filed their *Motion to Dismiss*.
111. On July 21, 2021, after a hearing on Plaintiffs' *Motion For A Preliminary Injunction* and Defendants' *Motion to Dismiss*, the Court granted Plaintiffs' motion and denied Defendants' motion.
112. On August 2, 2021, the Court issued a Supplemental Order to "supplement[] the ruling made at the conclusion of the July 21, 2021 hearing," and stating that "Defendants and successors in office are enjoined from enforcing any provision of House Bill 1570 . . . during the pendency of the litigation of this case."

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113. In the Supplemental Order, the Court found that Act 626 “refer[s] to gender transition which is only sought by transgender individuals.”
114. In the Supplemental Order, the Court found that “[t]he consensus recommendation of medical organizations is that the only effective treatment for individuals at risk or suffering from gender dysphoria is to provide gender-affirming care.”
115. In the Supplemental Order, the Court found that “Defendants’ rationale that the Act protects children from experimental treatment and the long-term, irreversible effects of the treatment, is counterintuitive to the fact that it allows the same treatment for cisgender minors as long as the desired results conform with the stereotype of their biological sex.”
116. In the Supplemental Order, the Court found that “Gender-affirming treatment is supported by medical evidence that has been subject to rigorous study.”
117. In the Supplemental Order, the Court found that, “[i]nstead of ensuring that healthcare providers in the State of Arkansas abide by ethical standards, the State has ensured that its healthcare providers do not have the ability to abide by their ethical standards which may include medically necessary transition-related care for improving the physical and mental health of their transgender patients.”
118. On August 20, 2021, Defendants filed a notice of interlocutory appeal to the United States Court of Appeals for the Eighth Circuit.
119. On September 15, 2021, Defendants filed their *Answer to the Complaint*.

# Appendix B

**IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
CENTRAL DIVISION**

----- X  
 DYLAN BRANDT, et al., :  
 :  
 Plaintiffs, :  
 v. : Case No. 4:21-CV-00450-JM  
 LESLIE RUTLEDGE, et al., :  
 :  
 Defendants. :  
 :  
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**PLAINTIFFS’ EVIDENTIARY DEPOSITION DESIGNATIONS  
FOR  
REPRESENTATIVE ROBIN LUNDSTRUM**

Plaintiffs Dylan Brandt, et al., hereby designate the following portions of Representative Robin Lundstrum’s June 30, 2022 deposition:

<b>Start Page:Line</b>	<b>End Page:Line</b>	<b>Deposition Exhibit(s)</b>
18:13 (“Good ...)	18:16	
22:19	22:22	
23:1	23:17	
25:19	26:9	
27:10	27:15	1
28:15	29:5	1
30:10 (“what ...)	32:5	2
32:21	32:24	
33:8	33:14	
33:20	33:22	
33:24	34:4	
46:7	47:4	6
48:21	48:24	
49:5	49:15	
49:20	49:22	
50:9	50:10	
50:16	50:20	
50:23 “So ...”	51:4	

51:15	51:23	
52:5	52:17	
53:5	53:9	9
60:18 "Is ..."	60:21	
62:13	63:10	
64:7	64:15	
65:11	65:14	
67:12	67:16	
67:22	68:3	
68:19	68:24	11
70:8	70:14	11
71:2	71:8	
73:13	73:21	12
74:6	74:10	
74:16	74:25	
76:18	77:22	
78:8	78:12	14
79:18	79:18	
80:5	80:10	
97:2	97:10	17
98:3	99:24	18
107:11	107:18	
108:1	108:4	
108:8	109:14	24
116:17	116:22	
118:24	119:1	
119:10	119:23	
120:3	120:23	28
122:25	123:3	
133:11	134:1	30
135:24	137:16	30
138:7	138:16	
139:21	140:22	30
141:5	141:12 "...5840"	30
141:21	142:2	30
142:14	142:18	
143:20	143:23	
143:24 "have ..."	144:2	
144:7	144:25	
145:4	145:5	
145:6	145:7	31
146:4	148:8	31
148:12	148:18	
149:23	151:3	33
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156:4	158:9	
175:19	175:22	
176:12	176:23	
177:18	177:24	42
178:2	178:13 "...all."	42
180:11	180:22 ("...wrong.")	
190:6	190:10	45
190:21	191:6	45
203:11	208:6	52, 53
209:3	209:13	54
210:9	210:19 ("...child.")	54
211:5	211:7	54
211:13	211:24	54
212:7	212:14	
214:2	214:8	
214:9	214:9	54
214:13	216:10	54
217:14	217:17	55
224:24	225:19	
228:6	228:22	56
229:1	230:18	56
230:24	231:25	
232:25	233:6	
233:25 "do..."	234:13:7	
242:25	243:18	
246:8	246:13	
253:25	254:1	

Dated: July 26, 2022

/s/ Leslie Cooper

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# Appendix C

**IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
CENTRAL DIVISION**

----- X  
DYLAN BRANDT, et al., :  
Plaintiff,  
v.  
LESLIE RUTLEDGE, et al., :  
Defendant.

Case No. 4:21-CV-00450-JM

----- X

**TRIAL DEPOSITION DESIGNATIONS OF PLAINTIFFS**

**Amy Embry Deposition, May 10, 2022**

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42:7	44:9
45:7	50:16
51:14	54:23
58:19	66:9
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92:14	102:14
107:2	116:24
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125:5	148:22
149:9	154:25
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170:2	191:11
197:6	217:6
221:3	221:12
223:12	228:8
229:8	233:3
233:12	234:15
235:18	245:15

Dated: June 24, 2022

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# Appendix D

**IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
CENTRAL DIVISION**

----- X  
DYLAN BRANDT, et al., :  
Plaintiff,  
v.  
LESLIE RUTLEDGE, et al., :  
Defendant.

Case No. 4:21-CV-00450-JM

----- X

**TRIAL DEPOSITION DESIGNATIONS OF PLAINTIFFS**

**Dr. Rhys Branman Deposition, June 24, 2022**

<b>Start Page: Line</b>	<b>End Page: Line</b>
24:16	25:1
28:11	29:14
30:5	31:12
31:24	32:3
33:18	33:23
41:14	41:22
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65:13	65:20
67:10	68:9
81:21	82:21
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86:3	87:8
87:24	88:12
88:18	89:6
91:2	91:10
103:7	103:10
111:16	111:19
113:16	114:9
119:19	120:23
124:16	124:23
127:2	130:3
132:6	132:23
135:5	135:23

137:9	137:17
138:18	139:8
149:20	149:4

Dated: July 14, 2022

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