

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

A.C., a minor child, by his next friend,
mother and legal guardian, M.C.,

Plaintiff,

v.

METROPOLITAN SCHOOL DISTRICT OF
MARTINSVILLE, *et al.*

Defendants.

No. 1:21-cv-02965-TWP-MPB

INDEX OF EXHIBITS IN SUPPORT OF
PLAINTIFF'S MOTION FOR PRELIMINARY INJUNCTION

<u>Exhibit #</u>	<u>Title/Description</u>
1	Declaration of James D. Fortenberry, M.D., M.S.
2	Declaration of M.C. Exhibit A, 1.17.2022 Letter from Dr. James Fortenberry
3	Declaration of A.C.
4	Deposition of Fred Kutruff and exhibits

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Attorneys for Plaintiff

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
TERREHAUTE DIVISION

A.C., a minor child, by his next friend,)
mother and legal guardian, M.C.,)

Plaintiffs,)

v.)

No. 1:21-cv-02965-TWP-MPB

METROPOLITAN SCHOOL DISTRICT)
OF MARTINSVILLE, et al.,)
Defendants.)

Declaration of James D. Fortenberry, M.D., M.S.

James D. Fortenberry, M.D., M.S., being duly sworn says that:

Introduction

1. I have been retained by counsel for plaintiff as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration. My professional background, experience, and publications are detailed in my curriculum vitae, a true and accurate copy of which is attached as Exhibit A to this declaration.

2. I received my medical degree from the University of Oklahoma in 1979. I am currently a Professor of Pediatrics at Indiana University School of Medicine and Adjunct Professor of Epidemiology at the Fairbanks School of Public Health.

3. I am a member of the World Professional Association for Transgender Health ("WPATH"), the Society of Adolescent Health & Medicine, the International Academy for Sex Research, and the American STD Association. I have in the past served as

President of both the International Academy for Sex Research and the American STD Association.

4. I am a fellow of the Society for the Scientific Study of Sex and I am the past chair of the Board of Directors of the American Sexual Health Association. My professional work was recognized in 2009 by The American STD Association, in 2014 by the Society for Adolescent Health & Medicine, and in 2019 by the World Association for Sexual Health.

5. I have worked with persons with gender identity issues for my entire career and helped found the Gender Health Program at Riley Children's Health in 2016. The Gender Health Program offers comprehensive medical, psychological, and social services support to children, teens and young adults who have been diagnosed with gender dysphoria. This is the only comprehensive gender health program in Indiana that serves patients under the age of 21. To date, this program has served more than 600 young people with gender dysphoria.

6. The services at the Gender Health Program include, but are not limited to, diagnosis of gender dysphoria in children and adolescents, gender affirming hormone therapy, treatment for menstrual suppression, treatment of anxiety and depression, psychological counseling, family education and counseling, support for name and gender marker change, transition support at schools, referral for speech therapy, and referral for surgical consultation.

7. I personally provide or supervise each month the medical care of 40 or more children, adolescents, and young people with gender dysphoria.

8. My clinical care involves review of written information provided by the young person and their caregiver(s), review of pertinent mental health and medical records, and detailed clinical discussions with each young person in order to understand their gender experiences and the sources of support and distress associated with their gender identity. Additional discussions with caregivers address additional sources of support and distress within the household. These discussions guide the shared medical decision-making about hormonal therapy and other services needed to alleviate gender dysphoria and support the person in gender transition. Gender transition is the process whereby the transgender person lives as a member of the sex of their gender identity. I do not perform surgery but may refer older adolescents for various gender affirming surgical procedures.

9. In preparing this declaration, I reviewed the complaint in this case as well as the medical and mental health records of the plaintiff from Riley Hospital. I also have relied upon the literature listed in Exhibit B. These are all peer-reviewed studies and publications accepted by persons in the field of health care for transgender and gender nonbinary youth.

10. I am being compensated for the actual time I have devoted in this matter as an expert, at the rate of \$450.00 an hour. My compensation does not depend on the outcome of this litigation, the opinions that I express, or any testimony that I provide.

11. In the last 4 years I have not testified in any case as an expert either at trial or deposition.

Medical Background: Gender Identity and Gender Dysphoria

12. Gender dysphoria is an accepted diagnosis for individuals with a gender identity that differs from social gender expectations associated with the person's birth-assigned sex.

13. Gender identity is a well-established concept in medicine that refers to one's sense of oneself as congruent with a particular gender. Gender identity for many people is established early in life.

14. For many persons, one's gender identity is congruent with one's anatomical features, so that persons born with a penis and testes are identified as male at birth and subsequently identify as male; persons identified at birth by the presence of a vulva subsequently identify as female. Transgender and gender nonbinary people, however, have a much different experience of gender, often intensified with the onset of puberty during early adolescence.

15. Transgender and gender nonbinary identity is a response to gender dysphoria, representing the lack of congruence of sex assigned at birth and a person's experienced gender. Here, people whose birth assigned sex is female experience their gender as male. However, not all persons establish an identity as "male" or "female" and these young people often identify as "nonbinary." Throughout this document, I refer to these gender identities as "transgender and nonbinary."

16. Studies indicate up to 0.6% of persons in Indiana identify as transgender. However, recent research conducted by the Centers for Disease Control and Prevention

show that up to 1.9% of high school students identify as transgender or gender nonbinary.

17. Gender identity is not a "choice" and is not indicative of a medical or psychological pathology. Indeed, there is evidence from studies of genes that show how diversity in the ways a person's cells respond to hormones influences gender identity. Other research using functional magnetic resonance brain scans shows that a transgender person's brain responds more in a manner consistent with their experienced gender, rather than in a manner consistent with birth-assigned sex.

18. For a person with gender dysphoria, the incongruence of experienced gender and birth-assigned sex creates a constant sense of distress that can be manifested by symptoms such as preoccupation with expressing the characteristics of one's experienced gender, hiding or modifying the sex characteristics associated with one's assigned sex, and acquiring the sex characteristics of one's experienced gender. Untreated, gender dysphoria results in significant distress, clinically significant anxiety and depression, self-harming behaviors, substance abuse, and suicidality.

19. In fact, research consistently demonstrates that up to 51% of some groups of transgender and gender nonbinary young persons have attempted suicide at least once, compared to 14% of adolescents without gender dysphoria.

20. Gender dysphoria is a recognized condition codified in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-V) at 302.85 (F64.0) and the World Health Organization's International Classification of Diseases 10

(ICD-10) version that became active on October 1, 2021 at F64.2. These are both standard classifications of mental and physical disorders, used world-wide.

21. In diagnosing gender dysphoria in adolescents and adults, I, and other practitioners, use the criteria set forth in the American Psychiatric Association's Diagnostic and Statistical Manual, 5th edition ("DSM-V"). DSM-V, 302.85, sets out the following criteria for gender dysphoria among adolescents and adults:

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 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 secondary 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. ICD-10 describes, at F64, "gender identity disorder." This is "[a] disorder characterized by a strong and persistent cross-gender identification (such as stating a

desire to be the other sex or frequently passing as the other sex) coupled with persistent discomfort with his or her sex (manifested in adults, for example, as a preoccupation with altering primary and secondary sex characteristics through hormonal manipulation or surgery." ICD-11 - which will be used in 2022 and beyond - uses the term "gender incongruence" rather than gender dysphoria - these terms are understood as equivalent.

23. The "gender identity disorder" described in ICD-10 refers to the same issues as "gender dysphoria" as set out in the DSM-V. The more preferable term in clinical medicine is "gender dysphoria" as used in this declaration.

Treatment Protocols

24. The generally accepted treatment protocols for gender dysphoria are now aimed at alleviating the distress associated with the incongruence between gender identity and birth-assigned sex. These protocols are laid out in the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (Version 7) developed by the World Professional Association for Transgender Health ("WPATH").

25. WPATH has established an international standard of care for persons with gender dysphoria and these standards are recognized by leading mental health and medical organizations in the United States, including the American Medical Association, the Endocrine Society, the American Academy of Pediatrics, the American Psychiatric Association, and American Psychological Association.

26. These are the standards that I and my colleagues at Indiana University School of Medicine and Riley Hospital follow in the treatment of transgender and gender nonbinary persons.

27. The WPATH Standards of Care recognize, consistent with my experience, that the principal treatment of gender dysphoria is to allow the young person full expression of their experienced gender identity. This involves, generally, allowing young people to express their gender through name and pronouns, with supportive acceptance from family and others, and with dress and social behaviors consistent with their experienced gender. Hormone therapy to feminize or masculinize the body is considered by many - but not all - young people. The person may also benefit from counseling to assist the person with the depression or anxiety and other problems that may flow from longstanding gender dysphoria and being transgender. It is important to note that these mental health issues of depression and anxiety primarily are most often responses to social hostility, rejection, discrimination, emotional abuse, bullying, and physical violence associated with society's rejection of the person's expressed gender.

28. Treatment for gender dysphoria will vary based on individualized assessments, family considerations, and medical need, but often involves assessment, counseling, and, as appropriate, social role transition. Treatment is not a single process but involves various steps over the course of months and years. However, an essential initial element of treatment is identification and amelioration of sources of day-to-day distress associated with the young person's gender identity and expression.

29. For some teens and adults, treatment may also include hormone therapy to bring the body into alignment with one's gender identity. Gender affirming surgery may be considered for patients under the age of 18, but in practice is often delayed until age 18 or old. In particular, genital surgery is not performed in Indiana or most other states on patients under the age of 18, absent extenuating circumstances and approval of the hospital ethics committee.

30. Regardless of the individual's treatment regime, the goal is to develop "an integrated and positive self-image," thus experiencing "identity integration" where "being transgender / gender nonbinary is no longer the most important signifier of one's identity.

31. Social transition—i.e., living one's life in accordance with one's gender identity—is a critically important part of treatment, particularly for adolescents. Social role transition includes publicly identifying oneself as that gender; adopting a new name; using pronouns consistent with one's gender identity; grooming and dressing in a manner typically associated with one's gender identity; and using restrooms and other facilities consistent with that gender.

32. Similarly, counseling is an important part of treatment because it aims to assist the young person with the depression or anxiety and other problems that flow from longstanding, daily distress associated with gender dysphoria. It is important to note that these mental health issues of depression and anxiety are most often responses to social

hostility, rejection, discrimination, emotional abuse, bullying, and physical violence associated with society's rejection of the person's experienced and expressed gender.

33. As a first therapeutic step for gender dysphoria, most people adopt names, clothing, hair styles, social characteristics, and gendered pronouns consistent with their experienced gender. After puberty, for birth-assigned females, hormonal suppression of menstrual periods and breast binding both are reversible treatments for specific contributors to gender dysphoria. Treatment of post-pubertal birth-assigned females may also involve the provision of gender affirming hormone therapy, which initiates the physiologic changes in body contour and appearance to match that of the experienced gender. For example, the hormones given to birth-assigned female with an experience of male gender identity will deepen the voice, stimulate beard growth, increase muscle mass, and redistribute body fat. Full hormone effects may require 12-18 months to realize. However, the trajectory of individual responses to treatment is highly variable, depending on individual differences in responses to the hormones as well as each young person's goals.

34. The WPATH Standards of Care recognize that assisting the person in social role transition—allowing the young person to express themselves in a manner consistent with their gender identity—is an essential component of amelioration of gender dysphoria that is essential to future mental health.

35. Social role transition, through which a person presents themselves in a manner consistent with their experienced and expressed gender, which includes name, dress, hair style, and other aspects of gender presentation, is an essential aspect of management of

gender dysphoria. Research shows that such received support - especially from family and from social institutions such as schools - at least partially ameliorates gender dysphoria.

36. Transgender and gender nonbinary young people often identify dead-naming (referring to a person by their birth name, even after correction), and mis-gendering (using incorrect pronouns, even after correction) as a recurrent and distressing experience in schools. Young people who experience frequent dead-naming and mis-gendering report more negative overall school experiences, less connectedness to schools, and greater levels of depression and anxiety. Research with transgender and gender nonbinary youth shows that school is the most traumatic aspect of growing up. Experiences of rejection and discrimination from teachers and school personnel often lead to feelings of shame and unworthiness. These preventable daily stigmatization experiences contribute to academic difficulties, increased absenteeism, and often to school drop-out that are notably more common among transgender and gender nonbinary young people.

37. Use of public facilities that correspond to one's lived gender experience and expression is integral to social recognition of identity. The ability to be able to use toilet facilities consistent with one's experienced and expressed gender is a prime component of gender affirmation. Being denied the use gendered toilet facilities consistent with expressed gender is experienced as an ever-present source of distress and anxiety. Distress and anxiety are linked to increases in self-harming behaviors including suicidality. In fact, recent research shows that among transgender and gender nonbinary

young people denied access to school bathroom facilities consistent with their gender identity, 85% reported depression, 60% seriously considered suicide, and about 33% reported a past-year suicide attempt.

38. As a physician to young people coping with gender dysphoria, I often hear reports of complete avoidance of fluids before and during school, and suppression of body functions for an entire school day because of the intensity of discomfort in school-assigned facilities. This suppression of body functions can be injurious to the young person both through a constant state of relative dehydration, potential damage to the bladder, and increased risk for infections.

39. In my clinical experience, reserving a specific bathroom or locker room solely for the use of the transgender or gender nonbinary person (when there are other sex-specific restrooms available for everyone else) often fails to solve issues of bathroom access at school. Patients report that these assignments create an additional sense of stigma, of being pointed out as being different from peers, and of needing to be segregated from others. This often triggers shame and contributes to feelings of isolation and low self-esteem common among transgender and gender nonbinary young people.

40. It is well established by research and by clinical experience that these experiences of shame and discrimination have long-term negative influences on mental health, physical health, and overall wellbeing. For example, in a study of transgender and gender nonbinary adults, stress and victimization experienced as middle and high school students was associated with a greater risk for posttraumatic stress disorder, depression, life dissatisfaction, anxiety, and suicidality as an adult. As noted throughout this

document, these are potentially preventable consequences of lack of access to toilet facilities consistent with one's gender experience and identity.

Plaintiff A.C.

41. The plaintiff is a current patient at the Gender Health Clinic at Riley and, was first evaluated on October 1, 2021. He noted that he began to question his birth-assigned sex around age 8 and began identifying as male socially by age 11.

42. As noted above, I have reviewed the medical and mental health records of the plaintiff in this case. The medical record documents all elements to meet ICD 10 F64 and DSM criteria for gender dysphoria in an adolescent. Additional objective evidence includes a score of 98/100 on a validated, widely used assessment tool for gender dysphoria (The Utrecht Gender Dysphoria Scale). Gender identity is clearly identified by the plaintiff as male.

44. The plaintiff identified significant distress, depression, and anxiety in association with misperceptions of his gender identity and frequent misgendering. School, in particular, was identified as a source of distress in terms of use of name, pronouns, and bathroom.

45. Initial therapy for the plaintiff including supportive counseling (including support for continued social transition), counseling for safe chest binding, and initiation of hormonal suppression for menstrual periods.

46. Testosterone initiation has not been discussed or prescribed although testosterone may be proscribed in some patients at this age. Discussion of use of testosterone will likely be introduced in future visits as requested by the plaintiff and his mother.

47. Support for use of male bathrooms, consistent with the plaintiff's experienced gender and gender identity is a standard element of our clinical protocols in terms of its relevance to each patient's health and safety.

Conclusion

48. For all of the reasons noted above, it is my opinion that the plaintiff's health and wellbeing is best served through supportive and consistent of the plaintiff's stated name and pronouns, and free access to bathroom facilities at school as consistent with his experienced and expressed male gender.

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Verification

I verify under the penalties for perjury that the foregoing representations are true.

Executed on: 01-27-2022
Date


James D. Fortepfbry, M.D., M.S.

Prepared by:

Kenneth J. Falk
No. 6777-49
ACLU of Indiana

CURRICULUM VITA

update:11/18/2021

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Professional Address:

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Date of Birth: August 27, 1953 **Place of Birth:** Big Spring, Texas **Citizenship:** U.S.A.

Education:

9/85 – 5/89 Epidemiology and Biostatistics, College of Public Health, Univ. of Oklahoma. Master of Science degree. Thesis Title: *The Effect of Maternal Age on Substance Use During Pregnancy*
5/82 – 6/83 Bryn Mawr Hospital, Bryn Mawr, PA. Senior Resident in Internal Medicine
7/81 – 5/82 Interrupted residency to travel in Europe
7/80 – 6/81 University of Oklahoma Health Sciences Center, Internal Medicine - PG2
7/79 - 6/80 University of Oklahoma Health Sciences Center, Internal Medicine - PG1
9/75 – 5/79 University of Oklahoma School of Medicine. M.D. Degree
9/71 – 5/75 Oklahoma State University. B.S. in University Studies

Professional Experience:

2015 – 2020 Chief, Division of Adolescent Medicine, Department of Pediatrics, Indiana University School of Medicine.
2006 – Present Core Faculty, Center for Sexual Health Promotion, Indiana University.
2006 – 2019 Senior Research Fellow, Kinsey Institute for Sex, Gender & Reproduction, Indiana University
7/99 - Present Professor (with tenure), Department of Pediatrics, Indiana University School of Medicine
7/93 – 6/99 Associate Professor, Department of Pediatrics, Indiana University School of Medicine. Associate Director of Adolescent Medicine
7/91 – 6/93 Section Chief, Adolescent Medicine, 1993. University of Oklahoma Health Sciences Center, Departments of Medicine & Pediatrics
7/90 – 6/93 Associate Professor of Pediatrics & Medicine (with tenure), University of Oklahoma Health Sciences Center, Adolescent Medicine Section, Oklahoma City, OK
9/88 – 6/95 Faculty Research Associate, Research Program on Problem Behavior, University of Colorado at Boulder, Institute of Behavioral Science
7/83 – 6/90 Assistant Professor of Medicine & Pediatrics, University of Oklahoma Health Sciences Center, Department of Medicine, Adolescent Medicine Section. Oklahoma City, OK

Certification:

American Board of Internal Medicine. September, 1983; renewed: November 2004.

American Board of Internal Medicine: Certificate of Added Qualifications in Adolescent Medicine. November, 1994; renewed November 2004.

Licenses:

Oklahoma - active, lic. # 12703
Pennsylvania - inactive
Indiana - active, lic. # 0104534

Exhibit A

Professional and Scientific Memberships:

Society for Adolescent Health & Medicine
 Population Association of America
 American Sexually Transmitted Diseases Association
 International Union against Sexually Transmitted Infections
 Society for Scientific Study of Sexuality
 International Academy for Sex Research
 Society for Research on Adolescence
 World Professional Association for Transgender Health

Teaching and Mentoring Activities:

Indiana University School of Medicine lectures

IU School of Medicine students in the Endocrine, Reproductive, Musculoskeletal, and Dermatology Course (2018, 2019, 2020). 1 2-hour lecture and panel moderator – Health care for gender diverse people

Supervision of Adolescent Medicine Fellows (and current position):

Sarah Sayger, MD	1985 – 1986	Purdue University
Edward P. Tyson, MD	1986 – 1987	Austin, Texas
Kathy S. Waller, MD, MPH	1988 – 1990	Colorado State University
Marcia Shew, MD, MPH	1988 – 1991	Indiana University School of Medicine
Wilma Fett, MD, MPH	1989 – 1991	Oklahoma City, OK
Lanette Brown-Jones, MD	1993 – 1996	St. Vincent Medical Center, Indianapolis.
Monique Howard, MD.	1995 – 1998	Louisville, KY.
Melissa Lawson, MD	1996 – 1999	University of Missouri
Craig Spence, MD	1997 – 1998	Bloomington, IN.
Lee Ann Conard, DO, MPH	1999 – 2002	University of Cincinnati
Thomas A. Eccles, MD	2000 – 2003	Arizona State University
Stephanie Brown, MD	2001 – 2004	Northwestern University
Tatiana Greenfield, MD, PhD	2002 – 2005	New York, New York
Jennifer Woods, MD MS	2003 – 2006	Arkansas University School of Medicine
Michael Spaulding-Barclay MD	2004 – 2007	Kansas University School of Medicine
Aneesh Tosh MD MS	2004 – 2007	University of Missouri School of Medicine
Sarah Halleran MD	2005 – 2007	Vancouver, British Columbia, Canada
Rebecca Williams MD MS	2006 – 2009	Indiana University School of Medicine
Paul Kim MD	2007 – 2009	Los Angeles, CA.
Lekeisha Terrell MD MS	2007 – 2010	Washington, D.C.
Cynthia Robbins MD MS	2008 – 2011	Indiana University School of Medicine
Annie Nguyen MD	2009 – 2010	University of Arizona
Laura Kester MD MPH	2010 – 2013	Indiana University School of Medicine
Julia Taylor MD	2012 – 2015	University of West Virginia
Zachary Jacobs DO	2012 – 2015	SUNY Downstate
Jamie Essian Taylor	2013 – 2016	Michigan State University
Ola Mscichowski DO	2015 – 2017	
Rachael Snedecor MD	2016 – 2019	Cincinnati Children’s Hospital Medical Center
Katherine MacDonald MD	2016 – 2019	National Children’s Hospital, Washington DC
Nikki Ferrin MD	2017 – 2020	University of North Carolina – Charlottesville NC
Maayan Leroy-Melamed MD	2017 – 2020	Tufts University, Boston MA
Sharon Enujoke MD	2018 - 2021	U.S. Navy

Thesis and Dissertation Committees:

Dawn Daniels, RN., Ph. D. An observational study of adolescent bicycle riding safety and risk behaviors. Indiana University, College of Nursing. Completed 04/02.

Aaron Sayegh, Ph. D. Purdue University, Department of Sociology. Completed 1/02. Dissertation Title: Relationship Quality, coital frequency and Chlamydia infection among adolescent females.

Devon Hensel, M.S. Purdue University, Department of Sociology Master’s thesis, 2001.

Devon Hensel PhD. Purdue University, Department of Sociology. Doctoral dissertation, 2005.

Debby Herbenick PhD MPH. Indiana University, Department of Applied Health Science, Dissertation committee. 2004 – 2005.

Amanda Tanner PhD MPH. Indiana University, Department of Applied Health Science, Dissertation committee. 2005 – 2007.

Barbara (Bobbie) Van Der Pol PhD MPH. Indiana University, Department of Applied Health Science, Dissertation committee. 2005 – 2007.

Laurie Legocki PhD. Indiana University, Department of Applied Health Science, Dissertation committee. 2006 – 2008.

Jennifer Collins PhD MSN. University of Texas School of Nursing. Dissertation committee. 2008 – 2009.

Violet Yebei MA PhD. Indiana University, Department of Sociology. Dissertation committee 2005- 2008.

Candace Best PhD. Purdue University Department of Psychology. Dissertation committee. 2008 – 2010.

Joshua Rosenberger PhD MPH. Indiana University, Department of Allied Health Science. Dissertation committee 2009 – 2011.

Alexis Roth MPH PhD. Indiana University, Department of Allied Health Science. Dissertation committee 2009 – 2012.

Kristen Mark MA PhD. Indiana University, Department of Allied Health Science. Dissertation committee 2011-12.

Sofia Jawed-Wessel MPH PhD. Indiana University, Department of Allied Health Science. Dissertation committee 2011-12.

Kelly Donahue PhD. Indiana University, Department of Psychology. Dissertation Committee 2010-2012.

Nicole Smith MPH, PhD. Indiana University. School of Public Health. Dissertation Committee 2012 – 2013.

Zuokai Li PhD. Indiana University Fairbanks School of Public Health, Department of Biostatistics. Dissertation Committee. 2013 – 2014.

Margo Mullinax PhD – Indiana University School of Public Health. Dissertation Committee. 2013 – 2014.

Aleta Baldwin PhD – Indiana University School of Public Health. Dissertation Committee. 2014 – 2015.

Daphne van de Bongardt PhD – University of Utrecht, Netherlands. External doctoral dissertation examiner. 2014-2015.

Lindsey Fuzzell PhD. Purdue University. Department of Psychology. 2015 – 2017

Richard Brandon-Friedman PhD MSW – School of Social Work, IUPUI. 2015 – 2018. Dissertation title: The impact of sexual identity development on the sexual health of youth formerly in the foster care system

Lizzy Bartelt MPH PhD – Indiana University School of Public Health – 2018 - 2020. Dissertation title: Abortion experiences of sexual and gender minoritized youth.

Dustin Pifer MSW – School of Social Work, IUPUI. 2016- present. Dissertation title: The journey from awareness to help-seeking for men with compulsive sexual behavior disorder

Thomas Duszynski MPH – Fairbanks School of Public Health, 2016 – present. Dissertation focus: HIV linkage to care.

Finneran Muzzey MA – Michigan State University – present. Dissertation title: A Static Sexual Self: The Development of Transgender and Gender Diverse Adolescents' and Emerging Adults' Sexual Self-Concept for Sexual Health Promotion

Killian Kinney MSW – School of Social Work, IUPUI 2017 – present. Dissertation title: Learning to thrive in a binary world: Understanding the gendered experiences of nonbinary individuals and ways to bolster wellbeing

Ali Tabb MSW – School of Social Work, IUPUI 2019-present. Dissertation title: Sexual wellbeing of youth adjudicated for sexual offences.

Mark Fener RN MSN – Indiana University School of Nursing. 2020 – 2022. Dissertation focus: clinical experiences of pre-pubertal gender diverse children

Post-Doctoral Fellows and Faculty, with current position:

Heather Cecil, Ph. D. 1994 – 1996 Pennsylvania State University (social psychology)

Matt Aalsma, Ph. D. 2000 – 2008 Indiana University (Psychology; NIMH K08 [primary mentor])

Alice Thornton, M.D.	2000 – 2003 University of Kentucky (infectious diseases/internal medicine)
Aaron Sayegh, Ph. D. fellow)	2002 – 2003 Indiana University School of Public Health (Sociology; NIH T32 post-doctoral fellow)
Ayesha Khan, MD	2001 – 2004 Section of Infectious Diseases, Department of Medicine, Indiana University (infectious diseases fellow; research mentor). National HIV Control Program, Islamabad Pakistan
John Sidle, MD	2002 – 2006 Department of Medicine (Indiana University)
Adnan Khan, MD	2002 – 2004 WHO Consultant, Pakistan. Section of Infectious Diseases, Department of Medicine, Indiana University (infectious diseases fellow; research mentor)
Sarah Wiehe MD MPH	2005 – 2014. Indiana University School of Medicine (Robert Wood Johnson Faculty Scholars awardee; NIH K23 awardee [primary mentor])
Devon J. Hensel PhD	2005 – 2008 Indiana University School of Medicine/ IUPUI Sociology (Sociology; NIH T32 post-doctoral fellow)
Kimberly A. McBride	2006 – 2008 Cleveland State University (Health behavior; NIH T32 post-doctoral fellow)
Amanda Tanner PhD	2007 – 2008 University of North Carolina Greensboro (Health behavior; post-doctoral fellow)
Mary A. Ott MD	2003 – 2012 Indiana University School of Medicine (NIH K23 awardee [primary mentor])
Bree Weaver MD	2009 – 2012 Indiana University School of Medicine (American STD Association Development Award; primary mentor)
Melissa Carpentier PhD	2008 – 2010 University of Texas Houston (Psychology; NIH K08 awardee; research mentor)
Jeffry Thigpen PhD	2009 – 2012 IUPUI School of Social Work (faculty research mentor)
Devon J. Hensel PhD	2008 – 2011 Indiana University School of Medicine (Sociology; faculty research mentor)
Vanessa Schick PhD	2011 – 2013 Baylor University School of Public Health) research mentor; American STD Association Development Award)
Tamara Leech PhD	2011 – 2013 Fairbanks School of Public Health. WT Grant Faculty Scholar recipient (Sociology; primary faculty mentor)
Teresa Anderson MD	2012 – 15 Indiana University School of Medicine (infectious diseases fellow; NIH T32 primary research mentor)
Renata Sanders MD MPH	2012 – 2015 Johns Hopkins University (NIH K23 research mentor)
Rebecca Beyda MD MPH	2013 – 14 University of Texas Houston (research mentor)
Amy Knopf PhD	2014- 15 Indiana University School of Nursing (T32 post-doctoral fellow)
Carly Guss MD	2015-16 Boston Children’s Hospital (research mentor)
Erika Cheng PhD	2016 - present Indiana University (research mentor)
Camille Robinson MD	2017 – 2018 Johns Hopkins University (research mentor)
Jamie Levine Daniels PhD	2018 – present Indiana University EMPOWER scholar (mentor)
Brian Feinstein PhD	2018 – present Northwestern University (K08 resource mentor)
Romina Barral MD MPH	2018 – present University of Kansas (research mentor)

Community Activities:

Camp John Warvel: American Diabetes Association summer camp for children and adolescents with diabetes. Volunteer medical staff, 2000, 2001, 2003, 2004, 2010.

Department of Pediatrics

Promotion and Tenure Committee 2016 - present

Indiana University School of Medicine:

Promotion and Tenure Committee 2016 – present.

IU School of Medicine Office of Diversity Affairs – LGBTQ Diversity subcommittee

Honors:

Society for Adolescent Medicine Visiting Professor in Research – 2004.

Indiana University Trustee Teaching Award – 2007; 2015.

American Sexually Transmitted Diseases Association Achievement Award – 2009.

Fellow, Society for Scientific Study of Sexuality, 2013.

Chancellor's Faculty Fellow for Translating Research Into Practice (TRIP) 2010 – 2013.

Society for Adolescent Health & Medicine Lifetime Achievement Award – 2014

Donald Orr Professor of Adolescent Medicine – 2016

Distinguished Service Award – Society for Scientific Study of Sexuality, 2017.

2018 Outstanding Faculty Collaborative Research Award – Indiana University Office of Vice Provost for Research 11/2018

World Association for Sexual Health – 2019 Gold Medal for Scientific Achievement

Funded Research Activities:

Completed Projects

Demonstration Project for STD Curriculum in Adolescent Medicine. Center for Disease Control #R30/CCR 600668, 1986.

Pulmonary Sequelae of Intentional Hydrocarbon Inhalation. NIDA Small Grant Program, 1986.(Co-PI)

Effect of Maternal Age on Substance Use During Pregnancy. University of Oklahoma Health Sciences Center Alumni Association, 1988. (PI)

Behavioral Epidemiology of Adolescence. K11HD00858-01/05. Physician-Scientist Award, NICHD, 1988 - 1992. Richard Jessor, Ph. D. (Institute for Behavioral Science, University of Colorado), major advisor.

Age at First Intercourse and Risk of Human Papillomavirus Infection. University of Oklahoma Health Sciences Center Alumni Association, 1988 (Co-Investigator)

Adolescent Allergy Program. Children's Medical Research Foundation, 1988. (PI)

A randomized multicenter study of a single dose oral fluconazole tablet compared with seven days of miconazole vaginal cream in the treatment of acute candidal vaginitis in women 18-65 years of age. Pfizer Central Research, 1989. (PI)

Patterns of Help-seeking among Adolescents. Midwest STD-CRC, Indiana University Medical Center. 1993 - 1994.

Psychosocial Contexts of Daily Health-compromising and Health-protective behaviors of adolescents. Riley Memorial Foundation. 1994 - 1996. (Principal Investigator).

Research and Evaluation Issues in Prevention of Infertility due to Sexually Transmitted Diseases. Centers for Disease Control. 1994 - 2000.(co-investigator).

Behavioral Epidemiology of Reoccurrent Sexually Transmitted Infections in Adolescents. National Institute of Allergy & Infectious Diseases. 1995 - 1999. (Co-investigator)

Attitudes about Genital Herpes Vaccination among Participants in a Herpes Vaccine Clinical Trial. Chiron Corporation, 1994 - 1995.

Biobehavioral Contributions to Infection with HSV-2, C. trachomatis, and HIV in High Risk Adolescent Females. Centers for Disease Control and Prevention, 1995 - 1996.

Development and feasibility testing of interventions to increase health-seeking behaviors in, and health care for, populations at high risk for gonorrhea. Centers for Disease Control. (PI) \$153,000 per year for 4 years (Principal Investigator).

Computer-Assisted Risk assessment and Education (CARE) for STIs. Centers for Disease Control & Prevention. Consultant, Small Business Innovations Research, Phase 1, \$98,000 (Principal Investigator, James Larkin, Seattle, Washington) (2002-2003).

HIV/STI Risk Assessment Media. Centers for Disease Control & Prevention. Consultant. Small Business Innovations Research, Phase 1, \$100,000. (Principal Investigator: Richard Goldsworthy, Academic Edge Inc, Bloomington, IN), 2002 - 2003.

Strategies to prevent genital herpes simplex infections. Centers for Disease Control & Prevention. 10/99 – 9/03. Total Costs \$1,562,634. (Co-Investigator).

Psychosocial, Partner-Specific and Coitus-Specific Risk and Protective Factors Associated with Sexually Transmitted Infections among Women in Middle Adolescence. \$1,490,125 Project 1 of the Mid-America Adolescent Sexually Transmitted Disease Cooperative Research Center. National Institute of Allergy and Infectious Disease. Principal Investigator.

STD Transmission and Early Subsequent STD among Sexual Dyads. Project 2 of the Mid-West Sexually Transmitted Diseases Cooperative Research Center. \$1,493,498 National Institute of Allergy and Infectious Disease U19 AI 31494. Principal Investigator. (2000 – 2004)

HIV/STI related stigma in Kenya. Supported through a grant from the Bill and Melinda Gates Foundation to the Indiana University/Moi University Academic Partners.(Principal Investigator).

Statistical Tools For Daily STD/HIV Behavioral Reports. NICHD (HD42404-01) 12/1/03 – 11/30/06. \$95,000 year direct costs. (Principal investigator: Wanzhu Tu, PhD) role: co-investigator

Computer-Assisted Risk assessment and Education (CARE) for STIs. Centers for Disease Control & Prevention. Consultant, Small Business Innovations Research, Phase 2. 2003 – 2005, \$750,000 (Principal Investigator, James Larkin, Seattle, Washington).

Factors Influencing contraception behavior of adolescents (MM-0467-03/03). \$246,698 per year for three years. Centers for Disease Control & Prevention (co-investigator)

Vaginal microbicide acceptability for STI/HIV Prevention. NICHD (R01 HD40147). 2003 – 2008. Principal Investigator. (about \$200,000/year direct costs)

Development of Relationship Dynamics Related to STI/HIV Risk among Adolescent and Young Adult Women. NICHD, R01 HD044387-01 5/7/03 – 4/30/08. \$438,913 (Year 1 direct costs). (Principal Investigator)

Computerized HIV vaccine trial assent: Will it improve adolescent comprehension? NICHD 4/1/08 – 3/31/2011. Deidre Blake MD MPH PI (University of Massachusetts). Role: consultant.

HIV-Related Care Engagement: Linkage to Care and Care-Seeking for HIV-Infected Adolescents. 9/1/2007 – 6/30/2010. NICHD. \$239,788 total costs.

Tools for Patient Delivered Partner Treatment. Centers for Disease Control & Prevention. Consultant. Small Business Innovations Research (phase 1), \$100,000; Phase 2 (\$600,000). (Principal Investigator: Richard Goldsworthy, Academic Edge Inc, Bloomington, IN)

Sexual Aggression and HIV Risk in Young Heterosexual Men (R21HD055831) National Institute of Child Health and Human Development (NICHD) \$345,311 direct costs; \$83,070 indirect costs Funding Period: May 1, 2008 – April 30, 2010. Principal Investigator: Zoe Peterson PhD, University of St. Louis). Role:Co-investigator.

U19 AI 31494 Midwest Sexually Transmitted Diseases and Topical Microbicide Cooperative Research Center, PI, Project 2, 9/1/04 – 6/30/09.

Relational and contextual phenomenology of STI/HIV risk. 7/1/08 – 06/30/2013. (About \$3 million total costs). NICHD, principal investigator.

Characterization of vaginal and vulvar microbial communities in pre-menarcheal adolescents using culture-independent methods. 7/1/08 – 6/30/13. \$350,000. Proctor & Gamble, Role: principal investigator.

Perceived risk for sexually transmitted diseases among adolescents. 10/1/07 – 9/30/13. NICHD. Jonathan Ellen MD (Johns Hopkins University) PI. Role: consultant.

Behavioral and virologic impact of HPV vaccination. NICHD 5/1/08 – 4/30/2013. Jessica Kahn MD MPH (University of Cincinnati) PI. Role: Investigator. Total costs \$1.3 million.

Factors associated with HPV persistence in adolescent women. NIAID 7/1/08 – 6/30/2013. Darron Brown MD PI. Role: Investigator.

Bacterial Vaginosis and Sexually Transmitted Infections among Women who have Sex with Women and Men and their Sexual Networks \$67,489 Indiana University Collaborative Research Grants (Investigator).

Urethral microbiome of adolescent males. UH2DK083980/UH3 AI094641 6/1/09 – 5/30/2015 Total Costs: \$5.1 million. NIDDK & NIAID. Role: Principal Investigator. 0.6 calendar months. Component of the Human Microbiome Demonstration Projects, describes the microbial communities of the urethral and penile skin as a function of development and sexual exposures.

Adolescent Health Training Project (subsequently named Leadership Education in Adolescent Health). Maternal and Child Health Bureau. 1992 – 2017. 30%

Sexual modulation of HIV-relevant vaginal immunity. 1R01AI094563-01. 03/01/2011 – 02/28/2016. Total Costs: \$1.53 million. NIAID. Principal Investigator: Sari Van Anders PhD, University of Michigan. Role: Investigator. 0.3 calendar month. Examines changes in vaginal immune function and susceptibility to HIV as a function of sexual arousal and sexual intercourse.

Developmental Microbiome of Young Black Women. NIAID. 56AI108775-01. Direct Costs: \$499,007.00. Principal investigator. 2.4 calendar months. Longitudinal study of factors associated with changes in vaginal microbiome during middle adolescence of black women, using non-culture based techniques.

Active Projects

Adolescent HIV/AIDS Trials Network. (NIH-NICHD; U01 HD040533-15; Craig Wilson MD [PI]). Various Roles. Community Prevention Leadership Group. 3/1/06 – 2/28/16.: Consultant and protocol chair (35% FTE across all active projects). Protocol chair for ATN 116 (2012-2015) and ATN 128 (2013-2015), protocol team member for ATN 125 (2014-2016), and ATN 135 (2014-2016).

Sexually Transmitted Infections Clinical Trials Group (NIH-NIAID; HHSN27200006; Edward Hook MD [PI], University of Alabama, Birmingham) 9/15/2013-9/14/2015. 1.2 calendar months; \$34,400. The major goal of this project is to review all incoming requests for funding of clinical studies as passed to them by the Operations Coordinating Center and make recommendations to the Executive Committee based on scientific merit.

The HIV Care Continuum Among Recent Offenders (1R01AI114435-01) 7/1/2014 - 6/30/2018 NIH/NIAID Sarah Wiehe MD MPH Principal Investigator. Investigates HIV care and outcomes among HIV+ individuals arrested or released from jail, prison or juvenile detention within Marion County (Indianapolis), Indiana over a 12-year period, using as a conceptual framework the HIV care continuum including HIV diagnosis, linkage to care, retention in care, initiation of antiretroviral therapy and viral suppression. Role: Co-Investigator, 1.2 calendar month.

Identifying Opportunities to Reduce STI/HIV Disparities among Recent Offenders (1 R01 HS23318-01A1) 3/01/2015 – 2/28/2018 (Year 1 total costs: \$249,946). Agency for Healthcare Research and Quality. Role: Co-Investigator, 0.3 calendar month. Investigates factors associated with sexually transmitted infections following discharge from Marion County jails and prisons. 3Us4HD089880-01S1, FAIN: U24HD089880 Account Number: 4079140 Total Amount: \$358,422 Year 1 (\$1,145,849 total) Direct Amount: \$238,366 Year 1 (\$790,442 total) Indirect Amount: \$120,056 Year 1 (\$355,407 total)

1R34MH116805-01A1 - iTransition: Developing and Pilot Testing a Multilevel Technology-Based Intervention to Support Youth Living with HIV from Adolescent to Adult Care. National Institute of Health / National Institute of Mental Health (NIMH); Subcontract from Emory University (consultant)

Research and Policy Consultanships:

Understanding the relationship of STD control to HIV prevention in the United States. National Invitational Conference. Institute of Medicine, National Academy of Science. Washington, D.C., July 10, 1995.

Adolescent Immunization Workgroup Meeting. Centers for Disease Control & Prevention. Atlanta, GA. March 11-12, 1996.

Adolescent Medicine Consultant - Oklahoma State Health Department (1996 - 1999)

American Medical Association - Section on Adolescent Health (1996)

Council of State and Territorial Epidemiologists and Centers for Disease Control & Prevention – Recommendations for public health surveillance of *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. Atlanta, GA. (1997)

External Consultant, Health Behavior Module. Center for Education in Drug Abuse Research. Dr. Ralph Tarter, Principal Investigator. University of Pittsburgh, Pittsburgh, PA. (1998)

Girls Incorporated - medical consultant for a national pregnancy prevention curriculum (1998)

Centers for Disease Control and Prevention: Genital Herpes Prevention Project. Atlanta, GA, May 5-6, 1998.

Centers for Disease Control and Prevention. Division of STD Prevention Research Review. Atlanta, GA, January 7-8, 1999.

Centers for Disease Control and Prevention. External Consultant. Human Papilloma Virus Prevention. April 13–14, 1999.

Centers for Disease Control and Prevention. External Reviewer. March, 2000.

Centers for Disease Control and Prevention, National Institute of Child Health and Human Development and Office of Population Affairs. Consultant. Addressing Ambivalence in Contraceptive Use. June, 2000.

National Institute for Mental Health. Working Group on Stigma. 1999 – 2002.

Department of Health and Human Services. Surgeon General's Call to Action on Promoting Responsible Sexual Behavior. July, 2000.

Centers for Disease Control and Prevention. National Expert Panel on Adolescents and STD Prevention. Atlanta, GA. September, 2000.

National Institutes of Health. Social Science, Nursing, Epidemiology and Methods (3) Initial Review Group. Member: 1998 – 2003.

The Kinsey Institute for Research in Sex, Gender, and Reproduction: Summer Graduate Training Institute "Interventions for High-Risk Sexual Behavior: Design, Implementation and Evaluation". June 9-16, 2002.

The Annenberg Public Policy Center, University of Pennsylvania. "Reducing Adolescent Risk: Toward an Integrated Approach" June 27-30, 2002.

American Social Health Association. Herpes Stigma Colloquium. Invited speaker. Oct. 3, 2003.

Alliance for Microbicide Development. Invited speaker, Feb, 2005.

National Institute for Child Health & Human Development. Health Disparities & Infertility. Invited speaker, March 11, 2005.

Centers for Disease Control & Prevention. National STD Prevention Meeting, guiding committee. May, 2005; January, 2006; February 2009; September 2013.

Centers for Disease Control & Prevention. Consultant; recommendations for male chlamydia screening. April, 2006.

Centers for Disease Control & Prevention. External reviewer of research portfolio of Division of STD; sub-group chair for portfolio of the Behavioral Interventions Research Branch; October, 2007 – February, 2008, November 2009.

Chair, ZHD1 DSR-M Special Emphasis Review Panel National Institutes of Health, April 4, 2011.

NIH ZAI1- UKS-A-M1 Special Emphasis Panel for RFA-14-025 "Integrated Preclinical/Clinical Program for HIV Topical Microbicides and Biomedical Prevention" (ICP-MBP) (U19), March 9-10, 2015.

National Academies of Sciences, Engineering, and Medicine Board on Population Health and Public Health Practice. Committee on Prevention & Control of Sexually Transmitted Infections in the United States. November, 2019 – August 2020.

Professional Leadership, Editorial Boards and Editorships:

Society for Adolescent Medicine Board of Directors 1998 – 2001
Journal of Adolescent Health – Editorial Board (2005 – present)
Journal of Sex Research – Associate Editor (2006 - 2016)
Archives of Sexual Behavior – Consulting Editor and editorial board (2006 - present)
 Society for Research on Adolescence – Journal Advisory Committee (2004 - 2008)
 International Society for STD Research – Board of Directors (2006 – 2007)
 American Sexually Transmitted Diseases Association – Member, Executive Committee (2007 – 2014)
Sexually Transmitted Diseases – Editorial Board (2011 – present)
 American Sexual Health Association – Board of Directors, Chair (2014 – 2018).
 International Academy for Sex Research – President, 2013 – 2015
 International Union against STI - IUSTI Executive Committee; 2013 – 2017; IUSTI North America Regional Chair
 American Sexually Transmitted Diseases Association – President; 2016-2018.

Visiting Scholar Lectures:2004

Center for HIV/AIDS Research, Columbia University. New York NY. Feb, 2004
 - Department of Pediatrics, University of Texas Medical Branch. Galveston TX. Feb, 2004
 - Center for Family and Demographic Research. Bowling Green State University. Bowling Green OH April, 2004.

2005

- Long Island Community Hospital, Department of Medicine. Brooklyn NY, May 2005.
 - University of Pittsburgh, Department of Pediatrics, Pittsburgh PA, November 1, 2005.

2006

- National STD Prevention Conference, Jacksonville Fl. May 10, 2006 (invited plenary).
 - Children's National Medical Center, Washington DC, June 8, 2006.

2007

- International Society for STD Research, Seattle WA, July 30, 2007 (invited plenary).
 - Institute for Behavioral Science, Boulder CO, Oct 2-3, 2007.

2010

- Centers for Disease Control & Prevention, Atlanta GA Sept 9, 2010 (invited keynote).
 - Society for Scientific Study of Sexuality, Las Vegas NV, Nov 12, 2010 (plenary).
 - National Stakeholders in Sexual Health, Washington DC. Dec 10, 2010

2011

- Merck Inc. Phoenix AZ Mar 22, 2011
 - California State University Long Beach, Long Beach CA. Mar 23, 2011, (invited lecturer).
 - Centers for Disease Control & Prevention, Atlanta GA Sept 9, 2010 (invited keynote).
 - Society for Scientific Study of Sexuality, Las Vegas NV, Nov 12, 2010 (plenary).
 - National Stakeholders in Sexual Health, Washington DC. Dec 10, 2010
 - Society for Adolescent Health & Medicine, Seattle WA. Apr 1, 2011 (invited lecturer).
 - AIDS Impact, Santa Fe NM. Sept 15, 2011 (invited plenary).
 - Loyola University, Chicago IL. Sept 28, 2011 (invited lecturer).
 - International Union against STI, New Delhi India November 29, 2011 (invited lecturer).
 - Symposium of the Amsterdam School, Academic Medical Center of the University of Amsterdam (invited lecture)

2012

- Baystate Medical Center, Springfield MA (Oct 19, 2012)
 - Department of Epidemiology and Biostatistics, University of Cincinnati, 12/14/2012.

2013

- Department of Psychology, University of Missouri at St. Louis, 3/2013.
 - Region 3 STI/HIV Prevention Training Center – Invited Plenary, 6/2013.

2014

- Center for HIV/AIDS Research, Columbia University. New York NY. February 27, 2014.

2015

- University of Amsterdam. Amsterdam, Netherlands, April, 2015.

- University of Utrecht. Utrecht, Netherlands, April 2015.

- Mountain Plains HIV Training Center, August 2015.

- University of Minnesota, November 2015.

2016

- Harvard University Center for AIDS Research – Invited Plenary, May 2016

- Southeastern AIDS Education & Training Center. June 1, 2016 (webinar; 150 participants).

- California State University Long Beach – annual, 2016 - 2020; visiting scholar.

2017

- Association for Sexuality Education, Counseling & Therapy – January 2017; Invited Plenary.

- Society for Research on Child Development – April 2017; invited discussant.

- International Society for STD Research – July 10-13, 2017. Invited Plenary, Rio de Janeiro, Brazil.

2018

- New Mexico AHEC – April 2018 Invited plenary.

- Society for Adolescent Health & Medicine – March 14, 2018, Seattle WA. Invited discussant.

- International Union against STI World Congress – June 28-30, 2018. Invited Plenary, Dublin, Ireland.

- University of Glasgow – December 6 2018, Invited lecture. Glasgow, Scotland.

2019

- National STD Prevention Conference – Atlanta GA, 9/17/19 – 9/19/19.

- Washington University Institute for Public Health – Next Steps in Sexual Health: Identifying Barriers and Opportunities for the St. Louis Region Invited Plenary May 1, 2019 St. Louis MO

- National Sexual Health Conference – Invited Plenary, July 12, 2019; Chicago IL.

- Indiana University Fairbanks School of Public Health. HIV Care & Prevention. Oct 3, 2019. Undergraduate course in epidemiology of sexually transmitted diseases. Indianapolis IN.

2020

- Notre Dame University, Department of Gender Studies. Health care for gender diverse people – Invited panel. 2/4/20. South Bend IN

- Indiana University Health LGBTQ+ Boot Camp for Healthcare Professionals. Invited faculty. November 16, 2019. Indianapolis IN.

- Ascension Health / St. Vincent's Hospital Medical Center: Pediatric Grand Rounds. "Affirming care for sexual & gender minoritized youth" 9/9/20, Indianapolis IN

- SIECUS – invited webinar panelist. "Consent, sexual pleasure and sex positivity in sex education. 9/17/20; ~200 participants world-wide.

- American Academy of Pediatrics NCE 2020. Invited panelist. 10/6/20.

2021

- Armed Forces University of Health Sciences – invited lecture; 05/05/2021

- World Association for Sexual Health – 9/2021. Declaration on Sexual Pleasure as a Human Right

Publications

Books/Chapters

1. For Kid's Sake: An Advanced Curriculum in Child Sexual Abuse for Health Care Professionals. Gallmeier TM, Bonner BL, eds. Oklahoma City, OK: Oklahoma State Department of Health, 1988 (contributor).

2. Fortenberry JD. Maternal Age as a Predictor of Substance Use during Pregnancy. Master's Thesis, University of Oklahoma, 1989.

3. Hill RF, Solomon G, Tiger J, Fortenberry JD. Complexities of ethnicity among Oklahoma Native Americans: Health

- behaviors of rural adolescents. in: Stein HF, Hill RF (eds) The Culture of Oklahoma. University of Oklahoma Press (1993)
4. Fortenberry JD, Cecil H, Zimet GD, Orr DP. Concordance between diary and self-report questionnaires of sexual behaviors of adolescent women. in Bancroft J. (ed.) *Researching Sexual Behavior*. Indiana University Press, 1997; pp. 237-249.
 5. Fortenberry JD. Discussion Paper. In: Bancroft J. *The Role of Theory in Sex Research*. Bloomington IN: Indiana University Press, 2000, pp 282 – 285.
 6. Fortenberry JD. Health behaviors and reproductive health risk within adolescent sexual dyads. In: Florsheim P.(ed) *Adolescent romantic relations and sexual behavior: Theory, research, and practical implications* New York: Lawrence Erlbaum Associates, pp 279 -296, 2003
 7. Fortenberry JD. Sexually transmitted diseases. In: Neinstein L. *Adolescent Health Care: A Practical Guide* (4th edition), (5th edition), (6th edition). New York: Williams & Wilkin, 2002, 2008, 2015.
 8. Fortenberry JD. Syphilis. In: Neinstein L. *Adolescent Health Care: A Practical Guide* (4th edition). New York: Williams & Wilkin, 2002, 5th edition (2008), 6th edition (2015).
 10. Shew ML, Fortenberry JD. Sexually Transmitted Diseases. in: Finberg L, Kleinman R (eds). *Saunders's Manual of Pediatric Practice*. 2nd ed. (2002) and 3rd ed. (2007).
 11. Fortenberry JD, Aalsma MC. Abusive sexual experiences before age 12 and adolescent sexual behaviors. In Bancroft J (ed). *Research on childhood sexuality*. Bloomington, IN.: Indiana University Press, pp. 293-300, 2003.
 12. Fortenberry JD. Adolescent sex and the rhetoric of risk. In: Romer, D. *Reducing Adolescent Risk: Toward an Integrated Approach*. Sage Press, 2003 .
 13. Fortenberry JD. Sexually transmitted diseases in adolescents. In: UpToDate, 2007 - present (revised two times per year, published continuously). Wellesley MA: UpToDate, Inc.
 14. St. Lawrence JS, Fortenberry JD. Behavioral interventions for STDs: Theoretical models and intervention methods. In: Aral SO, Douglas JM Jr, Lipshutz JA (eds). *Behavioral Interventions for Prevention and Control of Sexually Transmitted Diseases*. New York: Springer Science+Business Media, 2007, pp. 23-59.
 15. Blythe MJ, Fortenberry JD. Sexually transmitted infection syndromes. In: *Principles and Practice of Pediatric Infectious Diseases* (3rd Edition). New York: Churchill Livingstone.
 16. Fortenberry JD, Hensel DJ. (2012) Adolescent sexual health and sexually transmitted infections: A conceptual and empirical demonstration. In: Fenton KA, Aral SO, Lipshutz JA. *The New Public Health and STD/HIV Prevention: Personal, Public and Health Systems Approaches*. Pp 293-308.
 17. Best CA, Fortenberry JD. Adolescent Sexuality and Sexual Behavior. In: O'Donohue W, Benuto L, Tolle LW. *Handbook of Adolescent Health Psychology* Springer Publishers, 2013.
 18. Fortenberry JD. Adolescent Sexual Health. In: Bromberg DS, O'Donohue WT. *Handbook of Child and Adolescent Sexuality: Developmental and Forensic Psychology*. Elsevier Publishing Services, 2013.
 19. Hensel DJ, Fortenberry JD. Lifespan Sexuality through a Sexual Health Perspective. *APA Handbook on Sexuality and Psychology*. Washington, D.C.: APA Press; 2013.
 20. Weaver BA, Fortenberry JD. Gonorrhea. In: Hillard P. *Practical Pediatric and Adolescent Gynecology*. 2012.
 21. Fortenberry JD, Hensel DJ. Trajectories of Within-Relationship Relationship Quality, Relationship Satisfaction and Sexual Satisfaction among Young African-American Women. In: Agnew CR, South S (eds) *Interpersonal Relationships and Health: Social and Clinical Psychological Mechanisms*. Oxford University Press (2014)
 22. Fortenberry JD. Adolescent sexual health is not an oxymoron. In Kempner M. (ed): *Creating a Sexually Healthy Nation: Celebrating 100 Years of the American Sexual Health Association*. North Carolina: 2014.

23. Fortenberry JD, Hensel DJ. Sexual Pleasure in Adolescence: A Developmental Sexual Embodiment Perspective. in *Gender and Sexuality Development: Contemporary Theory and Research*, edited by Doug P. VanderLaan, PhD, University of Toronto and Wang Ivy Wong, PhD, University of Hong Kong (in press)

24. Aalsma MC, Fortenberry JD. Childhood sexual abuse scale. In: Fisher TD, Davis CM, Yarber WL, Davis SL, eds. *Handbook of Sexuality-Related Measures*. 3rd ed. New York, NY: Routledge; 2011:1e2.

Articles

1985

1. Fortenberry JD. Gasoline sniffing. *American Journal of Medicine* 79(6):740-4, 1985. PMID: 3907347

1986

2. Fortenberry JD, Hill RF. Sister-sister incest as a manifestation of multi-generational sexual abuse. *Journal of Adolescent Health Care* 7(3):202-4, 1986. PMID: 3700201

3. Scott B, Fortenberry JD. Post-gonococcal conjunctivitis due to *Chlamydia*. *Sexually Transmitted Diseases* 13(3):172-3, 1986. PMID: 3764629

1987

4. Reyes de la Rocha S, Brown MA, Fortenberry JD. Pulmonary function abnormalities in intentional spray paint inhalation. *Chest* 92:100-104, 1987. PMID: 3595219

1988

5. Sayger SA, Fortenberry JD, Beckman RJ. Practice patterns of teaching testicular self-examination to adolescent patients. *Journal of Adolescent Health Care* 9:441-2, 1988. PMID: 3170312

6. Fortenberry JD, Kaplan DW, Hill RF. Physicians' values and experience during adolescence. *Journal of Adolescent Health Care* 9:46-51, 1988. PMID: 3335470

1989

7. Johnson J, Fortenberry JD, Demetriou E, et al. A sexually transmitted diseases curriculum in adolescent medicine. *American Journal of Diseases of Children* 143:1073-1076, 1989. PMID: 2773885

8. Fortenberry JD, Evans DL. Routine screening for genital *Chlamydia trachomatis* in adolescent females. *Sexually Transmitted Diseases* 16:168-172, 1989. PMID: 2688146

9. Fortenberry JD, Shew ML. Fatal *Pneumocystis* pneumonia in an adolescent with SLE. *Journal of Adolescent Health Care* 10:570-572, 1989. PMID: 2606762

1990

10. Hill RF, Fortenberry JD, Stein, HF. Culture in clinical medicine. *Southern Medical Journal* 83:1071-1080, 1990. PMID: 2205923

1991

11. Holden EW, Zimmerman JL, Fortenberry JD. Recurrent diabetic ketoacidosis: Larger systems issues. *Journal of Strategic and Systemic Therapies*. 10:52-66; 1991.

1992

12. Hill RF, Fortenberry JD. Adolescence as a culture-bound syndrome. *Social Science and Medicine* 35:73-80, 1992. PMID: 1496414

13. Fortenberry JD. Reliability of adolescents' self-reports of height and weight. *Journal of Adolescent Health* 13:114-117; 1992. PMID: 1627577

14. Shew ML, Fortenberry JD. Syphilis screening in adolescents. *Journal of Adolescent Health*. 13:303-305; 1992. PMID: 1610847

1993

15. Johnson J, Neas B, Parker DE, Fortenberry D, Cowan LD. Screening for urethral infection in adolescent and young adult males. *Journal of Adolescent Health* 14:356-361; 1993. PMID: 8399246

1994

16. Shew ML, Fortenberry JD, Miles P, Amortegui AJ. The relationship of the interval between menarche and first sexual intercourse and risk of human papillomavirus infection. *Journal of Pediatrics* 125:661-666, 1994. PMID: 7931894

1995

17. Costa F, Jessor R, Donovan JE, Fortenberry JD. Early initiation of sexual intercourse: The influence of psychosocial unconventionality. *Journal of Research on Adolescence* 5: 93-121, 1995.

18. Fortenberry, JD. Substance use and sexually transmitted diseases risk of adolescents: A review. *Journal of Adolescent Health* 16: 304-308, 1995. PMID: 7612636

1996

19. Costa FM, Jessor R, Fortenberry JD, Donovan JE. Psychosocial conventionality, health orientation, and contraceptive use in adolescence. *Journal of Adolescent Health* 18:404-416, 1996. PMID: 8803732

1997

20. Fortenberry, JD, Health care-seeking behaviors related to sexually transmitted diseases among adolescents. *American Journal of Public Health* 87:417-420, 1997. PMID: 9096544 PMC1381015

21. Fortenberry JD, Orr DP, Katz BP, Brizendine E, Blythe MJ. "Sex under the influence": A diary self-report study of substance use and sexual behavior among adolescent females. *Sexually Transmitted Diseases* 24:313-319, 1997. PMID: 9243736

22. Fortenberry JD, Orr DP, Zimet GD, Blythe MJ. Weekly and seasonal variation in adolescent sexual behaviors. *Journal of Adolescent Health* 20:420-425, 1997. PMID: 9178078

23. Zimet GD, Liau A, Fortenberry JD. Health beliefs and intention to be immunized for HIV. *Journal of Adolescent Health* 20:354-359, 1997. PMID: 9168382

24. Orr DP, Fortenberry JD, Blythe MJ. Validity of self-reported sexual behaviors in adolescent women using biomarker outcomes. *Sexually Transmitted Diseases* 24:261-266, 1997. PMID: 9153734

25. Fortenberry JD, Costa FM, Jessor R, Donovan JE. Contraceptive behavior and adolescent lifestyles: A structural modeling approach. *Journal of Research on Adolescence* 7:307-329, 1997. PMID: 12292602

26. Fortenberry JD. Condom availability in schools. *Adolescent Medicine: State of the Art Reviews* 8:11-16, 1997. PMID: 10360026

27. Fortenberry JD. Number of sexual partners and health lifestyle of adolescents: Use of the AMA's *Guidelines for Adolescent Preventive Services* to address a basic research question. *Archives of Pediatric and Adolescent Medicine* 151:1139-1143, 1997. PMID: 9369876

28. Zimet GD, Fortenberry JD, Fife KH, Tying SK, Herne K, Douglas JM. Acceptability of genital herpes immunization: The role of health beliefs and health behaviors. *Sexually Transmitted Diseases* 24:555 -560, 1997. PMID: 9383842

1998

29. Liau A, Zimet GD, Fortenberry JD. Attitudes about HIV immunization: The influence of health beliefs and vaccine characteristics. *Sexually Transmitted Diseases* 25:76-81, 1998. PMID: 9518382

30. Fortenberry JD. Alcohol, drugs and STD/HIV risk among adolescents. *AIDS Patient Care and STDs* 12:707-710, 1998. PMID: 11362023
31. Orr DP, Fortenberry JD. Screening adolescents for sexually transmitted infections. *JAMA* 280:654-665, 1998 (invited editorial). PMID: 9707150
32. Katz BP, Fortenberry JD, Orr DP. Factors affecting chlamydial persistence or recurrence one and three months after treatment. In: Stephen RS, Byrne GI, Christiansen G., et al. (eds). *Proceedings of the Ninth International Symposium on Human Chlamydial Infections* (1998).

1999

33. Howard MM, Fortenberry JD, Blythe MJ, Zimet GD, Orr DP. Patterns of sexual partnerships among adolescent females. *Journal of Adolescent Health* 24:300 – 303, 1999. PMID: 10331835
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

A.C., a minor child, by his next friend,
mother and legal guardian, M.C.,

Plaintiff,

v.

METROPOLITAN SCHOOL DISTRICT OF
MARTINSVILLE, *et al.*

Defendants.

No. 1:21-cv-02965-TWP-MPB

DECLARATION OF M.C.

M.C., being duly sworn upon her oath, says that:

1. I am the mother of the plaintiff, A.C., and I represent him in this action as his mother, next friend, and legal guardian.
2. I reside with A.C. in Martinsville, Indiana.
3. A.C. is a seventh grader at John R. Wooden Middle School in the Metropolitan School District of Martinsville.
4. A.C. is a boy who is transgender. He was assigned female at birth, the gender listed on his birth certificate, but told me when he was around 9 that he was not a girl.
5. When he first came out as transgender, he said he was nonbinary wanted to be called by a boy's name and with he or they pronouns. A few months later he told me that he only wanted to be referred to with male pronouns because he was transgender, not nonbinary.
6. A.C. has been recognized as a boy since he was 9 and has lived according to his gender since.

7. After A.C. came out to me as transgender, I asked his school and our extended family to refer to him by his boy's name and with male pronouns.
8. I also cut his long, curly hair short. I bought him new school uniforms, so he went from wearing skirts to pants and shirts like the other boys. I also updated the rest of his clothing, including underwear, to boys clothing.
9. When we are in public, such as at Wal-Mart or McDonalds, he uses the men's restroom.
10. I have seen A.C.'s emotional and psychological wellbeing improve from being recognized as the boy he is. Being treated as a boy makes him seem more like himself and helped him blossom and makes him happier. For example, he is happiest in the summer when he is out of school, and no one treats him like a girl. His depression and anxiety are lower, and he is able to live a normal life. However, as soon as school starts and he is misgendered and treated like a girl, his depression and anxiety worsen as the school year goes on.
11. When A.C. first came out, on the advice of A.C.'s primary care doctor, he began counseling about his gender and to address the psychological distress associated with not being treated as a boy. Later, he was referred to the Gender Health Program at Riley Hospital.
12. As A.C. has gotten older and gone through puberty, it has become increasingly distressing for him to be viewed by others as a girl and to have a body that does not align with his gender. This distress manifested itself in several ways, including depression, anxiety, anger, and self-harm.

13. When counseling was not enough to alleviate A.C.'s distress, and on the advice of A.C.'s primary care doctor, I contacted health professionals at Riley Children's Hospital to address any transition-related medical or mental health care needs.
14. The doctors at Riley diagnosed A.C. with gender dysphoria. To alleviate some of the distress caused by his gender dysphoria prescribed medication to stop his period.
15. To ensure A.C. can succeed without gender-based harms and to improve his mental health and safety, I petitioned the Morgan County Court to change A.C.'s name and gender marker to match his gender identity and presentation. That case is pending.
16. A.C. and I moved to Martinsville near the end of A.C.'s fifth grade year. Before A.C. started school at Bell Intermediate, I met with a counselor from the school to tell them that A.C. was transgender and to ask that the school refer to him to by his preferred name and he or they pronouns.
17. To prevent staff from addressing A.C. by the wrong name and pronouns, before A.C. started seventh grade at John R. Wooden Middle School we attended an open house where we individually met A.C.'s teachers and explained that he is transgender and should be referred to by his preferred name and he/him/his pronouns.
18. Teachers didn't comply and called A.C. by his birth name and with female pronouns. Within the first two weeks of the school year, A.C.'s step-father had to call the school because staff were not using A.C.'s correct name or pronouns and A.C.'s old name was on class rosters given to substitute teachers. Calls to the school about this continued on an almost weekly basis though thanksgiving.

19. Around September or early October, A.C.'s stepfather called Mr. Kutruff and asked that A.C. be allowed to use the boy's restroom. He was told that A.C. could use the clinic or girl's restroom.
20. Using the clinic restroom is not appropriate for A.C. because it singles him out as different from the other students. The clinic restroom is far from most of his classes and using it during passing periods has made him late to class, which puts him at risk of discipline. To avoid discipline and being singled out, A.C. tries avoiding using the restroom at school.
21. Because the school wasn't addressing these problems, we contacted GenderNexus for help. GenderNexus set up a meeting with the school and on November 3, 2021, myself, A.C. and staff from GenderNexus met with the school counselor, Doug Reynolds, and school social workers about A.C.'s need to be called the correct name and pronouns and to use the boys' restroom. We also asked about A.C. playing on the boys' soccer team. Mr. Reynolds said he would ask "higher-ups".
22. An hour and a half after the meeting, I received a voicemail from Mr. Reynolds saying that the school would not allow A.C. to use the boy's' restroom but that the school would no longer discipline A.C. for being late to classes. He also offered to provide home/online schooling until this gets sorted out. He also said that the school follows IHSAA guidelines for sports participation. He did not mention name/pronouns.
23. After this meeting, certain staff persons continued to use A.C.'s wrong name and pronouns.

24. After this meeting, A.C. began using the boys' restroom at school. During this time, though he was still misgendered by staff, I noticed a positive change in A.C. because he was more comfortable at school and felt better about himself when he could live as a boy.

25. This change was short lived because just before thanksgiving a staff member caught A.C. in the boys' restroom and Mr. Reynolds told him that if he used the restroom again, he would be disciplined. This made A.C. extremely upset and his stepfather picked him up from school so he didn't have to spend the day having his gender invalidated and questioned.

26. After Mr. Reynold's admonishment, A.C. stopped using the boys' restroom

27. On November 29, 2021, A.C. called me from Mr. Kutruff's office, who had also admonished him for using the boy's restroom. Mr. Kutruff told me that A.C. would have to use the girls' restroom or the restroom in the health clinic and that I should express my opinions about A.C.'s restroom usage to the School Board. This was extremely upsetting to A.C., and I picked A.C. up from school so he didn't have to spend the day having his gender invalidated and questioned.

28. The school never mentioned any criteria, guidelines or policy, and never offered anything to explain how our request for A.C. to use the boys' restroom could be granted or what they wanted to see to consider allowing him to use the boys' restroom.

29. At no time has the school requested that I provide medical information concerning A.C.'s situation. But on January 19, 2022, I, through my attorneys, supplied the attached letter from Dr. Fortenberry at Riley Hospital.

30. Because he can't use the boys' restroom, A.C. tries not to use the restroom at school. I'm worried that restricting his urination will cause him to develop urinary tract infections or other serious health problems.

31. School staff continued to use A.C.'s wrong name and pronouns and questioned his gender. On December 6, A.C. left class extremely upset that a teacher called him by the wrong name. While A.C. was on the phone with me I heard Kari Mann, a school counselor who did not have permission to talk to A.C., ask A.C. if he thought he was a 'real boy.'

32. The school's refusal to treat A.C. as a boy has been devastating for him and for our family. It undermines all the benefits he has gotten from his social transition, family support, and medical care. It has continued to cause him psychological distress, to put his physical health at risk, and to disrupt his learning.

33. Being unable to use the boys' restroom has been emotionally and physically harmful. A.C. often comes home having avoided using the bathrooms at all during school. Being called the wrong name and with the wrong pronouns has impacted his ability to be comfortable at school and his desire to participate in school or do his schoolwork.

34. Because many of A.C. peers know and accept him as a boy, I was hopeful that he could just be a boy and focus on school, friends, and his future. But the school's refusal to treat him as boys has made this impossible.

35. These issues are chronically disrupting A.C.'s education and life. I see him suffer emotionally, psychologically, and physically every day that the school's treatment continues.

36. A.C. is a smart kid who was previously in a gifted and talented program. He gets good grades and loves learning. The school's refusal to recognize A.C. as a boy makes it hard for him to go to school, makes him unable to focus there, and leaves him depressed and humiliated. I fear that if this continues, he will lose motivation to do schoolwork or take part in extracurriculars because he knows that he will not be recognized for who he is.

37. It is heartbreaking to continually have to ask permission from others for A.C. to be who he is and to see him come home from school several times a week upset, depressed and angry that the school and others are not supporting him.

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Verification

I verify, under the penalty of perjury, that the forgoing is true and correct.

Executed on: 1/30/2022

M.C.
M.C.

Prepared by:

Megan Stuart, #3514453
Indiana Legal Services
214 S. College Ave, 2nd Floor
Bloomington, IN 47401
812-961-6902
Megan.stuart@ilsi.net



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Date: 01/17/2022

Birth name: [REDACTED]

Chosen name: [REDACTED]

Pronouns: he/him/his

DOB: [REDACTED]

As a medical provider at the Gender Health Clinic at Riley Hospital, information regarding the clinical care received by this patient. This care has been supervised primarily by Laura Erickson RN PNP. We have discussed the findings and treatment plan as outlined below.

[REDACTED] was first evaluated in October 1 2021. [REDACTED] began question his birth-assigned sex around age 8, and beginning identifying socially by age 11.

The diagnosis of gender dysphoria in an adolescent was made at that time, based on consistent history, absence of alternative diagnoses, and consistent findings at interview and physical examination. Gender identity is clearly identified by the as male.

The patient also identified significant distress, depression, and anxiety in association with gender identity and misgendering. School, in particular, was identified as a source of distress in terms of use of name, pronouns, and bathroom.

It is important to note that the trajectory of treatments is highly individualized. Initial therapy included supportive counseling (including support for continued social transition), counseling for safe chest binding, and initiation of hormonal suppression of menstrual periods.

Information and support for legal name and gender marker change was also provided.

Testosterone initiation has not been discussed or prescribed although testosterone may be prescribed in some patients at this age.

Support for use of male bathrooms consistent with [REDACTED] experienced gender and gender identity is a standard element of our clinical protocols in terms of its relevance to each patient's health and safety.

This information is provided with written permission provided by [REDACTED] – [REDACTED] mother.

Please do not hesitate to call me directly at 317 274-8812

Sincerely,

J. Dennis Fortenberry, MD, MS (he/him)
Professor of Pediatrics, Indiana University School of Medicine
Donald Orr MD Professor of Adolescent Medicine
410 W. 10th St., Room 1001
Indianapolis, IN 46202

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

A.C., a minor child, by his next friend,
mother and legal guardian, M.C.,

Plaintiff,

v.

METROPOLITAN SCHOOL DISTRICT OF
MARTINSVILLE, *et al.*

Defendants.

No. 1:21-cv-02965-TWP-MPB

DECLARATION OF A.C.

A.C., being duly sworn upon his oath, says that:

1. I am the plaintiff in this action.
2. I am 13 years old and reside in Martinsville, Indiana.
3. I am a seventh grader at John R. Wooden Middle School in the Metropolitan School District of Martinsville.
4. I am transgender. I was assigned female when I was born, but I realized in elementary school that I was not a girl. When I was younger, I didn't know exactly what that meant, but as I got older, and I became more and more uncomfortable when others treated me as a girl, I realized that I was a boy.
5. When I was 9, I told my mom that I wasn't a girl and I wanted to be called by a boy's name and with he or they pronouns. My family and friends began to refer to me by my name that reflects my gender and he or they pronouns.

6. A few months later, I told my mom that I realized that I was a boy and only wanted to use he/him/his pronouns and to continue to use my boy's name. This is the name and pronouns I have used ever since.

7. I also began presenting myself as a boy with masculine clothes and with a masculine haircut.

8. My appearance has remained masculine since then. Others now correctly view me as a boy based on my appearance. Having others perceive me as a boy helps with gender dysphoria because it makes me feel good when people see and accept me as I am.

9. I see health professionals at Riley Children's Hospital, and I have been diagnosed with gender dysphoria. I have recently started medication to align my body with my male gender and to alleviate the distress and pain that comes from my body not matching my gender. Before I started this medication, having my period was terrible, stressful and extremely uncomfortable because it made me feel like a girl instead of a boy.

10. When I came out to my mother we were living in Anderson, Indiana. She asked my elementary school to use the name and pronouns that reflect my gender. In elementary school I tried not to use the restroom at school because the only one I was allowed to use was the girls'.

11. When we moved to Martinsville, my mom asked my new teachers at Bell Intermediate School to use my male name and he/him/his pronouns. At Bell, many of my teachers tried to use my correct name. No one used the correct pronouns. I used the nurse's restroom.

12. Before I started at John R. Wooden my mom and I went to an open house and explained to all my teachers that I am transgender and to use my male name and he/him/his pronouns.

13. My school has refused these requests. My teachers are allowed to choose whether they will use my name and pronouns. Some use my correct name but almost none use my correct pronouns and instead call me she or her. I've explained that I'm not a girl, but they continue to treat me as one by using the wrong pronouns.

14. When I'm called by my old name or the wrong pronouns, the symptoms of my gender dysphoria worsen, and it is very difficult to be in class.

15. It is also extremely upsetting and causes me to be anxious, depressed, and angry when staff question my gender. In December, after I left class because a teacher used my wrong name and pronoun, Kari Mann, a school counselor, asked me if I 'felt like a real boy'. This just made me feel worse. I am a boy.

16. Because the school refuses to update my records to show my correct name, my old name appears on class rosters. This means that every time we have a substitute who uses the class roster I am called by my old name. Sometimes I don't respond because I don't feel like coming out as transgender.

17. My school's refusal to tell my teachers to use my name and pronouns that reflect my gender is also a constant source of anxiety and depression.

18. Because my birth name is listed on class rosters, all substitutes use the wrong name and pronouns for me. When I walk into class and see a substitute, I know that my birth name will be called and that they might refuse to use my correct name and

pronouns, without the school doing anything about it. I do not want to tell my teachers that I am transgender, and it makes me anxious to tell this information to adults I do not know. Being faced with this situation contributes to anxiety and depression

19. I tell my mom and stepdad about what happens at school, and they call to tell them to use my correct name and pronouns and to let me use the boys' restroom but nothing changes. This makes me feel like I can't be who I am at school, and no one there supports me.

20. For most of the fall semester when I had to use the restroom, I used the clinic restroom. The clinic restroom is far from many of my classes and on days when the crosswalks are closed, it takes me up to eight minutes to get to and from the clinic restroom to my class.

21. Using the clinic restroom takes time away from my classes and causes me to be risk being disciplined. Because the restroom was so far from my classes, I was marked tardy several times. When you have multiple tardies, you can get detention.

22. I also don't like using the clinic restroom because using it singles me out and doesn't let me be myself at school. Because of how bad using the clinic restroom makes me feel, sometimes I avoid using the bathroom at all during the day. Even though this causes me physical discomfort, it is better than being singled out as different.

23. Even though the school told me not to, after the meeting with GenderNexus, I started using the boys' restroom because I am a boy and it was more comfortable than using the clinic restroom.

24. The boys' restrooms have individual stalls with doors that close. My use of the boys' bathrooms did not cause any issues with other students. None of my classmates questioned my presence in the boys' bathrooms.

25. When a school employee noticed that I used the boys' bathroom, Mr. Reynolds called me to his office and told me to stop and said that if I continued to use the boys' restroom I would be disciplined. I stopped using the boys' restroom after that.

26. After Thanksgiving, Mr. Kuttruff called me into his office to yell at me for using the boy's restroom. While I was there, I called my mom on speaker phone and he told us that I had to use the girls' restroom or the restroom in the health clinic.

27. Being excluded from the boys' facilities undermines my transition and worsens the anxiety and depression caused by my gender dysphoria. It makes me feel isolated and punished for being who I am. It also tells other students that I am different and should not be treated like other boys. It makes being at school painful. I like school because I love learning but there are days I just can't go because it feels too awful to have people not see me as the boy that I am. These feelings are made worse when people like Mr. Reynolds and Mr. Kuttruff tell me that because I'm the first transgender student, this is a learning experience for them. I don't want to be treated as a learning experience; I want to be treated as a boy.

28. Being treated as a boy at school is extremely important for my mental and physical health. It is physically uncomfortable and causes me a lot of mental distress to be at school when I cannot be who I am. This causes me anxiety, makes me depressed, and makes me not want to go to school. It is hard to describe how terrible it makes me

feel when the school treats me like a girl. No word is right because of how much it hurts. Every time I am misgendered, called a girl or someone uses my deadname, I want to disappear. I've tried so many things to make myself feel better when this happens but the only thing that will actually help is teachers using the right pronouns and the school treating me like the boy I am.

29. I want to go to school, participate in my classes, and use the bathroom like all my classmates. But the School Corporation is forcing me to deny who I am at school. This makes me not want to go to school, unable to focus on learning, isolated and unable to be myself. Instead of school being a safe space, I am singled out because I am different and constantly being told that I'm not really a boy and that I don't deserve to be treated with respect. This is causing me anxiety, depression, and other emotional and psychological harm.

[Remainder of page is intentionally blank]

Verification

I verify, under the penalty of perjury, that the forgoing is true and correct.

Executed on: 1-30-22

A.C.

A.C.

Prepared by:

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION
NO. 1:21-cv-02965-TWP-MPB

A.C.)
)
 Plaintiff)
)
 -vs-)
)
 METROPOLITAN SCHOOL DISTRICT)
 OF MARTINSVILLE, et al.)
)
 Defendants)

The 30(b)(6) DEPOSITION OF THE DEFENDANTS
UPON ORAL EXAMINATION OF
FRED KUTRUFF

The 30(b)(6) deposition of the Defendants
upon oral examination of FRED KUTRUFF, a witness
produced and sworn before Kathleen Andrews,
Notary Public in and for the County of Hamilton,
State of Indiana, taken on behalf of the Plaintiff
via Zoom Videoconference at 1:00 p.m. on
January 13, 2022, pursuant to the Federal Rules
of Civil Procedure.

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EXAMINATION

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1 FRED KUTRUFF, the witness herein,
2 having been first duly sworn to tell the truth,
3 the whole truth, and nothing but the truth,
4 testified as follows:

5 EXAMINATION,

6 QUESTIONS BY MR. FALK:

7 Q. Sir, could you state your name for the court
8 reporter, please.

9 A. Fred Kutruff. K-U-T-R-U-F-F-as-in-Fred.

10 Q. And you are the principal of the Wooden Middle
11 School, John R. Wooden Middle School in
12 Martinsville, Indiana; is that correct?

13 A. Yes.

14 Q. And have you ever been in a deposition before?

15 A. No.

16 Q. Do you feel lucky, or that your luck has just run
17 out, or it's just a new experience?

18 A. I think I got the short straw.

19 Q. Well, as your attorney undoubtedly told you, a
20 deposition is just an asking and answering of
21 questions under oath. There is no judge here, but
22 everything you say is being taken down and can be
23 used in the court proceeding that we find ourselves
24 in. Do you understand that?

25 A. Yes.

1 Q. Because this is all being transcribed, we have to
2 make sure that we respond audibly, we don't talk
3 over each other, and try and do things so that the
4 court reporter does not start tearing her hair out.
5 Is that fair?

6 A. Yes.

7 Q. If at any point you don't understand my question,
8 if I'm not making sense, or if I'm talking too
9 fast, let me know. Otherwise, I'll assume if you
10 answered the question, you understand it. Is that
11 okay?

12 A. Yes.

13 Q. If at any point you want to take a break, either to
14 talk to your attorney or just to take a break, you
15 are free to say I want to take a break. The only
16 point is I would have you answer the question
17 that's pending before you before we take a break.
18 Okay?

19 A. (Nodding head.)

20 Q. Yes?

21 A. Yes.

22 Q. You have to respond audibly, and I will try to do
23 so as well.

24 (Exhibit 1 introduced into the record.)

25 Q. I'm showing you what's been marked as Exhibit 1 to

1 this deposition. Do have you that before you?

2 A. Which? I've got --

3 Q. It's the deposition notice that you would have
4 gotten.

5 A. Yes.

6 Q. Okay. And you are the principal of the John R.
7 Wooden School; is that correct?

8 A. Correct.

9 Q. And this deposition notice asks that the defendants
10 in this case, that includes the Metropolitan School
11 District and the principal in his official
12 capacity, designate one or more people to answer
13 questions on the topics presented in the
14 deposition. Is that your understanding?

15 A. Yes.

16 Q. And you are the person who, as you so eloquently
17 put it, drew the short straw; is that correct?

18 A. Yes.

19 Q. Okay. So I'm going to assume that you are
20 testifying not just for yourself, but also the
21 principal in his official capacity, as well as the
22 school district. Is that fair?

23 A. Yes.

24 Q. And in the deposition notice, Exhibit 1, I asked
25 that certain documents be produced, and your

1 attorney has turned over documents to me. Is it
2 your understanding that aside from some matters
3 that were excluded because of attorney-client
4 privilege, that you have provided all the documents
5 that you are aware of that are responsive to the
6 request in Exhibit 1?

7 A. Yes.

8 Q. And how long have you been principal at the school?

9 A. I've been assistant principal I think since 2013
10 or, excuse me, '13/'14, and became the principal in
11 August of 2021.

12 Q. Okay. And do you have a master's in education or
13 in supervision of some sort?

14 A. Yes. I have a master's in education and a
15 principal's license.

16 Q. Is the master's your terminal degree? Have you
17 gone any further past the master's?

18 A. No.

19 Q. And when and where did you get your master's?

20 A. Indiana Wesleyan University.

21 Q. And when?

22 A. Oh, that's a good question. You are asking me to
23 go back a ways. 2004. I don't know that.

24 Q. That's fine.

25 A. I'm going to guess.

1 Q. That is perfectly fine. And how long have you been
2 with Martinsville School District?

3 A. Since 2007.

4 Q. And before becoming assistant principal, what
5 positions did you have?

6 A. I've been the head football coach. I was assistant
7 athletics director. I was assistant principal of
8 the high school, and then moved to the middle
9 school I believe seven years ago.

10 Q. And the school district, Martinsville, MSD
11 Martinsville -- and if it's okay with you I'm just
12 going to call it Martinsville; is that fair?

13 A. Yes.

14 Q. Martinsville receives federal funding; is that
15 correct?

16 A. Yes.

17 Q. Have you read the complaint in this case, the
18 document that started the case?

19 A. Well, I've read quite a few, so I believe so.

20 Q. Okay. But you're aware of what the case is about
21 generally; is that correct?

22 A. Yes.

23 Q. And you obviously, well, I shouldn't say that, but
24 I assume you know the plaintiff, who we refer to as
25 A.C.?

1 A. Yes.

2 MR. FALK: And, Phil, before we started the
3 court reporter asked me about the name, and she
4 will put everything in as A.C. So if some of us
5 slip, that's perfectly fine, but I will try not to
6 slip. But if I do or you do, it's fine.

7 MR. ZIMMERLY: Okay.

8 Q. And A.C. is currently a seventh grader at your
9 school; is that correct?

10 A. Yes.

11 Q. And does the Wooden Middle School just have seventh
12 and eighth grades in it, or is it sixth, seventh
13 and eighth?

14 A. Seventh and eighth grade building.

15 Q. About how many students are in the school?

16 A. Last count, 676, I believe.

17 Q. And it's split roughly evenly between the two
18 grades, I assume?

19 A. Pretty close, yes.

20 Q. And you're aware that A.C. in his complaint or in
21 this lawsuit states that he is transgender?

22 A. Yes.

23 Q. And you are aware of that term; is that correct?

24 A. Yes.

25 (Exhibit 2 introduced into the record.)

1 Q. And I note that if you take a look at Exhibit 2,
2 which are all the documents that I somewhat lazily
3 made one exhibit, at page 17 --

4 A. Let me get to it.

5 Q. Okay. No problem.

6 A. Okay.

7 Q. At pages 15 and 17.

8 A. Are you talking, referring about the emails?

9 Q. Yes. I'm sorry. I said page numbers. There's a
10 Bates stamp at the bottom of each one. There is an
11 email on page 15 from Doug Reynolds to staff. Do
12 you see that?

13 A. Yes.

14 Q. And then I said page 17, which is the same email
15 that apparently he sent to you first.

16 A. Yes.

17 Q. Okay. And we'll talk about that email in a little
18 bit, but in that email Mr. Reynolds talked about
19 students who identify differently from their birth
20 sex. Do you see that in the second line?

21 A. Yes.

22 Q. And is that a pretty good definition, as far as
23 you're concerned, about transgender persons who
24 have a gender identity that differs from their sex
25 at birth?

1 MR. ZIMMERLY: I'm going to make an objection.
2 The term, transgender, is vague and ambiguous and
3 can mean a lot of things to a lot of different
4 people. But with that objection, you can answer.

5 A. Yes.

6 Q. Okay. And the complaint in this case also alleges
7 that A.C. has been diagnosed with gender dysphoria.
8 Are you aware of that?

9 A. I have not seen any medical records regarding that.

10 Q. Are you aware that he says he has, or the complaint
11 or the lawsuit alleges that he's been diagnosed
12 with gender dysphoria?

13 A. I read that in the complaint.

14 Q. And you understand gender dysphoria to be a
15 condition that transgender people have where there
16 is a conflict between their gender identity and
17 their sex assigned at birth; is that correct?

18 A. Yes.

19 Q. In this case you are aware that A.C. is asking for
20 a number of things. Number one, he is asking to be
21 able to use male restrooms. Are you aware of that?

22 A. Yes.

23 Q. Male restrooms at school; correct?

24 A. Yes.

25 Q. And are you aware that he's asking that he be

1 referred to by his male first name and by male
2 pronouns? Are you aware of that?

3 A. Yes.

4 Q. And he's also asked that he be able to participate
5 on the boys soccer team next fall, fall of 2022.
6 Are you aware of that?

7 A. Yes.

8 Q. And is that your understanding of what he is asking
9 for in this litigation?

10 A. Yes.

11 Q. Okay. And you are aware that he's now asked for a
12 preliminary injunction, a quick order addressed to
13 the restroom and the name issues and pronoun
14 issues; is that correct?

15 A. Well, I am now. I'm not sure. I guess I am.

16 Q. Okay.

17 A. You're telling me that.

18 Q. The issue concerning soccer obviously can be
19 deferred a little bit.

20 Are you aware of, or have you heard of the
21 concept of social role transition when it comes to
22 transgender persons?

23 A. No.

24 Q. Are you aware that transgender persons will want to
25 wear clothing, hairstyle, and take other actions

1 consistent with their gender identity to make them
2 more comfortable?

3 A. I've seen that within my, within my different
4 students that have identified as transgender in my
5 building.

6 Q. And are you aware that, at least as a theoretical
7 matter, bathroom usage, using the bathrooms
8 consistent with one's gender identity, could be one
9 of those things that would make a transgender
10 person feel more comfortable?

11 A. No.

12 MR. ZIMMERLY: Objection to the term,
13 transgender person, as being vague and undefined.
14 You can answer.

15 Q. I'm sorry. You're not aware?

16 A. No. I'm not quite understanding your question.

17 Q. Okay. Well, you said that you're aware, from
18 observing students who are transgender, about their
19 desire to wear clothing and hairstyle of their
20 gender identity; is that correct?

21 A. Yes.

22 Q. And they are trying to take steps to identify with
23 the gender different than their sex at birth; is
24 that correct?

25 A. Yes.

1 Q. And what I asked you, the next question was are you
2 aware that bathroom usage, using the bathroom, a
3 bathroom consistent with one's gender identity, is
4 another way of becoming more comfortable with that
5 gender identity?

6 A. No, I'm not aware of that. I'm aware A.C. has
7 requested to use the male restroom.

8 Q. And you have had experience in the junior high
9 school there, Wooden high school, with transgender
10 students?

11 A. Yes.

12 Q. And how many transgender students are you aware of
13 who have passed through the middle school, that
14 you're aware of?

15 MR. ZIMMERLY: I'm going to object really
16 quickly. This is the same objection, that the
17 term, transgender, is vague and ambiguous. You can
18 answer.

19 A. We have had a few. There's a handful in the
20 district. I currently at John R. Wooden have, I
21 know of four transgender students. But the number
22 fluctuates because they, I have, some of them
23 switch back and forth. You know, this week they
24 identify as a female. Before Christmas they might
25 have identified as a male. So it's pretty fluid in

1 some cases. So the number fluctuates.

2 Q. To the best of your knowledge, I'm now asking you
3 district-wide, is A.C. the only student who has
4 asked to use a bathroom consistent with their
5 gender identity that is different than their sex at
6 birth?

7 A. The only one that I know of.

8 Q. Okay. Now, going back to the email from
9 Mr. Reynolds, which is at Exhibit 2, page 15.

10 MR. ZIMMERLY: You said page 15?

11 MR. FALK: Correct, page 15 or 17. But they
12 are the same, so let's go to 15.

13 A. The one to the staff?

14 Q. Sure.

15 A. Okay.

16 Q. And who is Doug Reynolds who signed this?

17 A. Doug Reynolds is our social worker at John R.
18 Wooden.

19 Q. And what precipitated the sending of this out? Why
20 was this sent out?

21 A. There was a situation where A.C. had used the, the
22 male restroom, and one of our staff members who was
23 in there using the restroom notified me. I was in
24 a conference. And then Mr. Reynolds had called me
25 and asked what to do.

1 And he asked about sending an email. So I
2 said it's okay. Make sure I see the email first.
3 So he asked about sending an email to make sure the
4 staff was aware.

5 Q. And this indicates in the first paragraph that "Our
6 district policy," which is MSD Martinsville;
7 correct?

8 A. Correct.

9 Q. -- is that the student needs to use the restrooms
10 of their birth sex or use the clinic bathroom;
11 correct?

12 A. Well, my interpretation of that is based on Title
13 IX. Really, it's based on a case-by-case basis of
14 the individual student as far as what's allowed to
15 be doing. So my interpretation of that policy is
16 abiding by Title IX.

17 Q. Well, you say case-by-case basis, so is there a
18 situation where a transgender student could use a
19 bathroom consistent with their current gender
20 identity, even though it's different than their sex
21 at birth?

22 A. Yes. It would depend. We would want to keep the,
23 depending on the maturity level, to keep
24 transgender students safe, the privacy of other
25 students, but also has there been the diagnosis of

1 gender dysphoria, as you talked about. Are they on
2 hormones, or are they going the other direction?
3 I'm not sure of the legal or how it actually works.
4 Are they taking testosterone? Have they had
5 surgery? Have they legally attempted to change
6 their name through the court system and their
7 gender marker? One of the other circumstances that
8 might play a role, what's the pattern? How many
9 years have they been transitioning?

10 So we would treat them on a different
11 case-by-case basis. The reason we would do that is
12 based on the safety of the transgender student, the
13 privacy of the other students, and then basically
14 what the courts, the court's guidance in this area.

15 Q. Okay. Well, let's unpack that a little bit. So
16 Mr. Reynolds got your approval to send out
17 something which says that our district policy, that
18 is backed up by our state rules, says the student
19 still needs to use the restrooms of their birth sex
20 or use the clinic bathroom. So you're saying
21 that's not the district policy?

22 A. I'm just saying it's my interpretation of that
23 email, when he said district policy, was our
24 interpretation of Title IX. Our policy, especially
25 that at the building level, is on a case-by-case

1 basis that I outlined for you.

2 Q. Right. And I guess I'm confused because, well,
3 first of all, is this policy written down anywhere
4 that you're aware of?

5 A. No. I said, again, my interpretation is that this
6 is regarding Title IX.

7 Q. So your policy is to follow Title IX; is that
8 correct?

9 A. Yes.

10 Q. Okay. And the state rules that are mentioned in
11 that paragraph, do you know what state rules
12 Mr. Reynolds was referring to?

13 A. Not exactly.

14 MR. ZIMMERLY: Let me just make a quick
15 objection, just to the extent you're asking him to
16 opine as to Mr. Reynolds' thinking, and the
17 document speaks for itself.

18 MR. FALK: Well, that's fair.

19 Q. Let me ask you, you read this. You approved it.
20 What do you think the state rules are that are
21 referred to in this sentence?

22 A. My basis of this being approved is following Title
23 IX guidance for our school in general. And my
24 thinking of this is also the district, we follow
25 Title IX, and being an athletic person, but also in

1 our bathrooms, different areas that we have
2 followed that. So that's my interpretation.

3 So when you ask me about what he meant, I'm
4 not sure. My interpretation is Title IX.

5 Q. Okay. So your position is, the school's position
6 is, Martinsville's position is that we follow Title
7 IX. Fair?

8 A. Yes. Follow Title IX, yes.

9 Q. And the second paragraph says at the end about "If
10 a student identifies as transgender and needs to
11 use the restroom during class, please let the front
12 office know so we can check the cameras to make
13 sure the correct bathroom was used." What's that
14 all about, if you know?

15 A. We just want to make sure that students are using
16 the restroom that we've requested that they use.
17 Sometimes, you know, we don't know what's going on.
18 So just like the teacher that contacted me when I
19 was in a conference that A.C. was in a restroom
20 when he was in there and wanted to let me know,
21 just if that's happening, just so we could address
22 the issue.

23 Q. And I assume that if a student disobeys this, if a
24 student uses or habitually uses the wrong restroom,
25 that student could be punished; correct?

1 A. Yes.

2 Q. And what is the basis for the policy as laid out in
3 Mr. Reynolds' email?

4 MR. ZIMMERLY: I'm going to object in terms of
5 that being the district policy, but you can answer.

6 A. I would go back to it being a case-by-case basis
7 that we address it. Have they, how many years? Is
8 there a pattern of them, of the transgender, of the
9 student changing or being a transgender as far as
10 dress? Have they been diagnosed with gender
11 dysphoria? Are they on hormones, testosterone?
12 Are they, is there other circumstances we don't
13 know about? Have they legally requested the name
14 change?

15 So I would go back to those points. We are
16 not saying it can never happen. We just want to
17 know are these standards or criteria being met.

18 Q. And they are standards and criteria that are based,
19 in your estimation, on the requirements of Title
20 IX; is that correct?

21 MR. ZIMMERLY: Objection to the extent you are
22 asking for a legal conclusion, but you can answer.

23 A. Yes.

24 Q. Okay. And you had indicated or, I'm sorry,
25 Mr. Reynolds' email that you had approved indicated

1 this notion of cameras being used to check on the
2 bathroom usage. That is something that's unique to
3 transgender students, I assume? You're not
4 checking the bathroom usage of all students who say
5 they have to go to the bathroom during class?

6 A. Well, we check cameras. Being a middle school,
7 we've had all kinds of different incidences that
8 happen. So we check cameras, if there's -- a lot
9 of times they are not in the bathroom, of course,
10 but if someone is going to the wrong area. All
11 students go to the wrong classroom. They are
12 skipping school. We will always use the cameras to
13 check where those students are going.

14 Q. Okay. But teachers are not required to report when
15 a nontransgender student says they have to use the
16 bathroom in the middle of class, for instance?

17 A. Well, depends. If we've got a case, we have a
18 vaping that's going on that's wild. If we've got a
19 vaping happening in certain restrooms, we'll say
20 check. You know, let us know who is going in,
21 stand in the hallways, be vigilant.

22 So there are all kinds of different issues
23 that happen in the middle schools. If there's
24 vandalism, I don't know if you're aware of all
25 these TikTok challenges, so things happening in our

1 restrooms.

2 That being said, we are always having teachers
3 observing who's entering restrooms, whether they
4 are transgender, they're not transgender, because
5 we want to make sure our restrooms are safe.
6 There's just a lot of vandalism, vaping, things
7 that go on that we want to make sure we're keeping
8 an eye on.

9 Q. Okay. But there is no requirement, as a matter of
10 course in every case, if a student asks to leave to
11 go to the bathroom, the student is not transgender,
12 there is no requirement that the teacher report
13 that; correct?

14 A. Well, my expectations are for my teachers always to
15 be vigilant and seeing who is in the hallway.

16 Q. My question is a yes-or-no question. Is there a
17 policy or a memo or a practice where teachers have
18 to report when nontransgender students use the
19 bathroom, leave to use the bathroom during class?
20 Just yes or no. Is there something there that says
21 they need to report that?

22 A. Well, there is my -- whether it's a staff meeting,
23 again, I'm not sure. If I have a nontransgender
24 student enter the wrong restroom, we're going to
25 deal with that student.

1 Q. That's not my question. My question is really
2 simple. If I'm a transgender student, according to
3 Mr. Reynolds' email, and I'm using the bathroom
4 during class, there is this request that the
5 teacher notify the front office. Is there a
6 similar requirement if a nontransgender student
7 wants to use the bathroom during class? It's a
8 yes-or-no question.

9 A. The opposite restroom? So, yes, there would be.

10 Q. No, no. A student who is not transgender raises
11 their hand and says I want to go use the bathroom.
12 If the teacher says yes, does that have to be
13 reported if the student is not transgender?

14 A. I would say yes, if they are not using the restroom
15 of their --

16 Q. Sir, that's not my question. The way the memo is
17 written, that's on page 15 that we're talking
18 about, indicates that if a student identifies as
19 transgender and needs to use the restroom during
20 class, please let the front office know.

21 MR. ZIMMERLY: I just object to that being
22 referred to as a memo rather than an email.

23 Q. Okay. The email says that please let the front
24 office know so we can check the cameras. My
25 question, sir, and it really is a yes-or-no answer,

1 is there a similar requirement for a student who
2 does not identify as transgender and needs to use
3 the restroom during class? Does the front office
4 have to be contacted?

5 A. Worded that way, no.

6 Q. Okay. Thank you. Now, are there any transgender
7 students that you're aware of who attend
8 Martinsville schools, be it Wooden or elsewhere,
9 who are allowed to use a bathroom that is
10 consistent with their gender identity but is
11 different than their sex at birth?

12 A. That's done on a case-by-case basis at building
13 level, so yes.

14 Q. There are currently students; is that correct?

15 A. Yes.

16 Q. And looking at A.C., what would he have to do at
17 this point to be able to use the male restrooms?

18 A. Going back to what I had stated earlier, it just
19 depends, basically to provide safety for the
20 transgender student, privacy for all students. But
21 if they can prove that, you know, show that they
22 are under a physician or physician's care, they've
23 been diagnosed with gender dysphoria, are they on
24 hormones, testosterone, have they had surgery, in
25 some other circumstances have they filed for a

1 legal name change or gender marker change.

2 So there's a lot of different circumstances
3 that -- we are not saying it can never happen. We
4 are just saying these are some criteria, standards
5 that we'd like to see met. And for us in a middle
6 school, it revolves around maturity of the students
7 and, you know, safety of the students and privacy,
8 and again guidance from the court, other courts in
9 this area.

10 Q. Well, you say that there are students, transgender
11 students who are being able to use bathrooms
12 consistent with their current gender identity even
13 though their bathroom is for a sex different than
14 their sex at birth; correct?

15 A. Correct.

16 Q. And what did those -- did those students have
17 surgery?

18 A. That is at the high school, and I do not know.

19 Q. And how many such students are there, if you know?

20 A. Again, we have a handful in the corporation. I
21 know we have four at John R. Wooden. But that
22 number fluctuates because, especially at the lower
23 ages, many times a transgender student will switch
24 back and forth. I have that happening in my
25 building right now.

1 Q. So if A.C. presents you with information from a
2 doctor saying he's transgender, he has gender
3 dysphoria, he's under treatment -- he is not going
4 to be getting surgery because surgery is generally
5 not available for persons under the age of 18 --
6 but he's petitioning for a gender marker change,
7 would that be sufficient?

8 A. At this point no because some of the other, are
9 they doing the testosterone would be another
10 aspect. So, again, at this point no. But I'm not
11 saying it could never happen.

12 Q. Well, I mean, let's assume, neither of us are
13 doctors, but let's assume that surgery is off the
14 table for persons under the age of 18. If A.C.
15 goes to state court, and a state court says I'm
16 changing the gender marker to male and formally
17 changing the name to male, would that be
18 sufficient, or is something else necessary?

19 A. Not at this time that would not. That would be
20 partly, that would be a part of it. Again, you
21 know, take surgery off, but is the testosterone,
22 are they doing that. A pattern, are there other
23 circumstances that we might need to know about.
24 That type of stuff, this is at the, I'm talking at
25 the middle school level because of the maturity of

1 our students.

2 Q. What if he's taking testosterone? Would that be
3 enough?

4 A. That could be, but not at this point. I think it's
5 got to be weighed, you know, putting it all
6 together. So in the way you're asking it, if he
7 did this, I think if you put them all together,
8 some of the things we talked about, and eliminate
9 the surgery, then I would say probably yes.

10 Q. And whose decision would that be ultimately? Would
11 that be yours?

12 A. I think I would play an input, but I think
13 eventually I believe this is a board policy
14 decision.

15 Q. And you said it depends on the maturity, and I
16 think you were referring to maturity not of, in our
17 case A.C., the student in question, but the
18 maturity of other students. Is that what you were
19 referring to?

20 A. Yes.

21 Q. What does that mean?

22 A. Well, middle school, it can be quite entertaining
23 at times, but many of the kids are, if you are
24 talking about the cognitive level, they're bright,
25 great kids. But the maturity level in general of

1 many of them, that's why -- you know, they are not,
2 most of them aren't teenagers yet. That's why they
3 don't drive. They don't vote.

4 They are, you know, we are here to give them
5 guidance. And many times they need that because
6 they are not mature enough to handle many of the
7 topics that, say, a high school student might be
8 able to handle. Does that make sense?

9 Q. Well, I think what you're telling me is that there
10 is a concern of how they will react to a
11 transgender student in the bathroom. Talking about
12 A.C. specifically, they would, male students might
13 react negatively if they saw A.C. in the bathroom.
14 Is that fair?

15 A. Well, no, not necessarily just the restroom, but
16 whether it comes from, whether it's teasing. You
17 know, we're constantly, this does not have to do
18 with gender, but correcting our students, you know,
19 what's right and wrong. This is something you
20 can't say. So it's kind of an ongoing battle, you
21 know.

22 We are teaching them to be young men and
23 women, and so the maturity level at the middle
24 school or younger, they are not quite ready to
25 handle many of the topics that a high school

1 student might be able to handle.

2 Q. There's a concern about how they are going to
3 react, simply put; correct?

4 A. Yes.

5 Q. Okay. And I might have asked you this, and I
6 apologize. Of the students that you're aware of
7 who have been, transgender students who have been
8 allowed to use bathrooms consistent with their
9 gender identity, those are all at the high school;
10 is that correct?

11 A. That would be at the high school. Again, it's a
12 case-by-case basis. I'm not familiar with any of
13 the individual cases.

14 Q. But you're aware that it's happened at the high
15 school?

16 A. I know they are allowing it. I don't know if it's
17 happened.

18 Q. By allowing it, that means you are allowing
19 someone, for instance, who is a male transgender
20 person to use the male restrooms at the high
21 school?

22 A. Yes.

23 Q. But you're not familiar with that ever happening at
24 the middle school level?

25 A. No.

1 Q. And Wooden is the only middle school, is that
2 correct, in Martinsville?

3 A. Yes.

4 Q. And you had just talked about who would be the
5 final decision-maker. So if A.C. does whatever
6 A.C. does, presents you with the information you
7 think it would seem okay for him to use the male
8 restroom, would that go to the board, you say, or
9 would it go to the superintendent?

10 A. Well, I would give it to, I would give that to the
11 superintendent. Here's what we've got. A.C. has
12 presented us with this criteria. And I would give
13 it to them and let them make that decision.

14 Q. Okay. But it's your position today, or
15 Martinsville's position today that A.C. does not
16 need surgery in order to be able to access the
17 bathroom, if he satisfies the case-by-case
18 determination; correct?

19 A. Correct. I was just using that as an example of
20 different things you might present to us. Well,
21 the student might present.

22 Q. Sure. And that's perfectly fine. I just want to
23 make sure there is no bright line in the district
24 that says A.C. has to have surgery before this can
25 even be considered.

1 A. No.

2 Q. And what you've told me is there is no such bright
3 line; correct?

4 A. Correct.

5 Q. And having his gender marker changed in a state
6 court is something that would be considered
7 concerning bathroom usage, but would not
8 necessarily tip the balance to allow him to use the
9 male restroom; is that correct?

10 A. Yes.

11 Q. Now, Exhibit 2, the documents I've got, at pages 20
12 through 22, I believe --

13 A. I see it.

14 Q. -- those are screenshots of your information
15 system; is that correct?

16 A. That is correct.

17 Q. And what's the name of the system?

18 A. This is Skyward.

19 Q. Skyward. And this will list a student's address,
20 legal name, and I believe on page 21 gender. Do
21 you see that?

22 A. Yes.

23 Q. And for A.C. it lists his name on his birth
24 certificate, which is a female name, and it lists
25 gender as female, is that correct, or "F"?

1 A. Well, I can tell you this is, I assume you're
2 right, but this is so small on my computer, my
3 bifocals aren't cutting it, so just hold on.

4 Q. Well, given the difference in our ages, I'm
5 impressed that I can see it. I'm just going to
6 bask in that for a while.

7 A. Yes. I can see what you're saying.

8 Q. Okay. Here gender and sex mean the same thing; is
9 that your understanding?

10 A. Yes.

11 Q. And it also notes on page 21, maybe to help both of
12 our eyes I think probably on page 20 as well --
13 I'll just check real quick. 20 is much better. It
14 notes that the student goes by, and it has his
15 name, his male name that he's using. Do you see
16 that?

17 A. Yes.

18 Q. And that's information added based on what the
19 school learned from either the student or the
20 teachers or mom or dad or whatever; is that
21 correct?

22 A. Yes. We just, actually, I've got a copy in my
23 briefcase that I had a roster printed out so we
24 could avoid some of these issues of identifying
25 A.C. as the female name, to make sure that we have,

1 even though I've shared this with A.C.'s
2 stepfather, you know, for us to change the actual
3 name that's in there, it's got to still be done
4 legally. But we do have a system where, which I
5 just found this out last week, we can put the name
6 that they want to be called, so long as the parents
7 approve of it, we can put it in there, and that
8 will pop up on the roster. So we worked to fix
9 that. We did just find out, so we got that fixed,
10 and then we're doing a lot of contact tracing.

11 And then we had issues with Skyward. We put
12 the seating charts in there, and now we've got to
13 figure out how to fix the seating. We think we
14 did, so we're working at fixing these items so we
15 don't make these mistakes that the student doesn't
16 want to be called.

17 Q. The school has no problem with A.C. being referred
18 to by his male first name. And, in fact, when a
19 new teacher or a substitute comes in and is
20 checking the roster, at least based on what you
21 discovered last week, you can now make it clear
22 that the male name will pop up. Is that fair?

23 A. Yes. We are, we have been doing that from the
24 beginning. Our teachers have always, we have a
25 growth mindset that we've always been, at teacher

1 meetings we've talked about it. Refer to the
2 student as the pronoun they want. Refer to the
3 name that they want to be called.

4 Some of the issues we ran into where we've had
5 subs, and the roster's printed wrong, we tell
6 teachers to be apologetic, which they have.
7 They've all apologized.

8 We have a growth mindset, and we've worked at
9 getting better at it, and so fixing that.

10 Q. So as far as the school is concerned, there is no
11 problem with A.C. being referred to by his male
12 first name and using male pronouns?

13 A. No. We are doing that.

14 Q. And staff is big informed of that either through
15 your meetings or through the roster itself; is that
16 correct?

17 A. I'm not sure -- well, I guess it would be through
18 the roster now because it pops up. And then we've
19 also got a flag, and they can flag it to make sure
20 you call this student by this name. So they've
21 been instructed to do that. At our last teacher
22 meeting in December we discussed that, make sure
23 we're doing what we need to do.

24 I've done that in previous meetings. We've
25 done it at other meetings as well. So it's

1 something we've addressed and we are very aware of.

2 Q. Okay. Well, let me reiterate, just so we can
3 hopefully avoid this being part of this litigation.
4 The school has instructed staff to refer to A.C. by
5 his male first name and also by male pronouns; is
6 that correct?

7 A. Yes.

8 Q. Great. And what about, and this, as I said, is not
9 going to be an issue in the preliminary injunction.
10 We may have to revisit this. But I just want to
11 skip over real quick the current position
12 concerning A.C. playing for the boys soccer team,
13 which I assume will be in the fall of 2022. What
14 is the school's position as to that?

15 A. At the middle school we follow IHSAA guidelines,
16 and they have to meet that criteria to be able to
17 do that. And for us, we follow the IHSAA
18 guidelines. It's best practice, safest practice
19 for our students.

20 We have the guidelines, and we do that from
21 concussion protocol, to physicals, to contact
22 tracing, to number of practices. So we follow the
23 guidelines set forth. The only thing that we
24 really don't follow as far as IHSAA guidelines is
25 the grading, is eligibility, because middle school,

1 we don't have credit. That's something at the high
2 school.

3 So IHSAA says we have to have so many credits
4 to be eligible to play. Middle school doesn't have
5 credits, so that's the only differing aspect that
6 we don't follow.

7 Q. You, of course, know, given your athletic
8 background, the IHSAA rules do not apply in middle
9 school. They apply in high school.

10 A. Well, the rules, our conference schools, I don't
11 know of one that doesn't follow it. But it's best
12 practice and safest practice to keep our kids safe.
13 I don't want a coach -- I'm always going to tell my
14 coaches follow IHSAA policy to keep our kids safe.

15 Q. Okay. Now, my understanding is that A.C. began to
16 attend Martinsville schools in fifth grade. Is
17 that your understanding, if you know?

18 A. Yes.

19 Q. And what school was that; do you know?

20 A. I do not know.

21 Q. Okay. And while in elementary school, my
22 understanding is that his mother asked that he be
23 referred to by male first name and by male
24 pronouns. Was the school aware of this before he
25 started high school?

1 A. I do not know. Are you talking about middle
2 school?

3 MR. ZIMMERLY: Objection.

4 Q. Middle school, thank you.

5 MR. FALK: Objection for plaintiff's counsel
6 being wrong.

7 Q. Middle school, yes. Were you aware of this before
8 he started middle school?

9 A. I was not aware of it until the beginning of this
10 year, school year.

11 Q. You were not aware that A.C. wanted to be known by
12 his male first name?

13 A. Not until the beginning of this year.

14 Q. So you don't know what happened in elementary
15 school?

16 A. I don't know what happened in intermediate school
17 or at the elementary level.

18 Q. Are you aware of whether he had expressed
19 discomfort over using the girls restrooms when he
20 was in earlier grades than where he is now?

21 A. No.

22 Q. Are you aware that he was using the restroom in the
23 nurse's office in earlier grades prior to now?

24 A. Not that, I would not know his individual
25 situation, but I figure if the intermediate school

1 is doing what we're doing, then I would say yes. I
2 don't know if that makes sense.

3 Q. Sure.

4 A. I don't know about A.C. individually, but I do know
5 that they are using, transgender kids are using the
6 nurse's office or the unisex bathroom for staff.

7 Q. And you said intermediate school. Is that sixth
8 grade?

9 A. That's fifth and sixth grade.

10 Q. So when did the Wooden School become, gain
11 knowledge that A.C. was not comfortable using the
12 girls restrooms, and he wanted to use the boys
13 room?

14 A. Well, my first, my first knowledge of it was a
15 situation where, I can't remember if the stepdad
16 had called me before or after, but there was a
17 situation -- we have what's called an E-learning
18 lab. We have a shortage of subs, so we have a
19 teacher or an aide that will take two, maybe three
20 classes in the cafeteria.

21 So in the process of that, on the roster the
22 aide referred to A.C. as the female name, and that
23 was upsetting. And I believe, I don't know if I
24 talked to the aide at that point or -- it was
25 upsetting to A.C, But I heard from the stepfather.

1 And then after becoming aware of it, I did talk
2 with the aide, who again apologized. And the aide
3 did tell A.C. that your parents will have to get
4 this changed in Skyward. Probably not knowing the,
5 I'm not quite sure if she said do it legally, but I
6 believe it's got to be changed in Skyward.

7 So I did talk to the aide. The aide told me
8 that she apologized. She did not mean to hurt
9 A.C.'s feelings. And we moved forward, and I
10 shared that with A.C.'s stepfather as well.

11 Q. About when was that? Do you remember what month
12 that was?

13 A. It would have been, I think, the first week of
14 school, so August. That was my first time of
15 hearing about A.C.

16 Q. Okay. At that point were bathrooms discussed or
17 just names?

18 A. No bathrooms were discussed.

19 Q. I know that we'll talk about a meeting that a
20 number of your staff had with A.C. and his mom and
21 GenderNexus in late October. I want to ask you,
22 before that meeting in late October, were you aware
23 of a problem with A.C. using restrooms?

24 A. It would have been, I want to say, September, maybe
25 October, I'm not sure of the date, but A.C.'s

1 stepfather had called in and had talked to one of
2 my assistants, one of the secretaries, and asked
3 about the restroom situation for transgenders. And
4 I relayed that they are allowed to use the nurse's
5 office. And that's the last time I had heard until
6 there had been some other issues, but as far as the
7 restrooms.

8 Q. So Martinsville has no written policies concerning
9 restroom usage by transgender students, although
10 we've discussed what the policy is. Is that fair?

11 A. Yes, correct.

12 Q. Are there any written policies concerning restroom
13 usage in general by students that you're aware of?

14 A. Just on a case-by-case basis. And as far as
15 written policy for the corporation, that would be
16 no.

17 Q. And the written policy that the school uses
18 concerning athletic participation by transgender
19 students are the IHSAA rules; correct?

20 A. Correct.

21 Q. Now, are you aware that A.C. is a patient of the
22 gender health program at Riley Hospital?

23 A. Is that the GenNexus? I'm trying to think of the,
24 is that that group?

25 Q. No. GenderNexus is an advocacy group. But are you

1 aware that he's a patient at Riley Hospital?

2 A. I think, as I said I'm trying to recall, but
3 possibly through an email that Marissa from
4 GenNexus might have shared that with me, but I
5 don't recall. It doesn't, you're bringing it up,
6 and it doesn't scratch my memory, but that doesn't
7 mean I don't remember, you know.

8 Q. Okay. But you have not seen any medical records
9 yet that indicate that he's transgender and suffers
10 from gender dysphoria; correct?

11 A. No.

12 Q. And that's something you'd like to see and take
13 into account whether he could use the male
14 restrooms; is that correct?

15 A. Absolutely.

16 Q. And are you aware that he's being prescribed
17 medication at this point to suppress periods prior
18 to beginning hormone treatment?

19 A. I was not until I read it in one of the papers I
20 was served. It's stated in there, but that's the
21 first I heard of.

22 Q. And, again, that's something you would like to see
23 in order to be able to consider on this
24 case-by-case basis; is that correct?

25 A. Yes.

1 Q. If you get the medical records that show he's
2 diagnosed, he's transgender, he's diagnosed with
3 gender dysphoria, and he is taking medication to
4 suppress his periods, and if the doctors indicate a
5 schedule for receipt of hormones, would that be
6 sufficient to allow him to use the male restrooms
7 at this point in time?

8 A. I would say possibly. If a student, they
9 definitely would be committed at that point. But
10 if they are on testosterone, I'm not a doctor, so
11 as far as medicine, I don't know. It would depend
12 on what kind of medicine. So I couldn't make that
13 judgment based on if you asked me, well, if they
14 are taking it to suppress a period, well, I don't
15 know. Is that the pill? That's out of my realm.
16 Does that make sense?

17 Q. Yes. I'm a doctor of law, but that's it. Well, I
18 guess, I guess I'm curious. Focusing on A.C.,
19 focusing on middle school and the concerns you have
20 about maturity and all that, I raised two boys. I
21 understand. If the school is willing to concede
22 that A.C. can use the male restrooms, could
23 possibly use the male restrooms without getting
24 surgery, gender reassignment surgery, if the school
25 is willing to concede that, and you have conceded

1 that, what are you looking for as from A.C.'s side
2 as to what he has to do to demonstrate he can use
3 the male restroom?

4 A. Well, I think it goes back, I don't want to repeat
5 myself, but going back to the diagnosis of gender
6 dysphoria. Is he on testosterone. How long has he
7 been identifying. What's the past history.

8 You mentioned, I haven't even thought about
9 this, has he played soccer in the past? The first
10 time I ever heard about soccer was after this
11 GenNexus meeting. Has he played soccer in the
12 past? Has he filed in court, getting the name
13 changed and the gender changed on the birth
14 certificate? So it could be, but it just depends.
15 Those are things we are looking for.

16 Q. And I understand exactly what you're saying. I
17 hear the words. I understand English. But my
18 question is this: What is the school looking for?
19 Not in terms of the different components, but are
20 you looking for someone to say that A.C. really is
21 a transgender, and he really is committed to being
22 male? Is that what you're looking for? Because
23 all those things will not change him anatomically.

24 But you're saying that even though he is not
25 changed anatomically, it may be possible for him to

1 use the male restrooms. And I'm trying to figure
2 out what your decision point is.

3 If I get a doctor to say this is what we're
4 doing. This is the course of treatment. He is
5 transgender. He does have gender dysphoria. He's
6 not going to be able to get surgery because we
7 don't do that until they're 18, but he is on a path
8 to get hormones. Is that enough?

9 A. I'm not sure at this point, but I think you're
10 getting closer. I mean, those are distinctions
11 that might probably be made by them. I would bring
12 that information to the superintendent and the
13 school, and I'm sure he would eventually talk with
14 the school board on those things.

15 But, again, you're asking me to assume, okay,
16 what they're thinking. Like I said, medicine to
17 stop a period, I said that could be the pill. I
18 mean, so that would, that probably wouldn't go. So
19 I'm not a doctor. That's out of my realm.

20 Q. Okay. Okay. But you're telling us in this
21 deposition that if we get you medical evidence,
22 you're willing to take it to the superintendent and
23 say is this enough?

24 A. Absolutely.

25 Q. Okay. You're aware, the school is aware, and it's

1 noted on page 20 of Exhibit 2, that A.C. suffers
2 from anxiety; correct?

3 A. Yes. Actually, I even see that's listed on
4 Skyward, too.

5 Q. And is that, do you know where that awareness comes
6 from? Is that from self-reporting or parent or
7 observation?

8 A. That would be from, my understanding, it would be
9 from the parents and what conversations they've
10 had, whether it's with counselors. Was it put on
11 there last year? There's a difference when he was
12 in fifth and sixth grade at Bell Intermediate. I'm
13 not sure. I haven't talked with my counselors, if
14 they put that in there or not.

15 Q. And at page 10 of Exhibit 2 you had referred to an
16 incident where A.C. became very upset when he was
17 called by his former name.

18 A. Is that the one involving the band teacher,
19 Mr. Powell?

20 Q. Yes. Is that the incident you were referring to
21 earlier?

22 A. Yes.

23 Q. And then it looks like at page 13 there is a report
24 by Kari Mann.

25 A. Yes.

1 Q. That's the same incident as well; is that correct?

2 A. Yes.

3 Q. And she is, she is an employee of Adult and Child
4 Mental Health; is that correct?

5 A. Yes.

6 Q. And what's her function at the school?

7 A. She works with, works with different students
8 possibly in need of therapy. The parents have to
9 agree to that.

10 Q. Okay. And she has worked with A.C.; is that
11 correct?

12 A. Well, not really. I believe the parents, or I
13 don't know if it was mom had said that originally
14 they were interested in it and had some paperwork,
15 but have never -- you've got to sign on, sign the
16 papers that you want to do it. So I don't believe
17 they have done that or did that.

18 Q. But she did volunteer to be his advocate in a
19 meeting; is that correct?

20 A. Which meeting?

21 Q. I don't know. She says during a previous
22 meeting -- at the very end, last paragraph --
23 during a previous meeting with A.C.'s parents,
24 GenNexus stated he needed an advocate in school. I
25 agreed to be that advocate.

1 A. Yes.

2 Q. So she at least recognizes that he's having some
3 anxiety and other mental health issues; is that
4 correct?

5 A. I can't speak for her. She was, did allow her to
6 sit in on the Nexus meeting, allowed her to see if
7 they would be interested in using any of her
8 services. So that may have been where she, that
9 came up with. I'm not sure.

10 Q. Okay. So take a look at page 14, which is this
11 great map that you supplied.

12 A. Okay. I'm going to try to go on memory because
13 mine is small.

14 Q. Okay. I probably won't be asking that many
15 questions, but the numbers on this map, beginning
16 at 1, 2, 3, 4, 5 in the right-hand part of the map,
17 I assume those are all classrooms; is that correct?

18 A. Yes.

19 Q. And I see the gym is upstairs. Is the school, the
20 classrooms, are they upstairs and downstairs, or
21 are they all on one level?

22 A. They are all on one level. The gym is upstairs,
23 bleachers upstairs, and a walking track.

24 Q. And I assume the students will go to different
25 classes. They will not just be in one room during

1 the day; is that correct?

2 A. Correct.

3 Q. And what are the hours of school?

4 A. Students get there at 7:15, so first class starts
5 at 7:25. Buser bell goes off at about 2:21.

6 Walker bell is 2:45.

7 Q. How many periods are in the day?

8 A. We have six. And we have a success class, we have
9 success class from 7:25 to around 8:00, where the
10 students are doing different remediation. We do
11 announcements, study, you know, more like a study
12 homeroom.

13 Q. Okay. And how much of a passing period is there
14 between classes?

15 A. Four minutes.

16 Q. We've been going for an hour. You do not have a
17 constitutional right to a break at this point, but
18 it's traditional to say do you want to take a
19 break? I am on, I'm at least two-thirds of the way
20 done, so if you want to take a break.

21 A. I'm good if you guys are.

22 MR. FALK: Phil, are you good?

23 MR. ZIMMERLY: I'm fine to press ahead, if
24 you're okay, Ken.

25 MR. FALK: I'm fine. Thank you.

1 Q. So on this map the key tells us that GR is, what I
2 assume, girls restrooms, and BR the boys restrooms;
3 correct?

4 A. Yes.

5 Q. And there are "D" numbers around the outside of the
6 map. I assume those are doors to the outside?

7 A. Yes.

8 Q. Good. And I assume that the restrooms are
9 generally to be used during the four minute passing
10 period; correct?

11 A. Yes. But there are situations where teachers let
12 students go.

13 Q. Of course.

14 A. If it's an emergency.

15 Q. But the student has to get permission to leave
16 during class, I assume?

17 A. Yes. We hope.

18 Q. That's the plan, anyway. And, obviously, the idea
19 is you don't want to disrupt the class and miss the
20 class by leaving during the class and disrupt the
21 class, so you try and encourage the students to use
22 the restrooms during the passing periods; correct?

23 A. Yes.

24 Q. I assume that the girls and boys restrooms marked
25 on the map are designed for multiple use. That is,

1 they have multiple stalls and/or multiple urinals;
2 is that correct?

3 A. Yes.

4 Q. Are there doors on the stalls?

5 A. Yes.

6 Q. Do the urinals have dividers between them, or are
7 they open?

8 A. Dividers. So, yes, they have dividers.

9 Q. Okay. Thank you. And we've talked about the fact
10 the option was given to A.C. to use the health
11 clinic bathroom; is that correct?

12 A. Yes.

13 Q. And is the health clinic the room marked clinic,
14 north of classrooms 19 and 18, assuming the map
15 went that way?

16 A. Yes.

17 Q. And the bathroom is within that clinic; is that
18 correct?

19 A. Yes.

20 Q. And I assume that this is a single toilet room,
21 designed for use by both sexes; is that correct?

22 A. Yes.

23 Q. And does the school have a nurse, a full-time nurse
24 occupying the clinic?

25 A. Yes.

1 Q. And is she the only one using that office?

2 A. Well, we have two nurses, so sometimes they are in
3 and out. We have one that is stationed, we have
4 one that's full time, and we have another one
5 that's there most of the time, but will go to other
6 buildings in situations.

7 We share nurses. We're fortunate to have a
8 full-time and a half.

9 Q. You share a nurse with another school?

10 A. We have a full-time one, but we have another one.
11 We actually have two nurses, and one of those
12 nurses goes to a few other schools.

13 Q. Got it. And I assume that because of what probably
14 is in the clinic, that when the nurses are not in
15 the clinic, the door is locked. Is that correct?

16 A. Yes.

17 Q. And can all students use this restroom if they need
18 to, or do you need permission to be able to use the
19 restroom in the nurse's clinic?

20 A. They would ask to go. They are allowed to use it.

21 Q. They would have to get -- I'm sorry.

22 A. Yeah, they would just have to ask the nurse, like
23 any student, can I use the restroom.

24 Q. But A.C. was given the opportunity to use it
25 without permission, I assume, assuming the door is

1 unlocked; correct?

2 A. Well, you would have to sign in. Anyone that goes
3 to the nurse, they sign in so we've got records
4 where the student is. So I guess that would be
5 yes, but.

6 Q. Okay. So is the clinic just one room with
7 obviously a separate bathroom?

8 A. We've got one room -- there's a separate bathroom.
9 There's a couple areas where the students,
10 different rooms where students can lay down -- they
11 are not huge -- if those students are sick. So
12 there is an area, it's, I'm going to say, two small
13 rooms for students to sit in.

14 There is a room in the back, and then as you
15 enter there is a room, the front entrance part
16 where the nurse's desk is, and then the restroom is
17 in the back.

18 Q. Okay. So A.C. or any other -- well, let's say A.C.
19 A.C. would come in to use the bathroom, he would
20 sign in and get permission to use the bathroom; is
21 that correct?

22 A. Yes.

23 Q. Is the bathroom locked?

24 A. Not normally. It's going to be open unless someone
25 is in it.

1 Q. And if there are other people in the room that the
2 nurse is dealing with, A.C. will have to wait to
3 sign in to get permission; is that correct?

4 A. I'm not sure of the procedure. I don't know if he
5 can sign in, go through. I don't know. I don't
6 know what the nurse has him do, but.

7 Q. Are you aware, looking at the map that is on page
8 14 of Exhibit 2 where A.C. has his classes at the
9 current time?

10 A. I do not know. I know A.C. is in the band. And
11 then the other classes I'm not, I would not, I'm
12 not sure of.

13 Q. Okay. We can find out.

14 A. I can tell you that open area is a courtyard, and
15 those doors are open. There is a fence so
16 students, people can't get in and can't get out,
17 that lines up against the road. So those students
18 are allowed to go in and out of that. So they go
19 outside, go back and forth using the courtyard
20 during the day.

21 Q. And by open area you mean, for instance, the area
22 between, for instance, classroom 12 and classroom
23 31, that rectangular area?

24 A. Yeah. I think you were talking about door 17. You
25 see door 17, door 18, 20. Those doors are open.

1 Door 20 is open, 18 is open, 17 is open, and
2 students can go through there.

3 Q. And you said that you knew that the one class or
4 activity that A.C. had was band, and that would be
5 in 28; is that correct?

6 A. Yes.

7 Q. Okay. Now, aside from the restroom in the nurse's
8 office, are there other unisex one-person restrooms
9 at the Wooden School that are available for
10 students to use?

11 A. Yes. In the front there are family restrooms.

12 Q. Where are they?

13 A. If you go to the gym -- it's not a very good
14 picture. If you go to where you see D9, door 9,
15 where the gym is --

16 Q. Yes.

17 A. -- up front there, those are family restrooms
18 there. And then you see a restroom marked red
19 there in the corner by door 8. But then there's
20 two family restrooms right there. You can see them
21 by door 10. Those are family restrooms.

22 Q. And I imagine those are there primarily for when
23 persons not associated with the school are
24 attending activities at the gym; is that correct?

25 A. That or students that may need to use those. We

1 allow students to use those.

2 Q. Are students allowed to use those freely during the
3 day, or are they only there at certain times?

4 A. Well, they have to ask. Not freely. They have to
5 have permission.

6 Q. So most students are going to be using the
7 restrooms marked as GR or BR throughout the school;
8 correct?

9 A. Well, I said that the family restrooms marked there
10 by door 10, they would have to have permission to
11 use that. Now, you see by D8, those are ones that
12 would be open as well, that would not be open. Of
13 course, the locker rooms, I think you can, if I
14 look and see, yeah, the lower says locker, those
15 are restrooms in there as well.

16 Q. Okay. Now, you said the restrooms by door 8, those
17 are also things that students would need permission
18 to use; is that correct?

19 A. No, no. Those are open. I say permission. They
20 would ask the teacher. If they are in gym class,
21 they would ask the teacher to use that restroom.

22 Q. But if they are going through their four minute
23 passing period, they are not supposed to be
24 wandering so far afield in those restrooms; is that
25 correct?

1 A. Probably should not be up there. Not saying it
2 hasn't happened, but they are not to be up there.
3 They are usually, if they are playing in the gym
4 and there is an emergency, they can go use those.
5 And those doors are not locked.

6 Q. But the option that has been offered to A.C. has
7 been to use the nurse's restroom in the clinic; is
8 that correct?

9 A. Correct.

10 Q. Okay. So at page 23 there is an email trail.
11 Looking at the first email, which is at the bottom,
12 which always confuses me, but do you see that email
13 on October 25 at 12:36 from Marissa Heinz?

14 A. What page number?

15 Q. 23.

16 A. I'm only going to page 22.

17 Q. Well, unfortunately that means we win the case.

18 A. Okay. I see it here. I found 22, and then it
19 carries over to 23.

20 Q. That's how numbers work.

21 A. I gotcha.

22 Q. Do you see the email at the first entry, the very
23 bottom?

24 A. The email to me?

25 Q. Yes, from Marissa Heinz.

1 A. Yes.

2 Q. That's your initial contact from GenderNexus,
3 talking about concerns that A.C. and his mom had;
4 is that correct?

5 A. Yes.

6 Q. Had you ever heard of GenderNexus before receiving
7 this email?

8 A. No.

9 Q. And so you responded promptly in the email right
10 above, reaching out to her, saying that you have a
11 social worker, and you also have an Adult and Child
12 worker, and you'd be happy to set up a meeting;
13 correct?

14 A. Yes.

15 Q. And that social worker that you're talking about is
16 Mr. Reynolds; is that correct?

17 A. Yes.

18 Q. And you're saying here, I know Mr. Reynolds sees
19 A.C. on a regular basis regarding school and
20 personal issues.

21 A. Yes.

22 Q. And what knowledge do you have about Mr. Reynolds
23 seeing A.C. on a regular basis?

24 A. Well, I don't have any privilege to the
25 conversations. Those are private conversations.

1 But Mr. Reynolds' office is in the front office, so
2 I would see A.C. check in to see Mr. Reynolds.

3 Q. Okay. Do you know if A.C. was talking to
4 Mr. Reynolds about issues concerning his status as
5 a transgender youth?

6 A. I would not know that. That's, you know, that's
7 privileged information between a social worker,
8 counselor, and the student.

9 Q. Okay. And it looks like from the Exhibit 2, going
10 up to the front now, pages 3 through 6 --

11 A. Okay.

12 Q. -- it looks like the meeting was held on
13 November 3, I guess a Zoom meeting on November 3.

14 A. Okay.

15 MR. ZIMMERLY: State that again, please.

16 MR. FALK: There are email trails from 3 to 6.

17 MR. ZIMMERLY: Okay.

18 Q. And it's my understanding that from the school's
19 side that you did not attend that meeting; correct?

20 A. No, I did not.

21 Q. But Mr. Reynolds did and also Ms. Mann from Adult
22 and Child; correct?

23 A. Correct. And there was an intern, who has been
24 interning in our building, that was sitting in on
25 that with Mr. Reynolds.

1 Q. That's a social work intern?

2 A. Social worker intern.

3 Q. Okay. And it's my understanding from talking to
4 M.C., A.C.'s mom, that during the meeting things
5 were discussed, and Mr. Reynolds said he would have
6 to check with the higher-ups, or something along
7 those lines. And he actually then checked in with
8 you; is that correct?

9 A. Correct.

10 Q. You are a higher-up; correct?

11 A. Well, unfortunately sometimes.

12 Q. So it looks like from the email on page 6, where
13 Mr. Reynolds checked in with you, that A.C. asked
14 to use the boys restroom and that he be able to
15 participate in a boys sport, which I think is
16 soccer; correct?

17 A. Yes.

18 Q. And that he asked to be referred to by male
19 pronouns and male first name, and there was some
20 discussion as to adjusting the Skyward system to
21 accommodate that; correct?

22 A. I'm not sure about the, at that point we discussed
23 Skyward. I know I had numerous conversations with
24 the stepdad what would have to be done as far as
25 Skyward, but I'm not sure Mr. Reynolds and I

1 discussed Skyward. I think we just focused on the
2 three points you just mentioned.

3 Q. And Mr. Reynolds raised the possibility that there
4 be an accommodation for A.C. to use the boys
5 bathroom until a formal position from our school
6 district is determined. I'm just reading.

7 A. Where are you reading that? I don't think he said
8 that --

9 Q. I'm on page 6, the end of the second paragraph.

10 A. He said this is what the parents are requesting.

11 Q. Okay.

12 A. Not that Mr. Reynolds said. This is what they are
13 requesting.

14 Q. Okay.

15 A. Right?

16 Q. I don't know.

17 A. Mr. Reynolds never said that. I'm reading this as
18 this is what the parents are requesting, to use the
19 boys restroom.

20 Q. And had A.C. been out of school? It says something
21 about requesting so he can feel comfortable to
22 return to school. Had he been out of school prior
23 to this meeting that you know of?

24 A. Not that I know of. That doesn't mean he didn't
25 miss a day here and there.

1 Q. And at that point you got this from Mr. Reynolds,
2 and in formulating a response, did you talk to
3 anyone?

4 A. No.

5 Q. Now, prior to this time was A.C. using the restroom
6 in the health clinic to the best of your knowledge?

7 A. I would say so, yes. I've got records of that
8 taking place. And I know one, the stepdad, I think
9 he was also, I can't speak for sure, was using a
10 female restroom, because the stepdad called me one
11 time upset because due to vandalism we shut down a
12 restroom. He was upset that we had shut down a
13 restroom.

14 I said, well, we had vandalism. The
15 custodians are cleaning it up. He asked where the
16 kids are supposed to go. I said the nurse's
17 restroom is right next to that. I said the other
18 restroom is only 200 feet from this restroom. I
19 assume he was using a female restroom at that
20 point, but I don't know for sure.

21 Q. Are you aware of A.C. ever using the boys restroom
22 at Wooden Middle School?

23 A. On the day, I believe it was the 22nd, I was not in
24 the building. I was at conference and got an email
25 from a teacher, and then Mr. Reynolds had called me

1 and told me what had taken place.

2 Q. That was November 22?

3 A. Yeah, November 22, just the week before our
4 Thanksgiving week. So Monday I was out of the
5 building.

6 Q. Okay. We'll get to that in a second. So going
7 back to page 3 of Exhibit 2, the very top email is
8 Doug Reynolds reporting back to the people at
9 GenderNexus what the decision was. Do you see
10 that?

11 A. Yes.

12 Q. And, again, point A is use the health clinic
13 bathroom. Point B, recognizing that the health
14 clinic bathroom may be more remote from classes, to
15 allocate more time for A.C. to go back and forth.
16 Is that fair?

17 A. Yes.

18 Q. And the reason you have to do that is, I assume, if
19 you're late for class, that's something you get in
20 trouble for?

21 A. Yes.

22 Q. But A.C. is given permission, to the extent
23 necessary to go back and forth, to be late for
24 class; is that correct?

25 A. Yes.

1 Q. And that's going to happen sometimes just because
2 where his class is and where the health clinic
3 bathroom is; correct?

4 A. Yes, it could.

5 Q. Okay. And you say our teachers are trained to have
6 a growth mindset. You mentioned that before. And
7 you mention that, I believe, in the context of
8 saying that your teachers have been instructed now
9 to call A.C. by his male first name, chosen male
10 first name, as well as by male pronouns. Is that
11 correct?

12 A. Yes. We have done that even when I was assistant
13 principal, but that's something we've done. The
14 growth mindset is just that we make mistakes.

15 In numerous phone calls with the stepdad I've
16 had to correct him about him using the wrong
17 pronouns. And I explained to him, I said, see, we
18 all make this mistake.

19 So that's what we use, growth mindset, so
20 that, and we apologize, and we don't mean to do it.
21 But that's what that means, growth mindset. We're
22 going to get better.

23 Q. Okay. And it also indicates you adhere to the
24 IHSAA guidelines, which we discussed.

25 A. Yes.

1 Q. And I should not have thrown around initials so
2 quickly. IHSAA, that we've been using throughout,
3 stands for Indiana High School Athletic
4 Association; correct?

5 A. Correct.

6 Q. And it appears from a note on page 6 that
7 Mr. Reynolds also left this message on M.C.'s,
8 A.C.'s mom's phone; is that correct?

9 A. I believe so, yes.

10 Q. And are you aware that Mr. Reynolds also indicated
11 that if A.C. wanted to, he could be educated at
12 home with online schooling?

13 A. Yes, I believe there was something -- I'm not sure
14 what the actual conversation was. And we have
15 different options for all students, if that's
16 something that someone wants to pursue. We prefer
17 them in person, but we accommodate all students.

18 Q. And aside from the emails that we have here, was
19 any of this memorialized in writing?

20 A. As far as what?

21 Q. As far as what was discussed in the meeting with
22 GenderNexus, and what decision was made concerning
23 how to deal with accommodations for A.C., is any of
24 that in writing other than the emails that we have
25 here?

1 A. Not that I know of.

2 Q. And you are aware, you alluded to in response to a
3 question, that at least on one occasion after this
4 November 3 meeting A.C. used the boys restroom; is
5 that correct?

6 A. Yes.

7 Q. And this, you found out about this because there
8 was a teacher who saw A.C. using the restroom;
9 correct?

10 A. Well, the teacher was using the urinal, and
11 evidently A.C. had walked out, and shot me an
12 email.

13 Q. The teacher shot you an email?

14 A. Yes.

15 Q. Did you get any emails or complaints from anyone
16 else other than the one teacher who saw him in the
17 restroom at that time?

18 A. No. Well, I take that back. I believe, and I
19 can't, I think our choir teacher might have said
20 that she had seen that as well. But I don't
21 recall. I think she told me that. And that's down
22 there by that restroom, the band room and the choir
23 room.

24 Q. Which restroom was that, if you know, looking at
25 the map?

1 A. That would have been down by the band room.

2 Q. Okay. The band room being number 28 that we
3 discussed. It looks like right across the hall
4 there's a boys room and a girls room.

5 A. Yes.

6 Q. But you didn't get any complaints from students
7 concerning A.C. using the restroom?

8 A. No.

9 Q. You've never gotten any complaints from students
10 about A.C. using the restroom?

11 A. Not complaints, no. We've had issues, but not
12 complaints.

13 Q. What kinds of issues have you had?

14 A. Well, I don't know how many you want me to go into,
15 but different issues. We've had some discipline
16 issues where there was some, A.C. was involved in a
17 fight, slapped a student. You know, some of those
18 things. But as far as the complaining about that
19 part, no.

20 Q. Nothing about the restrooms?

21 A. No.

22 Q. Thank you. And so A.C. was sent to the office on
23 November 22; correct?

24 A. What page is that? Is that on the day that he used
25 the restroom earlier?

1 Q. Yes. I'm just asking.

2 A. I think he was called down, and Mr. Reynolds talked
3 with him. I'm not sure. I wasn't in the building.
4 I think Mr. Reynolds had talked with him.

5 Q. Okay. And I believe A.C. reports that he was told
6 that if he used the boys restroom again, he would
7 be punished.

8 A. Well, on that one, I instructed them to let him
9 know don't let this happen again. There could be a
10 consequence.

11 Q. Right. I looked at your student handbook, and
12 there is a disciplinary offense for
13 insubordination, failure to follow instructions,
14 defiant attitude. This would fall under that, if
15 he disobeyed; correct?

16 A. Yes.

17 Q. And that's subject to progressive discipline;
18 correct?

19 A. What do you mean progressive discipline?

20 Q. It looks like in the handbook the first time you do
21 it, something happens, the second time something
22 worse happens, the third time something worse.

23 A. Yes.

24 Q. It could lead to expulsion theoretically; correct?

25 A. Yes.

1 Q. And did Mr. Reynolds talk to A.C.'s stepfather that
2 day and relay the fact that he had been instructed,
3 A.C. had been instructed that he could not use the
4 restroom, boys restroom, and would be punished if
5 he did?

6 A. Yes. I believe he was on the line, became very
7 belligerent, and I believe they cut the
8 conversation off.

9 Q. The stepfather became belligerent?

10 A. Yes.

11 Q. And then it's my understanding that you actually
12 spoke to A.C. at some point, I think after the
13 Thanksgiving holiday, to reiterate that he was
14 expected to use the girls restroom or the clinic;
15 is that correct?

16 A. Yes, yes, sir.

17 Q. Was that just to reinforce what he had been told by
18 Mr. Reynolds?

19 A. Well, I just wanted to call and see, or bring him
20 down, see how he was doing, and just go from that
21 standpoint and then talk to him about what our
22 expectations are and what, how we would move
23 forward is what we believed, what we were doing at
24 this time.

25 He did ask me why he couldn't. I said, well,

1 one of the things that this deals with is it
2 involves other students. It involves other
3 parents. It's ultimately a decision that's going
4 to be above me. I said this will eventually be a
5 school board decision.

6 And my other comment is that's why we have
7 election of school boards. They are the ones who
8 eventually have these discussions and make these
9 decisions. It's above my pay grade. I didn't say
10 that, but just a bigger decision.

11 Q. Have you been in discussion with any other school
12 systems that have transgender students using
13 bathrooms that are consistent with their gender
14 identity, but differ from their sex at birth?

15 A. No, I haven't.

16 Q. And are you aware that other school systems do
17 allow this, aside from Martinsville?

18 A. Yes, I am aware of that.

19 Q. At the very first page of Exhibit 2 there is a
20 reference to A.C. being suspended for three days
21 after, I assume, a fight.

22 A. Yes.

23 MR. ZIMMERLY: I'm sorry to interrupt. I
24 thought you said page 2.

25 MR. FALK: Page 1.

1 MR. ZIMMERLY: I'm sorry.

2 MR. FALK: Have you got it, Phil?

3 MR. ZIMMERLY: Yes.

4 Q. So he was suspended in early December, it looks
5 like, for three days?

6 A. Yes.

7 Q. And along with these documents there was like a
8 four minute snippet of a camera, of a movie taken
9 by a camera in what looks like a stairway.

10 A. Yes.

11 Q. And there was an incident around the 40 second mark
12 where it looks like something happens, although
13 very quickly. Is that the incident that led to the
14 suspension?

15 A. Yes.

16 Q. And where was that?

17 A. In the stairwell.

18 Q. Going up to the upper gym?

19 A. Yes. The kids were going down. The kids, we were
20 spread out at three different locations for lunch.
21 We have approximately 80 students that eat
22 upstairs. We have now gone back to one, but eat
23 upstairs. We have tables for them, a little more
24 spread out. And then they go downstairs, and they
25 can play in the gym for 15 minutes while their

1 lunch period ends, play basketball, volleyball,
2 dodgeball. And then on the way down the stairs is
3 where this issue happened.

4 Q. Okay. And did you investigate this incident before
5 the suspension?

6 A. Yes. I had, A.C. had come down and first said that
7 he was sexually assaulted, which immediately we ask
8 for a police officer. I took a statement. He told
9 me what happened. So then I sent him out in the
10 office. Then as I got the cameras out and
11 checking, looking at the cameras, A.C. then poked
12 his head in and said I'm going home. I said okay,
13 if someone is going to pick you up, we'll go with
14 that then. But while we're going through this, let
15 me check the cameras.

16 I believe A.C.'s stepfather came to pick him
17 up because A.C. did not sign out. And then we
18 looked at the situation and determined what A.C.
19 said happened was not what happened.

20 Q. I note that in the email from Morgan Settle,
21 Exhibit 2, page 1, she refers to A.C. as her. Do
22 you see that? I overheard a couple of students and
23 A.C. talking about her suspension?

24 A. Yes.

25 Q. And that's something that you're trying to stamp

1 out specifically with regard to A.C.; correct?

2 A. Yes. That's what we talk about all the time. Got
3 to correct it.

4 MR. FALK: I'm going to ask for a break now
5 because I just have a little bit more. I want to
6 talk to my co-counsel, if I could.

7 MR. ZIMMERLY: That's fine. Do you want to
8 say five minutes? Come back at 2:37?

9 MR. FALK: I'll give it my best shot.

10 MR. ZIMMERLY: Thanks.

11 (A recess was taken.)

12 BY MR. FALK:

13 Q. Before our break we talked about briefly the
14 discipline that was imposed upon A.C. for a fight
15 in early December. He had apparently alleged that
16 someone had sexually assaulted him. On page 1 he
17 says, "He touched my ass, so I beat his ass." What
18 did your investigation show as to what happened?

19 A. Well, we allowed the police officers to look at the
20 video. That's the first thing we do is always get
21 a hold of the police.

22 The video showed a couple of larger
23 middle-schoolers. I don't know if they were
24 eighth-graders. There was, oh, A.C. and another
25 student were walking on the stairs, just kind of

1 moseying along. They weren't in a hurry. So a
2 couple of other students went around them. And
3 then this little guy was, you know, I'll bet he was
4 4'2", 60 pounds, he's got his football and his
5 lunch box, carrying it, and he just wants to get to
6 recess. He was carrying it, goes through.

7 You'll see on the video where A.C. reaches,
8 pulls him down and just started punching him in the
9 face, which he admitted to doing that in my office.

10 And it was determined there was no intent of
11 sexual assault. It was just trying to get through.
12 And A.C. took offense to it and assaulted that
13 student.

14 Q. Okay. So the student he assaulted did not get into
15 trouble, I assume?

16 A. No. He did not throw, in bringing him in, he
17 didn't throw any punches. And I asked him, I said
18 why didn't you fight back? And his quote was
19 "Because I don't hit girls." So he had identified
20 A.C. as a female, but he took a whooping.

21 Q. And A.C. got a three-day suspension. That's
22 correct?

23 A. Yes, three days for fighting.

24 Q. Did the other student say that he could have
25 touched A.C.'s butt as he pushed through?

1 A. He said that he did it. But on the video it looks
2 like, it doesn't look like he does. And then other
3 witnesses said they did not see that as well. They
4 did not see that at all. The person that A.C. was
5 walking with did not see anything. And this is
6 another transgender student who came in and said
7 that, he's the one that said that A.C. didn't even
8 say anything about that. He just started wailing
9 on the kid.

10 Q. So I'm at the point where I just want to
11 recapitulate so I know where we are. You are
12 basically asking that A.C. present to you as much
13 medical evidence that he has concerning his
14 condition and the treatment he's getting. If he
15 presents you with that information, will you then
16 take that to the superintendent, or will you then
17 decide whether or not he can use the male restroom?

18 A. I would give that to the superintendent and say,
19 you know, here's my recommendation of the criteria,
20 the standards that -- I don't know if you want me
21 to rehash it -- that we'd like to see met. I could
22 honestly say, yes, I believe they met it. I'd say
23 that's just my recommendation. I can't make the
24 decision for them.

25 Q. And in the cases that we talked about at the high

1 school where transgender kids are using bathrooms
2 associated with their gender identity that differ
3 from their sex at birth, were those principal
4 decisions, superintendent decisions, or board
5 decisions, the ultimate decision?

6 A. I would say it's done at a, I can't speak for them,
7 but a case-by-case basis at a building level.

8 Q. Because you had mentioned board involved before,
9 but this issue could be decided without going to
10 the board? Is that your understanding?

11 A. This situation with the middle-schoolers, no. That
12 would be something that the superintendent would
13 make a recommendation. I would, I don't want to
14 assume, give you my opinion, but I think the board
15 would want to be involved with this.

16 Q. But not with high school?

17 A. I can't speak. They were not involved in that one.

18 Q. All right. Why do you think they would be involved
19 in this one?

20 A. Well, going back to the maturity of the students,
21 the difference between a high school student and a
22 middle school student. Like I said, I was at the
23 high school for many years. The middle school,
24 going back to the maturity level, and I would
25 assume, again, going back, that that's why I would

1 think they would be involved in this.

2 Q. But no matter what, you would first go to the
3 superintendent. And he or she, I don't know if
4 it's a he or she -- I apologize -- he or she would
5 then make a determination as to whether it should
6 go higher than that, to the board?

7 A. Yes.

8 MR. FALK: Off the record for a second.

9 (Off the record).

10 MR. FALK: Okay. Back on the record.

11 Q. Are you aware of other decisions concerning
12 individual students that are taken to the board?

13 A. What do you mean?

14 Q. Well, you're saying that you suspect that if you
15 recommend that A.C. use the male restrooms, and if
16 that goes to the superintendent, that he or she may
17 take it to the board. And I'm wondering how usual
18 it is for the board to get involved in decisions
19 involving individual students, aside from student
20 discipline cases where they might get involved.

21 MR. ZIMMERLY: I'm just going to note, I don't
22 know if this is an objection or not, but we're kind
23 of running afield from the 30(b)(6) topics. You
24 are kind of asking for Mr. Kutruff, including the
25 line of questioning that we're on, to kind of opine

1 to things that I don't know as a 30(b)(6) witness
2 and the notice are really within his realm of
3 knowledge. He has made a number of assumptions up
4 until this point.

5 Q. Okay. If you know. And if not, we'll drop it.

6 A. I do not know that.

7 MR. FALK: Okay. I have no further questions.

8 EXAMINATION,

9 QUESTIONS BY MR. ZIMMERLY:

10 Q. Phil Zimmerly here, Mr. Kutruff, I just have one
11 clarifying question. With regard to A.C., A.C.
12 does have the option of using the health restroom;
13 is that true?

14 A. Yes.

15 Q. But A.C. also still remains, the option still
16 remains for A.C. to use the girls restroom at this
17 time as well; is that true?

18 A. Yes.

19 MR. ZIMMERLY: That's all I have. Thanks,
20 everyone. So we'll reserve rights. We'll get
21 signature. That would be great.

22 AND FURTHER DEPONENT SAITH NOT

23

24

25

Fred Kutruff

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

I, Kathleen Andrews, Notary Public in and for said county and state, do hereby certify that the deponent herein was by me first duly sworn to tell the truth in the aforementioned matter;

That the deposition was taken on behalf of the Plaintiff at the time and place heretofore mentioned, with counsel present as noted.

That the deposition was taken down in Stenograph notes, reduced to typewriting under my direction, is a true record of the testimony given by said deponent, and was thereafter presented to the deponent for signature.

That this certificate does not purport to acknowledge or verify the signature hereto of the deponent.

I do further certify that I am a disinterested person in this cause of action; that I am not a relative or attorney of any of the parties or otherwise interested in the event of this action, and am not in the employ of the attorneys for the respective parties.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this ____ day of _____, 2022.

Kathleen Andrews, Notary Public

Commission expires: March 22, 2023.
County of residence: Hamilton.



Doug Reynolds <doug.reynolds@msdmartinsville.org>

Response from Martinsville Schools

4 messages

Doug Reynolds <doug.reynolds@msdmartinsville.org>
To: Marissa Heinz <marissa@gendernexus.org>

Wed, Nov 3, 2021 at 12:24 PM

Marissa,

I have talked with my Principal who said that at this time we are (A) providing a bathroom in our clinic for our transgender students, (B) are willing to make accommodations for extra time for travel to and from the bathroom (C) our teachers are trained to have a growth mindset and (D) adhere to the Indiana High School Athletic Association guidelines regarding sports participation. [REDACTED] family does not have an email in Skyward so I will call them with this information.

--

Doug Reynolds
John R. Wooden Middle School
765-342-6628 ext. 3013

Doug Reynolds <doug.reynolds@msdmartinsville.org>
To: Fred Kutruff <fred.kutruff@msdmartinsville.org>, Suzie Lipps <suzie.lipps@msdmartinsville.org>

Wed, Nov 3, 2021 at 12:25 PM

[Quoted text hidden]

Marissa Heinz <marissa@gendernexus.org>
To: Doug Reynolds <doug.reynolds@msdmartinsville.org>

Wed, Nov 3, 2021 at 12:51 PM

Hi Doug,

Thank you for this information and for your promptness. I will pass this information along to Emma. Also, the email I have for [REDACTED] mom is [REDACTED]

Best wishes,
Marissa

Marissa Heinz, MSW, LSW
Pronouns: she/her, they/them
Care Coordination Director
(317) 650-5988
www.GenderNexus.org

[Quoted text hidden]

Doug Reynolds <doug.reynolds@msdmartinsville.org>
To: Marissa Heinz <marissa@gendernexus.org>

Wed, Nov 3, 2021 at 12:52 PM

Great, thank you so much! I will add the email to our Skyward.

Doug

[Quoted text hidden]



Doug Reynolds <doug.reynolds@msdmartinsville.org>

Meeting Follow-up

3 messages

Marissa Heinz <marissa@gendernexus.org> Wed, Nov 3, 2021 at 12:41 PM
To: [redacted] Kari Mann <kari.mann@msdmartinsville.org>, Doug Reynolds <doug.reynolds@msdmartinsville.org>
Cc: Emma Vosicky <emma@gendernexus.org>

Hello,

Thank you all again for meeting with us this morning. Attached are some additional school support materials I had mentioned during the meeting for your review.

Please feel free to reach out with any questions.

Best wishes,
Marissa

Marissa Heinz, MSW, LSW
Pronouns: she/her, they/them
Care Coordination Director
(317) 650-5988
www.GenderNexus.org

4 attachments

- School Gender Support Plan (3) copy 2.pdf 1203K
ACLU - Student's Rights for Gender Diverse Folks.pdf 49K
Framework for Gender Inclusive Schools.pdf 741K
Gender Inclusivity Assessment (3).pdf 906K

Doug Reynolds <doug.reynolds@msdmartinsville.org> Wed, Nov 3, 2021 at 12:46 PM
To: Marissa Heinz <marissa@gendernexus.org>
Cc: [redacted] Kari Mann <kari.mann@msdmartinsville.org>, Emma Vosicky <emma@gendernexus.org>

This is great, thank you!
Doug Reynolds
[Quoted text hidden]

Doug Reynolds
John R. Wooden Middle School
765-342-6628 ext. 3013

Kari Mann <kari.mann@msdmartinsville.org> Wed, Nov 3, 2021 at 1:09 PM
To: Doug Reynolds <doug.reynolds@msdmartinsville.org>
Cc: Marissa Heinz <marissa@gendernexus.org>, [redacted] Emma Vosicky <emma@gendernexus.org>

[REDACTED] if you want to send me your email, I'll send over the consents.

Kari Mann
MSEd, LMHCA
Adult & Child
(463) 222-7548

On Nov 3, 2021, at 12.46, Doug Reynolds <doug.reynolds@msdmartinsville.org> wrote:

[Quoted text hidden]



Doug Reynolds <doug.reynolds@msdmartinsville.org>

Request for clarification on gender policy

1 message

Doug Reynolds <doug.reynolds@msdmartinsville.org>

Wed, Nov 3, 2021 at 10:39 AM

To: Fred Kutruff <fred.kutruff@msdmartinsville.org>, Kari Mann <kari.mann@msdmartinsville.org>

Cc: Marissa Heinz <marissa@gendernexus.org>

Mr. Kutruff,

I have had the experience of a zoom meeting with [REDACTED] his family and Gender Nexus regarding our school's support for our students who identify as transgender. Gender Nexus is going to seek information from other school districts how Skyward may or may not accommodate the student's use of the preferred name and gender. They are requesting that [REDACTED] have access to the boys restroom during the regular school schedule as well as access to participating in boys sports.

The immediate concern in order for [REDACTED] to return to school today or tomorrow is that there be an accommodation for [REDACTED] to use the boys bathroom until a formal position from our school district is determined. One thought is to use the boys bathroom during non-passing periods.

The parents are requesting a response ASAP regarding the possibility of this temporary accommodation so [REDACTED] would feel comfortable to return to school.

--
Doug Reynolds
John R. Wooden Middle School
765-342-6628 ext. 3013

11-3-21

Called and left a phone message with an explanation of our school policy that I shared with Marissa from Gender Nexus.



Doug Reynolds <doug.reynolds@msdmartinsville.org>

Bathroom Use per District Policy

5 messages

Doug Reynolds <doug.reynolds@msdmartinsville.org>

Mon, Nov 22, 2021 at 2:13 PM

To: "John R. Wooden Middle School" <JRWooden@msdmartinsville.org>, JRW Staff <jrw.staff@msdmartinsville.org>

Staff,

We have a situation that you need to be aware of. As you know, we have several students who identify differently from their birth sex. Our district policy that is backed up by our state rules say that the student still needs to use the restrooms of their birth sex or use the clinic bathroom. They are also allowed extra time to use the clinic bathroom if the classroom is further away than the bathroom of their birth sex.

One or more of our transgender students have used the restroom of their chosen identity and not of their birth sex. If a student identifies as transgender and needs to use the restroom during class, please let the front office know so we can check the cameras to make sure the correct bathroom was used.

While this may be a difficult topic, we want all of our students to feel welcome and safe including our transgender students while we also follow Indiana law.

Doug Reynolds

John R. Wooden Middle School
765-342-6628 ext. 3013

Lisa O'Neal <lisa.oneal@msdmartinsville.org>

Mon, Nov 22, 2021 at 2:20 PM

To: Doug Reynolds <doug.reynolds@msdmartinsville.org>

Great email!

[Quoted text hidden]

--

Lisa O'Neal
John R. Wooden Middle School
Guidance Counselor

Jayne Mertz <jayne.mertz@msdmartinsville.org>

Mon, Nov 22, 2021 at 2:21 PM

To: Doug Reynolds <doug.reynolds@msdmartinsville.org>

Very good Douglas!

Redacted

Thanks, Jayne

On Mon, Nov 22, 2021 at 2:13 PM Doug Reynolds <doug.reynolds@msdmartinsville.org> wrote:

[Quoted text hidden]

--

Jayne E. Mertz, Guidance Counselor

John R. Wooden Middle School
109 E. Garfield Street
Martinsville, IN 46151

765-342-6628 ext. 3074

Doug Reynolds <doug.reynolds@msdmartinsville.org>
To: Jayne Mertz <jayne.mertz@msdmartinsville.org>

Mon, Nov 22, 2021 at 2 40 PM

Redacted

Doug
[Quoted text hidden]
--
[Quoted text hidden]

Jayne Mertz <jayne.mertz@msdmartinsville.org>
To: Doug Reynolds <doug reynolds@msdmartinsville org>

Tue, Nov 30, 2021 at 2.26 PM

Thanks!
[Quoted text hidden]



Doug Reynolds <doug.reynolds@msdmartinsville.org>

Bathroom Use Policy

2 messages

Doug Reynolds <doug.reynolds@msdmartinsville.org>
To: Fred Kutruff <fred.kutruff@msdmartinsville.org>

Mon, Nov 22, 2021 at 1:22 PM

Fred, This is a draft of what I would like to send out to all our teachers. Let me know your thoughts.

Staff,

We have a situation that you need to be aware of. As you know, we have several students who identify differently from their birth sex. Our district policy that is backed up by our state rules say that the student still needs to use the restrooms of their birth sex or use the clinic bathroom. They are also allowed extra time to use the clinic bathroom if the classroom is further away that the bathroom of their birth sex.

One or more of our transgender students have used the restroom of their choosen identity and not of their birth sex. If a student identifies as transgender and needs to use the restroom during class, please let the front office know so we can check the cameras to make sure the correct bathroom was used.

While this may be a difficult topic, we want all of our students to feel welcome and safe including our transgender students while we also follow Indiana law.

If you have any questions, please feel free to talk to Fred because he knows more about this topic than any other and would love to discuss this in length.

Doug Reynolds
John R. Wooden Middle School
765-342-6628 ext. 3013

Fred Kutruff <fred.kutruff@msdmartinsville.org>
To: Doug Reynolds <doug.reynolds@msdmartinsville.org>

Mon, Nov 22, 2021 at 1.46 PM

I like it, you can send it out!

Thanks,FK

Sent from my iPhone

On Nov 22, 2021, at 1 23 PM, Doug Reynolds <doug.reynolds@msdmartinsville.org> wrote:

[Quoted text hidden]

 11/3 Left email message with our school response regarding transgender access to bathrooms. sports participation and that our staff is trained on having a growth mindset.

Student Emergency Information

Student: [REDACTED]

[Back](#)

Alert Information

- This Student Has Critical Alert Information
- Display in Family Access
- Display in Student Access

Alert Information: Student goes by [REDACTED]
Anxiety
[REDACTED] is not allowed to see or have any

Provider Information

Physician:	[REDACTED]	Phone:	[REDACTED]
Dentist:	[REDACTED]	Phone:	[REDACTED]
Hospital:	[REDACTED]	Phone:	[REDACTED]
Insurance:	[REDACTED]	Phone:	[REDACTED]
Policy Number:	[REDACTED]		

SKYWARD
 Home Students Families Staff Student Services Office Administration Educator Access Plus Advanced Features Federal/State Reporting

Emergency

Student: [Redacted] Ranges Add

Grad Year (Grade): 2027 (07) DOB (Age): [Redacted] (13) Entity, School, Status: 201, WDN, A Default: 201, WDN, A

Emergency Information

Alert Information
 This Student Has Critical Alert Information
 Display in Family Access Display in Student Access
 Alert Info: Student goes by [Redacted]
 Anxiety [Redacted] is not allowed to see or have any contact with [Redacted] per [Redacted]

Provider Information
 Physician: [Redacted]
 Dentist: [Redacted]
 Hospital: [Redacted]
 Insurance: [Redacted]
 Policy Number: [Redacted]

Views: General Filters: *skyward Default

#	Contact Name	Relationship	Primary Phone	Second Phone	2nd Type	3rd Type	Allow Pick Up	Come Back
1	[Redacted]	MOTHER	[Redacted]				Yes	No
2	[Redacted]	STEPFATHER	[Redacted]				Yes	No
3	[Redacted]	AUNT	[Redacted]				Yes	No

20 3 records displayed

SKYWARD

Home Students Families Staff Student Services Office Administration Educator Access Plus Advanced Features Federal/State Reporting

Profile Tab

Student: [Redacted] [Redacted] Ranges Add

Grad Year (Grade): 2027 (07) DOB (Age): [Redacted] (13) Entity, School, Status: 201, WDN, A Default: 201, WDN, A

Customize

Gender: F NY Status: A Other ID: 278417 Phone: [Redacted] Mthd of Instr: [Redacted]

Profile

Grade Information

Grad Yr/Grade: 2027 07 GLO: [Redacted]
 Advance: No Retain: No
 NY Grad Year: 2027 Graduated: No
 Grad Req Base Yr: 2027 Graduation Date: [Redacted]
 Diploma Type: [Redacted] ASC Graduate: No
 Diploma Level: [Redacted]
 Entered 9th Grade: [Redacted]

Quick Print Edit Gen Notes (0) All Notes (3) *Chg. Log

General Information

Date of Birth: [Redacted] Age: 13 Gender: Female Spec Ed: No
 Local Race: W WHITE NOT HISPANIC ORIGIN Ancestry: [Redacted]
 Ethnicity: Hispanic/Latino Ethnicity? Resident: Yes
 Federal Race: 1-American Indian or Alaskan Native
 2-Asian
 3-Black or African American
 4-Native Hawaiian or Other Pacific Islander
 5-White
 Transposed: No
 Other ID: [Redacted]
 Conv. Key: [Redacted]
 Library Card: [Redacted]
 Other Name: [Redacted]
 School Email: [Redacted]@student.msdmartinsville.org
 Home Email: [Redacted]
 Third Phone: [Redacted]
 Second Phone: [Redacted]
 Override Student's Off Campus Lunch Eligibility [?]

Distribute Student Demographic Information For [?]

Military: Yes Higher Ed: Yes Public: Yes District: Yes Local: Yes

Navigation: Attendance, General, Profile, Identity, Address, Birth Hist, School Path, Vehicles, Web Access, Family, Emergency, Emer Info, Entry/With, Scheduling, Current, Future, Grades, Test Scores, Locker, Lockers, Locks, Categories, District, Entity, Portfolio, Attachments, Enrollment, Discipline, Offenses, Demerit Hist, Entity, Entity Info, GPA, GPA Summary, Current, Historical

Case 1:21-cv-02965-TWP-MPB Document 29-4 Filed 02/01/22 Page 89 of 90 PageID #: 255

To: Mayes, Jonathan L [jmayes@boselaw.com]; Zimmerly, Philip [pzimmerly@boselaw.com]; Wohlford, Mark A. [mwohlford@boselaw.com]; Suzie Lipps [suzie.lipps@msdmartinsville.org]
From: Fred Kutruff
Sent: Tue 01/11/2022 9:53:42 PM UTC
Subject: Fwd: Supporting Gender-Diverse Students
Received: Tue 01/11/2022 9:54:24 PM UTC

Redaction

----- Forwarded message -----

From: Marissa Heinz <marissa@gendernexus.org>
Date: Mon, Oct 25, 2021 at 2:18 PM
Subject: Re: Supporting Gender-Diverse Students
To: Fred Kutruff <fred.kutruff@msdmartinsville.org>
Cc: Doug Reynolds <doug.reynolds@msdmartinsville.org>, Kari Mann <kari.mann@msdmartinsville.org>

Hi Mr. Kutruff,
Thank you so much for the information and for the introductions.

Mr. Reynolds and Ms. Mann, please let me know what days and times might work best for you to meet via Zoom, and I will set something up.

Thank you all!
Marissa

Marissa Heinz, MSW, LSW
Pronouns: she/her, they/them
Care Coordination Director
(317) 650-5988
www.GenderNexus.org

On Mon, Oct 25, 2021 at 12:52 PM Fred Kutruff <fred.kutruff@msdmartinsville.org> wrote:

Hi Marissa,
Thank you for reaching out to me. We have a social worker that is assigned to our school that is specifically trained and works with all students as well as transgender students. We also have Adult and Child that specifically counsels our students in need. I will cc Mr. Reynolds and one of our therapist, Kari Mann from Adult and Child. Feel free to set something up with them and see what dates are available. I know Mr. Reynolds sees [REDACTED] on a regular basis regarding school and personal issues. I look forward to hearing from you.

Sincerely, FK

On Mon, Oct 25, 2021 at 12:36 PM Marissa Heinz <marissa@gendernexus.org> wrote:

Mr. Kutruff,

My name is Marissa Heinz, and I am a social worker at GendeNexus and IU Health's Gender Clinic working to support one of your students [REDACTED] and his mom, [REDACTED]

[GenderNexus](http://GenderNexus.org), based in Indianapolis, provides services, supports, and resources for the gender-diverse community and their loved ones in order to empower them to lead healthy, authentic and joyful lives. One of those supports is to act as a resource and training hub for schools so that they can knowledgeably pursue the steps needed to promote their student's social, emotional, and academic success.

If possible, we would love to pull together a team meeting via Zoom with you and [REDACTED] to discuss a safety plan

around affirming [REDACTED] at school. Attached are some school support materials for reference. If you could please provide a few dates/times you would be available to meet, I would be happy to find a meeting time that works for everyone.

Thank you in advance for your help.

Warm Regards,

Marissa Heinz

Marissa Heinz, MSW, LSW

Pronouns: she/her, they/them

Care Coordination Director

(317) 650-5988

www.GenderNexus.org

--

Fred Kutruff

Principal

John R. Wooden Middle School

765-342-6628 (ext-3005)

--

Fred Kutruff

Principal

John R. Wooden Middle School

765-342-6628 (ext-3005)