EXHIBIT 17

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

KANAUTICA ZAYRE-BROWN,
Plaintiff,

v.

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

No. 3:22-cv-00191

DECLARATION OF BRADLEY DAVID FIGLER, MD

1. My name is Bradley David Figler, MD. I am over the age of 18 and make this declaration based on my own personal knowledge, and I could and would testify to the following if called as a witness.

2. I am an Associate Professor of Urology and Plastic Surgery at the University of North Carolina School of Medicine ("UNCSM"). I am also the Program Director of the Fellowship in Genitourinary Reconstruction and Gender Affirming Surgery and Gender Affirming Surgery at UNCSM.

3. I am a board-certified Urologist.I specialize in complex genital reconstruction, including urethral reconstruction (for strictures and fistulas), genital skin deficiency (after infection and trauma), penile/genital cancer, surgery for incontinence and erectile dysfunction, and gender affirming "bottom surgery" (including vaginoplasties, vulvoplasties, phalloplasties, and metoidoplasties).

4. I received my M.D. from Case Western Reserve University School of Medicine in 2006 and completed my residency training in Urology at Emory University Hospital in Atlanta, Georgia in 2011. Following my residency, I completed a two-year fellowship in Genitourinary Trauma and Male Reconstruction at the University of Washington and Harborview Medical Center. During this time, I also worked at Harborview Injury Prevention and Research Center. After my fellowship training, I worked at Thomas Jefferson University in Philadelphia, where I founded and directed the Division of Reconstructive Urology. I joined the staff of the University of North Carolina School of Medicine in 2016.

5. I founded the UNC Transgender Health Program in July 2019 in order to improve access to gender affirming care for transgender patients in the region. The UNC Transgender Health Program is a regional leader in transgender and gender-diverse care.

6. I have performed approximately 150 gender-affirming surgeries for transgender patients.

7. I met in person with and examined Mrs. Zayre-Brown on July 12, 2021. Prior to my meeting with Mrs. Zayre-Brown, she was seen by Nurse Katherine Croft, who is the Program Manager for the UNC Transgender Health ProgramNurse Croft performed a pre-operative evaluation and provided education to Mrs. Zayre-Brown regarding gender-affirming vaginoplasties and vulvoplasties prior to my meeting with Mrs. Zayre Brown

8. Attached as Exhibit A is a true and correct copy of my progress notes from my July 12, 2021 clinical encounter with Mrs. Zayre-Brown and related lab results, which have been slightly redacted to protect the privacy of Mrs. Zayre-Brown regarding certain medical conditions unrelated to her gender dysphoria.

9. Patients seen at the UNC Transgender Health Program were at that the time of her visit evaluated using the widely accepted standards of care ("SOC") 7, developed by the World Professional Association for Transgender Health ("WPATH"). The WPATH SOC 7 criteria for gender affirming genital surgery are:

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

10. Through examining Mrs. Zayre-Brown and reviewing her medical records, I determined that Mrs. Zayre-Brown met all of these criteria for gender affirming genital surgery and that she was a good candidate for such surgery in order to treat her ongoing gender dysphoria, pending 38 pound weight loss. I also concluded that, based on her persistent gender dysphoria, surgery was medically necessary for her.

11. By medically necessary, I mean that the intervention is necessary to cure or provide significant improvement of the patient's medical problem, and end or

significantly diminish the pain and suffering that problem is causing, and the risks presented in not providing such treatment. This was particularly true for Mrs. Zayre-Brown because she had already socially transitioned and received all other endocrinological and surgical treatments without elimination of her gender dysphoria.

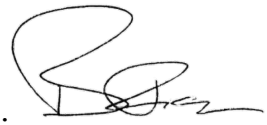
12. I have no reason to believe that gender affirming genital surgery is no longer medically necessary for Mrs. Zayre-Brown to receive gender affirming genital surgery.

13. During our meeting, I discussed with Mrs. Zayre-Brown what was involved in undergoing a vaginoplasty as compared to a vulvoplasty. A vulvoplasty creates a vulva, inner and outer labia, opening of the urethra in order to permit urination, and a clitoris—in other words, the outer female genitals. It is similar to a vaginoplasty but without the creation of a vaginal canal. A vulvoplasty is an easier surgery than a vaginoplasty for a number of reasons. Unlike a vaginoplasty, a vulvoplasty does not require electrolysis to remove all pubic hair prior to surgery. A vulvoplasty typically requires fewer days of hospitalization after surgery than a vaginoplasty. A vulvoplasty also has easier post-operative care because, among other things, it does not require the several months of post-surgery dilation in order to prevent closure of a surgically created vaginal canal.

14. In addition, during our meeting I discussed with Mrs. Zayre-Brown her goals in obtaining bottom surgery, which were to end or greatly reduce her ongoing gender dysphoria. I also discussed with her the risks and benefits of different gender

affirming genital surgeries. After I determined that she understood the surgical options and had a reasonable grasp on risks and benefits, a decision was made to proceed with vulvoplasty. I informed Mrs. Zayre-Brown of the need for her to lose weight, with a goal of 215 pounds and a maximum of 250 pounds before surgery was performed. Once she achieved that weight loss and subject to approval of her undergoing surgery by the North Carolina Department of Public Safety ("DPS"), we were ready to proceed with her receiving a vulvoplasty. We never learned from DPS, however, that her obtaining a vulvoplasty was approved by DPS.

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

Dated:  10/4/23

Bradley David Figler, MD

Figler Declaration Exhibit A

UNC HEALTH

UNCH
500 Eastowne Drive
Chapel Hill NC 27514-2244

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

Kindsey Lee, RN

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

Abstract Notes

Progress Notes

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

Author: Bradley David Figler, MD | Service: — | Author Type: Physician
Filed: 07/18/21 0652 | Encounter Date: 7/12/2021 | Status: Signed
Editor: Bradley David Figler, MD (Physician)

ASSESSMENT:
Transgender adult, interested in vaginoplasty

DISCUSSION:

We had an extensive discussion re: vaginoplasty.

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

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

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

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

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

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

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

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

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

Abstract Notes (continued)

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

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

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

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

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

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

HISTORY OF PRESENT ILLNESS:

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

Assigned male at birth
Pronouns: she/her
Living full time in current gender role since: 2012
On gender affirming hormones since: 2012
Hair removal: Face/chest only

Are you sexually active? No
Preferred gender of sexual partner(s)? Male
Do you use your penis for penetrative sex? No
Are you seeking a vaginal canal (vaginoplasty) or limited depth vulvoplasty? Vulvoplasty

Goals of surgery, ranked:
1. Dysphoria

[redacted]
PSH: Orchiectomy (hope sherry), brazilian butt lift, top surgery
Meds: Currently on transdermal estrogen 0.1mg biweekly for hormone therapy
Family Hx: No familial hx of bleeding or clotting disorders. No personal or family hx of DVT, PE.

Any tobacco use previous or current: No
IDU previous or current: No
Genital injury, surgery, UTIs, dysuria, hematuria, stricture, scrotal pain, elevated PSA, history of prostate biopsy, prostatitis, pelvic radiation: No
Circumcised: no
Children/interest in future fertility: No

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

Abstract Notes (continued)

[redacted]
No hx of clotting disorders in family

Height: 5'10 3/4"
Weight: (approx) 275lbs

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

PAST MEDICAL HISTORY:

Past Medical History:

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

PAST SURGICAL HISTORY:

Past Surgical History:

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

MEDICATIONS:

Current Outpatient Medications

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

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

Abstract Notes (continued)

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

No current facility-administered medications for this visit.

ALLERGIES:
No Known Allergies

FAMILY HISTORY:
Family History

Problem	Relation	Age of Onset
• Cancer	Mother	

SOCIAL HISTORY:
Social History

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

Occupational History
- Not on file

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

Substance and Sexual Activity
- Alcohol use: No
- Drug use: Not on file
- Sexual activity: Not on file

Other Topics Concern
- Not on file

Social History Narrative
- Not on file

Social Determinants of Health

Financial Resource Strain
- Difficulty of Paying Living Expenses:

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

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

Physical Activity

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

Abstract Notes (continued)

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

Stress:

- Feeling of Stress :

Social Connections:

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

REVIEW OF SYSTEMS:
10-system review of systems negative other than what is mentioned above.
The patient was asked to review all abnormal responses not pertinent to today's visit with their primary care physician.

PHYSICAL EXAM:
GENERAL: Pleasant adult in no acute distress.
VITAL SIGNS: Blood pressure 125/85, pulse 62, temperature 36.4 °C (97.6 °F), temperature source Temporal, resp. rate 18, height 180.3 cm (5' 11"), weight (!) 130.6 kg (288 lb), SpO2 100 %.
Estimated body mass index is 40.17 kg/m² as calculated from the following:
Height as of this encounter: 180.3 cm (5' 11").
Weight as of this encounter: 130.6 kg (288 lb).
HEENT: Normocephalic, atraumatic, extraocular muscles intact
NECK: Supple, no lymphadenopathy
CARDIOVASCULAR: No peripheral edema
PULMONARY: Normal work of breathing, no use of accessory muscles
ABDOMEN: Soft, non-tender, non-distended. No organomegaly or hernias.
BACK: No costovertebral angle tenderness, no spiny bone tenderness.
EXTREMITIES: No clubbing, cyanosis or edema.
NEUROLOGIC: Cranial nerves II-XII grossly intact
PSYCHOLOGIC: Normal affect, normal mood
SKIN: Warm and dry. No lesions.
GU: nl non-circ phallus
Penis size: Adequate
Scrotal size: Adequate

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

TSH

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

Estradiol (Estrogen) Level

Result	Value	Ref Range
Estradiol	277.4	pg/mL

Luteinizing hormone

Result	Value	Ref Range

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

Abstract Notes (continued)

LH	6.8	mIU/mL

Vitamin B12 Level

Result	Value	Ref Range
Vitamin B-12	653	193 - 900 pg/ml

Vitamin D 25 Hydroxy (25OH D2 + D3)

Result	Value	Ref Range
Vitamin D Total (25OH)	26.5	20.0 - 80.0 ng/mL

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

No results found for: PSASCRN, PSADIAG

Lab Results

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

Lab Results

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

Lab Results

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

No results found for: LABPROT, INR, APTT

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Abstract Notes (continued)

Electronically signed by Bradley David Figler, MD at 07/18/21 0652

End of Document

North Carolina Department of Public Safety
Prisons

Roy Cooper, Governor
Erik A. Hooks, Secretary

Kenneth E. Lassiter, Director
Reuben F. Young, Interim Chief Deputy Secretary

Fax Transmittal Cover Sheet

NC DPS Adult Corrections
Anson Correctional Institution-4575
PO Box 280
552 Prison Camp Rd.
Polkton, NC 28135
Telephone 704-695-1013 Fax 704-694-1729
Miranda Richardson, Correctional Administrator I

Medical Department

Main Medical 704-272-4861
Hasty, Kandi RN, Nurse Supervisor I 704-272-4855
Totou, Amba RN, Nurse Supervisor I 704-272-4859
West, Dena RN, Nurse Supervisor II 704-272-4858
FROM: Case, Krystle A.S.I 704-272-4662
Medical Fax: 704-694-1729

Date: 07/13/21

To: UNC HEALTHCARE

From: Anson Correctional- K.Case ASI

Attention: MEDICAL RECORS

Fax Number: 984-974-0472

URGENT REQUEST

Re: Requesting Urology visit notes for our mutual patient: [redacted] **(Kanautica Zayre-Brown) DOB: [redacted]1981, DOS: 7/12/21.** Please fax to 1-704-694-1729.

Thank you, K.Case ASI.

Number of pages: 1 (including cover sheet)

MAILING ADDRESS:
4260 Mail Service Center
Raleigh, NC 27699-4260
www.ncdps.gov

OFFICE LOCATION:
831 W. Morgan St.
Raleigh, NC 27699-4260
Telephone: (919) 838-4000
Fax: (919) 838-4749

North Carolina Department of Public Safety
Cosign/Review

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	F	Race:	BLACK/AFRIC
Scanned Date:	07/22/2021 10:10			Facility:	ANSO

Reviewed by Norris, Jennifer L. NP on 07/22/2021 13:34.

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA
3:22-cv-00191

Kanautica Zayre-Brown,	)
	)
Plaintiff	)
	)
v.	)
	)
North Carolina Department of Adult Corrections, et al.,	)
	)
Defendants	)

DECLARATION OF DONALD CARACCIO, MD

1. My name is Donald Caraccio, MD. I am over the age of 18 and make this declaration based on my own personal knowledge. I could and would testify to the follow if called as a witness.

2. I am a medical doctor specializing in endocrinology/endocrine care. I am an Assistant Clinical Professor of Medicine and clinical provider in the Division of Endocrinology and Metabolism at the University of North Carolina at Chapel Hill ("UNC") School of Medicine. I obtained my Bachelors of Science from the University of Miami in 2007 and my Doctor of Medicine degree from the University of Miami in 2014. I completed my residency at the University of North Carolina at Chapel Hill in 2017. I was an Endocrinology Fellow at the University of North Carolina from 2018-2020, when I became an Assistant Clinical Professor of Medicine at the UNC School of Medicine.

3. As a clinical provider in the Division of Endocrinology and Metabolism, I provide endocrine related healthcare to transgender patients diagnosed with gender dysphoria, in collaboration with the UNC Transgender Health Program. Through my clinical position, I have provided endocrine related healthcare to transgender individuals with gender dysphoria in the custody of the North Carolina Department of Public Safety ("DPS"), now known as the North Carolina Department of Adult Correction, who are referred to the UNC School of Medicine Division of Endocrinology and Metabolism. To my knowledge, DPS did not have an endocrinologist on staff until recently.

4. In treating transgender patients, I follow the Standards of Care from the World Professional Association for Transgender Health (WPATH).

5. In my clinical practice I provide cross-sex hormone therapy initiation, monitoring, and maintenance for transgender patients with gender dysphoria. I have treated between ten and twenty patients with gender dysphoria. Hormone therapy for the treatment of gender dysphoria aims at suppressing endogenous sex hormones and introducing the appropriate level of sex hormones consistent with the patient's gender identity. As a component of gender affirming care, hormone therapy assists patients in developing secondary sex characteristics consistent with their gender identity and in reducing the secondary sex characteristics associated with the sex hormones of the patient's assigned sex at birth.

6. In the majority of cases for patients who are transgender women, I provide estrogen therapy and for patients who are transgender men, I provide Testosterone

Therapy. Estrogen therapy typically causes a redistribution of subcutaneous fat, rounding of the face, rounding of the hips, softening of skin texture, and typically results in improvement in mood. As part of estrogen therapy for transgender women who have had no gender affirming genital surgery, a testosterone blocking medication is used to reduce facial and body hair growth, frequency of erections, and mood changes. For some transgender women, estrogen therapy can result in breast development. For those patients on estrogen therapy whose breasts fail to develop or under develop, those patients may need augmentation mammoplasty, also known as breast augmentation surgery. Estrogen therapy can cause some testicular atrophy but typically there is no change in genitalia through estrogen therapy.

7. For some patients, hormone therapy in conjunction with other treatments, such as social transition and psychotherapy, can ameliorate their gender dysphoria and additional treatments are not required. For other patients, these treatments will not sufficiently ameliorate their gender dysphoria and gender-affirming surgeries are necessary. The maximum benefit of hormone therapy is usually achieved after approximately one year of treatment, sometimes up to two.

8. In my clinical practice and experience with the transgender population, I often assess whether a patient with gender dysphoria needs or may need gender-affirming surgical care. If I conclude that a patient is a potential candidate for surgery under the WPATH standards, I will refer that patient for an evaluation with a surgeon experienced in providing gender affirming surgical care. The WPATH Standards of Care clinical criteria for gender-affirming surgical care are:

- The patient has persistent, well documented gender dysphoria;
- The patient has the capacity to make a fully informed decision and to consent to treatment;
- The patient is the age of majority in a given country;
- If significant medical or mental health concerns are present, they must be well controlled
- The patient has had at least 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones); and
- The patient has lived in a gender role that is congruent with their gender identity for at least12 continuous months.

9. Approximately thirty percent of my transgender patients have expressed the desire for gender-affirming surgery to treat their gender dysphoria. I have referred approximately ten percent of those patients for a surgical evaluation.

10. I first met Kanautica Zayre-Brown during a telehealth appointment on July 9, 2020 for an estrogen therapy maintenance appointment. Prior to establishing my provider relationship with Mrs. Zayre-Brown, she was under the care of another endocrinologist in the UNC School of Medicine Division of Endocrinology and Metabolism, Dr. Karla M. Pou. Estrogen therapy maintenance typically requires an appointment every three to six months. My understanding is that DPS personnel are

responsible for obtaining approval for Mrs. Zayre-Brown's appointments and scheduling them. I did not see Mrs. Zayre-Brown again until June 10, 2021.

11. Based on my review of Mrs. Zayre-Brown's medical records, including Dr. Pou's records, there had previously been delays in the re-initiation of and administration of her estrogen therapy, delays and failures to timely and consistently schedule Mrs. Zayre-Brown's appointments with the UNC School of Medicine Division of Endocrinology and Metabolism, and delays and failures to obtain and provide the necessary lab work prior to some of Mrs. Zayre-Brown's appointments. There was also inconsistent documentation of the administered dosage of her estrogen therapy. As Mrs. Zayre-Brown has had an orchiectomy, her body no longer produces sufficient levels of either sex hormone, and thus timely, consistent administration of the appropriate dosage of her estrogen therapy is critical and is required for the rest of her life. A failure to provide Mrs. Zayre-Brown with timely, consistent, and appropriate doses of her prescribed estrogen therapy creates concerns of potential long-term adverse impacts on her bone, circulatory, and neurological health. Common immediate symptoms for patients like Mrs. Zayre-Brown, who are not receiving appropriate endocrine care and whose bodies no longer produce sufficient levels of sex hormones, are hot flashes, mood disturbances, and increases in gender dysphoric symptoms. An excess dosage of estrogen creates risks such as estrogen toxicity, blood clotting and lipid issues.

12. It is my understanding that Mrs. Zayre-Brown entered DPS custody on or around October 10, 2017. Based on my review of Mrs. Zayre-Brown's medical records

from the UNC School of Medicine's Division of Endocrinology and Metabolism, which I have included as an exhibit to this declaration, Mrs. Zayre-Brown did not resume her hormone therapy until July 2018, under the care of Dr. Pou.

13. Based on my review of Dr. Pou's clinical encounter notes during her time treating Mrs. Zayre-Brown, I understood that since April of 2019, Dr. Pou had been advocating to DPS that Mrs. Zayre-Brown receive a surgical consultation for gender-affirming genital surgery with Dr. Bradley Figler in the UNC Department of Urology.

14. During my first encounter with Mrs. Zayre-Brown on July 9, 2020, I noted that Mrs. Zayre-Brown reported that she was told by DPS that the vaginoplasty evaluation, ordered by Dr. Pou, was approved. Based on my review of approval, DPS arranged an evaluation with an OBGYN rather than a gender-affirming surgical evaluation with Dr. Figler in the UNC Department of Urology, as instructed by Dr. Pou. In my assessment I noted that I would refer her to Dr. Figler as planned and that I would contact DPS and inform them that the approval was for the right surgery but with the wrong surgical group. I did contact DPS and inform them. I also requested that DPS schedule a three-month follow-up appointment for Mrs. Zayre-Brown with my office.

15. Despite that request, I did not see Mrs. Zayre-Brown again until June 10, 2021, almost a year after our initial appointment, which I noted in my June 10, 2021 clinical encounter notes. I further noted that Mrs. Zayre-Brown complained of facial hair growth not being more controlled with her estrogen therapy, that she had gained 15-20 pounds in the last year, and that she was having soft erections sometimes in the

morning. I further noted that Mrs. Zayre-Brown had an appointment with a nurse at the UNC Transgender Health Program in May 2021 and that she was waiting for DPS to schedule her follow-up appointment with Dr. Figler. I again noted in my assessment that I would follow-up with DPS to schedule appointment with Dr. Figler, which I did. And, I again requested that DPS schedule a 3-month follow-up appointment with my office.

16. My next clinical encounter with Mrs. Zayre-Brown was on October 21, 2021. I noted the following observations. Mrs. Zayre-Brown had been on estrogen therapy since 2012. Mrs. Zayre-Brown is still seeking vulvoplasty for the treatment of her gender dysphoria. Mrs. Zayre-Brown had lost approximately 30 pounds and at that time weighed 245lbs. Mrs. Zayre-Brown had her appointment and evaluation with Dr. Figler. Mrs. Zayre-Brown was told my Dr. Figler that she was cleared for surgery pending getting her weight down to under 250lbs. I advised Mrs. Zayre-Brown of what I would communicate to Dr. Figler regarding perioperative and postoperative hormone dosages. I also noted the following, "Regarding for desire for vulvaplasty, this is medically necessary part of treatment for this patient. She has been treated with hormones since 2012 and orchiectomy in 2017, with persistent symptoms of gender dysphoria. Will communicate my plans with Dr. Figler." I requested that DPS schedule a follow-up appointment for Mrs. Zayre-Brown around December 21, 2021 with my office.

17. In concluding that the surgery was medically necessary, I meant that the intervention was necessary to cure or provide significant improvement of Mrs. Zayre-

Brown's gender dysphoria; to end or significantly diminish the pain and suffering her gender dysphoria was continuing to cause her; and to avert the risks presented in not providing such surgery. This was particularly true for Mrs. Zayre-Brown because she had already completed her social transition and received all other endocrinological and surgical treatments to treat her gender dysphoria, but was continuing to suffer from it.

18. I did not see Mrs. Zayre-Brown again until March 17, 2022. In my clinical encounter notes I noted that, "Kanautica is being seen for gender incongruence. She is still fighting for vulvoplasty that was deemed "not medically necessary" [by DPS], despite myself and Dr. Figler (surgeon who would be performing procedure) attesting that it is medically necessary part of transgender care." I noted that in regard to her mental health, Mrs. Zayre-Brown demonstrated symptoms of sadness and melancholy. I also noted that, "[f]or vulvoplasty; I continue to attest that this is medically necessary part of her treatment. Provided emotional support to patient regarding this."

19. Based on a request by DPS Nurse Practitioner Brittany Baker, I reviewed a May 24, 2022 clinical encounter note for Mrs. Zayre-Brown on the same day, May 24, 2022. Ms. Baker's clinical encounter notes for that encounter noted that Mrs. Zayre-Brown continued to experience depression and anxiety related to her gender dysphoria.

20. I next saw Mrs. Zayre-Brown on August 18, 2022. In my clinical encounter notes, I noted that Mrs. Zayre-Brown was, "[s]till very upset about missing hormone

treatment, level of mental healthcare [provided by DPS], and [not] receiving approval for hair removal and vulvoplasty." In my August 18, 2022 notes, I noted that Mrs. Zayre-Brown's gender dysphoria has worsened. I further noted, "Patient has had delay in estradiol administration. K[a]nautica reports that on 8/8 estradiol was not given. I am unable to determine if the dose on 8/8 was given (MAR was backdated by a different nurse, which adds to confusion). I still have concerns about estradiol dosing consistency. MAR shows 1.08 sometimes and 0.1 sometimes, with no units. Would like pharmacy to provide clear instructions in nursing instructions on how much to administer. If the concentration is 20mg/ml, should be given 0.5ml every 2 weeks for the 10mg dose that is ordered. If she has been getting 1.08ml (as stated on MAR in June and July), this is actually twice the recommended dose and would explain why her estradiol level is elevated. Please check estradiol level 7 days after three more doses (September 26th if her every 14-day routine is maintained). In regards to hair removal, I do recommend Nair as she has not tolerated alternative products. Hair removal is necessary part of transgender care and this is the next reasonable step. Is not considered cosmetic."

21. I continued to see Mrs. Zayre-Brown routinely for maintenance of her estrogen therapy until May of 2023. Throughout my visits with Mrs. Zayre-Brown and in my clinical encounter notes related to those visits, I have always noted that Mrs. Zayre-Brown's gender dysphoria was current and chronic in nature.

22. Based on my education, experience, clinical interactions with Mrs. Zayre-Brown as her provider, review of her medical records and evaluation according to the

WPATH Standards of Care, I previously concluded that she should be evaluated for gender-affirming surgery and that gender-affirming vulvoplasty is medically necessary for the treatment of Mrs. Zayre-Brown's gender dysphoria. My understanding is that Dr. Figler has evaluated Mrs. Zayre-Brown and agreed that gender-affirming vulvoplasty is medically necessary for the treatment of Mrs. Zayre-Brown's gender dysphoria. Mrs. Zayre-Brown has been on hormone therapy since at least 2012, she has already undergone an orchiectomy (surgical removal of the testicles) and several other gender affirming surgeries in accordance with the WPATH Standards of Care, her symptoms of gender dysphoria are persistent, she has expressed her need for gender-affirming genital surgery consistently, she was as psychologically stable as she could be with ongoing gender dysphoria, and any other medical conditions were well controlled.

23. As I stated in my March 17, 2022 clinical encounter notes, following DPS's denial of Mrs. Zayre-Brown's request for gender-affirming vulvoplasty for the treatment of gender dysphoria, "I continue to attest that this is [a] medically necessary part of her treatment." I have no reason to believe that gender-affirming genital surgery is no longer medically necessary for Mrs. Zayre-Brown.

VERIFICATION

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

Donald Caraccio, MD

Executed on: October 4th, 2023

Caraccio Declaration Exhibit Compilation

UNC HEALTH CARE

UNCH
500 Eastowne Drive
Chapel Hill NC 27514-2244

[redacted], [redacted]
MRN: 000015493026, DOB: 9/23/1961, Sex: F
Visit date: 7/8/2019

Patient Demographics

Address
WARREN CORRECTIONAL INSTITUTION
PO BOX 728
NORLINA NC 27563

Phone
252-456-3400 (Home)

Admission Information

Arrival Date/Time:	07/08/2019 1405	Admit Date/Time:	07/08/2019	IP Adm. Date/Time:	
Admission Type:	Elective	Point of Origin:	Home, Non-healthcare Facility, Work	Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Karla Michelle Pou, MD	Attending Provider:	Karla Michelle Pou, MD	Referring Provider:	Joseph Jack Umesi, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	UNCH DIABETES AND ENDOCRINOLOGY MEADOWMONT CHAPEL HILL

Coding Queries

UNC HEALTH CARE

UNCH
500 Eastowne Drive
Chapel Hill NC 27514-2244

[redacted]
MRN: 000015493026, DOB: 9/23/1981, Sex: F
Visit date: 7/8/2019

Progress Notes

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430

Author: Karla Michelle Pou, MD | Service: — | Author Type: Physician
Filed: 07/08/19 2306 | Encounter Date: 7/8/2019 | Status: Signed
Editor: Karla Michelle Pou, MD (Physician)

EndoConsult

Assessment/Plan:

1. Gender dysphoria in adult
Gender dysphoria s/p orchiectomy breast implants Now on estradiol therapy CURRENTLY 3 mg daily for approximately 12 months started on 7/23/2018. Still slightly hypogonadal with suboptimal hormone levels based on review of prior labs and based on her subjective feeling however the very last set of labs had shown improved estrogen levels. Goal is 200-400 levels that should be achievable with consistent compliance with oral estradiol 2-4mg. She is currently on 3mg.

Will check labs today:

07/08/19: labs today came back with elev LH 20s and low Estrogen 80s. Much lower than prior. ?timing of pills and compliance. But given prior levels were low as well will go ahead and increase to 4mg /d and have a check of estradiol in a month (lab corp lab order placed). And then will repeat at her f/u visit.

ON BICTOVY WHICH MAY BE AFFECTING SHBG AND REQUIRE INCR HORMONE DOSING OR DOSING TO BYPASS LIVER. PT REQ SC/IM INJ

2. Gender identity disorder of adulthood, s/p gender reassignment surgery
PT REQ VAGINOPLASTY. HORMONES NOT OPTIMIZED YET. But close. PENIS she states now having ERECTIONS BUT STILL INTACT. SCROTAL TISSUE REMAINS FOR PLANNED PROCEDURE. IDENTIFIES AND APPEARS MORE AND MORE LIKE F EACH VISIT THOUGH STILL SHAVING AND "NOT RIGHT" IN TERMS OF HORMONES.

Referral in place to dr. Brad figler as mentioned above in hpi. Placed 4/19 after I personally communicated with him about this pt and appropriateness of consultation. He is able to do vaginoplasty and facility simply needs to contact his office to schedule. They reached out but facility was not aware of the referral so denied.
I am attaching hard copy of referral to facilitate this taking place.

In meantime recommend laser for definitive treatment of hirsutism- facial hair and any male pattern terminal hair that continues to grow. Electrolysis is not permanent but would be a second choice and preferred to her current shaving.

Supportive garments also recommended for support and comfort with her postorchiectomy anatomy while she awaits final reconstructive surgery phase.

3. Male-to-female transgender person: Her preferred name is now KAnaUTICA Promises [redacted] but in the prison system he still call her by her legal name [redacted] and consider her a male despite surgical orchiectomy and female hormone status consistent with her gender identity.

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Progress Notes (continued)

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430 (continued)
She is hopeful that she will will be transferred to women's prison soon and she reports today that she has been approved and will be moving in A week to a raleigh female facility.

My goal is to get her estrogen levels up to 200 with usually this is achieved generally with less than 4 mg certainly in a patient who was starting out hypogonadal surgically. So I did significant counseling on the importance of consistency with a hormone.
I also counseled her on the changes she should expect as her levels go up as well as the rationale behind her choices were making we discussed the risks of estrogen which are namely the blood clots as well as increase in body fat and loss of strength in lean muscle mass which she can mitigate in various ways we discussed and the goals of her therapy

Hormone regimens for adult transgender persons

	Dose range	Comment
Transfeminine regimens (MTF transgender persons)*		
Estrogen†		
Oral: estradiol (17-beta-estradiol valerate)	2 to 4 mg/day	Some providers report giving higher doses.
Transdermal: estradiol patch	0.025 to 0.2 mg per 24 hours, changed once or twice weekly, depending on specific preparation type	Lower risk of thromboembolism compared with oral estrogen options.
Parenteral		
Estradiol valerate	5 to 30 mg IM every two weeks	Prolonged time to onset of effect and steady state, greater risk of accumulation and overdose.
Estradiol cypionate	2 to 10 mg IM every week	
Antiandrogens¥		
Spironolactone	100 to 300 mg/day oral	Monitor blood pressure and electrolytes.
Cyproterone acetate§	25 to 50 mg/day oral	
GnRH agonists		
Leuprolide	3.75 to 7.5 mg IM depot monthly OR 11.25 mg IM depot every 3 months	Inhibits gonadotropin secretion.
Goserelin	3.6 mg SQ implant monthly	Expensive.

Feminizing effects in male-to-female transgender persons

Effect	Onset	Maximum
Redistribution of body fat	3 to 6 months	2 to 3 years
Decrease in muscle mass and strength	3 to 6 months	1 to 2 years
Softening of skin/decreased oiliness	3 to 6 months	Unknown
Decreased sexual desire	1 to 3 months	3 to 6 months
Decreased spontaneous erections	1 to 3 months	3 to 6 months
Male sexual dysfunction	Variable	Variable
Breast growth	3 to 6 months	2 to 3 years
Decreased testicular volume	3 to 6 months	2 to 3 years
Decreased sperm production	Unknown	>3 years
Decreased terminal hair growth	6 to 12 months	>3 years*
Scalp hair	Variable	—¶
Voice changes	None	—Δ

* Complete removal of male sexual hair requires electrolysis or laser treatment or both.
¶ Familial scalp hair loss may occur if estrogens are stopped.
Δ Treatment by speech pathologists for voice training is most effective.

4. Goiter thyroid nodules.

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Progress Notes (continued)

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430 (continued)

Thyroid Ultrasound I had recommend repeating this around July 2019 . ORDERED TODAY PRIOR TO F/U VISIT 7/19. TSH TODAY.
However patient presented today with a new thyroid ultrasound was performed on January 25, 2019 6 months earlier than expected but helpful Nonetheless and reassuring of the thyroid. The ultrasound shows right lobe and left lobe mildly enlarged there is a 4 mm hypoechoic nodule in the right midpole there is a 6 mm hypoechoic mass near the left side of the isthmus there is a 1 cm echogenic mass on the lower pole on the left.

In July 27, 2018 ultrasound there was a left lobe complex 1 cm nodule. Thus it appears there has not been change and she would need a follow-up ultrasound now in July 2020

However this new ultrasound hidden in the findings is that there is a lymph node near the mandible at midline measuring about 1.8 cm. This is also palpable to me and to the patient and nontender and unclear how long she she has had this. It is nowhere near the thyroid and outside of my area of specialty however she would need to have this evaluated sooner than 1 year if it persists after 3 months I would reimage this and consider FNA probably more appropriate to refer to ENT. **I will send a paper copy of my prior requisition for a head and neck US performed at UNC and ask that this take place before her next scheduled f/u visit with me. Order is in system and only needs scheduling.**

F/U3 months

Greater than 50 % of my time was spent counseling and coordinating care with this patient in regards to hormone therapy as noted above which was greater than 40 minutes.

Patient Instructions
Seen in Endocrinology followup today with following plan and recs:

1. Labs today (DRAWN TODAY)
2. SCHEDULE THYROID US (WAS ORDERED 4/19 FOR 7/19 AT UNC)
3. LASER (OR ELECTROLYSIS) TREATMENT FOR FACE/NECK AREA RECOMMENDED FOR PERMANENT HAIR REMOVAL; THIS IS BECAUSE ESTROGEN DOES NOT PERMANENTLY STOP HAIR GROWTH OR INDUCE LOCALIZED DAMAGE TO HAIR FOLLICLE.
LASER WOULD BE DEFINITIVE TREATMENT.
4. POSTORCHIECTOMY SUPPORT GARMENTS-SPANX
5. REFERRAL WAS PLACED 4/19 FOR DR. FIGLER AT UNC IN UROLOGY. ATTACHED. PLEASE CONTACT THEM TO MAKE APPT FOR CONSULTATION FOR VAGIPLASTY/COMPLETION OF GENDERAFFIRMING SURGERY. ASAP.

ADDENDUM: LABS REVIEWED. LOW E. RECOMMEND INCREASE ESTRADIOL TO 4MG PER DAY. RX UPDATED BUT NO PHARMACY ON RECORD TO EFAX TO SO WILL SEND RECS TO FACILITY. ALSO PLAN FOR REPEAT LAB AT LOCAL LABCORP FOR ESTRADIOL IN 1 MONTH. THIS LAB ORDER IS IN FOR LABCORP MID SEPT 2019. DIRECT OBSERVATION OF MEDICATION COMPLIANCE WOULD BE DESIRABLE.

Return in about 3 months (around 10/8/2019).

Referring Provider: Joseph Jack Umesi

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Visit date: 7/8/2019

Progress Notes (continued)

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430 (continued)

Primary Provider: JOSEPH J UMESI, MD

Reason For Consultation:

Gender dysphoria; postoptransgender

Subjective:

History of Present Illness:
[redacted] is a 37 y.o. adult seen in consultation Initially on 5/25/2018 for evaluation of her Gender dysphoria, postop transgender MTF now on Estrogen therapy approaching stable dosing.

This was her initial history:
He states as a woman goes by Kanautica Promises Zayre
Since incarcerated goes by either name and has not been on hormones for a 1 year since incarcerated.
Prior states had a total orchiectomy 7/20/17 with scrotum preservation.
Has been having hotflashes described as 'private summers'. alos more chest hair
Was prior on Estrogen2mg/progesterone10/spiro100
Had care at 'cosmetic concierge in charlotte dr hope cherry'
Other treating dr. Tiffany morton and sherman yen- hrt?
States also had surg 'brazilian butt lift'.

Incarcerated 10/17 and has 6y left he states.

10/29/2018 in follow-up
She states that she started estrogen estradiol 2 mg daily on July 23, 2018 and thus has been on this therapy for 3 months now and she feels better however has questions about addition of finasteride or androgen receptor blockers to assist with male pattern hair growth. She continues to shave her face anterior chest arms and legs. There have been no side effects from the treatment. She states she is still having some hot flashes of these are only infrequent a couple times a day now.

Labs were not available at the visit but we were able to obtain them while keeping her waiting it turned out LH was elevated in the 50s and estradiol was elevated per the lab core arrange in the 80s which was twice her norm. This was drawn in the end of September 2018 and a proximally month ago. No other labs are available. No testosterone was drawn however the patient did have bilateral orchiectomy in the past so her levels should be low. I will review these to confirm once they are faxed in and scan into media

She had a bunionectomy a couple weeks ago left leg. Has not had any symptoms of DVT and nose risk of DVT with hormones.

Other issue is goiter thyroid nodules felt on my exam she had a ultrasound July 27, 2018 showing moderate enlargement by lobar with a complex nodule on the right measuring 4 mm and a complex nodule on the left measuring 1 cm with several smaller nodules in the left lobe.

Today she returns for follow-up on January 31, 2019

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Progress Notes (continued)

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430 (continued)

I have received her most recent and previsit labs as well as a new ultrasound report from January 25, 2019 that I was not expecting.
I have reviewed all these in detail with patient see my assessment and plan for details. She still has low estradiol levels and elevated LH. I was expecting better results. She states has been compliant except for maybe a week but the medication ran out or had to be approved or something.
Of note the medical administration record shows her only having 1 dose in January and January 16, 2019.

Interim history she missed about 5 days of estrogen apparently she was off of the medication but has been otherwise taking 2 mg daily as prescribed and still feels like her levels are low. No side effects although she admits some weight gain. Has not noticed any breast changes or any changes in her hair. No symptoms suggesting the DVT although she had her second bunionectomy and is wearing a boot again today. She has several questions all of which we discussed and answered

04/15/19
Today Kanautica (Mto F) (hers) presents in f/u after incr E to 3mg per day. Feels same. No btter. Feels like her "little brain is still trying to tell her body to make more hormone". Interestingly that matches prior labs LH elev E2 low if look female range. She is on BIC/EMT/RAF
Bictarvy takes pm. Takes E2 am. Asking of injections ok. Also biotin hair an nails.
Hx notes ? incr libido. No erection but has feeling as if. She is asking for completion surgery. Vaginoplasty. Has rest, including removal testes. And working on optimizing hormones. Still needs shave.
No tfts states. Has goiter. Feels as if improved, decr size with hrt.
Labs drawn a couple weks ago and req. Not received. whwat was faxed was same 1/19 labs I already reveiwed.
No s.e.
WORKING ON TRYING TO MOVE OT WOMENS CORRECTIONAL FACILITY

07/08/19
F/u today. On 3mg. E. Feels lower than she should be. Last levels were good. She doesn't feel like she did in past when she was on 4mg (preincarc). Also c/o bothered by erections. Asking for spanx postorchiectomy supportive garments. aparently she was never given these although I had recommended such. This will help her feel more comfortable and supported as she awaits final surgery phase to include vaginoplasty. I referred her last visit (4/19) to Dr. Brad Figler after having contacdted him and he is able to do this surgery however his office contacted the facility and they declined due to not having knowledge of the consult I had placed. It is in her record and I have printed this out and am attaching to today's note.
Also I had ordered thyroid US 7/19 on 4/19 and this has not been scheduled either. Orders are active. I am doing same printing this for scheduling. Needs f/u thy nod.
No neck symptoms
Mainly bothered by body hair, neeed to shave. Mostly face and neck. Would like definitive hair removal in those areas to match her gender identity. requesteing electrolysis or laser. Discussed the differences with latter being more definitive.

Finally states is being moved to a female facility in raleigh in a week! She is excited to have this move but unsure what to expect.

Ros neg for neck symptoms or symptoms of blood clots, cp, angina, or stroke on a full review.

Past Medical History:

Diagnosis	Date

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Progress Notes (continued)

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430 (continued)

- Goiter
- Male-to-female transgender person
- Testosterone deficiency
- Thyroid nodule 07/27/2018
  Left lobe complex nod

see above
alos was on genvoya d/c'd as felt to be falsepos according to patient

Past Surgical History:

Procedure	Laterality	Date
• ORCHIECTOMY	Bilateral	

BREAST AUGMENTATION
"BRAZILIAN BUTT LIFT"
See above

Ros: hot flashes. Decreased. Has gained weight as expected with estrogen

Current Outpatient Medications

Medication	Sig	Dispense	Refill
[redacted]	[redacted]		
• cholecalciferol, vitamin D3, (VITAMIN D3) 1,000 unit capsule	Take 1,000 Units by mouth daily.		
• cyanocobalamin (VITAMIN B-12) 100 MCG tablet	Take 250 mcg by mouth daily.		
• estradiol (ESTRACE) 2 MG tablet	Take 2 tablets (4 mg total) by mouth daily.	180 tablet	1
• MINERAL OIL-PETROLAT,WHT-WATER TOP	Apply 120 g topically every thirty (30) days.		
• terbinafine HCl (LAMISIL) 250 mg tablet	Take 250 mg by mouth daily.		

No current facility-administered medications for this visit.

No Known Allergies

Family History

Problem	Relation	Age of Onset
• Cancer	Mother	

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Progress Notes (continued)

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430 (continued)

Social History.

Social History Narrative

- Not on file

incarcerated for 6 more years she is a little over a year into her symptoms. WANTS TO MOVE TO WOMENS FACILITY

Review of Systems - 12 Systems reviewed and otherwise negative except as noted in HPI. 50lb wt gainPreviously. STABKE NOW. Hot flashes. Hair growth body hair

Objective:

Wt Readings from Last 6 Encounters:

07/08/19	(!) 118.7 kg (261 lb 9.6 oz)
04/15/19	(!) 113.2 kg (249 lb 8 oz)
01/31/19	(!) 111.6 kg (246 lb)
10/29/18	(!) 111.3 kg (245 lb 6.4 oz)
06/29/18	(!) 116.1 kg (255 lb 14.4 oz)
05/25/18	(!) 120.2 kg (265 lb)

Physical Exam:
BP 111/78 | Pulse 60 | Wt (!) 118.7 kg (261 lb 9.6 oz) | BMI 36.02 kg/m²
General appearance - alert, well appearing, and in no distress
Eyes - No lid lag or stare, no proptosis, EOM's intact.
Mouth - mucous membranes moist, oropharynx clear

Neck - thyroid FEELS FAIRLY NORMAL TODAY. NO DOM MASS. LESS FULL?

Lymphatics - no cervical or supraclavicular adenopathy appreciated
Chest - clear to auscultation bilaterally, good excursion
Breast tissue no masses
Heart - normal rate, regular rhythm, normal S1 and S2
Abdomen - no masses or HSM appreciated, soft, nontender
GU- Initial exam notes: no testes present. Normal phallus. Scrotum sacs empty
Neurological - no hand tremors, 2+ upper extremity DTRs
Extremities - peripheral pulses normal, no lower extremity edema
Skin - warm, dry, no visible rashes; Thick terminal hair follicles face beard distribution. She shaves it.
Psych - Normal mood, appropriate affect
Muskuloskeletal - No kyphosis or spine tenderness

Lab Review:

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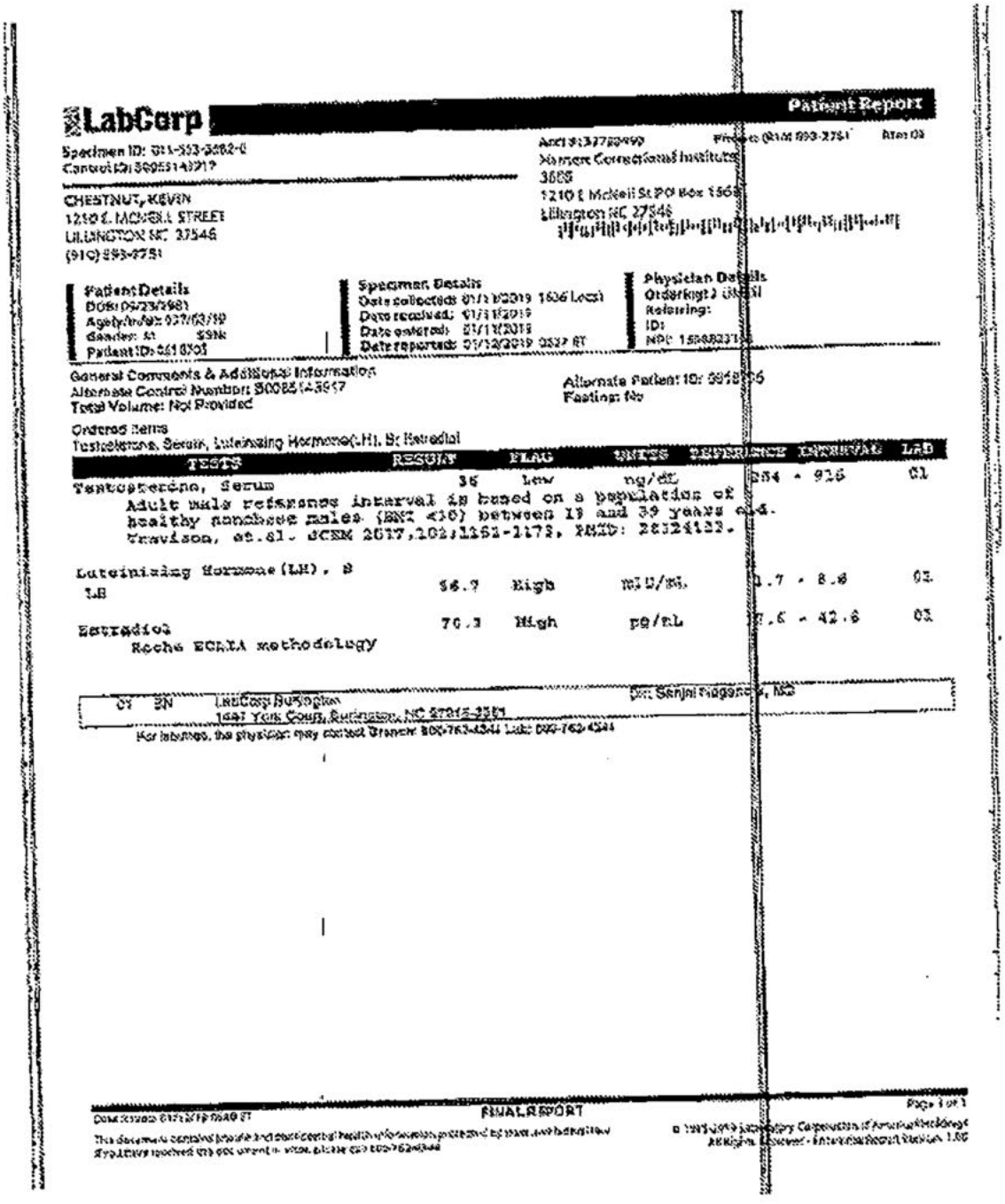
[redacted]
MRN: 000015493026, DOB: 9/23/1981, Sex: F
Visit date: 7/8/2019

Progress Notes (continued)

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430 (continued)



LabCorp — Patient Report

Specimen ID: 311-393-3662-0
Control ID: 3605514921?

CHESTNUT, KEVIN
1210 E. MCNEILL STREET
LILLINGTON NC 27546
(910) 893-4751

Acct #: 13778999
Nemore Correctional Institute
3605
1210 E McNeill St PO Box 1568
Lillington NC 27546

Patient Details
DOB: 09/23/1981
Age(s): 037/03/19
Gender: M SSN:
Patient ID: 661803

Specimen Details
Date collected: 07/1 /2019 1606 Local
Date received: 07/1 /2019
Date entered: 07/1 /2019
Date reported: 07/12/2019 0532 ET

Physician Details
Ordering: [illegible]
Referring:
ID:
NPI: 1588823

General Comments & Additional Information
Alternate Control Number: 3605514921?
Total Volume: Not Provided

Alternate Patient ID: 3605[illegible]06
Fasting: No

Ordered Items
Testosterone, Serum, Luteinizing Hormone(LH), Estradiol

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Testosterone, Serum	36	Low	ng/dL	264 - 916	01
Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et al. JCEM 2017;102:1161-1173. PMID: 28324103.					
Luteinizing Hormone (LH), S	56.9	High	mIU/mL	1.7 - 8.6	01
Estradiol	70.3	High	pg/mL	7.6 - 42.6	01
Roche ECLIA methodology					

01 SN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361
Dir: Sanjai Higgins, MD

For inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-762-4344

FINAL REPORT

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[redacted]
MRN: 000015493026, DOB: 9/23/1981, Sex: F
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Progress Notes (continued)

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430 (continued)

LabCorp **Patient Report**

Specimen ID: 304-060-1881-0
Control ID: 82082534833

CHESTNUT, KEVIN
1210 E MCNEILL STREET
LILLINGTON NC 27546
(910) 893-2751

Acct #: 37700490 Phone: (910) 893-2751 Rte: 09
Harnett Correctional Institution
3805
1210 E McNeill St PO Box 1569
Lillington NC 27546

Patient Details
DOB: 09/23/1981
Age(y/m/d): 037/01/08
Gender: M SSN:
Patient ID: 0518705

Specimen Details
Date collected: 10/31/2018 0906 Local
Date received: 10/31/2018
Date entered: 10/31/2018
Date reported: 11/01/2018 0537 ET

Physician Details
Ordering: C HENDRICKS
Referring:
ID:
NPI: 1629331[illegible]

General Comments & Additional Information
Alternate Control Number: B0082534833
Total Volume: Not Provided

Alternate Patient ID: 0518705
Fasting: No

Ordered Items
Testosterone, Serum; TSH; Luteinizing Hormone(LH), S; Estradiol; Sex Horm Binding Glob, Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Testosterone, Serum	9	Low	ng/dL	264 - 916	01
Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.					
TSH	3.963		uIU/mL	0.450 - 4.500	01
Luteinizing Hormone(LH), S					
LH	53.4	High	mIU/mL	1.7 - 8.6	01
Estradiol	41.7		pg/mL	7.6 - 42.6	01
Roche ECLIA methodology					
Sex Horm Binding Glob, Serum	55.6		nmol/L	16.5 - 55.9	01

01 BN LabCorp Burlington Dir: William F Hancock, MD
1447 York Court, Burlington, NC 27215-3361
For inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-762-4344

DR Pou UNC-Endocrinology
984 974 2924

I've reviewed the patient's most recent pertinent labs in the electronic record and provided records. Labs from 9/24/2018 show LH 52 which is elevated from a range of 1.7-8.6miu/er mL

UNC HEALTH CARE
UNCH
500 Eastowne Drive
Chapel Hill NC 27514-2244

[redacted]
MRN: 000015493026, DOB: 9/23/1981, Sex: F
Visit date: 7/8/2019

Progress Notes (continued)

Progress Notes by Karla Michelle Pou, MD at 07/08/19 1430 (continued)

Estradiol 85.5 pg per mL with a normal range being 7.6-42.6 on the Roche EC LIA method for a male normative range as her data was entered as male though hormonally she should be female. This is below the third target female range

\6/29/2018 labs

cmp normal
tsh 2.9
lh 48
fsh114
prl23
Total E 39 pg/ml low (40-115)
Testo 15 L
Lipid t178/tg124/50/25/103
Cbc nl

1.19LABS E2 BELOW RANGE

Radiology:

Thyroid US 5/25/18:
Bedside preview left 1cm complex cystic nodule. And submandib mass in palpable/tender area

Ultrasound from central present facility from January 25, 2019 was received. Simply the report there were no images attached. Scanned into the media tab. The left lobe nodule is a 1 cm echogenic mass otherwise there are just some small hypoechoic nodules
The one unusual or unclear finding is a lymph node high up near the mandible midline measuring about 1.8 cm but there is no further description or comment in the impressions about this.

UNC HEALTH CARE

UNCH
500 Eastowne Drive
Chapel Hill NC 27514-2244

[redacted]
MRN: 000015493026, DOB: 9/23/1981, Sex: F
Visit date: 7/8/2019

All Results

Sex Hormone Binding Globulin [1466519892]

Resulted: 07/10/19 1222, Result status: Final result

Resulting lab: MAYO MEDICAL LABORATORY

Specimen Collection

Type	Source	Collected On
Blood	—	07/08/19 1554

Components

Component	Value	Reference Range	Flag	Lab
Sex Hormone Binding	60	nmol/L	—	MAYO

Comment:

```
----------REFERENCE VALUE----------
18-144 (non-pregnant)

Test Performed by:
Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55901
```

Estradiol (Estrogen) Level [1466519893]

Resulted: 07/08/19 2016, Result status: Final result

Resulting lab: UNCH MCLENDON CLINICAL LABORATORIES

Specimen Collection

Type	Source	Collected On
Blood	—	07/08/19 1554

Components

Component	Value	Reference Range	Flag	Lab
Estradiol	82.9	pg/mL	—	UNCH MCL

Comment:

```
Reference Ranges:  Serum Estrogen  (pg/ml)
Male: 5-66
Female (Postmenopausal): 5-38
Female (Ovulating):  (pg/ml)
      follicular phase 27-161
      periovulatory 187-382
      luteal phase 33-201
```

Luteinizing hormone [1466519891]

Resulted: 07/08/19 1948, Result status: Final result

Resulting lab: UNCH MCLENDON CLINICAL LABORATORIES

Narrative:

```
Reference Ranges:
Females:
Follic. Phase:  2.6-12.1
Luteal Phase:   0.8-15.5
Post Menopause:13.1-86.5
Males:          3.0-10.0
```

Specimen Collection

UNC HEALTH CARE

UNCH
500 Eastowne Drive
Chapel Hill NC 27514-2244

[redacted], [redacted]
MRN: 000015493026, DOB: 9/23/1981, Sex: F
Visit date: 7/8/2019

All Results (continued)

Luteinizing hormone [1466519891] (continued)

Resulted: 07/08/19 1948, Result status: Final result

Type	Source	Collected On
Blood	—	07/08/19 1554

Components

Component	Value	Reference Range	Flag	Lab
LH	29.0	mIU/mL	—	UNCH MCL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
19 - UNCH MCL	UNCH MCLENDON CLINICAL LABORATORIES	Herbert C. Whinna, MD, PhD	101 Manning Drive Chapel Hill NC 27514	05/15/17 0835 - Present
99 - MAYO	MAYO MEDICAL LABORATORY	Unknown	Unknown	04/17/15 1340 - Present

END OF REPORT

North Carolina Department of Public Safety
Cosign/Review

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	M	Race:	BLACK
Scanned Date:	07/16/2019 13:37			Facility:	WARR

Reviewed by Harvey, Gloria S PA on 07/17/2019 18:38.

North Carolina Department of Public Safety
Clinical Encounter

Offender Name: [redacted], [redacted]		Off #:	0618705
Date of Birth: [redacted]1981	Sex: F Race: BLACK	Facility:	ANSO
Encounter Date: 07/09/2020 13:02	Provider: Caraccio, Donald MD	Unit:	JPODA

Endocrinology encounter performed at Telehealth.

SUBJECTIVE:

COMPLAINT **1** Provider: Caraccio, Donald MD

Chief Complaint: GENERAL

Subjective: Here for follow up of gender dysphoria. At last visit, transitioned to twice weekly estrogen patch. Happy with patch. Feels that this is safer and that estrogen is more reliable. Has gained some weight. Still dealing with facial hair growth and daily shaving which is distressing. No mood or masculinizing changes. No chest pain/SOB. Some knee pain, but no calf swelling.

She was told that vaginoplasy eval was approved. Per the letter, she was approved for gyn evaluation. Urology does this service.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

ROS:

General

Other

Yes: Denies Need for Assistance

HEENT

Neck

Yes: Normal

Cardiovascular

General

Yes: Normal

Pulmonary

Respiratory System

Yes: Normal

GI

General

Yes: Normal

Musculoskeletal

General

Yes: Normal, Knee Pain

Endocrine

General

Yes: Normal

Psychiatric

ROS:

General

Yes: Mood Impaired

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/02/2020	08:31 ANSO	99.4	37.4	Oral	Ingram, Tangela J LPN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/02/2020	08:31 ANSO	70	Via Machine		Ingram, Tangela J LPN

Respirations:

Date	Time	Rate Per Minute	Provider
07/02/2020	08:31 ANSO	16	Ingram, Tangela J LPN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/02/2020	08:31 ANSO	112/78	Left Arm	Sitting	Adult-large	Ingram, Tangela J LPN

SpO2:

Date	Time	Value(%)	Air	Provider
07/02/2020	08:31 ANSO	97	Room Air	Ingram, Tangela J LPN

Height:

Date	Time	Inches	Cm	Provider
07/02/2020	08:31 ANSO	71.0	180.3	Ingram, Tangela J LPN

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/02/2020	08:31 ANSO	292.6	132.7		Ingram, Tangela J LPN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well

Nutrition

Yes: Appears Obese

No: Appears Malnourished

Skin

General

Yes: Skin Intact, Tattoos

Face

General

Yes: Symmetric

Lips

General

No: Lesion(s)

Musculoskeletal

Knee

Exam:

Yes: Normal Exam, Symmetric

ASSESSMENT:

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Not Improved/Same - *Doing ok on estrogen patch. Will obtain estradiol and LH levels. Will refer to surgeon as planned. Will contact admin about the approval being for the right surgery, but wrong surgeon group. Will request biotin for hair/skin/ nail health.*

PLAN:

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
A4053054	ESTRADIOL 0.1MG/24HR BIWEEKLY PATCH	07/09/2020 13:02	Apply one (1) patch topically two times a week *UR approved until 3/12/21* x 180 day(s)

Indication: Gender Dysphoria in Adolescents and Adults

OTC REPORTED

New OTC:

Medication	OTC Source	Start Date	Stop Date
VITAMIN B COMPLEX CAP	Stock	07/09/2020	07/09/2020 23:59

Order Detail: Take one tab daily by mouth.

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Lab Tests-E-Estradiol Lab Tests-L-LuteinizIng Hormone (LH)	One Time	07/16/2020 00:00	Routine

New Consultation Requests:

Consultation/Procedure	Due Date	Priority	Translator	Language
UR Request		Routine (review within 30 days)	No	

Reason for Request:

Dr. Bradley Figler for Vaginoplasy.

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/09/2020	Counseling	Plan of Care	Caraccio, Donald	Verbalizes Understanding

Discussed talking to counselor for mood changes

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

Telephone/Verbal Order: No

Standing Order: No

Completed by Caraccio, Donald MD on 07/09/2020 13:26

North Carolina Department of Public Safety
Clinical Encounter

Offender Name: [redacted], [redacted]		Off #:	0618705
Date of Birth: [redacted]1981	Sex: F Race: BLACK/AFRI	Facility:	ANSO
Encounter Date: 06/10/2021 08:54	Provider: Caraccio, Donald MD	Unit:	LPODA

Endocrinology encounter performed at Telehealth.

SUBJECTIVE:

COMPLAINT **1** Provider: Caraccio, Donald MD

Chief Complaint: Other Problem

Subjective: Patient is 39yo with gender incongruence. She is s/p orchiectomy in 2017. Current hormone replacement: estradiol 0.1 patch twice weekly. Seen one year ago. Notes more rounding of hips/face. Not satisfied with hair growth on upper lip, shaves daily. Also gained about 15-20 lbs in the last year. No chest pain/ SOB/ leg swelling. Sometimes has soft erections in the morning. Wants a vulvoplasty. Has met with RN in Urology 5/2021. Awaiting appointment with Dr. Feigler. '

Las labs 7/2020: estradiol:64.7 LH 20.5
2/2021: total chol 180, Tg 96, Tg 104. Cr 1.1. No urine albumin

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

ROS:

General

Other

Yes: Denies Need for Assistance

10 point ROS negative except as stated in HPI

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/10/2021	08:13 ANSO	98.6	37.0	Oral	Craven, Dana E RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/10/2021	08:13 ANSO	78	Via Machine		Craven, Dana E RN

Respirations:

Date	Time	Rate Per Minute	Provider
06/10/2021	08:13 ANSO	20	Craven, Dana E RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/10/2021	08:13 ANSO	110/77	Left Arm	Sitting	Adult-large	Craven, Dana E RN

SpO2:

Date	Time	Value(%)	Air	Provider
06/10/2021	08:13 ANSO	96	Room Air	Craven, Dana E RN

Height:

Date	Time	Inches	Cm	Provider
06/10/2021	08:13 ANSO	70.8	179.8	Craven, Dana E RN

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
06/10/2021	08:13 ANSO	299.2	135.7		Craven, Dana E RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well

Nutrition

Yes: Appears Obese

But predominantly not central adiposity. Female weight distribution.

Eyes

General

Yes: Extraocular Movements Intact

Face

General

Yes: Symmetric

Neck

Thyroid

No: Diffuse Enlargement

Abdomen

Inspection

Yes: Normal

Breast

Breast Tissue

Yes: Masses

Brest implants present

Mental Health

Posture

Yes: Normal, Upright

Grooming/Hygiene

Yes: Normal, Appropriate Grooming

Thought Content

Yes: Normal

ASSESSMENT:

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Improved - *Patient with symptoms of testosterone excess with erections and facial hair despite orchiectomy. Evaluate with adrenal androgens.*

Wishes to try estradiol injections. Went to patches after 4mg pills. She thinks estradiol IM will make her feel better. Says that orchiectomy has not led to changes she wanted based on appearance in mirror. If levels are not at goal

(150-200) will change to IM estradiol once weekly.

Please check: estradiol level, FSH, LH, testosterone, sex hormone binding globulin, DHEA-s, prolactin, Hemoglobin A1C, and androstendione. Please send me an alert of results, even if normal.

Continue estradiol patch at current dose, twice weekly until labs are reviewed.

Please monitor estradiol, testosterone, FSH every 3 months regardless of endocrine followup availability.

Will request 3 month follow up with endocrine. Will contact administration about getting her in for visit with Urology, Dr. Fiegler for surgery.

PLAN:

Schedule:

Activity	Date Scheduled	Scheduled Provider
Chronic Care Clinic	09/10/2021 00:00	Physician
follow up 3 month telehealth endo Caraccio		

Disposition:

General Population
Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
06/10/2021	Counseling	Access to Care	Caraccio, Donald	Verbalizes Understanding

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

Telephone/Verbal Order: No

Standing Order: No

Completed by Caraccio, Donald MD on 06/10/2021 09:38

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

Review documentation will be displayed on the following page.

North Carolina Department of Public Safety
Cosign/Review

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	F	Race:	BLACK/AFRIC
Encounter Date:	06/10/2021 08:54	Provider:	Caraccio, Donald MD	Facility:	ANSO

Reviewed with New Encounter Note by Norris, Jennifer L. NP on 06/10/2021 13:54.

North Carolina Department of Public Safety
Clinical Encounter

Offender Name: [redacted], [redacted]		Off #:	0618705
Date of Birth: [redacted]1981	Sex: F Race: BLACK/AFRI	Facility:	ANSO
Encounter Date: 07/15/2021 13:19	Provider: Caraccio, Donald MD	Unit:	LPODA

Review Note encounter performed at Non Patient Contact.

SUBJECTIVE:

COMPLAINT **1** Provider: Caraccio, Donald MD

Chief Complaint: GENERAL

Subjective: Reviewed labs. Based on FSH/LH, not getting enough estradiol. Please stop estradiol patch and start Estradiol valerate IM 20mg every 14 days.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/12/2021	14:58 ANSO	77			Thomas, Brian M RN

Respirations:

Date	Time	Rate Per Minute	Provider
07/12/2021	14:58 ANSO	16	Thomas, Brian M RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/12/2021	14:58 ANSO	116/75				Thomas, Brian M RN

Exam:

ASSESSMENT:

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Not Improved/Same - *Change to IM estradiol as above.*

PLAN:

Disposition:

General Population

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/15/2021	Not Done		Caraccio, Donald	No Participation

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

Telephone/Verbal Order: No

Standing Order: No

Completed by Caraccio, Donald MD on 07/15/2021 13:22

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

Review documentation will be displayed on the following page.

North Carolina Department of Public Safety
Cosign/Review

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	F	Race:	BLACK/AFRIC
Encounter Date:	07/15/2021 13:19	Provider:	Caraccio, Donald MD	Facility:	ANSO

Reviewed with New Encounter Note by Norris, Jennifer L. NP on 07/15/2021 14:24.

North Carolina Department of Public Safety
Clinical Encounter

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

Endocrinology encounter performed at Telehealth.

SUBJECTIVE:

COMPLAINT **1** Provider: Caraccio, Donald MD

Chief Complaint: Other Problem

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

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

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

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

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Temperature:

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

Pulse:

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

Respirations:

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

Blood Pressure:

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

SpO2:

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

Height:

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

Weight:

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

Exam:

General

Appearance

Yes: Appears Well

No: Apparent Distress

Nutrition

Yes: Normal, Excellent food intake

Pulmonary

Observation/Inspection

Yes: Normal

Cardiovascular

Observation

No: Painful Distress

Abdomen

Inspection

Yes: Normal

Significant reduction in central obesity

Mental Health

Mood

Yes: Normal

Thought Process

Yes: Normal

ASSESSMENT:

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

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

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

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

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

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

PLAN:

Schedule:

Activity	Date Scheduled	Scheduled Provider
Provider Clinic	10/21/2021 00:00	Physician

follow up 2 months (around 12/21) with caraccio telehealth endo for transgender

Disposition:

General Population

Patient Education Topics:

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

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

Telephone/Verbal Order: No

Standing Order: No

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

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

Review documentation will be displayed on the following page.

North Carolina Department of Public Safety
Cosign/Review

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

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

North Carolina Department of Public Safety
Clinical Encounter

Offender Name: [redacted], [redacted] Off #: 0618705
Date of Birth: [redacted]1981 Sex: F Race: BLACK/AFRI Facility: ANSO
Encounter Date: 03/17/2022 11:32 Provider: Caraccio, Donald MD Unit: KPODB

Endocrinology encounter performed at Telehealth.

SUBJECTIVE:

COMPLAINT **1** Provider: Caraccio, Donald MD

Chief Complaint: Other Problem

Subjective: Kanautica is being seen for gender incongruence. She is still fighting for vulvoplasty that was deemed "not medically necessary", despite myself and Dr. Figler (surgeon who would be performing procedure) attesting that it is medically necessary part of transgender care. The ACLU and two other law firms are working on her case. She will be meeting with a medical expert to testify on her behalf.

Trough estradiol 54.4. Mid cycle 462, but this was shortly after dose reduction. She is concerned about facial hair growth. Shaving daily. Magic shave caused rash in the past. She is not sure the estradiol is dosed the same every time.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
03/14/2022	12:35 ANSO	97.2	36.2	Oral	Adams, Temeka M RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
03/14/2022	12:35 ANSO	67	Via Machine		Adams, Temeka M RN

Respirations:

Date	Time	Rate Per Minute	Provider
03/14/2022	12:35 ANSO	16	Adams, Temeka M RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
03/14/2022	12:35 ANSO	119/81	Left Arm	Sitting		Adams, Temeka M RN

SpO2:

Date	Time	Value(%)	Air	Provider
03/14/2022	12:35 ANSO	99	Room Air	Adams, Temeka M RN

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
03/14/2022	12:35 ANSO	241.0	109.3		Adams, Temeka M RN

Exam:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Skin

General

Yes: Skin Intact, Tattoos

shadow of facial hair on chin.

Pulmonary

Thorax

Yes: Normal, Normal Thoracic Expansion

Cardiovascular

Observation

No: Painful Distress

Mental Health

Mood

Yes: Sadness, Melancholy

ASSESSMENT:

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Not Improved/Same - *In terms of hormone treatment, estradiol is at goal (~200 mid cycle, ~50 trough). Continue estradiol 10mg IM every 14 days. Please assure that she is getting correct amount: if 20mg/ml concentration, please specify to RN to give 0.5ml.*

Please check mid cycle estradiol and testosterone in 2 months.

For hair growth; does not like shaving. Her testosterone is suppressed. Recommend trying Nair. She knows that laser hair removal (which is effective) will not be covered.

For vulvoplasty; I continue to attest that this is medically necessary part of her treatment. Provided emotional support to patient regarding this.

Follow up with me in 3 months.

PLAN:

Schedule:

Activity	Date Scheduled	Scheduled Provider
Telehealth Clinic B	06/17/2022 00:00	Physician

follow up telehealth endocrinology: hormone therapy

Disposition:

General Population

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
03/17/2022	Counseling	Access to Care	Caraccio, Donald	Verbalizes Understanding

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

Offender Name: [redacted], [redacted]				Off #:	0618705
Date of Birth: [redacted]1981	Sex:	F	Race: BLACK/AFRI	Facility:	ANSO
Encounter Date: 03/17/2022 11:32	Provider:	Caraccio, Donald MD		Unit:	KPODB

Telephone/Verbal Order: No

Standing Order: No

Completed by Caraccio, Donald MD on 03/17/2022 12:38

Requested to be reviewed by House, Laura A. NP-C.

Review documentation will be displayed on the following page.

North Carolina Department of Public Safety
Cosign/Review

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	F	Race:	BLACK/AFRIC
Encounter Date:	03/17/2022 11:32	Provider:	Caraccio, Donald MD	Facility:	ANSO

Reviewed with New Encounter Note by House, Laura A. NP-C on 03/17/2022 13:02.

North Carolina Department of Public Safety
Clinical Encounter

Offender Name: [redacted], [redacted] Off #: 0618705
Date of Birth: [redacted]1981 Sex: F Race: BLACK/AFRI Facility: ANSO
Encounter Date: 05/24/2022 08:45 Provider: Baker, Brittany R FNP Unit: KPODB

Provider Evaluation encounter performed at Clinic.

SUBJECTIVE:

COMPLAINT **1** Provider: Baker, Brittany R FNP

Chief Complaint: Other Problem

Subjective: Pt is here today requesting vitamins (H, E, B12) along with laser hair removal/electrolysis due to Nair being denied. Pt endorses depression and anxiety related to gender dysphoria, has received laser hair removal prior to incarceration with success. Pt reports the Endocrinologist suggested vitamin H and E as this is necessary due to hx of orchiectomy.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
05/20/2022	11:57 ANSO	98.9	37.2	Oral	Minor, Catherine D RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
05/20/2022	11:57 ANSO	74	Via Machine		Minor, Catherine D RN

Respirations:

Date	Time	Rate Per Minute	Provider
05/20/2022	11:57 ANSO	20	Minor, Catherine D RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
05/20/2022	11:57 ANSO	123/81	Right Arm	Sitting	Adult-large	Minor, Catherine D RN

SpO2:

Date	Time	Value(%)	Air	Provider
05/20/2022	11:57 ANSO	100	Room Air	Minor, Catherine D RN

Height:

Date	Time	Inches	Cm	Provider
05/20/2022	11:57 ANSO	71.0	180.3	Minor, Catherine D RN

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
05/20/2022	11:57 ANSO	239.2	108.5		Minor, Catherine D RN

Exam:

General

Exam:

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented to Time, Place, and Person

Nutrition

Yes: Normal

Skin

General

Yes: Skin Intact

Nails

No: Discoloration, Inflammation Of Tissue Around Nail, Mycotic

Head

hair growth noted at chin/below cheek lines

Mental Health

Affect

Yes: Normal

Mood

Yes: Worry

ASSESSMENT:

Vitamin deficiency, unspecified, E56.9 - Current, Temporary/Acute, Initial

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Not Improved/Same

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Vitamin E	05/24/2022 08:45	100 IU By Mouth - daily x 180 day(s)
	Indication: Vitamin deficiency, unspecified		

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
A4633589	CYANOCOBALAMIN 1000MCG/ML INJ, 1 ML	05/24/2022 08:45	Inject 1000mcg intramuscularly every week x 365 day(s) Pill Line Only
	Indication: Other fatigue		

Disposition:

Follow-up at Sick Call as Needed

Other:

Will refer note to MD Caraccio- Endocrine in regards to vitamin H- vitamin E is formulary- Vitamin H will need medical necessity for approval- pt reports vitamin H is necessary due to her orchiectomy hx- will need confirmation from endocrine for medical need to enter UR.

Referred pt to MH/DTARC/FTARC for laser hair removal as there is no medical need for this procedure-

Provided emotional support to pt regarding her requests, advised her to use her coping strategies, updated her on psych appt for July that is scheduled

Offender Name: [redacted], [redacted] Off #: 0618705
Date of Birth: [redacted]1981 Sex: F Race: BLACK/AFRI Facility: ANSO
Encounter Date: 05/24/2022 08:45 Provider: Baker, Brittany R FNP Unit: KPODB

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
05/24/2022	Counseling	Plan of Care	Baker, Brittany	Verbalizes Understanding

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

Telephone/Verbal Order: No

Standing Order: No

Completed by Baker, Brittany R FNP on 05/24/2022 11:06

Requested to be reviewed by Caraccio, Donald MD.

Review documentation will be displayed on the following page.

North Carolina Department of Public Safety
Cosign/Review

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	F	Race:	BLACK/AFRIC
Encounter Date:	05/24/2022 08:45	Provider:	Baker, Brittany R FNP	Facility:	ANSO

Reviewed with New Encounter Note by Caraccio, Donald MD on 06/02/2022 15:05.

North Carolina Department of Public Safety
Clinical Encounter

Offender Name: [redacted], [redacted] Off #: 0618705
Date of Birth: [redacted]1981 Sex: F Race: BLACK/AFRI Facility: ANSO
Encounter Date: 08/18/2022 11:26 Provider: Caraccio, Donald MD Unit: KPODB

Endocrinology encounter performed at Telehealth.

SUBJECTIVE:

COMPLAINT **1** Provider: Caraccio, Donald MD

Chief Complaint: Other Problem

Subjective: Knautica is being seen for gender incongruence.

Says last dose of estradiol was 7/18. Said that there was delay in UR. Noting more swelling with salt intake. Has not come back since last episode, which lasted 3 days Sleep is ok. Appetite is increased, gained some weight back. Weight up to 242lbs. No side effects or mood changes after getting estradiol shot.

Still very upset about missing hormone treatment, level of mental health care, approval for hair removal and vulvoplasty.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/16/2022	09:01 ANSO	98.0	36.7	Oral	Ingram, Tangela J LPN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
08/16/2022	09:01 ANSO	72	Via Machine		Ingram, Tangela J LPN

Respirations:

Date	Time	Rate Per Minute	Provider
08/16/2022	09:01 ANSO	16	Ingram, Tangela J LPN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/16/2022	09:01 ANSO	112/78	Right Arm	Sitting	Adult-large	Ingram, Tangela J LPN

SpO2:

Date	Time	Value(%)	Air	Provider
08/16/2022	09:01 ANSO	100	Room Air	Ingram, Tangela J LPN

Height:

Date	Time	Inches	Cm	Provider
08/16/2022	09:01 ANSO	71.0	180.3	Ingram, Tangela J LPN

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
08/16/2022	09:01 ANSO	242.0	109.8		Ingram, Tangela J LPN

Exam:

General

Affect

Yes: Pleasant, Cooperative, Agitated

Appropriately agitated at times.

Face

General

Yes: Symmetric

Some hair growth noted on face.

ASSESSMENT:

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Worsened - *Patient has had delay in estradiol administration. Knautica reports that on 8/8 estradiol was not given. I am unable to determine if the dose on 8/8 was given (MAR was backdated by a different nurse, which adds to confusion).*
I still have concerns about estradiol dosing consistency.
MAR shows 1.08 sometimes and 0.1 sometimes, with no units.

Would like pharmacy to provide clear instructions in nursing instructions on how much to administer. If the concentration is 20mg/ml, should be given 0.5ml every 2 weeks for the 10mg dose that is ordered. If she has been getting 1.08ml (as stated on MAR in June and July), this is actually twice the recommended dose and would explain why her estradiol level is elevated. Please check estradiol level 7 days after three more doses (September 26th if her every 14 day routine is maintained).

In regards to hair removal, I do recommend Nair as she has not tolerated alternative products. Hair removal is necessary part of transgender care and this is the next reasonable step. Is not considered cosmetic.

Hx of vitamin D deficiency: continue 50,000 IU weekly.

PLAN:

Disposition:

General Population

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
08/18/2022	Counseling	Plan of Care	Caraccio, Donald	Verbalizes Understanding

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

Telephone/Verbal Order: No

Standing Order: No

Completed by Caraccio, Donald MD on 08/18/2022 14:12

Requested to be reviewed by Baker, Brittany R FNP.

Review documentation will be displayed on the following page.

North Carolina Department of Public Safety
Cosign/Review

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	F	Race:	BLACK/AFRIC
Encounter Date:	08/18/2022 11:26	Provider:	Caraccio, Donald MD	Facility:	ANSO

Reviewed with New Encounter Note by Baker, Brittany R FNP on 08/22/2022 22:29.

EXHIBIT 19

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

KANAUTICA ZAYRE-BROWN,

Plaintiff,

v.

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

Defendants.

No. 3:22-cv-00191

DECLARATION OF JENNIFER LYNN DULA, MSW

1. My name is Jennifer Lynn Dula. I am over the age of 18 and make this declaration based on my own personal knowledge.

2. I am a licensed clinical social worker. I received my Master of Social Work with honors from Winthrop University in Rock Hill, South Carolina in 2014. From July 2019 through January 2021, I worked on a contract basis through Maxim Healthcare Group providing clinical mental health services at the Anson Correctional Institution ("Anson"), which is part of what was then known as the North Carolina Department of Public Safety ("DPS"). From August 2021 through May 2022, I again worked providing clinical mental health services at Anson, although during this period under contract with National Health Care Solutions. While working at Anson, I provided mental health services to Kanautica Zayre-Brown.

3. I worked as a social worker at Community Link in Charlotte, North Carolina from June 2013 through June 2014, and as a mental health clinician for Mecklenburg County, North Carolina from July 2015 through July 2019. From July 2019 through January 2021, I worked as a licensed clinical social worker under contract with Maxim Healthcare Group in Charlotte, North Carolina. From January 2021 through August 2021, I worked as a licensed clinical social worker under contract with Affirmed Counseling, Inc. in Albermarle, North Carolina. From August 2021 through May 2022, I worked as a licensed clinical social worker under contract with National Health Care Solutions' Raleigh, North Carolina facility. From January 2023 through the present, I have worked full time as a licensed clinical social worker at the Defense Health Agency in Tacoma, Washington.

4. I have provided mental health services to approximately a dozen transgender and gender nonconforming individuals. In providing treatment to individuals with gender dysphoria, I seek to follow the standards of care issued by the World Professional Association for Transgender Health, commonly known as WPATH.

5. I began providing mental health services to Mrs. Zayre-Brown at Anson on October 3, 2019 and provided such services to her until the end of that year. Before then, she had been seen at Anson by Charles Messer, M.A. and Patricia Hahn, Ph.D. I resumed providing mental health services to Mrs. Zayre-Brown at Anson on January 25, 2022, after Dr. Hahn retired, and I continued providing mental health services to Mrs. Zayre-Brown at Anson until April 26, 2022.

6. Mrs. Zayre-Brown identifies as a transgender female. She reported to me that she began to experience feelings of gender incongruence around the age of seven to eight years old; that she began the process of socially transitioning in 2011; that she has been living in a gender role congruent with her affirmed gender since at least 2014; and that she has been on hormone therapy since 2012. She further reported to me that she has undergone several gender affirming surgeries as part of her transition, including an orchiectomy (removing her testes), breast augmentation, and facial feminization. She has legally changed her name, changed the pronouns she uses, and, during the periods I saw her, was housed in a female facility within DPS.

7. According to my clinical evaluation of Mrs. Zayre-Brown and the mental health documentation for her, she met the accepted medical criteria for a diagnosis of gender dysphoria.

8. Mrs. Zayre-Brown has engaged in mental health services during her incarceration at DPS beginning in October 2017 to address and manage her feelings of gender dysphoria and the anxiety and depression associated with it. Despite this, and the interventions described above, Mrs. Zayre-Brown consistently experienced clinically significant, chronic, and at times acute anxiety, depression, and distress associated with her gender dysphoria during the periods I saw her. According to her DPS records, during her incarceration she had four self-injury risk assessments, which occur when there are emergent concerns that someone may be at risk of harming themselves, and one in-patient placement in 2017. All of these events were

connected to her distress over her gender identity and the process of addressing her transitional needs while incarcerated.

9. Mrs. Zayre-Brown has struggled at times with being incarcerated as a transgender woman. Once she was moved to a DPS facility for women, she became even more aware and dysphoric about having a phallus as opposed to genital anatomy that appeared consistent with her gender identity.

10. During the period I provided mental health services to Mrs. Zayre-Brown, she expressed a persistent desire for surgery to remove her phallus and create typical female vulva. After consulting with medical providers at UNC Transgender Health to whom DPS referred her, Mrs. Zayre-Brown and those providers determined that vulvoplasty was the next step in her transitional care in order to alleviate her gender dysphoria and her related anxiety and depressive symptoms.

11. Based on my clinical assessment and review of Mrs. Zayre-Brown's records, I similarly concluded in September of 2021 that the next appropriate step for her was to undergo vulvoplasty and that she is an appropriate candidate for such surgery. I concluded that she was sufficiently psychologically stable to undergo the surgery and that she would be able to access post-operative care at an appropriate DPS facility. She had no issues with illicit drug use or abuse. Review of all the medical consultations with UNC Transgender Health show that the risks and benefits of this surgery have been reviewed with Mrs. Zayre-Brown and that she showed an excellent understanding of these. She has demonstrated the ability to make an informed decision about undertaking this surgery.

12. During my session with Mrs. Zayre-Brown on February 7, 2022, she reported increased gender dysphoria and associated anxiety beyond her baseline. During my session with her on February 21, 2022, she continued to express significant gender dysphoria and related anxiety and depression. During my session with her on March 25, 2022, she referenced the high numbers of transgender people dying by suicide or murder and stated, "I sometimes wonder if I should give up like them." During my session with her on April 26, 2022, she reported feeling suicidal.

13. It is my clinical opinion that vulvoplasty will help Mrs. Zayre-Brown make significant progress in further treatment of her gender dysphoria and is medically necessary for her. My professional recommendation since September of 2021 was that she be referred to UNC Transgender Health for such surgery. My understanding was that Dr. Brad Figler, the surgeon at UNC to whom DPS sent Mrs. Zayre-Brown for a surgical evaluation, and Dr. Donald Caraccio, the endocrinologist treating Mrs. Zayre-Brown at UNC, also concluded that vulvoplasty was medically necessary for Mrs. Zayre-Brown. I never learned that any of Mrs. Zayre-Brown's mental health providers did not believe it was necessary for Mrs. Zayre-Brown to receive gender-affirming genital surgery.

14. Dr. Lewis Jonathan Peiper, who was the Director of Behavioral Health Services for DPS, requested in September of 2021 that I draft a letter of support that UNC Transgender Health required as a condition of providing Mrs. Zayre-Brown gender-affirming surgery. After I received feedback from Dr. Peiper on the draft I had prepared, I revised the draft to add additional information and to reformat it as

a Transgender Accommodation Summary that was included in Mrs. Zayre-Brown's DPS medical records. That Transgender Accommodation Summary is consistent with my statements in this declaration.

15. Up until the Division Transgender Accommodation Review Committee ("DTARC") met in February of 2022 to consider Mrs. Zayre-Brown's request for vulvoplasty, I believed Dr. Peiper concurred that Mrs. Zayre-Brown should receive gender-affirming genital surgery because he asked me to draft a letter in support of that and provided feedback on it. When Dr. Peiper informed me that DTARC had recommended that such surgery not be approved for Mrs. Zayre-Brown, Dr. Peiper told me that all he could say was that DTARC decided that it was not medically necessary.

16. During my work at DPS, I recommended a couple of transgender men for hysterectomies and/or mammoplasties. My recommendations generally were not followed, although one incarcerated transgender man did receive a hysterectomy to address uterine fibroids that his OBGYN said required surgery, even though such surgery was not provided when his endocrinologist determined providing such surgery was necessary to treat his gender dysphoria. I am not aware of anyone who has been in DPS custody who has ever received gender-affirming genital surgery to treat gender dysphoria.

17. I have never had a patient, at DPS or elsewhere, who to my knowledge has sought to detransition back to the gender they were assigned at birth after having begun transition to a different gender. Based on my clinical assessment of Mrs.

Zayre-Brown and her history, I do not believe there is any likelihood that she will seek to detransition in the future.

18. I do not understand why DPS decided not to provide Mrs. Zayre-Brown gender-affirming surgery. Based on what I know, I do not believe this decision to be clinically justifiable.

VERIFICATION

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

Jennifer Lynn Dula, MSW

Executed on: July 19, 2023

North Carolina Department of Public Safety EXHIBIT 20
Mental Health Progress Note

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	F	Facility:	ANSO
Date:	09/16/2021 14:10	Provider:	O'Halloran, Maureen C MSW		

Treatment Setting

Outpatient Program at Anson CI; Offender [redacted] will be referred to as Ms. Brown in the remainder of this document.

Reason for Services

Crisis Intervention

Violence Alerts

There are no elevated risk factors presently noted for offender Brown.

Escape Alerts

There are no elevated risk factors presently noted for offender Brown.

Self-Injury Alerts

Ms. Brown currently denied suicidal ideation and thoughts of self-injurious behavior, both intent and plan.

MSE/Behavioral Observations

Ms. Brown's mood appeared mildly dysphoric, and her affect was appropriate to content. She was neatly groomed, wearing prison-issued attire, makeup, and a face mask. She was tearful when discussing news that she had been denied gender-affirming surgery. She made comfortable eye contact. Her speech was relevant and goal directed. Her psychomotor activity was somewhat elevated. There was no overt evidence of psychotic or delusional thought processes. Her judgment and impulse control appeared adequate at this time. Ms. Brown voiced complaints regarding feeling emotionally overwhelmed. She appeared to be undergoing situational distress today regarding her medical treatment.

Progress Towards Goal(s)

Progress was not assessed as this was the first encounter with the offender. Ms. Brown reported that she learned that she was denied surgery earlier this week. She stated that she felt emotionally overwhelmed as she has been advocating for this procedure for four years now. She discussed losing weight in order to meet criteria for the procedure. Supportive psychotherapy was provided as Ms. Brown discussed her frustrations and concerns. She denied any suicidal thoughts, plans, or intent. She admitted that she had briefly considered putting a rubber band around her phallus as a means of forcing surgical intervention. The writer explained that Ms. Brown would only undermine her chances for gender-affirming surgery if she was considered to be emotionally unstable for treatment. She acknowledged understanding.

She also reported that she has been eating approximately 700 calories per day and drinking 10 20-ounce bottles of water per day. We discussed a more balanced approach to meeting her nutritional needs. She was open to the writer's suggestions, and reported she would work on eating more. She appeared calmer by the session's conclusion.

Plan/Diagnostic Changes

There are no changes to report at this time. Continue treatment as specified.

Follow-up/Next Appointment

Follow up as previously scheduled with primary therapist.

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

Telephone/Verbal Order: No

Standing Order: No

Completed by O'Halloran, Maureen C MSW Clinical Social Worker on 09/16/2021 15:40

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	F	Facility:	ANSO
Date:	09/16/2021 14:10	Provider:	O'Halloran, Maureen C MSW		

North Carolina Department of Public Safety EXHIBIT 21
General Administrative Notes

Offender Name: [redacted], [redacted] Off #: 0618705
Date of Birth: [redacted]1981 Sex: F Facility: ANSO
Date: 11/02/2021 15:00 Provider: Bowman, Marvella A Ph.D

Comments

Offender BROWN made a statement of self-harm during today's FTARC, indicating that if she did not receive an update about progress on the decision regarding DTARC determination re: requested surgery, she would mutilate her phallus (referred to in earlier documentation as "taking matters into her own hands"). No risk assessment indicated at the time due to projected intent/contingency attached ("within the next 45 days" and "by Christmas" specified in her verbal statement). This statement will be addressed with offender BROWN in upcoming scheduled therapy session. Continued efforts will be made to work with offender BROWN, the FTARC, and the DTARC to appropriately address concerns.

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

Telephone/Verbal Order: No

Standing Order: No

Completed by Bowman, Marvella A Ph.D Psych. Serv. Coord. on 11/08/2021 14:53

North Carolina Department of Public Safety
Facility Transgender Accommodation Committee Report

Offender Name: [redacted], [redacted] Off #: 0618705
Date of Birth: [redacted]1981 Sex: F Facility: ANSO
Date: 11/02/2021 14:20 Provider: Bowman, Marvella A Ph.D

Comment

Offender will be referred to as offender BROWN for remainder of documentation.

Offender BROWN attended today's FTARC and expressed frustration and anger regarding denial/delay of requested vulvoplasty. Also requested a transfer to NCCIW for therapy by a mental health provider who is familiar with WPATH and specializes in treating individuals with Gender Dysphoria. Notably, offender BROWN stated that she is willing to pay for surgery herself, and additionally stated that if she did not receive an update before Christmas, she would require surgery due to taking matters into her own hands.

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

Telephone/Verbal Order: No

Standing Order: No

Completed by Bowman, Marvella A Ph.D Psych. Serv. Coord. on 11/02/2021 14:47

Requested to be reviewed by Housen-Wong, Nadine S Psy.D Psych. Program Manager.

Review documentation will be displayed on the following page.

North Carolina Department of Public Safety
Cosign/Review

Offender Name:	[redacted], [redacted]			Off #:	0618705
Date of Birth:	[redacted]1981	Sex:	F	Race:	BLACK/AFRIC
Encounter Date:	11/02/2021 14:20	Provider:	Bowman, Marvella A Ph.	Facility:	ANSO

Reviewed by Housen-Wong, Nadine S Psy.D Psych. Program Manager on 11/05/2021 14:53.

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

Civil Action No. 3:22-cv-0191

KANAUTICA ZAYRE-BROWN,)
)
Plaintiff,)
)
v.)
)
THE NORTH CAROLINA)
DEPARTMENT OF PUBLIC)
SAFETY, et al.,)
)
Defendants.)
)

DEPOSITION OF LEWIS PEIPER, M.D.

(Taken by plaintiff.)

Raleigh, North Carolina

May 1, 2023, 11:04 a.m.

Reported By:
SUSAN GALLAGHER, CA CSR, CVR-CM

APPEARANCES

For the plaintiff:

JON DAVIDSON, ESQ. (Appearing via Zoom)
DAN SIEGEL, ESQ. (Appearing via Zoom)
AMERICAN CIVIL LIBERTIES UNION
125 Broad Street, 18th Floor
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For the defendants:

ORLANDO L. RODRIGUEZ, ESQ.
STEPHANIE BRENNAN, ESQ.
NORTH CAROLINA DEPARTMENT OF JUSTICE
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(919) 716-6516
orodriguez@ncdoj.gov
sbrennan@ncdoj.gov

DEPOSITION OF LEWIS PEIPER, PhD, a witness called before SUSAN GALLAGHER, CA CSR, CVR-CM, a Notary Public in and for the State of North Carolina, at 114 West Edenton Street, Raleigh, North Carolina, on Monday the 1st of May, 2023, commencing at 11:04 a.m.

A I would say not necessarily. She's had multiple incarcerations with us, maybe six, maybe five, and during that, there is a piece of always asking about, you know, "What is your suicidal history? Have you ever attempted it? Do you have thoughts?"

She consistently says no in past incarcerations, current incarceration. Continues to not show any evidence of that risk either.

Q So you're not aware of any self-harm efforts that Ms. Zayre-Brown engaged in while she was in the current incarceration?

A She's shared ideation. She's talked about it with her therapist. I haven't seen any evidence of self-harm, but she has discussed it.

Q Okay. And you're not aware of any actual attempts to harm herself?

A Huh-uh, I'm not aware of her having, you know, suicide attempts. I'm not aware of her presenting those elements of risk for harm, basically none of those mental health red flags.

Q And what about any attempts to harm her genitals?

A She's talked about it.

Q But you're not aware of any actual efforts?

A I'm not directly of her actually harming her

genitals, but she has talked about it. She even told her therapist that she was using a rubber band on her penis, but no, I'm not aware of her actually engaging in any self-harm.

Q And using a rubber band to do what?

A Put the rubber band on her penis. That's what she told her therapist in a therapy session, and the therapist said, "Take it off," and so she went to the bathroom, came back, and said that she had taken it off. I wouldn't imagine that there was a physical exam at that point in time. It's not generally something that they would do in a therapy session. So I don't know if the therapist saw it either.

Q Was it your understanding that she put the rubber band around her penis in order to injure her penis?

A No. I understand that she was telling the therapist that.

Q Okay. Do you have any reason to believe that that was not true?

A I don't have any evidence about her engaging in harm to her body, but as I did say, she has talked about it. She did talk to her therapist about it, and there is that one instance of her talking to her therapist about it.

A Sure.

Q Back in the third paragraph, "B," referring to Ms. Zayre-Brown, "continues to report clinically significant anxiety, depression, and distress related to gender dysphoria," and my question to you is, did you believe on February 17, 2022, that Ms. Zayre-Brown had clinically significant anxiety, depression, or distress associated with her gender dysphoria?

A I believe that she still met diagnostic criteria for gender dysphoria. The diagnostic criteria for gender dysphoria with the DSM -- DSM-V at that point, not much has changed between the V and the V-TR as it relates -- but that is one of the factors for meeting the minimum criteria for gender dysphoria. So to the extent that you're asking, did she still meet diagnostic criteria for gender dysphoria during the DTARC review, yes, she continued to meet diagnostic criteria for the gender dysphoria diagnosis.

Q I appreciate that. Thank you. But my question is, at the time of this February 17, 2022, meeting, did you believe that Ms. Zayre-Brown had clinically significant anxiety?

A I don't know how much I would go with anxiety. I'm not sure how much I would say that there was clinically significant this or -- she did continue to

meet the criteria for the distress that's associated. So if you're asking anxiety as a term, distress as a term, yes, I would say that she continued to be distressed about it.

Q And what would lead you to question whether she continued to experience significant anxiety?

A It's a very specific symptom.

Q Okay. And do you have any --

(Simultaneous speakers.)

THE WITNESS: Yeah. You're asking me, do I agree that she had this specific symptom. You're asking me, do I know what Dula means when Dula writes in this draft version --

BY MR. DAVIDSON:

Q No. I'm not asking --

(Simultaneous speakers.)

BY MR. DAVIDSON:

Q What I'm asking you is simply whether you believe that on February 17, 2022, that Ms. Zayre-Brown was experiencing significant anxiety associated with gender dysphoria?

MR. RODRIGUEZ: Asked and answered.

You can answer.

THE WITNESS: So her diagnostic criteria has not been disputed, recognize that she meets diagnostic

criteria for gender dysphoria. The significant distress that relates to that incongruence is one characteristic, one criteria of gender dysphoria. So yes, yes.

BY MR. DAVIDSON:

Q And did you believe on February 17, 2022, that Ms. Zayre-Brown was experiencing depression related to her gender dysphoria?

A Again, you're getting very specific on, kind of, a symptom term. So I don't know that I would say yes to that.

Q And what causes you to question that?

A You're using very specific symptom terms.

Q Well, is depression an unusual symptom term in psychology?

MR. RODRIGUEZ: He said "specific." Objection, anyway. Never mind.

You can answer.

THE WITNESS: Depression is a term used in psychology, yes, sir.

BY MR. DAVIDSON:

Q Okay. And I'm trying to understand whether on February 17, 2022, you believed that Ms. Zayre-Brown was experiencing depression related to her gender dysphoria?

MR. RODRIGUEZ: Asked and answered.

You can answer.

THE WITNESS: So if you're asking me, does she have depression. Are you asking me if she is depressed? Are you asking me if she has depressive symptoms? Again you're talking about some specific symptoms here, some of which have, kind of, general language involvement. Some of them also are diagnoses in and of themselves. No, she is not diagnosed with depression.

Q Did she have depressive symptoms?

A She has expressed some depressive symptoms. She has experienced some, based off of the medical record, and I do think she is distressed about her gender dysphoria.

Q Okay. Turning to Exhibit 6, so you're belief is that this is the final evaluation -- I'm sorry -- this is the final document that was prepared to meet UNC Trans Health's requirements to show that DTARC approved Ms. Zayre-Brown for surgery?

A Yes, sir. This was the document intended to serve that purpose. This is the document Ms. Dula put into HERO for that.

Q Okay. Now, if you'll look at the third paragraph under "review of transgender history," it starts, "Based on the review." It says, quote, Based

should not --

MR. RODRIGUEZ: Should not.

THE WITNESS: Which sentence again?

BY MR. DAVIDSON:

Q "My professional recommendation is to refer Ms. Zayre-Brown for this surgery."

(Reporter clarification.)

THE WITNESS: I don't know. It certainly is not what's being asked for in the letter. That would come from the DTARC process.

BY MR. DAVIDSON:

Q I'd like to move on and mark as Exhibit 8 a five-page document. It starts DAC 3399.

(Exhibit 8 marked for identification.)

BY MR. DAVIDSON:

Q On the bottom of the first page, it says, "Case summary, DTARC."

(Reporter clarification.)

BY MR. DAVIDSON:

Q At the bottom of the first page of what's been marked as Exhibit 8, it says "Case summary, DTARC 2/17/2022."

Can you tell me what a case summary is?

A Yes, sir. This would be a summary of the DTARC's review of this case. This is Kanautica's case

from that February 2022 DTARC.

Q And is this something that you compiled?

A Yes.

Q And did you prepare this before, during, or after the February 17, 2022, meeting or some combination of those?

A So some of the information comes in advance. Some is the discussion. We had started talking about this earlier on, and you said we could hold it for a later point so I guess this is that later point. But yes, so some of it's the discussion from the DTARC. Some of it's the information that comes prior to the DTARC.

Q Okay. And was this reviewed by anyone other than yourself prior to it being completed?

A Prior to it being submitted up to the leadership?

Q Yes.

A It's my responsibility to take the information from the DTARC in that capacity and put it together into the document that moves forward. So no, that was my responsibility to move it forward, made available to the DTARC members as the summary from the DTARC. Like I mentioned to you, before you asked where do things go, and I said there was a file. This goes into that

person's file for that date, and then the leadership is given access to that information for that review.

Q And by the leadership in this case, was that Dr. Gunter and Brandeshawn Harris?

A Yes, sir. They would be in that next level -- or would've been in that next level.

Q So this was something that was made available to them along with DTARC's recommendation?

A Yes. This is the summary report from the DTARC based off of our review of Kanautica's case.

Q Okay. I'd like you to look at the top of the second page. It says, "The patient's mood and anxiety symptoms appear well-controlled by psychiatric interventions."

Was that you're view at the time of the February 17, 2022, DTARC meeting?

A At that point in time?

Q Yes.

A Yes. At that point in time, she was seeing psychiatry and was showing good control over psychiatric symptoms.

Q And what led you to conclude that Ms. Zayre-Brown's mood and anxiety symptoms were well-controlled?

A We get input on psychiatric stability from the

chief psychiatrist for the department. So that would have been an aspect of information that would relate specifically to psychiatric. Of course, there are the psychiatry notes that are in the medical record. There are the behavioral health clinical notes, so what the therapist is writing as well. But that totality of information would have been what came in for this conclusion.

Q Between the time of Ms. Dula's completion of the Exhibit 6, which is dated October 20, '21, and the DTARC meeting on February 17, 2022, did you have any conversations with Ms. Dula about Ms. Zayre-Brown's mental health?

A You're saying in between?

Q Yes.

A I don't recall specifically, but yes, I was in communication with Dula.

Q Well, I'm just trying to check whether after Ms. Dula prepared Exhibit 6 leading up to the February 17th DTARC meeting, did you talk to her about how Ms. Zayre-Brown was doing?

A I don't recall a specific conversation that I would point to, but yes, I was in communication with Ms. Dula.

Q The continuation of that sentence on page 2 of

Exhibit 8 is, quote, However, recent progress notes from supportive counseling and therapy sessions indicate that patient has been heavily focused on the status of the final decision regarding her requested desire for surgery and experiencing related anxiety/frustrated mood.

Was that your view at the time of the February 17, 2022, DTARC meeting?

A Yeah. Kanautica has experienced situational distress at a few different places, For instance, the rubber band incident you were referencing previously. She was really anxiously awaiting in-person consult with Dr. Figler as part of that review process. There was an aspect where she had been informed that she was going to move from a male-oriented prison to a female-oriented prison. As that date approached, she was having, kind of, distress. You might call it even some elements of crisis. So when she was waiting for the outcome, yeah, she was processing that during therapy sessions and supportive counseling sessions.

Q And at the time of the February 17, 2022, DTARC meeting, did you believe that Kanautica would benefit from having gender-affirming surgery or further gender-affirming surgery?

A "Benefit" is certainly a word that would have a

variety of meetings to a variety of people.

Q Do you think it would help reduce her dysphoria?

A So Kanautica was wanting the surgery. She was wanting the vaginoplasty, was requesting vulvoplasty. It was her intent to have what you might call "bottom surgery," to have the genital surgery. She continued to want it, and I would say that, yeah, she would have likely felt benefit from having it. I'm kind of assuming her state of mind, but, you know.

Q Well, have you ever met Ms. Zayre-Brown?

A I have not met her in person, no.

Q Okay. So your information is based upon what's in her medical records and conversations with mental health staff; is that accurate?

A Yeah, to a large extent I'd say that's accurate.

Q Okay. Well, did you have any information about Ms. Zayre-Brown's mental health aside from what's in her medical and mental health records and conversations you had with others at DPS?

A You might include the OPUS record in there as part of her full record, but if you were to rephrase that, you know, based off of her records, based off of conversations with staff at DPS, based off of staff

might be in a dorm setting in some environments.

But, yeah, so with that, stability would relate to all of those aspects for the psychiatric stability of the person.

BY MR. DAVIDSON:

Q Well, let me ask you a specific yes or no question. Can a patient have a high level of gender dysphoria consistently and be considered stable?

A I'm not sure what your consideration for high --

Q If a patient is experiencing gender dysphoria consistently, would they be considered stable? Yes or no?

A So Kanautica is quite stable and continues to meet diagnostic criteria for gender dysphoria. That is clear, and so I would say, yes, both can exist at the same time. She is quite stable. She does meet criteria for gender dysphoria.

Q So she consistently experiences gender dysphoria; is that correct? Yes or no?

A We have never disputed her gender dysphoria diagnosis. I don't recall there being a point where that was removed from the system either. So yes, I would say consistent.

Q Okay.

about her gender-affirmation surgery."

I believe that to be the case, and I do believe that was documented in the case summary that you used in a prior line of questioning. I don't recall which exhibit it was, but it was titled "Case Summary Report," and I do recall you asking me a question about that.

Q Setting aside the documents for now, at the time of the February 17, 2022, DTARC meeting, did Ms. Zayre-Brown have clinically significant distress, depression, or anxiety associated with her gender dysphoria?

A Did you say December or February?

Q February 17, 2022.

A Okay. And you asked did she have distress?

Q Clinically significant distress, depression, or anxiety associated with her gender dysphoria.

A I do think we spent some time on this previously. I do have the same answer to the question. That is one of the criteria. I think it might even be Criteria B for the gender-dysphoria diagnosis. That's confirmed. It continued to be confirmed during this time period, and that level of distress continued to exist.

She continues to meet the diagnostic criteria

prior to that February 2022 meeting. So yes.

Q And aside -- not counting the DTARC meeting, did you have any conversations between you and Dr. Campbell about Ms. Zayre-Brown receiving surgery or not?

A I'm sure we've discussed that case multiple times outside of DTARC, yes.

Q Okay. So as I understand it, Exhibit 20 is a draft of a medical director position statement on gender-confirming surgery. What is your understanding as to why Dr. Campbell had prepared a draft position statement regarding gender-confirming surgery?

A This would have been part of what he was sharing. I don't know that I can speak to, you know, his mind or exactly what his intention with it, but this would have been something he was sharing.

Q Sharing with the DTARC?

A He sent it to me. This would have been part of the medical information he was providing. I don't know exactly what he meant about "two of us" and "working on it." But no, this would have been his medical input -- or it would have been related to his medical input.

Q And so at the February 17, 2022, DTARC meeting, Dr. Campbell presented his medical views about gender-affirming surgery; is that correct?

A We had, I believe, it was three cases that were reviewed on that February date in 2022. With that, the different input from the different individuals that are bringing information forward for the DTARC. He would have been providing medical information that DTARC -- the case summary includes information that he was sharing and the aspect of, kind of, the medical analysis of where the procedures were and so forth.

Q Am I correct that each of those three cases would have been discussed separately; is that correct?

A Yes.

Q Or would they have been discussed as a group?

A Yeah. So each case is reviewed individually. There are certain aspects that are unique to each person, and maybe there are some shared commonalities, but yes, they are reviewed individually.

Q And in the review of Ms. Zayre-Brown's request for gender-affirming surgery, is it the case that Dr. Campbell presented his view of the medical aspects of that?

A You used the word "view" again. I don't know exactly what his view is, but yes, he did provide medical input on the cases. He did provide information on the medical review of the literature. So yes, in that regard, yes.

A Present? No.

Q Did he initiate any discussion of any literature review? I'm not asking whether he commented on what Dr. Campbell said. I'm saying did he himself raise anything about the literature?

A It's possible. He does do that, but I don't recall specifically.

Q Okay. And on the third page of this document in bold it says, "There is not consensus among the medical community that GCS is a medically necessary procedure." Is that something that Dr. Campbell stated at the February 17, 2022, DTARC meeting?

A I don't recall if that's what he stated. I do recall discussion about the consensus. Maybe it was the term "debate." Maybe there was the term "mixed medical literature." But yes, the idea that there was not a consensus on the surgeries, those medical interventions based off of the literature review, that is something Dr. Campbell shared.

Q And the literature review was something that was done by Dr. Campbell; correct?

A Yes, sir.

Q And do you know of anyone else on the DTARC at that time that performed a literature review?

A There wasn't another individual that was

expected to provide the medical review literature. It's possible somebody else may have, but no, I do not know.

Q So when Dr. Campbell presented about this literature review, did people on the DTARC defer to him about that?

A Defer? It was discussed.

Q Well, did anyone disagree with what he said the literature showed?

A I don't know what they were necessarily thinking.

Q Okay. Did anyone state that they disagreed in any way with what he presented about the literature?

A So state a disagreement as indicating "no, that's not from the literature"?

Q Right. "No, I don't think that's what the literature says."

A There was discussion about it, but there was not a statement that, "no, throw out the literature review," no.

Q Well, did anyone express disagreement with Dr. Campbell's analysis of the literature?

A So in the extent that there was this discussion about there being multiple interventions; that there are, you know, folks who may or may not get surgical

interventions; that there is some continued, let's call it evolution of the medical research, there's additional areas that are being reviewed that there was not a complete consensus in it, that information was shared with the DTARC. The DTARC did not disagree. No one expressed disagreement that that was not from the medical literature review.

Q And did Dr. Campbell present any or state any conclusions about his belief as to whether or not gender-affirming surgery was medically necessary for Ms. Zayre-Brown?

A Did he state anything about the medical necessity?

Q Yeah. Did he state anything about his belief about whether or not gender-affirming surgery was medically necessary for Ms. Zayre-Brown?

A That was the DTARC date, the February 2022 when the DTARC's determination was that it was not medically necessary.

(Simultaneous speakers.)

MR. RODRIGUEZ: Jon, can you let him finish his answer?

Go ahead.

THE WITNESS: We all stated that.

BY MR. DAVIDSON:

A The quote is, GCS, gender-confirming surgery, might be a potential course of treatment for some individuals with gender dysphoria.

Q Okay. And that's what seems inconsistent with the statement here that "no further consideration would be given" to GRS --

A Yes, sir, that is an inconsistent statement.

Q Okay. Then the next sentence says, "We do anticipate challenges in court to the recent decisions we've made as a committee." Do you have any understanding of what recent decisions that Dr. Campbell was referring to?

A I don't know specifically what he was referring to, but I do know that the department has had certain statements sent to it. You could say "put on notice" by the ACLU over the past few years for Kanautica.

Q Well, in February/March of 2022, did you anticipate any court challenges to a decision to not provide gender-affirming surgery to Ms. Zayre-Brown?

A Did I anticipate that there might be?

Q Yes.

A Yeah. I mean, the ACLU had been putting the department on notice what? Four years? Three years? Two years? But, yeah. No. It was -- it had made that point clear.

Q Okay. And so in terms of your view that this should be moved forward to leadership, did you accept as accurate the discussion in this document of those citations?

A As accurate? I supported the position statement. I supported moving it forward as part of the discussion. Dr. Campbell did discuss, review, the medical analysis of the literature, the review of the literature. I did not disagree with his review.

Q Okay. And again, this is -- this was to be a position statement about gender reassignment surgery in general, not with any particular patient; is that correct?

A This was a separate from an individual case, yes, sir.

Q Okay. And so in your view about moving this forward, you accepted Dr. Campbell's assessment of the literature; is that fair?

A I accepted? Yes, sure. I could say that's fair.

Q Do you recall there being anything in this position statement that you disagreed with?

A No, I don't recall disagreeing. I did support it, and I did support it moving it forward.

Q Okay. If you look at page 4 in the third

the credit of the authors, that does create broader applicability and flexibility.

Q Does DPS rely on WPATH standards of care in providing care to prisoners with gender dysphoria?

A So we have used those, you know, flexibility of applying it, you know, I mean, the lived experience. So there's that aspect that's frequently described. What does "lived experience" look like in prison, and, you know, moving the transition process forward. So it's informed by that, certainly. So yes.

Q And do you consider WPATH to be an activist-led organization?

A So my earlier description, I see it as kind of a reasonable aspect that folks that are, kind of, really leading the push for either, "We need to ensure that there is the medical access to care. We need to ensure that we're reducing the stigma associated with a diagnosis, while also recognizing that while we need a diagnosis if, you know, insurance companies are going to consider it for payment."

So with that, yes. I tend to be a person, as you can tell, that cares about the semantics, maybe, of the woods and to a degree. So I wouldn't necessarily say it that way, but yeah, there are folks that are, you know, advocating for certain rights that are part

STATE OF NORTH CAROLINA

COUNTY OF ORANGE

CERTIFICATE OF REPORTER

I, SUSAN L. GALLAGHER, CA CSR, CVR-CM, Notary Public do hereby certify that LEWIS PEIPER, PhD was duly sworn by me prior to the taking of the foregoing deposition, that said deposition was taken and transcribed under my supervision and direction; that the parties were present as stated; and that I am not of counsel for or in the employment of any of the parties to this action, nor am I financially or otherwise interested in the outcome of this action.

I do further certify that the foregoing 148 pages constitute a true and accurate transcript of the testimony, and that the witness is being given 30 days in which to affix his notarized signature to the testimony.

This the 15th day of May, 2023.

_____

SUSAN L. GALLAGHER, CA CSR, CVR-CM

Notary Public #20230500301

WITNESS CERTIFICATION

I, LEWIS PEIPER, PhD, hereby certify:

That I have read and examined the contents of the foregoing testimony as given by me on May 1, 2023, and that to the best of my knowledge and belief the foregoing pages are a complete and accurate record of the testimony given by me, except as noted on the attached Addendum A hereto.

I have __ have not __ made changes/corrections.

_____

LEWIS PEIPER, PhD

I,_____, Notary Public for the County of _____, State of _____, hereby certify that the herein above-named appeared before me this the _____ day of _____, _____; and that I personally witnessed the execution of this document for the intents and purposes as herein above described.

_____

Notary Public

(SEAL)

My Notary Seal Expires:

_____

UNITED STATES DISTRICT COURT

FOR THE WESTERN DISTRICT OF NORTH CAROLINA

CHARLOTTE DIVISION

Case No. 3:22-cv-0191

KANAUTICA ZAYRE-BROWN,)
)
Plaintiff,)
)
vs.)
)
THE NORTH CAROLINA)
DEPARTMENT OF PUBLIC)
SAFETY, et al.,)
)
Defendants.)

DEPOSITION MARVELLA BOWMAN, Ph.D.

10:08 A.M.

THURSDAY, JUNE 29, 2023

NORTH CAROLINA DEPARTMENT OF JUSTICE

114 WEST EDENTON STREET

RALEIGH, NORTH CAROLINA

By: Denise Myers Byrd, CSR 8340, RPR

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COURT REPORTER'S CERTIFICATE

I, DENISE MYERS BYRD, Court Reporter, CSR 8340, the officer before whom the foregoing deposition of MARVELLA BOWMAN, Ph.D., was conducted, do hereby certify that the witness's testimony was taken down by me in stenotype to the best of my ability and thereafter transcribed under my supervision; and that the foregoing pages, inclusive, constitute a true and accurate transcription of the testimony of the witness.

Before completion of the deposition, review of the transcript [X] was [ ] was not requested. If requested, any changes made by the deponent (and provided to the reporter) during the period allowed are appended hereto.

I further certify that I am neither counsel for, related to, nor employed by any of the parties to this action, and further, that I am not a relative or employee of any attorney or counsel employed by the parties thereof, nor financially or otherwise interested in the outcome of said action. Signed this 10th day of July 2023.

Denise Myers Byrd

CSR 8340, RPR

A C K N O W L E D G E M E N T O F D E P O N E N T

I, MARVELLA BOWMAN, Ph.D., declare under the penalties of perjury that I have read the foregoing pages, which contain a correct transcription of answers made by me to the questions therein recorded, with the exception(s) and/or addition(s) reflected on the correction sheet attached hereto, if any.

Signed this the day of , 2023.

MARVELLA BOWMAN, Ph.D.

A. At the time, that would have been Anson Correctional Institution.
Q. How did she come to be your patient?
A. So let's see. As is very common in our system, people leave the system or transition to different roles, and so at some point after her therapist left, she was assigned to my caseload.
Q. And what therapist was that that left?
A. I believe -- I think I saw her directly after Dr. Hahn, H-A-H-N.
Q. And do you recall around when that would have been that she became your patient?
A. I believe sometime in late 2020.
Q. And how long -- for how long was Mrs. Zayre-Brown your patient?
A. A few months.
Q. Fewer than six months?
A. Might be right at six months or so. I'm trying to recall. I could be misstating that, though.
Q. While Mrs. Zayre-Brown was your patient, about how frequently did you meet with her?
A. So I believe that -- though I scheduled her for the typical -- what's typical for us is 30 to 45 days, I believe she requested more frequent meetings. So at some point I may have been

meeting with her every two weeks, but that would just depend on scheduling things. It may not have been an exact two weeks each time in the record. Definitely wasn't because there would have been many more notes than what I reviewed, but within that time frame, about every two to three weeks, I would say.

Q. And were those meetings in person or via telehealth?

A. In person.

Q. Did you diagnosis Mrs. Zayre-Brown with gender dysphoria?

A. I did not do the preliminary diagnosis. I carried it over during an update. So we do mental health assessment updates, and I carried it on from the previous diagnosis.

Q. And when you say that you carried it on from the previous diagnosis, does that mean that you concurred with the diagnosis of gender dysphoria?

A. Yes.

Q. While you were treating with Mrs. Zayre-Brown, did she express an interest in gender-affirming surgery?

A. Yes.

as medically necessary.

"I confirmed for Katherine Croft that Offender Brown was not denied the surgery and that we were not in a position yet to even complete the final review and recommendation related to the surgery."

Does that refresh your recollection about any conversation with Dr. Peiper?

A. It does not. I don't know if I was even privy to this until after review of this note, but I don't recall any detailed conversation or anything.

Q. So you don't recall Dr. Peiper sharing the same information with you that he noted that he confirmed with Katherine Croft?

ATTORNEY RODRIGUEZ: Asked and answered.

You can answer.

THE WITNESS: I don't recall.

ATTORNEY MAFFETORE: I'm now handing the court reporter what will be marked as Exhibit 5 which is a document Bates-stamped DAC 701.

///

(WHEREUPON, Plaintiff's Exhibit 5 was marked for identification.)

BY ATTORNEY MAFFETORE:

Q. Do you recognize this document?

A. Yes.

Q. What is it?

A. A mental health progress note dated 8/13/2021.

Q. And would this have been a mental health progress note from an encounter with Mrs. Zayre-Brown?

A. Yes.

Q. And would Mrs. Zayre-Brown have been your patient at this point?

A. Yes.

Q. And do you have any understanding of about how long you would have been treating Ms. Zayre-Brown at this point?

A. Looks like a little -- about two weeks.

Q. And so in the first full paragraph, you note:

> "She stated that she cannot focus on anything but her weight and attempts at weight loss."

What is your understanding of why Mrs. Zayre-Brown was seeking to lose weight?

A. At this point, I believe she did share with me

that because part of the recommendations for -- I guess it was being considered for proceeding in her mind was with the -- she had to lose a certain amount of weight to be eligible or something of that nature.

I have no direct knowledge of that coming from anyone from medical. I have her information of what she shared, and so she was under the impression that she needed to lose a certain amount of weight to be eligible or appropriate for gender-affirming care.

Q. You also noted:

"She expressed concern that despite losing 40 pounds to date, those with decisionmaking authority will deny her surgery anyway."

Did I read that correctly?

A. I believe so. Let me find it.

Yes.

Q. What was your understanding of why it was concerning to Mrs. Zayre-Brown that her surgery might be denied?

ATTORNEY RODRIGUEZ: Objection. Speculation.

You can answer.

THE WITNESS: So repeat the question. I'm sorry.

BY ATTORNEY MAFFETORE:

Q. What was your understanding of why it was concerning to Mrs. Zayre-Brown that despite losing weight her surgery might be denied?

ATTORNEY RODRIGUEZ: Same objection. You can answer.

THE WITNESS: I think based off of what she was communicating. She appeared -- according to her, she had some information that indicated that she was denied, and as I had mentioned before, this was something that she was -- that she would really perseverate on despite being told the contrary at that point in time.

And in my role, all I could do was receive the information from her and share what I was aware of, which was that I'm not aware of any decision being reached and kind of reassure her that, you know, continue to do things in a healthy manner and be patient as possible.

BY ATTORNEY MAFFETORE:

Q. Are you aware of whether or not DPS had previously denied Mrs. Zayre-Brown's request for

gender-affirming surgery?

A. I am not aware in this time frame of what was done.

Q. Your note in the same paragraph also states that she just --

> "She described increasing mental anguish and stated 'Zoloft is not going to help but for so long.' She described feeling as if she was driving in the rain on a highway with bald tires. 'I am bound to crash.'"
>
> Did I read that correctly?

A. Yes.

Q. What did you understand Mrs. Zayre-Brown to mean by this?

A. Basically, that she wanted -- she was getting more and more frustrated by not having the information, kind of being in a no-man's-land of not knowing where things stood, and so she was not going to, you know, basically be okay. She was going to be upset and saddened by that fact until she could be provided with information, and Zoloft wasn't really helping relieve her distress regarding that.

Q. Did you have any concerns regarding what would

happen if Mrs. Zayre-Brown's surgery was not approved as she feared?

A. At this point in time, if I had any concerns about -- repeat the question. I'm sorry.

Q. What would happen to Mrs. Zayre-Brown if her surgery was not approved.

A. At this point, I do not believe that I had any specific concerns. Obviously, I knew she would be upset, but I didn't have any other concerns other than, you know, kind of helping alleviate some of the stress surrounding not being aware.

Q. Did you understand Mrs. Zayre-Brown to be experiencing gender dysphoria at this time?

A. Well, that was her diagnosis at the time. Whether or not the presentation was due to the gender dysphoria at this point, I don't think I would have concluded that from this contact.

Q. So did you assess the severity of Mrs. Zayre-Brown's gender dysphoria?

A. At this contact, probably not. This was probably just a discussion where I did not do an actual check for her ratings, so like her subjective ratings. Usually I'll ask someone to rate their level of distress at any given time, and I don't believe I did that during this

encounter.

Q. Why wouldn't you have done that during this encounter?

A. It just may not have come up specifically or the nature of how the session went, I just may not have been able to document that specifically. That would have been the only reason probably at this point. I probably had not -- I don't see any specific -- like when the treatment progress towards goals are not specifically discussed, it's usually because I haven't reviewed the treatment plan with the client yet. So if I didn't update it yet, which I probably wouldn't have since it was only two weeks after this one, it probably wasn't solidified from my perspective yet so I didn't specifically ask during this encounter. I'm guessing to the best of my recollection. Usually that would be in that section.

Q. I believe we've been going for about an hour. We can take a break if you'd like. I'm happy to continue.

A. I'm fine to continue.

Q. We can do a couple more.

A. When this gets to about halfway, I might need to

A. I am not certain. I might have notified Dr. Peiper perhaps, but I don't recall if I did at this point.
Q. Would you have communicated any recommendations at that point?
A. Not likely.
ATTORNEY MAFFETORE: So I am now going to hand to the court reporter what will be marked as Exhibit 10.
(WHEREUPON, Plaintiff's Exhibit 10 was marked for identification.)
ATTORNEY MAFFETORE: And Exhibit 10 is a document with a Bates stamp DAC 673.
BY ATTORNEY MAFFETORE:
Q. Do you recognize Exhibit 10?
A. Yes.
Q. And what is it?
A. A mental health progress note by me dated November 8, 2021.
Q. And is this mental health progress note pertaining to Mrs. Zayre-Brown?
A. Yes.
Q. And it notes -- the fourth line under MSE/Behavioral Observations notes:
"Offender Brown shared that

alleviation of gender dysphoria is her main focus."

Did I read that correctly?

A. Yes.

Q. What did you understand her to mean by that?

A. To my knowledge, she was basically stating that improving her experience of gender dysphoria, so being less dysphoric or being less distressed based on these issues, was her main focus at the time.

Q. Did you understand Mrs. Zayre-Brown to be experiencing gender dysphoria at this time?

A. So, yes, that was still her diagnosis.

Q. What did you assess the severity of that dysphoria to be?

A. Well, based off of her report, I am imagining -- I know she would always typically describe it as high, right, so she described distress due to the difference being very distinct, but as with any mental health disorder, a clinician is looking at overall functional impairment, and that wasn't typically consistent with her report of the level of distress, but she definitely would describe herself as extremely distressed due to gender

dysphoria.

Q. So lower on the same page, Mrs. Zayre-Brown reports that she cannot focus on other things in life, she cannot be her authentic self under present conditions, and she also stated that she cannot focus on that or anything else because of issues surrounding her gender dysphoria and lack of information regarding surgery.

As her provider, did you believe that Mrs. Zayre-Brown's gender dysphoria was impeding her ability to engage with other aspects of her mental health?

A. Honestly, I did feel as if it was primarily her feelings about the process more so than the gender dysphoria itself. And I simply say that because of the fluctuations in her presentation would be very consistent or specific to I want the information, I want the information versus a more general this is functioning how it is all of the time. So like she described, I can't focus on anything else, I can't do other things. With discussion of some other strategies, I believe she was able to overcome that.

So again, there's a level of distress that I do believe was there, yes. Do I think it

was at the level that she would have communicated, no, based off of her functional -- her ability to function in general. She's describing a lot of difficulty at this point, and again, it could be a number of factors. I don't have -- I didn't have a -- I guess you would say like a specific tool to be able to separate is this from the actual dysphoria versus frustrations about this versus anxiety symptoms. So, like, I don't have that in a form of any kind, but just based off of her overall functioning in general, it appeared to be that this was very connected to I'm upset about this process, I'm upset about the fact that this is not going the way that it ought to, so that's how I perceived it.

Q. What do you understand the symptoms of gender dysphoria to be?

A. So not being consistent -- your physical presentation not being consistent with your identity. Your desire to be -- to present as the identity you endorse. So significantly -- just in addition to having the desire to present in that way, feeling as if your identity is more aligned or consistent with that of the opposite

gender and wanting to appear in that way.

So usually it's about the physical aspects of it, feeling as if your behaviors are more consistent with the other gender and that you want to -- greatly desire to have the parts of the gender with which you identity.

Q. And how do you understand that to manifest the symptoms in a patient?

A. Typically, people will desire -- will be seeking to achieve -- so whether it's the social aspects of it presentation-wise, and there's different levels of being able to alleviate some of that. So as she was describing, she -- in -- I will just speak generally since the way it was phrased, just understanding that folks will -- in this circumstance will desire to present as such, so they may change their clothing, change what they're wearing, how they present themselves, and then there's different layers which would go and include potentially receiving gender-affirming medical care.

Q. So I understood you to just describe the treatment that individuals seek --

A. And how it would --

Q. So I guess what I'm asking is do you understand

gender dysphoria to be associated with distress?
A. Yes.
Q. And how does that distress present in patients?
A. It can present in a number of different ways. It can present as very similar to like depression and anxiety symptoms and typically related to the -- you know, not achieving what's the alignment that they believe should be -- should exist.

But typically the symptoms themselves would appear or be more, I guess, accurately encapsulated by depression, anxiety, things of that nature. Those are the kind of symptoms that we would be looking at.

So as that is stated, with all of these disorders, everybody can experience any level of distress, but typically the functional impairment that's associated with that distress is what we look at in terms of severity.

So, yes, I believe she was distressed and upset about the gender aspects not being consistent, but I believe more of the presentation that I would see when she would come in and be upset was focused on the process.
Q. So understanding that you just testified that

individuals experiencing gender dysphoria as a result will seek out treatment, isn't it the case that the process that Mrs. Zayre-Brown was frustrated with was the process through which she was seeking treatment and was as of the date -- well, as we sit here today, still unable to receive?

ATTORNEY RODRIGUEZ: I'm going to -- I was waiting to make sure -- I'm going to object to the form.

You can answer.

THE WITNESS: I was going to say, clearly she has -- she is seeking to achieve it and she has been unable to get with the full treatment that she has requested, that is true. And I would expect the stress to be associated with that, that is true, yes.

BY ATTORNEY MAFFETORE:

Q. And so the process that you were discussing that you say that it seems that her frustration is centered around, that's the process through which she's seeking to get treatment for her gender dysphoria, correct?

A. Correct.

Q. And so does it then follow that she is

frustrated because she is not receiving treatment for her gender dysphoria?

A. That is what she believes, yes, the frustration is due to not getting the treatment that she wants.

Q. In the same note that we were just discussing, Exhibit 10, Mrs. Zayre-Brown states -- or you noted:

> "She stated that she now understands the reason that suicide rates for transgender individuals is so high. 'Lack of care can kill you.' She explicitly stated that she is not suicidal and explained the reason she made statements about engaging in self-injury in the past."

What did you understand her to mean by -- that she understands the reasons that suicide rates for transgender individuals are so high?

ATTORNEY RODRIGUEZ: Objection. Speculation.

You can answer.

THE WITNESS: I think she was basically stating like she understands why people who go

through this same type of process and have to await medical care and await treatment and await outcomes lining up for them, they can be so frustrated that they will get upset enough to self-harm and to engage in suicidal behaviors.

BY ATTORNEY MAFFETORE:

Q. So your understanding of what Mrs. Zayre-Brown was saying that not receiving care can lead to self-harm and suicide?

ATTORNEY RODRIGUEZ: Objection. Mischaracterization of the testimony.

You can answer.

BY ATTORNEY MAFFETORE:

Q. And I'm just trying to understand your testimony.

A. Okay. So based off what she was saying, that she can see why other people engage in this behavior.

Q. I understand.

You can set that aside.

ATTORNEY MAFFETORE: I am now going to hand the court reporter what will be marked as Exhibit 11.

(WHEREUPON, Plaintiff's Exhibit 11 was marked for identification.)

support."

So she has found that helpful and useful, so I encouraged her to continue doing that because though she found it -- she was trying to strike a balance between the impact that would have on her and her family, where people's knowledge and awareness of the details of what she has going on, but she also found it necessary to pursue her objectives. And so I would never tell somebody to stop pursuing your objective. I always say, which she was doing, was balance the pros and cons of that.

ATTORNEY MAFFETORE: I'm now going to hand you what I'll ask the court reporter to mark as Exhibit 12.

(WHEREUPON, Plaintiff's Exhibit 12 was marked for identification.)

BY ATTORNEY MAFFETORE:

Q. Do you recognize Exhibit 12?

A. Yes.

Q. Just for the record, Exhibit 12 is a document Bates-stamped DAC 666.

What is Exhibit 12?

A. This is a mental health progress note that I completed on December 6, 2021.

Q. And does this mental health progress note pertain to Mrs. Zayre-Brown?
A. It does.
Q. So at the last paragraph, under the section MSE/Behavioral Observations, you write:

"This writer noted that all appears to be moving in the direction Offender Brown desires, but cautioned her against making any assumptions."

Did I read that correctly?

A. Uh-huh.
Q. What did you mean by that?
A. So basically that I believe by this time some of the evaluations that needed to be completed and sent to DTARC were already completed. She was communicating that she was receiving some -- the FTARC had proceeded at the facility level I think by this time, yeah, the most recent FTARC, so I think all of the facility could have done up to that point was completed by that time.

So from our end, we did what we could do to facilitate her accomplishing what she wanted to accomplish. And the cautioning, of course, as with anything in our system, you know, there's still another step. So though at

the facility level, I think we probably did as far as what we could do as far as our assessments from a mental health aspect and likely the medical aspect as well; that, you know, don't -- again, I always try to give everyone a balanced view of reality, so things might go the way you want to or they may not, so...

Q. So you additionally noted:

"Offender Brown expressed hopefulness that she may be the first transgender offender to receive gender-affirming surgery without needing to pursue litigation to do so."

Did I read that correctly?

A. Uh-huh.

Q. In your view as her mental health care provider, did this hopefulness contribute to her representation at this time that she was content?

A. Partially. So that wasn't the only thing she had described. Throughout the note, if just glancing through, she reported like distress levels were better. She was able to focus on doing school work better. She was fine with her

weight. She wasn't as hyper focused as all of those things could have been connected to that or not. I don't know necessarily if it would have been. I'm sure it could have contributed, but, also, she was thinking about other things and not as focused on the process at this time.

So I don't know if there was additional information she may have received from other parties or anything like that, but based on the presentation that day, you know, she was just thinking in a different direction and wanted to improve relationships with some individuals that she thought she might have disrupted some alliances with.

Q. Did you understand Mrs. Zayre-Brown to be experiencing gender dysphoria on this day?

A. Yes, that was still her diagnosis. And notably she reported a level of 11 despite, again, all of the functional descriptions of improvement, so there's that inconsistency, whereas a clinician, particularly in the setting, we often see that folks will say I'm a 10, I'm an 11, but the rest of their functioning and appearance and presentation doesn't -- isn't necessarily consistent with that.

So I do believe, yes, she was still experiencing gender dysphoria. That was still her diagnosis. She was reporting an 11 that day, but as far as presentation-wise, I wouldn't have necessarily rated that as high from my perspective.

Q. Your representation to Mrs. Zayre-Brown on this day was that it seemed that things were on the right track for her to potentially receive surgery, correct?

A. That's what she had communicated that she felt.

Q. And that the surgery that she was seeking was at that point genital gender-affirming surgery, correct?

A. As far as I'm aware, yes.

Q. And that surgery would have removed her phallus; is that correct?

A. Yes.

Q. And to the best of your understanding, what is the main source of Mrs. Zayre-Brown's gender dysphoria?

A. She was referred to still having the phallus.

Q. And so if on this day Mrs. Zayre-Brown was of the belief that she was going to be having surgery to remove her phallus, could that have

contributed to the fact that she might have seemed more content and hopeful?

ATTORNEY RODRIGUEZ: Objection. Speculation.

You can answer.

THE WITNESS: That would absolutely contribute to that, but, again, as with everything else in each of these notes, there's a larger picture that I view which includes her presentation and her behaviors and kind of other information. And, again, I think it all does relate to, again, the process more so than the actual end point.

ATTORNEY MAFFETORE: Understood.

I am now going to hand the court reporter what will be marked as Exhibit 13.

(WHEREUPON, Plaintiff's Exhibit 13 was marked for identification.)

BY ATTORNEY MAFFETORE:

Q. And Exhibit 13 is a document Bates-stamped DAC 376.

Do you recognize Exhibit 13?

A. Yes.

Q. What is it?

A. A mental health progress note dated January 3, 2022, by me.
Q. And does this mental health progress note pertain to Mrs. Zayre-Brown?
A. Yes, it does.
Q. And when you had this encounter with Mrs. Zayre-Brown on January 3, 2022, did she report that she was experiencing gender dysphoria?
A. Yes. She reported a level of 10.
Q. And on the second page of this document, Exhibit 13, you've noted that she consistently reports a level of 10 due to desire for surgery, correct?
A. Uh-huh.
Q. And what did you mean by due to desire for surgery?
A. That she would like the surgery to proceed, and she consistently was reporting high levels of dysphoria because that had not happened yet.
Q. And so by -- because it had not happened yet, that meant that Mrs. Zayre-Brown still had what you referred to as her phallus, correct?
A. Correct.
Q. And you had just testified that her phallus was

her primary source of gender dysphoria, correct?

A. Uh-huh. Yes.

Q. So at this time, she was reporting a level of 10 of gender dysphoria due to still having a phallus, correct?

A. Uh-huh. Yes. She was reporting that, yes.

Q. And at this time, did you -- strike that.

Did you believe anything short of surgery could ameliorate Mrs. Brown's gender dysphoria at this time?

ATTORNEY RODRIGUEZ: Objection to speculation.

You can answer.

THE WITNESS: I believe that for -- in her opinion, no.

ATTORNEY MAFFETORE: You can set that aside.

I will now hand to the court reporter what will be marked as Exhibit 14.

(WHEREUPON, Plaintiff's Exhibit 14 was marked for identification.)

BY ATTORNEY MAFFETORE:

Q. Exhibit 14 is a documented Bates-stamped DAC 166.

Do you recognize Exhibit 14?

A. Absolutely.
Q. It's kind of a lengthier document. If you want to go off the record to give you some time to go through it.
A. (Witness complying.)
Q. Sorry. This is the wrong document, so you don't have to look at it.
A. Do you still want me to review it?
Q. No, you don't have to.

ATTORNEY MAFFETORE: We'll go off the record for one second.

(Discussion held off the record.)

ATTORNEY MAFFETORE: I'm going to hand you a different document.

So I'm going state on the record that what was previously marked as Exhibit 15 has been rescinded, and we will be marking a different document as Exhibit 15.

(WHEREUPON, Plaintiff's Exhibit 15 was marked for identification.)

BY ATTORNEY MAFFETORE:
Q. Do you recognize Exhibit 15?
A. This is my first time seeing it, but I recognize it, yes.
Q. And Exhibit 15 is a document Bates-stamped

DAC 3416.

What is Exhibit 15?

A. It is a Division Transgender Accommodation Review Committee Report, or DTARC report, dated February 17, 2022.

Q. Were you aware that Mrs. Zayre-Brown's case was up for review on February 17, 2022?

A. I don't think I knew the exact date, but I thought that that was -- the next quarterly meeting was going to be in February, so I think we were hopeful that she would be up for review at that time.

Q. Did anyone seek out your input before the February 17, 2022, meeting regarding Mrs. Zayre-Brown?

A. Not that I recall. By this time I was working at NCCIW and wouldn't have had direct additional knowledge that wouldn't have been in the record.

Q. Did anybody ask you about the severity of Mrs. Zayre-Brown's dysphoria prior to the February 17, 2022, meeting?

A. I don't believe anyone asked me. I believe they would have referred to the record.

Q. Did anybody ask you about the persistence of Mrs. Zayre-Brown's gender dysphoria?

A. I don't recall anybody directly asking me for anything outside of records.
Q. Did anybody seek your input following the February 17, 2022, meeting?
A. I have no recollection if anybody -- I don't believe they would have.
Q. Did Dr. Junker request any input from you regarding Mrs. Zayre-Brown following this meeting?
A. I don't believe so.
Q. How about former Assistant Commissioner Brandeshawn Harris?
A. No, I don't believe I've had any communication with her.
Q. Do you believe -- or did you believe at the time that you stopped seeing Mrs. Zayre-Brown that she was stable?
A. At the point at which I saw her, I believe that last contact was one of the notes that we looked at, or maybe one following that, but, yes, at that time I believed she was. There was no reason to, like, refer her for inpatient treat or require a higher level of care at that point for any mental health reasons at that time.
Q. What is your understanding of how a patient's

stability factors into their suitability for gender-affirming surgery?

A. To my knowledge, I believe that typically -- as far as from the division or in general?

Q. Based on accepted standards of care for the treatment of gender dysphoria.

ATTORNEY RODRIGUEZ: I'm going to object to vague and ambiguous.

You can answer.

THE WITNESS: I would just -- my best guess would be, and based off of the information that I have, that some level of stability is requested in terms of not displaying significant, for example, trips to inpatient or requiring inpatient mental health care, engaging in self-harm, kind of just the more concerning things that would be like a higher level or being at a high level of distress to the point that the functional impairment is impacted.

BY ATTORNEY MAFFETORE:

Q. So to make sure I understand your testimony, your understanding is that the type of functional impairment that would lead to, for example, self-harm or suicide attempts, et cetera, would make a patient unsuitable for

gender-affirming surgery based on the, for example, guidelines?

ATTORNEY RODRIGUEZ: Objection. Ambiguous and mischaracterization of testimony.

You can answer.

THE WITNESS: So typically, in terms of what I'm aware of, it would be concerning if, for example, the individual is engaging in that behavior or showing significant functional impairment at a time when those determinations were going to be made.

I think it's preferred that the person does show some stability. It's not saying that they can't have distress or that they may not have an episode, but it's kind of the overall picture of how someone is looking over time that refers to the stability that's being sought.

BY ATTORNEY MAFFETORE:

Q. Understood.

At the time that you stopped treating Mrs. Zayre-Brown -- well, first, are you familiar with the term de-transition?

A. I believe so.

Is that the reversal -- if people decide to reverse any surgical procedures.

request for gender-affirming surgery?

A. Pretty loaded question. I don't know that there would be anything that would be under consideration at the division level.

Q. When you stopped treating Mrs. Zayre-Brown, were you aware of any contraindications for Mrs. Zayre-Brown to receiving gender-affirming surgery?

A. I don't know what the division would have said. As myself as a clinician, my largest concern for her has always been the focus on the surgery to the exclusion of other factors and the possibility that this may not result in the outcome that you think it will and what happens if that is the case, so the lack of consideration of that, but I think that's something that can be dealt with in ongoing treatment regardless of which way -- or what outcome occurs. I just wanted to make sure she addressed some of the other issues that she has presented and shared.

Q. Did you have any reason to believe that Mrs. Zayre-Brown does not still have gender dysphoria today?

A. No, I don't have any reason to believe that that

EXHIBIT 24

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

KANAUTICA ZAYRE-BROWN, *Plaintiff,* v. THE NORTH CAROLINA DEPARTMENT OF ADULT CORRECTION, *et al.*, *Defendants.*	No. 3:22-cv-00191

SECOND DECLARATION OF KANAUTICA ZAYRE-BROWN

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

1. I am a 42-year-old woman, currently living in the custody of what previously was known as the North Carolina Department of Public Safety and currently is known as the North Carolina Department of Adult Correction, where I am presently housed at the Center for Community Transitions in Charlotte, North Carolina.

2. I incorporate by reference my first declaration in this case. Doc. 13-2.

3. Since my last declaration, I was promoted to minimum custody in March of 2023. I was transferred to the minimum custody facility, Western Correctional Center for Women, in May of 2023. I was then transferred to the Center for Community Transitions on September 20, 2023.

4. The Center for Community Transitions is a "halfway house" where I have a lot more freedom than a regular prison. I am glad to be here, but I continue to suffer from severe gender dysphoria. To this day, every time it reenters my mind that I still have a phallus—whether it is because I see it, I feel sensation in it, I am in a situation where others might see it, or I even think about it—I am filled with disgust and emotional pain and at times overwhelmed with extreme anxiety and depressive feelings. While I may be able to function and even put on a happy face, during those periods—which occur frequently—it is extremely difficult to focus and I have to struggle to not again take measures to rid myself of this part of my body that is so foreign to the woman I know myself to be.

5. I understand that the defendants have raised questions about whether I can and have provided informed consent about receiving a vulvoplasty. I am very well-informed about the procedure, its benefits, and its limited risks. I have discussed these matters with Dr. Bradley Figler, Dr. Donald Caraccio, Dr. Joseph Umesi, Dr. Patricia Hahn, Nurse Katherine Croft, Social Worker Jennifer Dula, and Dr. Randi Ettner, and I have read extensively about the procedure and the research relating to it. I believe I have a clear and fully informed understanding of what receiving a vulvoplasty would entail and how it likely would affect me, and, understanding all that, I am without any doubt that I want to obtain that procedure as soon as possible.

6. I also understand that the defendants have raised questions about whether I might at some point regret having gender affirming genital surgery or might stop identifying as transgender. But I have known that I was female since childhood and have never questioned that. I also have never questioned that I am transgender since I first understood that term. I have lived full-time as the woman I know myself to be since 2010, have been on hormone therapy since 2012, had facial gender affirming procedures and gender affirming body contouring, including a

mammoplasty, between 2012 and 2017, and had a bilateral orchiectomy which removed my testicles in 2017. I have not regretted any of those procedures and I am certain that I will not regret finally being rid of a part of my body that causes me so much distress.

7. I further understand that the defendants in my case admit that they should provide the same standard of care to prisoners with significant medical needs as is provided in the local community. If I were in the community rather than being in government custody (where I can't obtain medical care except as approved by the prison system), I would immediately get gender affirming genital surgery, which I have been seeking for the past six years. That surgery would be provided by UNC Health Care, which already has approved me for this surgery and concluded that doing so is medically necessary for me when the defendants sent me there for a consultation. My understanding is that, if I were a North Carolina state employee or had health insurance from Blue Cross Blue Shield of North Carolina or many of the other insurance companies providing health insurance in the state, this surgery would be covered and paid for.

8. The thought that I may not be able to obtain gender affirming genital surgery until after my release from state custody more than a year from now is extremely hard to bear. I worry that, if I continue to be denied surgery until then, I may again feel compelled to engage in acts of self-harm or even to commit suicide. While I try to push those thoughts aside, having to fight for so many years to obtain the medical care I desperately need has been exhausting and dispiriting and there are times when I just don't want to go on this way.

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

Dated: 02 October 2023

Kanautica Zayre-Brown

UNITED STATES DISTRICT COURT

FOR THE WESTERN DISTRICT OF NORTH CAROLINA

CHARLOTTE DIVISION

KANAUTICA ZAYRE-BROWN,)
Plaintiff)
)
vs.)
)
THE NORTH CAROLINA DEPARTMENT)
OF PUBLIC SAFETY, et al.)
Defendants)

DEPOSITION

OF

JOSEPH V. PENN, M.D.

August 8, 2023 - 9:12 A.M.

NORTH CAROLINA DEPARTMENT OF JUSTICE

114 WEST EDENTON STREET

RALEIGH, NORTH CAROLINA

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CONTAINS GENERAL CONFIDENTIAL INFORMATION

JOSEPH V. PENN, M.D., having been first duly sworn, was examined and testified as follows:

BY MS. MAFFETORE:

Q. Good morning.

A. Good morning.

Q. My name is Jaclyn Maffetore. We just met a moment ago. I'm an attorney with the American Civil Liberties Union of North Carolina and I represent the plaintiff Ms. Kanautica Zayre-Brown in this case. Is it okay if I call you Dr. Penn as we move forward?

A. Yes.

Q. Can you please begin by stating and spelling your full name for the record?

A. Sure. Joseph Vincent Penn, M.D. It's J-o-s-e-p-h, Vincent is V-i-n-c-e-n-t, and Penn is P-e-n-n.

Q. Great. And so I just want to acknowledge for the record that since this lawsuit began, the North Carolina Department of Public Safety underwent an organizational transition. The prison division of that department is now called the Department of Adult Corrections and there's been a caption change in this case since the very beginning. For purposes of this deposition we might refer to the Department of Public Safety or the Department of Adult Corrections and by that we mean the same thing. So I just want to make sure that we are on the same page about that given that it was the North

Carolina Department of Public Safety or DPS when this lawsuit began. So if I say NCDPS, I mean what now exists as the North Carolina Department of Adult Corrections. Do you understand?

A. Yes.

Q. Great. Have you ever been deposed before?

A. Yes.

Q. Okay. Roughly how many times would you say?

A. I don't know the exact number. If I had to give a ballpark, 20.

Q. Okay. So while you're likely very familiar with deposition mechanics, I'm still going to lay some ground rules that I'm going to ask you to agree to just to ensure that the deposition goes as smoothly as possible, and so that we are operating on the same page as we move forward today.

Is that okay with you?

A. Sure.

Q. So first I ask that you answer each of my questions verbally as opposed to nodding your head or shaking your head or giving some other type of nonverbal response. Along the same lines, I ask that you try to answer any yes or no question with yes or no rather than uh-uh or uh-huh as those can be difficult for the court reporter to transcribe.

Do you agree to that?

A. Yes.

Q. So the court reporter, as you know, is taking

everything down, so I ask that you allow me to finish my question before you begin your answer and I will also do my best to allow you to finish your answer before I ask my next question. That's not natural for conversation, but it will make things easier for the court reporter and help ensure that we have a clean record. Do you agree to that?

A. Yes.

Q. Okay. And if you do not understand a question or need me to repeat it, please don't hesitate to let me know. But if you do answer my question, I will assume that you heard and understood it. Do you agree to that?

A. Yes.

Q. If you need a break at any point please let me know. While there will probably be natural breaking points in the deposition and either I or your counsel will suggest a break, if you feel like you need more water or a bathroom break please do let us know. I would just ask that if there's a question pending that you answer that question and then we can take a break. Do you agree to that?

A. You referred to him as my counsel and I'm not sure if he's my counsel or not. I'm a consultant to him. I don't believe I retained him.

Q. Sure. My understanding is that Orlando is representing you for the purposes of the deposition. Is that your understanding as well?

A. Mr. -- I'm sorry, go ahead.

MR. RODRIGUEZ: Yeah. So I'm defending the deposition of Dr. Penn. Yeah. So in that context that's what she means by the counsel or your counsel, not necessarily your privately-retained counsel.

THE WITNESS: Okay. Thanks for clarifying that. Yes.

MS. MAFFETORE: Great.

BY MS. MAFFETORE:

Q. So during the deposition, Mr. Rodriguez, acting as your counsel for the purposes of this deposition, might object to some of the questions that I ask. That is his right. But unless he specifically instructs you not to answer the question, you still need to answer the question. Do you understand?

A. Yes.

Q. Dr. Penn, the court reporter administered an oath to you earlier which you accented, meaning that you are under oath during the entirety of this deposition. It is the same oath you would take if you were testifying in a court room. You must testify truthfully and not leave anything out.

Do you understand and agree to that?

A. Yes.

Q. Is there any reason you cannot testify truthfully today?

you interrupted me. I said she had a complication before when she had her orchiectomy. It didn't heal well and she had some pain. The wound dehisced, it spread. And so the best predictor of past is future -- I'm sorry, the best predictor of future is the past. Sorry, I got that backwards. So she has had a history of postsurgery complications and healing. Anyone is subject to surgical risks regardless of one's weight. Everyone theoretically could have risk from general anesthesia and surgery.

Q. In your opinion, is there any risk of Mrs. Zayre-Brown regretting the procedure?

A. Certainly.

Q. What is your basis for that opinion?

A. Well, it's based on the Dhejnee article that I mentioned earlier that the literature is limited, but the one study that shows longitudinal followup of individuals that have had the type of surgery that Mrs. Brown is seeking, there was some patients that experience complications and -- and I have read of other articles by urology -- in urology journals that describe the risks of complications with the surgery also.

Q. What specific to Mrs. Zayre-Brown's circumstances lead you to believe that she is at risk of regretting the procedure?

A. Because she's the only one that -- when she -- if and when the phallus is removed, she will be the only one that can identify that she no longer has a phallus. She still appears

typically as a male -- sorry, transgendered female. But she still has several secondary sex characteristics that would suggest her being transgendered. So in my professional opinion having genital surgery is not going to cure all of her gender dysphoria. Plus, she has the comorbid likely mental health conditions that I described earlier, that I testified to earlier.

Q. What risk, if any, do you think there is that Mrs. Zayre-Brown's gender dysphoria will worsen if she is not provided gender-affirming surgery before her release date?

A. Anything is possible. She has stated that she's put a rubber band around her phallus. She stated that she plans to scratch or rub the skin off her phallus. So it's possible that she could develop a skin infection, or alternatively, if she does in fact amputate or auto amputate her phallus, that could occur. So there are some risks that she will further attempt to self-harm her genitalia. That's fair.

Q. In your opinion, do you think Mrs. Zayre-Brown's gender dysphoria will improve if she is not given gender-affirming surgery, if she retains her phallus?

A. What I would testify to is that she is totally a hundred percent focused on this one surgery to the neglect of her other lifelong issues. I would say I don't currently have an opinion because my opinion is guarded without -- without knowing that she is making an effort to begin to work on her

other trauma and abuse and neglect issues and relational issues, in my professional opinion, my opinion is guarded. I don't have an opinion regarding what the surgery or not having the surgery, what impact it would have on her gender dysphoria.

Q. Understood.

MS. MAFFETORE: Can we go off the record for just one second?

- - -

(Discussion held off the record, 4:13 p.m. 4:13 p.m.)

- - -

BY MS. MAFFETORE:

Q. I would now like to look at your report, Exhibit-1 at page 33. So you state on page 33 at the top it is my opinion, based on my education, training, and experience, that there is a lack of high-quality scientific and medical literature indicating the long-term efficacy of gender-affirming surgery as a treatment for gender dysphoria.

Did I read that correctly?

A. Yes.

Q. Are you holding yourself out as an expert in the quality of scientific evidence in this case?

A. No.

Q. Are you holding yourself out as an expert in statistical methodology in this case?

CERTIFICATE OF REPORTER

STATE OF NORTH CAROLINA)

COUNTY OF ALAMANCE)

I, Susan A. Hurrey, RPR, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that the witness reserves the right to read and sign the transcript of the deposition prior to filing; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and further, that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

This the 21st day of August, 2023.

_____

SUSAN A. HURREY, RPR

Notary Public #201826800211

IN THE UNITED STATES DISTRICT COURT

FOR THE WESTERN DISTRICT OF NORTH CAROLINA

KANAUTICA ZAYRE-BROWN,

Plaintiff,

v.

NORTH CAROLINA DEPARTMENT OF ADULT CORRECTION, *et al.*,

Defendants.

No. 3:22-cv-191

EXHIBIT INDEX

Exhibit	Description
Exhibit 1	Transcript Excerpts - Deposition of Sara Boyd, Ph.D.
Exhibit 2	Expert Report of Randi C. Ettner, Ph.D.
Exhibit 3	Transcript Excerpts - Deposition of Kanautica Zayre-Brown
Exhibit 4	WPATH Standards of Care, Version 7
Exhibit 5	Transcript Excerpts - 30(b)(6) Deposition of Arthur Campbell, M.D.
Exhibit 6	Health and Wellness Services Organization Policy
Exhibit 7	Utilization Management Policy
Exhibit 8	Transcript Excerpts - Deposition of Terri Catlett
Exhibit 9	Defendants' Interrogatory Responses
Exhibit 10	Transcript Excerpts - Deposition of Gary Junker, Ph.D.

Exhibit 11	Transcript Excerpts - Deposition of Arthur Campbell, M.D.
Exhibit 12	Transcript Excerpts - 30(6)(b) Deposition of Dr. Lewis J. Peiper
Exhibit 13	Transcript Excerpts - Deposition of Brian Sheitman, M.D.
Exhibit 14	Transcript Excerpts - Deposition of Brandeshawn Harris
Exhibit 15	Transcript Excerpts - Deposition of Patricia Hahn, Ph.D.
Exhibit 16	Declaration of Katherine Croft, B.S.N. R.N.
Exhibit 17	Declaration of Bradley Figler, M.D.
Exhibit 18	Declaration of Donald Caraccio, M.D.
Exhibit 19	Declaration of Jennifer Dula, MSW
Exhibit 20	September 16, 2021 Medical Record of Kanautica Zayre-Brown
Exhibit 21	November 2, 2021 Medical Record of Kanautica Zayre-Brown
Exhibit 22	Transcript Excerpts - Deposition of Dr. Lewis J. Peiper
Exhibit 23	Transcript Excerpts - Deposition of Marvella Bowman, Ph.D.
Exhibit 24	Second Declaration of Kanautica Zayre-Brown
Exhibit 25	Transcript Excerpts - Deposition of Joseph Penn, M.D.