

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION
No. 3:22-cv-191

KANAUTICA ZAYRE-BROWN,

Plaintiff,

v.

NORTH CAROLINA DEPARTMENT OF
ADULT CORRECTION, et al.,

Defendants.

**APPENDIX TO DEFENDANTS' REPLY
TO PLAINTIFF'S RESPONSE TO
DEFENDANTS' MOTION FOR
SUMMARY JUDGMENT**

(Hearing Requested)

NOW COME Defendants to respectfully submit this Appendix with Exhibits to their Reply to Plaintiff's Response to Defendants' Motion for Summary Judgment.

Exhibit	Description
1	Expert Rebuttal Report of Randi C. Ettner, Ph.D., dated July 26, 2023
2	Expert Rebuttal Report of Armand H. Matheny Antommara, M.D., Ph.D., dated August 7, 2023
3	Excerpts of the deposition of Armand H. Matheny Antommara, M.D., Ph.D., taken on September 7, 2023: Pages 50-79

This the 26th day of October 2023.

JOSHUA H. STEIN
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IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA

KANAUTICA ZAYRE-BROWN,

Plaintiff,

v.

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

Defendants.

Civil Action No. 3:22-cv-00191

EXPERT REBUTTAL REPORT OF DR. RANDI C. ETTNER, PH.D.

1. As stated in my Expert Report dated February 2, 2023 (“Expert Report”) that was previously submitted in this action, I am a clinical and forensic psychologist with expertise concerning the diagnosis and treatment of gender dysphoria. I have actual knowledge of the matters stated herein and could and would so testify if called as a witness.

2. I have been asked by counsel for Plaintiff Kanautica Zayre-Brown (“Mrs. Zayre-Brown” or “Plaintiff”) to provide the Court with my expert opinions addressing the expert reports of Sara Boyd, Ph.D. (“Dr. Boyd”) and Joseph Penn, M.D. (“Dr. Penn”) submitted by defendants in Mrs. Zayre-Brown’s lawsuit seeking gender-affirming surgery. While this expert rebuttal report

does not address all of the deficiencies in the expert reports of Dr. Boyd and Dr. Penn, I have tried to highlight below the most serious errors in them.

3. In preparing this expert rebuttal report, I reviewed the Expert Reports of Sara Boyd, Ph.D., Joseph Penn, M.D., and Fan Li, Ph.D. that were served on Plaintiff's counsel in this action. I also reviewed Dr. Boyd's and Dr. Penn's affidavits in support of Defendants' response to Plaintiff's motion for a preliminary injunction, Dr. Boyd's recorded interview of Mrs. Zayre-Brown and the literature cited in this expert rebuttal report.

4. Both Dr. Boyd and Dr. Penn attempt to diminish the conclusions I set forth in my Expert Report because I am not a medical provider. Their criticism is not warranted. My role is accurately described in *Fields v. Smith*, 712 F. Supp. 2d 830, 838 (E.D. Wisc. 2010): "As part of her role as clinician for clients with GID, Dr. R. Ettner examines clients, and recommends necessary medical treatments.... Her role is to collaborate with medical caregivers, endocrinologists, and surgeons who implement the treatment.... Dr. R. Ettner assesses the intensity of the GID in a given individual, and determines whether or not a particular treatment would be medically necessary." Given my extensive experience evaluating, diagnosing, and treating thousands of individuals with gender dysphoria and mental health issues related to gender dysphoria, my publication of several books related to the treatment of individuals with gender dysphoria, including the medical text *Principles of Transgender Medicine and Surgery* (co-editors Monstrey & Eyler; Routledge

2007) and the 2nd edition (co-editors Monstrey & Coleman), and my other experience detailed in my Expert Report, I am more than qualified to provide the conclusions in my Expert Report, including with regard to the medical necessity of providing gender-affirming surgery to transgender individuals such as Mrs. Zayre-Brown. Courts have expressly so found. *See, e.g., Edmo v. Corizon, Inc.*, 935 F.3d 757, 788 (9th Cir. 2019) (“Dr. Ettner ... [is] well-qualified to opine on the medical necessity of [gender-affirming surgery]”); *C.P. by and through Pritchard v. Blue Cross Blue Shield of Illinois*, 2022 WL 17092846 (W.D. Wash. Nov. 21, 2022) (finding me qualified as “an expert[] to testify about the medical necessity of gender-affirming care”); *see also Norsworthy v. Beard*, 87 F. Supp. 3d 1164, 1187-88, 1190, 1192 (relying on my expert testimony in granting a preliminary injunction requiring prison officials to provide an incarcerated individual gender-affirming surgery). I have never been found by a Court to not be qualified to opine on an issue concerning treatment for gender dysphoria, and I have been a court-appointed expert in a matter regarding surgery for an incarcerated transgender woman (*Soneeya v. Bender*, Case No. 07-12325-DPW (D. Mass.)).

REBUTTAL TO THE EXPERT REPORT OF DR. BOYD

5. Dr. Boyd attempts to buttress her qualifications with new assertions regarding her experience, not delineated in her prior declaration in opposition to Plaintiff’s motion for a preliminary injunction. Dr. Boyd states that she performs mental health assessments on incarcerated gender dysphoric

and transgender patients, some for the purpose of assessing gender-affirming care. Glaringly, however, she neglects to specify the nature of the gender-affirming care she recommends. Given her emphatic view that psychologists cannot make “medical” recommendations (Boyd Expert Report, p. 5), one is left to conclude that Dr. Boyd has never recommended surgery for any gender dysphoric patient. Indeed, she does not disclose whether she has ever authored the surgical referral letters qualified mental health professionals transmit to surgeons, nor how many patients she has followed post-surgery, nor how many patients she has assessed who have undergone vulvoplasty (all of which I have done on numerous occasions).

6. Since Dr. Boyd is, by her own admission, unable to opine on the medical necessity of Mrs. Zayre-Brown receiving gender-affirming surgery (Boyd Expert Report, pp. 2, 5), her opinions fall back on generic psychological statements, such as asserting that “The source of Mrs. Zayre-Brown’s Gender Dysphoria appears multifaceted, with psychosocial, cultural, identity, environmental and interpersonal factors...” and that Mrs. Zayre-Brown’s need for treatment is “significantly dependent on the setting where she is residing.” The source of Mrs. Zayre-Brown’s gender dysphoria is her status as a woman with a phallus. This remains an incontrovertible, distressing fact—in all settings in which she may reside. Despite Dr. Boyd’s assertion that she is unable to opine on the necessity for surgical treatment, no compunction appears to prevent her from opining at pp. 3, 23, and 34 of her expert report that Mrs.-

Zayre Brown should wait for her release from prison to obtain surgery, without considering the harms and risks to Mrs. Zayre-Brown of such a delay.

7. Dr. Boyd appears to believe that psychologists can opine on treatment for gender dysphoria being psychologically necessary, but not on it being medically necessary. This is a false dichotomy with regard to gender dysphoria treatments. By analogy, would she say that treatment of disfiguring facial burn wounds is “psychologically necessary” but not medically necessary, and the patient doesn’t require skin grafting? If significant distress arises from an underlying medical condition, only adequate treatment of the medical condition provides relief. This explains why neither psychotropic drugs nor talk therapy alone are efficacious in treating gender dysphoria.

8. In the area of gender dysphoria, psychologists are not prohibited from making recommendations concerning medical necessity, and to my knowledge, historically have always done so. Dr. Boyd has cherry picked some statements from the WPATH Standards of Care (“SOC”), but what she asserts reveals that she lacks familiarity with the document’s guidelines. The SOC outlines the tasks of mental health professionals working with adults who present with gender dysphoria which include that they “assess eligibility, prepare, and refer for hormone therapy” and “[i]f applicable, assess eligibility, prepare and refer for surgery.” SOC 7, pp. 25, 26. The guidelines have addressed the role of the mental health professional since first promulgated in 1979. I am an author of the two most recent SOC iterations (the 7th and 8th versions).

9. Much of Dr. Boyd's report is a critique of my assessment of Mrs. Zayre-Brown. Dr. Boyd is critical of the instruments I use, and instead administered personality tests to Mrs. Zayre-Brown, including the Minnesota Multi-Phasic Personality Inventory (MMPI). Psychologists who work with this population do not administer personality tests when assessing treatment needs, as such tests have no probative value regarding that assessment. A systematic review of the administration of psychometric tests in transgender individuals requesting surgical treatment questioned the utility in this patient population (Lehmann & Leavey, 2020). As Keo-Meier and Fitzgerald explain:

"The most widely used personality instrument is the MMPI.... It is commonly used in evaluations that have an impact on personnel selection and custody hearings, areas where transgender people are typically discriminated against.... Those who are using assessment instruments [such as the MMPI] to help answer the question of whether or not a client is ready for medical transition are using tools that were not created for the purposes they are used for. This is akin to attempting to screw on a lightbulb with a hammer."

The only probative information in the personality tests administered by Dr. Boyd is that they show that Mrs. Zayre-Brown is not malingering. (Boyd Expert Report, p. 18.)

10. Most baffling is Dr. Boyd's lengthy discussion of informed consent. Dr. Boyd appears to be conflating the procedure-specific informed consent process that occurs between provider and patient (which includes discussion and the provision written materials outlining, among other things, potential risks, benefits, alternatives, and pre-procedure and post-procedure

instructions regarding a particular treatment, in accordance with AMA guidelines) with what is referred to as “the informed consent model of gender-affirming care.” Dr. Boyd drastically misunderstands the latter. The informed consent model of gender-affirming care is offered in some clinics to *broaden* access to care for transgender patients. The model was created in the early 2000’s to eliminate the necessity of mental health assessment, which some perceive as a barrier to care. Clinics such as Callan Lourde in New York City, Howard Brown Health Center in Chicago. and Fenway Clinic in Boston are examples of facilities that provide hormones to transgender patients eighteen years and older, typically at low cost, upon their consent and without the kind of mental health assessment required by WPATH. For example, Dr. Scott Mosser, a San Francisco surgeon, describes the implementation of the model:

“Dr. Mosser follows the informed consent model and generally does not require letters for FTM/N or MTF/N top surgery, or other body masculinization or feminization procedures (except in the case of individuals 17 years of age or younger)... So, letters are welcome and valuable but often not required for surgery. If you are an insightful, mature individual 18 years or older, with an adequate support system and are capable of informed consent based on an educated experience of the risks and benefits of surgery, Dr. Mosser does not require a therapist letter.”

https://www.genderconfirmation.com/about_us/. Ironically, Dr. Boyd uses the Cavanaugh, Hopwood, & Lambert article, to buttress her flawed argument. However, the authors, who are affiliated with the Fenway Clinic, use this very article to endorse the informed consent model, as it “seeks to acknowledge and better support the patient's right to, and capability for, personal autonomy in

choosing care options without the required involvement of a mental health professional.” In other words, under the informed consent model, surgical intervention is an option if the patient deems it necessary—which is not the approach WPATH or I follow.

11. Despite her protracted discourse regarding informed consent, Dr. Boyd ultimately concludes that Mrs. Zayre-Brown understands her options, the risks and benefits, and the potential functionality and cosmesis (resulting appearance) of surgically reconstructed genitalia. However, she asserts (at p. 31 of her expert report) that Mrs. Zayre-Brown has less than realistic expectations regarding post-surgical care in prison. This is not an indication of Mrs. Zayre-Brown’s naivete, but rather, it is indicative of Dr. Boyd’s lack of knowledge of what vulvoplasty surgery entails. The post-surgical care for vulvoplasty is simple wound care that prisons regularly are and should be able to easily provide: cleaning, changing of dressings, and surveillance, as with any surgical procedure.

12. Dr. Boyd repeatedly asserts unsupported conclusions as to what I did or did not consider (as well as what Dr. Figler discussed with Mrs. Zayre-Brown). For example, Dr. Boyd criticizes me for not referencing Mrs. Zayre-Brown’s medical records, “one of which was serious enough to send her to an emergency room.” I reviewed and considered all of Mrs. Zayre-Brown’s medical records. My report acknowledges the telltale suicidal ideation and thoughts of surgical self-treatment known to portend risk in incarcerated patients. In

conflict with Dr. Boyd's recognition of the seriousness of Mrs. Zayre-Brown's condition requiring that she go to the emergency room, Dr. Penn dismisses this same incident as inconsequential. This is but one example of the "Catch-22" paradox of defendants' expert rebuttals: They ignore Mrs. Zayre-Brown's acute distress, insisting she is stable, even though stability is one of the criteria for providing gender-affirming surgery. I have described in detail in my Expert Report my opinions regarding Mrs. Zayre-Brown and the bases for them, and Dr. Boyd's viewpoint in no way alters or diminishes my opinions and conclusions.

13. Dr. Boyd's assertion that Mrs. Zayre-Brown "would not derive the greatest psychological benefit from delivering the surgical intervention in the carceral setting" is nonsensical. If an individual requires treatment, provision of treatment will be therapeutic regardless of where the patient resides. Would Dr. Boyd similarly claim that a diabetic patient who requires insulin should forego that treatment while incarcerated to receive the greatest benefit?

14. The SOC 8 makes clear (at S106) the importance of not withholding surgical care:

"(Transgender) people with Gender Dysphoria should have an appropriate treatment plan to provide medically necessary surgical treatments with similar elements to those who reside outside institutions (Brown 2009; Adams v. Federal Bureau of Prisons, No. 09-10272 [D. MO June 7, 2010]; Edmo v. Idaho Department of Corrections, 2020). The consequences of denial or lack of access to gender affirming surgeries for residents of institutions who cannot access such care outside of their institutions may be serious, including substantial worsening of gender dysphoria symptoms, depression, anxiety, suicidality, and

the possibility of surgical self-treatment (e.g., autocastration or autopenectomy; Brown, 2010, Maruri, 2011; Edmo v. Idaho Department of Corrections, 2020). It is not uncommon for residents of institutions to be denied access to evaluation for gender affirming surgery as well as denial of the treatment itself, even when medically necessary (Kosilek v. Massachusetts/Dennehy, 2012; Edmo v. Idaho Department of Corrections, 2020). The denial of medically necessary evaluations for, and the provision of, gender affirming surgical treatments and necessary aftercare is inappropriate and inconsistent with these Standards of Care.”

The WPATH SOC promote the highest standards of health care for individuals, based on the best available science and expert professional consensus. All major medical professional associations endorse treatment in accordance with the WPATH SOC. Notably, neither Dr. Boyd nor Dr. Penn assert that Mrs. Zayre-Brown does not meet these standards.

15. Having worked with thousands of gender dysphoric patients since 1978, having followed hundreds of patients pre- and post-surgery, and having had access to follow up data on patients at hospitals where I have been on staff or provide consultation, I can attest that surgical removal of primary sex characteristics inconsistent with an individual’s gender identity is medically necessary for some individuals and can be curative for gender dysphoria.

REBUTTAL TO THE EXPERT REPORT OF DR. PENN

16. Like Dr. Boyd, Dr. Penn’s report contains additional experiences he has not previously disclosed. Despite this amplification, there is no indication that Dr. Penn has ever evaluated and supported any incarcerated or non-incarcerated transgender person’s need for surgical intervention, nor does

he state having provided referral letters to, or consulting with, surgeons regarding patient surgical procedures or collaborating in post-surgical care, as instructed in the NCCHC guidelines to which Dr. Penn provides a link.

17. Dr. Penn's critique that I do "not work in correctional settings" is of no relevance, given that I have evaluated a large number of gender dysphoric prisoners in jails, state correctional facilities throughout the US, immigration detention centers, federal prisons, US. Army correctional facilities, and custodial facilities for the criminally insane. I also have been a consultant to carceral institutions developing or revising policies for the care of transgender prisoners. In addition, I am the author of the SOC 8 chapter on Institutionalized Persons and the Chair of the WPATH committee on Incarcerated Persons.

18. Dr. Penn's prior declaration, submitted in opposition to Plaintiff's motion for a preliminary injunction, raised objections based on cost, security concerns, and post-surgical care. In his Expert Report, however, he appears to abandon those arguments, instead raising new issues in a kitchen-sink attempt to support his forgone conclusion.

19. Dr. Penn asserts the flawed premise that the determination of medical necessity depends on whether a proposed treatment "is supported by rigorous scientific evidence." (Penn Expert Report, pp. 8, 33.) In fact, less than one in ten medical treatments are supported by rigorous scientific research. In a sample of 1,567 interventions studied within Cochrane reviews, *Journal of Clinical Epidemiology* found 94% were not supported by rigorous scientific

evidence.¹ Despite a lack of strong evidence and based on national guidelines and clinical recommendation, surgeries such as rotator cuff repair and arthroscopic knee repair are routinely performed. Even vitamin D and aspirin lack what is referred to as “high quality” evidence. Dr. Penn’s assertion that high levels of evidence must undergird medical recommendations completely discounts clinical judgment and is even in opposition to the NCCHC 2020 position statement on transgender healthcare advising reliance on “*clinical decision making* to initiate or advance hormone medication treatment or candidacy for surgical interventions” (emphasis added) and indicating that such decisions should be made on a case-by-case basis.² Providers have relied on their training and clinical judgment to provide case-by-case recommendations regarding medical treatment long before the GRADE assessment rating system was established and continue to do so.

20. Ultimately, Dr. Penn belies his expertise in gender dysphoria treatment by his offensive and dismissive comparison of genital surgery to, among other things, the removal of a mole or droopy eyelids (Penn Expert Report, p. 26). This egregious lack of understanding of the seriousness of gender

¹ Howick, J., Koletski, D., Joannidis, J. et al., Most healthcare interventions tested in Cochrane Reviews are not effective according to high quality evidence: a systematic review and meta-analysis. *Journal of Clinical Epidemiology*, 148; 2022.

² <https://www.ncchc.org/transgender-and-gender-diverse-health-care-in-correctional-settings-2020-2/>, at p. 3.

dysphoria, the consequences of failure to treat the condition adequately, and the suffering of individuals afflicted, is a priori evidence of Dr. Penn's lack of meaningful experience with this population.

21. Dr. Penn's assertion that the definition of medical necessity differs based on how a procedure is paid for or whether an individual is incarcerated (Penn Expert Report, pp. 21-23) is incorrect. The need for and efficacy of surgery is the same regardless of these factors. Dr. Penn also is incorrect in the accusation (at p. 23 of his expert report) that the WPATH positions regarding medical necessity are "dismissive of the need of an individual evaluation of each patient" or the patient's informed consent, both of which the SOC require. Dr. Figler, Dr. Caraccio, Dr. Umesi, MSW Dula, and I all used the appropriate medical necessity criteria in reaching conclusions regarding the provision of gender-affirming surgery for Mrs. Zayre-Brown. As I have pointed out previously, Dr. Penn ignores the recommendations of these providers and their use of this criteria. Moreover, the Federal Bureau of Prisons and numerous state prisons also rely on these same criteria when implementing gender-affirming surgery.³

22. Dr. Penn resorts to rhetorical strategy in criticizing my use of the descriptor "severe." This is a fatuous argument, given that this determination

³ See *Iglesias v. Federal Bureau of Prisons*, 2021 WL 6112790, at *3 (S.D. Ill. Dec. 27, 2021); *Monroe v. Baldwin*, 424 F. Supp. 3d 526, 532-33 (S.D. Ill. 2019); *Edmo v. Idaho Dept. of Corrections*, 358 F. Supp. 3d 1103, 1115-16 (D. Idaho 2018); *Norsworthy v. Beard*, 87 F. Supp. 3d 1164, 1171-72, 1176 (N.D. Cal. 2015).

is common among those who evaluate and treat gender dysphoria (and some other conditions, as well). Brown, in Autocastration and Autopenectomy as Surgical Self-Treatment in Incarcerated Persons with Gender Identity Disorder writes: “With no other viable options, *severe gender dysphoria* in prisons that do not provide transgender health care may lead to desperate measures of self-treatment through permanent removal of the testes and/or penis in the absence of comorbid psychosis or substance use disorders” (italics added) (2010). Dr. Penn himself uses the term to describe Mrs. Zayre-Brown’s condition as “not severe.” A study of phenomenology of gender dysphoric patients published in *Clinical Psychology Review* found: “for some participants, this feeling of disgust towards their body led to suicidal thoughts or self-harm; individuals felt that death was preferable to continuing to live in their body.” It is not surprising that clinicians would characterize these feelings as “severe.”

23. Dr. Penn’s critique that my expert report rested on whether “the contemplated intervention could provide [only] some therapeutic benefit to the patient” (Penn Expert Report pp. 8, 25-26) is wrong. Instead, it rests on the seriousness of Mrs. Zayre-Brown’s gender dysphoria, the failure of prior treatments to attenuate that gender dysphoria, and the utility of surgical treatment in achieving this outcome.

24. It is troubling that Dr. Penn objects to treatment suggesting that there may be other stressors in prison. This is not justification for withholding treatment that will alleviate an existing condition regardless of those stressors

nor is it a justification for prolonging the suffering of Mrs. Zayre-Brown or other individuals with her condition.

25. It is not true that “there was a lack of any clinical indication that without the vulvoplasty Plaintiff was at serious risk of some severe distress, harm, or disability.” (Penn Expert Report, pp. 28-29). For example, in addition to my own clinical assessment of Mrs. Zayre-Brown and that of Drs. Figler, Carcaccio, Umesi, and MSW Dula (all of whom were chosen by the defendants in this lawsuit to evaluate and/or treat Mrs. Zayre-Brown), medical records indicate that in December 2020, Mrs. Zayre-Brown was hospitalized for a month, resulting from voicing suicidal ideation and a desire to amputate her penis. In April of 2021, Mrs. Zayre-Brown informed her DPS mental health provider that she had a band tied around her penis that had been in place for more than a week. Dr. Penn brushes aside these incidents because they are self-reported and did not result in genital injury or completed suicide. Would he similarly brush aside a patient who describes panic disorder because the behavior is self-reported, and the patient did not sustain bodily harm when the alleged attack caused sensations of chest pain and feelings of choking?

26. Although Dr. Penn is correct in delineating the criteria for *diagnosing* gender dysphoria (i.e., clinically significant distress that impairs some aspect of functioning), there is no controversy regarding Mrs. Zayre-Brown’s *diagnosis*. At issue is her current *treatment* requirements. Mrs. Zayre-Brown had a ligature strangulating the blood supply to the penis, in order to

facilitate amputation. Dr. Penn ignores this and other indicia of harm, instead asserting that Mrs. Zayre-Brown's harmonious family relations and her ability to work in the commissary are a priori evidence that her suffering is insignificant—a conclusion that cannot be justified.

27. Dr. Boyd's and Dr. Penn's critiques notwithstanding, it is my opinion that the benefit to Mrs. Zayre-Brown of undergoing gender-affirming surgery is great, and far outweighs the very minimal risk of surgery. Given the suffering she has experienced—an anguish known to intensify with age—it is medically necessary for her to undergo surgery now, rather than prolonging the suffering she experiences as a woman with detested male genitalia.

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

Executed this 26 day of July, 2023.

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

REFERENCES

Lehmann, K. & Leavey, G. Accuracy of psychometric tools in the assessment of personality in adolescents and adults requesting gender-affirming treatments: A systematic review. *European Psychiatry*, January, 2020.

Howick, J., Koletski, D., Joannidis, J. et al. Most healthcare interventions tested in Cochrane Reviews are not effective according to high quality evidence: a systematic review and meta-analysis. *Journal of Clinical Epidemiology*, 148; 2022.

Blom, A., Donovan, R., Beswick, A., et al. Common elective orthopedic procedures and their clinical effectiveness: umbrella review of level 1 evidence. *British Medical Journal*, July, 2021.

Keo-Meir, C. & Fitzgerald, K. Affirmative psychological testing and neurocognitive assessment with transgender adults. *Psychiatric Clinics of North America Journal*, 40(1): 2017.

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

Kanautica Zayre-Brown,

Plaintiff,

v.

The North Carolina Department of Public
Safety, et al.,

Defendants.

CIVIL ACTION

Case No. 3:22-CV-00191-MOC-DCK

**EXPERT REBUTTAL REPORT OF
ARMAND H. MATHENY AN TOMM ARIA, MD, PhD, FAAP, HEC-C**

I, Armand H. Matheny Antomm ari a, hereby declare and state as follows:

1. I have been retained by counsel for Plaintiff as a rebuttal expert in connection with the above-captioned litigation.
2. I have actual knowledge of the matters stated herein.
3. In preparing this declaration, I reviewed the expert reports by Randi C. Ettner, PhD, and Fan Li, PhD. Dr. Ettner's report contains copies of the Division Transgender Accommodations Review Committee's Position Statement: Gender Reassignment Surgery and Case Summary: Offender #0618705, which I also reviewed. In addition to these expert reports and the materials cited herein, I have also relied on my years of research and other experience, as set out in my curriculum vitae (Exhibit A), in forming my opinions. The materials I have relied upon in preparing this expert rebuttal

report are the same types of materials that experts in my fields of study regularly rely upon when forming opinions on subjects. I may wish to supplement these opinions or the bases for them due to new scientific research or publications, or in response to statements and issues that may arise in my area of expertise.

OVERVIEW

4. I am a pediatrician and bioethicist with extensive clinical and research experience. I am the author of 42 peer-reviewed articles, which have been published in high-impact journals including the *Journal of the American Medical Association* and *Annals of Internal Medicine*, and I direct the Ethics Center at Cincinnati Children's Hospital Medical Center. This expert rebuttal report sets forth my reasons for my disagreement with and my concerns about the conclusions Dr. Li reaches in her expert report.

5. Dr. Ettner explains that gender-affirming genital surgery is a medically necessary treatment for Mrs. Zayre-Brown (Paragraphs 132-137). Dr. Li claims that evidence cited by Dr. Ettner and by the World Professional Association for Transgender Health (WPATH) does not provide reasonable support for Dr. Ettner's and WPATH's conclusions (Page 4).

6. Dr. Li mischaracterizes the level of evidence necessary for making treatment recommendations. Treatment recommendations are not required to be based on randomized controlled trials. Widely accepted methods for developing clinical practice guidelines state that treatment recommendations may be based on "low" or "very low"

quality evidence.¹ In fact, a significant portion of treatment recommendations across the spectrum of medical interventions rely on this level of evidence. Dr. Li also fails to acknowledge the constraints on conducting randomized controlled trials for many medical treatments, including gender-affirming genital surgery and other forms of gender-affirming medical care.

BACKGROUND AND QUALIFICATIONS

7. I am the Director of the Ethics Center, the Lee Ault Carter Chair of Pediatric Ethics, and an Attending Physician in the Division of Hospital Medicine at Cincinnati Children's Hospital Medical Center ("Cincinnati Children's"). I am also a Professor in the Departments of Pediatrics and Surgery at the University of Cincinnati College of Medicine.

8. I received my medical degree from Washington University School of Medicine in St. Louis, Missouri in 2000. I received my PhD in Religious Ethics from The University of Chicago Divinity School in 2000. I completed my pediatrics residency at the University of Utah in 2003.

9. I have been licensed to practice medicine since 2001 and am currently licensed to practice medicine in Ohio. I have been Board Certified in General Pediatrics since 2004 and in Pediatric Hospital Medicine since the inception of this certification in 2019. I have been certified as a Healthcare Ethics Consultant since the inception of this certification in 2019.

¹ As explained below, "low" and "very low" are relative terms used to describe two of the four levels of evidence. They should not be misinterpreted as meaning "poor or inadequate" evidence.

10. I have extensive experience as a pediatrician and as a bioethicist. I have been in clinical practice since 2003 and 30% of my current effort is dedicated to caring for hospitalized patients. I provide evidence-based medical care to my patients and teach evidence-based medicine to the trainees that I supervise. This includes using clinical practice guidelines and teaching trainees how they are developed. I was Chair of the Ethics Committee at Primary Children's Medical Center in Salt Lake City, Utah from 2005 to 2012 and have been Director of the Ethics Center at Cincinnati Children's since 2012. I regularly consult on the care of patients in the Transgender Health Clinic at Cincinnati Children's and participate in the Clinic's monthly multidisciplinary team meetings. I remain current with the medical and bioethics literature regarding the treatment of individuals with gender dysphoria. I chair Cincinnati Children's Fetal Care Center's Oversight Committee, which provides the Center recommendations on the use of innovative treatments and experimental interventions.

11. I am a member of the American Academy of Pediatrics (AAP), the American Society for Bioethics and Humanities (ASBH), the Association of Bioethics Program Directors, and the Society for Pediatric Research. I was a member of the AAP Committee on Bioethics from 2005 to 2011. I have also served as a member of the ASBH's Clinical Ethics Consultation Affairs Committee from 2009 to 2014 and currently serve on its Healthcare Ethics Consultant Certification Commission.

12. I am the author of 42 peer-reviewed journal articles, 11 non-peer-reviewed journal articles, 6 book chapters, and 28 commentaries. My peer-reviewed journal articles have been published in high-impact journals, including the *Journal of the American*

Medical Association and *Annals of Internal Medicine*. I am also an author of 17 policy statements and technical reports, including 4 as lead author, by the AAP.

13. I am a member of the Executive Editorial Board and the Associate Editor for Ethics Rounds of *Pediatrics*. I am an active peer reviewer for many medical journals, including the *American Journal of Bioethics* and the *Journal of Pediatrics*. I also review abstracts for meetings of professional organizations, including the Pediatric Academic Societies and ASBH. I was previously a member of the editorial boards of the *Journal of Clinical Ethics* and the *Journal of Medical Humanities*.

14. In summary, as an academic pediatric hospitalist, I practice and teach evidence-based medicine, including the use and development of clinical practice guidelines. As a bioethicist, I help patients, parents, and health care providers address ethical dilemmas and resolve ethical conflicts. This involves analyzing the evidence and reasons supporting different treatment options.

15. I have previously testified at deposition and trial in *Brandt v. Rutledge*, United States District Court, Eastern District of Arkansas, Case No. 5:21-CV-00450-JM-1; and at deposition and trial in *Dekker v. Weida*, United States District Court, Northern District of Florida, Case No. 4:22-cv-00325-RH-MAF. I have also previously testified in the preliminary injunction phase in *Doe v. Abbott*, District Court of Travis County, Texas 353rd Judicial District, Case No. D-1-GN-22-000977; and in the preliminary injunction phase and at deposition in *Boe v. Marshall*, United States District Court, Northern District of Alabama, No. 22-cv-184.

16. I am being compensated at a rate of \$400 per hour for my work in this matter. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

DR. LI'S EXPERT REPORT

17. Dr. Li contends that the evidence cited by Dr. Ettner and WPATH does not provide reasonable support for Dr. Ettner's and WPATH's conclusions regarding the effectiveness of gender-affirming medical care to treat gender dysphoria. What Dr. Li considers reasonable is clarified by her statement that "Among the dozens of studies reviewed, there is not a single randomized controlled trial. Most of the studies cited in support of those assertions are of low quality in terms of study design and statistical methodology (Dr. Fan Li Expert Report ("Li Report") at 4; see also *id.* at 25)." A substantial portion of Dr. Li's report provides her assessment of the research cited by Dr. Ettner and WPATH (Li Report at 11-24) and she frequently repeats her claims about reasonable support, randomized controlled trials, and "low" quality evidence (Li Report at 12, 14, 15, 16, 17, 18, 19, 21, 22, and 24). Dr. Li's characterization of the studies being subject to confounding, selection, nonresponse, and recall bias is part of her justification for labeling them as "low" quality.

18. The primary problem with Dr. Li's opinions is not her characterization of individual studies. While not conceding Dr. Li's characterization of each individual study, there are few randomized controlled trials of gender-affirming medical care and the body of evidence is currently appropriately characterized as "low" or "very low" quality. The primary problem with Dr. Li's opinions is that the standard that she relies on for

determining whether Dr. Ettner's and WPATH's conclusions are reasonable is inappropriately high. Recommendations in clinical practice guidelines are not based solely on the quality of the evidence, or on "high" quality evidence. Recommendations may appropriately be justified by observational studies. While observational studies are characterized as "low" quality evidence, "low" is a relative term describing the different levels of evidence and should not be misinterpreted as meaning "poor or inadequate." While a statistician may hold randomized controlled trials up as the "gold standard" of for evidence (Li Report at 8), clinicians must make decisions based on the best, currently available evidence, which includes other types of studies. They cannot tell their patients to come back later after randomized controlled trials have been conducted. Furthermore, there are sound reasons why randomized controlled trials may not be available or, if available, may not provide "high" quality evidence in particular circumstances. In practice, only a minority of clinical practice guideline recommendations are based on "high" quality evidence. The lack of randomized controlled trials and reliance on "low" quality evidence does not mean that there is not reasonable support for a clinical practice guideline recommendation or that a treatment is not medically necessary.

CLINICAL PRACTICE GUIDELINES

19. Given the breadth of the existing medical literature and its ever-increasing size, medical professionals may have difficulty finding useful information to inform

decision-making and treatment recommendations. The optimal resource, if one is available, is a clinical practice guideline.²

20. Medical professional organizations develop clinical practice guidelines to provide clinicians with helpful, evidence-based recommendations and improve patient care and outcomes. Clinical practice guidelines are developed using systematic reviews of the literature—systematic processes to select and review relevant scientific evidence. Systematic reviews evaluate the evidence, but do not make treatment recommendations.³ Clinical practice guidelines both evaluate the evidence and make recommendations.⁴ One widely used method for rating the quality of evidence and the strength of recommendations is the Grades of Recommendation Assessment, Development and Evaluation (GRADE) system.⁵

Quality of the Evidence

21. In clinical practice guidelines, the quality of evidence has been defined as “the extent of our confidence that the estimates of an effect are adequate to support a particular decision or recommendation.”⁶ Quality of evidence is based on five factors: risk

² Guyatt G, Rennie D, Meade MO, et al., eds. *Users' Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice*. 3rd ed. McGraw Hill Education; 2015.

³ National Heart, Lung, and Blood Institute. About systematic evidence reviews and clinical practice guidelines. Accessed July 30, 2023. Available at <https://www.nhlbi.nih.gov/node/80397>.

⁴ Qaseem A, Kansagara D, Lin JS, et al. The development of clinical guidelines and guidance statements by the Clinical Guidelines Committee of the American College of Physicians: Update of methods. *Ann Intern Med*. 2019;170(12):863-870.

⁵ Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490; Guyatt G, Oxman AD, Akl EA, et al. GRADE guidelines: 1. Introduction-GRADE evidence profiles and summary of findings tables. *J Clin Epidemiol*. 2011;64(4):383-394.

⁶ Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol*. 2011;64(4):403.

of bias, inconsistency, indirectness, imprecision, and publication bias. Dr. Li focuses on the risk of bias, including confounding, selection, nonresponse, and recall bias, as well as the inconsistency of results. The GRADE system distinguishes four levels of evidence: “high,” “moderate,” “low,” and “very low.” These levels are relative to one another and “low” does not necessarily mean “poor or inadequate.” As discussed below, a recommendation in a clinical practice guideline may be based on “low,” or “very low” quality evidence, not just “high” or “moderate” quality evidence.⁷

22. With respect to study design, randomized trials are initially assigned to the “high” category.⁸ In a randomized trial, participants are randomly assigned to a treatment or a comparison group. As Dr. Li describes (Li Report at 8), the major benefit of a randomized trial is that it decreases the likelihood that any differences in the outcomes between the groups is the result of baseline differences between the groups rather than the result of the intervention.⁹ In addition to randomization, randomized controlled trials also frequently use “blinding” or “masking.” In a “double-masked” trial, neither the investigators nor the participants know whether the participant was randomized to the treatment or comparison group. Masking reduces the effect of individuals’ biases on the

⁷ Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490; Guyatt G, Oxman AD, Akl EA, et al. GRADE guidelines: 1. Introduction-GRADE evidence profiles and summary of findings tables. *J Clin Epidemiol*. 2011;64(4):383-394. The guidelines initially defined the quality of the evidence based on four factors; a fifth was added in a subsequent revision.

⁸ Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490; Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol*. 2011;64(4):401-406.

⁹ See also Browner WS, Newman TB, Cummings SR, et al. *Designing Clinical Research*. 5th ed. Wolters Kluwer; 2023.

ascertainment of the outcomes. For example, if investigators were biased in favor of the treatment and knew which participants were randomized to the treatment group, they might unconsciously report more favorable outcomes for them.¹⁰ While randomized controlled trials are initially assigned to the “high” category, their final rating may be lowered based on the aforementioned factors.¹¹

23. By comparison, observational studies are initially assigned to the “low” category.¹² Observational studies include cross-sectional and longitudinal studies. In cross-sectional studies, investigators collect data at a single point in time. Cross-sectional design permits investigators to examine potential associations between factors, but it cannot prove one factor caused the other. In longitudinal studies, researchers follow individuals over time, making continuous or repeated measures.¹³ Observational studies’ final rating may be increased if any of several factors, e.g., a large effect size, is present.¹⁴

24. The labels “high” and “low” quality evidence can be misleading if interpreted in the colloquial sense of “excellent or necessary” or “poor or inadequate,” respectively. While randomized controlled trials are described in the medical literature as “high” quality

¹⁰ Browner WS, Newman TB, Cummings SR, et al. *Designing Clinical Research*. 5th ed. Wolters Kluwer; 2023.

¹¹ Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490; Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol*. 2011;64(4):401-406.

¹² Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490; Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol*. 2011;64(4):401-406.

¹³ Browner WS, Newman TB, Cummings SR, et al. *Designing Clinical Research*. 5th ed. Wolters Kluwer; 2023.

¹⁴ Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490; Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol*. 2011;64(4):401-406.

evidence and observational studies as “low” quality evidence, as described below, “low” quality evidence can be sufficient to justify treatment recommendations. Indeed, clinical practice guidelines regularly rely on “low” quality evidence. A trial or study having methodological limitations does not mean that it is irrelevant.

25. In some contexts, randomized controlled trials may be unavailable, may not be ethical or feasible, or may have intrinsic methodological limitations. There are significant barriers to randomized controlled trials, including their high cost and the lack of funding, the complexity of regulations and trial procedures, and difficulties recruiting sufficient participants.¹⁵ Randomized controlled trials, therefore, are less common than observational studies and may be unavailable for some treatments. Systematic reviews typically find “low” or “very low”-quality evidence for most medical interventions. Padhraig S. Fleming and colleagues conducted a review of systematic reviews published on the Cochrane Database of Systematic Reviews between January 1, 2013, and June 30, 2014. They focused on those that incorporated the GRADE approach and examined the quality of evidence for the first listed primary outcome. Of the 608 reviews, 82 (13.5%) reported “high,” 197 (30.8%) “moderate,” 193 (31.7%) “low,” and 126 (24%) “very low”-

¹⁵ Duley L, Antman K, Arena J, et al. Specific barriers to the conduct of randomized trials. *Clin Trials*. 2008;5(1):40-48; Bothwell LE, Greene JA, Podolsky SH, Jones DS. Assessing the gold standard—Lessons from the history of RCTs. *N Engl J Med*. 2016;374(22):2175-2181.

quality evidence.¹⁶ In a subsequent study, a related group of authors found that updated reviews did not consistently demonstrate an improvement in the quality of the evidence.¹⁷

26. At times, it may be unethical to conduct randomized trials. For randomized trials to be ethical, there must be clinical equipoise. Clinical equipoise is uncertainty within the scientific community about whether the intervention or the control is more efficacious. If clinical equipoise does not exist, it is unethical to knowingly expose trial participants to an inferior intervention or control. Trials must also be feasible: it would also be unethical to expose individuals to the risks of trial participation without the benefit of the trial generating generalizable knowledge. A randomized trial that is unlikely to find enough people to participate because they believe they might be randomized to an inferior intervention, for example, would be unethical because it could not produce generalizable knowledge due to an inadequate sample size.¹⁸

27. Even if randomized controlled trials can be conducted ethically, they may not provide “high” quality of evidence due to intrinsic design limitations. For example, if participants enrolled but were dissatisfied with the group to which they were randomized, they might seek treatment outside of the trial or not follow up. This crossover or loss to

¹⁶ Fleming PS, Koletsi D, Ioannidis JP, Pandis N. High quality of the evidence for medical and other health-related interventions was uncommon in Cochrane systematic reviews. *J Clin Epidemiol.* 2016;78:34-42. *See also* Howick J, Koletsi D, Ioannidis JPA, et al. Most healthcare interventions tested in Cochrane Reviews are not effective according to high quality evidence: A systematic review and meta-analysis. *J Clin Epidemiol.* 2022;148:160-169, which found that only 10.1% of interventions (158 of 1,567) had “high” quality evidence supporting their benefits.

¹⁷ Howick J, Koletsi D, Pandis N, et al. The quality of evidence for medical interventions does not improve or worsen: A metaepidemiological study of Cochrane reviews. *J Clin Epidemiol.* 2020;126:154-159.

¹⁸ Emanuel EJ, Wendler D, Grady C. What makes clinical research ethical? *JAMA.* 2000;283(20):2701-2711.

follow-up could negatively affect the trial. Surgical trials face additional issues: it may be difficult to control for the learning curve (changes in outcomes as a surgeon gains experience with a technique), different surgeon's skill levels, and differences or changes in the surgical technique.¹⁹

28. Observational studies are especially important when randomized controlled trials are unavailable, are not ethical or feasible, or have intrinsic methodological limitations.²⁰

Strength of Recommendations

29. When making recommendations, the authors of guidelines consider a variety of factors; the quality of the evidence is only one factor considered in making recommendations. Other considerations include the balance between desirable and undesirable outcomes, confidence and variability in patients' values and preferences, and resource use.²¹ The GRADE system distinguishes "strong" and "weak" recommendations; "guideline authors make a strong recommendation when they believe that all or almost all informed people would make the recommended choice" and a "weak" recommendation when most would but an appreciable number would not. GRADE acknowledges that "weak" recommendations can be confused with weak evidence or misinterpreted as

¹⁹ Love JW. Drugs and operations. Some important differences. *JAMA*. 1975;232(1):37-38; Gelijns AC, Ascheim DD, Parides MK, Kent KC, Moskowitz AJ. Randomized trials in surgery. *Surgery*. 2009;145(6):581-587.

²⁰ Browner WS, Newman TB, Cummings SR, et al. *Designing Clinical Research*. 5th ed. Wolters Kluwer; 2023.

²¹ Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490; Andrews JC, Schunemann HJ, Oxman AD, et al. GRADE guidelines: 15. Going from evidence to recommendation-determinants of a recommendation's direction and strength. *J Clin Epidemiol*. 2013;66(7):726-735.

ignorable or uncertain recommendations. It offers “conditional,” “discretionary” and “qualified” as alternatives to “weak.”²² The larger the differences between the desirable and undesirable outcomes, and the lesser the variability in patient values and preferences, the more likely a “strong” recommendation is warranted.²³ “Low” quality evidence may be sufficient to make a “strong” recommendation.²⁴ Dr. Li ignores altogether this aspect of medical decision making.

30. Recommendations made by professional associations in guidelines are infrequently based on well-designed and conducted randomized controlled trials. Instead, recommendations are frequently based on observational studies or, if such studies are unavailable, expert opinion. The medical use of the term “expert opinion” in this context refers to the consensus of experts in the relevant field(s) when studies are not available.

31. For example, Jonathan M. Hazelhurst and colleagues reviewed the guidelines produced by five endocrinology associations that graded the quality of the evidence. The 29 guidelines included 1,762 recommendations, only 191 (10.8%) of which were supported

²² Andrews J, Guyatt G, Oxman AD, et al. GRADE guidelines: 14. Going from evidence to recommendations: The significance and presentation of recommendations. *J Clin Epidemiol.* 2013;66(7):719-725.

²³ For example, among people with cancer of the lymphatic system, young people consistently value a longer life more than avoiding chemotherapy side effects, but some older individuals value avoiding side effects more. This justifies a “strong” recommendation in the younger age group and a “weak” recommendation in the older one. Andrews JC, Schunemann HJ, Oxman AD, et al. GRADE guidelines: 15. Going from evidence to recommendation-determinants of a recommendation's direction and strength. *J Clin Epidemiol.* 2013;66(7):726-735.

²⁴ Andrews JC, Schunemann HJ, Oxman AD, et al. GRADE guidelines: 15. Going from evidence to recommendation-determinants of a recommendation's direction and strength. *J Clin Epidemiol.* 2013;66(7):726-735.

by well-conducted, randomized, controlled trials.²⁵ Similar studies of recommendations in other medical specialties also demonstrate that the minority of recommendations (10.8-29%) are based on “high” quality evidence. See Table 1 (Exhibit B). Similar studies are not available in surgery. Studies of surgery, rather than examining the level of evidence in clinical practice guidelines, examine the level of evidence for procedures performed by a surgeon(s) during a particular timeframe.²⁶

Clinical Practice Guidelines for Gender-Affirming Medical Care

32. The level of evidence supporting clinical practice guidelines recommendations regarding gender-affirming medical care is comparable to the level of evidence supporting many other medical treatments, and gender-affirming medical care should not be held to a higher standard.

33. The Endocrine Society, an international medical organization of over 18,000 endocrinology researchers and clinicians, has published a clinical practice guideline for the treatment of gender-dysphoric/gender-incongruent persons, including pubertal suppression, sex hormone treatment, and surgery for gender confirmation.²⁷ WPATH’s Standards of Care for the Health of Transgender and Gender Diverse People, which is

²⁵ Hazlehurst JM, Armstrong MJ, Sherlock M, et al. A comparative quality assessment of evidence-based clinical guidelines in endocrinology. *Clin Endocrinol (Oxf)*. Feb 2013;78(2):183-90. While all of the associations graded the quality of the evidence, not all of the associations used the GRADE methodology.

²⁶ See, for example, Lee JS, Urschel DM, Urschel JD. Is general thoracic surgical practice evidence based? *Ann Thorac Surg*. 2000;70(2):429-431 and Howes N, Chagla L, Thorpe M, McCulloch P. Surgical practice is evidence based. *Br J Surg*. 1997;84(9):1220-1223.

²⁷ Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017;102(11):3869-3903.

currently in its 8th version (“SOC-8”), also provides evidence-based guidelines for the provision of gender-affirming medical care.²⁸ The treatments outlined in these guidelines are also endorsed by other medical professional associations including the American Academy of Family Physicians,²⁹ the AAP,³⁰ the American College of Obstetricians and Gynecologists,³¹ the American Medical Association,³² the American Psychiatric

²⁸ Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, Version 8. *Int J Transgend Health*. 2022;23(Suppl 1):S1-S259.

²⁹ American Academy of Family Physicians. Care for the transgender and gender nonbinary patient. Accessed July 13, 2023. Available at <https://www.aafp.org/about/policies/all/transgender-nonbinary.html#:~:text=The%20American%20Academy%20of%20Family,patients%2C%20including%20children%20and%20adolescents>.

³⁰ Rafferty J, Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, et al. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*. 2018;142(4):e20182162.

³¹ American College of Obstetricians and Gynecologists. ACOG Committee Opinion Number 823: Health care for transgender and gender diverse individuals. March 2021. Accessed July 13, 2023. Available at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals/>; American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice and Committee on Health Care for Underserved Women. Health care for transgender and gender diverse individuals: ACOG Committee Opinion, Number 823. *Obstet Gynecol*. 2021;137(3):e75-e88.

³² American Medical Association. Removing financial barriers to care for transgender patients H-185.950. 2022. Accessed July 13, 2023. Available at <https://policysearch.ama-assn.org/policyfinder/detail/H-185.950?uri=%2FAMADoc%2FHOD.xml-0-1128.xml>; Madara JL to McBride B. April 26, 2021. Accessed July 13, 2023. Available at <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf>.

Association,³³ the American Psychological Association,³⁴ and the Pediatric Endocrine Society.³⁵

34. The Endocrine Society clinical practice guideline includes 28 recommendations: 3 (11%) are based on “moderate,” and 19 (68%) are based on “low” or “very low” quality evidence. The remaining 6 (21%) recommendations are Ungraded Good Practice Statements.³⁶ The quality of the evidence supporting these recommendations is similar to the quality of the evidence supporting the recommendations in other endocrine clinical practice guidelines described above.

35. WPATH’s clinical practice guideline makes 150 recommendations, including 11 recommendations in its chapter on Surgery and Postoperative Care. WPATH relies on a similar body of evidence to the Endocrine Society, with the addition of studies published after the Endocrine Society’s guideline.³⁷

36. There are limitations to the use of randomized controlled trials in gender-

³³ American Psychiatric Association. Position statement on treatment of transgender (trans) and gender diverse youth. July 2020. Accessed July 13, 2023. Available at <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Transgender-Gender-Diverse-Youth.pdf>.

³⁴ American Psychological Association. Transgender, gender identity, and gender expression non-discrimination. August 2008. Accessed July 13, 2023, Available at <https://www.apa.org/about/policy/transgender.pdf>.

³⁵ Endocrine Society and Pediatric Endocrine Society. Transgender health: Position Statement. December 2020. Accessed July 13, 2023. Available at <https://www.endocrine.org/advocacy/position-statements/transgender-health>; Anton BS. Proceedings of the American Psychological Association for the legislative year 2008: Minutes of the annual meeting of the Council of Representatives. *Am Psychol*. 2009;64:372-453.

³⁶ Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017;102(11):3869-3903.

³⁷ Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, Version 8. *Int J Transgend Health*. 2022;23(Suppl 1):S1-S259.

affirming medical care. As a result of the studies referenced by the Endocrine Society and WPATH, and healthcare providers' experience, randomized controlled trials comparing gender-affirming medical care to no medical care are currently unethical. Potential investigators do not have clinical equipoise between treatment and no treatment; they believe that treatment is superior. Therefore, it would be unethical to not provide treatment to the control group. It is also highly unlikely that enough participants would enroll in randomized controlled trials, knowing they might not receive treatment, for them to be informative.³⁸

37. Even if such studies could be conducted ethically, they would provide a lower quality of evidence because of intrinsic limitations in their design. In addition to the aforementioned limitations of randomized controlled trials in surgery, it would be impossible to blind surgeons or participants to whether the participants underwent gender-affirming surgery. This might bias their perception of the outcomes and lower the rating of the study's quality.³⁹

CONCLUSION

38. Dr. Li holds gender-affirming medical care to too high of a standard; she asserts that it must be supported by randomized controlled trials or, more accurately, "high"

³⁸ Chew D, Anderson J, Williams K, May T, Pang K. Hormonal treatment in young people with gender dysphoria: A systematic review. *Pediatrics*. 2018;141(4):e20173742; Reisner SL, Deutsch MB, Bhasin S, et al. Advancing methods for US transgender health research. *Curr Opin Endocrinol Diabetes Obes*. 2016;23(2):198-207.

³⁹ Browner WS, Newman TB, Cummings SR, et al. Designing Clinical Research. 5th ed. Wolters Kluwer; 2023; Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490.

quality evidence (because not all randomized controlled trials constitute “high” quality evidence). Medicine and its clinical practice guidelines do not hold recommendations to this standard and it is a standard that few recommendations meet. Only a minority of recommendations in clinical practice guidelines rely on “high” quality evidence. Treating individuals with gender dysphoria with gender-affirming medical care according to clinical practice guidelines, like the Endocrine Society’s and WPATH’s, is evidence-based. The level of evidence is reasonable to support the recommendations and is comparable to the level of evidence available in other fields of medicine.

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

Executed on August 7, 2023



ARMAND H. MATHENY ANTOMMARIA, MD, PhD

EXHIBIT A

Curriculum Vitae

Last Updated: July 12, 2023

PERSONAL DATA

Armand H. Matheny Antommara, MD, PhD, FAAP, HEC-C

Birth Place: Pittsburgh, Pennsylvania

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CONTACT INFORMATION

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EDUCATION

1983-1987	BSEE	Valparaiso University, with High Distinction Valparaiso, IN
1983-1987	BS	Valparaiso University (Chemistry), with High Distinction Valparaiso, IN
1987-1989	MD	Washington University School of Medicine Saint Louis, MO
1989-2000	PhD	The University of Chicago Divinity School (Religious Ethics) Chicago, IL
2000-2003	Resident	University of Utah (Pediatrics) Salt Lake City, UT
2005-2006	Certificate	Conflict Resolution Certificate Program, University of Utah Salt Lake City, UT

BOARD CERTIFICATION

2019 Pediatric Hospital Medicine, American Board of Pediatrics
2019 Healthcare Ethics Consultant-Certified, Healthcare Ethics Consultation
Certification Commission
2004 General Pediatrics, American Board of Pediatrics

PROFESSIONAL LICENSES

2012-Present Doctor of Medicine, Ohio
2006-2010 Alternative Dispute Resolution Provider—Mediator, Utah
2001-2014 Physician and Surgeon, Utah
2001-2014 Physician and Surgeon Controlled Substance, Utah

PROFESSIONAL EXPERIENCE

Full Time Positions

- 2019-Present *Professor*
Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
Department of Surgery
- 2019-Present *Professor of Clinical-Affiliated*
University of Cincinnati, Cincinnati, OH
Department of Surgery
- 2017-Present *Professor*
Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
Division of Pediatric Hospital Medicine
- 2017-Present *Professor of Clinical-Affiliated*
University of Cincinnati, Cincinnati, OH
Department of Pediatrics
- 2016-2017 *Associate Professor of Clinical-Affiliated*
University of Cincinnati, Cincinnati, OH
Department of Pediatrics
- 2012-2017 *Associate Professor*
Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
Division of Pediatric Hospital Medicine
- 2012-Present *Lee Ault Carter Chair in Pediatric Ethics*
Cincinnati Children’s Hospital Medical Center
- 2012-2016 *Associate Professor-Affiliated*
University of Cincinnati, Cincinnati, OH
Department of Pediatrics
- 2010-2012 *Associate Professor of Pediatrics (with Tenure)*
University of Utah School of Medicine, Salt Lake City, UT
Divisions of Inpatient Medicine and Medical Ethics
- 2010-2012 *Adjunct Associate Professor of Medicine*
University of Utah School of Medicine, Salt Lake City, UT
Division of Medical Ethics and Humanities
- 2004-2010 *Assistant Professor of Pediatrics (Tenure Track)*
University of Utah School of Medicine, Salt Lake City, UT
Divisions of Inpatient Medicine and Medical Ethics
- 2004-2010 *Adjunct Assistant Professor of Medicine*
University of Utah School of Medicine, Salt Lake City, UT
Division of Medical Ethics and Humanities
- 2003-2004 *Instructor of Pediatrics (Clinical Track)*
University of Utah School of Medicine, Salt Lake City, UT
Divisions of Inpatient Medicine and Medical Ethics
- 2003-2004 *Adjunct Instructor of Medicine*
University of Utah School of Medicine, Salt Lake City, UT
Division of Medical Ethics

Part Time Positions

- 2023-Present *Expert Witness*, Report
Poe, et al, v. Drummond, et al., United States District Court for the Northern District of Oklahoma, Case No. 23-cv-00177-JFH-SH
- 2023-Present *Expert Witness*, Report
L.W., et al., v. Skrmetti, et al., United States District Court for the Middle District of Tennessee, Case No. 3:23-cv-00376.
- 2022-Present *Expert Witness*, Reports, Deposition, and Testimony
Dekker, et al., v. Marstiller, et al., United States District Court for the Northern District of Florida, Case No. 4:22-cv-oo325-RH-MAF
- 2022- Present *Expert Witness*, Report, Deposition, and Testimony
Eknes-Tucker, et al., v. Marshall, et al., United States District Court Middle District of Alabama Northern Division, Case No. 2:22-cv0-184-LCB.
- 2022-Present *Expert Witness*, Report and Testimony
Jane Doe, et al., v. Greg Abbott, et al., District Court of Travis County, Texas 353rd Judicial District, Case No. D-1-GN-22-000977
- 2021-2022 *Expert Witness*, Reports, Deposition, and Testimony
Dylan Brandt, et al., v. Leslie Rutledge, et al., United States District Court, Eastern District of Arkansas, Case No.: 5:21-CV-00450-JM-1
- 2021 *Consultant*
Proctor & Gamble, Cincinnati, OH
- 2019 *Consultant*
Sanofi Genzyme, Cambridge, MA
- 2018-Present *Consultant*
Center for Conflict Resolution in Healthcare, Memphis, TN
- 2017-2020 *Consultant*
Amicus Therapeutics, Cranbury, NJ
- 2017 *Consultant*
Sarepta Therapeutics, Cambridge, MA
- 2014 *Consultant*
Genzyme, A Sanofi Company, Cambridge, MA

Editorial Experience

Editorial Board

- 2020-Present *Pediatrics*, Associate Editor for Ethics Rounds and Member of the Executive Editorial Board
- 2015-2020 *Journal of Clinical Ethics*
- 2009-2020 *Journal of Medical Humanities*

Guest Academic Editor

- 2017 *PLOS/ONE*

Ad Hoc Reviewer: *Academic Medicine, Academic Pediatrics, AJOB Primary Research, American Journal of Bioethics, American Journal of Law & Medicine, American Journal of Medical Genetics, American Journal of Transplantation, BMC Medical Ethics, BMJ Open, Canadian Journal of Bioethics, CHEST, Clinical Transplantation, European Journal of Human Genetics, European Journal of Pediatrics, Frontiers in Genetics, Hospital Medicine, International Journal of Health Policy and Management, International Journal of Nursing Studies, Journal of Adolescent and Young Adult Oncology, Journal of Clinical Ethics, Journal of Empirical Research on Human Research Ethics, Journal of General Internal Medicine, Journal of Healthcare Leadership, Journal of Hospital Medicine, Journal of the Kennedy Institute of Ethics, Journal of Law, Medicine & Ethics, Journal of Medical Ethics, Journal of Medical Humanities, Journal of Medicine and Life, Journal of Palliative Care, Journal of Pediatrics, Journal of Pediatric Surgery, Mayo Clinic Proceedings, Medicine, Healthcare and Philosophy, Molecular Diagnosis & Therapy, New England Journal of Medicine, Patient Preference and Adherence, Pediatrics, Pediatrics in Review, Personalized Medicine, PLOS/ONE, Risk Management and Healthcare Policy, Saudi Medical Journal, SSM - Qualitative Research in Health, and Theoretical Medicine and Bioethics*

SCHOLASTIC AND PROFESSIONAL HONORS

2023	<i>Digital Health Award, Bronze Medal in the Digital Health Media/Publications category for <i>Pediatric Collections: Ethics Rounds: A Casebook in Pediatric Bioethics Part II</i>, Health Information Resource Center, Libertyville, IL</i>
2021	<i>Hidden Gem Award, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH</i>
2019-2022	<i>Presidential Citation, American Society for Bioethics and Humanities, Chicago, IL</i>
2016	<i>Laura Mirkinson, MD, FAAP Lecturer, Section on Hospital Medicine, American Academy of Pediatrics, Elk Grove Village, IL</i>
2016, 2018	<i>Certificate of Excellence, American Society for Bioethics and Humanities, Glenview, IL</i>
2013, 2016	<i>Senior Resident Division Teaching Award, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH</i>
2012	<i>Role Model, Quality Review Committee, Primary Children’s Medical Center, Salt Lake City, UT</i>
2011	<i>Member, Society for Pediatric Research, The Woodlands, TX</i>
2011	<i>Presidential Citation, American Society for Bioethics and Humanities, Glenview, IL</i>
2009	<i>Role Model, Quality Review Committee, Primary Children’s Medical Center, Salt Lake City, UT</i>

- 2008 *Nominee*, Physician of the Year, Primary Children’s Medical Center, Salt Lake City, UT
- 2005-2006 *Fellow*, Medical Scholars Program, University of Utah School of Medicine, Salt Lake City, UT
- 1995-1997 *Doctoral Scholar*, Crossroads, A Program of Evangelicals for Social Action, Philadelphia PA
- 1989-1992 *Fellow*, The Pew Program in Medicine, Arts, and the Social Sciences, University of Chicago, Chicago, IL

ADMINISTRATIVE EXPERIENCE

Administrative Duties

- 2023-Present *Chair*, Literature Selection Technical Review Committee, National Library of Medicine, Bethesda, MD
- 2019-Present *Chair*, Oversight Committee, Cincinnati Fetal Center, Cincinnati, OH
- 2014-Present *Chair*, Ethics Committee, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
- 2012-Present *Director*, Ethics Center, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
- 2012-Present *Chair*, Ethics Consultation Subcommittee, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
- 2010 *Co-Chair*, Ethics Subcommittee, Work Group for Emergency Mass Critical Care in Pediatrics, Centers for Disease Control and Prevention, Atlanta, GA
- 2009 *Chair*, Ethics Working Group, H1N1 and Winter Surge, Primary Children’s Medical Center, Salt Lake City, UT
- 2005-2012 *Chair*, Ethics Committee, Primary Children’s Medical Center, Salt Lake City, UT
- 2005-2012 *Chair*, Ethics Consultation Subcommittee, Primary Children’s Medical Center, Salt Lake City, UT
- 2003-4 *Chair*, Clinical Pertinence Committee, Primary Children’s Medical Center, Salt Lake City, UT

Professional & Scientific Committees

Committees

- 2023-Present *Member*, Expert Committee, Humanitarian Access Program, Alnylam Pharmaceuticals, Cambridge, MA
- 2021 *Member*, EMCO Capacity Collaboration, Ohio Hospital Association, Columbus, OH
- 2020-2021 *Member*, Allocation of Scarce Resources Work Group, Ohio Hospital Association, Columbus, OH
- 2020-Present *Member*, Literature Selection Technical Review Committee, National Library of Medicine, Bethesda, MD
- 2020 *Member*, Crisis Standards of Care Workgroup, The Health Collaborative,

- Cincinnati, OH
- 2019-Present *Member*, Healthcare Ethics Consultant Certification Commission, Oak Park, IL
- 2019 *Member*, Expert Panel, Pediatric Oncology End-of-Life Care Quality Markers, Institute for Cancer Outcomes & Survivorship, University of Alabama at Birmingham, Birmingham, AL
- 2018 *Member*, Resource Planning and Allocation Team Implementation Task Force, Ohio Department of Health, Columbus, OH
- 2012-Present *Member*, Gaucher Initiative Medical Expert Committee, Project HOPE, Millwood, VA
- 2009-2014 *Member*, Clinical Ethics Consultation Affairs Committee, American Society for Bioethics and Humanities, Glenview, IL
- 2005-2011 *Member*, Committee on Bioethics, American Academy of Pediatrics, Oak Park, IL

Data Safety and Monitoring Boards

- 2019-Present *Member*, Data and Safety Monitoring Board, Sickle Cell Domestic Trials, National Heart, Lung, and Blood Institute, Bethesda, MD
- 2018-2019 *Member*, Standing Safety Committee for P-188-NF (Carmeseal-MD™) in Duchenne Muscular Dystrophy, Phrixus Pharmaceuticals, Inc., Ann Arbor, MI
- 2017-Present *Member*, Observational Study Monitoring Board, Sickle Cell Disease Observational Monitoring Board, National Heart, Lung, and Blood Institute, Bethesda, MD
- 2016-2018 *Member*, Observational Study Monitoring Board, Long Term Effects of Hydroxyurea in Children with Sickle Cell Anemia, National Heart, Lung, and Blood Institute, Bethesda, MD

Reviewer

- 2020-Present *Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting
- 2020 *Grant Reviewer*, The Croatian Science Foundation, Hrvatska zaklada za znanost (HRZZ)
- 2018 *Book Proposal Reviewer*, Elsevier
- 2018-2019 *Category Leader*, Religion, Culture, and Social Sciences, American Society for Bioethics and Humanities Annual Meeting
- 2017 *Timekeeper*, American Society for Bioethics and Humanities Annual Meeting
- 2017-Present *Abstract Reviewer*, Pediatric Academic Societies Annual Meeting
- 2016-2021 *Workshop Reviewer*, Pediatric Academic Societies Annual Meeting
- 2016 *Grant Reviewer*, Innovation Research Incentives Scheme, The Netherlands Organisation for Health Research and Development
- 2016-2017 *Abstract Reviewer*, American Society for Bioethics and Humanities

- Annual Meeting
 2014, 2016 *External Peer Reviewer*, PSI Foundation, Toronto, Ontario, Canada
 2014 *Member*, Scientific Committee, International Conference on Clinical Ethics and Consultation
 2013 *Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting
 2013 *Reviewer*, Open Research Area Plus, Agence Nationale de la Recherche, Deutsche Forschungsgemeinschaft, Economic and Social Research Council, National Science Foundation, and Organization for Scientific Research
 2011-2012 *Abstract Reviewer*, Pediatric Academic Societies Annual Meeting
 2011-2013 *Workshop Reviewer*, Pediatric Academic Societies Annual Meeting
 2011-2014 *Abstract Reviewer*, Pediatric Hospital Medicine Annual Meeting
 2011-2012 *Religious Studies Subcommittee Leader*, Program Committee, American Society for Bioethics and Humanities Annual Meeting
 2010 *Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting
- Other
- 2023 *Member*, Student Paper Committee, American Society for Bioethics and Humanities
 2021 *Timekeeper*, American Society for Bioethics and Humanities Annual Meeting
 2021 *Mentor*, Early Career Advisor Professional Development Track, American Society for Bioethics and Humanities.
 2021 *Mentor*, Early Career Advisor Paper or Project Track, American Society for Bioethics and Humanities.
 2109 *Mentor*, Early Career Advising Program, American Society for Bioethics and Humanities
 2018 *Passing Point Determination*, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission
 2018 *Member*, Examination Committee, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission
 2018 *Item Writer*, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission

UNIVERSITY COMMUNITY ACTIVITIES

Cincinnati Children's Hospital Medical Center

- 2023-Present *Member*, Executive Committee, Discover Together Biobank
 2020-Present *Member*, Faculty Diversity and Inclusion Steering Committee
 2020-Present *Member*, Medical Management of COVID-19 Committee
 2020-2021 *Member*, Caregiver Refusal Team
 2020-2021 *Member*, COVID-19 Vaccine Allocation Committee

2020 *Member, Personal Protective Equipment Subcommittee of the COVID-19 Steering Committee*

2018-2019 *Member, Planning Committee, Center for Clinical & Translational Science & Training Research Ethics Conference*

2017-Present *Member, Donor Selection Committee*

2017-2020 *Member, Employee Emergency Fund Review Committee*

2017 *Member, Root Cause Analysis Team*

2016-2017 *Member, Planning Committee, Center for Clinical & Translational Science & Training Research Ethics Conference*

2015-2019 *Member, Destination Excellence Medical Advisory Committee*

2015-Present *Member, Disorders of Sexual Development Case Review Committee*

2015-2019 *Member, Destination Excellence Case Review Committee*

2014-2018 *Member, Genomics Review Group, Institutional Review Board*

2014-2017 *Member, Center for Pediatric Genomics Leadership Committee*

2013-2017 *Member, Genetic Testing Subcommittee, Health Network*

2013-2016 *Member, Schwartz Center Rounds Planning Committee*

2013-2014 *Member, Genomics Ad Hoc Subcommittee, Board of Directors*

2012-Present *Member, Cincinnati Fetal Center Oversight Committee*

2012-Present *Member, Ethics Committee*

2012-Present *Member, G-23*

2012-2016 *Member, Integrated Solid Organ Transplant Steering Committee*

University of Utah

2009-2012 *Member, Consolidated Hearing Committee*

University of Utah School of Medicine

2010-2012 *Member, Medical Ethics, Humanities, and Cultural Competence Thread Committee*

2008-2010 *Member, Fourth Year Curriculum Committee*

University of Utah Department of Pediatrics

2010-2011 *Member, Planning Committee, 25th Annual Biological Basis of Children's Health Conference, "Sex, Gender, and Sexuality"*

2009-2012 *Member, Medical Executive Committee*

2005-2012 *Member, Retention, Promotion, and Tenure Committee*

2004-2012 *Interviewer, Residency Program*

2003-2012 *Member, Education Committee*

Intermountain Healthcare

2009-2012 *Member, System-Wide Bioethics Resource Service*

2009-2012 *Member, Pediatric Guidance Council*

Primary Children's Medical Center

2012-2012 *Member*, Shared Accountability Organization Steering Committee
2009 *Member*, H1N1 and Winter Surge Executive Planning Team
2005-2010 *Member*, Continuing Medical Education Committee
2005-2010 *Member*, Grand Rounds Planning Committee
2003-2012 *Member*, Ethics Committee

ACTIVE MEMBERSHIPS IN PROFESSIONAL SOCIETIES

2012-Present Association of Bioethics Program Directors
2011-Present Society for Pediatric Research
2000-Present American Academy of Pediatrics
1999-Present American Society of Bioethics and Humanities

FUNDING

Past Grants

2015-2019 “Better Outcomes for Children: Promoting Excellence in Healthcare Genomics to Inform Policy.”
Percent Effort: 9%
National Human Genome Research Institute
Grant Number: 1U01 HG008666-01
Role: Investigator

2015-2016 “Ethics of Informed Consent for Youth in Foster Care”
Direct Costs: \$10,000
Ethics Grant, Center for Clinical and Translational Science and Training
University of Cincinnati Academic Health Center
Role: Co-Investigator

2014-2015 “Extreme Personal Exposure Biomarker Levels: Engaging Community Physicians and Ethicists for Guidance”
Direct Costs: \$11,640
Center for Environmental Genetics
University of Cincinnati College of Medicine
Role: Investigator

2014-2015 “Child, Adolescent, and Parent Opinions on Disclosure Policies for Incidental Findings in Clinical Whole Exome Sequencing”
Direct Costs: \$4,434
Ethics Grant, Center for Clinical and Translational Science and Training,
University of Cincinnati Academic Health Center
Role: Principal Investigator

- 2013-2014 “Better Outcomes for Children: GWAS & PheWAS in eMERGEII
 Percent Effort: 5%
 National Human Genome Research Institute
 Grant Number: 3U01HG006828-0251
 Role: Investigator
- 2004-2005 "Potential Patients' Knowledge, Attitudes, and Beliefs Regarding
 Participating in Medical Education: Can They be Interpreted in Terms of
 Presumed Consent?"
 Direct Costs: \$8,000
 Interdisciplinary Research in Applied Ethics and Human Values, University
 Research Committee, University of Utah
 Role: Principal Investigator

TEACHING RESPONSIBILITIES/ASSIGNMENTS

Course and Curriculum Development

- 2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of
 Medicine, Taught 1 time per year, Taken by medical students, Enrollment
 100

Course Lectures

- 2018, 2021 Introduction to Biotechnology, “Ethics and Biotechnology” and “Clinical
 Ethics,” BIOL 3027, University of Cincinnati, Taught 1 time per year,
 Taken by undergraduate students, Enrollment 25.
- 2018-Present Biomedical Ethics, “Conscientious Objection in Healthcare” and “Ethical
 Issues in the Care of Transgender Adolescents,” MEDS 4035 & MEDS
 4036, University of Cincinnati College of Medicine, Taught 1 time per
 year, Taken by senior undergraduate students, Enrollment 52.
- 2016 Foundations of Healthcare Ethics and Law, “Clinical Ethics,” HESA 390,
 Xavier University.
- 2014-Present Physicians and Society, “Transfusion and the Jehovah’s Witness Faith,”
 “Obesity Management: Ethics, Policy, and Physician Implicit Bias,”
 “Embryos and Ethics: The Ethics of Designer Babies,” “Ethics and
 Genetic Testing,” and “Ethics and Direct to Consumer Genetic Testing,”
 26950112 and 26950116, University of Cincinnati School of Medicine,
 Taken by first and second year medical students, Enrollment 100.
- 2014-Present Ethical Issues in Health Care, “Ethical Issues in Managing Drug
 Shortages: The Macro, Meso, and Micro Levels,” HESA 583, College of
 Social Sciences, Health, and Education Health Services Administration,
 Xavier University, Taken by health services administration students,
 Enrollment 25.

- 2009 Physical Diagnosis II, Internal Medicine 7160, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100
- 2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught 1 time per year, Taken by fourth year medical students, Enrollment 100

Small Group Teaching

- 2018-Present Ethics in Research, GNTD 7003-001, University of Cincinnati School of Medicine, Taught 1 time per year, Taken by fellows, MS, and PhD students, Enrollment 110.
- 2007 Physical Diagnosis I, Internal Medicine 7150, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100
- 2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught 1 time per year, Taken by fourth medical students, Enrollment 100
- 2003 Pediatric Organ System, Pediatrics 7020, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100

Graduate Student Committees

- 2018-2022 *Chair*, Scholarship Oversight Committee, William Sveen, Pediatric Critical Care Fellowship, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
- 2018-2020 *Member*, Scholarship Oversight Committee, Anne Heueman, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2017-2019 *Chair*, Scholarship Oversight Committee, Bryana Rivers, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2013-2015 *Mentor*, Sophia Hufnagel, Combined Pediatrics/Genetics Residency, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
- 2013-2015 *Co-Chair*, Scholarship Oversight Committee, Andrea Murad, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2013-2014 *Member*, Scholarship Oversight Committee, Grace Tran, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2011-2012 *Chair*, Scholarship Oversight Committee, Kevin E. Nelson, MD, PhD, Pediatric Inpatient Medicine Fellowship, University of Utah, Salt Lake City, UT

Continuing Education Lectures

- 2008 Choosing Healthplans All Together (CHAT) Exercise Facilitator, 18th Annual Intermountain Medical Ethics Conference, “Setting Priorities for Healthcare in Utah: What Choices are We Ready to Make?,” Salt Lake City, Utah, October 3.

- 2007 *Speaker*, Infant Medical Surgical Unit, Primary Children's Medical Center, "Withholding and Withdrawing Artificial Nutrition and Hydration: Can It Be Consistent With Care?," Salt Lake City, Utah, September 6.
- 2007 *Faculty Scholar-in Residence*, Summer Seminar, "The Role of Religion in Bioethics," Utah Valley State College, Orem, Utah, May 1.
- 2006 *Workshop Leader*, Faculty Education Retreat, "Publications and Publishing in Medical Education," University of Utah School of Medicine, Salt Lake City, Utah, September 15.
- 2006 *Breakout Session*, 16th Annual Intermountain Medical Ethics Conference, "Donation after Cardiac Death: Evolution of a Policy," Salt Lake City, Utah, March 28.

Other Educational Activities

- 2008 *Instructor*, Contemporary Ethical Issues in Medicine and Medical Research, Osher Lifelong Learning Institute, University of Utah, "Religion and Bioethics: Religiously Based Demands for and Refusals of Treatment," Salt Lake City, Utah, February 7.
- 2007 *Speaker*, Biology Seminar, Utah Valley State College, "Is He Dead?: Criteria of the Determination of Death and Their Implications for Withdrawing Treatment and Recovering Organs for Transplant," Orem, Utah, September 21.

PEER-REVIEWED JOURNAL ARTICLES

1. Erica K. Salter, D. Micah Hester, Lou Vinarcsik, Armand H. Matheny Antommara, Johan Bester, Jeffrey Blustein, Ellen Wright Clayton, Douglas S. Diekema, Ana S. Iltis, Loretta M. Kopelman, Jay R. Malone, Mark R. Mercurio, Mark C. Navin, Erin Talati Paquette, Thaddeus Mason Pope, Rosamond Rhodes, and Lainie F. Ross, (Forthcoming) "Pediatric Decision Making: Consensus Recommendations," *Pediatrics*.
2. William N. Sveen, Armand H. Matheny Antommara, Stephen Gilene, and Erika L. Stalets. (2023) "Adverse Events During Apnea Testing for the Determination of Death by Neurologic Criteria: A Single Center, Retrospective Pediatric Cohort." *Pediatric Critical Care Medicine*. 24: 399-405. PMID: 36815829.
3. Erica K. Salter, Jay R. Malone, Amanda Berg, Annie Friedrich, Alexandra Hucker, Hillary King, and Armand H. Matheny Antommara. (2023) "Triage Policies at U.S. Hospitals with Pediatric Intensive Care Units." *AJOB Empirical Bioethics*. 14: 84-90. PMID: 36576201.
4. Armand H. Matheny Antommara, Elizabeth Lanphier, Anne Housholder, and Michelle McGowan. (2023). "A mixed methods analysis of requests for religious exemptions to a COVID-19 vaccine requirement." *AJOB Empirical Bioethics*. 14: 15-22. PMID: 36161802.

5. Anne C Heuerman, Danielle Bessett, Armand H. Matheny Antommara, Leandra K. Toluoso, Nicki Smith, Alison H. Norris and Michelle L. McGowan (2022). "Experiences of reproductive genetic counselors with abortion regulations in Ohio." *Journal of Genetic Counseling*. 31: 641-652. PMID: 34755409.
6. Armand H. Matheny Antommara and Ndidi I. Unaka. (2021) "Counterpoint: Prioritizing Health Care Workers for Scarce Critical Care Resources is Impractical and Unjust." *Journal of Hospital Medicine*. 16: 182-3. PMID 33617445.
7. Gregory A. Grabowski, Armand H. Matheny Antommara, Edwin H. Kolodny, and Pramod K. Mistry. (2021) "Gaucher Disease: Basic and Translational Science Needs for More Complete Therapy and Management." *Molecular Genetics and Metabolism*. 132: 59-75. PMID: 33419694.
8. Armand H. Matheny Antommara, Laura Monhollen, and Joshua K. Schaffzin. (2021) "An Ethical Analysis of Hospital Visitor Restrictions and Masking Requirements During the COVID-19." *Journal of Clinical Ethics*. 32(1): 35-44. PMID 33416516.
9. Armand H. Matheny Antommara (2020) "The Pediatric Hospital Medicine Core Competencies: 4.05 Ethics." *Journal of Hospital Medicine*. 15(S1): 120-121.
10. Armand H. Matheny Antommara, Tyler S. Gibb, Amy L. McGuire, Paul Root Wolpe, Matthew K. Wynia, Megan K. Applewhite, Arthur Caplan, Douglas S. Diekema, D. Micah Hester, Lisa Soleymani Lehmann, Renee McLeod-Sordjan, Tamar Schiff, Holly K. Tabor, Sarah E. Wieten, and Jason T. Eberl for a Task Force of the Association of Bioethics Program Directors (2020) "Ventilator Triage Policies During the COVID-19 Pandemic at U.S. Hospitals Associated With Members of the Association of Bioethics Program Directors." *Annals of Internal Medicine*. 173(3): 188-194. PMID: 32330224.
11. Armand H. Matheny Antommara (2020) "Conflicting Duties and Reciprocal Obligations During a Pandemic." *Journal of Hospital Medicine*. 5:284-286. PMID: 32379030.
12. Mary V. Greiner, Sarah J. Beal, and Armand H. Matheny Antommara (2020) "Perspectives on Informed Consent Practices for Minimal-Risk Research Involving Foster Youth." *Pediatrics*. 45:e20192845. PMID: 32156772.
13. Jennifer deSante-Bertkau, Michelle McGowan, and Armand H. Matheny Antommara (2018) "Systematic Review of Typologies Used to Characterize Clinical Ethics Consultations." *Journal of Clinical Ethics*. 29:291-304. PMID: 30605439.
14. Andrew J. Redmann, Melissa Schopper, Armand H. Matheny Antommara, Judith Ragsdale, Alessandro de Alarcon, Michael J. Jutter, Catherine K. Hart, and Charles M. Myer. (2018) "To Transfuse or Not to Transfuse? Jehovah's Witnesses and PostOperative Hemorrhage in Pediatric Otolaryngology." *International Journal of Pediatric Otorhinolaryngology*. 115:188-192. PMID: 30368384.
15. Armand H. Matheny Antommara, Kyle B. Brothers, John A. Myers, Yana B Feygin, Sharon A. Aufox, Murray H. Brilliant, Pat Conway, Stephanie M. Fullerton, Nanibaa' A. Garrison, Carol R. Horowitz, Gail P. Jarvik, Rongling Li, Evette J. Ludman, Catherine A. McCarty, Jennifer B. McCormick, Nathaniel D. Mercaldo, Melanie F. Myers, Saskia C. Sanderson, Martha J. Shrubsole, Jonathan S. Schildcrout, Janet L.

- Williams, Maureen E. Smith, Ellen Wright Clayton, Ingrid A. Holm. (2018) "Parents' Attitudes toward Consent and Data Sharing in Biobanks: A Multi-Site Experimental Survey." *AJOB Empirical Research*. 21:1-15. PMID: 30240342.
16. Armand H. Matheny Antommara and Cynthia A. Prows. (2018) "Content Analysis of Requests for Religious Exemptions from a Mandatory Influenza Vaccination Program for Healthcare Personnel" *Journal of Medical Ethics*. 44: 389-391. PMID: 29463693.
 17. Armand H. Matheny Antommara (2017) "May Medical Centers Give Nonresident Patients Priority in Scheduling Outpatient Follow-Up Appointments?" *Journal of Clinical Ethics*. 28: 217-221. PMID: 28930708.
 18. Andrea M. Murad, Melanie F. Myers, Susan D. Thompson, Rachel Fisher, and Armand H. Matheny Antommara (2017) "A Qualitative Study of Adolescents' Understanding of Biobanks and Their Attitudes Toward Participation, Re-contact, and Data Sharing." *American Journal of Medical Genetics: Part A*. 173: 930-937. PMID: 28328120.
 19. Saskia Sanderson, Kyle Borthers, Nathaniel Mercaldo, Ellen Wright Clayton, Armand Antommara, Sharon Aufox, Murray Brilliant, Diego Campos, David Carrell, John Connolly, Pat Conway, Stephanie Fullerton, Nanibaa Garrison, Carol Horowitz, Gail Jarvik, David Kaufman, Terrie Kitchner, Rongling Li, Evette Ludman, Catherine McCarty, Jennifer McCormick, Valerie McManus, Melanie Myers, Aaron Scrol, Janet Williams, Martha Shrubsole, Jonathan Schildcrout, Maureen Smith, and Ingrid Holm (2017) "Public Attitudes Towards Consent and Data Sharing in Biobank Research: A Large Multisite Experimental Survey in the US." *The American Journal of Human Genetics*. 100: 414-427. PMID: 28190457.
 20. Maureen E. Smith, Saskia C Sanderson, Kyle B Brothers, Melanie F Myers, Jennifer McCormick, Sharon A Aufox, Martha J Shrubsole, Nanibaa' A Garrison, Nathaniel D Mercaldo, Jonathan S Schildcrout, Ellen Wright Clayton, Armand H. Matheny Antommara, Melissa Basford, Murray Brilliant, John J Connolly, Stephanie M Fullerton, Carol R Horowitz, Gail P Jarvik, Dave Kaufman, Terrie Kitchner, Rongling Li, Evette J Ludman, Catherine McCarty, Valerie McManus, Sarah C Stallings, Janet L Williams, and Ingrid A Holm (2016) "Conducting a Large, Multi-Site Survey about Patients' Views on Broad Consent: Challenges and Solutions." *BMC Medical Research Methodology*. 16: 162. PMID: 27881091.
 21. Angela Lorts, Thomas D. Ryan, Armand H. Matheny Antommara, Michael Lake, and John Bucuvalas (2016) "Obtaining Consensus Regarding International Transplantation Continues to be Difficult for Pediatric Centers in the United States." *Pediatric Transplant*. 20: 774-777. PMID: 27477950.
 22. Sophia B. Hufnagel, Lisa J. Martin, Amy Cassidy, Robert J. Hopkin, and Armand H. Matheny Antommara (2016) "Adolescents' Preferences Regarding Disclosure of Incidental Findings in Genomic Sequencing That Are Not Medically Actionable in Childhood." *American Journal of Medical Genetics Part A*. 170: 2083-2088. PMID: 27149544.

23. Nanibaa' A. Garrison, Nila A. Sathe, Armand H. Matheny Antommara, Ingrid A. Holm, Saskia Sanderson, Maureen E. Smith, Melissa McPheeters, and Ellen Wright Clayton (2016) "A Systematic Literature Review of Individuals' Perspectives on Broad Consent and Data Sharing in the United States." *Genetics in Medicine*. 18: 663-71. PMID: 26583683.
24. Kyle B. Brothers, Ingrid A. Holm Janet E. Childerhose, Armand H. Matheny Antommara, Barbara A. Bernhardt, Ellen Wright Clayton, Bruce D. Gelb, Steven Joffe, John A. Lynch, Jennifer B. McCormick, Laurence B. McCullough, D. William Parsons, Agnes S. Sundaresan, Wendy A. Wolf, Joon-Ho Yu, and Benjamin S. Wilfond (2016) "When Genomic Research Participants Grow Up: Contact and Consent at the Age of Majority." *The Journal of Pediatrics* 168: 226-31. PMID: 26477867.
25. Erin E. Bennett, Jill Sweney, Cecile Aguayo, Criag Myrick, Armand H. Matheny Antommara, and Susan L. Bratton (2015) "Pediatric Organ Donation Potential at a Children's Hospital." *Pediatric Critical Care Medicine*. 16: 814-820. PMID: 26237656.
26. Anita J. Tarzian, Lucia D. Wocial, and the ASBH Clinical Ethics Consultation Affairs Committee (2015) "A Code of Ethics for Health Care Ethics Consultants: Journey to the Present and Implications for the Field." *American Journal of Bioethics*. 15: 38-51. PMID: 25970392.
27. Armand H. Matheny Antommara, Christopher A. Collura, Ryan M. Antiel, and John D. Lantos (2015) "Two Infants, Same Prognosis, Different Parental Preferences." *Pediatrics*, 135: 918-923. PMID: 25847802.
28. Stefanie Benoit, Armand H. Matheny Antommara, Norbert Weidner, and Angela Lorts (2015) "Difficult Decision: What should we do when a VAD supported child experiences a severe stroke?" *Pediatric Transplantation* 19: 139-43. PMID: 25557132.
29. Kyle B. Brothers, John A. Lynch, Sharon A. Aufox, John J. Connolly, Bruce D. Gelb, Ingrid A. Holm, Saskia C. Sanderson, Jennifer B. McCormick, Janet L. Williams, Wendy A. Wolf, Armand H. Matheny Antommara, and Ellen W. Clayton (2014) "Practical Guidance on Informed Consent for Pediatric Participants in a Biorepository." *Mayo Clinic Proceedings*, 89: 1471-80. PMID: 25264176.
30. Sophia M. Bous Hufnagel and Armand H. Matheny Antommara (2014) "Laboratory Policies on Reporting Secondary Findings in Clinical Whole Exome Sequencing: Initial Uptake of the ACMG's Recommendations." *American Journal of Medical Genetics Part A*, 164: 1328-31. PMID: 24458369.
31. Wylie Burke, Armand H. Matheny Antommara, Robin Bennett, Jeffrey Botkin, Ellen Wright Clayton, Gail E. Henderson, Ingrid A. Holm, Gail P. Jarvik, Muin J. Khoury, Bartha Maria Knoppers, Nancy A. Press, Lainie Friedman Ross, Mark A. Rothstein, Howard Saal, Wendy R. Uhlmann, Benjamin Wilfond, Susan M. Wold, and Ron Zimmern (2013) "Recommendations for Returning Genomic Incidental Findings? We Need to Talk!" *Genetics in Medicine*, 15: 854-859. PMID: 23907645.

32. Armand H. Matheny Antommara (2013) "An Ethical Analysis of Mandatory Influenza Vaccination of Health Care Personnel: Implementing Fairly and Balancing Benefits and Burdens," *American Journal of Bioethics*, 13: 30-37. PMID: 23952830.
33. Joseph A. Carrese and the Members of the American Society for Bioethics and Humanities Clinical Ethics Consultation Affairs Standing Committee (2012) "HCEC Pearls and Pitfalls: Suggested Do's and Don't's for Healthcare Ethics Consultants," *Journal of Clinical Ethics*, 23: 234-240. PMID: 23256404.
34. Christopher G Maloney, Armand H Matheny Antommara, James F Bale Jr., Jian Ying, Tom Greene and Rajendu Srivastiva (2012) "Factors Associated with Intern Noncompliance with the 2003 Accreditation Council for Graduate Medical Education's 30-hour Duty Period Requirement," *BMC Medical Education* 12: 33. PMID: 22621439.
35. Armand H. Matheny Antommara, Jill Sweney, and W. Bradley Poss (2010) "Critical Appraisal of: Triaging Pediatric Critical Care Resources During a Pandemic: Ethical and Medical Considerations," *Pediatric Critical Care Medicine*, 11:396-400. PMID: 20453611.
36. Armand H. Matheny Antommara, Karen Trotochaud, Kathy Kinlaw, Paul N. Hopkins, and Joel Frader (2009) "Policies on Donation After Cardiac Death at Children's Hospitals: A Mixed-Methods Analysis of Variation," *Journal of the American Medical Association*, 301: 1902-8. PMID: 19436017.
37. Kristine M. Pleacher, Elizabeth S. Roach, Willem Van der Werf, Armand H. Matheny Antommara, and Susan L. Bratton (2009) "Impact of a Pediatric Donation after Cardiac Death Program," *Pediatric Critical Care Medicine*, 10: 166-70. PMID: 19188881.
38. Flory L. Nkoy, Sarah Petersen, Armand H Matheny Antommara, and Christopher G. Maloney (2008) "Validation of an Electronic System for Recording Medical Student Patient Encounters," *AMIA [American Medical Informatics Association] Annual Symposium Proceedings*, 6: 510-14. PMID: 18999155. Nominated for the Distinguished Paper Award
39. Armand H. Matheny Antommara, Sean D. Firth, and Christopher G. Maloney (2007) "The Evaluation of an Innovative Pediatric Clerkship Structure Using Multiple Outcome Variables including Career Choice" *Journal of Hospital Medicine*, 2: 401-408. PMID: 18081170.
40. Armand H. Matheny Antommara (2006) "'Who Should Survive?: One of the Choices on Our Conscience:' Mental Retardation and the History of Contemporary Bioethics." *Kennedy Institute of Ethics Journal*, 16: 205-224. PMID: 17091558.
41. Armand H. Matheny Antommara (2004) "Do as I Say Not as I Do: Why Bioethicists Should Seek Informed Consent for Some Case Studies." *Hastings Center Report*, 34 (3): 28-34. PMID: 15281724.
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3. Armand H. Matheny Antommara and Brent D. Kaziny (2012) “Ethical Issues in Pediatric Emergency Medicine’s Preparation for and Response to Disasters.” *Virtual Mentor*, 14: 801-4. PMID: 23351860.
4. Armand H. Matheny Antommara, Tia Powell, Jennifer E. Miller, and Michael D. Christian (2011) “Ethical Issues in Pediatric Emergency Mass Critical Care,” *Pediatric Critical Care Medicine*, 12(6 Suppl): S163-8. PMID: 22067926.
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11. Armand H. Matheny Antommara and James F. Bale, Jr. (2002) “Ethical Issues in Clinical Practice: Cases and Analyses,” *Seminars in Pediatric Neurology* 9: 67-76. PMID: 11931129.

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Armand H. Matheny Antommara (2010) “Conceptual and Ethical Issues in the Declaration of Death: Current Consensus and Controversies.” *Pediatrics in Review* 31: 427-430. PMID: 20889737.

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1. Armand H. Matheny Antommara, ed. (2022) *Ethics Rounds: A Casebook in Pediatric Bioethics Part II*. Itasca, IL: American Academy of Pediatrics.
2. Armand H. Matheny Antommara (1998) *A Retrospective, Political and Ethical Analysis of State Intervention into Parental Healthcare Decisions for Infants with Disabilities*. Wynnewood, Pennsylvania: Evangelicals for Social Action.

BOOK CHAPTERS

1. Armand H. Matheny Antommara (2018) "Against Medical Advice Discharges: Pediatric Considerations." In *Against-Medical-Advice Discharges from the Hospital: Optimizing Prevention and Management to Promote High-Quality, Patient-Centered Care*. David Alford. New York, Springer: 143-157.
2. Armand H. Matheny Antommara (2016) "Conscientious Objection in Reproductive Medicine." In *The Oxford Handbook of Reproductive Ethics*. Leslie Francis. Oxford, Oxford University Press: 209-225.
3. Armand H. Matheny Antommara (2011) "Patient Participation in Medical Education." In *Clinical Ethics in Pediatrics: A Case-based Approach*. Douglas Diekema, Mark Mercurio, and Mary Beth Adam. Cambridge, Cambridge University Press: 221-225.
4. Armand H. Matheny Antommara (2011) "State Intervention in Parental Decision Making: *Gone Baby Gone*." In *The Picture of Health: Medical Ethics and the Movies*. Henri Colt, Silvia Quadrelli, and Lester Friedman. Oxford, Oxford University Press: 308-12.
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6. Armand H. Matheny Antommara (2007) "Do-Not-Resuscitate Orders." In *Comprehensive Pediatric Hospital Medicine*. L. B. Zaoutis and V. W. Chiang. Philadelphia, Mosby Elsevier: 1200-4.

OTHER

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2. American Academy of Pediatrics Committee on Bioethics. Armand H. Matheny Antommara Lead Author. (2013) "Ethical Controversies in Organ Donation After Circulatory Death." *Pediatrics*. 131: 1021-1026. PMID: 23629612.

3. American Academy of Pediatrics Committee on Bioethics and Committee on Genetics and the American College of Medical Genetics and Genomics Social, Ethical, and Legal Issues Committee (2013) "Policy Statement: Ethical and Policy Issues in Genetic Testing and Screening of Children." *Pediatrics*. 131: 620-622. PMID: 23428972.
4. Lainie Friedman Ross, Howard M. Saal, Karen L. David, Rebecca R. Anderson and the American Academy of Pediatrics Committee on Bioethics and Committee on Genetics and the American College of Medical Genetics and Genomics Social, Ethical, and Legal Issues Committee (2013) "Technical Report: Ethical and Policy Issues in Genetic Testing and Screening of Children." *Genetics in Medicine*. 15: 234-245. PMID: 23429433.
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7. American Academy of Pediatrics Committee on Pediatric Emergency Medicine and Committee on Bioethics (2011) "Consent for Emergency Medical Services for Children and Adolescents." *Pediatrics* 128: 427-433. PMID: 21788221.
8. Council on School Health and Committee on Bioethics. Robert Murray and Armand H. Matheny Antommara Lead Authors. (2010) "Honoring –Do-Not-Attempt Resuscitation Requests in Schools." *Pediatrics* 125; 1073-1077. PMID: 20421255.
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12. Liza-Marie Johnson, Erica C. Kaye, Kimberly Sawyer, Alex M. Brenner, Stefan J. Friedrichsdorf, Abby R. Rosenberg, Armand H. Matheny Antommara. (2021) "Opioid Management in the Dying Child With Addiction." *Pediatrics* 147: e2020046219. PMID 33446508.

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1. Armand H. Matheny Antommara (2014) Authored 4 questions. NEJM Knowledge+ Family Medicine Board Review. NEJM Group.
2. Armand H. Matheny Antommara (2009) "Hot Topics: Ethics and Donation After Cardiac Death [online course]. PediaLink. American Academy of Pediatrics. October 24. <http://ethics.ht.courses.aap.org/>. Accessed December 14, 2009.

Editorials

1. Armand H. Matheny Antommara, Chris Feudtner, Mary Beth Benner, and Felicia Cohn on Behalf of the Healthcare Ethics Consultant-Certified Certification Commission (2020) "The Healthcare Ethics Consultant-Certified Program: Fair, Feasible, and Defensible, But Neither Definite Nor Finished," *American Journal of Bioethics* 20:1-5. PMID: 32105202.
2. Armand H. Matheny Antommara and Pamela W. Popp (2020) "The Potential Roles of Surrogacy Ladders, Standby Guardians, and Medicolegal Partnerships, in Surrogate Decision Making for Parents of Minor Children," *Journal of Pediatrics* 220:11-13. PMID 31952849.

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1. Jerry Schwartz, Dawn Nebrig, Laura Monhollen, and Armand H. Matheny Antommara. (2023) "Transforming Behavior Contracts into Collaborative Commitments with Families." *American Journal of Bioethics*. 23(1): 73-75. PMID: 36594997.
2. Armand H. Matheny Antommara and Elizabeth Lanphier. (2022) "Supporting Marginalized Decision-Maker's Autonom(ies)." *American Journal of Bioethics*. 22(6):22-24. PMID: 35616965.
3. Mary V. Greiner and Armand H. Matheny Antommara. (2022) "Enrolling Foster Youth in Clinical Trials: Avoiding the Harm of Exclusion." *American Journal of Bioethics*. 22(4):85-86. PMID: 35420526.
4. William Sveen and Armand H. Matheny Antommara. (2020) "Why Healthcare Workers Should Not Be Prioritized in Ventilator Triage." *American Journal of Bioethics*. 20(7): 133-135. PMID: 32716811.
5. Armand H. Matheny Antommara, William Sveen, and Erika L. Stalets (2020) "Informed Consent Should Not Be Required for Apnea Testing and Arguing It Should Misses the Point," *American Journal of Bioethics*. 20: 25-27. PMID: 32441602.
6. Armand H. Matheny Antommara (2019) "Relational Potential versus the Parent-Child Relationship," *Hastings Center Report*. 49(3): 26-27. PMID: 31269255.

7. Armand H. Matheny Antommara, Robert A. Shapiro, and Lee Ann E. Conard (2019) "Psychological Maltreatment and Medical Neglect of Transgender Adolescents: The Need for Recognition and Individualized Assessment." *American Journal of Bioethics*. 19: 72-74. PMID: 31543011.
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9. Armand H. Matheny Antommara and Judith R. Ragsdale (2018) "Shaken, not Stirred: What are Ethicists Licensed to Do?" *American Journal of Bioethics* 18: 56-58. PMID: 29697345.
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12. Armand H. Matheny Antommara and Ron King. (2016) "Moral Hazard and Transparency in Pediatrics: A Different Problem Requiring a Different Solution." *American Journal of Bioethics* 16: 39-40. PMID: 27292846.
13. Armand H. Matheny Antommara and Richard F. Ittenabch (2016) "Quality Attestation's Portfolio Evaluation Is Feasible, But Is It Reliable and Valid?" *American Journal of Bioethics* 16: 35-38. PMID: 26913658.
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15. Armand H. Matheny Antommara (2015) "Characterizing Clinical Ethics Consultations: The Need for a Standardized Typology of Cases." *American Journal of Bioethics* 15: 18-20. PMID: 25970383.
16. Armand H. Matheny Antommara (2015) "Intensified Conflict Instead of Closure: Clinical Ethics Consultants' Recommendations' Potential to Exacerbate Ethical Conflicts." *American Journal of Bioethics* 15: 52-4. PMID: 25562231.
17. Lainie Friedman Ross and Armand H. Matheny Antommara (2014) "The need to promote all pediatric stem cell donors' understanding and interests." *Pediatrics* 133: e1356-e1357. PMID: 24777208.
18. Armand H. Matheny Antommara (2014) "Pubertal Suppression and Professional Obligations: May a Pediatric Endocrinologist Refuse to Treat an Adolescent with Gender Dysphoria." *American Journal of Bioethics* 13: 43-46. PMID: 24422933.
19. Armand H. Matheny Antommara (2012) "Empowering, Teaching, and Occasionally Advocating: Clinical Ethics Consultants' Duties to All of the Participants in the Process." *American Journal of Bioethics* 12 11-3. PMID: 22852533.

20. Armand H. Matheny Antommara (2010) “Dying but not Killing: Donation after Cardiac Death Donors and the Recovery of Organs.” *Journal of Clinical Ethics* 21: 229-31. PMID: 21089993.
21. Armand H. Matheny Antommara and Julie Melini (2010) “Is it Reasonable to Refuse to be Seen by a Nurse Practitioner in the Emergency Department?” *American Journal of Bioethics* 10: 15-17. PMID: 20694899.
22. William Meadow, Chris Feudtner, Armand H. Matheny Antommara, Dane Sommer, John Lantos (2010) “A Premature Baby with Necrotizing Enterocolitis Whose Parents Are Jehovah’s Witnesses.” *Pediatrics*. 216: 151-155. PMID: 20566607.
23. C. C. Weitzman, S. Schlegel, Nancy Murphy, Armand H. Matheny Antommara, J. P. Brosco, Martin T. Stein (2009) “When Clinicians and a Parent Disagree on the Extent of Medical Care.” *Journal of Developmental and Behavioral Pediatrics*. 30: 242-3. PMID: 19525718. Reprinted as (2010) *Journal of Developmental and Behavioral Pediatrics*. 31: S92-5. PMID: 20414087
24. Armand H. Matheny Antommara and Susan Bratton (2008) “Nurses’ Attitudes toward Donation after Cardiac Death: Implications for Nurses’ Roles and Moral Distress.” *Pediatric Critical Care Medicine*, 9: 339-40. PMID: 18446100.
25. Armand H. Matheny Antommara and Nannette C. Dudley (2007) "Should Families Be Present During CPR?" *AAP Grand Rounds*, 17: 4-5.
26. Armand H. Matheny Antommara (2006) “The Proper Scope of Analysis of Conscientious Objection in Healthcare: Individual Rights or Professional Obligations” *Teaching Ethics*, 7: 127-31.
27. Armand H. Matheny Antommara and Rajendu Srivastava (2006) “If Cardiologists Take Care of Patients with Heart Disease, What do Hospitalists Treat?: Hospitalists and the Doctor-Patient Relationship.” *American Journal of Bioethics*, 6: 47-9. PMID: 16423793.
28. Armand H. Matheny Antommara (2003) “I Paid Out-of-Pocket for My Son’s Circumcision at Happy Valley Tattoo and Piercing: Alternative Framings of the Debate over Routine Neonatal Male Circumcision,” *American Journal of Bioethics* 3: 51-3. PMID: 12859817.

Letters

1. Benjamin S. Wilfond, David Magnus, Armand H Matheny Antommara, Paul Appelbaum, Judy Aschner, Keith J. Barrington, Tom Beauchamp, Renee D. Boss, Wylie Burke, Arthur L. Caplan, Alexander M. Capron, Mildred Cho, Ellen Wright Clayton, F. Sessions Cole, Brian A. Darlow, Douglas Diekema, Ruth R. Faden, Chris Feudtner, Joseph J. Fins, Norman C. Fost, Joel Frader, D. Micah Hester, Annie Janvier, Steven Joffe, Jeffrey Kahn, Nancy E. Kass, Eric Kodish, John D. Lantos, Laurence McCullough, Ross McKinney, Jr., William Meadow, P. Pearl O’Rourke, Kathleen E. Powderly, DeWayne M. Pursley, Lainie Friedman Ross, Sadath Sayeed, Richard R. Sharp, Jeremy Sugarman, William O. Tarnow-Mordi, Holly Taylor, Tom Tomlison, Robert D. Truog, Yoram T. Unguru, Kathryn L. Weise, David Woodrum,

- Stuart Youngner (2013) “The OHRP and SUPPORT,” *New England Journal of Medicine*, 368: e36. PMID: 23738513.
2. Lainie Friedman Ross and Armand H. Matheny Antommara (2011) “In Further Defense of the American Academy of Pediatrics Committee on Bioethics ‘Children as Hematopoietic Stem Cell Donors’ Statement.” *Pediatric Blood & Cancer*. 57: 1088-9.
 3. Armand H. Matheny Antommara (2011) “Growth Attenuation: Health Outcomes and Social Services.” *Hastings Center Report*, 41(5): 4. PMID: 21980886.
 4. Susan Bratton and Armand H. Matheny Antommara (2010) “Dead Donor Rule and Organ Procurement: The Authors Reply.” *Pediatric Critical Care Medicine*, 11: 314-5.
 5. Armand H. Matheny Antommara and Joel Frader (2009) “Policies of Children’s Hospitals on Donation After Cardiac Death—Reply.” *Journal of the American Medical Association*, 302: 845.

Case Reports

Armand H. Matheny Antommara (2002) "Case 4.9: Inappropriate Access to a Celebrity's Medical Records." In *Ethics and Information Technology: A Case-Based Approach to a Health Care System in Transition*, James G. Anderson and Kenneth W. Goodman, 79-80. New York: Springer-Verlag.

Book Reviews

1. Armand H. Matheny Antommara (In Press) Review of *Mormonism, Medicine, and Bioethics*, by Courtney S. Campbell. *Mormon Studies Review*.
2. Armand H. Matheny Antommara (2023) ”An Ambitious Goal: A Grounded, Informed, and Compelling Theological Bioethics.” Review of *Disability’s Challenge to Theology: Genes, Eugenics, and the Metaphysics of Modern Medicine* by Devan Stahl. *Hastings Center Report* 53(2): 44-45.
3. Armand H. Matheny Antommara (2021) Review of *When Harry Became Sally: Responding to the Transgender Moment*, by Ryan T. Anderson. *Journal of Medical Humanities* 42: 195-9. PMID 31808021.
4. Armand H. Matheny Antommara (2012) Review of *The Ethics of Organ Transplantation*, by Steven J. Jensen, ed., *Journal of the American Medical Association* 308: 1482-3.
5. Armand H Matheny Antommara (2012) Review of *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, by John R. Peteet and Michael N. D'Ambra, ed., *Journal of the American Medical Association* 308: 87.
6. Armand H. Matheny Antommara (2009) Review of *Conflicts of Conscience in Health Care: An Institutional Compromise*, by Holly Fernandez Lynch. *American Journal of Bioethics* 9: 63-4.
7. Armand H. Matheny Antommara (2008) Review of *A Practical Guide to Clinical Ethics Consulting: Expertise, Ethos, and Power*, by Christopher Meyers. *American Journal of Bioethics* 8: 72-3.

8. Armand H. Matheny Antommara (2004) Review of *Children, Ethics, and Modern Medicine*, by Richard B. Miller. *American Journal of Bioethics* 4: 127-8.
9. Armand H. Matheny Antommara (2002) Review of *Ward Ethics: Dilemmas for Medical Students and Doctors in Training*, by Thomasine Kushner and David Thomasma, ed. *American Journal of Bioethics* 2: 70-1. PMID: 22494193.
10. Armand H. Matheny Antommara (1999) Review of *Human Cloning: Religious Responses*, by Ronald Cole-Turner, ed. *Prism* 6 (March/April): 21.
11. Armand H. Matheny Antommara (1999) Review of *Christian Theology and Medical Ethics: Four Contemporary Approaches*, by James B. Tubbs, Jr. *Journal of Religion* 79 (April): 333-5.
12. Armand H. Matheny Antommara (1997) Review of *Body, Soul, and Bioethics*, by Gilbert C. Meilaender. *Prism* 4 (May/June): 28.

Newspaper Articles

1. W. Bradley Poss and Armand H. Matheny Antommara (2010) "Mass casualty planning must incorporate needs of children." *AAP News* 31 (July): 38.
2. Robert Murray and Armand H. Matheny Antommara (2010) "Pediatricians should work with school nurses to develop action plans for children with DNAR orders." *AAP News* 31 (May): 30..
3. Armand H. Matheny Antommara (2009) "Addressing physicians' conscientious objections in health care." *AAP News* 30 (December): 32.

UNPUBLISHED POSTER PRESENTATIONS

1. Armand H. Matheny Antommara. (2018) "Ethical Issues in the Care of International Patients: A Case Study." International Conference on Clinical Ethics and Consultation, Oxford, United Kingdom.
1. Jill S Sweney, Brad Poss, Colin Grissom, Brent Wallace, and Armand H Matheny Antommara, (2010) "Development of a Statewide Pediatric Pandemic Triage Plan in Utah." Pediatric Academic Societies Annual Meeting, Vancouver, Canada. E-PAS20103713.147.
2. Christopher G. Maloney, Armand H. Matheny Antommara, James F. Bale, Thomas Greene, Jian Ying, Gena Fletcher, and Rajendu Srivastava (2010) "Why Do Pediatric Interns Violate the 30 Hour Work Rule?" Pediatric Academic Societies Annual Meeting, Vancouver, Canada. E-PAS20101500.596
3. Armand H. Matheny Antommara and Edward B. Clark (2007) "Resolving Conflict through Bioethics Mediation." 3rd International Conference on Ethics Consultation and Clinical Ethics, Toronto, Canada.
4. Elizabeth Tyson, Tracy Hill, Armand Antommara, Gena Fletcher, and Flory Nkoy (2007) "Physician Practice Patterns Regarding Nasogastric Feeding Supplementation and Intravenous Fluids in Bronchiolitis Patients." Pediatrics Academic Societies Annual Meeting, Toronto, Canada. E-PAS2007:61300.

ORAL PRESENTATIONS

Keynote/Plenary Lectures

International

1. 2021, *Panelist*, Partnership for Quality Medical Donations, Charitable Access Programming for Rare Diseases, “Ethical Issues,” Webinar, April 6.
2. 2017, *Invited Speaker*, Spina Bifida Fetoscopic Repair Study Group and Consortium, “Ethics of Innovation and Research in Fetal Surgery,” Cincinnati, Ohio, October 26.
3. 2014, *Invited Speaker*, CIC 2013 CCI: Canadian Immunization Conference, “Condition-of-Service Influenza Prevention in Health Care Settings,” Ottawa, Canada, December 2.
4. 2014, *Invited Speaker*, National Conference of the Chinese Pediatric Society, “A Brief Introduction to Pediatric Research and Clinical Ethics,” Chongqing, China, September 12.

National

1. 2020, *Panelist*, Children’s Mercy Bioethics Center, “Ethical Issues in the COVID Pandemic at Children’s Hospitals,” Webinar, March 2.
2. 2019, *Invited Speaker*, North American Fetal Therapy Network (NAFTnet), “Ethics of Innovation,” Chicago, Illinois, October 12.
3. 2019, *Panelist*, National Society of Genetic Counselors Prenatal Special Interest Group, “Fetal Intervention Ethics,” Webinar, September 12.
4. 2017, *Invited Participant*, American College of Epidemiology Annual Meeting, Preconference Workshop, “Extreme Personal Exposure Biomarker Levels: Guidance for Study Investigators,” New Orleans, Louisiana, September 24.
5. 2016, *Invited Speaker*, American Academy of Pediatrics National Conference & Exhibition, Joint Program: Section on Hospital Medicine and Section on Bioethics, “Resource Allocation: Do We Spend Money to Save One Patient with Ebola or Over a 1,000?” San Francisco, California, October 23.
6. 2016, *Invited Speaker*, 26th Annual Specialist Education in Extracorporeal Membrane Oxygenation (SEECHMO) Conference, “Ethical Issues in ECMO: The Bridge to Nowhere,” Cincinnati, Ohio, June 5.
7. 2015, *Invited Speaker*, Extracorporeal Life Support Organization (ELSO) 26th Annual Conference, “ECMO-Supported Donation after Circulatory Death: An Ethical Analysis,” Atlanta, Georgia, September 20.
8. 2014, *Invited Speaker*, Pediatric Evidence-Based Practice 2014 Conference: Evidence Implementation for Changing Models of Pediatric Health Care, “Ethical Issues in Evidence-Based Practice,” Cincinnati, Ohio, September 19.
9. 2014, *Invited Speaker*, 6th Annual David Kline Symposium on Public Philosophy: Exploring the Synergy Between Pediatric Bioethics and Child Rights, “Does Predictive Genetic Testing for Adult Onset Conditions that Are Not Medically Actionable in Childhood Violate Children’s Rights?” Jacksonville, Florida, March 6.

10. 2010, *Invited Speaker*, Quest for Research Excellence: The Intersection of Standards, Culture and Ethics in Childhood Obesity, “Research Integrity and Religious Issues in Childhood Obesity Research,” Denver, Colorado, April 21.
11. 2010, *Invited Speaker*, Symposium on the Future of Rights of Conscience in Health Care: Legal and Ethical Perspectives, J. Reuben Clark Law School at Brigham Young University and the Ave Maria School of Law, “Conscientious Objection in Clinical Practice: Disclosure, Consent, Referral, and Emergency Treatment,” Provo, Utah, February 26.
12. 2009, *Invited Speaker*, Pediatric Organ Donation Summit, “Research Findings Regarding Variations in Pediatric Hospital Donation after Cardiac Death Policies,” Chicago, Illinois, August 18.
13. 2008, *Meet-the-Experts*, American Academy of Pediatrics National Conference & Exhibition, “Physician Refusal to Provide Treatment: What are the ethical issues?” Boston, Massachusetts, October 11.
14. 2008, *Invited Conference Faulty*, Conscience and Clinical Practice: Medical Ethics in the Face of Moral Controversy, The MacLean Center for Clinical Medical Ethics at the University of Chicago, “Defending Positions or Identifying Interests: The Uses of Ethical Argumentation in the Debate over Conscience in Clinical Practice,” Chicago, IL, March 18.
15. 2007, *Symposium Speaker*, Alternative Dispute Resolution Strategies in End-of-Life Decisions, The Ohio State University Mortiz College of Law, “The Representation of Children in Disputes at the End-of-Life,” Columbus, Ohio, January 18.
16. 2005, *Keynote Speaker*, Decisions and Families, *Journal of Law and Family Studies* and The University of Utah S.J. Quinney College of Law, “Jehovah’s Witnesses, Roman Catholicism, and Calvinism: Religion and State Intervention in Parental, Medical Decision-Making,” Salt Lake City, Utah, September 23.

Regional/Local

1. 2023, *Speaker*, Yale Ethics Program, Yale School of Medicine, “Gender-Affirming Care,” New Haven, Connecticut, March 8.
2. 2021, *Panelist*, Pediatric Residency Noon Conference, University of Tennessee Health Science Center, “Bioethics Rounds—Ethical Issues in the Care of Transgender Adolescents,” Memphis, Tennessee, September 21.
3. 2020, *Keynote Speaker*, 53rd Annual Clinical Advances in Pediatrics, “Referral to a Fetal Care Center: How You Can Help Patients’ Mothers Address the Ethical Issues,” Kansas City, Kansas, September 16.
4. 2019, *Speaker*, Patient and Family Support Services, Primary Children’s Hospital, “Ethical Issues in the Care of Trans Adolescents,” Salt Lake City, Utah, December 5.
5. 2019, *Speaker*, Evening Ethics, Program in Medical Ethics and Humanities, University of Utah School of Medicine, “Patients, Parents, and Professionals: Ethical Issues in the Treatment of Trans Adolescents,” Salt Lake City, Utah, December 4.

6. 2019, *Speaker*, Pediatric Hospital Medicine Board Review Course, “Ethics, Legal Issues, and Human Rights including Ethics in Research,” Cincinnati, Ohio, September 8.
7. 2019, *Speaker*, Advances in Fetology, “Evolving Attitudes Toward the Treatment of Children with Trisomies,” Cincinnati, Ohio, September 6.
8. 2019, *Speaker*, Half-Day Ethics Training: Ethics Consultation & Ethics Committees, “Navigating the Rapids of Clinical Ethics Consultation: Intake, Recommendations, and Documentation,” Salt Lake City, Utah, June 1.
9. 2019, *Speaker*, Scientific and Ethical Underpinnings of Gene Transfer/Therapy in Vulnerable Populations: Considerations Supporting Novel Treatments, BioNJ, “What Next? An Ethical analysis of Prioritizing Conditions and Populations for Developing Novel Therapies,” Cranbury, New Jersey, March 7.
10. 2018, *Panelist*, Periviability, 17th Annual Regional Perinatal Summit, Cincinnati, Ohio, October 12.
11. 2018, *Speaker*, Regional Advance Practice Registered Nurse (APRN) Conference, “Adults are Not Large Children: Ethical Issues in Caring for Adults in Children’s Hospitals,” Cincinnati, Ohio, April 26.
12. 2018, *Speaker*, Southern Ohio/Northern Kentucky Sigma Theta Tau International Annual Conference, “Between Hope and Hype: Ethical Issues in Precision Medicine,” Sharonville, Ohio, March 2.
13. 2017, *Speaker*, Advances in Fetology 2017, “Ethics of Innovation and Research: Special Considerations in Fetal Therapy Centers,” Cincinnati, Ohio, October 27.
14. 2016, *Speaker*, End-of-Life Pediatric Palliative Care Regional Conference, “Ethical/Legal Issues in Pediatric Palliative Care,” Cincinnati, Ohio, September 15.
15. 2016, *Speaker*, 26th Annual Bioethics Network of Ohio (BENO) Conference, “When Does Parental Refusal of Medical Treatment for Religious Reasons Constitute Neglect?” Dublin, Ohio, May 29.
16. 2014, *Speaker*, Cincinnati Comprehensive Sickle Cell Center Symposium: Research Ethics of Hydroxyurea Therapy for Sickle Cell Disease During Pregnancy and Lactation, “Ethical Issues in Research with Pregnant and Lactating Women,” Cincinnati, Ohio, October 30.
17. 2014, *Speaker*, Advances in Fetology 2014, “The ‘Miracle Baby’ and Other Cases for Discussion,” Cincinnati, Ohio, September 26.
18. 2014, *Speaker*, Advances in Fetology 2014, “‘Can you tell me ...?’: Achieving Informed Consent Given the Prevalence of Low Health Literacy,” Cincinnati, Ohio, September 26.
19. 2014, *Panelist*, Center for Clinical & Translational Science & Training, Secrets of the Dead: The Ethics of Sharing their Data, Cincinnati, Ohio, August 28.
20. 2014, *Speaker*, Office for Human Research Protections Research Community Forum: Clinical Research ... and All That Regulatory Jazz, “Research Results and Incidental Findings: Do Investigators Have a Duty to Return Results to Participants,” Cincinnati, Ohio, May 21.

21. 2013, *Opening Presentation*, Empirical Bioethics: Emerging Trends for the 21st Century, University of Cincinnati Center for Clinical & Translational Science & Training, “Empirical vs. Normative Ethics: A Comparison of Methods,” Cincinnati, Ohio, February 21.
22. 2012, *Videoconference*, New York State Task Force on Life and the Law, “Pediatric Critical Care Triage,” New York, New York, March 1.
23. 2011, *Presenter*, Fall Faculty Development Workshop, College of Social Work, University of Utah, “Teaching Ethics to Students in the Professions,” Salt Lake City, Utah, November 14.
24. 2011, *Speaker*, 15th Annual Conference, Utah Chapter of the National Association of Pediatric Nurse Practitioners, “Ethical Issues in Pediatric Practice,” Salt Lake City, Utah, September 22.
25. 2011, *Speaker*, Code Silver! Active Shooter in the Hospital, Utah Hospitals & Health Systems Association, Salt Lake City, Utah, March 21.
26. 2009, *Speaker*, Medical Staff Leadership Conference, Intermountain Healthcare, “The Ethics of Leadership,” Park City, Utah, October 30.
27. 2008, *Speaker*, The Art and Medicine of Caring: Supporting Hope for Children and Families, Primary Children’s Medical Center, “Medically Provided Hydration and Nutrition: Ethical Considerations,” Salt Lake City, Utah, February 25.
28. 2005, *Speaker*, Utah NAPNAP (National Association of Pediatric Nurse Practitioners) Chapter Pharmacology and Pediatric Conference, “Immunization Update,” Salt Lake City, Utah, August 18.
29. 2005, *Keynote Speaker*, 17th Annual Conference, Utah Society for Social Work Leadership in Health Care, “Brain Death: Accommodation and Consultation,” Salt Lake City, March 18.
30. 2004, *Continuing Education Presentation*, Utah NAPNAP (National Association of Pediatric Nurse Practitioners), “Febrile Seizures,” Salt Lake City, Utah, April 22.
31. 2004, *Speaker*, Advocacy Workshop for Primary Care Providers, “Ethics of Advocacy,” Park City, Utah, April 3.
32. 2002, *Speaker*, 16th Annual Biologic Basis of Pediatric Practice Symposium, “Stem Cells: Religious Perspectives,” Deer Valley, Utah, September 14.

Meeting Presentations

International

1. 2023, *Speaker*, International Conference on Clinical Ethics and Consultation, “Addressing Ethical and Conceptual Issues in Gender-Affirming Medical Care Outside of the Hospital,” Rome, Italy, June 8.
2. 2018, *Speaker*, International Conference on Clinical Ethics and Consultation, “A Systematic Review of Typologies Used to Characterize Clinical Ethics Consultations,” Oxford, United Kingdom, June 21.

National

1. 2023, Kelsey S. Ryan, Rakhi Gupta Bassuray, Leela Sarathy, Sharon Ostfeld, Armand H. Matheny Antommaria, Erin Rholl, Steven R. Leuthner, and Christy L. Cummings. *Workshop Presenter*, Pediatric Academic Societies Annual Meeting, “How Can Newborn Toxicology Testing be Equitable?” Washington, DC, April 30.
2. 2022, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “A Mixed Methods Analysis of Requests for Religious Exemptions to a COVID-19 Vaccine Requirement.” Portland, Oregon, October 27.
3. 2022, *Panelist*, American Society for Bioethics and Humanities Annual Meeting, Pediatric Ethics Affinity Group, “When Ethical Healthcare Is Prohibited By Law, How Do We Respond?” Portland, Oregon, October 27.
4. 2022, *Speaker*, APPD/PAS Fellow Core Curriculum Workshop, Pediatric Academic Societies Annual Meeting, “From Idea to Implementation: Navigating the Ethical Landscape of Pediatric Clinical Research,” Denver, Colorado, April 22.
5. 2021, *Panelist*, Pediatric Endocrine Society Annual Meeting, Difference of Sex Development Special Interest Group, Virtual Conference, April 29.
6. 2020, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Is This Child Dead? Controversies Regarding the Neurological Criteria for Death,” Virtual Conference, October 17.
7. 2020, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Contemporary Ethical Controversy in Fetal Therapy: Innovation, Research, Access, and Justice,” Virtual Conference, October 15.
8. 2020, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “K-12 Schools and Mandatory Public Health Programs During the COVID-19 Pandemic,” Virtual Conference, October 15.
9. 2019, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Ethical Issues in Translating Gene Transfer Studies Involving Children with Neurodegenerative Disorders,” Pittsburgh, Pennsylvania, October 26.
10. 2019, *Moderator*, Pediatric Academic Societies Annual Meeting, Clinical Bioethics, Baltimore, Maryland, April 28.
11. 2018, *Presenter*, American Society for Bioethics and Humanities Annual Meeting, “Looking to the Past, Understanding the Present, and Imaging the Future of Bioethics and Medical Humanities’ Engagement with Transgender Health,” Anaheim, California, October 19.
12. 2018, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Should Vaccination Be a Prerequisite for Sold Organ Transplantation?” Anaheim, California, October 18.
13. 2018, Lindsey Douglas, Armand H. Matheny Antommaria, Derek Williams. *Workshop Presenter*, Pediatric Hospital Medicine Annual Meeting, “IRB Approved! Tips and Tricks to Smooth Sailing through the Institutional Review Board (IRB).” Atlanta, Georgia, July 20.

14. 2018, Alan Schroeder, Armand H. Matheny Antommara, Hannah Bassett, Kevin Chi, Shawn Ralston, Rebecca Blankenburg, *Workshop Speaker*, Pediatric Hospital Medicine Annual Meeting, “When You Don’t Agree with the Plan: Balancing Diplomacy, Value, and Moral Distress,” Atlanta, Georgia, July 20.
15. 2018, Alan Schroeder, Hannah Bassett, Rebecca Blankenburg, Kevin Chi, Shawn Ralston, Armand H. Matheny Antommara, *Workshop Speaker*, Pediatric Academic Societies Annual Meeting, “When You Don’t Agree with the Plan: Balancing Diplomacy, Value, and Moral Distress,” Toronto, Ontario, Canada, May 7.
16. 2017, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Tensions in Informed Consent for Gender Affirming Hormone Therapy and Fertility Preservation in Transgender Adolescents,” Kansas City, Missouri, October 19.
17. Lindsey Douglas, Armand H. Matheny Antommara, and Derek Williams. 2017, *Workshop Leader*, PHM[Pediatric Hospital Medicine]2017, “IRB Approved! Tips and Tricks to Smooth Sailing through the Institutional Review Board (IRB) Process,” Nashville, Tennessee, July 21.
18. 2016, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Ethical Challenges in the Care of International Patients: Organization, Justice, and Cultural Considerations,” Washington, DC, October 9.
19. 2015, *Coauthor*, The American Society of Human Genetics Annual Meeting, “Adolescents’ Opinions on Disclosure of Non-Actionable Secondary Findings in Whole Exome Sequencing,” Baltimore, Maryland, October 9.
20. 2012, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “A Public Health Ethics Analysis of the Mandatory Immunization of Healthcare Personnel: Minimizing Burdens and Increasing Fairness,” Washington, DC, October 21.
21. Armand H. Matheny Antommara, Valerie Gutmann Koch, Susie A. Han, Carrie S. Zoubul. 2012, *Moderator*, American Society for Bioethics and Humanities Annual Meeting, “Representing the Underrepresented in Allocating Scarce Resources in a Public Health Emergency: Ethical and Legal Considerations,” Washington, DC, October 21.
22. 2012, *Platform Presentation*, Pediatric Academic Societies Annual Meeting, “Qualitative Analysis of International Variation in Donation after Circulatory Death Policies and Rates,” Boston, Massachusetts, April 30. Publication 3150.4.
23. 2011, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “The Intersection of Policy, Medicine, and Ethics during a Public Health Disaster: Special Considerations for Children and Families,” Minneapolis, Minnesota, October 13.
24. Armand H. Matheny Antommara and Joel Frader. 2010, *Workshop Leader*, Pediatric Academic Societies Annual Meeting, “Conscientious Objection in Health Care: Respecting Conscience and Providing Access,” Vancouver, British Columbia, Canada. May 1. Session 1710.

25. 2009, *Workshop Leader*, American Society for Bioethics and Humanities Annual Meeting, "Advanced Clinical Ethics Consultation Skills Workshop: Process and Interpersonal Skills," Washington, DC, October 15.
26. 2009, *Platform Presentation*, Pediatric Academic Societies Annual Meeting, "Qualitative Analysis of Donation after Cardiac Death Policies at Children's Hospitals," Baltimore, Maryland, May 2. Publication 2120.6.
27. 2008, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, "Qualitative Analysis of Donation After Cardiac Death (DCD) Policies at Children's Hospitals," Cleveland, Ohio, October 26.
28. 2007, *Participant*, Hamline University School of Law Biennial Symposium on Advanced Issues in Dispute Resolution, "An Intentional Conversation About Conflict Resolution in Health Care," Saint Paul, Minnesota, November 8-10.
29. 2007, *Speaker*, American Society of Bioethics and Humanities Annual Meeting, "Bioethics Consultation and Alternative Dispute Resolution: Opportunities for Collaboration," Washington, DC, October 21.
30. 2007, *Speaker*, American Society of Bioethics and Humanities Annual Meeting, "DNAR Orders in Schools: Collaborations Beyond the Hospital," Washington, DC, October 18.
31. Armand H. Matheny Antommara and Jeannie DePaulis. 2007, *Speaker*, National Association of Children's Hospitals and Related Institutions Annual Meeting, "Using Mediation to Address Conflict and Form Stronger Therapeutic Alliances," San Antonio, Texas, October 9.
32. 2006, *Speaker*, American Society of Bioethics and Humanities Annual Meeting, "Bioethics Mediation: A Critique," Denver, Colorado, October 28.
33. 2005, *Panelist*, American Society of Bioethics and Humanities Annual Meeting, "How I See This Case: 'He Is Not His Brain,'" Washington, DC, October 20.
34. 2005, *Paper Presentation*, Pediatric Ethics: Setting an Agenda for the Future, The Cleveland Clinic, "'He Is Not His Brain:' Accommodating Objections to 'Brain Death,'" Cleveland, Ohio, September 9.
35. 2004, *Speaker*, American Society for Bioethics and Humanities Spring Meeting, "Verification and Balance: Reporting Within the Constraints of Patient Confidentiality," San Antonio, Texas, March 13.
36. 2002, *Panelist*, American Society for Bioethics and Humanities Annual Meeting, "'Who Should Survive?:' Mental Retardation and the History of Bioethics," Baltimore, Maryland, October 24.

Invited/Visiting Professor Presentations

1. 2013, Visiting Professor, "How to Listen, Speak and Think Ethically: A Multidisciplinary Approach," Norton Suburban Hospital and Kosair Children's Hospital, Louisville, Kentucky, May 22.

2. 2010, Visiting Professor, Program in Bioethics and Humanities and Department of Pediatrics, “What to Do When Parents Want Everything Done: ‘Futility’ and Ethics Facilitation,” University of Iowa Carver College of Medicine, Iowa City, Iowa, September 10.

Grand Round Presentations

1. 2019, David Green Lectureship, “Establishing Goals of Care and Ethically Limiting Treatment,” Primary Children’s Hospital, Salt Lake City, Utah, December 5.
2. 2018, “The Ethics of Medical Intervention for Transgender Youth,” El Rio Health, Tucson, Arizona, September 29.
3. 2018, Pediatrics, “Patient Selection, Justice, and Cultural Difference: Ethical Issues in the Care of International Patients,” Cleveland Clinic, Cleveland, Ohio, April 10.
4. 2018, Bioethics, “Reversibility, Fertility, and Conflict: Ethical Issues in the Care of Transgender and Gender Nonconforming Children and Adolescents,” Cleveland Clinic, Cleveland, Ohio, April 9.
5. 2017, Heart Institute, “‘Have you ever thought about what you would want—if god forbid—you became sicker?’: Talking with adult patients about advance directives,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, October 16.
6. 2017, Pediatrics, “Respectful, Effective Treatment of Jehovah’s Witnesses,” with Judith R. Ragsdale, PhD, MDiv and David Morales, MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, March 14.
7. 2017, Pediatrics, “Ethical Dilemmas about Discharging Patients When There Are Disagreements Concerning Safety,” Seattle Children’s Hospital, Seattle, Washington, January 19.
8. 2015, Pediatrics, “‘Nonbeneficial’ Treatment: What must providers offer and what can they withhold?,” Greenville Health System, Greenville, South Carolina, May 10.
9. 2014, Advance Practice Providers, “Common Ethical Issues,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, August 13.
10. 2014, Respiratory Therapy, “Do-Not-Resuscitate (DNR) Orders,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, July 15.
11. 2013, Heart Institute, “No Not Months. Twenty-Two *Years*-Old: Transiting Patients to an Adult Model of Care.” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, October 21.
12. 2013, Division of Neonatology, “This Premature Infant Has a *BRCA1* Mutation!?: Ethical Issues in Clinical Whole Exome Sequencing for Neonatologists.” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, October 11.
13. 2013, Department of Pediatrics, “Adults are Not Large Children: Ethical Issues in Caring for Adults in Children’s Hospitals,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, February 26.
14. 2012, “Mandate or Moratorium?: Persisting Ethical Controversies in Donation after Circulatory Death,” Cedars-Sinai Medical Center, Los Angeles, California, May 16.

15. 2011, Division of Pediatric Neurology Friday Lecture Series, “Inducing or Treating ‘Seizures’ with Placebos: Is It Ever Ethical?,” University of Utah, Salt Lake City, Utah, October 7.
16. 2011, Department of Surgery, “DNR Orders in the OR and other Ethical Issues in Pediatric Surgery: Case Discussions,” Primary Children’s Medical Center, Salt Lake City, Utah, October 3.
17. 2009, Department of Pediatrics, “What to Do When Parents Want Everything Done: ‘Futility’ and Bioethical Mediation,” Primary Children’s Medical Center, Salt Lake City, Utah, September 17.
18. 2008, Division of Pulmonology and Critical Care, “Futility: May Clinicians Ever Unilaterally Withhold or Withdraw Medical Treatment?” Utah Valley Regional Medical Center, Provo, Utah, April 17.
19. 2007, Division of Otolaryngology-Head and Neck Surgery, “Advance Directives, Durable Powers of Attorney for Healthcare, and Do Not Attempt Resuscitation Orders: Oh My!,” University of Utah School of Medicine, Salt Lake City, Utah, June 20.

Outreach Presentations

1. 2019, *Panelist*, Cincinnati Edition, WVXU, “The Ethics of Human Gene Editing,” Cincinnati, Ohio, June 13.
2. 2019, *Speaker*, Adult Forum, Indian Hill Church, “Medical Ethics,” Indian Hill, Ohio, March 24.
3. 2016, *Speaker*, Conversations in Bioethics: The Intersection of Biology, Technology, and Faith, Mt. Washington Presbyterian Church, “Genetic Testing,” Cincinnati, Ohio, October 12.
4. 2008, *Speaker*, Science in Society, Co-sponsored by KCPW and the City Library, “Death—Choices,” Salt Lake City, Utah, November 20.
5. 2003, *Panelist*, Utah Symposium in Science and Literature, “The Goodness Switch: What Happens to Ethics if Behavior is All in Our Brains?” Salt Lake City, Utah, October 10.
6. 2002, *Respondent*, H. Tristram Englehardt, Jr. “The Culture Wars in Bioethics,” Salt Lake Community College, Salt Lake City, Utah, March 29.

Podcasts

1. 2021, “Ethics of COVID Vaccines in Kids,” PHM from Pittsburgh, August 12.
2. 2020, COVID Quandaries: Episode 1, “Is Getting Sick Just Part of the Job?” Hard Call, October 6.

EXHIBIT B

TABLE 1: Level of Evidence Supporting Recommendations in Various Medical Specialties

Specialty	Time Frame	Guidelines N	Recommendations N	Grading System	Level of Evidence		
					High N (%)	Medium N (%)	Low N (%)
Cardiology ¹	9/30/2008	16	2,680	ACA/AHA	314 (11.7)	1,089 (40.6)	1,246 (46.5)
Cardiology ²	2/1/2019	51	6,349	NS	722 (11.4)	2,518 (39.7)	3,069 (48.3)
Endocrinology ³	1995-2011	29	1,762	NS	191 (10.8)	766 (43.5)	804 (45.6)
Infectious Diseases ⁴	7/30/2009	44	4,182	IDSA/USPHS	617 (14.8)	1,240 (29.7)	2,325 (55.5)
Obstetrics and Gynecology ⁵	6/1998-12/2004	55	438	USPSTF	128 (29)	143 (33)	167 (38)
Primary Care ⁶	NS	721	3,251	SORT	576 (18)	1,099 (34)	1,576 (49)

ACC-American College of Cardiology, AHA-American Heart Association, ECS-European Society for Cardiology, IDSA-Infectious Diseases Society of America, NS-Not Specified, SORT-Strength of Recommendations Taxonomy, USPHS-United States Public Health Service, USPSTF-United States Preventative Services Task Force

¹ Tricoci P, Allen JM, Kramer JM, Califf RM, Smith SC, Jr. Scientific evidence underlying the ACC/AHA clinical practice guidelines. *JAMA*. 2009;301(8):831-41.

Level A--evidence from multiple randomized trials or meta-analyses

Level B--evidence from a single randomized trial or nonrandomized studies

Level C--expert opinion, case studies, or standards of care

² Fanaroff AC, Califf RM, Windecker S, Smith SC, Jr., Lopes RD. Levels of evidence supporting American College of Cardiology/American Heart Association and European Society of Cardiology guidelines, 2008-2018. *JAMA*. 2019;321(11):1069-1080.

Level A--multiple RCTs or a single, large RCT

Level B--observational studies or a single RCT

Level C--expert opinion only

³ Hazlehurst JM, Armstrong MJ, Sherlock M, et al. A comparative quality assessment of evidence-based clinical guidelines in endocrinology. *Clin Endocrinol (Oxf)*. 2013;78(2):183-90.

High--well-conducted, randomized, controlled trials and meta-analyses

Moderate--nonrandomized studies (i.e. case series, retrospective cohort studies)

Low--expert opinion

⁴ Khan AR, Khan S, Zimmerman V, Baddour LM, Tleyjeh IM. Quality and strength of evidence of the Infectious Diseases Society of America clinical practice guidelines. *Clin Infect Dis*. 2010;51(10):1147-1156.

I-->= 1 properly randomized controlled trial

II-->= 1 well-designed clinical trial, without randomization, cohort or case-controlled analytic studied (preferably from > 1 center), multiple time series, or dramatic results from uncontrolled experiments

III--opinion of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

⁵ Chauhan SP, Berghella V, Sanderson M, Magann EF, Morrison JC. American College of Obstetricians and Gynecologists practice bulletins: an overview. *Am J Obstet Gynecol*. 2006;194(6):1564-1572; discussion 1072-5.

Level A--good and consistent scientific evidence,

Level B--limited or inconsistent scientific evidence,

Level C--consensus and expert opinion.

⁶ Ebell MH, Sokol R, Lee A, Simons C, Early J. How good is the evidence to support primary care practice? *Evid Based Med*. Jun 2017;22(3):88-92.

A--consistent and good quality patient-oriented evidence

B--inconsistent or limited quality patient-oriented evidence

C--consensus, usual practice, opinion, disease-oriented evidence, or case series

Good Quality--validated clinical decision rules, meta-analyses of high-quality studies and high-quality individual cohort studies for diagnosis; meta-analyses of randomized controlled trials, high-quality individual randomized controlled trials, and all or none studies for treatment and prevention; and meta-analyses of good quality cohort studies and individual cohort studies with good follow-up for prognosis

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

* * *

KANAUTICA ZAYRE-BROWN,

Plaintiff,

vs.

CASE NO. 3:22-cv-191

NORTH CAROLINA DEPARTMENT

OF PUBLIC SAFETY, et al.,

Defendants.

* * *

Videotaped deposition of ARMAND H.

ANTOMMARRIA, M.D., Ph.D., Expert Witness herein,

called by the Defendants for cross-examination

pursuant to the Rules of Civil Procedure, taken

before me, Vicky L. Marcon, a Notary Public within

and for the State of Ohio, at the offices of

Regus, PNC Center, 201 E. 5th Street, Suite 1900,

Cincinnati, Ohio, on Thursday, September 7, 2023,

at 9:00 a.m. Eastern

* * *

1 sir.

2 MR. RODRIGUEZ: All right. This is a
3 good natural stopping point for a break. If you
4 guys are good with it, we'll just do a quick five.

5 THE VIDEOGRAPHER: We're off the
6 record at 10:13 a.m.

7 (Break taken.)

8 THE VIDEOGRAPHER: We're back on the
9 record at 10:21 a.m.

10 BY MR. RODRIGUEZ:

11 Q. Okay. As you were preparing your
12 report, who did you speak with aside from any
13 attorneys for the plaintiff?

14 A. I don't believe anyone else, sir.

15 Q. So, you didn't speak with Dr.
16 Ettner?

17 A. No, sir.

18 Q. All right. And, as you were
19 preparing your report, what materials did you
20 review?

21 A. Um --

22 Q. You don't have a copy of it.

23 A. Oh, you haven't given me the
24 report. If I -- as I stated in the report, I
25 reviewed Dr. Ettner's report, Dr. Li's report,

1 the information attached to those reports, and
2 other relevant background information, which is
3 cited in the content of my report.

4 Q. Did you review any materials that
5 are not listed in your report?

6 A. No, sir.

7 Q. So, then, you didn't review any
8 medical records of the plaintiff?

9 A. No, sir, I did not.

10 Q. You didn't review any mental
11 health records of the plaintiff?

12 A. No, sir, I did not.

13 Q. Did you -- you didn't review,
14 then, the department's policy concerning the
15 evaluation, management and treatment of
16 transgender offenders?

17 A. So there were attachments to Dr.
18 Ettner's report which included, to the best of
19 my knowledge, some institutional policies, but
20 I would need to refer to the report to refresh
21 my memory about the specific titles of those
22 policies or reports or --

23 Q. Okay. Did you review the expert
24 report of Dr. Penn?

25 A. No, sir.

1 Q. Did you review the expert report
2 of Dr. Boyd?

3 A. No, sir.

4 Q. Did you read the deposition
5 transcript of Dr. Penn?

6 A. No, sir.

7 Q. Deposition transcript of Dr. Boyd?

8 A. No, sir.

9 Q. Did you review any deposition
10 transcripts?

11 A. No, sir.

12 Q. When you sat down to begin working
13 on your report, were you supplied any
14 assumptions?

15 A. Can you clarify what you mean by
16 supplied with assumptions, sir?

17 Q. Yeah. Were you -- when you were
18 engaged in this case, were you given a set of
19 assumptions to just assume were the case in
20 preparation of your report?

21 A. No, sir, I was not.

22 Q. So, aside from reviewing the
23 materials that you list in your report as
24 reviewing, and speaking with counsel for the
25 plaintiff, did you do anything else to prepare

1 for your report or to prepare in writing your
2 report?

3 A. To -- if by that I reference in my
4 report is included the scientific literature
5 that I reviewed and incorporated into my
6 report, no. That's the comprehensive scope of
7 my preparation for writing the report, sir.

8 Q. All right. Are all of your
9 opinions provided in your report?

10 MS. NOWLIN-SOHL: Object to form.

11 THE WITNESS: I'm sorry, sir, I don't
12 understand what you're asking.

13 Q. Sure.

14 A. I have lots of opinions.

15 Q. Right. Well, your opinion about,
16 you know, the Cincinnati Reds, or whatever,
17 doesn't -- that's not what I was getting at.
18 So, I'll ask a different question. Are all of
19 the opinions that you intend to offer in this
20 case listed in your report?

21 A. At this time, yes, sir.

22 Q. Are you aware of any opinions, or
23 do you have any opinions about this case that
24 are not listed in your report that you intend
25 to offer?

1 A. No, sir.

2 Q. So, are you offering any opinions
3 in this case, then, about the medical necessity
4 of any particular procedure requested by the
5 plaintiff?

6 MS. NOWLIN-SOHL: Object to form.

7 THE WITNESS: So, aspects of my
8 report touch upon the issue as to whether or not
9 gender-affirming medical care is medically
10 necessary.

11 Q. In general?

12 A. Yes, sir, in general.

13 Q. And so, as it relates to a
14 procedure requested by this plaintiff, are you
15 offering any opinions in your report about
16 medical necessity?

17 A. No, sir.

18 Q. Are you offering any opinions in
19 this report about how the department applies
20 the phrase medical necessity?

21 A. No, sir, I'm not.

22 Q. Are you offering any opinions in
23 this report about whether the plaintiff should
24 have ever been housed at a male correctional
25 facility?

1 A. No, sir, I am not.

2 Q. Are you offering any opinions
3 about the timeliness of the plaintiff's
4 transfer to a female correctional facility?

5 A. No, sir, I am not.

6 Q. Are you offering any opinions
7 about the provision of hormone indication to
8 the plaintiff?

9 A. No, sir, I am not.

10 Q. Are you offering any opinions
11 about the Division Transgender Accommodation
12 Review Committee's evaluation of the
13 plaintiff's request for a vulvoplasty?

14 A. No, sir, I am not.

15 Q. Are you offering any opinions
16 about the department's policy for the
17 evaluation and management of transgender
18 offenders?

19 A. No, sir, I am not.

20 Q. Are you offering any opinions
21 about the department's personnel that sit on
22 the Division Transgender Accommodation Review
23 Committee?

24 A. No, sir, I am not.

25 Q. Are you offering any opinions

1 about the qualifications of the personnel that
2 sit on the Division Transgender Accommodation
3 Review Committee?

4 A. No, sir, I am not.

5 Q. Are you offering any opinions
6 about the processes that the Division
7 Transgender Accommodation Review Committee
8 uses?

9 MS. NOWLIN-SOHL: Object to form.

10 THE WITNESS: To the best of my
11 knowledge, sir, no, I am not.

12 Q. Are you offering any opinions
13 about the provision of healthcare to the
14 plaintiff?

15 MS. NOWLIN-SOHL: Object to form.

16 THE WITNESS: So, sir, I'm offering
17 opinions about the criteria that should be
18 utilized in order to determine whether or not
19 gender-affirming surgical treatment is medically
20 necessary for the patient. So, some of the
21 opinions that I am offering touch on that issue
22 but not -- touch on that issue.

23 Q. The medical necessity issue is a
24 general issue not specific to this particular
25 patient?

1 A. Correct. It is a general issue.

2 Q. So, are you offering any opinions
3 about the provision of mental healthcare to
4 this particular patient?

5 A. No, sir.

6 Q. Are you offering any opinions
7 about the state of the plaintiff's mental
8 healthcare? Or excuse me. I'll ask a new
9 question. Are you offering any opinions about
10 the state of the plaintiff's mental health?

11 A. No, sir, I am not.

12 MR. RODRIGUEZ: All right. What are
13 we on, six? For the witness.

14 THE WITNESS: Thank you.

15 (Thereupon, Exhibit 6, Expert Report
16 of Fan Li, PhD, was marked for identification.)

17 BY MR. RODRIGUEZ:

18 Q. Do you recognize this document,
19 Dr. Antommaria?

20 A. Yes, sir.

21 Q. What is it?

22 A. It appears to be Dr. Li's report,
23 including the appendices.

24 Q. The -- if you turn to page 12, Dr.
25 Li writes, in the second sentence there at the

1 top, this assertion cites 21 references. And
2 I'll represent to you that this assertion that
3 Dr. Li is referring to appears on the previous
4 page as WPATH Assertion 1. Did you review any
5 of those 21 references that are cited in
6 support of WPATH Assertion 1?

7 A. So, minimally I reviewed da Silva
8 and Lindqvist.

9 Q. And is da Silva one of the cases
10 that you referenced reviewing, or one of the
11 studies that you referenced reviewing earlier
12 today in preparation for your deposition?

13 A. Yes, sir.

14 Q. It is?

15 A. Yes, sir.

16 Q. Is that the La Costa one, or is
17 that the Papadopoulos one, or the Scandinavian
18 one?

19 A. Oh. So, I misspoke, sir. It
20 would be what I erroneously referred to as La
21 Costa.

22 Q. It was da Silva instead?

23 A. Yes.

24 Q. Okay.

25 A. And it's D-A S-I-L-V-A.

1 Q. All right. So, da Silva you said
2 you reviewed it minimally. What does that
3 mean?

4 A. I read the article, sir.

5 Q. All right. And then what was the
6 second study, the other study you said you
7 referenced, or you reviewed?

8 A. Lindqvist. L-I-N-D-Q-V-I-S-T.

9 Q. All right. Is that the
10 Scandinavian study?

11 A. Yes, sir.

12 Q. Okay. And that third study that
13 you referenced, Papadopulos, you mentioned
14 earlier that you looked at that study in
15 preparation of your deposition. Do you know if
16 that was one of these 21 studies? And for ease
17 of reference, the reason why I included the
18 appendix to this one is because it lists all of
19 the studies.

20 A. So, to the best of my knowledge,
21 sir, or to the best of my recall, no, I believe
22 that it's referenced later in Dr. Li's report.

23 Q. Okay. So, aside from da Silva and
24 Lindqvist, have you reviewed any of the other
25 19 studies referenced by Dr. Li here?

1 A. So, I try to maintain my
2 familiarity with the literature, sir, and may
3 have read them in my work in this field but do
4 not recall reviewing them in particular in
5 preparation for my report.

6 Q. Okay. Page 15 of Dr. Li's report,
7 the last sentence on that page, he says, this
8 assertion -- which, again, I'll represent is
9 WPATH Assertion 2, which appears on the same
10 page. Quote, this assertion cited 25 studies,
11 15 of which were cited also in WPATH Assertion
12 1. Do you know if you reviewed any of the
13 balance of those studies or any of the ten
14 other studies that were not referenced in
15 WPATH 1?

16 A. To the best of my knowledge, sir,
17 I did not review any of the balance of the
18 studies.

19 Q. All right.

20 A. And doing so was not necessary to
21 the formation of my opinion in my report.

22 Q. Okay. We'll turn to page 17,
23 middle of the page there beneath the paragraph
24 WPATH Assertion 6. The next full paragraph
25 starts, Brown and Jones. Did you review Brown

1 and Jones, 2015?

2 A. Not to the best of my knowledge,
3 sir.

4 Q. Okay. Same page, WPATH Assertion
5 10, flip to page 18, first clause there, this
6 assertion cites 26 references. Did you review
7 any of those studies?

8 A. So, on page 18, Papadopulos,
9 P-A-P-A-D-O-P-U-L-O-S, is listed.

10 (Zoom interruption.)

11 MR. RODRIGUEZ: John, you're not on
12 mute anymore, bud. There you go.

13 THE WITNESS: As well as da Silva.

14 Q. All right. So, there's
15 Papadopulos is referenced in there, and then da
16 Silva is also referenced. Beyond da Silva and
17 Papadopulos, did you review any of these
18 studies, any of the other 26 studies, or 24
19 studies?

20 A. Not to the best of my knowledge,
21 sir.

22 Q. All right. Page 19, with respect
23 to WPATH Assertion 11, Dr. Li writes that, this
24 assertion cites two references. Did you review
25 either of those two?

1 A. No, sir.

2 Q. And then dropping down with
3 respect to Ettner Assertion 1, Dr. Li writes,
4 this assertion cited three references. Did you
5 review any of those references?

6 A. So, I only see one of the three
7 listed on page 19, and I did not review that.
8 I don't immediately see what the other two
9 were, sir.

10 Q. I can tell you in one second.

11 A. Thank you, sir.

12 Q. So, the first one is the Pfafflin
13 and Junge, which I believe is the one that's
14 stated there in the document, and then the
15 other is Smith, et al., 2005. It appears on --
16 in the appendix. Unfortunately, it's not
17 numbered.

18 MS. NOWLIN-SOHL: May I show him?

19 MR. RODRIGUEZ: Yes.

20 THE WITNESS: Sir, I believe I'm
21 familiar with other studies in the same cohort
22 that's reported by Smith, et al., and I did not
23 review the third study listed.

24 Q. Okay. Page 20, Dr. Ettner's
25 Assertion 2, she references Gijs and Brewayes.

1 Did you review that?

2 A. No, sir, I did not.

3 Q. That study apparently analyzed 18
4 other studies. Did you review any of the other
5 studies referenced in Gijs and Brewayes?

6 A. So, Dr. Li's management of
7 systematic reviews is complicated, because she
8 discusses the reviews but not the individual
9 studies reported in the reviews. And so, I
10 don't know -- and I don't believe she actually
11 lists the other 18 studies. So, no, sir, I
12 don't -- I may have reviewed them in other
13 contexts. So, I don't --

14 Q. Well, you didn't review Gijs and
15 Brewayes in the context of preparing your
16 report?

17 A. No, sir. And I didn't explicitly
18 review the 18 studies that they listed, but I
19 may be familiar with those studies through
20 other work.

21 Q. Okay. Page 21, Ettner Assertions
22 5 through 9, the next paragraph below that
23 Dr. Et -- or Dr. Li writes, quote, first among
24 the 24 cited references. Did you review any of
25 those studies for purposes of writing your

1 report?

2 A. No, sir, I did not.

3 Q. And page 22, Dr. Ettner Assertion
4 10 refers to a single paper, which is Bauer, G.
5 and Scheim, 2015. Do you recall reviewing that
6 in preparation of your report?

7 A. I'm sorry. You're on page 22,
8 Ettner Assertion 10, sir?

9 Q. Yeah. And the actual study is not
10 listed there. So, you have to use the appendix
11 to --

12 A. No, sir, I did not.

13 Q. On page 23, Ettner Assertion 11,
14 Dr. Li writes, this assertion cites Brown and
15 McDuffie, 2009. Did you review that?

16 A. No, sir, I did not.

17 Q. Same page, Ettner Assertion 12,
18 Dr. Li refers to the meta-analysis, which it
19 said is Weinforth, et al., 2019. Did you
20 review that?

21 A. I did not, sir.

22 Q. That meta-analysis was a
23 literature review of 13 studies. Did you
24 review any of those 13 studies that would have
25 been referenced in Weinforth for purposes of

1 drafting your report?

2 A. So, my testimony would be the
3 same, sir. I may be familiar with some of
4 those 13 studies, but I did not review
5 Weinforth at all and so did not explicitly look
6 for those 13 studies and explicitly review them
7 for the purposes of writing my report.

8 Q. So, are you offering any opinions
9 about whether the studies that Dr. Li discusses
10 in her report and that are contained in the
11 appendix, whether any of those studies provide
12 rigorous and consistent statistical evidence on
13 the benefits of quality of life and well-being
14 for gender-affirming surgery?

15 MS. NOWLIN-SOHL: Object to form.

16 THE WITNESS: I am offering opinions
17 about what Dr. Li identifies as rigorous and
18 consistent and reasonable evidence, and, in
19 particular, as that applies to the -- so, in
20 general, that is my primary opinion but do have
21 opinions regarding how that applies to the three
22 studies that we have mentioned previously.

23 Q. Okay. I'm going to have to ask
24 the question, I guess, differently, because
25 that wasn't quite what I was asking, or perhaps

1 it was and we're just talking past each other.
2 So, you just testified that you didn't review
3 the vast majority of the studies referenced in
4 Dr. Li's report. Is that accurate?

5 A. Yes, sir.

6 Q. And you didn't review the vast
7 majority of the -- you reviewed a handful of
8 those studies. Correct? Right? You said you
9 reviewed three of them?

10 A. Yes, sir.

11 Q. And you said that you reviewed --
12 you may be familiar with some of the other
13 studies in other contexts. Correct?

14 A. Correct.

15 Q. But with the exception of those
16 three, you just testified that you didn't
17 review any of the other studies that are listed
18 in here for purposes of writing your report.
19 Right?

20 A. Correct, sir.

21 Q. So, my question is whether you're
22 offering an opinion about whether those studies
23 that are specifically referenced in this report
24 by Dr. Li, whether those studies provide
25 rigorous and consistent statistical evidence on

1 the benefit of quality of life and well-being
2 for gender-affirming surgery?

3 MS. NOWLIN-SOHL: Object to form.

4 THE WITNESS: So, yes, I am, sir,
5 because I'm offering an opinion as to what -- that
6 Dr. Li mischaracterizes what constitutes rigorous
7 and consistent, and because her broad category is
8 inappropriately characterized in terms of making
9 medical decisions, that opinion has implications
10 for her characterization of the individual
11 studies.

12 Q. So, you're making -- so, you are
13 offering an opinion about whether these
14 specific studies provide rigorous and
15 consistent statistical evidence without having
16 reviewed all of the studies, with the exception
17 of three?

18 MS. NOWLIN-SOHL: Object to form.
19 Mischaracterizes prior testimony.

20 THE WITNESS: So the predominant
21 opinion that I am offering is that, again, that
22 Dr. Li's criteria for rigorous and consistent is
23 an inappropriate criteria.

24 Q. Let me ask this question. Are you
25 offering any opinions about these studies and

1 whether these studies provide rigorous and
2 statistical support for quality of life and
3 well-being of gender-affirming surgery, these
4 specific studies?

5 MS. NOWLIN-SOHL: Object to form.
6 Asked and answered.

7 THE WITNESS: So, Dr. Li's report
8 characterizes the methodology of the studies that
9 she cites, including the studies being, some
10 studies being prospective observational studies
11 with before and after comparisons and other
12 studies being cross-sectional studies. And I am
13 offering an opinion that those types of study
14 designs offer sufficient evidence for the safety
15 and efficacy of medical treatments.

16 Q. So, is that a no, that you're not
17 offering an opinion about whether these
18 specific studies provide rigorous and
19 consistent support for benefits of quality of
20 life and well-being for gender-affirming
21 surgery?

22 MS. NOWLIN-SOHL: Object to form.
23 Asked and answered. Argumentative.

24 THE WITNESS: Can you restate your
25 question, sir?

1 Q. So, I think I understand what
2 you're saying, that you're saying that you are
3 providing an opinion about the nature, the type
4 of studies that can lend support. Is that what
5 you're saying?

6 MS. NOWLIN-SOHL: Object to form.

7 Q. The characterization of the
8 studies is what you're testifying about and
9 that the cross-sectional and longitudinal
10 observational studies can provide support for
11 procedures?

12 MS. NOWLIN-SOHL: Object to form.
13 Mischaracterizes prior testimony.

14 THE WITNESS: So, my report describes
15 that clinical practice guidelines are ideally
16 based on systematic reviews of the literature, and
17 systematic reviews of the literature characterize
18 the quality of the evidence, and that systematic
19 reviews then make recommendations, particular
20 treatment recommendations and characterize the
21 strength of the recommendations, and that those
22 recommendations can be based on what is referred
23 to as, in terms of art, as high, moderate, low or
24 very low quality evidence.

25 The studies that Dr. Li cites include

1 observational studies which can provide and
2 potentially do provide justification for
3 gender-affirming surgical care. And so, as to the
4 best as I understand your question, the answer is
5 no. I am offering opinions about the adequacy of
6 the studies which are cited in Dr. Li's report to
7 support gender-affirming surgical care.

8 Q. So, you're offering an opinion
9 about the adequacy of the studies cited in Dr.
10 Li's report without having reviewed the
11 majority of those studies?

12 A. So, there is sufficient
13 information about those studies contained in
14 Dr. Li's report, with trusting that Dr. Li
15 characterized those studies accurately, and I
16 had no reason in reviewing her report to
17 believe that she characterized them
18 inaccurately in terms of their methodology and
19 results, that there is sufficient information
20 in the report to believe that they provide
21 sufficient evidence to support gender-affirming
22 surgical care.

23 Q. Okay. So, you are -- I'm just
24 trying to make sure I understand. So, you're
25 saying that you are offering an opinion about

1 whether the specific studies referenced in Dr.
2 Li's report provide rigorous and consistent
3 statistical evidence on the benefit of the
4 quality of life and well-being of
5 gender-affirming surgery without having
6 reviewed the vast majority of those studies?

7 MS. NOWLIN-SOHL: Object to form.
8 Asked and answered. Argumentative.

9 THE WITNESS: So, sir, your question,
10 as best I understand it, has multiple subparts.
11 Again, I -- my -- it is my opinion that Dr. Li's
12 characterization about what constitutes rigorous
13 and consistent evidence is inaccurate.

14 Q. And that's based on your review --
15 it's not based on your review of the studies.
16 So what is that based on?

17 MS. NOWLIN-SOHL: Object to form.

18 THE WITNESS: So, again, in my report
19 I reference the literature relevant to the
20 development of clinical practice guidelines and
21 treatment recommendations, including the GRADE
22 recommendations.

23 THE COURT REPORTER: The what
24 recommendations?

25 THE WITNESS: G-R-A-D-E, all

1 capitalized.

2 Q. Does your report contain any
3 information about whether any of these studies
4 provide support for the assertions for which --
5 to which they're referenced? I understand
6 you're talking about clinical practice
7 guidelines and treatment recommendations.

8 A. So --

9 MS. NOWLIN-SOHL: Object to form.

10 THE WITNESS: So, in part, Dr. Li's
11 report analyzes the support for the WPATH
12 standards of care, which is a clinical practice
13 guideline, as well as the endocrine society's, and
14 she doesn't specifically mention, but in addition
15 to the endocrine society's clinical practice
16 guideline, which references a comparable body of
17 literature. So, yes, her report does address
18 clinical practice guidelines and the evidence used
19 to support the recommendations made therein.

20 Q. With respect to the specific
21 assertions that are quoted in her report or in
22 general?

23 MS. NOWLIN-SOHL: Object to form.

24 THE WITNESS: I'm sorry, sir. I
25 don't understand.

1 Q. I'll move on. Well, as an
2 example, let's look at page 23, Ettner
3 Assertion 11.

4 A. One moment, sir.

5 (Brief pause.)

6 THE WITNESS: Okay.

7 Q. Does your report address whether
8 that particular study supports the assertion
9 that is referenced or that it -- does it
10 support the assertion that is used as a
11 reference?

12 MS. NOWLIN-SOHL: Object to form.

13 THE WITNESS: So, sir, I do not
14 currently have an opinion whether Brown and
15 McDuffie assert what Li characterizes as Ettner
16 Assertion 11.

17 Q. Do you have an opinion about
18 whether Weinforth, 2019, supports the assertion
19 that's quoted in Dr. Li's report, same page?

20 A. Can you restate your question,
21 sir?

22 Q. Do you have an opinion about
23 whether Weinforth supports the assertion -- Dr.
24 Ettner's Assertion 12?

25 A. Yes, sir.

1 Q. Is that opinion stated in your
2 report?

3 A. So, for example, Dr. Li, on page
4 24, states the other nine studies are all of
5 low quality. And so, in my report I clarify
6 that a low quality is a -- is potentially a
7 term of art that is used in the GRADE approach
8 to characterize one of the four levels of
9 evidence. It is not clear to me how Dr. Li is
10 using that term, and it appears that she may be
11 using it in a nontechnical sense. But to the
12 extent that Dr. Li states at the end of the
13 paragraph, I determined that this reference
14 fails to provide rigorous and consistent
15 statistical evidence supporting the benefits of
16 what she refers to as surgical reassignment,
17 sexual reassignment surgery, I do offer an
18 opinion that that conclusion is erroneous.

19 Q. But you didn't review the nine
20 studies?

21 MS. NOWLIN-SOHL: Objection.
22 Argumentative.

23 THE WITNESS: So, sir, my reviewing
24 the nine studies isn't necessary to reach the
25 opinion that I stated.

1 Q. But that's a no, you didn't review
2 the nine studies?

3 MS. NOWLIN-SOHL: Same objection.

4 THE WITNESS: I believe that we --
5 that I previously testified that I did not, sir.

6 Q. And you didn't speak with Dr.
7 Ettner?

8 MS. NOWLIN-SOHL: Object to form.

9 THE WITNESS: Again, I have
10 previously testified that I did not speak with Dr.
11 Ettner.

12 Q. So, if you didn't speak with Dr.
13 Ettner, you don't know what she would have
14 considered to be low, medium, very low, or high
15 quality studies, do you?

16 MS. NOWLIN-SOHL: Object to form.
17 Argumentative.

18 THE WITNESS: So, my prior testimony
19 was not about what Dr. Ettner characterized as low
20 quality but what Dr. Li meant by low quality, as
21 the characterization of the studies is not, to the
22 best of my knowledge, Dr. Ettner's but Dr. Li's.
23 And I think that there are grounds in her report
24 to particularly her lack of reference to what she
25 means by low to suggest that she's not using it in

1 the technical sense used by the GRADE approach.

2 Q. Right. So, my -- I started this
3 question by, this whole round of questioning by
4 asking you whether Weinforth, whether you had
5 an opinion about whether Weinforth supported
6 Dr. Ettner's assertion which is quoted in Dr.
7 Li's report. And I think I heard you say,
8 essentially, yes, you do have an opinion about
9 that. Is that correct?

10 A. Yes, sir.

11 Q. And is your opinion that Weinforth
12 does support the assertion of Dr. Ettner?

13 A. My primary opinion is that Dr.
14 Li's determination that Weinforth does not
15 support Ettner's assertion is erroneous.

16 Q. Okay. And that's based on not
17 having reviewed Weinforth, nor spoken with Li,
18 nor spoken with Ettner, to determine what they
19 mean by low quality or high quality or medium
20 quality?

21 MS. NOWLIN-SOHL: Object to form.
22 Argumentative. Asked and answered.

23 THE WITNESS: I don't understand any
24 of the components that you just listed as
25 necessary in order to adequately base my

1 conclusion that Dr. Li's claim that I determined
2 that this reference fails to provide rigorous and
3 consistent statistical evidence supporting the
4 benefits of SRS as accurate.

5 Q. But you didn't read those studies?

6 MS. NOWLIN-SOHL: Object to form.
7 Asked and answered. Argumentative.

8 THE WITNESS: I believe that I
9 already answered that question, sir.

10 Q. And that was a no, that you
11 didn't?

12 MS. NOWLIN-SOHL: Same objections.

13 THE WITNESS: So, in preparing my
14 report I did not read Weinforth. Dr. Li's report
15 provides sufficient information about the content
16 of Weinforth in order for me to draw my
17 conclusion.

18 Q. Are you offering any opinions
19 about Dr. Li's characterization of the study
20 designs, the outcomes, or the other attributes
21 of the studies that she references in her
22 report?

23 MS. NOWLIN-SOHL: Object to form.

24 THE WITNESS: I have -- in reviewing
25 Dr. Li's report and several of the individual

1 studies, I have no reason to question that the
2 factual information contained in her appendix B is
3 inaccurate, with the exception of I do think that
4 several of her references are incorrect, such as
5 the years are incorrect, but that her description
6 of the study design, the patient population, and
7 the primary outcomes are generally accurate, or I
8 have no reason to question them.

9 Q. Okay. And you -- in your report
10 you agree, or at least you write that there are
11 few randomized clinical trials of
12 gender-affirming medical care, and the body of
13 evidence is currently appropriately
14 characterized as, quote, low or very low
15 quality. Does that sound like something that
16 you would have written in your report?

17 MS. NOWLIN-SOHL: Object to form.
18 Can we see where that's being quoted from?

19 MR. RODRIGUEZ: Let him answer the
20 question first.

21 THE WITNESS: So, yes, sir, that
22 sounds like a part of my conclusion in my report.

23 Q. And Dr. Li refers to many of these
24 studies as low quality, as you just pointed
25 out. Correct?

1 A. It appears that Dr. Li refers to
2 them as being low quality in a colloquial sense
3 and not necessarily in the technical sense in
4 which I'm using the term.

5 Q. Okay.

6 MR. RODRIGUEZ: All right. So, this
7 is for the witness. Oh, whoops. I wrote on
8 yours. Here you go.

9 (Thereupon, Exhibit 7, Expert
10 Rebuttal Report of Armand H. Matheny Antommara,
11 MD, PhD, in the Zayre-Brown v. The North Carolina
12 Department of Public Safety, et al., Case, was
13 marked for identification.)

14 BY MR. RODRIGUEZ:

15 Q. If you look at paragraph 18, which
16 it starts on page six, the second sentence
17 there -- oh. I'll wait. Sorry.

18 A. I'm sorry. I don't want to step
19 out of my scope, but did you want to introduce
20 the exhibit?

21 Q. Oh. Sure. Do you recognize this
22 document?

23 A. Yes, sir.

24 Q. And this is a copy of your report.
25 Correct?