IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF GEORGIA

ASHLEY DIAMOND,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Civ. Action No. 5:15-cv-00050 (MTT)
	)	
BRIAN OWENS, et al.,	)	
	)	
Defendants.	)	

DECLARATION OF DR. RANDI C. ETTNER

1. I, Dr. Randi C. Ettner, am a clinical and forensic psychologist and an expert in the diagnosis and treatment of gender dysphoria with nearly 40 years of clinical experience. I have treated or evaluated nearly 3,000 transgender individuals. My experience and qualifications are fully set forth in my declaration of February 20, 2015, which also encloses a copy of my curriculum vitae (*See* Doc. 2-1, Declaration of Dr. Randi C. Ettner ("First Ettner Decl.")).

2. Pertinent here, I am a member of the Board of Directors of the World Professional Association for Transgender Health ("WPATH"), and an author of the WPATH *Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People* (Seventh Version, 2012) (the "Standards of Care"); the author of a medical textbook, *Principles of Transgender Medicine and Surgery* (Ettner, Monstrey, & Eyler; Routledge, 2007), concerning the medical and mental health treatment of gender dysphoria; and frequently give grand rounds presentations on the treatment of gender dysphoria at medical hospitals.

3. I have also been repeatedly qualified as an expert in federal court proceedings involving the treatment of gender dysphoria in prison settings. My clinical consulting fee is $250 per hour.

Ms. Diamond's Gender Dysphoria and Treatment Needs

4. As set forth in my declaration of February 20, 2015, Ms. Diamond is a transgender woman with severe and persistent gender dysphoria. (First Ettner Decl. ¶¶ 46-49).

5. The WPATH Standards of Care are the internationally-recognized and medically accepted guidelines for the treatment of gender dysphoria, and establish that medically necessary gender dysphoria treatment can consist of changes in gender expression and role, hormone therapy, and surgery to change primary or secondary sex characteristics. (First Ettner Decl. ¶¶ 22-30).

6. Under the Standards of Care, the medically necessary treatments for Ms. Diamond's gender dysphoria are hormone therapy and outward female gender expression.

7. Hormone therapy and female gender expression treat Ms. Diamond's gender dysphoria in tandem by easing her dysphoria and physical incongruence, and alleviating her coexisting mental health problems, suicidality and emotional distress.

8. Ms. Diamond's medical need for hormone therapy and outward gender expression has been documented by her healthcare providers at GDC, and was confirmed during my clinical assessment of Ms. Diamond on January 22, 2015 (First Ettner Decl. ¶¶ 34).

9. When Ms. Diamond goes without medically necessary gender dysphoria care, she experiences suicide ideation, emotional dysregulation, and a propensity to self-harm, as evidenced by Ms. Diamond's medical files—which chronicle her repeated attempts at suicide and autocastration in GDC custody—and as corroborated by my evaluation of Ms. Diamond; her assessments from GDC healthcare providers; and her psychodiagnostic exam results.

Guidelines for Hormonal Management

10. In 2009, the Endocrine Society, an internationally-renowned organization devoted to the clinical research and practice of endocrinology, published the *Endocrine Treatment of*

Transsexual Persons: An Endocrine Society Clinical Practice Guideline (the "Endocrine Society Guidelines"), pursuant to a consensus process involving members and committees of the Endocrine Society, WPATH, the European Society of Endocrinology, the European Society for Paediatric Endocrinology, and the Lawson Wilkins Pediatric Endocrine Society.

11. The Endocrine Society Guidelines are an evidence-based guideline for the hormonal treatment of transgender persons that were formulated using the Grading of Recommendations, Assessment, Development, and Evaluation ("GRADE") system, and establish protocols for primary care physicians, endocrinologists, and other medical providers who administer cross-sex hormones to transgender patients.

12. The objective of hormone administration, as described by the Endocrine Society Guidelines, is to maintain "cross-sex hormone levels … in the normal physiological range for the desired gender." (Endocrine Society Guidelines 2009). Accordingly, when transgender patients receive therapeutic hormone therapy regimens, their "serum testosterone levels should be in the female range." (Endocrine Society Guidelines 2009).

13. Regarding estrogen administration—and specifically transdermal estradiol—the Endocrine Society Guidelines set forth a protocol of 100-200 mcg per day. Regarding anti-androgens—including the anti-androgenic compound spironolactone—the Endocrine Society Guidelines set forth a treatment protocol of 100 mg daily, with titration up to 50mg weekly, to a typical dose of 200 mg daily.

14. The treatment protocols recommended in the Endocrine Society Guidelines represent the medically accepted regimen for hormonal therapy, and are reiterated in a number of medical publications. *See, e.g.*, *Primary Care Protocol for Transgender Patient Care*, published by the University of California San Francisco Department of Family and Community Medicine

(available at http://transhealth.ucsf.edu/trans?page=protocol-hormones); the *Practical Guidelines for Transgender Hormone Treatment*, published by the Boston University School of Medicine, Endocrinology, Diabetes & Nutrition (available at http://www.bumc.bu.edu/endo/clinics/transgender-medicine/guidelines/).

15. In order to facilitate the delivery of care to this underserved population, the Endocrine Society Guidelines and similar protocols are readily available to medical providers and widely disseminated.

Evaluation of Ms. Diamond's Current Medical Treatment

16. On March 4, 2015, Ms. Diamond was referred for an initial endocrinology consult. Medical records state that she was "put on hormonal therapy." From a review of records, said therapy consists of a transdermal estradiol patch, 0.1 mg per week, and 25 mg of spironolactone daily.

17. Under accepted medical protocols, Ms. Diamond's dose of spironolactone is sub-therapeutic and will not result in the necessary suppression of her natal circulating hormones.

18. A therapeutic dosage of spironolactone would consist of four to eight times the dose Ms. Diamond is currently receiving.

19. A transgender woman receiving therapeutic levels of cross-sex hormones will have a total testosterone level in the female range, on laboratory testing. (Endocrine Society Guidelines 2009).

20. Laboratory testing confirms that Ms. Diamond's total testosterone level falls within the adult male range.

21. Also integral to successful treatment of gender dysphoria is the patient's ability to present consistent with the affirmed gender; however, Ms. Diamond remains without this necessary component of medical care.

22. To date, the only female accoutrement that has been made available to Ms. Diamond is a bra. However, unlike female clothing or grooming, female undergarments are not social signifiers of gender. To appear female is to receive social recognition, an interpersonal and interactive process that relieves the distress of anatomical dysphoria and identity threat.

23. While it is obvious that the gender dysphoric individual suffers at the incongruity of appearance and gender identity and desires to appear female, researchers have documented the importance of outward gender expression to the treatment of transgender patients for over 30 years.

24. In a series of early studies, Greenberg and Laurence compared the psychiatric status of gender dysphoric individuals living as women – their identified gender – to those who were living as men, compared to psychiatric patients. Those who were living as women showed "a notable absence of psychopathology" while those who were living as men appeared more similar to the psychiatric patients, "underlin[ing] the importance of living as female." (Greenberg & Laurence 1981).

25. More recently, Sevelius (2013) proposed the gender affirmation model which documented that access to gender affirming social recognition equated with better mental health, less suicide attempts, and lower levels of depression and PTSD scores.

26. Denying a patient who is receiving hormone therapy the ability to outwardly express their gender is a gross departure from accepted medical standards. Here, it also contrary to the medical recommendations of Ms. Diamond's healthcare providers at GDC, who concur in my assessment that Ms. Diamond requires both hormone therapy and female gender expression as treatment for her gender dysphoria.

27. The current restrictions on Ms. Diamond's ability to outwardly express her gender through grooming, use of gender-congruent pronouns, or dress greatly undermine her ability to obtain clinically significant relief from gender dysphoria, suicidal ideation, and emotional distress. (*See* Bockting & Coleman, 2007; Melendez & Pinto, 2007; Nuttbrock et al, 2009).

Recommendations

28. In accordance with best practice evidence-based protocols for hormone administration, Ms. Diamond should be administered a therapeutic dose of estrogen and anti-androgens—here spironolactone—as such treatment is medically indicated and medically necessary. Ms. Diamond should be monitored to ensure that her hormonal levels are maintained in the normal physiological range for adult females.

29. Ms. Diamond should also be allowed to make use of gender-congruent pronouns, and be allowed clothing, grooming, and hairstyle modifications that permit her to outwardly express her gender identity, as this is a necessary part and integral part of her gender dysphoria treatment under the Standards of Care.

30. There are no contraindications to this medically indicated treatment. Transgender inmates throughout the country receive hormonal therapy and present as female. When appropriately housed, these inmates live safely.

31. However, if Ms. Diamond continues to be denied the medically necessary treatments outlined here, she will continue to experience gender dysphoria and will remain at risk of emotional dysregulation and self-harm.

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

Dated: May 18, 2015

Respectfully submitted,

/s/ Dr. Randi C. Ettner
Dr. Randi C. Ettner

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