

**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

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 or 4DE” a

(available at <http://transhealth.ucsf.edu/trans?page=protocol-hormones>); the *Practical Guidelines for Transgender Hormone Treatment*

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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