DYLAN BRANDT, et al.,	:	
Plaintiffs,	:	Case No.: 4:21-CV-00450-JM-01
v.	:	
LESLIE RUTLEDGE, et al.,	:	
Defendants.	:	

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DECLARATION OF DEANNA ADKINS, MD
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1. I have been retained by counsel for Plaintiffs as an expert in connection with the abovecaptioned litigation.

2. The purpose of this declaration is to provide my expert opinions on: (1) the treatment protocols for transgender adolescents with gender dysphoria, including the provision of pubertal suppression treatment and hormone therapy; and (2) the severe risk of harm to these adolescents of withholding or withdrawing this medical treatment where such treatment is medically necessary.

3. I have knowledge of the matters stated in this declaration and have collected and cite to relevant literature concerning the issues that arise in this litigation in the body of this declaration.

4. ,Q SUHSDULQJ WKLV GHFODUDWLRQ , UHYLHZHG +R

I also relied on my scientific education and training, my research experience, my knowledge of the scientific literature in the pertinent fields, and my clinical experience treating adolescents

PLAINTIFF'S EXHIBIT

differences or disorders of sex development. I have been caring for these individuals in my routine practice for many years prior to opening the clinic.

10. I currently treat approximately 400 transgender and intersex young people from North Carolina and across the Southeast at the Gender Care clinic. I have treated approximately 500 transgender and intersex young people in my career.

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18. Most people have a gender identity that aligns with the sex they are designated at birth based on their external genitalia.[1] People whose sex assigned at birth aligns with their gender identity are cisgender.

19. A transgender person is someone who has a gender identity that differs from the SHUVRQ¶V VH[GHVLJQDWHG DW ELUWK

20. Many transgender children become aware of their gender identity early in life, as young as two years old. Others may not become fully aware of their gender identity until the onset of puberty or later.[2]

21. $ SHUVRQ¶V JHQGHU LGHQWLW\ UHJDUGOHVV RI ZK related characteristics) is fixed, is not subject to voluntary control, cannot be voluntarily changed, and is not undermined or altered by the existence of other sex-related characteristics that do not align with it.[3]

22. $FFRUGLQJ WKH $PHULFDQ 3V\FKLDWULF $VVRFLDW 0DQXDO RI 0HQWDO 'LVRUGHUV ³'60 9´ ³JHQGHU G\VSKRUL

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1 7KH WHUPV ³VH[GHVLJQDWHG DW ELUWK´ RU ³VH[DVVL WHUP ³ELRORJLFDO VH[´ EHFDXVH DOO RI WKH SK\VLRO always aligned with each other. For example, some people with intersex characteristics may have chromosomes typically associated with males but genitalia typically associated with females. See *Hembree WC, et al.* Endocrine treatment of gender-dysphoria/gender incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab* 2017; 102: 3869-3903, 3875, https://academic.oup.com/jcem/article/102/11/3869/4157558 7KHUHDIWHU ³(QGRFULQ *XLGHOLQHV´ %LRORJLFDO VH[emale: These terms refer to physical RU I aspects of maleness and femaleness. As these may not be in line with each other (e.g., a person with XY chromosomes may have female-appearing genitalia), the terms biological sex and biological male or female are imprLVH DQG VKRXOG EH DYRL

2 Endocrine Guidelines at 3874-3875.

3 Endocrine Guidelines at 3874.

condition where clinically significant distress results from the lack of congruence between a

SHUVRQ¶V JHQGHU LGHQWLW\ DQG WKH VH[WKH\ ZHUH GHV

gender dysphoria, the incongruence must have persisted for at least six months and be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.

23. Being transgender is not itself a mental disorder or a medical condition to be cured. But gender dysphoria is a serious medical condition that, if left untreated, can result in severe anxiety and depression, self-harm, and suicidality.[4]

24. Before receiving treatment, many individuals with gender dysphoria have high rates of anxiety, depression and suicidal ideation. I have seen in my patients that without appropriate treatment this distress impacts every aspect of life.

25.

TREATMENT PROTOCOLS FOR PATIENTS WITH GENDER DYSPHORIA

27. The Endocrine Society and WPATH have published widely accepted standards of care for treating gender dysphoria.[5] The precise treatment for gender dysphoria depends on each SHUVRQ¶V LQGLYLGXDO QHHGV, and the medical standards of care differ depending on whether the treatment is for a pre-pubertal child, an adolescent, or an adult.

28. Treatment for gender dysphoria is aimed at eliminating the clinically significant distress a patient experiences by helping the patient live in alignment with their gender identity. 7KLV WUHDWPHQW LV VRPHWLPHV UHIHUUHG WR DV ³JHQGH ³JHQGHU DIILUPLQJ FDUH ´ $OO RI WKH PDMRU PHGLFDO SH

29.

puberty and before initiating gender-affirming hormone therapy if it becomes medically indicated.

32. Puberty delaying treatment works by pausing endogenous puberty at the stage it has reached when the treatment begins. This has the impact of limiting the influence of a SHUVRQ¶V HQGRJHQRXV KRUPRQHV RQ WKH ERG\ )RU H[DP

- has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process,

- x And a pediatric endocrinologist or other clinician experienced in pubertal assessment:
  - agrees with the indication for GnRH agonist treatment,
  - has confirmed that puberty has started in the adolescent, and
  - has confirmed that there are no medical contraindications to GnRH agonist treatment.

34. For some patients, initiating puberty consistent with gender identity through gender-affirming hormone therapy may also be medically necessary. Around the age of fourteen, depending RQ WKH PHGLFDO QHHGV RI WKH SDWLHQW DQG -WKH SDWLH affirming hormone therapy can be prescribed and the adolescent will go through hormonal puberty consistent with their gender identity on a comparable timeline to their non-transgender peers.

35. Under the Endocrine Society Clinical Guidelines, transgender adolescents may be eligible for gender-affirming hormone therapy if:

- x A qualified mental health professional has confirmed:
  - the persistence of gender dysphoria,
  - any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are

stable enough to start sex hormone treatment,

- o the adolescent has sufficient mental capacity to estimate the consequences of this (partly) irreversible treatment, weigh the benefits and risks, and give informed consent to this (partly) irreversible treatment,

x And the adolescent:

- o has been informed of the (irreversible) effects and side effects of treatment (including potential loss of fertility and options to preserve fertility),
- o has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process,

x And a pediatric endocrinologist or other clinician experienced in pubertal induction:

- o agrees with the indication for sex hormone treatment,
- o has confirmed that there are no medical contraindications to sex hormone treatment.

36. When treating a transgender adolescent with gender dysphoria, when medically indicated, I prescribe puberty delaying treatment at the Tanner 2 stage of puberty. For people assigned male at birth, Tanner Stage 2 of puberty is typically between ages 9 and 14, and for people assigned female at birth, between ages 8 and 12. Where I first see a patient after the SDWLHQW KDV EHJXQ SXEHUW\ , DVVHVV WKH SDWLHQW¶V SDWLHQW¶V QHHGV DQG WKH FKDQJHV WKDW KDYH DOUHDG either initiate pubertal suppression, and wait to initiate gender-affirming hormones until they are

ready; or, initiate puberty consistent with their gender identity with gender affirming hormones. 7KH JRDO LV WR PLQLPL]H WKH SDWLHQW¶V G\VSKRULD DQ

identity within the typical age range. In my extensive clinical experience, I have observed the substantial benefits of providing individualized care to patients through pubertal suppression and gender-affirming hormones. This treatment also substantially minimizes dysphoria later in life and can eliminate the need for surgical treatment in adulthood altogether.

37. For many patients, social transition and hormone therapy are sufficient forms of treatment for gender dysphoria. Others also need one or more forms of surgical treatment to alleviate gender dysphoria. I do not perform surgery, but I refer my older patients for surgery when clinically appropriate.

38. Individuals assigned female at birth may receive chest reconstruction surgery before the age of 18 provided they have been living consistent with their gender identity for a significant period of time. Genital surgery for transgender women and men is not recommended until the person has reached the age of at least 18.

PUBERTY BLOCKERS AND EiTo9 DNE

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a much shorter period of time, in order to pause puberty before either initiating puberty with crosssex hormones or resuming endogenous puberty. This medication is also used in adolescents and adults undergoing chemotherapy to preserve fertility and in patients with hormone sensitive cancers, like breast and prostate cancer.

41. In a 2020 study published in *Pediatrics*, the official journal of the American $FDGHP\ RI 3HGLDWULFV UHVHDUFKHUV FRQFOXGHG WKDW pubertal suppression among those who wanted it was associated with lower odds of lifetime suicidal ideation when compared with those who wanted pubertal suppression but did not receive it. Suicidality is of particular concern for this population because the estimated lifetime prevalence of suicide attempts among WUDQVJHQGHU SHRSOH LV DV KLJK DV ´[9]

42. As noted above, under the Endocrine Society Clinical Guidelines, once a transgender adolescent establishes further maturity and competence to make decisions on additional treatment, it may then be medically necessary and appropriate to provide gender affirming hormone therapy to initiate puberty consistent with gender identity. For girls who are transgender this means administering both testosterone suppressing treatment as well as estrogen WR LQLWLDWH KRUPRQDO SXEHUW\ FRQVLVWHQW ZLWK WKH are transgender this means administering testosterone.

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[9] Turban JL, King D, Carswell JM, et al. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*. 2020;145(2):e20191725. Wiepjes, C. M., Nota, N. M., de Blok, C. J., Klaver, M., de Vries, A. L., Wensing-Kruger, S. A., ... & Gooren, L. J. (2018). The Amsterdam cohort of gender dysphoria study (1972-2015): trends in prevalence, treatment, and regrets. *The Journal of Sexual Medicine*, *15*(4), 582-590. De

43. There is nothing inherently harmful about undergoing hormone treatment to VXVWDLQ RQH¶V KHDOWK DQG LW LV D FRPPRQ SUDFWLFH L transgender patients for reasons unrelated to treatment of gender dysphoria. Many transgender people have been on hormone therapy for decades and we are not seeing evidence of negative outcomes as a result. Likewise, many non-transgender individuals have to undergo hormone treatment for the majority of their lives, and it is well-managed. This includes patients with various intersex conditions such as Turner syndrome and Klinefelter syndrome, premature ovarian failure, and cancer.

44. In addition to my patients with intersex traits, I regularly treat cisgender patients with the same hormone therapy that is provided to transgender patients. For example, cisgender boys with delayed puberty are often prescribed testosterone if they have not begun puberty by age 14. Without testosterone, for most of these patients, puberty would eventually initiate naturally but testosterone is often prescribed to avoid some of the social stigma that comes from XQGHUJRLQJ SXEHUW\ ODWHU WKDQ RQH¶V SHHUV /LNHwise, cisgender girls with hypogonadotropic hypogonadism (delayed puberty due to lack of estrogen caused by a problem with the pituitary gland or hypothalamus) may be treated with estrogen to initiate puberty. I also treat cisgender girls with Polycystic Ovarian Syndrome (PCOS) with hormonal birth control or testosterone suppression to reduce some symptoms of the condition including excess facial hair. Similarly, a cisgender boy and a transgender boy could both seek surgery to remove breast tissue to help align their body or appearance with their gender. In other words, as a pediatric endocrinologist I provide the same types of treatments to people with intersex traits and cisgender people to affirm their gender that is prohibited by the Health Care Ban if provided to transgender people for the same reasons.

45. One argument against treatment for transgender youth that is often raised is that the treatment is automatically sterilizing, but this is not accurate. Many people undergo fertility preservation before any treatment that would compromise fertility. Many more transgender people may be treated with gender affirming surgery that has no impact on fertility such as chest reconstruction. Many transgender individuals conceive children after undergoing hormone therapy.[10] 0RUH JHQHUDOO\ PDQ\ PHGLFDO LQWHUYHQWLRQV W health and well-EHLQJ FDQ LPSDFW DQ LQGLYLGXDO¶V IHUWLOLW\ informed consent. In contrast to care for transgender youth, which can always leave room for fertility preservation, many surgical interventions performed on intersex infants ± which this law permits ± would permanently impact fertility. In fact, there are often no medical benefits to surgical interventions performed on intersex infants.

46. 7KH OHJLVODWLYH ILQGLQJV LQ WKH +HDOWK &DUH

considered a risk as the count generally increased with testosterone to within the range that is

identification different from their assigned sex and clinically significant distress related to the incongruence. Each stage of the treatment is carefully evaluated and can be changed at any time by carefully tapering a patient off of the treatment. In the case of puberty blocking medication, RQFH VWRSSHG D SDWLHQW¶V HQGRJHQRXV SXEHUW\ EHJL VWRSSHG D SDWLHQW¶V QD turally occurring hormones will continue. This treatment does not make people transgender; it safely and effectively treats patients with gender dysphoria.

50. Treatment for transgender youth and adolescents is safe, effective and essential for the well-being of transgender young people. My patients who receive medically appropriate hormone therapy and who are treated consistent with their gender identity in all aspects of life experience significant improvement in their health. Medical treatment recommended for and provided to transgender adolescents with gender dysphoria can substantially reduce lifelong

immediately stop pubertal suppression as a result of a legal prohibition on the care, it will cause patients to immediately resume their endogenous puberty. This could result in extreme distress for patients who have been relying on the suppression to prevent bodily changes that come with their endogenous puberty. For a girl who is transgender, this could mean that she would immediately start experiencing genital growth, body hair growth, deepening of her voice and GHYHORSPHQW RI D PRUH SURQRXQFHG $GDP¶V DSSOH)RU mean that he would have the initiation of a menstrual cycle and breast growth. These changes can be extremely distressful for a young person who had been experiencing gender dysphoria that was then relieved by the initiation of pubertal suppression.

53. $GGLWLRQDOO\ WKH HIIHFWV RI XQGHUJRLQJ RQH¶ reversible even with subsequent hormone therapy and surgery, thus exacerbating lifelong gender dysphoria in patients who would have this treatment withheld or cut off. Bodily changes from puberty as to stature, hair growth, genital growth, voice and breast development can be impossible or more difficult to counteract.

54. For patients who are currently undergoing treatment with gender affirming hormones like estrogen or testosterone, abruptly withdrawing care can result in a range of serious physiological and mental health consequences. The body takes about six weeks to ramp up endogenous hormones so if a clinician is forced to abruptly stop treatment, a patient will be without sufficient circulating hormones at all. This can result in depressed mood, hot flashes, and headaches. For patients on spironolactone, a testosterone suppressant, abruptly terminating WUHDWPHQW FDQ FDXVH D SDWLHQW¶V EORRG SUHVVXUH W attack or stroke. The abrupt withdrawal of treatment also results in predicable and negative mental health

55. If I had to pull my [illegible] treatment, even for a short time, I would be concerned that some could become so traumatized they would resort to self-harm and [illegible] young people's lives by getting th[illegible] treatment, to take them off mid-treatment [illegible]