EXHIBIT 3

IN THE FIRST JUDICIAL DISTRICT COURT
LEWIS and CLARK COUNTY

JESSICA KALARCHIK, an individual, and JANE DOE, an individual, on behalf of themselves and all others similarly situated, **Plaintiffs,** **v.** **STATE OF MONTANA; GREGORY GIANFORTE, in his official capacity as the Governor of the State of Montana; the MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES; CHARLES T. BRERERTON, in his official capacity as the Director of the Montana Department of Public Health and Human Services; the MONTANA DEPARTMENT OF JUSTICE; and AUSTIN KNUDSEN, in his official capacity as Attorney General of the State of Montana,** **Defendants.**	)	**Case No. DV-24-2024-0000261-CR** **Presiding Judge Hon. Mike Menahan**

EXPERT DECLARATION OF DR. RANDI C. ETTNER, Ph.D.

I, Dr. Randi C. Ettner; declare as follows:

1. I submit this expert declaration based on my personal knowledge.

2. I have been retained by counsel for Plaintiffs as an expert in connection with the above-mentioned litigation. Specifically, I have been asked by Plaintiffs' counsel to provide my expert opinion regarding Montana's policies and practices prohibiting transgender persons born in Montana from obtaining amended birth certificates, or for transgender people in Montana obtaining amended driver’s licenses, that accurately reflect their sex and gender identity.

3. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

I. BACKGROUND AND QUALIFICATIONS

4. I am a licensed clinical and forensic psychologist with expertise concerning the diagnosis and treatment of gender dysphoria. I received my Doctorate in Psychology (with honors) from Northwestern University in 1979. I was the chief psychologist at the Chicago Gender Center from 2005 to 2016, when it moved to the Weiss Memorial Hospital. Since that time, I have been a member of the Weiss Medical Staff and a consultant to Rush University Medical Center's Gender Affirm Program. I have been involved in the treatment of patients with gender dysphoria since 1977, when I was an intern at Cook County Hospital in Chicago.

5. During the course of my career, I have evaluated and/or treated approximately 3,000 individuals with gender dysphoria and mental health issues related to gender variance.

6. I have published four books related to the treatment of individuals with gender dysphoria including the medical text entitled *Principles of Transgender Medicine and Surger*y (Ettner, Monstrey & Eyler, 2007) and the second edition (Ettner, Monstrey & Coleman, 2016). I have authored numerous articles in peer-reviewed journals regarding the provision of care to this population. I serve as a member of the editorial boards for the *International Journal of Transgender Health* and *Transgender Health*.

7. I am the past Secretary of the World Professional Association for Transgender Health ("WPATH") (formerly the Harry Benjamin Gender Dysphoria Association), and was a member of the WPATH Board of Directors for twelve years, and an author of the *WPATH Standards of Care for the Health of Transsexual, Transgender and Gender-nonconforming People* (7th version), published in 2011, and the current *WPATH Standards of Care* Version 8, published in 2022. The WPATH-promulgated *Standards of Care* ("*Standards of Care*") are the internationally recognized guidelines for the treatment of persons with gender dysphoria and serve to inform medical treatment in the United States and throughout the world.

8. I have lectured throughout North America, South America, Europe, and Asia on topics related to gender dysphoria, and on numerous occasions I have presented grand rounds on gender dysphoria

at medical hospitals. I am the honoree of the externally funded *Randi and Fred Ettner Fellowship in Transgender Health* at the University of Minnesota. I have been an invited guest at the National Institutes of Health to participate in developing a strategic research plan to advance the health of sexual and gender minorities, and in November 2017 was invited to address the Director of the Office of Civil Rights of the United States Department of Health and Human Services regarding the medical treatment of gender dysphoria. I received a commendation from the United States Congress House of Representatives on February 5, 2019, recognizing my work for WPATH and gender dysphoria in Illinois.

9. I have been retained as an expert regarding gender dysphoria and its treatment in multiple court cases in both state and federal courts, as well as administrative proceedings, and have repeatedly qualified as in expert. I have also been a consultant to policy makers regarding appropriate care for transgender inmates and for the Centers for Medicare and Medicaid in the state of Illinois.

10. A true and accurate copy of my Curriculum Vitae is attached hereto as Exhibit A. It documents my education, training, research, and years of experience in this field and includes a list of publications. A bibliography of the materials reviewed in connection with this declaration is attached hereto as Exhibit B. The sources cited therein are authoritative, scientific peer-reviewed publications. I generally rely on these materials when I provide expert testimony, and they include the documents specifically cited as supportive examples in particular sections of this declaration. The materials I have relied on in preparing this declaration are the same type of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

11. I have not met or spoken with the Plaintiffs for purposes of this declaration. My opinions are based solely on the information I have been provided by Plaintiffs' attorneys, the materials referenced in the Bibliography as Exhibit B and cited herein, and my extensive experience studying gender dysphoria and in treating transgender patients.

a. Previous Testimony

12. In the last four years, I have testified as an expert at trial or by deposition in the following cases: *Cordellione v. Commissioner, Indiana Dept. of Corrections, No. 3:23-cv-135* (S.D. Ind.)*; Zayre-*

Brown v. North Carolina Dept. of Public Safety, No. 3:22-cv-00191 (W.D.N.C.); *Roe v. Herrington*, No. 4:20-cv-00484-JAS 9 (D. Ariz.); *Diamond v. Ward*, No. 5:20-cv-00543 (M.D. Ga. 2022); *Stillwell v. Dwenger*, No. 1:21-cv-1452-JRS-MPB (S.D. Ind. 2022); *Letray v. Jefferson Cty.*, No. 20-cv-1194 (N.D.N.Y. 2022); *C.P. v. BCBSIL*, No. 3:20-cv-06145-RJB (W.D. Wash. 2022); *Kadel v. Folwell*, No. 1:19-cv-00272 (M.D.N.C. 2021); *Iglesias v. Connor*, No. 3:19-cv-00415-NJR (S.D. Ill. 2021); *Monroe v. Jeffreys*, No. 3:18-CV-00156-NJR (S.D. Ill. 2021); *Singer v. Univ. of Tennessee Health Sciences Ctr*., No. 2:19-cv-0243l-JPM-cgc (W.D. Tenn. 2021); *Morrow v. Tyson Fresh Meats, Inc.*, No. 6:2A-cv-02033 (N.D. Iowa 2021); *Claire v. Fla. Dep't of Mgmt. Servs*., No. 4:20-ov-00020-MW-MAF (N.D. Fla. 202A); *Williams v. Allegheny Cty.*, No. 2.17-cv-A1556-MJH (W.D. Pa.2A20); *Gore v. Lee*, No. 3:19-CV-00328 (M.D. Tenn. 2020); *Eller v. Prince George 's Cty. Public Sch*., No. 8: 18-cv-03649-TDC (D. Md. 2020); *Monroe v. Jeffreys*, No. 18-CV-00156-NIR-MAB (S.D. Ill. 2020); *Ray v. Acton*, No. 2:18-cv-00272 (S.D. Ohio 2019); and *Soneeya v. Turco*, No. 07-12325-DPW (D. Mass. 2019).

b. Compensation

13. I am being compensated for my work on this matter at a rate of $375.00 per hour for preparation of declarations and expert reports. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

II. SUMMARY OF OPINIONS

14. Medical management of gender dysphoria includes the alignment of appearance, presentation, expression, and often, the body, to reflect a person's true sex as determined by their gender identity. Correcting the gender marker on identification documents confers social and legal recognition of identity and is crucial to this process. The necessity and importance of privacy is universal and exists even in animals. A wide range of species avoid predators by managing information about internal states and future intentions, for purposes of survival (Krebs & Davies, 1993). Privacy enables normal psychological functioning, the ability to have experiences that promote healthy personal growth and interpersonal relationships and allows for measured self-disclosure. It is the basis for the development of individuality and autonomy (Atman, 1977; Margulis,2003).

15. For a transgender person, a birth certificate bearing an incorrect gender marker invades privacy, releases confidential medical information, and places the individual at risk for grave psychological and physical harm. This is even more of a problem when a transgender person has a driver's license bearing an incorrect gender marker given how frequently and in how many settings individuals must present their driver's license.

III. EXPERT OPINIONS

a. Sex and Gender Identity

16. At birth, infants are assigned a sex, typically male or female, based solely on the appearance of their external genitalia. For most people, that assignment turns out to be accurate, and their birth-assigned sex matches that person's actual sex. However, for transgender people, the sex assigned at birth does not align with the individual's genuine, experienced sex, resulting in the distressing condition of gender dysphoria.

17. External genitalia alone—the critical criterion for assigning sex at birth—is not an accurate proxy for a person's sex.

18. A person's sex is comprised of a number of components including, *inter alia*, chromosomal composition (detectible through karyotyping); gonads and internal reproductive organs (detectible by ultrasound, and occasionally by a physical pelvic exam); external genitalia (which are visible at birth); sexual differentiations in brain development and structure (detectible by functional magnetic resonance imaging studies and autopsy); and gender identity.

19. Gender identity is a person's inner sense of belonging to a particular sex, such as male or female. It is a deeply felt and core component of human identity. It is detectible by self-disclosure in adolescents and adults.

20. When there is divergence between anatomy and identity, one's gender identity is paramount and the primary determinant of an individual's sex. Developmentally, identity is the overarching determinant of the self-system, influencing personality, a sense of mastery, relatedness, and emotional

reactivity, across the life span. It is also the foremost predictor of satisfaction and quality of life. Psychologist Eric Erickson defined identity as "the single motivating force in life" (1956).

21. Like non-transgender people (also known as cisgender people), transgender people do not simply have a "preference" to act or behave consistently with their gender identity. Every person has a gender identity. It is a firmly established elemental component of the self-system of every human being.

22. The only difference between transgender people and cisgender people is that the latter have gender identities that are consistent with their birth-assigned sex whereas the former do not. A transgender man cannot simply turn off his gender identity like a switch, any more than anyone else could.

23. In other words, transgender men are men and transgender women are women.

24. A growing assemblage of research documents that gender identity is immutable and biologically based. A significant body of scientific and medical research that gender dysphoria has a physiological and biological etiology (cause or origin). It has been demonstrated that transgender women, transgender men, non-transgender women, and non-transgender men have different brain compositions, with respect to the white matter of the brain, the cortex (central to behavior), and subcortical structures. See, e.g., Rametti, et al., 45 J. Psychiatric Res. 199 (2011); Rametti, et al., 45 J. Psychiatric Res. 949 (2011); Luders, et al. (2006); Krujiver, et al. (2000). Differences between transgender and non-transgender individuals primarily involve the right hemisphere of the brain. The significance of the right hemisphere is important because that is the area that relates to attitudes about bodies in general, one's own body, and the link between the physical body and the psychological self. In addition, scientific investigation has found a co-occurrence of gender dysphoria in families. Gomez-Gill et al. concluded that the probability of a sibling of a transgender individual also being transgender was 5 times higher than someone in the general population. Gomez-Gil, et al. (2010). And, in identical twins, there was a very high likelihood (33%) of both twins being transgender, even when reared apart, demonstrating the role of genetics in the development of gender dysphoria. *See* Diamond (2013) (abstract: "[t]he responses of our twins relative to their rearing along with our findings regarding some of their experiences during childhood and adolescence show their [gender] identity was much more influenced by their genetics than their rearing."); *see also* Green (2000).

25. It is now believed that gender dysphoria evolves as a result of the interaction of the developing brain and sex hormones. For example, one study found that:

> [d]uring the intrauterine period a testosterone surge masculinizes the fetal brain, whereas the absence of such a surge results in a feminine brain. As sexual differentiation of the brain takes place at a much later stage in the development than sexual differentiation of the genitals, these two processes can be influenced independently of each other. Sex differences in cognition, gender identity . . ., sexual orientation . . ., and the risks of developing neuropsychiatric disorders are programmed into our brain during early development. There is no evidence that one's postnatal social environment plays a crucial role in gender identity or sexual orientation.

Bao & Swaab (2011). Similarly, Hare et al. found that "a decrease in testosterone levels in the brain during development might result in incomplete masculinization of the brain . . . resulting in a more feminized brain and a female gender identity." Hare, et al. at 93, 96.

26. I have reviewed Montana Administrative Register Notice 37-1002 (dated June 10, 2022), which includes a "Statement of Reasonable Necessity" for a proposed rule, which I understand was adopted as ARM 37.8.311. The Statement of Reasonable Necessity opines that because chromosomes are biological, sex based on genital appearance alone should be conclusive in determining an individual's sex. This argument is reductive, fails to recognize that there are several biological contributors to sex, including hormones and the brain, and fails to account for the developmental influence of the gonadal hormones before and early after birth. Human neurobiology is far more complex, as is the brain, which is the ultimate determinant of sex.

27. Efforts to change an individual's gender identity are unethical, harmful, and futile. Researchers have documented the risks and harms of attempting to coerce individuals to conform to their birth-assigned sex. These include, but are not limited to, the onset or increase of depression, suicidality, substance abuse, loss of relationships, family estrangement, and a range of post-traumatic responses. *See* Byne (2016); Green, et al. (2020); Turban, et al. (2019).

28. The evidence demonstrating that gender identity cannot be altered, either for transgender or for non-transgender individuals, further underscores the innate and immutable nature of gender identity.

Past attempts to "cure" transgender individuals by means of psychotherapy, aversion treatments or electroshock therapy, in order to change their gender identity to match their birth-assigned sex, proved ineffective and caused extreme psychological damage. Numerous professional organizations have endorsed the United States Joint Statement Against Conversion Efforts, including the American Medical Association, The American Academy of Family Physicians, The American Psychological Association, The American Psychoanalytical Association, WPATH, and many other professional organizations. Several countries throughout the world, and states and municipalities in the United States, have enacted laws prohibiting health care professionals from engaging in conversion attempts.

b. Gender Dysphoria and Its Treatment

29. Gender dysphoria is the clinically significant distress or impairment of functioning that can result from the incongruence between a person's gender identity and the sex assigned to them at birth. Gender dysphoria is a serious medical condition associated with severe and unremitting emotional pain from the incongruity between various aspects of one's sex. It is codified in the *International Classification of Diseases* (10th revision: World Health Organization), the diagnostic and coding compendia for mental health and medical professionals, and the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* Fifth Edition (DSM-5). People diagnosed with gender dysphoria have an intense and persistent discomfort with their assigned sex that leads to impairment in functioning.

30. Gender dysphoria was previously referred to as gender identity disorder. In 2013, the American Psychiatric Association changed the name and diagnostic criteria to be "more descriptive than the previous DSM-IV term gender identity disorder and focus[] on dysphoria as the clinical problem, not identity per se." DSM-5 at 451.

31. The diagnostic criteria for Gender Dysphoria in Adolescents and Adults in DSM-5 are as follows:

a. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two of the following:

i. A marked incongruence between one's experienced/expressed gender and

primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).

ii. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated sex characteristics).

iii. A strong desire for the primary and/or secondary sex characteristics of the other gender.

iv. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

v. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

vi. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

b. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

32. Once a diagnosis of gender dysphoria is established, individualized treatment should be initiated. Without treatment, individuals with gender dysphoria experience anxiety, depression, suicidality, and other attendant mental health issues and. are often unable to adequately function in occupational, social, or other areas of life.

33. Although rates of suicide are higher amongst the transgender community than the general population, a 2015 study identified several factors that were associated with large reductions in suicide risk. The study reported that having an identity document with a gender marker notation that matched their lived gender was associated with a large reduction in suicidal ideation and attempts. The study noted that having one or more of these concordant identity documents has the potential to prevent suicidal ideation and suicide

attempts-demonstrating that in a hypothetical sampling of 1,000 transgender people who were permitted to. change an identity document gender marker, 90 cases of ideation could be prevented, and, in a hypothetical sampling of 1,000 transgender people with suicidal ideation who were permitted to change an identity document gender marker, 230 suicide attempts could be prevented (Bauer, Scheim & Pyne). A review of 24 studies similarly found that social and legal gender validation was positively related to improved health outcomes (King & Gamarel, 2021).

34. The medically accepted standards of care for treatment of gender dysphoria are set forth in the *WPATH Standards of Care* (7th version, 2011), first published in 1979 and the WPATH Standards of Care (8th version, 2022). The WPATH-promulgated *Standards of Care* are the internationally recognized guidelines for the treatment of persons with gender dysphoria and inform medical treatment throughout the world.

35. The American Medical Association, the Endocrine Society, the American Psychological Association, the American Psychiatric Association, the World Health Organization, the American Academy of Family Physicians, the National Commission of Correctional Health Care, the American Public Health Association, the National Association of Social Workers, the American College of Obstetrics and Gynecology, the American Society of Plastic Surgeons, and The American Society of Gender Surgeons all endorse protocols in accordance with the WPATH standards. (*See*, *e.g.*, American Medical Association (2008) Resolution 122 (A-85); *Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline* (2009); *American Psychological Association Policy Statement on Transgender, Gender Identity and Gender Expression Nondiscrimination* (2009).)

36. The *Standards of Care* identify the following treatment protocols for treating individuals with gender dysphoria, which should be tailored to the patient's individual medical needs:

- Changes in gender expression and role, also known as social transition (which involves living in the gender role consistent with one's gender identity);
- Hormone therapy to feminize or masculinize the body in order to reduce the distress caused by the discordance between one's gender identity, and sex assigned at birth;

- Surgery to change primary and/or secondary sex characteristics; and
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; and promoting resilience.

37. These treatments do not change a transgender person's sex, which is already determined by their gender identity.

c. The Process of Gender Transition

38. A complete gender transition is one in which a person attains a sense of lasting personal comfort with their gendered self, thus maximizing overall health, well-being, and personal safety. Social role transition has an enormous impact in the treatment of gender dysphoria. An early seminal study emphasizes the importance of aligning presentation and identity, Greenberg and Laurence (1981), compared the psychiatric status of individuals with gender dysphoria who had socially transitioned with those who had not. Those who had implemented a social transition showed "a notable absence of psychopathology" compared to those who were living in their birth-assigned sex, Similarly, a recent study found that use of a transgender person's chosen name, if different from the one given at birth, was linked to reduced depression, suicidal ideation and suicidal behavior (Russell, Pollitt & Grossman, 2018).

39. Hormones are often medically indicated for patients with gender dysphoria and are extremely therapeutic. In addition to inducing a sense of well-being, owing to the influence of sex steroids on the brain, hormones induce physical changes which attenuate the dysphoria. One or more surgical procedures are medically indicated for some, but by no means all, transgender individuals.

40. A person's gender identity is an innate, immutable characteristic; it is not determined by a particular medical treatment or procedure. The medical treatments provided to transgender people (including social transition), do not "change a woman into a man" or vice versa. Instead, they affirm the authentic gender that an individual person is.

41. The goal of proper treatment is to align the person's body and lived experience with the person's fixed identity which already exists. Treatment creates more alignment between the person's identity and the person's appearance, attenuating the dysphoria, and allowing the person's actual sex to be seen and recognized by others. Treatments fall below the accepted *Standards of Care* if they fail to recognize that a person's affirmed gender identity is not how they feel, but rather essentially who they are.

d. The Importance of Accurate Identity Documents, Including Birth Certificates and Driver's Licenses, for Transgender People

42. Being unable to correct the gender marker on one's identity documents, including one's birth certificate and driver's license, means that transgender people are forced to display documents that indicate their birth-assigned sex (typically based only on the appearance of genitalia at birth), rather than their actual sex as determined by their gender identity and their lived experience. This discordance creates a myriad of deleterious social and psychological consequences.

43. Identity documents consistent with one's lived experience affirm and consolidate one's gender identity, mitigating distress and functional consequences. Changes in gender presentation and role, to feminize or masculinize appearance, and social and legal recognition, are crucial comportments of treatment for gender dysphoria. Social transition involves dressing, grooming, and otherwise outwardly presenting oneself through social signifiers of a person's true sex as determined by their affirmed gender identity, including on one's identity documents such as a birth certificate and driver's license.

44. Through this process, the shame of growing up living as a "false self" and the grief of being born into the "wrong body" are ameliorated (Ettner, 1999; Bockting, 2014). Being socially and legally recognized with correct identification is essential to successful treatment. The WPATH *Standards of Care* explicitly state that changing the gender marker on identity documents greatly assists in alleviating gender dysphoria. Uncorrected identity documents serve as constant reminders that one's identity is perceived by society and government as "illegitimate." Individuals who desire and require surgery must, as a prerequisite, undergo social role transition, which can be thwarted or upended by inaccurate identification documents.

45. An inability to access identity documents that accurately reflect one's true sex is harmful and exacerbates gender dysphoria, kindling shame and amplifying fear of exposure. Inaccurate documents can cause an individual to isolate (Inness, 1992) in order to avoid situations that might evoke discrimination, ridicule, accusations of fraud, harassment, or even violence—experiences that are all too common among transgender people. Ultimately, this leads to feelings of hopelessness, lack of agency, and despair. Being stripped of one's dignity, privacy, and the ability to move freely in society can lead to a degradation of coping strategies and cause major psychiatric disorders, including generalized anxiety disorder, major depressive disorder, posttraumatic stress disorder, emotional decompensation, and suicidality. Research has demonstrated that transgender women who fear disclosure are at a 100% increased risk for hypertension, owing to the intersection of stress and cardiac reactivity (Ettner, Ettner & White, 2012).

46. An abundance of research establishes that transgender people suffer from stigma and discrimination. The "minority stress model" explains that the negative impact of the stress attached to being stigmatized is socially based. This stress can be both *external*, i.e., actual experiences of rejection or discrimination (enacted stigma), and, as a result of such experiences, *internal*, i.e., perceived rejection or the expectation of being humiliated or discriminated against (felt stigma). Both are corrosive to physical and mental health (Bockting, 2014; Bradford, et al, 2013; Frost, Lehavot, & Meyer, 2015).

47. Until recently, it was not understood that these experiences of humiliation and discrimination have serious and enduring consequences. It is now well documented, however, that stigmatization and victimization are the most powerful predictors of current and future mental health problems. The presentation of a birth certificate and/or driver’s license is required in numerous situations. For the transgender individual, an inaccurate birth certificate or driver’s license can transform a mundane interaction into a traumatic experience. Repeated negative experiences inevitably erode resilience, creating an ingravescent (medically worsening) course of gender dysphoria and attendant psychiatric disorders (Ohasi, Anderson & Bolder, 2017; Hazenbuehler, et al, 2014).

48. Many people who suffer from gender dysphoria go to great lengths to align their physical characteristics, voice, mannerisms, and appearance to match their gender identity. Since gender identity is

immutable, these changes are the appropriate, and indeed the only treatment for the condition. Understandably, the desire to make an authentic appearance is of great concern for transgender individuals, as the *sine qua non* of the gender dysphoria diagnosis is the desire to be regarded in accordance with one's true sex as determined by one's gender identity. Privacy, and the ability to control whether, when, how, and to whom to disclose one's transgender status, is essential to accomplishing this therapeutic aim.

49. Thus, when an individual implements a social role transition, legal recognition of that transition is vital and a birth certificate and driver's license that accurately reflect the individual's sex as determined by their gender identity is a crucial aspect of that recognition, in large part because congruent identity documentation confers privacy—the right to maintain stewardship of personal and medical information-allowing an individual to live a safe and healthy life (Barry, 2019; Restar et al, 2020). A 2021 study explored the association of uncorrected identity documents and harassment. Among 1,301 transgender participants in the state of Texas, only 22% reported corrected identity documents. Those individuals without corrected identity documents reported having been fired at some point or denied services/benefits as their lived gender did not match their identity documents. Having corrected identity documents, however, was associated with lower odds of harassment in public settings, fewer housing-related issues, more respectful treatment by doctors/health care providers, and more comfort asking police for help (Loza, et.al).

50. From a medical and scientific perspective, there is no basis for refusing to acknowledge a transgender person's sex, as determined by their gender identity, on their identity documents.

IV. CONCLUSION

51. Medical management of gender dysphoria includes the alignment of appearance, presentation, expression, and often, the body, to reflect a person's true sex as determined by their gender identity. Correcting the gender marker on identification documents to accurately reflect an individual's sex, as determined by their gender identity, confers social and legal recognition of identity and is crucial to this process.

52. The necessity and importance of privacy is universal. A wide range of species avoid predators by managing information about internal states and future intentions, for purposes of survival. Privacy enables normal psychological functioning, the ability to have experiences that promote healthy personal growth and interpersonal relationships and allows for measured self-disclosure. It is the basis for the development of individuality and autonomy.

53. For a transgender person, a birth certificate and driver's license bearing an incorrect gender marker or revealing one's sex or name assigned at birth risks disclosing the fact that the person is transgender. This disclosure invades privacy, releases confidential medical information, and places the individual at risk for grave psychological and physical harm. Drawing on the largest sample of transgender people ever surveyed—22,286 U.S. respondents—investigators found that those who had gender-concordant identity documents had far less psychological distress and less suicide attempts than individuals who were barred from correcting identity documents. The authors underscored the important role of government and administrative bodies in reducing distress by allowing access to documents that accurately reflect identity (Scheim, et al, 2020). Given the unequivocal health implications, The American Medical Association adopted a policy supporting removal of sex designation from public birth certificates to shield people from discrimination and the invasion of privacy. According to a June 25, 2021 AMA press release: "Designating sex on birth certificates as male or female, and making that information available on the pubic portion, perpetuates a view that sex designation is permanent and fails to recognize the medical spectrum of gender identity. This … risks stifling an individual's self-expression and self-identification and contributes to marginalization and minoritization" (http://www.ama-assnorg/press-releases/ama-announced-policies-adopted-final-day-special-meeting).

I declare under penalty of perjury under the laws of the state of Montana that the foregoing is true and correct.

Dated this 29 day of April, 2024 in Evanston, Illinois.

Dr. Randi C. Ettner

RANDI ETTNER, PHD
1214 Lake Street
Evanston, Illinois 60201
847-987-3433

POSITIONS HELD

Clinical Psychologist
Forensic Psychologist
Fellow and Diplomate in Clinical Evaluation, American Board of Psychological Specialties
Fellow and Diplomate in Trauma/PTSD
President, New Health Foundation Worldwide
Past Secretary, World Professional Association for Transgender Health (WPATH)
Chair, Committee for Institutionalized Persons, WPATH
Global Education Initiative Committee Curriculum Development, WPATH
University of Minnesota Medical Foundation: Leadership Council
Psychologist, Center for Gender Confirmation Surgery, Weiss Memorial Hospital
Adjunct Faculty, Prescott College
Editorial Board, *International Journal of Transgender Health*
Editorial Board, *Transgender Health*
Television and radio guest (more than 100 national and international appearances)
Internationally syndicated columnist on women's health issues
Private practitioner
Adjunct Medical staff; Department of Medicine: Weiss Memorial Hospital, Chicago, IL
Advisory Council, National Center for Gender Spectrum Health
Global Clinical Practice Network; World Health Organization
Harvard Law School LGBTQ Clinic Leadership Council

EDUCATION

PhD, 1979	Northwestern University (with honors) Evanston, Illinois
MA, 1976	Roosevelt University (with honors) Chicago, Illinois
BA, 1969-73	Indiana University Bloomington, Indiana Cum Laude Major: Clinical Psychology; Minor: Sociology
1972	Moray College of Education Edinburgh, Scotland International Education Program
1970	Harvard University Cambridge, Massachusetts Social Relations Undergraduate Summer Study Program in Group Dynamics and Processes

CLINICAL AND PROFESSIONAL EXPERIENCE

2017-2024 Psychologist: Weiss Memorial Hospital Center for Gender Confirmation Surgery

Consultant: Walgreens; Tawani Enterprises; Starbucks, Rush University Medical Center

Private practitioner: clinical and forensic practice

2013 Instructor, Prescott College: Gender-A multidimensional approach

ICD-11 Member of International Working Group

2011

Consultant to Wisconsin Public Schools

2010

President New Health Foundation Worldwide

2000 Instructor, Illinois School of Professional Psychology

1995-present Supervision of clinicians in counseling gender non-conforming clients

1993 Post-doctoral continuing education with Dr. James Butcher in MMPI-2 Interpretation, University of Minnesota

1992 Continuing advanced tutorial with Dr. Leah Schaefer in psychotherapy

1983-1984 Staff psychologist, Women's Health Center, St. Francis Hospital, Evanston, Illinois

1981-1984 Instructor, Roosevelt University, Department of Psychology: Psychology of Women, Tests and Measurements, Clinical Psychology, Personal Growth, Personality Theories, Abnormal Psychology

1976-1978 Research Associate, Cook County Hospital, Chicago, Illinois, Department of Psychiatry

1975-1977 Clinical Internship, Cook County Hospital, Chicago, Illinois, Department of Psychiatry

1971 Research Associate, Department of Psychology, Indiana University

1970-1972 Teaching Assistant in Experimental and Introductory Psychology Department of Psychology, Indiana University

1969-1971 Experimental Psychology Laboratory Assistant, Department of Psychology,

Indiana University

INVITED PRESENTATIONS AND GRAND ROUNDS

Clinical Perspectives and the Experience of Transgender Prisoners Federal Death Penalty Strategy Session, 2023

IGEN POLITICS intergenerational politics podcast; July, 12, 2023 Episode 199; Apple Podcast, Spotify, YouTube

Working with Transgender Clients National Employment Lawyers Association, St. Louis, MO, 2023

Shifting Sands: Challenges in Providing Surgical Care American Society of Reconstructive Microsurgery, Miami, FL 2023

The Standard of Care for Institutionalized Persons WPATH 27th Scientific Symposium, Montreal, Canada 2022

Healthcare for Transgender Prisoners Rush University, Department of Plastic and Reconstructive Surgery, Chicago, IL 2022

Sexual Function: Expectations and outcomes for patients undergoing gender-affirming surgery. Whitney, N., Ettner, R., Schechter, L. Rush University, Department of Plastic and Reconstructive Surgery, Chicago, IL 2022

Care of the Older Transgender Patient, Weiss Memorial Hospital, Chicago, IL, 2021

Working with Medical Experts, The National LGBT Law Association, webinar presentation, 2020

Legal Issues Facing the Transgender Community, Illinois State Bar Association, Chicago, IL, 2020

Providing Gender Affirming Care to Transgender Patients, American Medical Student Association, webinar presentation, 2020

Foundations in Mental Health for Working with Transgender Clients; Center for Supporting Community Development Initiatives, Vietduc University Hospital, Hanoi, Vietnam, 2020

Advanced Mental Health Issues, Ethical Issues in the Delivery of Care, Development Initiaves, Vietduc University Hospital, Hanoi, Vietnam, 2020

What Medical Students Need to Know about Transgender Health Care, American Medical Student Association, webinar presentation, 2019

The Transgender Surgical Patient, American Society of Plastic Surgeons, Miami, FL 2019

Mental health issues in transgender health care, American Medical Student Association, webinar presentation, 2019

Sticks and stones: Childhood bullying experiences in lesbian women and transmen, Buenos Aires, 2018

Gender identity and the Standards of Care, American College of Surgeons, Boston, MA, 2018

Expectations of individuals undergoing gender-confirming surgeries Schechter, L., White, T., Ritz, N., Ettner, R. Buenos Aires, 2018

The mental health professional in the multi-disciplinary team, *pre-operative evaluation and assessment for gender confirmation surgery,* American Society of Plastic Surgeons, Chicago, IL, 2018; Buenos Aires, 2018

Navigating transference and countertransference issues, WPATH Global Education Initiative, Portland, OR; 2018

Psychological aspects of gender confirmation surgery International Continence Society, Philadelphia, PA 2018

The role of the mental health professional in gender confirmation surgeries, Mt. Sinai Hospital, New York City, NY, 2018

Mental health evaluation for gender confirmation surgery, Gender Confirmation Surgical Team, Weiss Memorial Hospital, Chicago, IL 2018

Transitioning; Bathrooms are only the beginning, American College of Legal Medicine, Charleston, SC, 2018

Gender Dysphoria: A medical perspective, Department of Health and Human Services, Office for Civil Rights, Washington, D.C, 2017

Multi-disciplinary health care for transgender patients, James A. Lovell Federal Health Care Center, North Chicago, IL, 2017

Psychological and Social Issues in the Aging Transgender Person, Weiss Memorial Hospital, Chicago, IL, 2017

Psychiatric and Legal Issues for Transgender Inmates, USPATH, Los Angeles, CA, 2017

Transgender 101 for Surgeons, American Society of Plastic Surgeons, Chicago, IL, 2017

Healthcare for transgender inmates in the US, Erasmus Medical Center, Rotterdam, Netherlands, 2016

Tomboys Revisited: Replication and Implication; Amsterdam, Netherlands, 2016

Orange Isn't the New Black Yet- Care for incarcerated transgender persons, WPATH symposium, Amsterdam, Netherlands, 2016

Can two wrongs make a right? Expanding models of care beyond the divide, Amsterdam, Netherlands, 2016

Foundations in mental health; WPATH Global Education Initiative, Chicago, IL 2015

Role of the mental health professional in legal and policy issues, WPATH Global Education Initiative, Chicago, IL 2015

Healthcare for transgender inmates; WPATH Global Education Initiative, Chicago, IL 2015

Children of transgender parents; WPATH Global Education Initiative; Atlanta, GA, 2016

Transfeminine genital surgery assessment: WPATH Global Education Initiative, Columbia, MO, 2016

Foundations in Mental Health; WPATH Global Education Initiative; Ft. Lauderdale, FL, 2016; Washington, D.C., 2016, Los Angeles, CA, 2017, Minneapolis, MN, 2017, Chicago, IL, 2017; Columbus, Ohio, 2017; Portland, OR, 2018; Cincinnati, OH, 2018, Buenos Aires, 2018.

Role of the forensic psychologist in transgender care; WPATH Global Education Initiative, Minneapolis, MN, 2017; Columbus, Ohio, 2017.

Pre-operative evaluation in gender affirming surgery-American Society of Plastic Surgeons, Boston, MA, 2015

Gender affirming psychotherapy; Fenway Health Clinic, Boston, 2015

Transgender surgery- Midwestern Association of Plastic Surgeons, Chicago, 2015

Assessment and referrals for surgery-Standards of Care- Fenway Health Clinic, Boston, 2015

Adult development and quality of life in transgender healthcare- Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2015

How do patients choose a surgeon? WPATH Symposium, Bangkok, Thailand 2014

Healthcare for transgender inmates- American Academy of Psychiatry and the Law, Chicago, 2014

Supporting transgender students: best school practices for success- American Civil Liberties Union of Illinois and Illinois Safe School Alliance, 2014

Addressing the needs of transgender students on campus- Prescott College, Prescott, AZ, 2014

The role of the behavioral psychologist in transgender healthcare – Gay and Lesbian Medical Association, 2013

Understanding transgender- Nielsen Corporation, Chicago, 2013
Grand Rounds: Evidence-based care of transgender patients- North Shore University Health Systems, University of Chicago, Illinois, 2011

Care of the aging transgender patient University of California San Francisco, Center for Excellence, 2013

Grand Rounds: *Evidence-based care of transgender patients* Roosevelt-St. Vincent Hospital, New York, 2011

Grand Rounds: *Evidence-based care of transgender patients* Columbia Presbyterian Hospital, Columbia University, New York, 2011

Hypertension: Pathophysiology of a secret. WPATH symposium, Atlanta, GA, 2011

Exploring the Clinical Utility of Transsexual Typologies- Oslo, Norway, 2009

Children of Transsexual Parents-International Association of Sex Researchers, Ottawa, Canada, 2005

Children of Transsexual Parents- Chicago School of Professional Psychology, Chicago, 2005

Gender and the Law- DePaul University College of Law, Chicago, Illinois, 2003

Family and Systems Aggression against Providers, WPATH Symposium, Ghent, Belgium 2003

Children of Transsexual Parents-American Bar Association annual meeting, New York, 2000

Grand Rounds: Gender Incongruence in Adults, St. Francis Hospital, 1999.

Gender Identity, Gender Dysphoria and Clinical Issues:

WPATH Symposium, Bangkok, Thailand, 2014
Argosy College, Chicago, Illinois, 2010
Cultural Impact Conference, Chicago, Illinois, 2005

Weiss Hospital, Department of Surgery, Chicago, Illinois, 2005
Resurrection Hospital Ethics Committee, Evanston, Illinois, 2005
Wisconsin Public Schools, Sheboygan, Wisconsin, 2004, 2006, 2009
Rush North Shore Hospital, Skokie, Illinois, 2004
Nine Circles Community Health Centre, University of Winnipeg, Winnipeg, Canada, 2003
James H. Quillen VA Medical Center, East Tennessee State University, Johnson City, Tennessee, 2002
Sixth European Federation of Sexology, Cyprus, 2002
Fifteenth World Congress of Sexology, Paris, France, 2001
Illinois School of Professional Psychology, Chicago, Illinois 2001
Lesbian Community Cancer Project, Chicago, Illinois 2000
Emory University Student Residence Hall, Atlanta, Georgia, 1999
Parents, Families and Friends of Lesbians and Gays National Convention, Chicago, Illinois, 1998;
In the Family: Psychotherapy Network National Convention, San Francisco, California, 1998;
Evanston City Council, Evanston, Illinois 1997;
Howard Brown Community Center, Chicago, Illinois, 1995;
YWCA Women's Shelter, Evanston, Illinois, 1995;
Center for Addictive Problems, Chicago, 1994
Highland Park Early Child Development Program, Highland Park, IL 1994

Psychosocial Assessment of Risk and Intervention Strategies in Prenatal Patients- St. Francis Hospital, Center for Women's Health, Evanston, Illinois, 1984; Purdue University School of Nursing, West Layette, Indiana, 1980

Psychonueroimmunology and Cancer Treatment- St. Francis Hospital, Evanston, Illinois, 1984

Psychosexual Factors in Women's Health- St. Francis Hospital, Center for Women's Health, Evanston, Illinois, 1984.

Grand Rounds: Sexual Dysfunction in Medical Practice- St. Francis Hospital, Dept. of OB/GYN, Evanston, Illinois, 1990

Sleep Apnea - St. Francis Hospital, Evanston, Illinois, 1996; Lincolnwood Public Library, Lincolnwood, Illinois, 1996

The Role of Denial in Dialysis Patients - Cook County Hospital, Department of Psychiatry, Chicago, Illinois, 1977

PUBLICATIONS

Hamadian, A., Whitney, N., Reynolds, A., Stoehr, J., Ettner, R. (2024) Improving access to care and consent for transgender and gender diverse youth in the United States. *Georgian Medical News*, 1(346).

Ettner, R., Schechter, L., & Coleman, E. (Eds.) Principles of Transgender Medicine and Surgery, 3rd edition; Routledge, (under contract).

Coleman, E., Radix, A., Bouman, W., Brown, G., deVries, A.L., Deutsch, M., Ettner, R., et. al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23:sup1S1-S259.

Robles, C., Hamidian, A., Ferragamo, B., Radix, A., De Cuypere, G., Green, J., Ettner, R., Monstrey, S., Schechter, L. Gender affirmation surgery: A collaborative approach between the surgeon and the mental health professional. *Journal of Plastic and Reconstructive Surgery* in press.

Ettner, R. Healthcare for transgender prisoners. In Garcia (Ed.) Gender Affirming Surgery: An Illustrated Guide and Video Atlas. Springer: in press.

Narayan, S., Danker, S Esmonde, N., Guerriero, J., Carter, A., Dugi III, D., Ettner, R., Radix A., Bluebond-Langner, R., Schechter, L., Berli, J. (2021) Guiding the conversation: Types of regret after gender-affirming surgery and their associated etiologies. *Annals of Translational Medicine,*9(7):605.

Ettner, R., White, T., Ettner, F., Friese, T., Schechter, L. (2018) Tomboys revisited: A retrospective comparison of childhood behaviors in lesbians and transmen. *Journal of Child and Adolescent Psychiatry*.

Ettner, R. Mental health evaluation. Clinics in Plastic Surgery. (2018) Elsevier, 45(3): 307-311.

Ettner, R. Etiology of gender dysphoria in Schechter (Ed.) Gender Confirmation Surgery: Principles and Techniques for an Emerging Field. Elsevier, 2017.

Ettner, R. Pre-operative evaluation. In Schechter (Ed.) Surgical Management of the Transgender Patient. Elsevier, 2017.

Berli, J., Kudnson, G., Fraser, L., Tangpricha, V., Ettner, R., et al. Gender Confirmation Surgery: what surgeons need to know when providing care for transgender individuals. *JAMA Surgery*; 2017.

Ettner, R., Ettner, F. & White, T. Choosing a surgeon: an exploratory study of factors influencing the selection of a gender affirmation surgeon. *Transgender Health*, 1(1), 2016.

Ettner, R. & Guillamon, A. Theories of the etiology of transgender identity. In Principles of Transgender Medicine and Surgery. Ettner, Monstrey & Coleman (Eds.), 2nd edition; Routledge, June, 2016.

Ettner, R., Monstrey, S, & Coleman, E. (Eds.) Principles of Transgender Medicine and Surgery, 2nd edition; Routledge, June, 2016.

Bockting, W, Coleman, E., Deutsch, M., Guillamon, A., Meyer, I., Meyer, W., Reisner, S., Sevelius, J. & Ettner, R. Adult development and quality of life of transgender and gender nonconforming people. *Current Opinion in Endocrinology and Diabetes*, 2016.

Ettner, R. Children with transgender parents in Sage Encyclopedia of Psychology and Gender. Nadal (Ed.) Sage Publications, 2017.

Ettner, R. Surgical treatments for the transgender population in Lesbian, Gay, Bisexual, Transgender, and Intersex Healthcare: A Clinical Guide to Preventative, Primary, and Specialist Care. Ehrenfeld & Eckstrand, (Eds.) Springer: MA, 2016.

Ettner, R. Etiopathogenetic hypothesis on transsexualism in Management of Gender Identity Dysphoria: A Multidisciplinary Approach to Transsexualism. Trombetta, Liguori, Bertolotto, (Eds.) Springer: Italy, 2015.

Ettner, R. Care of the elderly transgender patient. *Current Opinion in Endocrinology and Diabetes, 2013, Vo*l. 20(6), 580-584.

Ettner, R., and Wylie, K. Psychological and social adjustment in older transsexual people. *Maturitas,* March, 2013, Vol. 74, (3), 226-229.

Ettner, R., Ettner, F. and White, T. Secrecy and the pathophysiology of hypertension. *International Journal of Family Medicine* 2012, Vol. 2012.

Ettner, R. Psychotherapy in Voice and Communication Therapy for the Transgender/Transsexual Client: A Comprehensive Clinical Guide. Adler, Hirsch, Mordaunt, (Eds.) Plural Press, 2012.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W., Monstrey, S., Adler, R., Brown, G., Devor, A., Ehrbar, R., Ettner, R., et.al. Standards of Care for the health of transsexual, transgender, and gender-nonconforming people. World Professional Association for Transgender Health (WPATH). 2012.

Ettner, R., White, T., and Brown, G. Family and systems aggression towards therapists. *International Journal of Transgenderism,* Vol. 12, 2010.

Ettner, R. The etiology of transsexualism in Principles of Transgender Medicine and Surgery, Ettner, R., Monstrey, S., and Eyler, E. (Eds.). Routledge Press, 2007

Ettner, R., Monstrey, S., and Eyler, E. (Eds.) Principles of Transgender Medicine and Surgery. Routledge Press, 2007.

Monstrey, S. De Cuypere, G. and Ettner, R. Surgery: General principles in Principles of Transgender Medicine and Surgery, Ettner, R., Monstrey, S., and Eyler, E. (Eds.) Routledge Press, 2007.

Schechter, L., Boffa, J., Ettner, R., and Ettner, F. Revision vaginoplasty with sigmoid interposition: A reliable solution for a difficult problem. The World Professional Association for Transgender Health (WPATH), 2007, *XX Biennial Symposium,* 31-32.

Ettner, R. Transsexual Couples: A qualitative evaluation of atypical partner preferences. *International Journal of Transgenderism,* Vol. 10, 2007.

White, T. and Ettner, R. Adaptation and adjustment in children of transsexual parents. *European Journal of Child and Adolescent Psychiatry,* 2007: 16(4)215-221.

Ettner, R. Sexual and gender identity disorders in Diseases and Disorders, Vol. 3, Brown Reference, London, 2006.

Ettner, R., White, T., Brown, G., and Shah, B. Client aggression towards therapists: Is it more or less likely with transgendered clients? *International Journal of Transgenderism,* Vol. 9(2), 2006.

Ettner, R. and White, T. in Transgender Subjectives: A Clinician's Guide
Haworth Medical Press, Leli (Ed.) 2004.

White, T. and Ettner, R. Disclosure, risks, and protective factors for children whose parents are undergoing a gender transition. *Journal of Gay and Lesbian Psychotherapy,* Vol. 8, 2004.

Witten, T., Benestad, L., Berger, L., Ekins, R., Ettner, R., Harima, K. Transgender and Transsexuality. Encyclopeida of Sex and Gender. Springer, Ember, & Ember (Eds.) Stonewall, Scotland, 2004.

Ettner, R. Book reviews. *Archives of Sexual Behavior,* April, 2002.

Ettner, R. Gender Loving Care: A Guide to Counseling Gender Variant Clients. WW Norton, 2000.

Social and Psychological Issues of Aging in Transsexuals, proceedings, Harry Benjamin International Gender Dysphoria Association, Bologna, Italy, 2005.

The Role of Psychological Tests in Forensic Settings, *Chicago Daily Law Bulletin,* 1997.

Confessions of a Gender Defender: A Psychologist's Reflections on Life amongst the Transgender. Chicago Spectrum Press. 1996.

Post-traumatic Stress Disorder, *Chicago Daily Law Bulletin*, 1995.

Compensation for Mental Injury, Chicago Daily Law Bulletin, 1994.

Workshop Model for the Inclusion and Treatment of the Families of Transsexuals, Proceedings of the Harry Benjamin International Gender Dysphoria Symposium; Bavaria, Germany, 1995.

Transsexualism- The Phenotypic Variable, Proceedings of the XV Harry Benjamin International Gender Dysphoria Association Symposium; Vancouver, Canada, 1997.

The Work of Worrying: Emotional Preparation for Labor in Pregnancy as Healing. A Holistic Philosophy for Prenatal Care, Peterson, G. and Mehl, L. Vol. II. Chapter 13, Mindbody Press, 1985.

PROFESSIONAL AFFILIATIONS

University of Minnesota Institute for Sexual and Gender Health–Leadership Council

American College of Forensic Psychologists

World Professional Association for Transgender Health

WPATH GEI SOC 8 Certified Member

New Health Foundation Worldwide

World Health Organization (WHO) Global Access Practice Network

TransNet national network for transgender research

American Psychological Association

American College of Forensic Examiners

Society for the Scientific Study of Sexuality

Screenwriters and Actors Guild

Phi Beta Kappa

AWARDS AND HONORS

University of Minnesota, Institute for Sexual and Gender Health; 50 *Distinguished Sex and Gender Revolutionaries* award, 2021

Letter of commendation from United States Congress for contributions to public health in Illinois, 2019

WPATH Distinguished Education and Advocacy Award, 2018

The Randi and Fred Ettner Transgender Health Fellowship-Program in Human Sexuality, University of Minnesota, 2016

Phi Beta Kappa, 1972

Indiana University Women's Honor Society, 1970-1972

Indiana University Honors Program, 1970-1972

Merit Scholarship Recipient, 1970-1972

Indiana University Department of Psychology Outstanding Undergraduate Award Recipient, 1970-1972

Representative, Student Governing Commission, Indiana University, 1970

LICENSE

Clinical Psychologist, State of Illinois, 1980