

**UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA**

JOAQUÍN CARCAÑO ET AL.,

*Plaintiffs,*

v.

PATRICK MCCRORY ET AL.,

*Defendants.*

No. 1:16-cv-236-TDS-JEP

**EXPERT DECLARATION OF JONATHAN ROUTH, M.D.**

**PRELIMINARY STATEMENT**

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration.

2. My professional background, experience, and publications are detailed in my curriculum vitae, a true and accurate copy which is attached as Exhibit A to this declaration. I received my medical degree from the University of North Carolina at Chapel Hill in 2002 and my Master's in Public Health from the Harvard School of Public Health in 2010. I am currently an Associate Professor of Surgery (Urology) and Pediatrics at the Duke University School of Medicine. I am providing this declaration in my individual capacity, and not as a representative of Duke University, Duke University Health System, or the Private Diagnostic Clinic, PLLC. Accordingly, the opinions expressed herein are attributable to me as an individual practitioner, and not to those entities.

3. I have been licensed to practice medicine since 2003 and licensed in the state of North Carolina since 2011.

4. I have extensive experience working with children and adults with urological conditions and disorders, as well as children with disorders of sex development and gender dysphoria.

5. I helped found the Duke Center for Child and Adolescent Gender Care (“Gender Care Clinic”), which opened in 2015. I currently serve as the Surgical Director for the Gender Care Clinic. The Gender Care Clinic treats children and adolescents with gender dysphoria and disorders of sex development (“DSD”).

6. I have published over 90 scientific articles in peer-reviewed journals on topics related to urology and pediatrics.

7. I have served as a reviewer and editor for over twenty scholarly journals dealing with urology and pediatrics.

8. In my career I have treated over 90 transgender patients, in addition to several hundred patients with a disorder of sex development or related congenital anomalies of the genital and/or urinary tract (such as bladder exstrophy, cloacal anomaly, severe hypospadias, chordee, and/or diphalia).

9. My research focuses on health services utilization for, and effectiveness in the care of, pediatric urology conditions, including disorders of sex development, urolithiasis, vesicoureteral reflux, and urologic cancers such as rhabdomyosarcoma and Wilms tumor.

10. In preparing this declaration, I reviewed the materials listed in the attached Bibliography (Exhibit B). I may rely on those documents as additional support for my opinions. I have also relied on my years of experience in this field, as set out in my curriculum vitae (Exhibit A), and on the materials listed therein. The materials I have relied upon in preparing

this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

11. In the past four years, I have testified as an expert at trial or deposition in the following matters: Harrison et al. v. Pickens et al., Docket No. 3-335-15 (Knox County Circuit, 2014).

12. I am being compensated at an hourly rate for actual time devoted, at the rate of \$275 per hour. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

### **HARMFUL UROLOGICAL EFFECTS OF EXCLUSION FROM BATHROOMS**

13. Through my position at the Gender Care Clinic at Duke and in my regular practice, I frequently treat young transgender and intersex patients who avoid going to the restroom at school and in other public places, because they lack assured access to restrooms that match their gender identity.

14. Laws and policies that restrict access to restrooms that accord with a transgender person's gender identity heighten the anxiety and distress experienced by the person when having to use a restroom. The more discrimination and isolation transgender people experience with respect to the restroom, the more likely they are to avoid going to the restroom altogether.

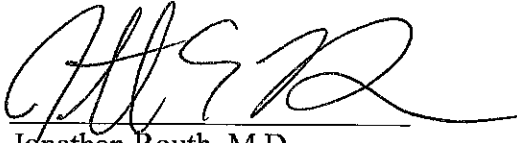
15. Avoidance of the restrooms can and does lead to serious medical consequences, including recurrent urinary tract infections ("UTIs") and constipation. Among the transgender patients that I see at the Gender Care Clinic, a large number have been treated for UTIs and constipation due to "holding it," rather than going to the restroom when they need to do so.

16. In addition to the more common UTIs and constipation, avoidance of the restroom can lead to other serious medical consequences. For example, in some cases, chronic urinary

retention has been reported to lead to conditions such as hematuria (blood in one's urine), chronic kidney disease and/or renal insufficiency, urolithiasis (stones in the kidney, bladder, and/or urethra), infertility, and bladder cancer.

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

Executed on May 13, 2016.

By:   
Jonathan Routh, M.D.