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UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

D.H., by and through his mother, Janice Hennessy-Waller; and John Doe, by his guardian and next friend, Susan Doe, on behalf of themselves and all others similarly situated, Plaintiffs, vs. Jami Snyder, Director of the Arizona Health Care Cost Containment System, in her official capacity, Defendant.	No. **DECLARATION OF JOHN DOE IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION AND JOHN DOE'S MOTION TO PROCEED UNDER A PSEUDONYM**

DECLARATION OF JOHN DOE

I, John Doe, hereby declare as follows:

1. I am a fifteen-year-old transgender boy. I live in Maricopa County, Arizona.

2. I am enrolled in AHCCCS, Arizona's Medicaid program.

3. Although I was assigned female at birth, I am male and have lived as male in every aspect my life for over three years.

4. Nothing about being treated as a girl ever felt right. I was always uncomfortable wearing clothes meant for girls—especially dresses—and never wanted to play with typical girl toys. People tried help me fit into being a girl and referred to as a "tomboy." That term never fit either. It was not until I was older that I was finally able to articulate why: I am male, it was not just that I "acted like a boy" or "liked boy things."

5. When I started puberty, the disconnect between my body and my gender identity became increasingly wider. Once my chest began to develop, my psychological distress spiked. I began to hate my body to such an extent that it began to consume me, interfering with every aspect of my life. I quickly fell into a serious depression, suffered from extreme anxiety, distanced myself from friends and family, and lost interest in activities I used to love. Physically, I lost a significant amount of weight in a very short period of time because I was limiting my food intake and began to cut and burn myself in an attempt to cope with how I was feeling. At my lowest points, I contemplated suicide.

6. Stigma and fear of rejection initially kept me from sharing my gender identity with friends and family, even those closest to me. I was unable to speak even to my grandmother, Susan, who I live with and has cared for me since I was two-years old. That fear kept me isolated, exacerbating my emotional and physical distress and prevented me from seeking or receiving the specialized care that I needed.

7. When I was around twelve-years old I could not keep the fact that I am transgender to myself; I needed to get help from health care providers who have experience working with young people like me. Without that care I was worried that my mental health would continue to

deteriorate. I finally talked to my grandmother about everything I had been experiencing since I was a child.

8. Over the next year, my grandmother and I had many conversations about my being transgender. During that time, she was gathering information about how best to help and support me, including talking to my pediatrician, who recommended that I see the providers at the Gender Support Program at Phoenix Children's Hospital.

9. I had my first appointment at the Gender Support Program recommended in November 2018. I was relieved to be seeing a healthcare provider with experience working with transgender young people. My doctor, Dr. Veenod Chulani, referred me to a mental health provider. He also prescribed medication that stopped me from getting my period to reduce my gender dysphoria while I was waiting to start hormone-replacement therapy. In June 2019, I began hormone replacement therapy to masculinize my appearance, bringing my body into closer alignment with my gender identity. Testosterone has made changes to my body and voice that have provided me significant relief.

10. Although the testosterone has helped reduce my gender dysphoria, I still experience significant dysphoria because of my chest. I use multiple methods of hiding and flattening my chest just to function. I constantly wear multiple layers of loose clothing, even wearing a hooded sweatshirt both indoors and outdoors nearly every day, including during the summer.

11. Under those many layers, I also wear a binder, a constrictive fabric that flattens my chest and gives me a more masculine form. I started binding when I was about 13 years old. On a typical day, I put the binder on when I wake up and leave it on until I go to bed, even wearing it while I am at home.

12. Wearing a binder for that long is uncomfortable, both physically and emotionally. In order to function properly, the binder must be tight. Sometimes, the binder is so tight that it restricts my breathing and makes it hard for me to keep up with my friends in dance class or when practicing, which is made even worse by the fact that I have asthma. Because I wear so many layers in addition to the binder, my chest often gets sweaty, increasing my discomfort and the

possibility of getting skin sores. And, going to the pool to cool off like many of my friends comes with its own challenges. Even at the pool, I wear my binder under a t-shirt, which leads to uncomfortable questions, especially from people who notice the binder under my clothing, which leads to me having to explain what the binder is and why I wear one.

13. I have been told not to wear the binder for longer than 8 hours a day, but I regularly wear it for well-past that amount of time. However, it is worth it to me to wear the binder as much as I do, because being without the binder causes me a great deal of stress and anxiety. Putting on the binder and hiding my chest from myself and from others gives me a sense of relief that I cannot get through any other means.

14. It is to the point that without the binder, I am unable to function because I am so upset about my chest. Without the binder, it is difficult for me to even move around because I hate the feeling of clothing without the binder covering my chest. I cannot bear to even look at myself in the mirror without the binder on. Even having the binder off while I go to bed is difficult at times. At least once a week, I will wake up in the middle of the night in tears, unable to go back to sleep, because of an intense feeling of disgust over my chest. These panic attacks will sometimes last hours at a time. Putting my binder back on is the only way I can lull myself back to sleep.

15. Binding is, and always has been limited and temporary relief. Even with the binder, there are social situations in which I remain conscious of the binder which causes me social anxiety, and even with the binder my dysphoria sometimes forces me to excuse myself so that I can regain my composure. And, the second I take the binder off each night, my gender dysphoria returns all at once, and it takes a long time for me reduce my distress enough that I can sleep.

16. After discussing the extent of my chest dysphoria with my providers, they recommended that I pursue male chest reconstruction surgery to further align my body with my gender identity and alleviate my gender dysphoria in a way that is not possible with the testosterone, binder, or any other treatment. When my doctors made this recommendation in late 2019, I learned that Arizona Medicaid does not cover the procedure to treat gender dysphoria,

and I might not be able to get the surgery because my family cannot afford to pay for it if Medicaid does not cover it.

17. Having surgery to conform my chest to match my gender identity would be life changing. Just being able to look at my own upper body in the mirror without it being covered by a binder would provide me a sense of relief I have not felt since my gender dysphoria began. Just based on the relief I know I feel from wearing the binder, having this surgery would allow me to be more myself out in public and more freely express myself to others without worrying about being regularly mistaken for female. Now knowing that relief from my dysphoria is possible through medical treatment, it would be devastating for my mental health and overall well-being if I were unable to get the procedure done.

18. Given the serious consequences of any further delay in getting male chest reconstruction surgery, I couldn't pass up the opportunity to join this lawsuit. It is my only hope of getting this critical treatment for my gender dysphoria. Yet, without a pseudonym, sharing the private intimate details about my life and medical treatment to pursue this case will cause several significant harms. I will no longer have control over very private information about my transgender status, my medical history, and treatment. Although I have told some people in my life that I am transgender, that is not information I want shared publicly and greatly value my ability to decide with whom to share that very private information. I already experience a lot of anxiety about people discovering that I am transgender. Having my identity connected with this case will amplify that anxiety, further impairing my mental health and ability to function.

19. Being identified in this case would also expose me to harassment, discrimination, and other forms of mistreatment. At school, it is not uncommon for me to overhear another student saying harmful things to or about a transgender person. I have been fortunate to have experienced little direct harassment, but that is likely to change if my identity was made public as part of this lawsuit.

I declare under penalty of perjury pursuant to the laws of the State of Arizona that the foregoing is true and correct.

Executed this 5 th day of August, 2020 at Maricopa County, Arizona.

john doe

John Doe

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UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

D.H., by and through his mother, Janice Hennessy-Waller; and John Doe, by his guardian and next friend, Susan Doe, on behalf of themselves and all others similarly situated, Plaintiffs, vs. Jami Snyder, Director of the Arizona Health Care Cost Containment System, in her official capacity, Defendant.	No. **DECLARATION OF SUSAN DOE IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION AND JOHN DOE'S MOTION TO PROCEED UNDER A PSEUDONYM**

I, Susan Doe, hereby declare as follows:

1. I am a party to this action and the grandmother, caregiver and next friend of John Doe, co-plaintiff if the above-titled action.

2. I am an Arizona resident. I live in Maricopa County.

3. My grandson John is enrolled in Arizona's Medicaid program.

4. John has been diagnosed with gender dysphoria. He was identified as female at birth but is male, and for the past three-plus years, has lived as male in every aspect of his life.

5. I have been John's primary caregiver ever since he was two-years old, because John's biological parents have been unable to care for him and provide him with a stable home environment.

6. Growing up as a child, John had always been more comfortable around other boys, and dressed and acted more like how boys were "supposed" to act. At the time, I initially thought John was just a tomboy, or going through a phase. John was generally very confident and outgoing as a child, but I eventually started noticing signs that John would struggle at times.

7. John's struggles intensified significantly when he started puberty around twelve-years old. John became very stressed and unhappy. The confidence he had at an earlier age disappeared and he stopped being social. I checked in with him often and John would always assure me that he was okay. Knowing that puberty—and adolescence, in general—can be difficult, I decided to hold off on taking John to therapy.

8. It wasn't until the end of John's 6th grade year that he told me he is transgender and started letting me in on what had been causing him so much distress.

9. It was initially difficult for me to understand and accept what John was telling me. At the time, I still believed John was just going through a phase. But it soon became apparent to me that John's mental health was not getting better. He asked that I call him by a male name and use male pronouns when referring to him. Wanting him to know that I love and accept him, I worked hard to consistently honor his request. I know other members of the family tried as well, but I could see how much it bothered him when we made mistakes.

10. As John progressed through puberty, he started hiding his body more, wearing baggy or bulky clothing, like hooded sweatshirts, even in the summer. He also used sports bras and other tight undergarments to flatten his chest. And, around his period, John's level of distress would increase dramatically.

11. John also struggled socially after coming out as transgender. I could tell he was uncomfortable in social situations. Like with his family, John's peers at school did not always refer to him by his male name or use male pronouns, which made John's 7th grade year very stressful. But John was uneasy around people who did not know he was transgender too.

12. Throughout John's 7th grade year, we had many conversations to help me better understand what John was going through and how I could support him. Those conversations were very helpful, but I also made sure to do my own research as well, including talking with John's pediatrician.

13. During John's annual checkup in 2018, his pediatrician recommended that I take John to the Gender Support Program at Phoenix Children's Hospital. Given all of the psychological distress John had exhibited throughout the prior year, she felt it was appropriate to seek specialized healthcare to address John's unique needs. After seeing John continue to struggle with anxiety and depression, I was eager to get him the help he needed.

14. In November 2018, John had his first appointment at the Gender Support Program. Dr. Chulani, his doctor at the Program, referred John to a mental health provider to talk about the distress he was experiencing. Dr. Chulani also prescribed medications that stopped John from getting his period every month, which helped alleviate John's anxiety and depression.

15. Then, in June 2019, after about six months of weekly sessions with a therapist, Dr. Chulani and John's mental health provider recommended that John start hormone-replacement therapy with testosterone. Even more so than the prior medication, testosterone had a big positive effect on John's mental health. As his voice dropped and his body changed in response to the testosterone, the burden he had been carrying looked like it was finally lifting. It was nice to finally see John feeling like himself again.

16. Even with all that progress, I could see John was still struggling with significant depression and anxiety, particularly regarding the appearance of his chest. In December 2019, John bought his first binder, a compressive fabric specifically designed to flatten the chest. But that was not enough to stem John's mounting psychological distress, which became overwhelming earlier this year. John asked to start seeing a therapist again. John's current therapist, Dr. Mischa Peck, confirmed his diagnosis of gender dysphoria, and also diagnosed John with post-traumatic stress disorder.

17. Through his therapy and consultation with Dr. Chulani, it became clear that hormone-replacement therapy did not completely treat John's gender dysphoria. Both Drs. Chulani and Peck recommended that John undergo male chest reconstruction surgery to further align his body with his gender identity. On July 2, 2020, Dr. Peck gave John a referral letter for that surgery.

18. Having watched John struggle all these years, I have no doubt that male chest reconstruction surgery will have a tremendous impact on John's self-esteem, outlook on life, and overall mental health. For that reason, it was difficult telling John that he couldn't get the treatment he so desperately needs because AHCCCS won't cover the surgery. While John understands I cannot afford the cost of the surgery, John was incredibly frustrated and defeated.

19. If John cannot get this surgery soon, I believe his health and mental well-being will be put into significant risk. Just six months ago, John's gender dysphoria caused his mental health to deteriorate to the point of needing therapy. I worry that his feeling defeated will turn into hopelessness because he will have no way of getting the only effective treatment for his condition. That is particularly concerning given John's history of self-harm and suicidal ideation.

20. I am equally concerned about John's mental health if he is not permitted to use a pseudonym to challenge AHCCCS's exclusion for surgical treatment for gender dysphoria. Disclosing his identity to the public will significantly aggravate his social anxiety, causing him to be constantly worried about whether people know that he is transgender. I also share John's concern for his safety given the negative attitudes towards transgender people that are regularly

expressed in our community. This concern is particularly heightened because this lawsuit seeks AHCCCS to pay for treatments it refuses to cover, which is already a sensitive topic in general. Because of the private details shared as part of this case, it is critical that I am allowed to proceed under a pseudonym. Otherwise, community members will likely be able to figure out John's identity. I worry that increased likelihood alone will cause John's anxiety to spike.

I declare under penalty of perjury pursuant to the laws of the State of Arizona that the foregoing is true and correct.

Executed this 5 th day of August, 2020 in Maricopa County, Arizona.

Susan Doe

Susan Doe

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Counsel for Plaintiffs and the Class

UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

D.H., by and through his mother, Janice Hennessy-Waller; and John Doe, by his guardian and next friend, Susan Doe, on behalf of themselves and all others similarly situated, Plaintiffs, vs. Jami Snyder, Director of the Arizona Health Care Cost Containment System, in her official capacity, Defendant.	No. **DECLARATION OF MISCHA COHEN PECK, PHD IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION AND JOHN DOE'S MOTION TO PROCEED UNDER A PSEUDONYM**

I, Dr. Mischa Cohen Peck, hereby declare as follows:

1. I am a licensed clinical social worker and psychotherapist based in Phoenix, Arizona, and am currently treating John Doe, a plaintiff in the above-titled action.

2. I make this declaration in support of Plaintiffs' Motion for Preliminary Injunction.

Education and Experience

3. I have more than 25 years of experience teaching and practicing as a clinical therapist.

4. I received a Master of Social Work from the University of Southern California, Los Angeles, in 1993, and obtained a PhD in Social Welfare from the University of Washington, Seattle, in 2003.

5. Since that time, I have served in several academic positions including as an Assistant Professor in the School of Social Work at San José State University in California, and as a Lecturer and Visiting Professor at the School of Social Work at Arizona State University. I currently serve as an Adjunct Assistant Professor for the Smith College for Social Work in Northampton, MA.

6. However, I am primarily a licensed clinical therapist. For the past 11 of my 25 years of practice, I have specialized in work with individuals on issues regarding sexuality, sexual orientation, and gender identity. This includes work with transgender people dealing with gender dysphoria; I provide mental health support through their transition, which is the process of bringing their lives into closer alignment with their gender identity. I treat transgender patients who range in age from 9 years to approximately 75 years of age. Roughly a third of my transgender patients are less than18 years of age.

7. I also have been a member of the World Professional Association of Transgender Health (WPATH) since 2015.

Assessment of John Doe

8. The assessment and opinions presented herein are based on my work with John Doe as a patient. I first saw John on March 14, 2020, and, since then, have seen John

approximately every other week. During this time, my clinical work and John's progress have been extensive and significant.

9. I understand that John is asking the Court to use this pseudonym to protect his identity and private health information from the public. I fully recommend and support John's request to proceed using a pseudonym. During our sessions, John expressed a desire to keep both his transgender identity and the details of his transition private. John is concerned that being publicly identified with this lawsuit places his physical safety in school and around his community at risk because of the negative attitudes towards transgender people of his classmates and others.

10. The potential of unwanted exposure would also heighten his anxiety, fear, and shame. This could lead to an increase in depressive symptoms, an increased risk of self-harm, and other negative consequences. Given John's history of depression and self-harm, John is particularly vulnerable to psychological harm if his identity is revealed to the public. John's concerns for his physical and mental well-being are justified and reasonable.

11. John started seeing me to help him address the increasing psychological distress he has experienced because of his gender dysphoria. John was diagnosed with gender dysphoria prior to starting treatment with me. I have confirmed that diagnosis and, also, diagnosed him with chronic post-traumatic stress disorder stemming from early-life attachment trauma. Those co-occurring conditions exacerbate one another, making his mental health particularly fragile.

12. Regarding John's gender dysphoria, he reports a long history of feeling distress related to his body, and that distress increased significantly with puberty, specifically when he began developing feminine-appearing breasts. This distress became so intense that during the 6th grade he recalls many times crying himself to sleep due to gender-related distress. He describes the experience of puberty as being detached from his body, as if his body was betraying him while developing feminine-appearing secondary sex characteristics.

13. Those feelings of distress, and those of shame, transformed into self-harming behaviors, including cutting, burning, and food restriction. John also describes himself as having

difficulty sleeping, low motivation, anxiety, and fear. His distress, including periodic desire for self-harm, and his risk of depression, remains present today. He still cries himself to sleep 2-3 times a week. He finds it impossible to ignore his chest and to feel comfortable with his chest. John also continues to experience suicidal ideation but denies any current plan and intent. These are all very common manifestations of gender dysphoria in transgender males.

14. Approximately three years ago, John began his transition and living consistent with his gender identity. For John, that has included using a male name—which is now his legal name—and corresponding pronouns, as well as starting a regimen of hormone-replacement therapy to further masculinize his appearance, including growing facial hair and deepening his voice. Like most transgender males, John started binding his chest, typically using compressive fabric, to flatten the appearance of his chest. In addition to binding, John wears baggy clothing and curves his shoulders forward to further hide the contour of his chest.

15. Such changes helped to reduce some symptoms of John's gender dysphoria, making it more manageable, but dysphoria continues to affect his ability to function in significant ways. For example, binding provides important, but limited, relief from his chest dysphoria, while also impeding physical movement and causing potential physical discomfort and irritation. Wearing the binder makes it possible for him to leave the house, but John continues to experience chronic distress at school and in social situations because of the fear that those around him will see or notice the binder under his clothing. At night, when he removes the binder, the benefits that John experiences from using a binder disappear as he, once again, must confront the appearance of his chest, thereby aggravating his hatred of his body.

16. John has achieved the maximum mental health benefit from hormone-replacement therapy and binding. Without further treatment for his gender dysphoria—specifically surgical treatment—he will not be able to progress further in his mental health treatment.

17. Based on my professional experience working with transgender young people and my assessment of John, he meets the criteria for a referral for male chest reconstruction surgery under WPATH standards. He is fully adjusted to living as male and exhibits the psychological

maturity and thoughtfulness necessary to provide independent and informed consent to the procedure.

18. The mental health benefits of male chest reconstruction surgery are transformative. Prior to the surgery, my transgender male patients experience shame, self-hate, and self-doubt—the same emotions John struggles with. Those emotions significantly decrease—and for some patients entirely disappear—within days of the surgery.

19. Male chest reconstruction surgery will remove the major source of John's gender dysphoria, alleviating the shame, dysphoria, and other negative emotions associated with his chest. The reduction or elimination of those negative emotions will also create emotional space for positive emotions, including pride and self-acceptance, and give him greater capacity to develop healthy coping mechanisms.

20. Male chest reconstruction surgery is also likely to have a positive impact on John's PTSD. The confidence he will gain from the surgery will help him develop the close friendships and intimate relationships that his early-attachment trauma hindered. Without the distress caused by the gender dysphoria, John also will have greater emotional capacity to progress in his treatment of the trauma underlying his PTSD.

21. John's need for surgery is immediate. If John is unable to get male chest reconstruction surgery, or even experiences any significant delay in getting the surgery, he will be at significant risk of physical and emotional harm. John's prolonged anxiety, depression, and self-hate will continue, making his gender dysphoria and PTSD more intractable and harder to treat. It will also be increasingly harder for John to resist the perceived psychological rewards of self-harm, which can quickly become very dangerous when coupled with his suicidal ideation.

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I declare under penalty of perjury pursuant to the laws of the State of Arizona that the foregoing is true and correct.

Executed this 4 th day of August, 2020 in Phoenix, Arizona.

Dr. Mischa Cohen Peck