

**UNITED STATES DISTRICT COURT
DISTRICT OF COLUMBIA**

JANE DOE, ET AL.,

Plaintiffs,

v.

JAMES R. MCHENRY III, *in his official capacity as* Acting Attorney General of the United States; WILLIAM LOTHROP, *in his official capacity as* Acting Director of the Federal Bureau of Prisons,

Defendants.

Case No.:

**DECLARATION OF FREDERIC M. ETTNER IN SUPPORT OF
PLAINTIFFS' MOTION FOR A TEMPORARY RESTRAINING ORDER
AND PRELIMINARY INJUNCTION**

I, Frederic M. Ettner, MD, hereby declare and state:

1. I have actual knowledge of the matters stated in this declaration and would so testify if called as a witness. I reserve the right to supplement or amend this declaration based on any future information that is provided to me.

2. I have been a board certified family practice physician for the past 47 years. Attached hereto as Exhibit A is a true and correct copy of my CV, which provides more detailed information about my professional background, experiences, publications, and presentations.

3. During the past 30 years, I have consulted and treated more than 2500 patients who have been diagnosed with gender dysphoria.

4. My opinions contained in this declaration are based on my clinical experience as a family medicine practitioner for nearly five decades and my knowledge of peer reviewed research regarding gender dysphoria, transgender patients, and family medicine.

5. Gender dysphoria, while a serious medical condition, is highly treatable.

6. Once a diagnosis of gender dysphoria is established, a treatment plan should be developed based on the individualized assessment of the medical needs of the patient. From a medical perspective, the medical management of gender dysphoria for incarcerated individuals should not differ from protocols for non-institutionalized persons. This is true for all medical conditions—the fact that a doctor or medical professional practices in an institutional setting does not change the treatment protocols for medical conditions those professionals treat, such as diabetes, heart disease, or any other conditions.

7. Gender dysphoria is a recognized physiological condition that can impact multiple organ systems, including: Neurology—gender dysphoria affects the brain and the autonomic nervous system (sympathetic and parasympathetic systems); Endocrinology—gender dysphoria impacts hormonal functions, including corticosteroids and insulin regulation; Immunology/Hematology—gender dysphoria leads to suppression of white and red blood cells; Gastrointestinal system—gender dysphoria can result in digestive disorders; and Cardiology—gender dysphoria may cause or exacerbate hypertension.

8. Proper hormonal balance is critical for all people, not just transgender people, with respect to the following body systems: Immunological function—the immune system's maintenance depends on hormonal equilibrium; Gastrointestinal health—normal digestive function requires balanced sex steroid levels; Cardiovascular health—dysregulation of sex hormones can significantly affect the cardiovascular system; Bone health and metabolism - is regulated by sex steroids.

9. Transgender women who have not had surgery are typically prescribed estradiol hormone in addition to medications that stop their endogenous production of testosterone. Estrogen

has a systemic impact on a person's physical health, influencing all cells in the human body. For transgender women, estrogen plays a critical role in stabilizing brain chemistry and neuro-receptor functions. Since sex steroids are essential for maintaining physiological homeostasis, transgender individuals require lifelong hormonal support.

10. Based on my professional experience, termination of hormone replacement therapy (HRT) constitutes a serious medical risk that can severely impact both physical and mental health.

These medical risks, include:

- Rapid hormonal changes trigger severe mood swings, anxiety, and depression
- Increased risk of suicidal ideation due to intensified gender dysphoria
- Hot flashes, insomnia, and physical discomfort
- Loss of breast tissue and feminine fat distribution
- Return of masculine secondary sex characteristics causing psychological distress

11. These risks associated with the termination of hormone medication would be present for both transgender women who are prescribed estrogen medication and transgender men who are prescribed testosterone medication.

12. If patients have other co-occurring medical conditions, additional risks could also occur depending on what those conditions are and what treatment they require.

13. Transgender women who have had urogenital surgeries, including removal of their testes, no longer have circulating testosterone in their bodies. If their estrogen medication is also removed, these women would experience serious and cascading medical difficulties in the body systems described above.

14. Replacement estrogen for these women stabilizes their endocrine function. If estrogen is removed, the complex relationship of these hormones to muscle metabolism, glucose metabolism, gastric acidity, bone metabolism, neuro-excitability, fluid and electrolyte balance, anti-inflammatory action and blood pressure would be radically altered. Without estrogen or

testosterone, the following conditions will occur: muscular weakness, hypertension, obesity, bruising (capillary fragility), poor wound healing, sleeplessness, psychoses (accelerate suicidal ideation), polyuria, polydipsia (diabetes), hyperacidity, gastric ulcer, and osteoporosis.

15. Removing estrogen medication from a post-surgical transgender woman would also cause her to rapidly experience menopause. Because estrogen treats a transgender woman's gender dysphoria, cessation of this medication will lead to the loss of secondary sex characteristics and thus increased risk of depression, anxiety, and suicidal ideation or even attempts. These are the symptoms caused by gender dysphoria and they will return if the medical treatment for that condition is removed.

16. Transgender women who have not had surgery will also experience the serious medical risks described above. Hormone medication for these women has shut down their nascent ability to secrete testosterone. Until their bodies are able to produce and regulate the regular secretion of hormones again, they will have the same serious medical risks described above. Moreover, once their bodies secrete sufficient testosterone, they will experience serious and potentially life-threatening symptoms from their gender dysphoria.

17. The pathophysiologic processes, diseases, and co-occurring conditions described above will be avoided or severely reduced by appropriate hormone treatment.

18. Some transgender patients, like non-transgender patients, are prescribed medications to treat depression or anxiety. While these treatments can be helpful to individual patients, they are not, on their own, an effective, evidence-based treatment protocol for gender dysphoria. Simply providing these medications to a patient with gender dysphoria is analogous to treating a cancer patient with anti-anxiety medication rather than chemotherapy.

19. Gender dysphoria, like any serious medical condition, requires treatment. Prohibiting this treatment would force medical professionals to violate their ethical and professional duties to patients. The medical community is well aware that the consequences of denying this care are predictable and dire.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed January 28, 2025, in Lincolnwood, Illinois.



Frederic M. Ettner, MD

FREDERIC M. ETTNER, MD

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Lincolnwood, Illinois 60712
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Medical Staff Appointments

St. Francis Hospital, Evanston, Illinois: Active Staff, 1977- present
Evanston Hospital, Evanston, Illinois: Active Staff, 1999-present
Glenbrook Hospital, Glenview, Illinois: Active Staff, 1999-present
Highland Park Hospital, Highland Park, Illinois: Active Staff, 2000-present

Education

The University of Wisconsin, BS, 1971 (honors)
The Chicago Medical School, MD, 1975
Cook County Hospital, Chicago: Rotating Internship, 1975-1976
University of Illinois Family Practice Residency at Ravenswood Hospital,
1994-1996
Cook County Hospital, Family Practice Fellowship: Faculty Development,
1995-1996

Certifications, Awards and Honors

University of Wisconsin, BS with honors, 1971
Vocalis, Chicago Medical School Newspaper: Editor, 1972-1973
University of Illinois, Urban Preceptorship, Department of
Preventive Medicine and Community Health, 1974-1975
Dean's Award, Chicago Medical School, 1975
National Board of Medical Examiners, Diplomate, 1976
Resident of the Year Award, University of Illinois Family Medicine Program
Ravenswood Hospital, 1995
Certification, American Board of Family Medicine, 1996
Re-certification American Board of Family Medicine, 2002, 2009, 2016, 2023
The Randi and Fred Ettner Transgender Health Fellowship – Program in Human Sexuality,
University of Minnesota Department of Family Medicine, 2016 - present
Alpha Omega Alpha Honor Medical Society - Volunteer Clinical Faculty Award - The University of
Chicago 2017

Consultant Appointments

Advocate® - Ravenswood Alternative Health Partners, Chicago, Illinois: Medical Director, 1998-
1999
University of Health Sciences, College of Osteopathic Medicine, Kansas City,
Missouri, Clinical Instructor, 1998-present
University of Illinois Family Medicine Program at Ravenswood Hospital,
Family Medicine, Preceptor, 1996-2000
University of Chicago Pritzker School of Medicine, Associate Clinical Professor Family Medicine
2010 - present
Northwestern University Feinberg School of Medicine, Clinical Instructor Family
Medicine 1996 - present
University of Southern California Keck School of Medicine, Associate Clinical Professor
Family Medicine 2009 - present
Rosalind Franklin University of Medicine and Science College of Health Professions Physician
Assistant Program, Clinical Instructor 2013 - present
Loyola University Stritch School of Medicine Graduate School of Nursing, Clinical Instructor
University of Minnesota Medical School Family Medicine/Program in Human Sexuality Leadership
Advisory Council 2009 - present
Cook County Department of Corrections advisor for transgender health
World Professional Association for Transgender Health Global Education Initiative 2016-present

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Consultant Appointments (continued)

Brush Ranch Camp, Terrero, New Mexico, Camp Physician, 1995-present
 Camp Beber, B'nai Brith Foundation, Mukwonago, Wisconsin, Camp Physician, 1989-1991
 Head Start Consultation Service Physician, Chicago, Illinois 1976-1978
 Evanston Hospital, Protection of Human Subjects Committee, 1977-1978
 Cook County Public Guardian Office Physician, 1980-1995
 LaLeche League International, 1976-present

Board Memberships

New Health Foundation Worldwide, 1996 - 2023
 Evanston Hospital Complementary/Alternative Medicine Advisory Board, 1999 - 2007
 Doctor's People, Advisory Board Member, 1988-1990
 Council of Jewish Elderly, Health Commission Board Member, 1977-1978

Hospital Appointments

St. Francis Hospital, Evanston: Quality Assurance Reviewer for
 Department of Family Practice
 Ravenswood Hospital: Breastfeeding Initiative – “Baby Friendly Hospital”
 Evanston-Northwestern Hospital, Evanston: Advisory Board to Complementary/
 Alternative Medicine Department

Publications

Clinics in Plastic Surgery: Gender Confirmation Surgery. Schechter, L., Bauback, S. (Eds) Primary Care for the Transgender and Gender Non-conforming Patient (contributor), 2017
 Berli JU, Knudson G, Fraser L, Tangpricha V, Ettner R, Ettner FM, Safer JD, Graham J, Monstrey S, Schechter L. “What Surgeons Need to Know About Gender Confirmation Surgery When Providing Care for Transgender Individuals: A Review.” *JAMA Surg.* 2017 Apr 1;152(4):394-400.
 Ettner, F., Primary Care of the Transgender Patient in Schechter (Ed.)
 Feng, Z., Ettner, F. Primary Care for Transgender Persons e-poster American College of Physicians October, 2016.
 Ettner, R., White, T., & Ettner, F., Choosing a surgeon: an exploratory study of factors influencing the selection of a gender affirmation surgeon. *Transgender Health, 1(1), 2016.*
 “Medical Therapy Care,” Schechter, L., Transgender Health - Surgical Atlas Surgical Management of the Transgender Patient, Elsevier 2016 (contributor)
 Ettner, R., Monstrey, S., Coleman, E. (Eds) Foreword. Principles of Transgender Medicine and Surgery, 2nd edition; Taylor & Francis, 2016.
 Ettner, R., White, T., Ettner, F., “Hypertension: Pathology of a Secret,” WPATH Emory University Atlanta, Georgia, 2011 *International Journal of Family Medicine*, 2012 vol. 2012.
 Ettner, Monstrey, Eyer. Foreword. Principles of Transgender Medicine and Surgery. New York: Haworth P, 2007. xxi.
 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.
 “The Obstetrical Care of Young Women,” Clinics in Family Practice, 2:4, December 2000.
 Internationally syndicated columnist, “Pregnancy Q&A,” 1993-present
 “Breast-Assured: Methodology Leading To Early Success In Breastfeeding,” 17th Annual Conference on Patient Education, San Antonio, Texas, 1995
A Healthy Opinion, Medical Newsletter, 1997-present
 “Comparative Study of Obstetrics – With Data & Details of a Working Physician’s Home OB Service,” Safe Alternatives in Childbirth, winner of the 1976 Books of the Year Award.
 “Hospital Obstetrics: Do the Benefits Outweigh the Risks?” 21st Century Obstetrics, NAPSAC, 1977.

Presentations

Managed Care Organization Training on Gender Affirming Services State of Illinois Governor J. B. Pritzker – panel presenter and discussant 2020
World Professional Association for Transgender Health – Global Education Initiative (invited presentations)
Primary Care for the Transgender Patient – Viet Duc Hospital, Hanoi, Vietnam 2020
Role of Primary Care Physician in Gender Affirming Surgeries – Weiss Memorial Hospital, Chicago, Illinois 2018
Multi-disciplinary Health Care for the Transgender Patient – James A. Lovell Federal Health Care Center, North Chicago, Illinois 2017
Primary Health Care Evaluation for Transgender Affirming Surgeries – Weiss Memorial Hospital, Chicago, Illinois 2017
Foundations in Primary Care for Transgender Persons
Chicago, Illinois 2015
Atlanta, Georgia 2016
Fort Lauderdale, Florida 2016
Columbia, Missouri 2016
Minneapolis, Minnesota – 2017
Columbus, Ohio 2017
Evidence-based Care for the Transgender Patient – St. Vincent/Columbia Presbyterian Hospital 2011
Rosalind Franklyn University, The Chicago Medical School
Loyola University, School of Medicine
Northwestern University School of Medicine
University of Illinois, Department of Public Health
Purdue University, School of Nursing
Columbia University's College of Physicians and Surgeons
Gender Information for Families of Transsexuals (GIFT) Seminar 1994
LaLeche League International
Numerous television and radio programs

Memberships

World Professional Association for Transgender Health

Licensed as Physician and Surgeon

State of Illinois, 1976-present