

IN THE UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF ARKANSAS

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DYLAN BRANDT, et al.,		:
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Plaintiffs,		:
		:
v.	Case No.:	4:21-CV-00450-JM-01
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LESLIE RUTLEDGE, et al.,		:
		:
Defendants.		:
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**DECLARATION OF MICHELE HUTCHISON, M.D.
IN SUPPORT OF PLAINTIFFS’ MOTION FOR A PRELIMINARY INJUNCTION**

I, Michele Hutchison, M.D., hereby declare as follows:

1. I am a Plaintiff in this action. I am bringing my claims on behalf of myself and my patients. I offer this Declaration in support of Plaintiffs’ Motion for a Preliminary Injunction. I have personal knowledge of the facts set forth in this Declaration and could and would testify competently to those facts if called as a witness.

2. I graduated from the University of Texas Southwestern Medical School in 1999. Following medical school, I completed residency and fellowship programs in Endocrinology at the University of Texas Dallas Children’s Hospital in 2002 and Southwestern Medical School in 2004, respectively.

3. I am a pediatric endocrinologist and Associate Professor in the Department of Pediatrics, College of Medicine at the University of Arkansas for Medical Sciences, where I treat youth with a variety of endocrine conditions. Since 2018, I have also been working at the Gender Spectrum Clinic at Arkansas Children’s Hospital (the “Clinic”), which provides healthcare to transgender youth with gender dysphoria.



4. The Clinic treats patients in accordance with the standards of care developed by the World Professional Association for Transgender Health (“WPATH”) and the Endocrine Society. The Clinic has an interdisciplinary team, including mental health providers, to ensure each child receives appropriate and necessary care. We require all of our patients to be receiving mental health counseling while they are in treatment at the Clinic.

5. I have treated more than 200 youth at the Clinic since its opening. Currently, there are about 160 patients under the Clinic’s care.

6. At the Clinic, I provide puberty-delaying treatment for transgender patients with gender dysphoria at the onset of puberty when medically indicated. This treatment pauses puberty and provides the patient and their family more time to determine the long-term course of appropriate medical treatment. Such treatment also prevents patients from suffering the severe emotional and physical consequences of going through puberty that does not match their gender identity.

7. For patients whose gender identity has been persistent and consistent, I will explore gender-affirming hormone therapy (testosterone suppression and estrogen for transgender girls; testosterone for transgender boys) with patients and their families, beginning around the age of 14, and initiate such treatment if medically indicated.

8. There are no medical treatments indicated or provided for pre-pubertal children with gender dysphoria. Genital surgery is not indicated or provided for minors with gender dysphoria.

9. When Clinic patients inform me that they are moving out of state, I will provide them information about clinics and providers that provide gender-affirming medical care for transgender adolescents wherever they are moving. I consider it part of my obligation to care

for my patients to maintain continuity of care by helping them find the care they need if I am unable to continue providing such care.

10. The same treatments I provide to my transgender patients at the Clinic—puberty-delaying medication, testosterone, estrogen, and testosterone suppressants—I also provide to cisgender patients. In my general pediatric endocrinology practice, I provide puberty-delaying treatment to cisgender children with precocious puberty (initiation of puberty prior to age 8 for children assigned female at birth and prior to age 9 for children assigned male at birth). I provide testosterone to cisgender boys with delayed puberty or who have insufficient testosterone for a variety of reasons. I provide estrogen to treat cisgender girls with primary ovarian insufficiency or Turner’s Syndrome (a chromosomal condition that can cause a failure of ovaries to develop). And I provide testosterone suppressants to treat cisgender girls with polycystic ovarian syndrome, which can cause symptoms such as facial hair growth. If House Bill 1570 (the “Health Care Ban”) takes effect, I will be prohibited from providing these treatments to my transgender patients because they relate to “gender transition,” but I will be able to continue providing the same treatments to my cisgender patients to help bring their bodies into alignment with their gender.

11. If the Health Care Ban takes effect, I will not be able to treat my transgender patients with gender dysphoria in accordance with the accepted standards of care. If I were to follow the medically indicated protocols for treating gender dysphoria, I would face adverse licensing action or other judicial or administrative consequences.

12. Moreover, I am concerned that if the Health Care Ban goes into effect, the Clinic might have to close.

13. Based on my personal experience in treating hundreds of adolescents with gender dysphoria, I believe that the Health Care Ban, if permitted to take effect, will significantly and severely compromise the health of my patients. In the few months since public discussion of

the Health Care Ban began, four transgender adolescent patients of the Clinic have been admitted to the emergency room for attempted suicide, in addition to three suicide attempts by transgender adolescents who are not patients of the Clinic. My office has also received several more calls from families panicking because their children were expressing suicidal thoughts related to the prospect of losing the healthcare they rely on for their well-being.

14. This is in stark contrast to the rate of suicide attempts prior to the Health Care Ban becoming public. After reviewing my records in preparing this declaration, I have determined that in the over three year period between the time of the Clinic opening and when public discussion of the Health Care Ban began, two Clinic patients attempted suicide.

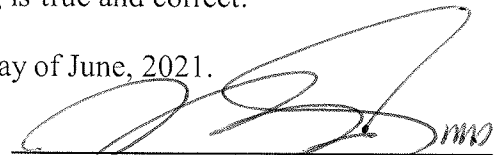
15. I testified at the General Assembly about the grave harms this bill would cause to transgender youth with gender dysphoria and that the bill would deny adolescents medical care they urgently need which, for some, can be life-saving.

16. Being forced to deny my patients medically necessary care that can be lifesaving for some patients violates the tenets of my profession by leaving my patients to suffer needless pain.

17. I am gravely concerned about my patients' ability to survive, much less thrive, if the Health Care Ban takes effect.

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

Executed in Little Rock, Arkansas, on this 14th day of June, 2021.


Michèle Hutchison, M.D.