

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF VIRGINIA  
CHARLOTTESVILLE DIVISION**

JASON YOAKAM,<sup>1</sup>

Plaintiff,

v.

VIRGINIA DEPARTMENT OF  
CORRECTIONS (“VDOC”); HAROLD W.  
CLARKE, in his official capacity as Director  
of VDOC;  
A. DAVID ROBINSON, in his official  
capacity as Chief of Corrections Operations,  
VDOC;  
MARIEA LeFEVERS, in her official capacity  
as Warden of the Fluvanna Correctional Center  
for Women (“FCCW”);  
MEREDITH CARY-MORRISSETTE, in her  
official capacity as Chief Psychiatrist and Co-  
Chair of the Gender Dysphoria Committee,  
VDOC;  
STEVE HERRICK, in his official capacity as  
Director of Office of Health Services, VDOC;  
JULIE FINK, in her official capacity as Mental  
Health Clinical Supervisor of the Eastern  
Region and co-chair of the Gender Dysphoria  
Committee, VDOC;  
MORGAN GESIERT-KLEIN, in her official  
capacity as Acting Mental Health Director,  
VDOC;  
ASHLEY BARLOW, in her official capacity  
as Mental Health Services Director, VDOC;  
WAYNE REED, in his official capacity as  
Mental Health Services Director, VDOC;  
PAUL TARGONSKI, in his official capacity  
as Medical Director, FCCW

Defendants.

Case No. 3:21-cv-31

**COMPLAINT FOR DECLARATORY  
AND INJUNCTIVE RELIEF**

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<sup>1</sup> On August 21, 2017, Mr. Yoakam filed a petition for name change in the Fluvanna Circuit Court from the traditionally female name given to him at birth to “Jason Yoakam.” His petition remains pending.

Plaintiff Jason Yoakam<sup>2</sup> submits this Complaint seeking declaratory and injunctive relief against specific named officials of the Virginia Department of Corrections (“VDOC”) and Fluvanna Correctional Center for Women (“FCCW”), as set forth specifically herein (collectively “Defendants”). Mr. Yoakam hereby alleges, on the basis of his personal knowledge and on information and belief, as follows:

**NATURE OF THE CASE**

1. This lawsuit is about Defendants’ repeated and unjustified refusal to provide Plaintiff Jason Yoakam (“Plaintiff” or “Mr. Yoakam”) with medically necessary treatment.
2. Plaintiff is a transgender man who has been diagnosed with gender dysphoria, a serious medical condition.
3. Gender dysphoria is a medical condition defined by the significant distress that may accompany the incongruence between a transgender person’s gender identity and assigned sex. This condition limits major life activities and is therefore a disability.
4. Mr. Yoakam is incarcerated at FCCW, a facility of the VDOC, located in Troy, Virginia. Defendants are individuals and institutions who, for the duration of Mr. Yoakam’s incarceration, have had the authority and responsibility for the treatment of his gender dysphoria. Defendants have refused to provide Mr. Yoakam with medically necessary care.
5. Mr. Yoakam seeks preliminary and prospective injunctive relief from Defendants’ knowing and intentional failure, acting under color of State law, to provide Mr. Yoakam with treatment for gender dysphoria. When left untreated, as has been the case with Mr. Yoakam, gender dysphoria is medically known to cause debilitating distress, depression,

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<sup>2</sup> In keeping with Mr. Yoakam’s gender identity, judicial practice, and accepted medical standards, this Complaint uses male pronouns to refer to him.

impairment of function, self-harm or self-treatment to alter one's genitals or secondary sex characteristics, other self-injurious behaviors, and suicide.

6. Although Defendants' own mental health providers evaluated Mr. Yoakam and diagnosed him with gender dysphoria, Defendants have refused to provide him with medically necessary treatment including, but not limited to, mental health services from qualified mental health care providers and gender confirmation chest surgery<sup>3</sup> recommended by his treating doctors and a transgender health care specialist.

7. Defendants do not deny that Mr. Yoakam has gender dysphoria, a serious medical condition that requires treatment. Rather, they are deliberately indifferent to Mr. Yoakam's serious medical needs and have denied him care for these needs. Defendants' denial of necessary care to Mr. Yoakam unconstitutionally ignores relevant standards of care and the specific recommendations of Mr. Yoakam's doctors.

8. Defendants have refused to provide Mr. Yoakam with chest surgery. Defendants instead classify chest surgery for Mr. Yoakam as elective and not medically necessary, based only on Mr. Yoakam's original assessment for gender dysphoria, which occurred over four years ago and prior to him experiencing serious and worsening symptoms caused by his inadequately treated gender dysphoria.

9. Upon information and belief, Defendants provide medical treatment and surgical interventions to other incarcerated people at FCCW based on an individualized assessment and medical need.

10. On information and belief, Defendants also claim that mental health providers at FCCW, without any specialized training on gender dysphoria, are qualified to provide treatment

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<sup>3</sup> The complaint refers to chest surgery which is substantially similar to mastectomy or double mastectomy and reconstruction of the chest.

for Mr. Yoakam.

11. Despite requests from Mr. Yoakam and his treating doctors, Defendants have refused Mr. Yoakam's request for a reasonable accommodation for his disability: *viz.*, care from qualified mental health providers.

12. Medical providers at the University of Virginia have recommended that Mr. Yoakam receive treatment in accordance with the World Professional Association for Transgender Health ("WPATH") Standards of Care which are internationally recognized as the authoritative articulation of professional consensus on the treatment of gender dysphoria and that chest surgery is medically necessary.

13. Upon information and belief, the University of Virginia, VDOC, and FCCW employees are employed by the Commonwealth of Virginia.

14. Through their deliberate indifference of denying him constitutionally adequate care, Defendants have caused and continue to cause Mr. Yoakam profound physical pain and emotional distress, for which he seeks prospective injunctive relief and declaratory relief.

15. Mr. Yoakam has fully exhausted his administrative remedies.

16. Mr. Yoakam brings this action pursuant to 42 U.S.C. §§ 1983 and 1988, to seek redress for Defendants' deliberate indifference to his serious medical needs, which constitutes: (1) cruel and unusual punishment under the Eighth Amendment to the United States Constitution, made applicable to the State through the Fourteenth Amendment; (2) Deprivation of Fourteenth Amendment Equal Protection Rights; (3) failure to provide a reasonable accommodation for his gender dysphoria, a disability, and Discrimination on the Basis of Disability (Americans with Disabilities Act, 42 U.S.C. § 12101 et seq., and Section 504 of the Rehabilitation Act, 29 U.S.C. § 794(a)), and (4) Violation of the Affordable Care Act (42 U.S.C.

§ 18116).

### **JURISDICTION AND VENUE**

17. Mr. Yoakam brings this action pursuant to 42 U.S.C. § 1983 and the Eighth and Fourteenth Amendments to the United States Constitution, the Americans with Disabilities Act, 42 U.S.C. § 12101 et seq., Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794a, and Section 1557 of the Affordable Care Act, 42 U.S.C. § 18116. This Court has jurisdiction of this action pursuant to 28 U.S.C. § 1331, because it arises under the Constitution and laws of the United States, and pursuant to 28 U.S.C. § 1343(a)(3), because it seeks to redress the deprivation, under color of State law, of rights, privileges and immunities secured to him by the Constitution and laws of the United States. This Court has authority to grant declaratory and injunctive relief pursuant to 28 U.S.C. §§ 2201 and 2202 and Rules 57 and 65 of the Federal Rules of Civil Procedure.

18. Venue is proper in this Court pursuant to 28 U.S.C. § 1391(b), because one or more of the Defendants reside in this judicial district, and because all or a substantial part of the events, acts and/or omissions giving rise to Mr. Yoakam's claims occurred in this judicial district.

19. This Court has personal jurisdiction over each and every defendant because, upon information and belief, all Defendants were either residents of Virginia, were employed in Virginia, or conducted business in Virginia, and all were acting under color of state law during all relevant times.

### **PARTIES**

20. **PLAINTIFF JASON YOAKAM** is a transgender man. He has been diagnosed with gender dysphoria, a serious medical condition. At all relevant times, Mr. Yoakam was

incarcerated in the custody of the VDOC, where he remains at the time of this filing.

21. **DEFENDANT VIRGINIA DEPARTMENT OF CORRECTIONS**

(“VDOC”) is the State agency responsible for the incarceration of adults sentenced by the courts. VDOC operates correctional facilities in Virginia including FCCW where Mr. Yoakam is housed. VDOC retains a nondelegable duty under the Constitution and laws of the United States and of the Commonwealth of Virginia to ensure that the medical care provided to incarcerated people residing in its correctional facilities meets or exceeds applicable constitutional minimum standards.

22. **DEFENDANT HAROLD W. CLARKE** (“Clarke”) is the Director of the VDOC. At all relevant times, the Director of VDOC is responsible for administering and overseeing the operations of the VDOC, including its policies and procedures, practices, employees, contractors, and agents. On information and belief, Defendant Clarke has ultimate responsibility within VDOC for overseeing the day-to-day operation of state prison facilities, including FCCW, and is responsible for ensuring the provision of adequate medical and mental health care to incarcerated people, including through the implementation of policies and the training and supervision of VDOC staff. Defendant Clarke has implemented, condoned, and ratified the custom and practice within VDOC of denying medically necessary treatment for gender dysphoria, including chest surgery, to certain incarcerated people, including Mr. Yoakam, pursuant to a policy or practice. Further, Defendant Clarke has failed to train and supervise VDOC employees and agents with respect to the proper provision of medically necessary treatment for gender dysphoria, despite knowing: (1) that gender dysphoria is a serious medical condition, and (2) that failing to train and supervise staff with respect to the provision of medically necessary treatment for this serious medical condition places incarcerated people like

Mr. Yoakam at a substantial risk of mental and physical harm. Defendant Clarke is among those responsible for denying Mr. Yoakam medically necessary care and is sued in his official capacity.

23. **DEFENDANT A. DAVID ROBINSON** (“Robinson”), Chief of Corrections Operations is responsible for the operations of the VDOC’s facilities and parole and probation. Upon information and belief, Defendant Robinson exercises general supervisory authority over VDOC’s provision of medical care services to those incarcerated in VDOC’s correctional facilities. Defendant Robinson is among those responsible for denying Mr. Yoakam medically necessary care and is sued in his official capacity.

24. **DEFENDANT MARIEA LeFEVERS** (“LeFevers”) is the current Warden of the FCCW, a position formerly held by Warden Eric Aldridge. At all relevant times, the FCCW Warden has exercised, and continues to exercise, authority, direction, and control over FCCW and its employees, agents, and contractors. Defendant LeFevers is responsible for ensuring the provision of adequate medical care to incarcerated people in FCCW, including through the implementation of policies and the training and supervision of FCCW staff. Defendant LeFevers is among those responsible for denying Mr. Yoakam medically necessary care and is sued in her official capacity.

25. **DEFENDANT DR. MEREDITH CARY-MORRISSETTE** (“Cary-Morrisette”) was the VDOC Chief Psychiatrist and Co-Chair of the Gender Dysphoria Committee. At all relevant times, the Chief Psychiatrist exercised, and continues to exercise, policy and decision-making authority regarding the care and treatment of incarcerated people in VDOC, control of health care personnel, and has the authority to grant or deny medical care to incarcerated people. The Chief Psychiatrist is responsible for ensuring the provision of adequate

medical care to incarcerated people, including through the implementation of policies and the training and supervision of staff. Upon information and belief, Dr. Cary-Morrisette made the decision to deny a mastectomy, or chest surgery, for treatment of Mr. Yoakam's gender dysphoria and is sued in her official capacity.

26. **DEFENDANT STEVE HERRICK** ("Herrick") is the VDOC Director of Office of Health Services. At all relevant times, the Director of Office of Health Services has exercised, and continues to exercise, policy and decision-making authority regarding the care and treatment of incarcerated people in VDOC, control of health care personnel, and has the authority to grant or deny medical care to incarcerated people. The Director of Office of Health Services is responsible for ensuring the provision of adequate medical care to incarcerated people, including through the implementation of policies and the training and supervision of staff. The Director of Office of Health Services is among those responsible for denying Mr. Yoakam medically necessary care and is sued in his official capacity.

27. **DEFENDANT JULIE FINK** ("Fink") is the VDOC Mental Health Clinical Supervisor of the Eastern Region and co-chair of the VDOC Gender Dysphoria Committee. At all relevant times, the Mental Health Clinical Supervisor has exercised, and continues to exercise, policy and decision-making authority regarding the care and treatment of incarcerated people in VDOC, control of health care personnel, and has the authority to grant or deny medical care to incarcerated people. The Mental Health Clinical Supervisor is responsible for ensuring the provision of adequate medical care to incarcerated people, including through the implementation of policies and the training and supervision of staff. As the Mental Health Clinical Supervisor and as co-chair of the Gender Dysphoria Committee, Defendant Fink is among those responsible for denying Mr. Yoakam medically necessary care and is sued in her



official capacity.

28. **DEFENDANT WAYNE REED** (“Reed”) is the current Mental Health Services Director, a position formerly held by **DEFENDANT MORGAN GEISERT-KLEIN** (“Geisert-Klein”) and **DEFENDANT ASHLEY BARLOW**. On information and belief, at all relevant times, the Mental Health Director of VDOC has exercised, and continues to exercise, policy and decision-making authority regarding the care and treatment of incarcerated people at VDOC, control of health care personnel, and the authority to grant or deny medical care to inmates. In making decisions related to Mr. Yoakam’s care, the Mental Health Services Director failed to follow WPATH Standards of Care. The Mental Health Director is responsible for ensuring the provision of adequate medical care to incarcerated people and is among those responsible for denying Mr. Yoakam medically necessary care. He is sued in his official capacity.

29. **DEFENDANT PAUL TARGONSKI, MD** (“Targonski”) is the Medical Director of FCCW. At all relevant times, the Medical Director of FCCW has exercised, and continues to exercise, policy and decision-making authority regarding the care and treatment of incarcerated people at FCCW, control of health care personnel, and has the authority to grant or deny medical care to incarcerated people. The Medical Director is responsible for ensuring the provision of adequate medical care to inmates, including through the implementation of policies and the training and supervision of staff. In making decisions related to Mr. Yoakam’s medical care, the Medical Director failed to follow the WPATH Standards of Care. The Medical Director is among those responsible for denying Mr. Yoakam medically necessary care and is sued in his official capacity.

30. On information and belief, medical decisions concerning treatment for Mr. Yoakam’s gender dysphoria were made by the **Gender Dysphoria Committee**. During the

relevant time of grievance number FCC-19-REG-00067, Defendants Cary-Morrisette and Fink were co-chairs of the committee.

31. On information and belief, treatment decisions for Mr. Yoakam were made by the **Transgender Committee** which is comprised of non-medical administrators and personnel including the FCCW Warden, Assistant Warden, Chief Housing and Programs, Medical, Mental Health, Inmate Program Manager, Commissary, and Property.

32. On information and belief, Defendants failed to follow the WPATH Standards of Care with respect to Mr. Yoakam's treatment.

33. VDOC receives federal financial assistance for health care services through multiple avenues, including the Medicaid program, which is jointly funded by the federal government and the state of Virginia.

34. Mr. Yoakam reserves the right, consistent with all applicable rules and court orders, to amend this Complaint to include additional officials should it become apparent that such officials' inclusion is necessary to grant the prospective injunctive relief requested herein.

### **DETAILED ALLEGATIONS**

#### ***Background on Gender Dysphoria, Medical Treatment, and Standards of Care***

35. Every person's sex is multifaceted, and composed of a number of characteristics, including chromosomal makeup, hormones, internal and external reproductive organs, secondary sex characteristics, and gender identity.

36. A person's gender identity refers to that person's internal sense of sex. It is an essential element of human identity that everyone possesses. For transgender people like Mr. Yoakam, the sex they were assigned at birth does not accurately reflect their gender identity.

37. A person's sex is generally assigned at birth based solely on a visual assessment

of external genitalia at the time of birth. External genitalia are only one of several sex-related characteristics and are not always indicative of a person's sex.

38. Gender identity is innate, immutable, and has biological underpinnings, such as the sex differentiation in the brain in gender identity development.

39. Gender dysphoria is a medical condition defined by the significant distress that may accompany the incongruence between a transgender person's gender identity and assigned sex. This condition limits major life activities and is therefore a disability.

40. Gender dysphoria derives from atypical interaction of the endocrine and neurological systems, which results in a person being born with external sex characteristics and hormones that are inconsistent with the person's gender identity.

41. There is medical consensus that attempts to change a person's gender identity to bring their gender identity into alignment with the sex assigned at birth are ineffective, harmful, and unethical.

42. Gender dysphoria is a condition recognized in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth ed. (2013) ("DSM-V"). Gender dysphoria is a condition recognized by other leading medical and mental health professional groups, including the American Medical Association and the American Psychological Association.

43. As set forth in the DSM-V, the diagnostic criteria for gender dysphoria are:

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:

a. 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).

- b. 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 secondary sex characteristics).
- c. A strong desire for the primary and/or secondary sex characteristics of the other gender.
- d. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
- e. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
- f. 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.

44. There is medical consensus that gender dysphoria is a serious medical condition that if not properly treated is known to cause clinical distress, depression, anxiety, mental impairment, the impulse to engage in self-surgery and self-harm, and even suicidal ideation, suicide, and death.

45. There is broad agreement among leading medical and mental-health professional associations and organizations—including the American Medical Association, the American Psychological Association, the American Psychiatric Association, the American Academy of Family Physicians, the American Congress of Obstetricians and Gynecologists, the Endocrine Society, the National Association of Social Workers, and the World Professional Association for Transgender Health—that gender dysphoria is a serious medical condition and that treatment for gender dysphoria is medically necessary.

46. Gender dysphoria often intensifies with time. The longer a person goes without adequate treatment, the greater the risk of severe harms to the person’s physical and psychological health.

47. A transgender person’s gender dysphoria can be alleviated when the person is able to live consistently with their gender identity.

48. The medically recognized protocols for the treatment of gender dysphoria are set forth in the WPATH Standards of Care. (Available at [https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7\\_English.pdf](https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf))

49. WPATH is the leading international organization focused on transgender healthcare with a membership of physicians, psychiatrists, psychologists, social workers, surgeons, and other health professionals who specialize in the diagnosis and treatment of gender dysphoria. WPATH is a professional association that develops “best practices and supportive policies” related to the health and treatment of transsexual, transgender, and gender nonconforming people.

50. The Standards of Care were first developed in 1979. The current version of the Standards of Care, Version 7, was published in September 2011 following a five-year process in

which gender dysphoria specialists submitted peer-reviewed papers to help identify the most effective treatments for gender dysphoria. The Standards of Care are the prevailing standards of care used by mental health providers and medical professionals treating gender dysphoria.

51. Many medical and mental health groups recognize the Standards of Care as the consensus of the medical and mental health professions regarding the appropriate treatment for gender dysphoria. The American Psychological Association, the American Medical Association, and the Endocrine Society have recognized the Standards of Care as the authoritative articulation of professional consensus on the treatment of gender dysphoria.

52. Courts, including courts in this Circuit, have consulted the Standards of Care when assessing the constitutional adequacy of prison officials' treatment of gender dysphoria.

53. The Standards of Care apply with equal force to persons who are incarcerated and persons who are not incarcerated. The Standards of Care have been endorsed by the National Commission on Correctional Healthcare and the U.S. Department of Justice National Institute of Corrections as the medically accepted standard for the treatment of inmates with gender dysphoria.

### ***Social, Legal, and Medical Transition***

54. The individualized steps that many transgender people take to live in a manner consistent with their gender, rather than the sex they were assigned at birth, are known as transitioning. Transitioning is particular to the individual but typically includes social, legal, and medical transition.

55. Social transition entails a transgender individual living in accordance with their gender identity in all aspects of life. For example, social transition can include wearing attire, following grooming practices, and using pronouns consistent with that person's gender identity.

The steps a transgender person can take as part of their social transition help align their gender identity with all aspects of everyday life.

56. Legal transition involves steps to formally align a transgender individual's legal identity with their gender identity, such as legally changing one's name and updating the name and gender marker on their driver's license, birth certificate, and other forms of identification.

57. Medical transition, a critical part of transitioning for many transgender people, includes gender-confirming care that brings the sex-specific characteristics of a transgender person's body into alignment with their gender. Gender-confirming care can involve counseling to obtain a diagnosis of gender dysphoria, hormone replacement therapy, surgical care, and other medically necessary treatments for gender dysphoria.

58. Hormone replacement therapy involves taking hormones for the purpose of bringing one's secondary sex characteristics into typical alignment with one's gender identity. Secondary sex characteristics are bodily features not associated with external and internal reproductive genitalia (primary sex characteristics). Secondary sex characteristics include, for example, hair growth patterns, body fat distribution, and muscle mass development. Hormone replacement therapy can assist in bringing a transgender person's secondary sex characteristics into alignment with their gender identity, and therefore is medically necessary care for transgender people who need it to treat their gender dysphoria.

59. Gender-confirming surgical care is also used to treat gender dysphoria by aligning a transgender person's primary or secondary sex characteristics with their gender identity. Surgical care can include, but is not limited to, hysterectomies, gonadectomies, mammoplasties, mastectomies, orchiectomies, vaginoplasties, and phalloplasties.

60. These various components associated with transition—social, legal, and medical

transition—do not change an individual’s gender. Instead, transitioning brings the individual’s appearance, legal identity, and sex-related characteristics into greater alignment with the individual’s gender identity and lived experience.

61. Certain medical treatments, including hormone replacement therapy and surgical procedures that align one’s physical characteristics with one’s gender identity, are safe and medically effective treatments for gender dysphoria under the applicable standards of care, and are recognized as such by the medical profession.

62. For example, the WPATH Standards of Care outlines criteria for initiation of surgical treatments for gender dysphoria.

63. Under the WPATH Standards of Care, the criteria for chest surgery and creation of a male chest are:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country (if younger, follow the SOC for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well controlled.

64. Under the WPATH Standards of Care, hormone therapy is not a prerequisite for mastectomy and creation of a male chest.

65. WPATH has stated that, like hormone replacement therapy and other gender-confirming treatments, the “medical procedures attendant to sex reassignment are not ‘cosmetic’ or ‘elective’ or for the mere convenience of the patient,” but instead are “medically necessary for the treatment of the diagnosed condition.” Nor are they experimental, because “decades of both clinical research and medical research show that they are essential to achieving well-being for the [transgender] patient.”

***Mr. Yoakam’s Gender Dysphoria***



66. Mr. Yoakam is a man, who is transgender.

67. Although his sex assigned at birth was female, his gender identity is male.

68. Mr. Yoakam experiences severe dysphoria, mental distress, anxiety, depression, and physical pain because of the incongruence between his gender identity and his body.

69. From an early age, Mr. Yoakam saw himself as a boy and could not understand why people would see him as a girl. He would cry and try to explain that he was not a girl. He agonized over his first menstrual period and felt that everything was against him including his own body. He felt that his body was a mistake. He never felt comfortable with his body and felt disconnected from his real self.

70. Mr. Yoakam never felt whole and for him the distress with his body, and specifically his chest, caused him to feel shame and disgust with his body. He would cringe whenever he had to see or touch his body to shower, clean, or dry himself and would go for days without bathing to avoid seeing his body.

71. Mr. Yoakam began to try to hide his chest beginning when he started puberty at 9 or 10 years old. He would sleep on his stomach to try to flatten his chest. He would not wear a bra and instead would use a bandage or sock tied around his chest or wear double shirts to try to bind or compress his chest.

72. Before his incarceration, Mr. Yoakam lived as a man by using a traditionally male name and wearing men's clothes and undergarments. Mr. Yoakam was recognized and treated as a man by his family members, friends, and co-workers.

73. After Mr. Yoakam's diagnosis of gender dysphoria, FCCW issued Mr. Yoakam a chest binder so he could compress his chest as treatment for his gender dysphoria. Mr. Yoakam has chest binders provided by FCCW.

74. Since he was issued a binder in FCCW, Mr. Yoakam keeps his binder on throughout all hours of the day, except when he must shower. He sleeps in his binder. As noted in his medical records, the binder sometimes is so tight that it cuts into Mr. Yoakam's skin and causes him to bleed. He has also developed scars, rashes, and acne from the binder. These injuries have also led to infections from the binder. Unless he receives chest surgery, Mr. Yoakam will have to continue to use the binder and suffer the resulting injuries.

75. Mr. Yoakam's dysphoria has worsened over the years, especially in relation to his chest. He has trouble with sleep due to a racing heartbeat, intrusive thoughts about his chest, panic attacks, and shortness of breath. Along with racing thoughts, he has a heightened alertness, sweaty hands, erratic breathing, elevated blood pressure, weight loss, and muscle tightness. He wakes up tearful and depressed that he has breasts.

76. When he must shower, he becomes physically sick to his stomach. In some cases, he has stopped eating before he must take a shower so that he will not vomit. Even then, Mr. Yoakam showers as quickly as possible so that he will not have to see or touch his body.

77. Mr. Yoakam suffers from depression, anxiety, panic attacks, and sleep and appetite disturbances. He has considered self-treatment by removing some of his female identifiers, such as his breasts. He states that his restraint from doing so comes only from the hope that one day this nightmare he has endured of being in the wrong body will be corrected.

***Defendants' Diagnosis of Mr. Yoakam's Gender Dysphoria and Subsequent Denial of Care***

76. In August 2017, VDOC medical providers diagnosed Mr. Yoakam with gender dysphoria ("the 2017 diagnosis").

77. The Gender Dysphoria committee referred Mr. Yoakam to endocrinology to

begin hormone therapy. They also approved him to obtain property for male matrix items, other commissary items, and a chest binder.

78. On November 17, 2017, Mr. Yoakam began hormone therapy, which consisted of testosterone 50 mg every two weeks. The dosage was increased in January 2018 to 80 mg every two weeks. Mr. Yoakam's hormone dosage was increased again to 100 mg every two weeks on June 18, 2018. He is now on 1 ml every week.

79. Despite receiving hormone therapy for almost three and a half years, Mr. Yoakam continues to suffer from severe gender dysphoria. As a result of hormone therapy, Mr. Yoakam has developed masculine secondary sex characteristics. Mr. Yoakam now has more facial hair, a deeper voice, and increased muscle mass.

80. Mr. Yoakam has socially transitioned. He presents as a man and has taken steps to change his name to reflect who he is. He uses a beard trimmer and nose and hair trimmer, wears boxers, white t-shirts, and binders from the commissary. His family and friends are aware of his gender identity and recognize him as a man.

81. On information and belief, VDOC and FCCW do not have a policy related to the treatment of transgender people that covers how to correctly refer to their names, honorifics, and pronouns. FCCW staff do not always correctly refer to Mr. Yoakam by his name or pronouns. Medical records and notes from his care providers show that Mr. Yoakam is not always referred to by the correct name or pronouns. This accommodation is reasonable and can support Mr. Yoakam's and other transgender people's social transition.

82. Upon information and belief, VDOC and FCCW do not have a policy or do not enforce a policy that female guards must announce themselves on the floor when coming through a unit where men are housed. Male guards must announce themselves when coming through a

unit where women are housed. This accommodation is reasonable and can support Mr. Yoakam's and other transgender people's transition.

83. Mr. Yoakam and his doctors have made numerous formal and informal requests that he be evaluated for chest surgery and that he receives mental health care from a qualified mental health professional with experience to treat gender dysphoria.

84. Mr. Yoakam's doctors include (1) Dr. Denise Young, OBGYN; (2) Charity Kwamanakweenda, MD, Endocrinology and Metabolism Fellow, and (3) Dr. Christine Eagleson, Endocrinologist. More recently, Mr. Yoakam received an assessment from Joseph Tan, PhD, clinical psychologist, at the University of Virginia.

85. On January 5, 2018, Dr. Young made a service request for a bilateral mastectomy for treatment of Mr. Yoakam's worsening gender dysphoria.

86. On January 8, 2018, Alfred Gervin, MD, then-acting Medical Director, deferred this request for bilateral mastectomy for Mr. Yoakam.

87. On or about January 19, 2018, Mr. Yoakam lodged an Informal Complaint against Defendant Gervin. Mr. Yoakam complained that on January 19, 2018, he was informed that Defendant Gervin denied the mastectomy order put in by Dr. Denise Young. The February 2, 2018, response to Mr. Yoakam's complaint stated that the mastectomy was "not medically indicated" but that Mr. Yoakam could resubmit the request and state why a bilateral mastectomy was medically indicated.

88. On or about January 22, 2018, Dr. Kwamanakweenda put in Mr. Yoakam's treatment plan an ambulatory referral to Plastic Surgery for mastectomy to Dr. Jeremy Benedetti.

89. On or about January 23, 2018, Mr. Yoakam filed an Offender Grievance Report (FCC-18-REG-00185) that stated, "Mr. Gervin had denied my mastectomy that was put in by Dr.

Young.”

90. In Offender Grievance Response-Level I dated October 17, 2018, Defendants found Grievance FCC-18-REG-00185 to be unfounded and stated that Mr. Yoakam needed to refer his questions about the denial of the referral for a mastectomy to Defendant Cary-Morrisette and the Gender Dysphoria Committee. Defendants stated, “This matter is governed by OP 720.2 Medical Screening, Classification, and Levels of Care, Utilization Management Procedure section, V(B).2 which states: ‘Other than for medical emergencies as determined by the facility Health/Medical Authority, any referral for medical services beyond the services available in DOCC facilities must be reviewed by the Utilization Manager (UM).’”<sup>4</sup>

91. An email dated October 30, 2018, from Cary-Morrisette to Nicholas Scharff, copying Paul Targonski, Stephen Herrick, Diane Abato, Alisa Williams, “bqn65701”, Jewel Gear, and Julie Fink attaches one of Mr. Yoakam’s medical records. The email states that the attached evaluation “is the only formal evaluation that has been completed.” The attached evaluation is the original August 2017 assessment for Mr. Yoakam’s gender dysphoria diagnosis.

92. On December 19, 2018, Mr. Yoakam sent a request to Defendant Targonski asking about the status of his evaluation. On December 21, 2018, Defendant Targonski responded to Mr. Yoakam that “it has been determined that you do not meet criteria to proceed to surgery.”

93. In a response to an informal complaint (FCC-18-INF-06666) dated December 20, 2018, Mr. Yoakam again requested a mastectomy and Defendants responded that the medical

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<sup>4</sup> Upon information and belief, at the relevant time the Operating Procedure cited was OP 720.2V(B)3, which is now OP 720.2 XIII (A)(9) which states, “Only medically necessary consultations will be approved. When alternative treatment is recommended, the health care practitioner should prescribe the alternative treatment, if in agreement. Elective surgical procedures for inmates will not be approved. (5-ACI-6C-05; 4-4398) Available at [\(vadoc-op-720-2.pdf \(virginia.gov\)\)](http://vadoc-op-720-2.pdf(virginia.gov)) (virginia.gov)

care was not deemed medically necessary and per mental health, he is mentally stable.

94. On or about February 22, 2019, Mr. Yoakam filed an Offender Grievance (FCC-19-INF-00792) stating that he is “being denied mental health services by a therapist that has experience treating gender dysphoria. According to Work Professional Association of Transgender Health Standards of Care it is within my rights to request a therapist with experience treating gender dysphoria.” Defendants responded to the grievance by stating that Mr. Yoakam would be seen by Defendant Gesiert-Klein who is “a qualified mental health professional.”

95. On or about April 16, 2019, Mr. Yoakam filed an informal complaint (FCC-19-INF-01638) requesting a referral to an outside specialist in Transgender Health and Mental Health Services for a second opinion on the impact of surgical intervention. Defendant Geisert-Klein, in a response dated April 23, 2019, indicated that she could not set up a second opinion for Mr. Yoakam and that he would need to do that on his own.

96. Mr. Yoakam lodged an informal complaint to Defendant Geisert-Klein’s April 23, 2019 response.

97. In Offender Grievance Response – Level I, dated June 5, 2019, signed by then-Warden Aldridge, Defendants denied Mr. Yoakam’s grievance (FCC-19-REG-00067) requesting a referral to an outside specialist in Transgender Health and Mental Health Services to provide a second opinion of the impact of surgical intervention.

98. The response denying Mr. Yoakam’s grievance states, “Per Ms. Geisert-Klein, there are no provisions or instructions within the Mental Health Policy regarding arranging for a second medical opinion as this is a service not offered by the DOC.” The response also states, “This matter is governed by OP 720.2 Medical Screening, Classification, and Levels of Care,

Utilization Management Procedure section, V(B).3, which states: ‘Elective surgical procedures for offenders will not be approved.’”

99. Mr. Yoakam appealed this determination and stated that not having surgery is detrimental to his mental health, and that he is suffering from anxiety and depression where traditional therapy is not effective.

100. In the Offender Grievance Response – Level II dated July 8, 2019, Defendants determined Mr. Yoakam’s request (FCC-19-REG-00067) for a second opinion was unfounded. The response states, “According to your Health Records, you are currently provided access to hormone therapy, individual psychotherapy and various accommodations for the treatment of Gender Dysphoria. Using community standards, it has been determined that surgical intervention is not medically necessary at this time. There is currently no process for obtaining a second opinion.” It also states, “This issue is governed by OP 720.2.”

101. This is the last level of appeal available to Mr. Yoakam. Mr. Yoakam has exhausted all administrative remedies regarding this issue.

102. Medical Records dated December 3, 2019, from Christine Eagleson, MD, treating endocrinologist, show that at the time, Mr. Yoakam had worsening depression and that he was using binders but sometimes binds so tight he bled. Dr. Eagleson made another referral to Dr. Benedetti to assess Mr. Yoakam for a mastectomy.

103. Consultation notes from Dr. Eagleson dated June 30, 2020, show that Mr. Yoakam was struggling with depression. “He’s been frustrated that he’s been unable to have mastectomies as his breasts cause him severe dysphoria.” The note continues, “He wakes up tearful and depressed that he has breasts. He feels his BP is becoming elevated due to his distress over his breasts.”

104. Medical records from Dr. Eagleson dated October 7, 2020 show that Mr. Yoakam was experiencing malaise/fatigue, depression, and anxiety. The reason for visit was listed as “hypogonadism.”

105. On March 1, 2021, Joseph Tan, PhD., University of Virginia, Adult Transgender Clinic, conducted an individualized assessment of Mr. Yoakam based on a clinical interview and review of Mr. Yoakam’s medical records. Dr. Tan diagnosed Mr. Yoakam with Gender Dysphoria (F64.0) and PTSD by history (F43.10). Dr. Tan noted that Mr. Yoakam continued to experience significant distress and gender dysphoria related to his typical feminine-appearing chest.

106. Dr. Tan determined that Mr. Yoakam meets the criteria for gender dysphoria and is an appropriate candidate for gender-affirming surgery from a psychological perspective.

107. On April 26, 2021, Dr. Eagleson conducted an individualized assessment of Mr. Yoakam. Dr. Eagleson diagnosed Mr. Yoakam with Gender Dysphoria (ICD-10 F64.1/F64.9). Dr. Eagleson stated her belief that Mr. Yoakam would benefit greatly both medically and psychologically from bilateral mastectomy and that this procedure has been defined as medically necessary by the World Professional Association for Transgender Health. She recommended: (1) that Mr. Yoakam is medically stable for surgery, (2) that Mr. Yoakam has met the WPATH SOCV7 criteria for surgery, and (3) that he has the capacity to provide informed consent for bilateral mastectomy and is appropriate and medically clear for this procedure. She noted that Mr. Yoakam was evaluated by Dr. Tan, who also feels that Mr. Yoakam would benefit psychologically from mastectomy.

108. On June 14, 2021, Mr. Yoakam submitted an additional informal complaint (FCC-21-INF-00984) concerning the continued denial of care based on Dr. Tan’s and Dr.



Eagleson's determinations that chest surgery is medically necessary treatment of Mr. Yoakam's gender dysphoria.

109. Defendants responded to the informal complaint on June 22, 2021. Defendants' response stated that providers in VDOC are at liberty to follow, amend or decline recommendations from consultants outside of VDOC.

110. There is no medical or scientific support for VDOC's refusal to provide transition-related surgical and mental health care for treatment of Mr. Yoakam's gender dysphoria.

111. Defendants rely on Operating Procedure 720.2 V (B)(3) to deny a consultation for chest surgery for treatment of gender dysphoria and to deny surgery. Under the policy, elective surgical procedures will not be provided.

112. On information and belief, Defendants relied on the 2017 diagnosis to deny him chest surgery, since then Mr. Yoakam has undergone individualized assessments performed by Dr. Tan and Dr. Eagleson in 2021, both of which recommended that Mr. Yoakam undergo chest surgery to treat his gender dysphoria and that chest surgery is medically necessary treatment.

113. Defendants' failure to consider an individualized assessment in their denial of Mr. Yoakam's chest surgery deviates from recognized standards of care that call for an individualized assessment for medical treatment.

114. Chest surgery for Mr. Yoakam is not elective. Mr. Yoakam requires a bilateral mastectomy, chest surgery, as medically necessary care to treat his gender dysphoria. This surgical procedure is a widely accepted and effective treatment for gender dysphoria.

115. Upon information and belief, to date VDOC has never approved surgical treatment for gender dysphoria for a transgender man in its custody.

116. Upon information and belief, Defendants maintain a *de facto* policy or practice of denying chest surgery for treatment of gender dysphoria.

117. Mr. Yoakam accordingly is forced to delay this urgently needed procedure as a direct and proximate result of Defendants' continued refusal to cover medically necessary gender-confirming care. As a result, Mr. Yoakam's symptoms of gender dysphoria and related distress have increased. Mr. Yoakam's increase in symptoms of gender dysphoria and related distress have been noted by his treating doctors.

118. Defendants discriminate against Mr. Yoakam by routinely failing to provide accommodations such as medically necessary medical and mental health care for transgender men who have gender dysphoria. Despite the fact that proper diagnosis and effective treatment of gender dysphoria are well-understood among qualified medical professionals, Defendants have adopted policies, procedures, and practices that deny Mr. Yoakam reasonable accommodations, including medical treatment, for gender dysphoria.

### **FIRST CLAIM FOR RELIEF**

#### **(Violation of The Eighth Amendment to the U.S. Constitution and 42 U.S.C. § 1983)**

119. Mr. Yoakam incorporates paragraphs 1 through 118 as fully set forth herein.

120. At all relevant times Defendants knew that Mr. Yoakam has gender dysphoria, a serious medical condition which, despite over three years of hormone replacement therapy, continues to jeopardize his physical health and causes him to suffer serious mental and emotional distress.

121. Defendants knew that Mr. Yoakam's use of a chest binder caused him physical pain, bleeding, and infections.

122. Defendants knew that the medically accepted standards for the treatment of

gender dysphoria are the WPATH Standards of Care. Defendants knew that medical necessity for chest surgery is determined by an individualized assessment. Medical necessity for chest surgery for Mr. Yoakam is supported by Mr. Yoakam's medical records and the prevailing standards of care.

123. Defendants knew that denying Mr. Yoakam chest surgery placed him at a substantial risk of serious harm including depression, anxiety, mental impairment, physical self-harm, and suicide, and future harm as his condition worsened.

124. Mr. Yoakam brings this cause of action against Defendants in their official capacity pursuant to 42 U.S.C. § 1983 caused by Defendants' deprivation of Mr. Yoakam's constitutionally protected rights by reason of Defendants' continued violation of Mr. Yoakam's substantive rights pursuant to the Eight Amendment of the Constitution of the United States of America.

125. Each Defendant was at all relevant times employed by VDOC, and as such, was acting in their official capacity and under color of state law.

126. Despite this knowledge and despite Mr. Yoakam's repeated requests for care, Defendants, while acting under color of law, refused to provide Mr. Yoakam with the medically necessary treatment for his gender dysphoria, and failed to take any measures to address his continued pain and suffering and mental distress. Defendants ignored multiple medical referrals for chest surgery, made by qualified professionals based on individualized assessments of Mr. Yoakam, in deliberate indifference to his serious medical needs and in violation of the Eighth Amendment.

127. By failing to provide Mr. Yoakam with treatment sufficient to alleviate his symptoms, Defendants failed to provide the minimally adequate care required to be provided to

incarcerated transgender people.

128. Defendants' actions described herein additionally showed deliberate indifference to Mr. Yoakam's medical needs by refusing to authorize gender dysphoria treatment beyond provision of hormones and were taken without exercising any individualized medical judgment whatsoever.

129. Defendants' actions and omissions as described herein were grossly inadequate and were so cursory as to amount to no treatment at all.

130. Each of the Defendants has also implemented, condoned, ratified, followed, and/or enforced, and continues to implement, condone, ratify, follow, and/or enforce a policy or custom, having the force of law, of refusing requests to initiate appropriate and effective gender dysphoria treatment, irrespective of the incarcerated person's medical need, and providing counseling and hormone therapy alone, when each knew that this was inadequate care that placed Mr. Yoakam at substantial risk of further mental and physical distress.

131. Each of the Defendants has also failed and continues to fail to train and supervise VDOC and FCCW staff with respect to the proper provision of medically necessary treatment for gender dysphoria, despite knowing that gender dysphoria is a serious medical condition and that failing to train and supervise staff with respect to the provision of medically necessary treatment for this serious medical condition places Mr. Yoakam at substantial risk of serious mental and physical harm.

132. Defendants' persistent denial of chest surgery is causing irreparable harm to Mr. Yoakam. As a direct and proximate result of Defendants' purposeful and intentional actions, Mr. Yoakam has suffered and continues to suffer injury, including, without limitation, serious physical, psychological and emotional harm, mental anguish, distress, humiliation, and indignity.

**SECOND CLAIM FOR RELIEF**

**(42 U.S.C. § 1983: Deprivation of Fourteenth Amendment Equal Protection Rights)**

133. Mr. Yoakam repeats and re-alleges each and every allegation in the preceding paragraphs as if fully set forth and restated herein.

134. Discrimination on the basis of transgender status, sex characteristics, gender, gender identity, sex assigned at birth, nonconformity with sex stereotypes, and gender transition constitutes discrimination on the basis of sex.

135. Under the Equal Protection Clause of the Fourteenth Amendment to the U.S. Constitution, government discrimination based on sex is presumptively unconstitutional and subject to heightened scrutiny.

136. As the Fourth Circuit recently confirmed, under the Equal Protection Clause of the Fourteenth Amendment, discrimination based on transgender status is presumptively unconstitutional and subject to “at least” heightened scrutiny. *Grimm v. Gloucester Cty. Sch. Bd.*, 972 F.3d 586 (4th Cir. Aug. 26, 2020), *as amended* (Aug. 28, 2020). Per that Court’s decision, “transgender people constitute at least a quasi-suspect class.” *Id.* at 607.

137. Treatment for gender dysphoria—a condition that only transgender people suffer from—is aimed at affirming a gender identity that differs from a person’s assigned sex at birth.

138. Defendants’ custom, policy, or practice of denying chest surgery for treatment of gender dysphoria discriminates based on transgender status. Whereas incarcerated people who are cisgender are able to receive medically necessary treatments (for example, surgery for breast cancer, or back pain), similarly situated transgender inmates are not able to receive—or face higher hurdles to receiving—medically necessary treatments (for example, chest surgery to treat gender dysphoria).

139. This difference in treatment and policy of denying healthcare to transgender people is neither substantially related to the achievement of an important governmental objective nor rationally related to a legitimate governmental interest.

140. Defendants relied on their custom, policy, or practice to intentionally discriminate against Mr. Yoakam on the basis of sex and transgender status. In considering whether to afford Mr. Yoakam surgery, Defendants failed to give proper consideration to the specific circumstances of Mr. Yoakam's gender dysphoria and the medical necessity of his surgery but instead based their conclusions on factors and processes that they would not have considered in determining whether to afford a treatment to a similarly situated incarcerated cisgender person with a medical necessity for a comparable chest surgery.

141. Even apart from Defendants' denial of surgery to Mr. Yoakam, Defendants' policy and practice discriminates on the basis of sex and transgender status in a way that is neither substantially related to the achievement of an important governmental objective nor rationally related to a legitimate governmental interest.

142. Each Defendant was at all relevant times employed by the VDOC, and as such, was acting in their official capacity and under color of state law.

143. Defendants' persistent denial of chest surgery is causing irreparable harm to Mr. Yoakam. As a direct and proximate result of Defendants' purposeful and intentional actions, Mr. Yoakam has suffered and continues to suffer injury, including, without limitation, serious physical, psychological and emotional harm, mental anguish, distress, humiliation, and indignity.

144. By failing to provide surgery to Mr. Yoakam while in their custody, Defendants have deprived Mr. Yoakam of his right to equal protection under the laws guaranteed by the Fourteenth Amendment to the United States Constitution.

**THIRD CLAIM FOR RELIEF**

**Discrimination on Basis of Disability  
(Americans with Disabilities Act, 42 U.S.C. § 12101  
et seq., and Section 504 of the Rehabilitation Act, 29 U.S.C. § 794a)**

145. Mr. Yoakam repeats and re-alleges the allegations in all preceding paragraphs as if fully set forth herein.

146. Based on his diagnosis of gender dysphoria, Mr. Yoakam suffers from a “disability” within the meaning and scope of 42 U.S.C. § 12102. Accordingly, Mr. Yoakam is a member of the class of persons protected by the ADA and Section 504 of the Rehabilitation Act, which make it unlawful for a public entity and entities receiving federal funds to discriminate against an individual with a disability, or to deny the benefits of the services, programs, or activities of a public entity or entity receiving federal funds to a person with a disability.

147. Defendants discriminated against Mr. Yoakam because of his disability and denied him the benefits of public services, programs, and activities as a result of his disability by, inter alia, failing to provide adequate and necessary medical treatment; failing to provide proper and reasonable training to custody and health staff in responding to persons with gender dysphoria; depriving Mr. Yoakam of programs and activities because of such actions or behavior in a manner detrimental to his health. Defendants have not provided reasonable accommodations for Mr. Yoakam’s disability including but not limited to a policy requiring VDOC employees to correctly refer to Mr. Yoakam, and other transgender people, by their names, honorifics, and pronouns related to their gender identity and requiring FCCW female guards to announce themselves on the floor when coming through a unit where men, such as Mr. Yoakam, are housed.

148. Defendants’ acts and omissions violated the ADA and Section 504, which

prohibit discrimination on the basis of physical and mental disability and protect persons such as Mr. Yoakam from the type of injuries set forth herein.

149. Defendants receive federal financial assistance for health care services through multiple avenues, including the Medicaid program, which is jointly funded by the federal government and the state.

150. Defendants are not entitled to immunity from suit under the Eleventh Amendment for this cause of action.

151. As a direct and legal result of Defendants' actions and omissions, Mr. Yoakam has suffered and continues to suffer harm including, without limitation, pain and suffering; emotional, psychological, and physical distress; and other losses not yet ascertained.

#### **FOURTH CLAIM FOR RELIEF**

##### **Violation of Affordable Care Act (42 U.S.C. § 18116)**

152. Mr. Yoakam repeats and re-alleges the allegations in all preceding paragraphs as if fully set forth herein. Section 1557 of the Affordable Care Act, 42 U.S.C. § 18116, prohibits covered entities from discriminating on the basis of sex for the purpose of providing health care services.

153. Covered entities include "any health program or activity, any part of which is receiving Federal financial assistance." VDOC is a covered entity subject to the ACA's nondiscrimination requirement.

154. As set forth above, Defendants have and continue to discriminate against Mr. Yoakam on the basis of sex when they deny him adequate and necessary medical treatment on the basis that he is transgender, has been diagnosed with gender dysphoria, and is attempting to transition.



155. As set forth above, Defendants have and continue to discriminate against Mr. Yoakam on the basis of sex when they deny him adequate and necessary medical treatment on the basis of sex stereotyping and/or a belief that people who are assigned the female sex at birth should display only stereotypically female characteristics, behaviors, and dress.

156. As a direct and legal result of Defendants' actions and omissions, Mr. Yoakam has suffered and continues to suffer harm including, without limitation, pain and suffering; emotional, psychological, and physical distress; and violation of dignity.

**PRAYER FOR RELIEF**

**WHEREFORE**, Mr. Yoakam respectfully requests that this Court enter judgment:

- A. Declaring unconstitutional and violative of federal law Defendants' practices and policies in denying Mr. Yoakam with adequate and necessary medical care related to the treatment of gender dysphoria, as that denial violates the Eighth Amendment to the United States Constitution, the Fourteenth Amendment to the United States Constitution, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act.
- B. Entering injunctive relief enjoining Defendants to provide Mr. Yoakam with adequate and medically necessary treatment, including chest surgery.
- C. Entering injunctive relief enjoining Defendants to provide Mr. Yoakam with reasonable accommodations for his disability.
- D. Awarding Mr. Yoakam costs, expenses, and reasonable attorneys' fees pursuant to 42 U.S.C. § 1988 and other applicable laws; and
- E. Granting such other and further relief as the Court may deem just, proper, and appropriate.

DATED: August 25, 2021

Respectfully submitted,

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