

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF ALBANY**

CRISTINA HINEMAN, §
§
Plaintiff, §

-against- §

PLANNED PARENTHOOD §
FEDERATION OF AMERICA, INC., §
UPPER HUDSON PLANNED §
PARENTHOOD, INC., LEE STETZER, §
MD, MAUREEN GARA, NP, §
JACQUELINE DALL, NP, BRIANNA §
SAMSON, PA, ASTOR SERVICES §
FOR CHILDREN & FAMILIES, d/b/a §
ASTOR SERVICES, CASSIDY §
ROBISHAW, LMHC, KRISTIN §
WOODS, MHC, JEFFREY L. §
ROCKMORE, M.D., P.C., d/b/a §
ROCKMORE PLASTIC SURGERY, §
and JEFFREY ROCKMORE, MD, §

Defendants. §

Index No.: _____

COMPLAINT

Plaintiff Cristina Hineman, with knowledge as to her own facts, and upon information and belief for all others, hereby alleges as follows:

INTRODUCTION

1. Plaintiff Cristina Hineman (“Plaintiff” or “Cristina”)¹ is an example of the growing number of young people who have been victims of so-called “gender-affirming care,” characterized by the immediate, no-questions-asked “affirmation” of one’s desired gender identity, irrespective of the underlying reasons for such desire and without any mental health assessment. At every step of the way, Cristina was failed by the medical and mental health

¹ Cristina’s birth name was “Cristina Marie Hineman;” she was formerly known as “Orineer Augustus Hineman” and her legal name as of the date of this Complaint is “Cristina Marie Violet Hineman.”

providers that she and her family sought out for help with her depression, anxiety, social exclusion or rejection disorder, and other mental health conditions.

2. Cristina had a relatively normal childhood, despite struggling with the effects of her then-undiagnosed Asperger's syndrome. Notably, she never felt any discomfort with her gender or expressed any desire to be a different gender. However, as she entered into her teen years, Cristina began dealing with significant mental health issues. Cristina began to suffer from anxiety and major depressive disorder, social exclusion disorder, self-harm, and passive suicidal ideation. Despite seeking professional help, her mental health spiraled into a point of crisis.

3. During this time—and especially during Covid-19 lockdowns, in which she was spending most of her waking hours online—Cristina was introduced to, and indeed intrigued by, the concepts of gender identity and transition by influencers and popular channels or pages on websites like YouTube, Instagram, and TikTok. Likely attributable to her Asperger's syndrome, Cristina became hyper-fixated on the ideas she was being presented on these websites and in these communities, so much so that she became convinced that her numerous mental health struggles would resolve if she adopted a different gender identity. When she told her mental health providers that she was adopting a transgender identity, they unquestioningly “affirmed” this suddenly onset new identity, without conducting appropriate mental health evaluations or offering Cristina appropriate psychological counseling. They would eventually encourage her to pursue life-altering cross-sex hormones and even a double-mastectomy of her healthy breasts.

4. Cristina's mental health struggles, however, continued to persist and worsen. But convinced that gender transition was the only thing that could fix her, a mere week after switching her identity from agender to transgender male, she went to Upper Hudson Planned Parenthood, where, after a single, roughly thirty-minute visit, she was prescribed life-altering cross-sex hormones. The clinicians at that Planned Parenthood would continue to prescribe her

testosterone without question for well over a year, and in fact would increase her dosage at Cristina's request (rather than their own clinical judgment). Those clinicians, however, were simply following the orders from Planned Parenthood Federation, which mandates the treatment protocols Planned Parenthood affiliates, individual health centers, and their clinicians and practitioners must abide by for any patient seeking "gender-affirming" cross-sex hormones; and those mandated protocols are that a Planned Parenthood clinician must give any patient "gender-affirming" cross-sex hormones upon request, without any mental health evaluation or even review of records.

5. As Cristina continued to pursue her gender transition, she ultimately sought "top surgery," or an unnecessary removal of her healthy breasts, all the while cheered on by her supposed mental health providers. Settling on the cheapest option she could find, Cristina had a double mastectomy performed on her. It was almost immediately thereafter that she experienced profound regret and realized that transitioning was not resolving her mental health issues but was in fact worsening them, that surgery and hormones had not made her a man. After this realization, she began to detransition.

6. Cristina is now 20 years old and recognizes that she had been betrayed by the lack of care and concern Defendants showed her in facilitating life-altering medical decisions. The scars across her chest and the irreversible changes to her body from prolonged usage of testosterone are constant reminders that she needed an unbiased medical expert willing to evaluate her properly and provide the care she needed.

7. Cristina humbly requests that this Court hold Defendants accountable for their wrongful acts. Plaintiff demands judgment against all Defendants including compensatory and punitive damages to the maximum amount allowed, as well as disbursements, costs, and such other relief as this Court deems just and proper. Plaintiff demands trial by jury.

PARTIES

8. Cristina Hineman is an adult individual born on October 30, 2003, who currently resides in Red Hook, New York (Dutchess County).

9. Defendant Planned Parenthood Federation of America, Inc. (“Planned Parenthood Federation” or “Planned Parenthood”), is a not-for-profit corporation organized under the laws of the State of New York whose principal place of business is located at 123 William Street, New York, New York 10038 (New York County).

10. Defendant Upper Hudson Planned Parenthood, Inc. (“Upper Hudson Planned Parenthood”), is a not-for-profit corporation organized under the laws of the State of New York whose principal place of business is located at 855 Central Ave., Albany, New York 12205 (Albany County).

11. Defendant Lee Stetzer, MD (“Stetzer”), is a medical doctor licensed in New York. He is employed by or otherwise provides medical services on behalf of Upper Hudson Planned Parenthood. He provided and/or supervised medical services to Plaintiff at Upper Hudson Planned Parenthood’s facility located at 804 Columbia Street, Hudson, New York 12534 (Columbia County).

12. Defendant Maureen Gara, NP (“Gara”), is a nurse practitioner licensed in New York. She is employed by or otherwise provides medical services on behalf of Upper Hudson Planned Parenthood. She provided medical services to Plaintiff at Upper Hudson Planned Parenthood’s facility located at 804 Columbia Street, Hudson, New York 12534 (Columbia County).

13. Defendant Jacqueline Dall, NP (“Dall”), is a nurse practitioner licensed in New York. She is employed by or otherwise provides medical services on behalf of Upper Hudson Planned Parenthood. She provided medical services to Plaintiff at Upper Hudson Planned Parenthood’s facility located at 804 Columbia Street, Hudson, New York 12534 (Columbia County).

14. Defendant Brianna Samson, PA (“Samson”), is a physician’s assistant licensed in New York. She is employed by or otherwise provides medical services on behalf of Upper Hudson Planned Parenthood. She provided medical services to Plaintiff at Upper Hudson Planned Parenthood’s facility located at 804 Columbia Street, Hudson, New York 12534 (Columbia County).

15. Defendant Astor Services for Children & Families, d/b/a Astor Services (“Astor Services”), is a not-for-profit corporation organized under the laws of the State of New York, whose principal place of business is located at 6339 Mill Street, Rhinebeck, New York 12572 (Dutchess County).

16. Defendant Cassidy Robishaw, LMHC (“Robishaw”), is a licensed mental health counselor in New York. She is employed by or otherwise provides counseling services on behalf of Astor Services. She provided mental health counseling services to Plaintiff in Dutchess County. Upon information and belief, her actual place of business is 403 Broadway, Kingston, New York, 12401.

17. Defendant Kristin Woods, MHC (“Woods”), is a mental health counselor in New York. She is employed by or otherwise provides counseling services on behalf of Astor Services. She provided mental health counseling services to Plaintiff in Dutchess County. Upon information and belief, her actual place of business is 205 South Avenue, Suite 201, Poughkeepsie, New York, 12601.

18. Defendant Jeffrey L. Rockmore, M.D., P.C., d/b/a Rockmore Plastic Surgery (“Rockmore Plastic Surgery”), is a professional service corporation organized under the laws of the State of New York whose principal place of business is located at 15 Old Loudon Rd, Latham, New York 12110 (Albany County).

19. Defendant Jeffrey Rockmore, MD (“Rockmore”), is a medical doctor employed by Rockmore Plastic Surgery who provided medical services to Plaintiff in Albany, New York (Albany County).

JURISDICTION AND VENUE

20. The amount in controversy exceeds the jurisdictional limits of all lower courts that otherwise would have jurisdiction over this action.

21. This Court has venue over this action pursuant to CPLR § 503(a) because a substantial part of the events or omissions giving rise to the claim occurred in this county.

ALLEGATIONS RELEVANT TO ALL CLAIMS

A. AS A TEEN, CRISTINA STRUGGLED WITH AND WAS BEING TREATED AND EVALUATED FOR SIGNIFICANT MENTAL HEALTH ISSUES.

22. While Cristina’s struggles with social interaction started at a very young age, these struggles hardly held her back. On the contrary, Cristina performed very well academically and never misbehaved in ways that concerned her parents. In all, despite a tendency to perseverate about things, Cristina lived a happy, normal childhood life. That began to change as she approached her teen years.

23. Cristina was tested for autism at age 17 in February 2021. The assessment concluded that Cristina had Asperger’s syndrome (which the Diagnostic and Statistical Manual-version 5, categorizes as autism spectrum disorder). This enlightened Cristina and her mother, who both realized in retrospect that Cristina’s tendency to obsess about certain things, which had ostracized her a bit among her peers and contributed to struggles socially, came from her Asperger’s syndrome.

24. While not yet diagnosed at the time, looking back with the benefit of hindsight Cristina realized that her disorder contributed to the development of significant symptoms of depression and anxiety as she entered puberty and throughout her early teen years.

25. Independent of her Asperger's syndrome, Cristina's evolving understanding of her own sexuality and confusion surrounding that contributed towards struggles for Cristina in her late pre-teen and early teen years. For instance, around age 12, Cristina felt attracted to a girl for the first time. Seeking further input to help her understand these feelings, she turned to the internet for insight. What she discovered confused her. Aside from reading about same-sex attraction, terms like "demi-girl" and "non-binary" popped up. She found it overwhelming but nonetheless intriguing on a certain level. A seed was planted, and for the next several years Cristina investigated these topics online.

26. Around the same time during her early teen years, Cristina began experiencing intrusive thoughts of self-harm. These were new, and she did not understand their origin. Still, she felt at a baseline capable of managing her emotions and feelings.

27. That changed in late 2018 (age 15). After experiencing near constant sadness and depressive symptoms for several months in the wake of significant relational difficulties, Cristina sought treatment for increasing symptoms of depression and anxiety at Defendant Astor Services, an organization that offers mental health services to children, in April 2019 (age 15). Notably, Cristina was not identifying as "non-binary" or "trans" at this time or at any time prior.

28. Within a week of her first appointment with Astor Services, Cristina was immediately added to the "high risk list" by its mental health providers because the therapists learned she was experiencing passive suicidal ideation and was "scratching her arms and biting her hands to cope with her depressive symptoms." Cristina was initially diagnosed with adjustment disorder. Her

depressive symptoms continued for months, eventually leading to a diagnosis of mild major depressive disorder.

29. Defendant Robishaw became the primary licensed mental health counselor that Cristina worked with when she was treated at Astor Services. It was Robishaw who referred Cristina to a partial hospitalization program (“PH program”), an acknowledgement of the severity of her mental health struggles. Cristina attended the PH program remotely in August 2020 (age 16) daily for nearly three weeks.

30. At the pre-admission appointment for the PH program, Cristina reported that her sadness, lack of motivation, lack of interest, irritability, fatigue, and hopelessness started when she was “12 or 13 and started getting noticeable when [she] turned 15.” Notably, at this appointment, Cristina indicated that she “identifies as a lesbian” and that she did not see herself as “transgender.”

31. On August 6, 2020, at her first telehealth appointment in the PH program, Cristina’s therapist noted the following:

- “As a young child [Cristina] had trouble handling change, anxiety worsened during adolescence”
- “Current stressors include the pandemic, the whole state of the world is stressful”
- “Has been feeling depressed most days, has experience [sic] happiness here and there but is sporadic. Has been feeling this way since 2018.”
- “Initially thought it was situational, but even during periods of calm the symptoms remained.”
- “Death wishes, unclear when it was the last time it happened.”
- Cristina has “[e]pisodes of feeling shaky, will start trembling, heavy breathing and feeling the heart racing, first time they experienced this was the first day of 9th grade”

32. A week later, on August 13, 2020, Cristina was going by the name “Violet” in group sessions and at appointments during the PH program. At this time, Cristina “[d]escribed having a panic attack 2 nights ago that lasted 15 mins, triggered by memories from the past.” On August 21, 2020, Cristina was discharged from the PH program.

33. Despite her mother’s reservations about starting any medications, Cristina started taking Zoloft during the PH program. The anti-depressant increased her anxiety, however, so her prescription was changed to Buspirone. Even on Buspirone, her depression and anxiety lingered.

34. Over time, Cristina’s lingering depression and anxiety coalesced with what she continued to consume about gender identity and gender dysphoria on the internet. In large part due to her being locked down and indoors during the early stages of the Covid-19 pandemic, and likely also stemming from her tendency to hyper fixate on account of her Asperger’s syndrome, Cristina was consuming large amounts of “trans” content online from certain channels on websites such as YouTube and TikTok.

35. Sometime in late 2020, Cristina began to identify as “non-binary” and shortly thereafter “agender,” neither male nor female. These “identities” represented Cristina’s first foray into applying what she had been exposed to as she explored the topic on social media, but it certainly was not her last as she explored various “identities” for the next several months. She kept this to herself, mostly, only telling a few close friends.

36. On November 23, 2020 (age 17), Cristina reported to Defendant Robishaw that she was “feeling no better or no worse” and that her medication (at this point an anti-depressant, Buspirone) was not particularly helpful.

37. On February 18, 2021, Cristina was formally evaluated for autism and diagnosed with Asperger’s syndrome.

38. On April 12, 2021, Cristina wrote an email to Defendant Robishaw explaining that she had “been thinking about gender a lot lately” and that she had “started going by Orin and would like to be called that from now on,” but not in front of her mom just yet.

39. Defendant Robishaw never pushed back on Cristina’s motivations for exploring these various gender identities. She simply “affirmed” Cristina whenever the topic was broached. That Cristina was now officially diagnosed with a form of autism spectrum disorder never came up in her therapy sessions as a potential contributing factor to the dysphoria she was then reporting. Defendant Robishaw never performed any thorough or comprehensive mental health evaluation before accepting and affirming Cristina’s self-reported gender discoveries. A licensed mental health professional should know that a sudden gender identification inconsistent with one’s sex may be the manifestation of other mental health comorbidities—exactly like those present in Cristina—and that before “affirming” that new identity, those comorbidities need to have been resolved. Additionally, as a licensed mental health professional, Defendant Robishaw should have known that affirmation of a patient’s new gender identity from a person in a position of authority is not a neutral act; indeed, it often can cement that new gender identity when, left unaffirmed, the patient likely would have returned to identifying with their sex, particularly once other mental health issues have been resolved. But Defendant Robishaw failed to properly treat Cristina; instead, she unquestioningly “affirmed” her new gender identity, ushering Cristina further down a road that would ultimately lead to profoundly damaging cross-sex hormone prescriptions and an unnecessary double mastectomy, neither of which were necessary and both of which could have been avoided had Defendant Robishaw adequately treated Cristina’s mental health in the first place.

40. On July 29, 2021, Cristina disclosed to Defendant Robishaw that she thought “everything is connected with my gender issues.” At this point it was becoming clear that Cristina’s

obsessions with videos of female-to-male transitioners online were starting to inform her perspective on her mental health struggles. Cristina specifically asked Defendant Robishaw to help her explore and unpack these thoughts and feelings. But her attempts to unpack these thoughts with Defendant Robishaw were met with apathetic affirmation instead of thorough or in any way meaningful evaluation.

41. Around this time, Cristina began working more with Defendant Woods, another mental health counselor at Astor Services. At the time, Defendant Woods was working as a mental health counselor on a “limited permit.” Despite this, she was enthusiastic in her support of Cristina’s decisions to move forward with gender medicalization whenever the topic was broached. Like Defendant Robishaw, instead of properly treating and resolving Cristina’s other mental health comorbidities, and without unpacking the reasons why Cristina might want to identify as another gender, Defendant Woods unquestioningly affirmed Cristina, similarly setting her on the path towards life-altering cross-sex hormones and unnecessary and profoundly damaging surgery.

42. Around this time, Cristina began to identify as “asexual.” She was feeling a significant dissociation between her physical body and who she thought she was, coupled with a marked decrease in sexual attraction due to worsening depression. This identification came on suddenly and only lasted a few months.

43. Cristina’s next step towards these life-altering procedures was her first visit to Upper Hudson Planned Parenthood.

B. PLANNED PARENTHOOD HAS BEEN RAPIDLY EXPANDING ITS PROVISION OF “GENDER-AFFIRMING CARE,” WITH PLANNED PARENTHOOD FEDERATION SETTING NATIONAL GUIDELINES LOCAL PROVIDERS MAY NOT DEVIATE FROM.

44. So-called “gender-affirming care” has become a booming, multi-billion-dollar industry over the past couple of decades, and over the last decade, Planned Parenthood Federation has recognized as much, having aggressively increased the number of Planned Parenthood locations offering “gender-affirming” hormonal treatments (including providing access to puberty blockers), exponentially increased the number of patients treated with “gender-affirming” care, and having continually increased its marketing of such treatments, especially targeting youths, as evidenced by its increasing focus on promoting such treatments on social media.

45. In its 2014-2015 annual report, Planned Parenthood Federation mentioned for the first time that it was providing “hormone treatments for transgender patients.” At that time, it had 26 total centers across ten states providing these medical interventions.

46. That number would increase substantially over the next year, as the following annual report stated that it provided such medical interventions at 65 locations across 16 states.

47. The upward trend would continue for the next couple of years, with Planned Parenthood annual reports for 2016-2017 stating that it offered “transgender health care services” in 17 states and for 2017-2018 announcing it had increased the number to 21 states.

48. That growth would accelerate, as the 2018-2019 annual report proclaimed that it had increased its provision of transgender services to 31 states, and the 2019-2020 annual reports announced it had more than 200 health centers across the country providing “hormone therapy for transgender patients.”

49. But the most growth began in the ensuing years. In 2020, Planned Parenthood’s website boasted that it had close to 300 health centers across 38 states providing “hormone therapy for

transgender patients.” By 2021, Planned Parenthood’s website boasted that it had become “the second largest provider of Gender Affirming Hormone Care” in the country. The 2021-2022 annual report stated that 41 of its then-49 affiliates² now provided “gender-affirming hormone therapy.” Its most recent annual report, for 2022-2023, boasts that 45 of the then-49 affiliates offer “gender-affirming” therapy. And in September of 2023, Planned Parenthood posted to Instagram that “nearly 70% of [its roughly 700] Planned Parenthood health centers offer gender-affirming care.”

50. The exponential increase in affiliates and centers offering “gender-affirming hormone treatments” coincides with (1) Planned Parenthood for the first time introducing a section on its website for “gender identity” services³, and (2) upon information and belief, an aggressively increased focus from Planned Parenthood Federation on the expansion of the provision of such services, recognizing the significant revenue potential this new arena of purported healthcare could bring them.

51. Not surprisingly, along with this increased focus on pushing gender hormone therapy has come significant social media activity promoting it. A brief perusal over Planned Parenthood’s Instagram posts over the past years shows dozens and dozens of posts supporting “gender-affirming care,” increasingly so in the past few years. By way of illustration, below are just a handful of examples:

- (<https://www.instagram.com/p/CHyV5aNn6CJ/>) (Graphic stating “Trans people need and deserve gender-affirming care” with accompanying post, “We’re proud to provide expert, compassionate health care, education, and

² Planned Parenthood has “affiliates” that then run numerous “health centers.” According to its website, Planned Parenthood, as of January 2024, boasts sixty-eight (68) affiliates, which run over 700 health centers. [Planned Parenthood By The Numbers.pdf \(plannedparenthood.org\)](#).

³ https://web.archive.org/web/20200215000000*/https://www.plannedparenthood.org/learn/gender-identity

resources to all people — regardless of gender identity, gender expression, or sexual orientation. Make an appointment: 1-800-230-PLAN” (6/20)) ---

- (<https://www.instagram.com/p/CHtCVwlHg6d/?igsh=eHI4dGg2Nm80azUy>) (Graphic stating “TRANS HEALTH IS A HUMAN RIGHT” eleven (11) times with accompanying post, “Transgender people need the same health care as cisgender people, like basic physical exams, preventive care, and regular STD testing. But, accessing trans-specific health care can be challenging. You may not have insurance or you may have trouble finding qualified nurses and doctors who can provide the best treatments and care. Many Planned Parenthood health centers offer gender-affirming hormone treatments.” (11/20))
- (<https://www.instagram.com/p/ClEPIPcoftY/?igsh=NnAwZXQ5ajViZ2ln>) (Cartoon Graphic stating “TRANSITIONS SAVE LIVES” with accompanying post: “Trans people deserve the right to high-quality, affordable health care and accurate, nonjudgmental education and information.” (11/22))
- (https://www.instagram.com/reel/CpqLI_0tLG9/?igsh=MTRtZnFjdzV1bmR4eg%3D%3D) (A GIF with vibrating text stating “GENDER AFFIRMING CARE IS HEALTH CARE” (3/23))
- (https://www.instagram.com/p/Cxdgb5GNDvf/?igsh=c2hvYWI3OXppNjg2&img_index=4)(Series of cartoon graphics advertising the “Gender-affirming care” offerings at Planned Parenthood, including “Estrogen and anti-androgen hormone therapy,” “Testosterone hormone therapy,” and “Puberty blockers” with accompanying post “Planned Parenthood health centers proudly serve people of all gender identities and gender expressions — that means providing the kind of care that people need to control their own bodies and future. 🏳️‍🌈 🏳️‍🌈 🏳️‍🌈 Nearly 70% of Planned Parenthood health centers offer gender-affirming hormone treatments.” Notably, the cartoon slide for puberty blockers includes a graphic of puberty blocker tablets next to a bigger testosterone tablet container. (9/23))
- (<https://www.instagram.com/p/C2sIKPTNuhh/?igsh=NGp6MGhwOG9mdzVm>) (Graphic stating “Gender-affirming care is **lifesaving care**” with accompanying post “Studies show when trans youth can get the care they deserve, rates of suicidal ideation go down. So when we say gender-affirming care saves lives, we mean it.” (1/24))

- (<https://www.instagram.com/p/CqIFgcItvd8/?igsh=MXR2MTZzdjl4c3kzbg%3D%3D>) (Meme from Disney Channel movie “High School Musical” with the text “T as in Troy?” followed by “No Gabriella, T as in trans and gender-affirming health care save lives.” (4/23))
- (<https://www.instagram.com/p/CpQIEuUNf6M/?igsh=MXJrZWVsdGtpb3p1cQ%3D%3D>) (Graphic declaring “Protect Trans Youth” with accompanying post “Denying trans and non-binary youth access to gender-affirming care risks their well-being and futures. Everyone – regardless of their gender identity, age, zip code, immigration status, or income – deserves access to the health care they need.” (3/23))
- (https://www.instagram.com/p/CswKVuGIqUA/?igsh=MTNmNWNldTRueHY0cA%3D%3D&img_index=1) (Graphic containing the message “Is it normal to feel like multiple genders? Ask the EXPERTS” with an accompanying post “Bottom line: you and only you know how you feel about your gender identity, and you get to decide what identity fits you best. **It’s perfectly normal if that feeling and identity changes day-to-day or over time, so don’t limit yourself to one gender if it doesn’t feel right**”⁴) (emphasis added) (5/23))

52. Notably, Upper Hudson Planned Parenthood followed lockstep this national trend. In 2018, it reported 710 “gender-affirming health care visits.”⁵ That number increased to 1,091 by 2020⁶, 1,428 in 2021⁷, and 1,843 in 2022.⁸

53. From a national perspective, this focus on “gender-affirming hormone treatments” has been a savvy business decision. To begin, the number of trans-identifying individuals, in

⁴ It is utterly reckless to recognize and indeed promote that gender identities can change “day-to-day or over time” yet simultaneously institute a national policy across all Planned Parenthood health centers that anybody who visits a Planned Parenthood location and requests life-altering cross-sex hormones, which have profound, irreversible effects on the body, receive them on-demand on a first visit.

⁵ https://cdn.plannedparenthood.org/uploads/filer_public/2e/5c/2e5c8848-d8dc-4e1b-8e88-43bbb266d3e7/uhpp_2018_online.pdf

⁶ https://cdn.plannedparenthood.org/uploads/filer_public/3c/7f/3c7f6683-39b5-4fd3-9ce3-3d0a2fc9c4a6/uhpp_2020_annual_report.pdf

⁷ https://cdn.plannedparenthood.org/uploads/filer_public/5e/d5/5ed55bc6-3232-4435-a44e-8121eeadbe87/2021_annual_report_uhppannualreport_final.pdf

⁸ https://cdn.plannedparenthood.org/uploads/filer_public/83/cb/83cb499c-ca80-4905-9b8d-24a1c95b90c0/uhpp_-_annualreport-22.pdf

particular children and teens, has skyrocketed over the past decade, and especially over the past five years. And these potential new patients, once they start cross-sex hormone therapy, become perpetual revenue streams, as they must repeatedly come back for follow-up visits, blood work, and continued prescriptions.

54. In the words of one Planned Parenthood employee: “[T]rans identifying kids are cash cows, and they are kept on the hook for the foreseeable future in terms of follow-up appointments, bloodwork, meetings, etc., whereas abortions are (hopefully) a one-and-done situation.”⁹ Indeed, Planned Parenthood affiliate websites explain that “[i]n your first year of care, you should plan for 4 visits, with blood work,”¹⁰ that “[w]e ask patients to come back ... once a year after [the first 12 months],”¹¹ and that “[y]ou’ll need to take hormones for the rest of your life if you want to maintain the effects of hormone therapy.”¹²

55. That same Planned Parenthood employee also raised highly troubling concerns about Planned Parenthood’s requiring staff to provide such cross-sex hormone treatment regardless of a patient’s mental health, existing comorbidities, and without any mental health evaluation. In other words, Planned Parenthood Federation had dictated to the affiliates and health centers that “affirmation” and provision of cross-sex hormones was to be provided no matter what. That is, upon information and belief, Planned Parenthood Federation instituted a new policy which deprives health centers and the clinicians that work there from exercising their independent

⁹ <https://www.thetruthfairy.info/p/inside-planned-parenthoods-gender>

¹⁰ <https://www.plannedparenthood.org/planned-parenthood-illinois/patient-resources/gender-affirming-hormone-therapy>

¹¹ <https://www.plannedparenthood.org/planned-parenthood-keystone/services/lgbtq-services/gnc-services>

¹² <https://www.plannedparenthood.org/planned-parenthood-great-northwest-hawaii-alaska-indiana-kentuck/patients/health-care-services/hrt-hormone-therapy-for-trans-and-non-binary-patients>

medical judgment whenever a patient requests “gender-affirming” cross-sex hormones and instead entirely supplants any independent medical judgment on the part of the clinicians.

56. As reported, Planned Parenthood provided the employee with a “script” from which she was directed to read that “didn’t grant much room for evaluations or patient histories.”¹³ That script mandated that “[t]he questions that we asked were like, very closed ended...It would be, ‘you know, at what age did this start’? Boom that is it. ‘What kinds of dysphoria do you feel’? Boom that’s it, you know? ‘What do you want out of your transition’? ‘Do you want top surgery?’ ‘Do you want bottom surgery?’”¹⁴ Yet, when discussing their backgrounds, “the employee did discover that these girls seemed to be suffering from a great deal of emotional pain. ‘A lot of them have serious emotional issues, a lot of them had a history of abuse and baggage.’”¹⁵ The report continues, “Anxiety, depression, and bipolar disorder were ubiquitous. Often, the employee said, they had visible ‘self-harm scars’ and even ‘fresh self-harm marks.’ But, she said, the medical professionals were never supposed to address those marks. ‘We just move on exactly the issue at hand’—that is, affirming the adolescents’ self-diagnosed dysphoria and proceeding to a course of treatment.”¹⁶ Ultimately, this employee summed it up: “‘The extent of our intervention’ was to grant ‘their requests to start the hormone therapy.’”¹⁷ Concluding with whether she or any of her coworkers raised concerns about this approach, the employee stated, “I mean, it would be one of those things that would be a conversation among professionals. You know, we’re nodding our heads, we’re doing this thing. And then we clock

¹³ <https://www.thetruthfairy.info/p/inside-planned-parenthoods-gender>

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

out at the end of the day because we cannot bring it up in discussion with management or the clinic directors or anything because they have these directives from administrators upstate.”¹⁸

57. This particular employee’s story is not unique. Upon information and belief, Planned Parenthood Federation establishes and distributes its authoritative “Medical Standards and Guidelines” (“MSGs”), which dictate the way in which affiliates and their health care centers provide treatments to patients. Upon information and belief, these MSGs are developed by the National Medical Committee at Planned Parenthood Federation and are completely out of affiliate or health care center control. Upon information and belief, regional affiliates are not permitted to modify the protocols in the MSGs based on their own clinical observations. Upon information and belief, the practice standards set by the MSGs are unresponsive to developing research (which has overwhelmingly indicated that medical interventions for gender dysphoria are unsupported by medical or scientific evidence).

58. Upon information and belief, the MSGs do not allow individual affiliates, health centers, or practitioners to exercise independent medical judgment with respect to “gender-affirming care,” but rather dictate that when a patient requests cross-sex hormone treatment (or related “gender-affirming procedures”), the patient be provided it irrespective of whether a clinician’s independent medical judgment, based on the patient’s mental/physical health presentation and applicable standards of care, would dictate otherwise. No mental health screenings are required or allowed. No differential diagnosis is permitted. Planned Parenthood’s website promotes that it provides cross-sex hormone treatments to all transgender or non-binary visitors, regardless of whether they have gender dysphoria.

59. Upon information and belief, Planned Parenthood Federation mandates to its affiliates and health care centers that the patient be provided with whatever the patient requests if it

¹⁸ *Id.*

pertains to “gender-affirming” hormone treatment, regardless of even the most overt indicators showing that a patient is not a candidate for cross-sex hormone treatment. All that is required is a signature on a three-page “informed consent” document (which fails to disclose all the risks of and alternatives to cross-sex hormone treatment, as detailed below)—a document that the Planned Parenthood employee referenced above “never saw anybody read.”¹⁹ This has been Planned Parenthood Federation’s policy at all times relevant to this Complaint. As it pertains to gender-related hormone treatment, Planned Parenthood Federation, through its implementation of the MSGs and its messaging to its affiliates and health care centers, deprives its clinicians of exercising their own independent judgment and indeed supplants that judgment with a diktat to provide a patient life-altering cross-sex hormones on-demand.

60. Upon information and belief, at all times relevant to the claims in this case, Upper Hudson Planned Parenthood and its clinicians were following Planned Parenthood Federation’s mandate, including with respect to the “treatment” they provided to Cristina. Indeed, Upper Hudson Planned Parenthood’s website has outright stated, “We are committed to ... eliminating barriers to” patients’ ability to receive “gender-affirming hormone therapy.”

C. THREE WEEKS AFTER HER 18TH BIRTHDAY, DESPITE HER WELL-ESTABLISHED HISTORY OF AND THEN-CURRENT MENTAL HEALTH STRUGGLES, CRISTINA RECEIVED A TESTOSTERONE PRESCRIPTION FROM UPPER HUDSON PLANNED PARENTHOOD ON HER FIRST VISIT.

61. It is against this backdrop and into this machine that on November 22, 2021, Cristina showed up at Defendant Upper Hudson Planned Parenthood’s office.

62. Consistent with the mandate from Planned Parenthood Federation, Defendant Gara, a nurse practitioner employed by Upper Hudson Planned Parenthood and working at the office in

¹⁹ *Id.*

Hudson, New York, under the supervision of Defendant Stetzer, a medical doctor also employed by Upper Hudson Planned Parenthood at the same location, prescribed Cristina testosterone on her first visit, which lasted roughly 30 minutes.

63. The records from Cristina's visit to Upper Hudson Planned Parenthood that day included the following:

- "Patient is here today for an initial visit"
- "Patient's birth sex is female and current gender is female"
- "Patient's gender identity is TransMale/TransMan"
- "Age of awareness is 16"
- "Patient is living as identified gender since 2020"
- "Patient is living identified gender at home, work and social"
- "Patient expresses strong desire for primary and/or secondary sex characteristics to align with gender other than ASAB"
- "Patient desires masculinizing hormone therapy"
- "Patient has consulted a mental health provider"
- "The following body organ(s) is/are present: breasts, cervix, ovaries, uterus and vagina"

64. In reality, Cristina had only recently, within the week prior to this appointment, "settled" on a male identity, as she had been identifying as "agender" and "non-binary" identities, among others, prior to that point. In fact, it was Cristina's feelings—something akin to jealousy—that arose from an interaction she had with a peer who had been taking testosterone for some time and whose voice was notably lower that ultimately convinced Cristina to request her own testosterone course of treatment. Of course, these feelings sound in social contagion, and as set forth above, Cristina's attempts to explore her motivations in therapy with Defendants Robishaw

and Woods, among others, were consistently met with unquestioned affirmation and failure to engage in meaningful mental health evaluation.

65. Defendant Gara and Defendant Stetzer relied entirely on Cristina for the information she provided at this initial visit, and none of it was explored or questioned. Defendants Gara, Stetzer, and Upper Hudson Planned Parenthood neither requested nor required any previous medical or mental health records, let alone asked about her mental health history. They did not inquire about or attempt to address or resolve any of Cristina's myriad mental health comorbidities. They simply took her at her word that she was a candidate for testosterone, a Schedule III controlled substance. Yet they still diagnosed her with "Gender identity disorder"²⁰, and while they took initial blood samples, they did not wait for any of the results before prescribing her with testosterone.

66. Instead, Cristina was prescribed a 3-month supply of gel testosterone at this "initial visit." Diagnosing a patient with gender identity disorder and providing a prescription for cross-sex hormones to treat gender identity disorder or gender dysphoria after a single, thirty-minute meeting where no mental health evaluation or assessment was performed and where no attempt was made to resolve myriad mental health comorbidities are appalling breaches of the standard of care.

67. Before providing her with the testosterone prescription, Defendant Gara, had Cristina review and sign Planned Parenthood's form "Informed Consent" document. According to the notes, Dr. Gara purportedly discussed, in total: "[e]xpected changes related to hormone and the timeliness for the changes," "sexual attraction could change with hormones," "masculinizing hormone can increase libido," "changes to fertility may be permanent or reversible,"

²⁰ "Gender Identity Disorder" was the term previously ascribed to what is now referred to as "gender dysphoria." The change in nomenclature came about with the adoption of the DSM-5 in May of 2023.

“masculinizing hormones may not suppress ovulation and pregnancy is possible if sperm present,” and “reviewed fertility preservation options.” This is a shockingly brief and entirely deficient recounting of the known risks associated with taking testosterone for gender identity disorder or gender dysphoria. Dr. Gara also failed to discuss the other alternatives for treating Cristina’s quickly diagnosed gender identity disorder.

68. The “Informed Consent” document is similarly deficient. It lists, in total, the following risks:

- Increase your red blood
- Increase the amount of fat and/or cholesterol in the blood
- Increase the chance of getting diabetes (sugar)
- Harm the liver (rare)

69. It then adds that “[t]here may be long-term risks that we don’t know about” and further adds that the above four risks “may be higher for people who” smoke, are overweight, or have a family history of heart disease. The only alternative options it lists—again, this is purportedly to treat the mental illness gender identity disorder—are (1) “You could do nothing” and (2) “Another way to masculinize is to have surgery.” The document then ticks off a few “changes” which are “usually not permanent” and “will probably go away if you stop taking the medicine”: increased sex drive, changes to your body fat, changes to your strength, and faster hair growth. It then lists several changes that “will probably not go away even if you stop taking testosterone”: bigger clitoris, lower voice, moustache and beard, male pattern baldness, and thicker body hair. It concludes that additional side effects include acne, thicker and more oily skin, thinning hair,

mood changes, and vaginal dryness. That is the sum of the “informed consent” document Planned Parenthood provided at the time.²¹

70. Neither the “Informed Consent” document nor any of the Upper Hudson Planned Parenthood Defendants²² discussed numerous known risks and side effects of taking testosterone for girls or women, including, but not limited to: vaginal atrophy, vocal pain or damage, possible changes to sexual orientation, emotional lability, anger or emotional expressions, changes to bone density and structure (e.g., over-broadening of the shoulders, altering pelvic development, etc.), facial masculinization, and development of permanent masculine features, such as an Adam’s apple. Moreover, neither the document nor the Upper Hudson Planned Parenthood Defendants discussed other, less invasive alternatives to treat Cristina’s purported “gender identity disorder”—again, a complex mental disorder which Defendant Gara purportedly diagnosed with no mental health evaluation or even review of Cristina’s mental health history—including, but not limited to therapy or medication to address Cristina’s underlying depression and anxiety or any of Cristina’s other mental health comorbidities, which were actually underlying Cristina’s supposed gender identity disorder. Neither the document nor the Upper Hudson Planned Parenthood Defendants explained that cross-sex hormone usage for gender dysphoria is not FDA approved but is instead an off-label use of the drugs. They also failed to inform her of testosterone’s addictive effects. Defendants utterly failed to obtain informed consent.

71. Upon Information and belief, the Informed Consent document Cristina signed was a form Informed Consent document that Planned Parenthood Federation mandated all affiliates and health care centers use. Affiliates and individual health care centers were not allowed to modify

²¹ Upon information and belief, Planned Parenthood Federation has recently decided to pare down the already deficient three-page “informed consent” document to a mere single page document.

²² Defendants Gara, Stetzer, Dall, and Samson.

or add to this Informed Consent document, per the dictate of Planned Parenthood Federation. By disallowing affiliates and health care centers, and accordingly the individual practitioners working there, from modifying or adding to the Informed Consent document, Planned Parenthood Federation deprives—and had deprived at all times relevant to this Complaint—its clinicians of exercising their own independent judgment and indeed supplants that judgment when it comes to obtaining informed consent for cross-sex hormone treatment for gender identity disorder or gender dysphoria.

72. Cristina returned on February 24, 2022, and reported that she did not like the gel application, as it was very messy, and she was concerned she was “not applying enough to desired sites to get desired effects.” Defendant Dall, another nurse practitioner employed by Upper Hudson Planned Parenthood at the Hudson, New York location, under the supervision of Defendant Stetzer, swapped the gel prescription for a testosterone patch prescription at this visit. Notably, there does not appear to be any discussion of her blood levels based on any bloodwork.

73. After discussions with her insurance provider, Cristina learned that a testosterone patch was not covered, and on April 28, 2022, Defendant Gara wrote Cristina a new prescription for testosterone gel, which had been and was covered by insurance.

74. On July 28, 2022, Cristina requested to be switched to a prescription for testosterone injections (which were also covered by insurance). As expected—and as mandated from Planned Parenthood Federation—Defendant Gara acceded to Cristina’s wishes and wrote a prescription for 0.2 mL. Bloodwork was again drawn at this visit, but upon information and belief, it was never discussed with Cristina, nor is Cristina aware of whether it was ever evaluated.

75. On October 27, 2022, Cristina returned to Upper Hudson Planned Parenthood and “request[ed] an increase in [Testosterone].” The notes reflect that she denied suicidal ideation.

As expected—and as mandated from Planned Parenthood Federation—Defendant Gara acceded to Cristina’s wishes and increased her prescription to 0.25 mL (a 25% increase). Bloodwork was ordered, but upon information and belief, it was never discussed with Cristina, nor is Cristina aware of whether it was ever evaluated.

76. Roughly three months later, on January 26, 2023, Cristina returned to Upper Hudson Planned Parenthood and requested another increase in her testosterone prescription because she “had been on [gender-affirming hormone therapy] x 1 year and has had 11 periods” and “is starting a new job and doesn’t want to worry about bleeding or cramps at work.” Cristina also mentioned at this visit that she had surgery scheduled the next week (*see* Section D below). Despite learning this, the Upper Hudson Planned Parenthood Defendants did not advise Cristina to stop taking the testosterone—it is common and considered the standard of care for a patient to be taken off cross-sex hormones ahead of surgery, as staying on testosterone significantly increases the risk of blood clots post-surgery. Inexplicably, they simply advised Cristina not to take an increased dosage until four weeks after surgery, and then Defendant Samson, a physician’s assistant working out of the same Upper Hudson Planned Parenthood office in Hudson, New York, proceeded to write Cristina’s increased testosterone dosage prescription for 0.35 mL (a 40% increase). Bloodwork was ordered, but upon information and belief, it was never discussed with Cristina, nor is she aware of whether it was ever evaluated. Failing to advise Cristina to stop taking testosterone pre-surgery and providing her with an increased dosage was a breach of the standard of care. Additionally, every time Upper Hudson Planned Parenthood Defendants continued to prescribe Cristina testosterone, as well as every time they increased her dosage of testosterone, they breached the standard of care.

77. Each of these Upper Planned Parenthood Defendants also breached the standard of care when they blindly adhered to the Planned Parenthood MSGs instead of using their own independent judgment when treating Cristina.

78. Almost immediately after her surgery the following week, Cristina had a breakthrough and realized her “trans” identity was never right. Accordingly, she returned to Upper Hudson Planned Parenthood only once to discuss detransition and get birth control. At that meeting, she asked questions about detransitioning and what that would entail. Upper Hudson Planned Parenthood Defendants could not answer her questions and conveyed that they were utterly unprepared and unequipped to help a patient detransition—indeed, the MSGs are silent on guidance in providing detransition care.

D. THE PROVIDERS AT ASTOR SERVICES ENCOURAGED CRISTINA TO GET TOP SURGERY AND DEFENDANT ROCKMORE REMOVED HER HEALTHY BREASTS WITHOUT PERFORMING ANY EVALUATION.

79. As early as June 15, 2021, the Defendants who worked at Astor Services were promoting top surgery as a treatment option for Cristina. On that date, Defendant Robishaw sent an email to Cristina that included a link to a plastic surgeon in the New York City area with a subject line of “Top Surgeon.”

80. Given that Cristina was prescribed testosterone in November 2021, and began taking it shortly thereafter, she was under its anti-depressive and addictive influence in March 2022 when she solicited assistance from Defendant Woods for a letter of recommendation clearing her for top surgery. Defendant Woods was unable to provide such a letter, given she was practicing under a “limited permit” at the time, but shared with Cristina that she was “so happy to hear that [she was] moving forward with [a double mastectomy]” and that she had “a couple of ideas as to how we can get this letter done.”

81. Just five days later, at an April 18, 2022, visit to Astor Services, during which Cristina requested “a letter for gender affirming surgery,” a medical doctor working at Astor Services, recorded that “[Cristina’s] co-occurring symptoms/disorders are not a barrier to [her] request [for a letter of recommendation for a double mastectomy], but will help inform more comprehensive treatment recommendations. No acute safety concerns.” The doctor and Defendant Woods then planned to have Defendant Woods draft a letter of recommendation for a double mastectomy, which the medical doctor would sign, should Cristina need it for the surgery.

82. On June 22, 2022, Defendant Woods emailed Cristina a link to a website which included medical and surgical options for treating gender affirming care. These Astor Services Defendants²³ encouraging and facilitating a double mastectomy surgery for Cristina despite her significant mental health issues was a breach of the standard of care.

83. Cristina also expressed during the months leading up to her surgery, that she was experiencing significant anxiety and frequently ruminating about an experience with a male peer making her feel uncomfortable around age 13, which she felt she needed to unpack before getting surgery. Remarkably, Defendant Woods failed to dig deeper into any of these thoughts when Cristina shared them. Consequently, Cristina's concerns went unaddressed as she took the last steps towards life-altering surgery.

84. With the encouragement, support, and assistance of the Astor Services Defendants, Cristina eventually found Defendant Rockmore, whom she ultimately selected because he quoted the cheapest price for a double mastectomy among those recommended to her by Astor Services and the others Cristina evaluated.

85. On December 15, 2022, Cristina met with Defendant Rockmore, who, per the medical records, “discussed top surgery at length” with Cristina, but the discussion never addressed

²³ Defendants Robishaw and Woods.

whether such a procedure was appropriate for her or medically indicated. Additionally, Defendant Rockmore did not advise Cristina to stop taking testosterone before the surgery. And Defendant Rockmore did not adequately describe the risks and alternatives to the surgery.

86. Defendant Rockmore didn't require a letter of recommendation from any other medical or mental health provider familiar with Cristina's medical history. Instead, that Cristina had "read a significant amount about [top surgery] and talked to other people" about it (never in person, only in chats online), was good enough for Rockmore. Despite the fact that the surgery was clearly an attempt to address Cristina's gender dysphoria, it was marked as "cosmetic and not medically necessary."

87. On February 1, 2023, on the basis of the single pre-operative appointment referenced above, which notably did not include any substantive evaluation of Cristina's mental health, Defendant Rockmore surgically removed Cristina's healthy breasts.

88. On the morning of the procedure, just prior to the surgery, as what would be the last action Cristina took before being sedated, Defendant Rockmore consulted with Cristina about the size of the nipple grafts she preferred. Still vocally unsure of her decision, Cristina resorted to drawing freehand her best guess of the size she wanted her nipple grafts to be on a tissue box with a marker at Defendant Rockmore's suggestion. Cristina had expressed uncertainty about nipple size at the consultation as well, but Defendant Rockmore nonetheless waited until minutes prior to sedation to put her on the spot and get an answer. He did, however, offer to pull up his shirt to show her what his male nipples look like, as though that would help her. Cristina politely declined.

89. Upon waking up from the surgery, Cristina was very unwell. She vomited from the anesthesia. Despite her struggles, she was ushered out of the surgery center promptly, and she

continued vomiting for the next twelve hours, including on her more than one hour car ride back home, a risk she was not made aware of.

90. Defendant Rockmore breached the standard of care when he scheduled Cristina for and subsequently performed the life-altering double mastectomy after a single consult with a patient who had significant, unresolved mental health struggles. Defendant Rockmore also failed to obtain informed consent from Cristina prior to performing surgery on her. He also breached the standard of care by failing to advise her to stop taking testosterone prior to surgery.

E. CRISTINA’S PHYSICAL AND MENTAL HEALTH HAVE BEEN SEVERELY AND IRREVERSIBLY DAMAGED BY DEFENDANTS.

91. Due to Defendants’ negligence and gross negligence, Cristina has suffered profound and permanent physical and mental harm.

92. She currently suffers from post-traumatic stress disorder (“PTSD”) as a result of Defendants’ actions, especially those of Defendant Rockmore, which impairs her ability to function in almost all areas of her life. That PTSD is triggered readily, particularly when she sees anything related to the provision of medical treatment. For instance, Cristina cannot see depictions of hospitals, doctors, surgery, or anything of the like on television, in movies, or online without being triggered and sent into a dark and troubling space. Seeing places like a hospital or surgery center causes her distress. For example, Cristina drove into the Adirondacks with her girlfriend to view the recent solar eclipse. What was otherwise a near-perfect day was completely upended when the route back took them by Defendant Rockmore’s office building, triggering her PTSD so much so that she had trouble working the following day. Even something as innocent as seeing a Build-A-Bear stuffed animal doctor’s outfit is a trigger.

93. Along those lines, Cristina has had to cancel doctor’s appointments for unrelated health matters because visiting the doctor’s office was too much for her to mentally or emotionally

handle. Similarly, her PTSD was triggered when she took her cat to the veterinary clinic and saw the IV bag hanging from its rack.

94. Other triggers for her PTSD abound: seeing a woman with a chest that resembles what hers used to look like; seeing her sister wear clothes Cristina used to fill-out but no longer can; even seeing males who embody the masculinized look she once desired causes her distress. She often finds herself jealous of other women.

95. Also, as a result of the surgery, Cristina experiences moderate to severe chest tightness which causes frequent discomfort, with no end in sight. The surgery has additionally left her with severe scarring that will never go away. She has to massage her chest multiple times a week with skin care oil to attempt to mitigate the damage. And she had to wear sunscreen, even under her clothing, for a year following the surgery, as her scarred skin was at high risk for developing skin cancer.

96. She no longer has nipples—which in and of itself produces significant mental and psychological trauma—but rather strange and foreign facsimiles thereof. She will never be able to breastfeed a child or give a child the health benefits and maternal bonding that come from it—assuming she can even have children, which is still in question to this day, as the impact of testosterone on her fertility is still unknown. Her chest feels empty. The removal of her breasts and nipples and accompanying desensitizing of her chest has also impacted her sexual life very negatively.

97. She experiences episodes of significant nerve pain where her nipple grafts are, which produces debilitating needle-like sharp pains periodically and unpredictably that last for several minutes.

98. As a result of Defendants' negligence and gross negligence, in particular the Defendants whose negligence and gross negligence set her on the path to or prescribed her testosterone, she

suffers myriad mental and physical harms. She has more body hair in places where she previously had it, and she has additional body and facial hair that she never had prior to being placed on cross-sex hormones (e.g., hair on her stomach, back of her hands, sideburns, etc.). Her voice has been permanently deepened. She used to love to sing—a former high school choir singer—but she now misses and no longer recognizes the voice she once sung with. She will never be a soprano again. The happiness singing once brought her is no longer a part of her life.

99. She now has a pronounced Adam's apple.

100. But the worst physical harm she suffers from testosterone use is clitoral growth, which was far more severe than she had been led to believe. She does not like the way it looks or feels. And while it has not destroyed her sexual life, it has materially impaired it. She was also not informed of the growing pains that occur while it was growing while on testosterone, nor that they would continue after she stopped taking the testosterone Planned Parenthood so readily provided. She has experienced sharp, shooting pains in and around that area, which last several minutes.

101. While the above damages have severely impacted Cristina, and indeed will likely continue to do so forever, the unknown is similarly scary and troubling. Cristina does not know whether her extended time on testosterone has impacted her fertility, or compromised it to some degree. She does not know whether she now has an elevated cancer risk, a known side effect of taking testosterone. And she is too triggered currently to get bloodwork done to find out what other unknown issues the testosterone may have caused.

COUNT I**MEDICAL MALPRACTICE / GROSS NEGLIGENCE**

102. Plaintiff repeats and incorporates by reference all of the allegations contained in the complaint.

103. Cristina was a patient or client of Defendants Stetzer, Gara, Dall, Samson, Robishaw, Woods, and Rockmore (together, the “Malpractice Defendants”), and as such, they each owed her a duty of care.

104. The Malpractice Defendants were responsible for providing medical or mental health care and advice in accordance with good and accepted community standards.

105. The Malpractice Defendants breached that duty and were negligent and grossly negligent and careless in their provision of medical, mental health, and/or surgical care to Cristina.

106. As a result, Cristina has suffered severe serious personal injury, conscious pain and suffering, mental anguish, emotional distress, psychological trauma and loss of enjoyment of life, all of a permanent nature.

WHEREFORE, Plaintiff demands judgment against Malpractice Defendants including compensatory and punitive damages, costs, disbursements, and such other relief as this Court deems just and proper.

COUNT II**LACK OF INFORMED CONSENT**

107. Plaintiff repeats and incorporates by reference all of the allegations contained in the complaint.

108. Defendants Dall, Gara, Stetzer, Samson, and Rockmore failed to inform Cristina of the risks, hazards, and alternatives connected with the purported treatments rendered, such that an informed consent could not be given.

109. Reasonably prudent persons in Cristina's position would not have undergone the purported treatment described herein if fully informed of the risks, hazards, and alternatives to those purported treatments.

110. The failure to adequately and fully inform Cristina of the risks, hazards, and alternatives to the purported treatments utilized was a proximate cause of Cristina's injuries.

111. As a consequence of the foregoing, there was no informed consent to the treatment utilized.

WHEREFORE, Plaintiff demands judgment against Defendants Dall, Gara, Stetzer, and Rockmore including compensatory and punitive damages, costs, disbursements, and such other relief as this Court deems just and proper.

COUNT III

RESPONDEAT SUPERIOR AGAINST UPPER HUDSON PLANNED PARENTHOOD, PLANNED PARENTHOOD FEDERATION, ASTOR SERVICES, AND ROCKMORE PLASTIC SURGERY

112. Plaintiff repeats and incorporates by reference all of the allegations contained in the complaint.

113. At all times relevant to the allegations above, Defendants Dall, Gara, and Stetzer were agents, servants, and/or employees of Defendant Upper Hudson Planned Parenthood.

114. At all times relevant to the allegations above, Defendant Upper Hudson Planned Parenthood and its agents, servants, and/or employees were controlled and managed by and operated under and acted pursuant to the mandates and directives of Defendant Planned

Parenthood Federation. Planned Parenthood Federation dictated the service provided to Cristina, depriving the Malpractice Defendants from exercising independent clinical judgment and supplanting that judgment with its dictate to provide a patient, including Cristina, life-altering cross-sex hormones on-demand.

115. At all times relevant to the allegations above, Defendants Robishaw and Woods were agents, servants, and/or employees of Defendant Astor Services.

116. At all times relevant to the allegations above, Defendant Rockmore was an agent, servant, and/or employee of Defendant Rockmore Plastic Surgery.

117. Defendants Upper Hudson Planned Parenthood, Planned Parenthood Federation, Astor Services, and Rockmore Plastic Surgery are vicariously liable for the negligent and gross negligent acts or omissions of the Malpractice Defendants under the doctrine of respondeat superior.

WHEREFORE, Plaintiff demands judgment against Defendants Upper Hudson Planned Parenthood, Planned Parenthood Federation, Astor Services, and Rockmore Plastic Surgery, including compensatory and punitive damages, costs, disbursements, and such other relief as this Court deems just and proper.

DEMAND FOR JURY TRIAL

Pursuant to Article 41 of the New York Civil Practice Law and Rules, Plaintiff hereby demands a trial by jury as to all issues triable by jury in the above-captioned civil action.

Respectfully submitted,

THE WARSHAWSKY LAW FIRM

/s/ Steven M. Warshawsky

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