



## WHITMAN-WALKER HEALTH

Mailing Address:  
Elizabeth Taylor Medical Center  
1701 14th St., NW  
Washington, DC 20009

July 14th, 2017

### Letter of Recommendation for Bilateral Mastectomy/Chest Masculinization Surgery

Patient Name: [REDACTED]

Date of Birth: 01/1982

To Whom It May Concern:

I am writing this statement of medical necessity on behalf of [REDACTED]. I am a Licensed Professional Counselor (LPC #14822 NPI#1730623117) at Whitman-Walker Health, a community health center specializing in care for the lesbian, gay, bisexual and transgender communities. I conduct psychological assessments for patients seeking gender affirming surgery. During these evaluations, I obtain a full mental health, psychosocial and psychiatric history in an effort to ascertain whether or not a diagnosis of Gender Dysphoria (DSM-5, 302.85, and ICD 10, F64.9) is substantiated. This assessment is aligned with the requirements of the World Professional Association of Transgender Health (WPATH) Standards of Care (Version 7).

I first met with [REDACTED] on 07/14/17. This session consisted of a mental health assessment to access medically necessary surgeries. Upon completion of a thorough clinical evaluation it is my professional opinion that bilateral mastectomy/ chest masculinization surgery is medically necessary, clinically appropriate, and will significantly improve [REDACTED] quality of life.

My assessment confirmed that the patient's current chest structure causes him acute emotional distress on a daily basis. This distress is debilitating and detrimental to his mental health and psychosocial functioning, and has been present since early childhood. The incongruence between his authentic gender identity and his sex assigned at birth has negatively impacted both his self-concept and his level of interpersonal and occupational functioning. More precisely, [REDACTED] informs that he made strenuous attempts to reshape his body in a masculine form through taxing diet and exercise. [REDACTED] adds that he had incurred joint injuries in his attempts to have his upper body look as masculine as possible through heavy weight lifting. During summer months, when the temperatures are indexes are high, [REDACTED] is restricted to wearing shirts that cover his upper body to conceal his feminine chest and that present with inherent constant physical distress.

Bilateral Mastectomy/Chest Masculinization surgery is a critical intervention as it will make it possible for [REDACTED] to be physically identified as male which will improve his ability to navigate in social and occupational spheres. Without surgical intervention, he will continue to experience emotional distress, social anxiety, and fear for his safety. Moreover, because the patient has on hormone replacement therapy since May of 2016, his feminine chest structure is incongruent with his masculine features developed as a



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result. A more masculine chest appearance will reduce the symptoms he experiences due to Gender Dysphoria and decrease the negative impact of the high levels of stigmatization, discrimination, and victimization that he experiences as a result of his perceived transgender identity based on his feminine chest structure.

The following criteria for the medical necessity of surgery, as outlined by the World Professional Association for Transgender Health (WPATH) Standards of Care (Version 7) have been met:

1. The patient is of the age of consent and has the capacity to make fully informed decisions.
2. He has been diagnosed with and meets all of the criteria for the DSM-5 diagnosis of Gender Dysphoria (302.85/ F64.9). He exhibits all of the following diagnostic criteria:
  - a. He has demonstrated the desire to live and be accepted as male and to make his body as congruent as possible with his gender identity through surgery. His transgender identity has been persistently present for more than two years. In fact, his transgender identity was present since early childhood. He recalls early memories of Gender Dysphoria dating back to childhood. "Even before I had an understanding of gender specific toys, I used to gravitate to playing with trucks and cars." Additionally, adds that during puberty he struggled with the onset of menses and development of breast tissue "all of a sudden I felt betrayed by my body." He continued that the intensity of his anger experiences intensified as a manifestation of gender dysphoria.
  - b. The patient is and has been adherent to a regimen of medically supervised hormone therapy for the past one year and two months, and he continues to be engaged in primary medical care at Whitman-Walker Health.
  - c. He has made a full social transition and legal transition (including changing his name in August of 2016), and lives full-time in his authentic gender identity in all spheres of his personal and professional life.
  - d. The disorder is not a symptom of another mental disorder. However, the diagnosis of Gender Dysphoria, per the DSM-5 indicates that the incongruence between gender identity and sex assigned at birth causes severe emotional distress and impairments in the ability to function day-to-day.
  - e. Gender Dysphoria causes him clinically significant distress and impairment in social, occupational, and other important areas of functioning. The female features of the client's body are incongruent with his psychological sex and cause him intense distress on a daily basis.
  - f. His confidence and comfort interacting in the world is severely limited by his sense of not appearing masculine and, as a result, being perceived as female. He has had experiences in which the visible discrepancies between his female physical self and his male gender identity have caused him to be a target of prejudice and threats of violence. is highly anxious that at his place of employment someone will eventually touch him on his



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shoulder and feel the binder and the brassier and thus determine that his transgender. It is necessary both for his emotional well-being, and his sense of self, that he has this surgery. For these reasons, gender confirming Bilateral Mastectomy/Chest Masculinization surgery is appropriate and medically necessary.

3. The patient has been diagnosed with Gender Dysphoria (302.85/ F64.9) and Generalized Anxiety Disorder (300.02/F41.1). The diagnosis of Generalized Anxiety Disorder (300.02/F41.1) is not a contraindication to surgery and may be directly related to Gender Dysphoria. In fact, this surgery will reduce the impairment and distress he experiences due to Gender Dysphoria, and will, consequently, reduce depressive/anxiety-related symptoms.
4. The patient has done extensive research and is educated on the surgical procedure that he is seeking, including the need for post-operative care and potential complications. His expectations are realistic. He has a well thought out after-care plan including ongoing social support and medical care. He will continue to be engaged in primary care at Whitman-Walker Health.

If you would like more information regarding the patient's mental health, we can provide it with his written consent. Please feel free to contact me at 202-939-7648 if you are in need of further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Dorel Captari-Scirri".

**Dorel Captari-Scirri, LPC, NCC**  
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