

company (each a “Defendant” and together, the “Defendants”), and for her causes of action would respectfully show the Court the following:

I. DISCOVERY CONTROL PLAN AND REQUEST FOR DISCLOSURES

1. Plaintiff intends to conduct discovery under Level 2 per Rule 190.3 of the Texas Rules of Civil Procedure. Plaintiff requests that each Defendant provide initial disclosures as required under Rule 194.2 within 30 days of filing an answer in this cause.

II. INTRODUCTION

2. This lawsuit details a chronology of wrongful acts committed by a collective of medical providers who, in their pursuit of experimental “gender-affirming” medical therapies, administered a series of ruinous procedures and treatments to Plaintiff Soren Aldaco, who was then a vulnerable teenager struggling with a slew of mental health issues. Soren’s experiences with these providers shock the conscious. The repercussions of these interventions have led to Soren’s permanent disfigurement and profound psychological scarring. The Defendants’ breaches of their fiduciary duties are only underscored by the fact that each Defendant met Soren and facilitated these “therapies” at a pivotal juncture in Soren’s life—when she was grappling not only with the universal challenges of adolescence and body image but also with a complex amalgamation of diagnosed mental health comorbidities and other psychological and social disorders. Despite these telltale signs demanding caution and therapeutic resolution, however, the Defendants deliberately and recklessly propelled Soren down a path of permanent physical disfigurement and worsening psychological distress.

3. Soren now seeks justice and compensation for the Defendants’ negligent and grossly negligent actions, which have had, and will continue to have, a profound and lasting impact on her physical and mental health and quality of life.

III. RULE 47 STATEMENT

4. Plaintiff affirmatively pleads that she is seeking monetary relief over \$1,000,000.

Plaintiff also seeks judgment for all other relief to which she is entitled at equity or law.

IV. PARTIES

5. Plaintiff is an individual who resides in Tarrant County, TX.

6. Defendant Del Scott Perry (“Perry”), APRN, FNP-C is an individual who is believed to reside in and provided medical services to Plaintiff in Tarrant County, Texas.

7. Defendant Sreenath Nekkcalapu, M.D., (“Dr. Nekkcalapu”) is an individual who is believed to reside in and provided medical services to Plaintiff in Tarrant County, Texas.

8. Defendant Barbara Rose Wood, LCSW, LCDC (“Wood”) is an individual who is believed to reside in Travis County and provided medical services to Plaintiff in Tarrant County, Texas.

9. Defendant Richard Santucci, M.D., (“Dr. Santucci”) is an individual who is believed to reside in and provided medical services to Plaintiff in Travis County and Tarrant County, Texas.

10. Defendant Ashley DeLeon, M.D., (“Dr. DeLeon”) is an individual who is believed to reside in and provided medical services to Plaintiff in Travis County and Tarrant County, Texas.

11. Defendant Crane Clinic, PLLC (the “Crane Clinic”) is a professional limited liability company registered in the State of Texas and whose principal place of business is located at 4407 Bee Cave Road, Suite 612, Austin, Texas 78746.

12. Defendant Three Oaks Counseling Group, LLC (“Three Oaks”) is a limited liability company registered in the State of Texas and whose principal place of business is located at 5524 Bee Cave Road Suite K4 Austin, Texas 78746. At relevant times, Three Oaks has operated under the assumed name “Thriveworks,” and so all references to “Three Oaks” shall refer to and include a

reference to “Thriveworks” and are to be considered interchangeable for the purposes of these allegations.

13. Defendant Texas Health Physicians Group (“THPG”) is a corporation registered in the State of Texas and whose principal place of business is located in Arlington, Texas.

14. Defendant Mesa Springs, LLC (“Mesa Springs”) is a limited liability company registered in the State of Texas and whose principal place of business is located in Fort Worth, Texas.

15. **Issuance of citations via Texas E-Serve System for all Defendants is requested.**

V. VENUE & JURISDICTION

16. The damages sought and subject matter in controversy are within the jurisdictional limits of this Court. Plaintiff is seeking monetary relief exceeding \$1,000,000.00.

17. This Court has jurisdiction over the parties because both Plaintiff and Defendants are residents of the State of Texas.

18. Venue is based on Texas Civ. Prac. & Rem. Code 15.002(a)(1) because a substantial part of the events or omissions giving rise to the claims occurred within Tarrant County, Texas.

VI. OPEN COURTS

19. Under the Texas Constitution, a plaintiff in a medical negligence case can avoid the two-year statute of limitation imposed by Texas Health and Safety Code § 74.251(a) when (1) the plaintiff has a cognizable common-law cause of action, (2) the restriction of the claim is unreasonable or arbitrary when balanced against the purpose of the open-courts provision, and (3) the claim was filed within a reasonable time. *Yancy v. United Surgical Partners Int’l*, 236 S.W.3d 778, 783-84 (Tex. 2007).

20. Plaintiff alleges that Texas Health and Safety Code § 74.251(a), the standard medical malpractice statute of limitations, is unconstitutional as applied to this case, where Plaintiff, at the

time of injury, was an autistic, depressed, confused, impressionable minor who was only able to understand and comprehend her need for judicial redress after she reached the age of majority and the influence of the wrongdoers had faded with her physical and psychological maturity and healing.

21. Plaintiff has a well-established common-law cause of action in medical negligence against each Defendant in this case, and in the event where § 74.251(a) would bar a cause of action against any Defendant in the below allegations, each of the elements of the Texas Open Court's provision would be satisfied so as to allow the claim to survive challenge.

VII. CHAPTER 74 NOTICE REQUIREMENTS HAVE BEEN SATISFIED

22. Pursuant to Texas Civil Practice & Remedies Code § 74.051(b), Plaintiff states that she has fully complied with the provisions of § 74.051(a) (notice requirement) and § 74.052 (authorization form requirement).

VIII. FACTS

i. Soren struggled with her identity from an early age.

23. Soren has struggled with her identity from an early age. Due to a troubled family life, the sudden loss of a beloved grandmother, peer ridicule, and a host of other stressors and troubles plaguing her early years, Soren's psychological health was poor from the start.

24. Making matters worse, Soren experienced an early puberty resulting in development of her breasts beyond what was typical amongst her pre-teen peers. This early development invited even more ridicule and, influenced by the "female" body images she saw on her social media, caused her to deeply dislike her physical appearance.

25. Because of this dislike for her female physical appearance, coupled with her general propensity to enjoy activities usually enjoyed by boys and the influence from some transgender online friends, Soren began wondering if maybe she was transgender too.

26. Over the course of eighth and ninth grade, Soren flirted with identifying as a boy with a small group of close friends and a couple of trusted teachers.

27. Over the next couple of years, Soren's flirtation with and fluctuation between gender identities began to stagnate, as Soren had become comfortable taking on a balanced gender identity that reflected the nonbinary nature to which Soren felt most attuned. Gender identity aside, during this time, Soren's psychological troubles only worsened.

28. By the tenth grade, Soren's depression and anxiety had become crippling. Once a straight-A student, Soren now found herself falling behind both academically and socially. In addition to depression, anxiety, and the social disorders she would later discover with the help of competent counseling, Soren experienced the added psychological stress of meeting her biological father for the first time in December of 2017. The next month, as a 15-year-old, these stresses and issues coalesced and manifested into a manic episode that resulted in her psychiatric hospitalization at Mesa Springs Psychiatric Hospital in Fort Worth, Texas.

ii. Dr. Nekkcalapu betrays Soren's doctor/patient confidentiality and pressures Soren to pursue a transgender male identity.

29. As a result of her manic episode, Soren's mother and stepfather checked her into Mesa Springs on or about January 5, 2018. Mesa Springs placed her under the psychiatric care of Defendant Dr. Sreenath Nekkcalapu for a period of three days.

30. During those three days, and against Soren's expressed wishes not to discuss her gender identity, Dr. Nekkcalapu relentlessly pressed her on the topic by prompting her with trans-related questions and affirmations. In fact, Dr. Nekkcalapu pressed so hard on the issue that Soren felt as though the only way to cease the discussion was to agree with him and tell him that she did identify as transgender. At the age of 15, this coerced "confession" from Soren would mark the first time

Soren had ever discussed her gender identity with anyone outside her close group of friends and the first time ever speaking about it with a medical professional.

31. Notably, Dr. Nekkhalapu did not do any meaningful or comprehensive psychobehavioral examination, did not explore Soren's existing mental and psychological issues, and did not discuss or attempt to address her glaring comorbidities. Instead, he appeared to simply jump to—and indeed encourage—the conclusion that the sole explanation for Soren's psychotic break was her needing to embrace a transgender identity, after only knowing her for mere minutes.

32. Dr. Nekkhalapu's persistence caused Soren to feel like she was being pressured or coerced off the comfortable balance she had struck concerning her nonbinary gender identity, and this caused her significant unease and caused her to once again wonder if she was, in fact, transgender.

33. Due to once again experiencing this gender uncertainty, Soren responded to Dr. Nekkhalapu's forced identification by instructing him that under no circumstances was he allowed to break their doctor–patient confidence by telling her mother the conclusion he reached about her being transgender, and he comforted her that he would not.

34. Soren asked that this be kept from her parents because, among other reasons, including the fact that Soren and her parents were not seeing eye-to-eye at the time, Soren was not entirely sure that she agreed with Dr. Nekkhalapu's conclusion, as she still felt some sense of the nonbinary balance she had previously achieved.

35. Just before being discharged from Mesa Springs, Soren learned that, despite her wishes, Dr. Nekkhalapu surreptitiously outed Soren to her mother and biological father, disclosing the contents of Soren's confidential conversations and that Soren had identified as transgender.

36. Not only did this unauthorized disclosure result in significant mental anguish for Soren, it also amounted to an immense amount of psychological pressure on her to adapt to the

expectations of Dr. Nekkhalapu, her mother, and her biological father, all of which were now of the belief that she was a transgender boy, even if Soren was not entirely convinced herself.

37. As a result of this pressure, Soren then began to explore what it would be like to actually live as a medicalized transgender boy by researching the various medicalization procedures and expanding the group of people with whom she would adopt that persona and identity.

38. Three months after her manic episode and treatment at Mesa Springs, Soren began treating with other therapist and psychologist who helped Soren discover that in addition to her Major Depressive Disorder, ADHD, and other diagnoses, Soren also suffered from Autism Spectrum Disorder. Soren's autism was never discussed or even considered by Dr. Nekkhalapu.

39. It was not until several years later that Soren had enough maturity and awareness to look back on these events with Dr. Nekkhalapu and realize that not only was Dr. Nekkhalapu's coercion undue and improper, but that his coercion, when coupled with his violation of Soren's confidences to her mother, combined to create an incessant psychological pressure on her to travel down this path of physiological and psychological harm. Similarly, Soren then also learned that not only did Dr. Nekkhalapu's disclosure of her confidences to her mother breach his duty owed to her, it was also a violation of Texas statutory law.

iii. Soren meets Del Scott Perry and is immediately put on cross-sex hormones.

40. In 2019, Soren visited a transgender "support group" in Fort Worth, Texas called Trans-Cendence International ("TCI"). This group hosts meetings for transgender children and their supporters. TCI would pair transgender children and adolescents with "elders" to purportedly help guide them in their "gender journey."

41. It was through word of mouth within this group that Soren learned that Defendant Del Scott Perry was "the guy" who prescribes testosterone upon request. Perry attended most meetings—

despite not being a transgender individual—and was the cross-sex hormone provider for most of the children and adolescents who frequented the group. Perry had apparently built this list of clientele from the group over a period of months or years of attending these meetings with another member of the group.

42. Upon Soren’s first casual encounter with Perry at a TCI meeting, Perry immediately confirmed to her that, as with the other young girls and boys in the group, he could and would prescribe Soren with the testosterone she wanted if and when she visited his office.

43. On January 28, 2020, at Soren’s first ever appointment at Perry’s office—a visit lasting only approximately 30 minutes—Perry wrote Soren a prescription for her first round of cross-sex hormones, anastrozole (an estrogen blocker) and testosterone cypionate (together with the anastrozole, the “cross-sex hormones”), at an outrageously large, off-label dosage. Perry gave her instructions on how to inject herself with the drugs and sent her on her way. Notably, to this day, it is still clinically uncertain what the long-term consequences are for the use of these cross-sex hormones in minors, but certain grotesque risks are well known within the medical literature including, for women, infertility, vaginal atrophy, bone density and growth complications, and many other disfiguring side-effects.

44. During this short, initial visit, and as further detailed below, Perry failed to discuss with Soren the full extent of the risks posed by the cross-sex hormones and the irreversible consequences that use of the cross-sex hormones would cause. Perry also failed to discuss any potential alternatives to the cross-sex hormones, instead deferring to Soren’s wishes to take testosterone like the other kids at TCI. Perry also failed to discuss or address any of Soren’s numerous mental health issues and existing comorbidities and conducted no psychobehavioral mental health analysis before providing Soren’s first injection of life-altering cross-sex hormones. Soren was, at

the time, only 17 years old, and Perry never sought or obtained any written parental consent from Soren's parents to guide her down this path.

45. When these cross-sex hormones eventually started causing severe complications in Soren's body, rather than reduce her dosage or take her off the cross-sex hormones completely, Perry simply referred Soren out to various medical specialists who could treat the specific symptoms that arose while continuing to prescribe and administer the cross-sex hormones. In fact, at this point in time, Soren was so sufficiently gaslit by Perry that she dismissed at least one of these medical specialist's advice to discontinue use of the cross-sex hormones because they were likely the source of her side effects. When she heard that cautionary advice, as compared to the immediate certainty and unqualified affirmation coming from Perry that continued cross-sex hormones were the proper course, Soren ironically wrote off the *doctor* as being a bigot who was behind the times and merely pushing an agenda without Soren's best interest at heart. To Soren, the advice coming from the doctors seemed less certain, less emphatic, and thus less persuasive than the "gender-affirming" medicalization course Perry had laid out for her. So she stuck with Perry's plan despite the fact that a more cautious approach was being suggested by an actual *medical doctor*, as opposed to Perry's advice, which was only that of a nurse practitioner. Nevertheless, Soren continued taking the cross-sex hormones pursuant to Perry's prescription until November of 2021, when Soren realized and discovered Perry's egregious breach of care.

46. At all relevant times, Perry practiced under the guidance and supervision of Defendant Texas Health Physicians Group. Moreover, at all relevant times, THPG facilitated, allowed, and acquiesced in Perry's reckless prescription of cross-sex hormone to minors. While facilitating Perry's practice, THPG failed to ensure that Perry's practice complied with any recognized standard of care by, among other things, failing to enact a protocol requiring Perry to conduct a comprehensive

psychological assessment, a comprehensive prior medical history review, or to otherwise properly pre-qualify Soren for the course of treatment he so readily prescribed. THPG's lack of such responsible oversight enabled Perry's reckless treatment and created a dangerous environment that directly contributed to and caused Soren's injuries.

iv. Soren's relationship therapist, Barbara Wood, authors a recommendation letter qualifying Soren to receive a double mastectomy shortly after her 19th birthday.

47. Soren began treating with defendant Barbara Wood on or around July 24, 2020, for certain relationship and co-dependency issues Soren was then experiencing with her partner, and continued therapy with Wood until May 10, 2021.

48. All appointments with Wood were telehealth visits.

49. Wood's treatment of Soren focused almost exclusively on the co-dependency and relationship issues she was experiencing with her partner; their sessions never focused on or attempted to fully assess or resolve the question of Soren's gender identity. To the extent that the topic did come up, Soren discussed with Wood that she was still exploring her gender expression and that Soren was becoming more comfortable with a non-masculine (or nonbinary) expression.

50. Wood never conducted any type of social assessment of how or whether Soren was publicly living as a transgender man or of what kind of impact that lifestyle was or was not having on Soren's day-to-day mental health. Put simply, Wood had little to no insight into Soren's transgender perspective and experience.

51. Notably, over the entire course of Soren's treatment with Wood, COVID-19 restrictions were in place, and Soren had little to no normal social experiences. Even her high school experience was entirely online and by video during this time. Therefore, not even Soren was aware, nor could she have been aware, of what it would be like to live a full social life as a transgender male.

52. In February of 2021, still not feeling entirely comfortable with her gender identity, but still disliking the way her breasts looked on her body, Soren began exploring the possibility of undergoing a double mastectomy (a.k.a. “top surgery”), even if just for the purpose of removing the breasts she disliked.

53. That exploration led to Soren contacting the Crane Clinic in Austin, Texas, a notorious surgical center recently relocated from California to Texas to perform “gender-affirming” surgeries, including mastectomies, and other “gender-affirming” treatments. The Crane Clinic informed Soren that to get the double mastectomy, she needed to obtain a letter from a practitioner recommending her for the procedure.

54. The Crane Clinic provided Soren with a template for what the letter needed to say and a list of individual practitioners who would sign the letter upon her request, if needed.

55. Rather than use one of the practitioners on the Clinic’s list to obtain the letter and signature, Soren first checked with Wood and asked her to sign the recommendation letter. Wood immediately responded, “No problem,” despite never having conducted a comprehensive assessment of Soren’s gender struggles or mental health and having no real insight into that part of Soren’s life.

56. A few days later, Wood signed a letter containing several false or otherwise misleading prerequisite statements to appease Soren’s request and satisfy Crane’s requirements.

57. That letter included the following material falsehoods or misrepresentations:

- a. that Wood had been treating Soren for Gender Dysphoria “since 7-24-2020,” when in fact, Wood had never assessed or treated Soren for Gender Dysphoria;
- b. that Soren’s “diagnosis is persistent and well documented in his medical record,” when in fact, Soren’s diagnosis for Gender Dysphoria was neither persistent nor well documented in her medical record;
- c. that Soren’s “transgender identity has been persent [sic] persistently for at least two years,” when in fact, Soren’s gender identity had been in a state of fluctuation over that course of time;

- d. that Soren’s “disorder is not a symptom of another mental disorder,” when in fact, Wood performed no diagnostic tests or assessments to rule out this possibility;
- e. that Soren “has documentation that he has completed a minimum of 12 continuous months of living in a gender role that is congruent with his gender identity across a wide range of life experience and events,” when in fact, Soren had not completed any months in such a gender role across a wide range of life experiences or events;
- f. that Soren “confirmed to [Wood] that he does not drink, nor does he use illegal drugs for recreational purposes,” when in fact, Soren had previously disclosed to Wood that she drank and smoked marijuana socially at the time.

58. Wood’s authoring of this falsified letter and enabling, encouraging, and recommending Soren for a “gender-affirming” double mastectomy without first investigating and comprehensively assessing Soren’s suitability for such a procedure represents an egregious departure from the standard of care and a reckless disregard for Soren’s health and safety. These grossly negligent actions directly and proximately caused and/or contributed to Soren’s significant emotional, psychological, and physical injuries.

- v. Defendants Dr. DeLeon and Dr. Santucci negligently approve and perform a double mastectomy on Soren and then negligently fail to provide post-surgical care.

59. Once Soren received the signed letter from Wood, she submitted the letter to the Crane Clinic and paid the Crane Clinic’s fee to schedule her “initial consultation” appointment. The initial consultation was a brief phone call, lasting only minutes. This visit consisted of a short, preliminary background inquiry to which Soren disclosed her comorbidities and the numerous medications she was taking to treat them. Despite these red-flag disclosures, the Crane Clinic surgeons concluded that initial visit by scheduling her double mastectomy for June 11, 2021.

60. Not once during the intake process or the pre-operative visits did Dr. DeLeon or any other Crane Clinic practitioner assess or review Soren’s suitability for an elective double mastectomy. Not once did anyone from the Crane Clinic ask for comprehensive medical records from any of Soren’s prior medical providers or current therapists. And despite having actual knowledge of

Soren's long history of and current struggle with Major Depressive Disorder, autism, and other mental health disorders, no Crane Clinic practitioner gave Soren a psychological assessment to ensure she had the capacity to consent or the proper motivations for wanting the surgery. The Crane Clinic surgeons simply accepted the recommendation letter at face value, conducted no independent medical assessment of their own, ignored the red flags, and put Soren under the knife, permanently and irreversibly disfiguring and disabling her. Because of Soren's comorbidities, age, and other similar red flags, simply approving Soren for the double mastectomy and agreeing to perform it was itself a gross breach of the medical standard of care.

61. But making matters worse, Dr. DeLeon, the Crane Clinic surgeon, negligently performed the double mastectomy and Dr. Santucci negligently supervised Soren's problematic recovery, leaving Soren with horrible post-surgical complications and resulting disfigurement that continue to affect Soren to this day. When her emergency post-surgical complications arose, Soren immediately reached out to Dr. Santucci, who downplayed her horrible complications and insisted to her that the complications were "normal." Despite Soren sending graphic pictures of the pools of blood forming subcutaneously within her torso, her nipples literally peeling off of her chest, and explaining the immense pain she was experiencing, Dr. Santucci seemed as though he could not be bothered to see her and did not even advise her to seek emergency care. The most Soren managed to get from Dr. Santucci was a reluctant agreement that he would check to see if he could get her in the following day. Dr. DeLeon's and Dr. Santucci's combined breaches forced Soren to seek out emergency treatment at the University of Texas Southwestern hospital in Dallas, Texas. There, the emergency surgeons diagnosed Soren with "massive bilateral hematomas" (16cm on the left flank, and 17cm on the right), re-opened the Crane Clinic incisions, and stitched in drains (which should have been included in the original surgery) and drained significant amounts of accrued blood and

other bodily fluids. In addition to undergoing the pain and suffering this caused, Soren was then forced to continue draining blood and fluids from her chest cavity for the following week. These complications were never disclosed to Soren as a possibility, and indeed, when Dr. DeLeon informed Soren of the details of the surgery, she provided materials showing surgeries that included drains and was shown videos and pictures of other patients who had the surgery with drains. Soren was unaware that the “drainless” surgery actually performed was a risky procedure rarely used by competent practitioners.

62. Having had to pay out of pocket for her emergency treatment in Dallas, Soren sought reimbursement from the Crane Clinic, whose practitioners botched the surgery and should have treated her post-operative problems but refused to. The Crane Clinic initially failed to respond. After repeated attempts, Soren finally got a response from the clinic. The CEO agreed to reimburse Soren for the \$421.31 she incurred in out-of-pocket expenses, but only on the condition that she quickly sign a substantial, four-page agreement that included a punitive non-disparagement clause and other complicated legal provisions, including a forfeiture of all her possible claims against the Crane Clinic. After asking the Crane Clinic CEO to confirm that the Clinic would take measures to ensure similar treatment never happened to future patients like her, and upon getting no response, Soren refused to sign the agreement or to accept Crane Clinic’s payment.

vi. Soren starts questioning her treatments and discovers how her doctors had failed her.

63. Following her problematic recovery from the Crane Clinic surgery, Soren began to realize that neither the testosterone nor the double mastectomy had helped her feel entirely comfortable in her body.

64. Discouraged by this realization, Soren began looking for and discovered a successful alternative to resolve the issues with her gender identity through the simple practice of meditation and

mindfulness. Through this practice, Soren learned that her body was not the problem at all; the problem was with her perception and expectation of her body that society and social media had all but forced upon her.

65. In or around November 2021, after experiencing the almost immediate benefits of this meditative approach to her issues, Soren began to wonder why each of the Defendants had so strongly and quickly ushered her down this path of irreversible medicalization by way of cross-sex hormones and physical mutilation to her body without ever considering, let alone attempting and ruling out, a psychological resolution to her distress. The meditation practice allowed her to, for the first time, clear her mind from the cloud of misguided influence each of these practitioners had been holding over her for the prior years and to finally see their actions with clear, discerning eyes. This question of why her doctors had fast-tracked her medicalization over taking a cautious, therapy-guided approach plagued her and led her to ask other questions that began to open her eyes to the wrongdoings of the Defendants.

66. After considerable thought and research, around November of 2021, Soren discovered that the “gender-affirming care” she received from these Defendants was a controversial and experimental practice with little reputable research or science supporting it.¹ She realized that each of these Defendants, reaching back to Dr. Nekkcalapu, had recklessly, if not intentionally, overlooked or ignored her sordid psychological history to justify the approach they had pre-determined to be right for anyone similarly confused about their gender identity. She learned that others existed in the transgender community who had, like her, been taken advantage of by their practitioners and led down similar paths. She learned that certain organizations in the medical community published purported

¹ Indeed, multiple European countries, including England, Sweden, Finland, and Norway, have all but banned “gender-affirming” medicalization of minors after conducting systematic reviews of the available body of evidence and concluding that there is low certainty of any benefits but high likelihood of numerous risks. *See, e.g.,* [Europe Adopts A Cautious Approach To Gender-Affirming Care For Minors \(forbes.com\)](https://www.forbes.com/sites/amy-stein/2021/06/23/europe-adopts-cautious-approach-to-gender-affirming-care-for-minors/)

“standards of care” that required much more, even if still not enough, from practitioners prescribing these kinds of treatments.²

67. Ultimately, what Soren realized is that over the rocky course of her adolescence, what she needed was an unbiased doctor, not an ideologue. And upon these realizations, she immediately felt and understood the wrongs she had suffered at the hands of the Defendants. With this lawsuit, Soren now seeks redress for those wrongs.

² WPATH described itself in its “Standards of Care, 7th Version” (hereinafter, “SOC 7”) as “an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health.” While dubbed “Standards of Care,” WPATH clarified that the goal of the publication is to provide “clinical guidance” and WPATH emphasized its role in promoting public policy “advocacy.” Accordingly, WPATH’s “Standards of Care” are WPATH’s own self-professed guidance and cannot be said to be equivalent to the applicable standard of care for legal purposes in this or any other case. *See also, e.g.*, New standards of transgender health care raise eyebrows: Controversial recommendations on everything from transition to castration, *The Economist*, Sept. 22, 2022 (“[T]he public launch of the latest standards of care by the World Professional Association for Transgender Health (WPATH) on September 15th was a mess. Known as SOC8, they originally included a list of minimum ages for treatments—14 for cross-sex hormones, 15 for removal of breasts, 17 for testicles. Hours later, a ‘correction’ eliminated the age limits.”) (emphasis added), available at <https://www.economist.com/united-states/2022/09/22/new-standards-of-transgenderhealth-care-raise-eyebrows>. In fact, at the WPATH annual conference in September 2022, Amy Tishelman, the lead author of SOC 8’s chapter on adolescent treatment, explained that the very reason for the “correction” eliminating the age recommendations was to address “the potential uses of the chapter for legal and insurance contexts What we didn’t want to do was create a chapter that would make it more likely that practitioners would be sued because they weren’t following exactly what we said.” Tishelman further explained that the change was to mitigate the “risk for being held in court for not sticking completely to these standards” with the goal to “not face malpractice lawsuits.”

IX. CAUSES OF ACTION

Count 1. - Medical Negligence against Defendant Sreenath Nekkhalapu

68. Plaintiff refers to and incorporates paragraphs 1 – 67 as if fully restated herein.

69. Plaintiff was a patient of Defendant Dr. Sreenath Nekkhalapu, and as such, Dr. Nekkhalapu owed Soren a duty of care.

70. Dr. Nekkhalapu breached that duty of care by, among other things, improperly assessing, diagnosing, and/or counseling Soren concerning her gender identity, improperly coercing Soren to adopt a gender identity she was not ready to adopt, and causing Soren to experience psychological pressure to explore and travel a path towards transgender medicalization.

71. Dr. Nekkhalapu further breached the duty he owed to Soren by violating her patient–doctor confidentiality in disclosing Soren’s communications concerning her gender identity to Soren’s parents and thus violated Texas Occupations Code § 159.009.

72. Defendant Nekkhalapu’s negligence proximately caused and contributed to Soren’s numerous economic, physical, and psychological injuries.

Count 2. - Respondeat Superior against Defendant Mesa Springs Hospital

73. Plaintiff refers to and incorporates paragraphs 1 – 72 as if fully restated herein.

74. At all times relevant, Defendant Dr. Nekkhalapu was an agent, principal, employee, or borrowed servant of Defendant Mesa Springs. Mesa Springs exercised control and/or supervision over Dr. Nekkhalapu’s ability to practice under the Mesa Springs name and within their facilities. While within the course and scope of his duties or employment with Mesa Springs, Dr. Nekkhalapu committed numerous acts of negligence that proximately caused injury to Soren. Therefore, Mesa Springs is vicariously responsible for the injuries caused by Dr. Nekkhalapu’s negligence under the doctrine of Respondeat Superior.

Count 3. - Medical Negligence and Gross Medical Negligence Against Defendant Del Scott Perry

75. Plaintiff refers to and incorporates paragraphs 1 – 74 as if fully restated herein.

76. Plaintiff was a patient of Defendant Perry, and as such, Perry owed Plaintiff a duty of care.

77. By providing Soren with cross-sex hormone injections during her first visit and rushing her into this “gender affirming” treatment protocol, Perry was negligent and grossly negligent in numerous ways. Given the severity of the risks inherent in prescribing an ongoing course of experimental “gender-affirming” cross-sex hormone treatment, Perry recklessly disregarded the safety and well-being of Soren where, among other things, prior to prescribing and administering cross-sex hormones to Soren, Perry failed to:

- a. thoroughly assess and consider Soren’s then-current and previous history of psychological health comorbidities, including Soren’s diagnoses of major depressive disorder, ADHD, autism spectrum disorder, obsessive compulsive disorder, social exclusion and rejection disorder, and others (the “comorbidities”);
- b. assess, consider, and rule out Soren’s other, diagnosed psychological comorbidities and neurodivergences as a source of or contributing cause of her then-current gender incongruence;
- c. consult with or review treatment records from Soren’s previous mental health and other medical providers;
- d. to refer Soren to a licensed mental health professional with training and expertise in treating gender dysphoric adolescents with complex psychological comorbidities and/or neurodivergences or otherwise engage the help and consultation of such a mental health expert;
- e. undertake a comprehensive biopsychosocial assessment to rule out potential alternative sources of Soren’s gender incongruence;
- f. consider or discuss with Soren alternative, non-medicinal therapies available to address her gender incongruence;
- g. assess and consider the duration and/or degree of consistency of Soren’s experience of gender incongruence;

- h. consider Soren's inability to understand and comprehend the risks and benefits and provide informed consent for hormonal treatments due to her comorbidities;
- i. inform Soren of all reproductive effects of the cross-sex hormones, including the potential loss of fertility, and available options to preserve fertility;
- j. obtain specialized training in treating gender dysphoric adolescents with complex psychological comorbidities and neurodivergences;
- k. consider the long-term best interest of Soren.

78. Perry's intentional or reckless disregard for Soren's safety and well-being is further demonstrated by his failure to stop Soren's cross-sex hormone treatments and conduct any of the above comprehensive assessments when Soren began experiencing the numerous side effects and complications arising from her use of the cross-sex hormones. Rather than evaluate whether the cross-sex hormones were still appropriate for Soren given the complications she was experiencing, Perry chose instead to continue the course of "gender-affirming" treatment and merely refer Soren out to practitioners who could treat her symptoms as they arose.

79. Perry's negligence and gross negligence proximately caused and contributed to Soren's numerous economic, physical, and psychological injuries.

Count 4. - Respondeat Superior against Defendant Texas Health Physicians Group

80. Plaintiff refers to and incorporates paragraphs 1 – 80 as if fully restated herein.

81. At all times relevant, Defendant Perry was an agent, principal, employee, or borrowed servant of Defendant Texas Health Physicians Group. THPG exercised control and/or supervision over Perry's ability to practice under the THPG name and within their facilities. While within the course and scope of his duties or employment with THPG, Perry committed numerous acts of negligence and gross negligence that caused injury to Soren. Therefore, THPG is vicariously responsible for the injuries caused by Perry's negligence and gross negligence under the doctrine of Respondeat Superior.

Count 5. - Negligence and Gross Negligence Against Defendant Texas Health Physicians Group

82. Plaintiff refers to and incorporates paragraphs 1 – 81 as if fully restated herein.

83. Soren was a registered patient of THPG and Perry, a THPG practitioner. Because Soren was a THPG patient receiving medical services at THPG facilities by a THPG practitioner, THPG owed Soren a duty of care.

84. THPG breached that duty of care by, among other things, failing to enact and enforce policies and procedures to properly train, supervise, oversee, audit, or control the provision of “gender-affirming” treatments by THPG practitioners and to ensure all proper precautions are followed before beginning a medicalized cross-sex hormone treatment plan for one of its patients.

85. Given the extreme risk of irreversible physical and psychological harm that could befall, and in Soren’s case did befall, a patient who was put on a cross-sex hormone treatment plan without first pre-assessing that patient for suitability, THPG’s failure to implement controls over its practitioners prescription of such treatment plans and its failure to require comprehensive psychological assessments prior to administering such treatment represent a reckless deviation from the standard of care and a conscious indifference to the safety and welfare of its patients, like Soren.

86. THPG’s gross negligence in this respect, specifically its reckless disregard for the safety and welfare of patients seeking or being prescribed cross-sex hormone therapies for “gender affirming” purposes, proximately caused and contributed to Soren’s numerous economic, physical, and psychological injuries.

Count 6. -Medical Negligence and Gross Medical Negligence against Defendant Barbara Wood

87. Plaintiff refers to and incorporates paragraphs 1 – 86 as if fully restated herein.

88. Plaintiff was a patient of Defendant Wood, and as such, Wood owed Plaintiff a duty of care.

89. Defendant Wood breached that duty of care and thus committed negligence and gross negligence in numerous ways, including but not limited to authoring and signing a deceptive letter containing numerous material falsehoods for the purpose of recommending and enabling Soren to receive a double mastectomy. Given the irreversible nature of such a procedure and extreme risk to Soren's future livelihood if the surgery proved not to be appropriate for her in resolving her gender incongruence issues, Wood's cavalier approach to simply giving Soren the letter she wanted upon her request demonstrates a severe departure from any recognized standard of care, an egregious lack of required diligence before recommending such a procedure, and an overall reckless disregard for Soren's health, safety, and welfare.

90. In addition to preparing the falsified letter, Wood's gross negligence is further exemplified where, prior to authoring a letter in support of such a procedure and recommending the procedure for Soren, Wood failed to:

- a. thoroughly assess and consider Soren's then-current and previous history of psychological health comorbidities, including Soren's diagnoses of major depressive disorder, ADHD, autism spectrum disorder, obsessive compulsive disorder, social exclusion and rejection disorder, and others in the context of assessing whether a double mastectomy would be appropriate for Soren;
- b. assess, consider, and rule out Soren's other, diagnosed psychological comorbidities and neurodivergences as a source of or contributing cause of her then-current gender incongruence;
- c. consult with or review treatment records from Soren's previous mental health and other medical providers;
- d. undertake a comprehensive biopsychosocial assessment to rule out potential alternative sources of Soren's gender incongruence;
- e. consider or discuss with Soren alternative, non-medicinal therapies available to address gender incongruence;

- f. assess and consider the duration and/or degree of consistency of Soren's experience of gender incongruence;
- g. consider Soren's inability to understand and comprehend the risks and benefits and provide informed consent for a double mastectomy due to her comorbidities;
- h. obtain specialized training in treating gender dysphoric adolescents with complex psychological comorbidities and neurodivergences or refer Soren to a practitioner who had such specialized training; and
- i. consider the long-term best interest of Soren.

91. Wood's negligence and gross negligence proximately caused and contributed to Soren's numerous economic, physical, and psychological injuries.

Count 7. -Respondeat Superior against Defendant Three Oaks Counseling Group, LLC

92. Plaintiff refers to and incorporates paragraphs 1 – 91 as if fully restated herein.

93. At all times relevant, Defendant Wood was an agent, principal, employee, or borrowed servant of Defendant Three Oaks. Three Oaks exercised control and/or supervision over Wood's ability to practice under the Three Oaks name and within its facilities. While within the course and scope of her duties or employment with Three Oaks, Wood committed numerous acts of negligence and gross negligence that caused injury to Soren. Therefore, Three Oaks is vicariously responsible for the injuries caused by Wood's negligence and gross negligence under the doctrine of Respondeat Superior.

Count 8. - Negligence and Gross Negligence Against Defendant Three Oaks Counseling Group, LLC

94. Plaintiff refers to and incorporates paragraphs 1 – 94 as if fully restated herein.

95. Soren was a registered patient of Three Oaks and Wood, a Three Oaks practitioner. Because Soren was a Three Oaks patient receiving medical services at Three Oaks' facilities by a Three Oaks practitioner, Three Oaks owed Soren a duty of care.

96. Three Oaks breached that duty of care by, among other things, failing to enact and enforce policies and procedures to properly train, supervise, oversee, audit, or control the provision of “gender-affirming” therapy treatments by Three Oaks practitioners and to ensure all proper precautions are followed before diagnosing a patient with gender dysphoria or authoring and signing a recommendation letter for a double mastectomy or other “gender-affirming” medicalization for one of its patients.

97. Given the permanent and lifelong psychological damage and physical disfigurement that could befall a patient who underwent an ill-advised double mastectomy without first pre-assessing that patient for suitability, Three Oaks’ failure to implement controls over its practitioner’s recommendation and endorsement of such a treatment plan represent a reckless deviation from the standard of care and a conscious indifference to the safety and welfare of its patients, like Soren.

98. Three Oaks’ gross negligence in this respect, specifically its reckless disregard for the safety and welfare of patients seeking a recommendation letter for a double mastectomy for “gender affirming” purposes, proximately caused and contributed to Soren’s numerous economic, physical, and psychological injuries.

Count 9. -Medical Negligence and Gross Medical Negligence against Defendant Dr. DeLeon

99. Plaintiff refers to and incorporates paragraphs 1 – 98 as if fully restated herein.

100. Plaintiff was a patient of Defendant Dr. DeLeon, and as such, Dr. DeLeon owed Plaintiff a duty of care.

101. Dr. DeLeon was negligent and grossly negligent in numerous ways including but not limited to negligently approving and performing surgery on Soren and failing to provide any of the necessary follow-up treatment that Soren required due to the complications arising from the negligently performed surgery. Given the severity of the risks inherent in providing an irreversible

surgery on a patient struggling with mental health issues, Dr. DeLeon recklessly disregarded the safety and welfare of Soren where, among other things, prior to performing that surgery on Soren, Dr.

DeLeon failed to:

- a. talk at length with Soren or gain any meaningful insight into Soren's complicated and extensive mental and psychological health, as Dr. DeLeon approved her for surgery after a single, brief telephone visit;
- b. perform an independent psychological assessment or form an evidence-based, independent judgment that the proposed surgical procedure was necessary and appropriate despite Soren's mental health issues;
- c. contact or interact with any of the other health professionals who had previously provided care to Soren;
- d. establish or gain confidence that the referring mental health professionals were competent in the assessment and treatment of gender dysphoria;
- e. procure comprehensive medical records from any of Soren's prior medical providers or current therapists;
- f. have a robust discussion with Soren covering: the limitations of a procedure to achieve "ideal" results and provide a full range of before-and-after photographs of the clinic's patients, including both successful and unsuccessful outcomes; the inherent risks and possible complications of a radical double mastectomy; inform Soren of the clinic's own complication rates with each procedure;
- g. establish that Soren had persistent, well-documented diagnosis of gender dysphoria;
- h. establish that Soren had the capacity at that time to make a fully informed decision;
- i. attempt to make sure that Soren's significant mental health concerns were reasonably well controlled.

102. By failing to discuss these matters with Soren and confirm her capacity to comprehend and understand them, Dr. DeLeon failed to give Soren the necessary information to enable Soren to give informed consent.

103. Dr. DeLeon's negligence and gross negligence continued by (1) failing to perform the surgery to the appropriate standards, as evidenced by Soren's need for emergency medical procedures to fix her significant complications arising immediately after the surgery; and (2) failing to provide

any post-operative care, despite Soren pleading to be seen and informing Dr. DeLeon and her colleagues of her significant complications.

104. Dr. DeLeon's negligence and gross negligence proximately caused and contributed to Soren's numerous economic, physical, and psychological injuries.

Count 10. -Medical Negligence and Gross Medical Negligence against Defendant Dr. Santucci

105. Plaintiff refers to and incorporates paragraphs 1 – 104 as if fully restated herein.

106. Plaintiff was a patient of Defendant Richard Santucci, and as such, Dr. Santucci owed Plaintiff a duty of care.

107. Dr. Santucci was negligent in that when Soren contacted him as the on-call, Crane Clinic physician when her emergency complications arose, Dr. Santucci breached his standard of care by conducting little to no diligence to investigate Soren's complications and dismissed or disregarded all of her expressions of pain and concern. By immediately concluding, over the phone, that Soren's grotesque complications "were normal," Dr. Santucci failed Soren as a doctor and abandoned Soren to her own devices on seeking and obtaining emergency care. Given the severity of the risks inherent in the possible complications arising post-surgery from a double mastectomy, and Dr. Santucci's lack of any discernable care for his patient experiencing those complications, Dr. Santucci was negligent or grossly negligent and proximately caused Soren numerous economic, physical, and psychological injuries.

Count 11. -Respondeat Superior against Crane Clinic, PLLC

108. Plaintiff refers to and incorporates paragraphs 1 – 107 as if fully restated herein.

109. At all relevant times, Defendants Dr. DeLeon and Dr. Santucci were agents, principals, employees, or borrowed servants of Defendant Crane Clinic, PLLC. The Crane Clinic exercised control and/or supervision over Dr. DeLeon's and Dr. Santucci's abilities to practice under

the Crane Clinic name and within their facilities. While within the course and scope of their duties or employment with the Crane Clinic, Drs. DeLeon and Santucci committed numerous acts of negligence and gross negligence that caused injury to Soren. Therefore, the Crane Clinic is vicariously responsible for the injuries caused by Drs. DeLeon and Santucci's negligence and gross negligence under the doctrine of Respondeat Superior.

Count 12. - Negligence and Gross Negligence Against Crane Clinic, PLLC

110. Plaintiff refers to and incorporates paragraphs 1 – 109 as if fully restated herein.

111. Soren was a registered patient of the Crane Clinic, Dr. DeLeon, and Dr. Santucci, both Crane Clinic surgeons. Because Soren was a Crane Clinic patient receiving medical services at Crane Clinic's facilities by Crane Clinic surgeons, Crane Clinic owed Soren a duty of care.

112. Crane Clinic breached that duty of care by, among other things, failing to enact and enforce policies and procedures to properly train, supervise, oversee, audit, control, or prevent the performance of "gender-affirming" surgeries by Crane Clinic surgeons so as to ensure all proper precautions are followed to confirm the necessity for and appropriateness of the surgery for each individual patient.

113. Crane Clinic's gross negligence in this respect is further evidenced by the fact that Crane Clinic offered Soren pre-selected medical providers who would provide Soren the necessary recommendation letter simply upon her request if she so desired.

114. Given the extraordinary risks and significant probability of lifelong psychological damage and physical disfigurement that could result for a patient who underwent an ill-advised double mastectomy without first pre-assessing that patient for suitability, Crane Clinic's failure to implement such controls and safety measures over its surgeons pre-surgical diligence represent a reckless

deviation from the standard of care and a conscious indifference to the safety and welfare of its patients, like Soren.

115. Further, Crane Clinic was negligent in failing to enact and/or enforce proper procedures and protocols to ensure that adequate post-operative care was available and accessible by post-surgical patients during their recovery.

116. Crane Clinic's negligence and gross negligence, specifically its reckless disregard for the safety and welfare of patients seeking a double mastectomy for "gender-affirming" purposes, proximately caused Soren numerous economic, physical, and psychological injuries.

X. CONCLUSION AND PRAYER FOR DAMAGES

WHEREFORE, PREMISES CONSIDERED, Plaintiff Soren Aldaco respectfully prays that upon final trial in this matter, the Court grant her a judgment for the following:

- a) compensatory damages in an amount sufficient to fully compensate Plaintiff for all physical pain and suffering, emotional distress, medical expenses, loss of income, loss of consortium, physical disfigurement, and mental anguish suffered.
- b) exemplary damages to punish the Defendants for their gross negligence and to deter others in the medical profession from engaging in similar conduct in the future.
- c) prejudgment and post-judgment interest as allowed by law.
- d) and for all such other and further relief, both general and special, at law and in equity, to which Plaintiff may show to be justly entitled.

XI. JURY DEMAND

Plaintiff respectfully demands a trial by jury on all issues so triable as a matter of right.

Respectfully submitted,



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Filing Code Description: Petition
Filing Description: Plaintiff's Original Petition
Status as of 7/21/2023 1:07 PM CST

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