

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

CASSIDY DALLAS  
751 Lowell Road  
Groton, MA 01450

*Plaintiff,*

v.

GEORGIA J. SHEIDY  
304 Farm Road  
Aberdeen, Harford County, MD 21001

—and—

PATIENT FIRST CORPORATION,  
d/b/a Patient First Primary and Urgent Care—  
Aberdeen  
5000 Cox Road  
Glen Allen, VA 23060

—and—

PATIENT FIRST MARYLAND MEDICAL  
GROUP, P.L.L.C.  
5000 Cox Road  
Glen Allen, VA 23060

*Defendants.*

Case No. 1:24-cv-952

**COMPLAINT  
JURY TRIAL DEMANDED**

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## INTRODUCTION

1. This is a case about an urgent care clinic that took nearly one hour to offer fluids to a dehydrated patient passing in and out of consciousness because that patient was transgender.

2. Plaintiff, Cassidy Dallas (they/them, he/him), visited a Patient First Primary and Urgent Care clinic in Aberdeen, Maryland. In the waiting room, plaintiff lost consciousness, and a nurse—Ms. Sheidy, a defendant here—administered a sternal rub. Back in the exam room, Patient First nurses recorded the patient’s elevated heartrate, dry mucus membranes, low blood levels of sodium and potassium, chills, confusion, dizziness, and reported thirst—all signs pointing to severe dehydration, a life-threatening medical emergency requiring an ambulance or immediate administration of intravenous (“IV”) fluids under the relevant standard of care.

3. Armed with this information, and with the knowledge of plaintiff’s transgender status, defendants offered no treatment for 51 minutes. Instead, Ms. Sheidy told Mx. Dallas that they were not dehydrated, offering instead that their hormones were “discombobulated.” Ms. Sheidy repeatedly touched plaintiff without obtaining consent, with each unwanted touching increasing the plaintiff’s distress, and wondered aloud whether plaintiff had attempted suicide. After this exam, Ms. Sheidy left.

4. Plaintiff then passed out again. At that point, plaintiff’s spouse announced to staff that he would treat Mx. Dallas himself. Soon a second nurse came to administer IV fluids. That nurse misgendered plaintiff multiple times and asked irrelevant personal questions about plaintiff’s gender conforming surgery. A physician’s assistant later came to apologize. But nobody took a urine sample from the patient. Mx. Dallas suffered this discrimination as one of New England’s prominent trans social workers, with their spouse and close friend standing by as

witnesses, after they repeatedly advocated for themselves not to be touched without consent, and even after the nurses treating them at Patient First changed.

5. Throughout that day and into the next, plaintiff experienced dysuria, and a different urgent care clinic diagnosed acute cystitis with hematuria.

6. These events turned Mx. Dallas's world upside down. Plaintiff is haunted by nightmares and flashbacks from their visit to Patient First Aberdeen, re-experiencing, through sensory flashbacks, how it felt when Ms. Sheidy touched them and the smell of her perfume as she did. These flashbacks have made it agonizing for plaintiff to seek the healthcare they need from these events. Plaintiff has started an experimental treatment for post-traumatic stress disorder ("PTSD") to deal with these flashbacks and the resulting fear of being unable to receive healthcare without distress, discrimination, and unwanted touching. The plaintiff fears that each medical visit may trigger these flashbacks, offer a new opportunity for discrimination, and make their health worse, not better.

7. Unfortunately, Mx. Dallas's experience is not unique. A 2020 survey from the Center for American Progress found that nearly half of trans respondents faced discrimination from a healthcare provider in the past year.<sup>1</sup> In a 2023 poll, nearly half of transgender adults said that healthcare providers know "not too much" or "nothing at all" about treating trans patients.<sup>2</sup> These patients commonly confront what's colloquially called "trans broken arm syndrome":

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<sup>1</sup> Caroline Medina, Thee Santos, Lindsay Mahowald & Sharita Gruberg, Cntr. for Am. Progress, *Protecting and Advancing Health Care for Transgender Adult Communities*, Fig. 13 (Aug. 2021), available at: <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>.

<sup>2</sup> Fenit Nirappil, *For Trans People, Medical Visits Can Be More Traumatizing Than Healing*, Wash. Post (March 24, 2023), available at: <https://www.washingtonpost.com/health/interactive/2023/transgender-health-care/>.

when doctors or nurses attribute a medical condition to the patient's transgender status or ask intrusive questions about the patient's gender identity unrelated to treatment.<sup>3</sup>

8. Cisgender and transgender patients break arms the same, bleed the same, and thirst the same. Under the law, they have the right to be treated the same. Mx. Dallas brings this action to hold Patient First accountable for treating them differently and to ensure future trans patients receive the same care and dignity to which the law entitles everyone.

### **PARTIES**

9. Plaintiff Cassidy Dallas lives in Groton, Massachusetts.

10. They were born Alyssa Niman. In 2021, they came out as transgender, choosing the name Cassidy and the pronouns they/them and he/him.

11. Plaintiff is a licensed independent clinical social worker with their own Massachusetts-based therapy and training practice, Cass Dallas Therapy and Training. Mx. Dallas has a master's degree in social work with a focus in clinical mental health from Boston College. They completed a graduate internship at the Massachusetts Mental Health Center and a fellowship in behavioral health at Harvard Vanguard Medical Associates. Plaintiff has also served in leadership positions and consulting roles in several national organizations related to mental health and LGBTQIA+ health, including as the Manager of Crisis Services and

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<sup>3</sup> See Catherine S.J. Wall, Alison J. Patev & Eric G. Benotsch, *Trans Broken Arm Syndrome: A Mixed-Methods Exploration of Gender-Related Medical Misattribution and Invasive Questioning*, 320 J. Soc. Sci. & Med. (March 2023), available at: <https://www.sciencedirect.com/science/article/abs/pii/S0277953623001041> (explaining that the colloquialism “take[s] the form of either: (a) the patient's gender identity or medical transition being incorrectly presumed to be the cause of a medical complaint (causal misattribution aspect), or (b) questions about a patient's gender identity or medical transition that are invasive or unnecessary in diagnosing the acute complaint (invasive questioning aspect)”).

chair of the Trans@Trevor affinity group at the Trevor Project and a term as the Director of Community Outreach for the Transgender Community of New England.

12. Defendant Patient First Corporation is a Virginia stock corporation with its principal place of business at 5000 Cox Road, Suite 100, Glen Allen, VA 23060 (“Patient First Corp.” and, together with Patient First Maryland, “Patient First”).

13. Defendant Patient First Maryland Medical Group, PLLC, is a Virginia limited liability company with its principal place of business at the same address (“Patient First Maryland” and, together with Patient First Corp., “Patient First”).

14. Patient First operates a walk-in healthcare clinic, “Patient First Primary and Urgent Care—Aberdeen” at 995 Hospitality Way, Aberdeen, MD 21001 (“Patient First Aberdeen”).

15. The Patient First defendants, as foreign corporations registered to do business in Maryland, may be served with process at their common Maryland registered agent, Goodman & Donohue, LLC, at 9199 Reistertown Road, Suite 213C, Owings Mills, MD 21117.

16. Defendant Georgia J. Sheidy was the first nurse to treat plaintiff at Patient First Aberdeen.

17. Patient First employed Ms. Sheidy during the events described here.

#### **JURISDICTION AND VENUE**

18. This Court has subject matter jurisdiction over plaintiff’s federal claims under 28 U.S.C. §§ 1331 and 1343(a)(4).

19. Plaintiff’s state-law claims are so related to the federal claims that they form part of the same case or controversy, and the Court has supplemental jurisdiction over plaintiff’s state-law claims under 28 U.S.C. § 1367(a).

20. Venue is proper under 28 U.S.C. § 1391(b)(2) because the events happened in Harford County, Maryland.

21. On information and belief, plaintiff and Patient First executed a venue agreement the sole copy of which is in Patient First's possession providing that "any and all claims or lawsuits related to or arising out of services or treatment provided by Patient First shall be brought in the city/county and state where the Patient First medical center(s) at which [the patient] received those services is located or the appropriate federal court having jurisdiction over that city or county."

## FACTS

### I. Patient First Receives Federal Funds.

22. Patient First Aberdeen accepts payment from Medicare, Railroad Medicare, and Tricare<sup>4</sup>—all federal government insurers.

23. Patient First's website holds Patient First out as following Section 1557 of the Affordable Care Act ("ACA"). Patient First's website has a subsection titled, "Section 1557 of the Affordable Care Act Grievance Procedure," which outlines an internal process customers can use to raise discrimination claims.<sup>5</sup> There, Patient First explains that "Section 1557 prohibits discrimination against patients on the basis of race, color, national origin, sex, age or disability in certain health programs and activities."<sup>6</sup> Patient First's website also states that "Patient First

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<sup>4</sup> Patient First, *Maryland Insurance Participation* (last accessed March 19, 2024), <https://www.patientfirst.com/insurance-self-pay/maryland-insurance-participation>.

<sup>5</sup> Patient First, *Notice of Nondiscrimination and Grievance Procedure* (Oct. 2016), <https://www.patientfirst.com/notice-of-nondiscrimination>.

<sup>6</sup> *Id.*

complies with applicable Federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Patient First does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.”<sup>7</sup>

## II. The Relevant Standards of Care.

### A. The Standard of Care for Severe Dehydration Is Prompt Intravenous Administration of Fluids with Electrolytes.

24. Severe dehydration is a medical emergency.

25. Symptoms of severe dehydration include tachycardia (a rapid heart rate), trouble moving or walking, confusion or disorientation, and loss of consciousness.<sup>8</sup>

26. In “extreme cases,” dehydration “can lead to brain damage and even death.”<sup>9</sup>

27. The standard of care for nurses treating patients presenting with severe dehydration is prompt intravenous administration of fluids with electrolytes.<sup>10</sup>

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<sup>7</sup> *Id.*

<sup>8</sup> Dr. Mohit Negi, *How Older Adults Can Avoid Dehydration*, University of Maryland, Baltimore Washington Med. Cntr. (July 3, 2021), <https://www.umms.org/bwmc/news/2021/how-older-adults-can-avoid-dehydration> (“If the dehydration is serious, it requires immediate attention. These symptoms are a rapid heart rate, trouble moving or walking, confusion or disorientation, fainting and/or vomiting or diarrhea that lasts longer than 24 hours. Anyone suffering from these symptoms should go to the emergency room right away where they will most likely receive intravenous fluids and electrolytes.”).

<sup>9</sup> Johns Hopkins Medicine, *Dehydration* (last accessed March 19, 2024), <https://johnshopkinshealthcare.staywellsolutionsonline.com/Wellness/Weight/85,P00828>; *see also* Dr. Mohit Negi, *How Older Adults Can Avoid Dehydration*, University of Maryland, Baltimore Washington Med. Cntr. (July 3, 2021), <https://www.umms.org/bwmc/news/2021/how-older-adults-can-avoid-dehydration> (“If dehydration isn’t treated, serious complications or even death can occur.”).

<sup>10</sup> *See, e.g.*, Johns Hopkins Medicine, *Dehydration* (last accessed March 19, 2024), <https://johnshopkinshealthcare.staywellsolutionsonline.com/Wellness/Weight/85,P00828> (“Severe dehydration is a medical emergency. It needs to be treated right away with IV fluids in a hospital.”); Kory Taylor & Elizabeth B. Jones, Nat’l Cntr. for Biotech. Info., *Adult Dehydration* (Oct. 3, 2022), *available at*: <https://www.ncbi.nlm.nih.gov/books/NBK555956/> (“Patients with

28. Patient First’s website states that “[s]evere dehydration is a medical emergency and requires treatment by a physician. It can lead to serious complications that include:

- Seizures—Fluids contain electrolytes, such as potassium and sodium, which help carry electrical signals from cell to cell. If electrolytes are out of balance, those electrical signals can malfunction and lead to involuntary muscle contractions or loss of consciousness.
- Urinary and kidney problems—Repeated dehydration can cause urinary tract infections, kidney stones, and kidney failure.
- Low blood volume shock—Dehydration can lessen the amount of blood circulating in your body, causing a drop in blood pressure and decreasing the amount of oxygen in your body.”<sup>11</sup>

29. Patient First’s website elsewhere explains that dehydration can lead to “exhaustion, muscle fatigue, cramps, loss of coordination or even stroke.”<sup>12</sup>

30. Patient First’s website states that “[a]dults and children who are severely dehydrated require immediate attention by a medical provider. Intravenous (IV) fluids may be needed, as they are absorbed quickly and speed recovery.”<sup>13</sup>

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fluid deficits should be given isotonic fluid boluses tailored to the individual circumstance. Patients with more severe dehydration get larger boluses of isotonic fluid.”).

<sup>11</sup> Patient First, *Dehydration* (last accessed March 19, 2024), <https://www.patientfirst.com/services/illnesses/dehydration>.

<sup>12</sup> McKay Gorse, *Winter Hydration*, Patient First (Dec. 11, 2023), <https://www.patientfirst.com/blog/winter-hydration>.

<sup>13</sup> *Supra* note 11.

31. And Patient First’s website promises that “Patient First provides IV fluids for adults.”<sup>14</sup>

**B. The Nursing Code of Ethics Requires Nurses to Set Aside Biases to Support a Patient’s Gender Expression.**

32. The American Nurses Association promulgates the *Code of Ethics for Nurses with Interpretive Statements*. It published the most recent edition in 2015 from Silver Spring, Maryland (“Nursing Code”).<sup>15</sup>

33. The Nursing Code is a learned statement of the standards of nursing care reflecting over 7,800 answers from 2,780 nurses given in response to an online public survey, plus another 1,500 comments to the revisions from more than 1,000 nurses nationwide.<sup>16</sup>

34. The First Provision of the Nursing Code requires the nurse to practice “with compassion and respect for the inherent dignity, worth, and unique attributes of every person.”<sup>17</sup>

35. Interpretive statement 1.2 to the First Provision states that “[n]urses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice. Factors such as . . . sexual orientation or gender expression . . . are to be considered when planning individual . . . care.”<sup>18</sup>

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<sup>14</sup> *Supra* note 11.

<sup>15</sup> *Available at:* <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>.

<sup>16</sup> *See id.* at i.

<sup>17</sup> *Id.* at 1.

<sup>18</sup> *Id.*

36. Interpretive statement 1.4 to the First Provision “requires the recognition of specific patient rights, in particular, the right to self-determination” as “[p]atients have the moral and legal right to determine what will be done with and to their own person . . .”<sup>19</sup>

**III. Patient First Nurses Make Transphobic Remarks While Plaintiff Waits 51 Minutes for Intravenous Fluids.**

37. In Baltimore this past Labor Day—September 4, 2023—temperatures reached 90 degrees Fahrenheit by noon, with a high of 99.

38. Mx. Dallas woke up around 7:30 that morning at a Maryland campground feeling hot.

39. Around noon on September 4, plaintiff reported that they were feeling nauseous and light-headed and asked to sit in an air-conditioned car.

40. Then plaintiff and Gennalyn Williams (they/them, he/him, who goes by the chosen name, “G”) went to High’s Convenience Store in Darlington, Maryland. At the store, plaintiff became disoriented.

41. Plaintiff’s spouse, Matthew Dallas, then went with Mx. Dallas and Mx. Williams to Patient First Aberdeen.

42. Mx. Williams recommended Patient First Aberdeen because they saw that the location had a four-star rating on Google.

43. During the drive to Patient First Aberdeen, plaintiff felt they were losing consciousness.

44. Mr. Dallas walked plaintiff into Patient First Aberdeen at or around 1:41 p.m.

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<sup>19</sup> *Id.* at 2.

45. Mr. Dallas next signed plaintiff in at a touchscreen kiosk in the Patient First Aberdeen lobby.

46. When filling in a patient's name at the Patient First Aberdeen kiosk, or online at Patient First's website, the user is prompted to select a gender from a drop-down menu, which the form states is "required" in red letters. The drop-down menu gives three options: "male," "female," and "non-binary." Mr. Dallas selected "non-binary."

47. If a user selects "non-binary" from the gender drop-down menu, the check-in process adds another question that appears the same as or similar to the below screenshot of Patient First's website:

**Gender Identity** ×

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Please specify your gender identity

Trans Man    Trans Woman    Gender Queer or Other   THIS FIELD IS REQUIRED.

Patient First uses its best efforts to recognize and accommodate gender identity. For treatment and, if applicable, insurance billing purposes, please select the gender assigned at birth.

Male    Female   THIS FIELD IS REQUIRED.

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48. To these questions, Mr. Dallas answered, "trans man" and "female," respectively.

49. Mr. Dallas answered these and the other sign-in questions using plaintiff's then-legal name, Alyssa Dallas.

50. After completing the check-in at the kiosk, Mr. Dallas told a Patient First worker at the check-in desk that despite being listed as Alyssa, his spouse's name was Cass, a trans man who should be addressed using "they/them" or "he/him" pronouns.

51. When plaintiff sat down in the Patient First Aberdeen waiting room, they passed in and out of consciousness.

52. Plaintiff was then called up to the check-in desk and asked to describe what was wrong. Plaintiff struggled to communicate. Mr. Dallas explained that plaintiff had been in the sun all morning, was feeling lightheaded and nauseous, and appeared to have lost consciousness.

53. The employee at the check-in desk called over a nurse, and Ms. Sheidy came.

54. Ms. Sheidy asked if Mx. Dallas was overdosing.

55. Plaintiff replied that they were completely sober.

56. Ms. Sheidy answered that she knew "how that is" because she was sober or in recovery too.

57. Ms. Sheidy then prompted plaintiff to fill out paperwork. Mr. Dallas held plaintiff's hand and the paperwork so plaintiff could sign their name. Ms. Sheidy held plaintiff's free hand, saying, "I know I'm not supposed to do this."

58. Patient First's standard "Maryland Treatment and Payment Policies" form for new patients states that "Patient First will provide care consistent with the prevailing standards of medical practice" and that a patient has "the right to consent to, refuse, or stop any procedure or treatment at any time."

59. Ms. Sheidy touched plaintiff's shoulder and sternum in the waiting room without asking for or receiving informed consent.

60. Plaintiff then fell forward in their chair.

61. Ms. Sheidy next performed a sternal rub on plaintiff in the waiting room.

62. A sternal rub is used to gauge a patient's consciousness when they are non-responsive to ordinary verbal exchanges.

63. Ms. Sheidy then led plaintiff out of the waiting room and into an area where Patient First measures height and weight before taking plaintiff to a private examination room.

64. In the exam room, Ms. Sheidy pressed her body against plaintiff's body and the patient's chair with one hand on plaintiff's arm and another on plaintiff's opposite shoulder.

65. Ms. Sheidy said plaintiff was "hot" and that everything was "ok," but Ms. Sheidy did not try to cool plaintiff.

66. Soon after, Mx. Williams joined plaintiff and Ms. Sheidy in the exam room.

67. Ms. Sheidy took plaintiff's vitals. At around 1:48 p.m., Ms. Sheidy recorded plaintiff's pulse at 125 beats per minute.

68. A pulse of 125 beats per minute is an elevated heart rate.

69. Plaintiff gave a medical history to Ms. Sheidy that included describing an anti-trans assault that traumatized Mx. Dallas and led to a diagnosis of PTSD so that Ms. Sheidy would offer treatment sensitive to Mx. Dallas's gender identity and trauma history.

70. Plaintiff told Ms. Sheidy that they survived an "attempted murder."

71. Ms. Sheidy asked, "Did you attempt to murder yourself?"

72. Ms. Sheidy dismissed the idea that plaintiff was genuinely suffering from dehydration, telling plaintiff that it can be "hard for our minds and bodies" when people start "messaging with" or "discombobulat[ing]" their hormones.

73. Ms. Sheidy continued to touch plaintiff without asking for or receiving informed consent throughout this examination.

74. After hearing Ms. Sheidy's comments about hormones and attempting suicide, plaintiff asked Mx. Williams for help.

75. Mx. Williams left the exam room and went to the nurse's station, requesting another nurse.

76. Around that time, Mr. Dallas joined the plaintiff in the exam room, which Ms. Sheidy had by then left. But no new nurse came to provide treatment right away.

77. The plaintiff's condition worsened. Plaintiff appeared to be having muscle spasms, their speech was mumbling and unclear, their eyes rolled back in their head, and they fainted.

78. Mr. Dallas then left the exam room and, within earshot of the nurse's station, loudly stated that he would provide care to plaintiff himself if he had to. Mr. Dallas dampened a paper towel with cool water to place on plaintiff's forehead.

79. Next a different nurse, introduced as Cindy, followed Mr. Dallas to the exam room where the plaintiff was.

80. The plaintiff told the new nurse about their trans status, pronouns, history of trauma and PTSD diagnosis, and asked the nurse to seek and receive affirmative consent before touching plaintiff.

81. The second nurse brought 4 mg of Zofran to treat plaintiff's nausea, which Mr. Dallas administered under plaintiff's tongue.

82. The new nurse then took an electrocardiogram ("EKG") reading of plaintiff.

83. The plaintiff took their shirt off so that the new nurse could affix the EKG nodes to plaintiff's chest. The new nurse asked plaintiff what the scars on plaintiff's chest were from.

The plaintiff explained that the scars were from “top surgery” the plaintiff received to conform to their gender identity.

84. “Top surgery,” or male chest reconstruction, involves the removal of breast tissue to conform the body to a masculine gender appearance.

85. The second nurse misgendered plaintiff multiple times, calling the plaintiff “she.”

86. The second nurse made statements to the effect that she was trying not to “offend” plaintiff.

87. The EKG machine reading of plaintiff returned “Sinus Tachycardia.”

88. Sinus tachycardia is an elevated heartrate exceeding 100 beats per minute.

89. Sinus tachycardia can indicate severe dehydration.

90. After the EKG reading, the new nurse provided IV fluids to plaintiff. The first fluid bolus was 1,000 cubic centimeters.

91. It took at least 51 minutes from plaintiff’s arrival at Patient First to receive the first bolus of IV fluids.

92. As plaintiff was receiving the first bag of IV fluids, the physician’s assistant on call, Nicholas F. Wunder, came to plaintiff’s exam room. Plaintiff told him about Ms. Sheidy’s transphobic comments and the delay in receiving IV fluids.

93. Mr. Wunder apologized for what happened to plaintiff.

94. Mr. Wunder said that plaintiff would not see Ms. Sheidy again. At first, he claimed that Ms. Sheidy had left the building, before correcting himself to say that, while her shift had ended, he was not sure whether she was still in the building.

95. Mr. Wunder noted that he agreed with the EKG reading in plaintiff's medical record.

96. When plaintiff used the restroom, their urine was darkly colored, and there appeared to be blood in the urine.

97. Plaintiff asked the second nurse if she needed a urine sample, but the second nurse said none was necessary.

98. Patient First did not take any urine sample from plaintiff.

99. Plaintiff received a second bolus of IV fluids, also 1,000 cubic centimeters.

100. Insertion of the needle for IV fluids caused plaintiff to bleed, covering part of plaintiff's arm and the sheet on the exam chair with blood. Patient First did not clean the blood from plaintiff's arm or replace the bloodied sheet covering the exam chair.

101. At some point following completion of the first IV fluid bolus, plaintiff received a cup of water.

102. Plaintiff's medical records from Patient First contain notes from a physical examination which mention plaintiff's "[d]ry mucus membranes."

103. Dry mucus membranes can result from dehydration.

104. Patient First took a blood sample from plaintiff for testing. Plaintiff's blood test results identified potassium at 3.4 mm/L, below the normal range, and sodium at 139 mm, just inside the low end of normal.

105. Low levels of potassium and sodium in the blood can indicate dehydration.

106. Plaintiff's blood test results from Patient First Aberdeen also show an elevated white blood cell count of 16.8.

107. Elevated white blood cell counts can indicate infection.

108. Plaintiff, Mr. Dallas, and Mx. Williams left Patient First Aberdeen around 4:45 p.m.

**IV. Patient First's Conduct Harms Plaintiff.**

109. After leaving the Patient First Aberdeen clinic, plaintiff had to stop every twenty or thirty minutes to use the bathroom, suffering from dysuria.

110. The night of September 4, 2023, plaintiff traveled to Sudbury, Pennsylvania.

111. On September 5, plaintiff's dysuria had become severe.

112. That afternoon, plaintiff visited a Geisinger ConvenientCare clinic in Selinsgrove, Pennsylvania.

113. Geisinger ConvenientCare took a urine sample from plaintiff, diagnosed plaintiff with acute cystitis with hematuria, and prescribed Bactrim (sulfamethoxazole and trimethoprim).

114. Dehydration is a leading risk factor for bladder and urinary tract infections.

115. Plaintiff feels acutely traumatized by their experience at Patient First, which has also worsened symptoms of their preexisting PTSD. Since the events of September 4, 2023, Mx. Dallas reports symptoms of acute stress disorder and PTSD, including flashbacks of the episode, an exaggerated startle response, severe anxiety, emotional dysregulation, hypervigilance, dissociation, social withdrawal, difficulty with sleeping and eating on a normal schedule, difficulty managing social and professional obligations, and avoidance behaviors such as depressed mood, suicidal ideation, difficulty leaving the house, worsened concentration, and episodes of situational mutism and catatonia. Plaintiff further has experienced a loss of interest in activities that used to provide pleasure and joy.

116. After these events, Mx. Dallas has increased visits to a psychiatric nurse practitioner for psychiatric medication counseling to every two to three weeks, up from monthly or every other month.

117. After these events, Mx. Dallas increased visits with a licensed mental health counselor from weekly to twice per week.

118. After these events, Mx. Dallas was prescribed hydroxyzine 10-20 mg twice daily, up from as-needed (for symptoms of anxiety, panic, and flashbacks), and increased their dosage on sertraline (for symptoms of depression and anxiety) to 75 mg daily from 50 mg daily.

119. In March 2024, plaintiff for one week reduced their intake of hydroxyzine, experiencing nausea, vomiting, panic attacks, and other symptoms.

120. On November 1, 2023, plaintiff scored 19 on the GAD-7 general anxiety scale (ranging from 0 to 21). A score between 15 and 21 on the GAD-7 general anxiety scale indicates severe anxiety.

121. On November 1, 2023, plaintiff scored 14 on the PHQ-9 (patient health questionnaire) for depression. A score between 10 and 14 on the PHQ-9 scale indicates moderate depression.

122. On November 1, 2023, plaintiff scored 54 on the PTSD Checklist for DSM-5 (“PCL-5”), which ranges from 0 to 80. A PCL-5 score above 33 indicates probable PTSD.

123. Plaintiff has also experienced marital difficulties and loss of consortium and intimacy in response to these events.

124. In an attempt to confront their fears of visiting medical clinics, among other trauma, plaintiff has also started an experimental therapy treatment involving intravenous administration of ketamine in a clinical setting. These treatments took place twice weekly for three weeks and monthly after that. Plaintiff has been prescribed at least six such treatments but believes they may continue to seek this treatment indefinitely until symptoms are alleviated.

Each clinical treatment session lasts two hours and requires twelve hours or more of recovery time, preventing plaintiff from working and driving on the day of treatment.

125. Plaintiff has also begun a course of at-home treatment with an FDA-approved nasal administration of ketamine. The at-home treatment likewise has an overnight recovery time, preventing plaintiff from working and driving on the day of treatment.

126. Because of the distress from the events of September 4, 2023, and because of the increased need for their own treatment, plaintiff has had less time for appointments in their own therapy practice, losing profits.

## CLAIMS

### **COUNT 1: Sex Discrimination in Violation of 42 U.S.C. § 18116**

#### **(Against Patient First Defendants)**

127. Plaintiff restates, re-alleges, and incorporates by reference the above allegations as if fully stated here.

128. Section 1557 of the ACA is codified at 42 U.S.C. § 18116.

129. ACA Section 1557 provides that “an individual shall not, on the ground prohibited under . . . title IX of the Education Amendments of 1972 . . . be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance . . .” 42 U.S.C. § 18116(a).

130. Title IX prohibits discrimination on the basis of sex. 20 U.S.C. 1681 *et seq.*

131. Discrimination on the basis of transgender status is discrimination on the basis of sex. *See, e.g., Bostock v. Clayton Cty.*, 140 S. Ct. 1731 (2020).

132. Patient First receives federal financial assistance because it accepts payment from Medicare, Railroad Medicare, and Tricare, which are federal government insurers.

133. Patient First discriminated against plaintiff on the basis of sex through conduct that includes the following: despite knowing that plaintiff was transgender from the sign-in kiosk and Mr. Dallas's explanation to Patient First staff of plaintiff's preferred pronouns and gender identity and plaintiff's own explanation of the same to each healthcare provider they encountered at Patient First, and despite promising not to discriminate on the basis of sex in its public representations, a Patient First nurse used the wrong gender pronouns with plaintiff, asked whether the attempted murder plaintiff suffered was an attempted suicide, blamed plaintiff's dehydration on plaintiff's use of testosterone, asked invasive questions about plaintiff's gender-conforming chest surgery that were unnecessary for treating dehydration, and repeatedly touched plaintiff without asking for or receiving informed consent all while waiting nearly one hour to provide IV fluids or water to plaintiff as they repeatedly lost consciousness in the Patient First waiting and exam rooms.

134. Cisgender individuals presenting with dehydration involving loss of consciousness would not have had their hormones blamed for dehydration, would not have been repeatedly touched without consent and questioned about their bodies in ways unrelated to treating dehydration, and would have been treated with IV fluids promptly or sent to a hospital emergency room if they passed out in the Patient First Aberdeen facility.

135. Because of this conduct, plaintiff has had to seek subsequent medical treatment for a bladder infection that went undiagnosed at Patient First, as well as treatment (including new medication and increased therapy sessions) for the new and exacerbated symptoms of anxiety, depression, and PTSD that these events caused.

136. As a result of this conduct, plaintiff had to reduce the hours available for seeing patients in their own therapy practice, leading to loss of goodwill, brand reputation, and profits.

**COUNT 2: Battery (First Battery Count)**

**(Against All Defendants)**

137. Plaintiff restates, re-alleges, and incorporates by reference the above allegations as if fully stated here.

138. Ms. Sheidy took plaintiff's hand in the Patient First Aberdeen waiting room.

139. By her own admission, Ms. Sheidy did not have informed consent to take plaintiff's hand, as she said, "I know I'm not supposed to do this."

140. At all relevant times, Ms. Sheidy was acting in the course and scope of her employment with and as the apparent agent of Patient First.

**COUNT 3: Battery (Second Battery Count)**

**(Against All Defendants)**

141. Plaintiff restates, re-alleges, and incorporates by reference the above allegations as if fully stated here.

142. In the Patient First Aberdeen waiting room, before plaintiff lost consciousness, Ms. Sheidy touched plaintiff's shoulder and sternum.

143. Ms. Sheidy did not seek or receive informed consent to this touching.

144. At all relevant times, Ms. Sheidy was acting in the course and scope of her employment with and as the apparent agent of Patient First.

145. As a result of these unlawful actions, plaintiff suffered emotional distress, humiliation, and other indignities.

**COUNT 4: Battery (Third Battery Count)**

**(Against All Defendants)**

146. Plaintiff restates, re-alleges, and incorporates by reference the above allegations as if fully stated here.

147. In the Patient First Aberdeen exam room, Ms. Sheidy repeatedly touched plaintiff.

148. At no point did Ms. Sheidy seek or receive informed consent to the touching.

149. At all relevant times, Ms. Sheidy was acting in the course and scope of her employment with and as the apparent agent of Patient First.

150. As a result of these unlawful actions, plaintiff suffered emotional distress, humiliation, and other indignities.

**COUNT 5: Intentional Infliction of Emotional Distress**

**(Against All Defendants)**

151. Plaintiff restates, re-alleges, and incorporates by reference the above allegations as if fully stated here.

152. Defendants desired to inflict severe emotional distress, knew that such distress was certain or substantially certain to result from the conduct toward plaintiff, or acted recklessly in deliberate disregard of a high degree of probability that emotional distress would follow.

Defendants knew plaintiff was transgender. Defendants knew that plaintiff had been the victim of an anti-trans hate crime and had been diagnosed with PTSD. Ms. Sheidy observed that plaintiff was non-responsive to verbal cues, prompting her to perform a sternal rub. And Ms. Sheidy sensed the plaintiff's distress by seeking to hold the plaintiff's hand. But Ms. Sheidy proceeded to ask if the "attempted murder" plaintiff suffered was an attempted suicide, blame plaintiff's

dehydration on “messing with” or “discombobulat[ing]” their hormones through testosterone therapy, and touch plaintiff repeatedly without consent, while failing to treat plaintiff for dehydration, even after seeing them pass out.

153. This conduct is intolerable in a civilized community. First, the context in which the statements occurred was the plaintiff seeking treatment for severe dehydration, a medical emergency, in an urgent care clinic. A healthcare provider stands in a position of apparent medical authority over a patient, especially a patient experiencing deliriousness, dizziness, confusion, or loss of consciousness. A healthcare provider must follow the maxim to “first, do no harm.” Second, the plaintiff was especially susceptible to emotional distress given their diagnosis of PTSD and their communication of the same to Patient First. Were the law to permit a healthcare provider to mock a patient with PTSD for the event that caused the PTSD, the special relationship of trust and confidence between patients and their healthcare providers would be destroyed.

154. There was a causal connection between Patient First’s conduct and plaintiff’s emotional distress. Plaintiff expressed their distress at this treatment while it was happening to other witnesses. Plaintiff raised their distress at this treatment to Mr. Wunder soon after it happened. After returning home to Massachusetts from Maryland, plaintiff immediately increased counseling sessions, discussed this incident with three therapists, was prescribed new and increased dosages of medication for depression and anxiety, and experienced recurring flashbacks of these events which accompanied the feelings of distress.

155. Plaintiff’s emotional distress from the Patient First Aberdeen visit is severely disabling. Plaintiff scored 19 on the GAD-7 general anxiety scale (ranging from 0-21), 14 on the PHQ-9 (patient health questionnaire) for depression, and a 54 on the PCL-5 PTSD scale on

November 1, 2023, soon after the events of September 4, 2023, and while being treated for the distress that resulted from the same. Plaintiff began experimental treatment with intravenous ketamine, a drug with hallucinatory effects, in attempt to treat these symptoms, and was also prescribed a ketamine nasal spray for at-home treatment. Plaintiff has had to scale back on their own therapy practice and has found it difficult to maintain the intimacy of their marriage after being repeatedly battered. Plaintiff faces flashbacks of being touched without consent by Ms. Sheidy while delirious in a medical exam room, sitting in their own blood, a body horror that makes it difficult for plaintiff to seek medical care besides virtual treatment. The marital relationship, plaintiff's business, and plaintiff's ability to safely seek medical care are necessary matters, and the disabling harm to these enterprises which are core to the human experience is devastating.

156. At all relevant times, Patient First's nurses were acting in the course and scope of their employment with and as the apparent agents of Patient First.

**COUNT 6: Medical Malpractice / Negligence**

**(Against All Defendants)**

157. Plaintiff restates, re-alleges, and incorporates by reference the above allegations as if fully stated here.

158. Defendants had a duty to administer treatment following the applicable standards of care.

159. The applicable standards of care for nurses require care that is sensitive to a patient's chosen gender identity.

160. The applicable standard of care for nurses treating patients presenting with symptoms of dehydration involving loss of consciousness is hospitalization or prompt intravenous administration of fluids with electrolytes.

161. Defendants breached the standards of care through conduct that includes the following: despite knowing that plaintiff was transgender from the sign-in kiosk and Mr. Dallas's explanation to Patient First staff of plaintiff's preferred pronouns and gender identity and plaintiff's own explanation of the same to each healthcare provider they encountered at Patient First, and despite promising not to discriminate on the basis of sex in its public representations, a Patient First nurse purposely used the wrong gender pronouns with plaintiff, asked whether plaintiff attempted suicide, blamed plaintiff's dehydration on plaintiff's use of testosterone, asked invasive questions about plaintiff's past gender-conforming surgery that were unnecessary for treating dehydration, and repeatedly touched plaintiff without asking for or receiving informed consent all while waiting nearly one hour to provide IV fluids or water to plaintiff as they repeatedly lost consciousness in the Patient First waiting and exam rooms.

162. Reasonably prudent nurses and medical providers treating patients such as plaintiff presenting with a clinical history significant for dehydration and loss of consciousness would not blame dehydration on a patient's hormone therapy, would not repeatedly touch a patient without consent, would not question a patient about their bodies in ways unrelated to treating dehydration, and would treat such a patient with IV fluids promptly or otherwise call an ambulance if a patient passed out in their care.

163. At all relevant times, Patient First's nurses were acting in the course and scope of their employment with and as the apparent agents of Patient First.

164. Defendants' acts and omissions were actual and proximate causes of plaintiff's injuries and the damages sought here.

165. Plaintiff suffered from a painful bladder infection that became more painful between September 4 and September 5 because it went undiagnosed and untreated by Patient First.

166. Patient First's conduct caused plaintiff's new and exacerbated symptoms of depression, anxiety, and PTSD, plus pain and suffering, humiliation, and other indignities.

167. As a result of this conduct, plaintiff has had to seek subsequent medical treatment for a bladder infection that went undiagnosed at Patient First, as well as treatment (including new and increased dosages of medication and more frequent therapy sessions) for the new and exacerbated symptoms of anxiety, depression, and PTSD that these events caused.

168. As a result of this conduct, plaintiff had to reduce the hours available for seeing patients in their own therapy practice, leading to loss of goodwill, brand reputation, and profits.

169. Plaintiff has also experienced marital difficulties and loss of consortium as a result of these events.

#### **PRAYER FOR RELIEF**

Plaintiff requests relief including:

- i. A judgment that defendants breached their legal duties to plaintiff;
- ii. Nominal damages;
- iii. Compensatory damages;
- iv. Punitive damages;
- v. Attorneys' fees and costs pursuant to 42 U.S.C. § 1988; and
- vi. Such other relief as the Court deems just and proper.

**JURY TRIAL DEMAND**

Plaintiff demands a jury trial on all issues so triable.

Dated: April 2, 2024

Respectfully submitted,

/s/ Brendan Benedict

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