

EXHIBIT 28



Medicine and gender transidentity in children and adolescents

Press release of the French National Academy of Medicine¹

February 25, 2022

Gender transidentity is the strong sense, for more than 6 months, of identification with a gender different from that assigned at birth. This feeling can cause a significant and prolonged suffering, which can lead to a risk of suicide (a). No genetic predisposition has been found.

The recognition of this disharmony is not new, but a very strong increase in the demand for physicians for this reason has been observed (1, 2) in North America, then in the countries of northern Europe and, more recently, in France, particularly in children and adolescents. For example, a recent study within a dozen high schools in Pittsburgh revealed a prevalence that was much higher than previously estimated in the United States (3): 10% of students declared themselves to be transgender or non-binary or of uncertain gender (b). In 2003, the Royal Children's Hospital in Melbourne had diagnosed gender dysphoria in only one child, while today it treats nearly 200.

Whatever the mechanisms involved in the adolescent – overuse of social networks, greater social acceptability, or example in the entourage - this epidemic-like phenomenon results in the appearance of cases or even clusters in the immediate surroundings (4). This primarily social problem is based, in part, on a questioning of an excessively dichotomous vision of gender identity by some young people.

The medical demand is accompanied by an increasing supply of care, in the form of consultations or treatment in specialized clinics, because of the distress it causes rather than a mental illness per se. Many medical specialties in the field of pediatrics are concerned. First of all psychiatry, then, if the transidentity appears real or if the malaise persists, endocrinology gynecology and finally surgery are concerned.

However, a great medical caution must be taken in children and adolescents, given the vulnerability, particularly psychological, of this population and the many undesirable effects, and even serious complications, that some of the available therapies can cause. In this respect, it is important to recall the recent decision (May 2021) of the Karolinska University Hospital in Stockholm to ban the use of hormone blockers.

Although, in France, the use of hormone blockers or hormones of the opposite sex is possible with parental authorization at any age, the greatest reserve is required in their use, given the

¹ This Press release, adopted by the French Academy of Medicine on February 25, 2022, by 59 votes for, 20 against and 13 abstentions, was approved, in its revised version, by the Board of Directors on February 28, 2022.

side effects such as impact on growth, bone fragility, risk of sterility, emotional and intellectual consequences and, for girls, symptoms reminiscent of menopause.

As for surgical treatments, in particular mastectomy, which is authorized in France from the age of 14, and those involving the external genitalia (vulva, penis), their irreversible nature must be emphasized.

Therefore, faced with a request for care for this reason, it is essential to provide, first of all, a medical and psychological support to these children or adolescents, but also to their parents, especially since there is no test to distinguish a "structural" gender dysphoria from transient dysphoria in adolescence. Moreover, the risk of over-diagnosis is real, as shown by the increasing number of transgender young adults wishing to "detransition". It is therefore advisable to extend as much as possible the psychological support phase.

The National academy of medicine draws the attention of the medical community to the increasing demand for care in the context of gender transidentity in children and adolescents and recommends:

- A psychological support as long as possible for children and adolescents expressing a desire to transition and their parents;
- In the event of a persistent desire for transition, a careful decision about medical treatment with hormone blockers or hormones of the opposite sex within the framework of Multi-disciplinary Consultation Meetings;
- The introduction of an appropriate clinical training in medical studies to inform and guide young people and their families;
- The promotion of clinical and biological as well as ethical research, which is still too rare in France on this subject.
- The vigilance of parents in response to their children's questions on transidentity or their malaise, underlining the addictive character of excessive consultation of social networks which is both harmful to the psychological development of young people and responsible, for a very important part, of the growing sense of gender incongruence.

Glossary:

- a. Gender dysphoria is the medical term used to describe the distress resulting from the incongruence between the felt gender and the gender assigned at birth (5).
- b. A non-binary person is a person whose gender identity is neither male nor female.
- c. A transgender person adopts the appearance and lifestyle of a sex different from that assigned at birth. Whether born male or female, the transgender persons changes, or even rejects, their original gender identity. The sex registered on his or her civil status does not correspond to the appearance he or she sends back. This does not necessarily lead to a therapeutic approach.

References

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EXHIBIT 29

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

K.C., <i>et al.</i> ,)	
)	
Plaintiffs,)	
)	
v.)	No. 1:23-cv-00595-JPH-KMB
)	
THE INDIVIDUAL MEMBERS)	
OF THE MEDICAL LICENSING)	
BOARD OF INDIANA, in their)	
official capacities, <i>et al.</i> ,)	
)	
Defendants.)	

DECLARATION OF CHLOE COLE

I, Chloe Cole, pursuant to the provisions of 28 U.S.C. § 1746, do hereby declare as follows:

1. I am a detransitioned 18-year-old woman from California who went through the process of medical transition between the ages of 12–16.
2. The three main interventions I was given were puberty blockers and testosterone, starting at 13, and a double mastectomy at 15. I was treated negligently by my healthcare provider but the biggest failure they made was encouraging and allowing me to medically transition as a child in the first place.
3. My therapists and gender specialists failed to address several underlying circumstances and comorbidities that led to the onset of my gender dysphoria.
4. I began puberty when I was no older than 8 or 9. I had a lot of discomfort around my developing body. I was afraid to grow from a girl into a woman and experience things like

periods, childbirth, and menopause, because I would often only hear about how scary and painful being a woman was from other girls and older women.

5. I never really had any strong female role models and I often never felt that I fit in with other girls. I had a tomboyish streak due to the influence of my older brothers.

6. I was previously diagnosed with ADHD and not until age 17, I was diagnosed with autism. The gender specialist who referred me to surgery was also the same person who later recommended that I get screened for autism. The gender specialist only spent enough time with me after I already went down the transition path to see my obvious autism symptoms.

7. Because I am autistic, I have some more masculine behaviors and I am more competitive than most girls. I have some social, cognitive, and sensory processing differences that made school and going through puberty a little more difficult. All things considered these struggles were all normal but were misrepresented as problems having to do with my gender.

8. I have suffered a multitude of complications from the blockers, cross sex hormones, and surgery. My quality of life is still being negatively impacted to this day.

9. I had my puberty blocked when I was already about 4 years into puberty, so I started experiencing some menopause-like symptoms, including severe hot flashes and itching all over my body. These symptoms went away after I stopped taking puberty blockers, but I still have joint pain and shooting pains in my spine.

10. During a consultation for testosterone, I was told by my endocrinologist that I would experience vaginal atrophy. I was not informed that this atrophy actually affects the rest of the organs in the pelvic region. It caused me to experience episodes of severe uterine cramps that were rare, but unpredictable and worse than any menstrual cramps I've ever had.

11. I was prescribed topical estrogen, but my urinary tract was still affected, and I am still susceptible to dehydration and infection.

12. The status of my fertility is unknown, but I do not have the choice of breastfeeding my future children because my breasts are gone. I was told this by my surgeon but I did not understand the importance of breastfeeding or even being a parent because I was still a child.


13. I am now grieving my breasts and my girlhood that was cut short as an adult, and on top of that, the areolar skin grafts they used in my surgery began to fail two years afterward. I have to wear bandages on my chest every day. The doctors who helped me to transition have not given me the appropriate care for any of these complications, either.

14. You may be wondering what role my parents played in my transition and whether they forced me to endure the transition and the consequences, although unforeseen, were part of the transition process. In fact, they were quite shocked when I first told them about my feelings of discomfort around my birth sex and my desire to be seen as their son. They wanted me to be comfortable, but they were not okay with me going beyond cutting my hair shorter and dressing like a boy. They wanted me to explore without intervention and wait until I was legally an adult to let me decide whether I wanted to go the medical route. When my parents expressed this concern to my doctors, their concerns were dismissed and the doctors lied to my parents. They were told that all children are confident in their gender identity from a very young age, that the regret rate of transitioning is less than 1–2%, and that were I not affirmed in my identity and decision to transition, it was likely that I would commit suicide. They were not given any other option. My parents were forced to make this decision under duress.

15. But even if they were on board with me transitioning medically from the start, no parent, or any adult, really, has a right to determine whether a child gets to be chemically

sterilized or mutilated. Under most circumstances, this would be called abuse. But somehow, we have managed to market procedures that take away function from the body as “necessary, life-saving healthcare” for children and adults alike.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on May 31, 2023.



Chloe Cole

EXHIBIT 30

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

K.C., <i>et al.</i> ,)	
)	
Plaintiffs,)	
)	
v.)	No. 1:23-cv-00595-JPH-KMB
)	
THE INDIVIDUAL MEMBERS)	
OF THE MEDICAL LICENSING)	
BOARD OF INDIANA, in their)	
official capacities, <i>et al.</i> ,)	
)	
Defendants.)	

DECLARATION OF CORINNA COHN

I, Corinna Cohn, hereby declare and state as follows:

1. My name is Corinna Cohn. I am over the age of 18, I am qualified to give this declaration, and I have personal knowledge of the matters set forth herein.

2. I testified in support of the Indiana bill restricting gender transition procedures for minors, coming from the viewpoint as an adult who had similar procedures as a teenager and has come to doubt that I was mature enough to make such decisions at such a young age. Because of these medical procedures, my male body has been feminized and is often mistaken for female.

3. In or about 2nd grade, I saw a psychologist for problems related to being bullied and emotional regulation. After less than a year, my parents chose to discontinue therapy because they felt offended that my psychologist implicated their parenting style for my delays in social development. Instead of learning the skills I might have used to get along with my classmates, I continued to be bullied and had problems forming friendships. Other boys excluded me from social

activities. Later in elementary school I began to pray to be made into a girl, which I thought would allow me to fit in better. This became a fixation for me.

4. By the time I was in middle school, I was deliberately isolating myself from my peers. I started choosing classes and activities that would minimize the amount of time I spent with male classmates, for example by avoiding physical education. I continued this pattern into high school.

5. One day during my sophomore year, I refused to go to school because of my mood and depression. When pressed for an answer why I wanted to stay home, I finally confessed to my parents that I wanted to become a woman. They brought me to see the same psychologist I'd had as a child, and she diagnosed me with having gender identity disorder. Upon receiving this diagnosis, my parents again chose to discontinue my therapy. Around this time my parents had separated and would eventually divorce. My parents were upset by my psychologist's diagnosis. I believe they felt that psychology would not help me with my problems.

6. Through the remainder of my sophomore and junior years, I continued to have problems socializing at school and experienced depression and anxiety on a daily basis. My mother became abusive towards me and called me homophobic slurs and would sometimes become physically aggressive towards me.

7. At the age of 17, I gained access to the Internet. This was prior to the popularization of the World Wide Web, but I was able to use message boards and chat in order to find other members of what today would be called the "trans community". Adult transgender women befriended me, supplied me with validation and support, and provided information on how I could transition to also become a transsexual woman. I began to tell my small circle of friends that I planned to begin transitioning after high school. I began to grow my hair longer. In the spring

before my 18th birthday, I had my ears pierced, and as a result I was kicked out of my mother's home. I stayed with friends for the last several months of my senior year of high school.

8. At the age of 18, I resumed my sessions with my psychologist with the goal of receiving a prescription for cross-sex hormones and eventual sex reassignment surgery. Due to my prior relationship with my psychologist, I was able to gain a letter of recommendation to an endocrinologist referred to me through acquaintances on the Internet. The endocrinologist prescribed me estrogen.

9. The estrogen had two major effects on me. First, it feminized my body. My skin became softer, and I began to grow breasts. The second effect is that estrogen suppressed my libido, which was a major factor in my gender dysphoria. I was not prepared to deal with the sex drive that is typical for a teenage boy. The estrogen suppressed the natural function of my body, and although this provided me with a sense of relief, I misunderstood this to be a sign that I was really a woman. I began living as a woman and had my legal identification updated to reflect my chosen name.

10. I had sex reassignment surgery in Neenah, Wisconsin in 1994. I was only 19 years old. Securing the appointment required letters from two therapists along with a letter from my endocrinologist. My surgeon told me I was the second-youngest patient he had operated on. I felt a sense of accomplishment that I was going through the experience so rapidly, although in retrospect this was a sign that I was going too fast to pay attention to any warning signs.

11. The surgery involved removal of my testicles, penectomy, and vaginoplasty. It was successful and without complication. Nevertheless, I was now responsible for maintaining my surgically altered genitals by needing to dilate the opening on a regular schedule and by keeping the operating site clean and hygienic. Although I tried to follow the worksheet I'd been sent home

with, I feared on a daily basis that I'd develop a complication like a fistula, an opening between the neo-vaginal canal and the rectum, as had happened to a friend of mine. I had no doctor who was able to advise me questions related to my aftercare. I was too afraid to approach my surgeon with what might have been trivial concerns. It took about a year to finish healing. I did this living on my own while working at a restaurant.

12. After healing from my sex change surgery, I thought that my transition journey was over. I discontinued therapy, and I began focusing on my career. I found it was easier to socialize and make new friends with my new confidence and feelings of being my authentic self. As I reached my late twenties, my friends began pairing off and starting families. I discovered that it was very difficult to find a partner who wanted to do the same with me.

13. Although I was in denial for several years, I eventually realized that my depression and anxiety related to my gender identity had not resolved. It was not unusual for me to spend entire weekends in my room crying and entertaining thoughts of suicide. The surgery I had was supposed to make it easier for me to have romantic relationships with other people, but instead I was left sexually dysfunctional. I was not a woman, but instead a man with a medically altered body. I was not ready to face that fact yet.

14. In my mid-thirties I became interested in radical feminism. I am not a feminist, nor have I ever been, but I wanted to reconcile how feminist concepts applied to transsexual women. One of the concepts I found pivotal was the feminist criticism of biological essentialism, which challenges the idea that men and women are destined to fulfill rigid sex roles. Once I understood this criticism, I realized that my more stereotypically feminine attitudes and behaviors did not therefore make me a woman, but rather a feminine man. In retrospect, my self-perception of being a woman also required that I overlook or discount traits that are more stereotypically masculine.

18. I wish I could persuade other boys who wish to become women that the changes they seek are only superficial. Hormones and surgery are unable to reveal an authentic self, and anyone who promises otherwise is, in my opinion, deliberately misleading young people to follow a one-way track to a lifetime of medicalization.

19. Although some people may choose to transition, and may even enjoy a higher quality of life, there is no reason why this irreversible decision needs to be made in adolescence. Adults who advocate for adolescent transition do so without understanding what tradeoffs early transition entails, which includes the loss of fertility, the likelihood of sexual dysfunction, and the likelihood of surgical complication inflicted at an early age from elective procedures.

20. Unfortunately, I do understand some of these tradeoffs. I'm sometimes asked if I regret having had a sex change as a teenager. It's difficult to wrap my mind around the enormity of the question. It's the most defining event in my life. I could not be the person I am today had it not happened, and I can't imagine who I would have been otherwise. It was a decision so immense that I could never have understood how it ended up affecting my life.

21. Although I thought my transition would be over after surgery, what I learned is that every major milestone of adulthood would come with it a reminder that I could never really become the opposite sex. My friends found partners and married, but I struggled to form a lasting relationship since I was impersonating the opposite sex. As my sister was having children, I had no partner and no ability to have children of my own. In my attempts to become the opposite sex, I ended up in an in-between state that has left me alienated from both my natal sex and that which I aspired to become.

22. As I consider my future, once again the circumstances of my sex change influence my planning for retirement and geriatric care. I can never move on from a decision I made as a

teenager. Do I regret it? It is like asking the survivor of a tornado whether he regrets choosing to live in a house that was destroyed. The immensity of the disaster beggars understanding. This has happened to me; I have made it happen to me. I can only try to live and thrive under the new reality.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on May 31, 2023.


Corinna Cohn

EXHIBIT 31

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

K.C., et al.,

Plaintiffs,

v.

THE INDIVIDUAL MEMBERS
OF THE MEDICAL LICENSING
BOARD OF INDIANA, in their
official capacities, et al.,

Defendants.

No. 1:23-cv-00595-JPH-KMB

DECLARATION OF XANDRA ROBERTSON

I, Xandra Robertson, pursuant to the provisions of 28 U.S.C. § 1746, do hereby declare as follows:

1. My name is Xandra, and I am 31 years old, and I have personal knowledge of the matters stated in my testimony.

2. I am a detransitioned woman (natal female) who identified as a transgender man for a total of ten years, which included four total years of testosterone supplementation. I became interested in the trans community in 2009 around the age of 17 when a school friend identifying as “genderqueer” introduced me to the LGBT Vlogging community on Youtube. In 2010, I came out as transgender as a senior in high school, at the age of 18.

3. I do not believe that minors should have access to transgender-related treatments, including medical interventions. There was a time in my own life that

I felt truly dysphoric. In high school, when I discovered the concept of changing genders through a "genderqueer" schoolmate, it was appealing and relatable. I hated my body and wanted out of it. I wanted to be strong, confident, and brave. I was a tomboy with masculine traits and interests. I was hassled for being a lesbian and felt like there was no one like me. I struggled to make friends and fit in my whole life, so it was easy to relate to the idea that "I always felt different." It was my understanding of what it meant to be dysphoric. I also struggled with alcohol all through high school, earning me a reputation for being dramatic and no fun. Being a straight man sounded so much easier as I viewed men as people who were capable of emotional control.

4. I did not begin testosterone until I was an adult due to financial and insurance barriers. Immediately after high school, I joined the military which at the time prevented me from pursuing medical transition since it would not have been allowed. However, I was "socially transitioned" for six or seven years and was adamant that my gender identity and pronouns be accepted and respected.

5. Around the age of 22, I met and married a lesbian woman who affirmed my gender identity during the beginning of our relationship. I was able to begin testosterone for a period of four or five months, but the cost was too expensive and not covered by insurance. I stopped the testosterone and did not begin again for quite a few years.

6. My pursuit of transition put pressure on my marriage. My wife realized she did not want to be seen as a straight woman because she considered herself a

lesbian. She tried to dissuade and prevent me from pursuing hormones or surgeries throughout our marriage, and luckily during that period of time there were more requirements in order to access testosterone. She was uncomfortable trying to defend my identity when she did not fully understand it herself, and uncomfortable answering questions that others had about my desire to transition.

7. In February 2017, we divorced. Shortly thereafter, I sustained a self-inflicted injury to my right wrist which required emergency surgery to repair. It was only three months later in May of that year that I began testosterone.

8. I also put pressure on my immediate family to defend something they did not believe in, preventing them from being true to their values. As someone who struggled socially throughout my life, I lost so many people I cared about and I became lonely, isolated, and resentful.

9. I was convinced that transitioning was still right for me, telling myself that since I had been identifying as a man for so long, it was no longer possible for me to be wrong. I was 26 when I began testosterone.

10. Despite the disclosure of my mental and emotional issues, including that I had been sexually assaulted at the age of four, raped the same year I decided to transition (age 18), and struggled with alcoholism since I was 14, a doctor prescribed testosterone to me. None of these issues were ever addressed by a mental health professional. I was also actively recovering from a self-inflicted wound on my wrist that required emergency surgery. I was still wearing a specially-made brace on my wrist, and do not recall the doctor asking about it. Instead of advising me to

seek therapy, to get sober, or even to make some lifestyle changes first, I left her office with a prescription for testosterone as well as a prescription to treat my new diagnosis of “bipolar.”

11. I signed the informed consent, assuming I already understood all the side effects, and my doctor only really talked to me about superficial changes such as voice changes, hair growth/loss, and cessation of my menstrual cycle, all things that I expected and desired. Throughout these 12 years of identifying as the opposite gender, I had never seen a therapist. I also never saw that doctor again for a follow-up, my prescriptions were always automatically refilled.

12. I came to realize that I had lost my entire twenties attempting to pursue the impossible: there was no way to ever truly transition and become the other gender. Transitioning meant that I would always need medication and need further medical procedures, which would create financial strain and impair my quality of life. I was angry, tired, depressed, and intoxicated almost every hour of the day.

13. I came to realize that I had pushed everyone in my life away. Even my immediate family had ceased all communication with me by the time I was 29, frustrated with my emotional instability and outbursts. I began to question the steep rise in people identifying as transgender, and asked myself what exactly I thought testosterone was supposed to solve. I also asked myself if it was possible that I fell for a social contagion. I began to realize that my feelings of “dysphoria” were strongest during periods of my life that were extremely difficult. For example, I came out as transgender the same year two men—who were more than twice my

age—sexually abused me. As another example, I began testosterone the same year I got divorced and sustained a life-threatening injury. I looked back on the ten previous years and saw that not only was there no improvement to my mental health in the years I was identifying as a transgender man, but I had progressively gotten worse. I was living in a filthy apartment that smelled like cigarette smoke, and all my money went towards paying for testosterone and feeding my alcoholism.

14. At the end of 2020, just before I turned thirty and after several years of hormones, I attempted suicide. This was close to a month, maybe two, after stopping testosterone. I was feeling desperate, not sure if I would ever be able to turn back and present as female. I had not attempted to look, act, or present as a female since I was about 18 and wasn't sure I would ever be able to. The emergency responders who showed up at my apartment that morning intended on taking me to a hospital to be placed on suicide watch. However, when I asked them what would happen to my cat and dog, they informed me that they would be sent to the humane society. I pleaded with them to let me stay home and to not take away my pets. "They are all I have left" is what I told them. For 24 hours, police periodically checked on me in my apartment. That week is when I sought a therapist for the first time, and I continue to see a therapist regularly to this day.

15. The pursuit of transition had pushed away my family, destroyed my marriage, and made meaningful relationships nearly impossible to attain. Testosterone then created a person that I no longer recognized in the mirror, created financial strain, and gave me what I now realize is true dysphoria. Neither

social or medical transition alleviated any of the mental or emotional distress I experienced for many years, and the use of testosterone in particular made existing struggles (i.e., alcohol and drug use, anxiety, depression, financial hardship) far more severe.

16. I believe that at least being an adult saved me from further damage. I did not interrupt my developing body. I was able to turn back with the help of real therapy, focusing on health and sobriety, and learning to think of others before myself. It did not occur to me for a long time how my transition affected the people around me.

17. However, I continue to deal with lingering effects of hormones such as facial hair growth, deepened voice, and back pain/posture issues from many years of chest binding. It is currently unknown if binding caused any damage to breast tissue that could prevent me from breastfeeding in the future, and it is also unknown how the use of testosterone has affected my fertility, or to what extent.

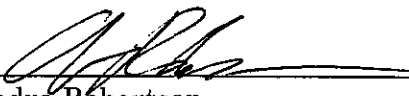
18. Stopping testosterone also made me realize that I was addicted to a drug. It was a chemical that I came to depend on and without it, my body suffered withdrawals. Missing a dose would cause side effects such as fatigue and mood swings. Once my body had shut off its natural production of hormones, it relied on an injection every week to feel "normal." This is physical dependence or addiction, and it took time to recover from. Stopping testosterone created side effects similar to menopause, including weakness, vaginal dryness, fatigue, hot flashes, night sweats, and severe mood swings. It was six months before I had a period, and had

frequent, irregular bleeding for another six months or so. In total, I would say it took about a year for my body to level out and have regular, predictable cycles. Detransition also came with its own expenses, such as laser hair removal, which did not fully solve the problem of facial hair growth. Detransition also created more confusion in situations such as work or within my community, as I was often mistaken for a transwoman. For me, the solution was to leave my job and move.

19. Looking back, I am thankful that there were more barriers that prevented me from transitioning earlier on, even into adulthood, and wish those barriers still existed today. When I first came out as transgender all those years ago, things like long term therapy and multiple recommendations were required, and to my knowledge, almost no insurance would cover gender transition procedures. Today, too many kids are losing body parts and causing irreversible harm to their bodies and minds because access to drugs and surgeries has become too easy.

20. More emphasis needs to be placed on staying off the internet, seeking therapy, and building strong relationships so that detrimental mistakes won't happen in the future. Parents should challenge their children on their beliefs with love and logic. Children suffering from gender dysphoria have more options, as well as their parents. I'm confident that many would overcome dysphoria without becoming lifelong medical patients.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on 5/31, 2023.



Xandra Robertson

EXHIBIT 32

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

K.C., <i>et al.</i> ,)	
)	
Plaintiffs,)	
)	
v.)	No. 1:23-cv-00595-JPH-KMB
)	
THE INDIVIDUAL MEMBERS)	
OF THE MEDICAL LICENSING)	
BOARD OF INDIANA, in their)	
official capacities, <i>et al.</i> ,)	
)	
Defendants.)	

DECLARATION OF YAACOV SHEINFELD

I, Yaacov Sheinfeld, pursuant to the provisions of 28 U.S.C. § 1746, do hereby declare as follows:

1. I am over the age of 18 years and I have personal knowledge of the matters stated in my testimony.
2. My daughter, S.S. had been in counseling for depression since age 15 but had never said anything about gender dysphoria to her counselor.
3. At age 17, S.S.'s mother told me that S.S. was transgender. I did not think it was a good idea to pursue transitioning, nevertheless, I told S.S. that I would help her in any other way.
4. S.S. had suffered a lot of rejection in school and was seeking affirmation. Five of her friends announced that they were transgender. When S.S. said she was transgender too it was seen as fashionable, and she finally had the peer acceptance she had not previously experienced in high school.

5. When S.S. went to college at age 18, unbeknownst to me, she began taking testosterone. When I met with her at school, I noticed she was very depressed.

6. A social worker who was also present at my meeting with S.S., Shannon Sennott, told me that S.S. was going to get a double mastectomy.

7. When I objected to her taking such a drastic step at such a young age, the social worker told me I was an “Israeli chauvinist,” a typical chauvinist male, who doesn’t love his child enough. Her approach was that this is what we’re going to do and you need to just get on board.

8. The social worker assured me that everything would be fine if I just loved my daughter.

9. After this meeting, S.S. refused to talk to me and began threatening that she would kill herself if she did not get the surgery she wanted. She had a double mastectomy at age 19.

10. I witnessed distressing physical and emotional changes in S.S. The changes in her because of the testosterone were so distressing that I even considered suicide at one time. S.S. gained and lost lots of weight, had pain all over her body, suffered from mood swings, could not concentrate, and described herself at times as “barely alive.” At one point she was hospitalized in a psychiatric hospital for depression and suicidal thoughts.

11. S.S. was deeply depressed and taking a significant number of medications along with testosterone. It did not appear any medical professional was monitoring all these medications or even understood their possible interactions. I kept assuring her that I would do whatever I could to help her.

12. S.S.’s pain became so intense that she began taking Fentanyl.

13. S.S. was found dead on August 6, 2021, with Fentanyl and alcohol in her system. She was 28. S.S. had been identifying as a male and taking testosterone for ten years.

14. Indiana's law and similar laws that prohibit interventions that alter and harm minor children's bodies as a treatment for gender dysphoria are critically important. Young people, especially those with mental health issues, such as S.S., cannot make clear decisions about their future, particularly when neither they nor their parents are provided with full information about the effects of these interventions. We know from research that teenagers do not have fully formed brains, so even a healthy 18-year-old does not have the mental maturity to make life-altering decisions such as taking cross-sex hormones or having surgeries that will significantly alter their bodies and impact their mental health.

15. The medical interventions that were promoted to my daughter with a promise that they would relieve her problems, in fact, increased them and led to her death.

16. Parents should not be put in the position to support decisions for their child that can result in infertility or other life-long harms, especially when the young person has mental health issues that are not being addressed.

17. Parents should not be coerced into supporting these decisions through manipulation and threats like the one leveled at me that my daughter would commit suicide if she did not get the intervention she demanded. Most importantly, it will save the lives of vulnerable young people like my daughter.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on June 1, 2023.

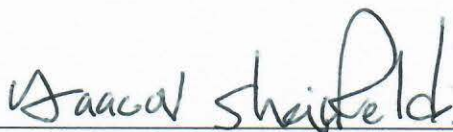

Yaacov Sheinfeld

EXHIBIT 33

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

K.C., <i>et al.</i> ,)	
)	
Plaintiffs,)	
)	
v.)	No. 1:23-cv-00595-JPH-KMB
)	
THE INDIVIDUAL MEMBERS)	
OF THE MEDICAL LICENSING)	
BOARD OF INDIANA, in their)	
official capacities, <i>et al.</i> ,)	
)	
Defendants.)	

DECLARATION OF ZOE HAWES

I, Zoe Hawes, pursuant to the provisions of 28 U.S.C. § 1746, do hereby declare as follows:

1. I am a 24-year-old wife and mother who would have been deprived of motherhood if, as a traumatized teenager looking for a quick fix to relieve my pain, I could have afforded medical and surgical gender transition procedures.

2. A series of traumatic events, including my parents' divorce when I was eight years old, my mother's mental health struggles, including her suicide attempts, and being molested by a classmate at school, left me with significant mental health problems by the age of 15.

3. I was diagnosed with major depression, anxiety, complex PTSD and Obsessive-Compulsive Disorder by different doctors at mental hospitals. I saw several therapists and psychiatrists.

4. When I was 16 years old, I was attracted to women and began researching the LGBTQ community online. I came across a book, "Some Assembly Required," which was a

memoir of a female-to-male transgender young person. I was extremely depressed at the time and immediately resonated with the young person's story. It became the explanation I clung to for the pain in my life.

5. My mom found a gender therapist who did the bare minimum required to be able to write a letter approving me for hormones. I saw her for three months, but she asked me very few questions. I was desperate to get the hormones, so I was willing to say anything to get the letter. I was diagnosed with gender dysphoria and encouraged to pursue medical transition.

6. Once I received the letter from the gender therapist, an endocrinologist prescribed testosterone for me at the age 16 with my mom's consent. At first, my mother did not know what to think, but I was so suicidal that she was willing to go along.

7. I was on testosterone for nearly four years in total. At age 16, I was absolutely convinced that I was a male in a female body, and that transitioning from female to male was the only thing that would bring me peace.

8. After I began testosterone injections, my body started to masculinize pretty quickly. I developed a more male musculature. My hips seemed narrower. My jaw seemed more angular. Facial hair grew. Every change in my body that made me appear more masculine made me euphoric. I was quickly able to present socially as male without people recognizing I had been born female.

9. I also became angrier and developed debilitating anxiety while on testosterone. I felt tired and gained a lot of weight. My mental health was negatively affected by the testosterone. The initial euphoria would wear off and I would still have the same problems.

10. I was introduced to the LGBTQ community. I joined an LGBTQ group for young people in my city, where I was "love bombed" and affirmed in my new identity. The group

encouraged me to cut off anyone who did not affirm my male identity, new name, and new pronouns. I followed that advice and became estranged from my father and his family, who would not affirm the male identity. I did not talk to my father's family for over four years.

11. I was also binding my breasts, which was causing chest pain and headaches.

12. My mental health was terrible while I was on testosterone. I was hospitalized six times while on testosterone and in each case the doctors affirmed my male identity. I was also in outpatient programs multiple times. In 2018, I tried to commit suicide and was again hospitalized. Finally, I began to do the inner work I needed to do to start to heal.

13. At age 20, I stopped taking testosterone and my body began to regain its female characteristics. I am no longer on any mental health medications or receiving therapy. I believe the gender dysphoria was brought on by trauma and culture – by people and medical professionals encouraging me to believe that becoming a man was an option and transitioning would bring me peace.

14. I reconciled with my father's family, who remained an anchor to reality and affirmed me as the woman that I am, and who have helped me on the long journey to learn what it means to be a woman, a daughter, and now a wife and mother.

15. At the time that I was taking testosterone, between ages 16 and 20, I desperately wanted gender transition surgeries. I wanted a double mastectomy because I was binding and it was very uncomfortable, so much so that I once had threatened to take a knife to my chest. I also wanted a hysterectomy because at that age I did not want to have to worry about periods or ever getting pregnant.

16. The only reason I did not get the surgeries was that I did not have the money to pay for them. Otherwise, I absolutely would have had them, and would have never found the peace

with my female body I now enjoy and would not be able to experience being a mother or breastfeeding my son.

17. Gender transition procedures amount to a false chemical or surgical promise – that these chemicals or surgery will bring lasting peace to what is truly causing body dysphoria. This would mask a great deal of mental illness. It would likely result in increased suicides, as these treatments almost did to me.

18. By not having these procedures, I was saved, as was my future child. Prohibitions on gender transition procedures for minors will save lives.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on June 1, 2023.

/s/ Zoe Hawes
Zoe Hawes

EXHIBIT 34

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

K.C., <i>et al.</i> ,)	
)	
Plaintiffs,)	
)	
v.)	No. 1:23-cv-00595-JPH-KMB
)	
THE INDIVIDUAL MEMBERS)	
OF THE MEDICAL LICENSING)	
BOARD OF INDIANA, in their)	
official capacities, <i>et al.</i> ,)	
)	
Defendants.)	

DECLARATION OF JAMIE REED

I, Jamie Reed, declare as follows:

1. I am an adult, I am under no mental incapacity or disability, and I know that the following facts set forth are true because I have personal knowledge of them.

2. I hold a Bachelor of Arts in Cultural Anthropology from the University of Missouri St. Louis and a Master of Science in Clinical Research Management from Washington University. I have worked at Washington University for seven years. I initially worked with HIV-positive patients, caring for many transgender individuals. From 2018 until November 2022, I worked as a case manager at the Washington University Pediatric Transgender Center (“the Center”) at St. Louis Children’s Hospital. My duties included meeting with patients two to three days a week and completing the screening triage intake of patients referred to the Center.

3. I have experience and expertise working with transgender individuals and pediatric populations. I accepted the job at the Center because I firmly believed I could provide quality care for children there. Instead, I personally witnessed children experience shocking injuries from puberty

blockers and cross-sex hormones, which often were prescribed to them without complete informed parental consent or an accurate assessment of the child's needs. To my knowledge, the Center did not track patients' adverse outcomes post-discharge. I left the Center in November 2022 after having raised concerns internally for years.

4. During my time at the Center, I was required to schedule patients to the Endocrinology or Adolescent Medicine practice based on their age and stage of puberty. Generally, Psychology was primarily only available to write patients' letter of support for medical transition treatments instead of ongoing therapy. Psychiatry was limited to patients "not too severe" to avoid the already overburdened emergency room for patients suffering suicidal ideations and self-harm or requiring inpatient eating disorder treatment.

5. On my own initiative, I tracked certain patients on a case-by-case basis. I was concerned that Center doctors were prescribing cross-sex hormones and puberty blockers to children who were not good candidates. I created a "red flag" list of children where other staff and I had concerns. Ultimately, Center doctors sent these children to our in-house therapists, and those therapists inevitably provided letters to the doctors. Center doctors told me I had to stop raising these concerns, and I was no longer allowed to maintain the red flag list. I also wanted to track the number of our patients who detransitioned, attempted suicide, or committed suicide. The Center would not make these tracking systems a priority.

6. From 2020 to 2022, the Center initiated medical transition for more than 600 children and adolescents. Approximately 74% of these patients were assigned female at birth. One biologically female patient on cross-sex hormones called the Center after having sexual intercourse and experiencing severe vaginal lacerations as a result. Patient bled through a pad, pants, and a

towel wrapped around their waist. Ultimately, Patient required surgical treatment in St. Louis Children's Hospital emergency room. I have heard from minor patients given testosterone that their clitorises have grown so large that they now constantly chafe against their pants, causing them pain when they walk.

7. Nearly all children and adolescents who came to the Center presented with severe comorbidities, including autism, ADHD, depression, anxiety, PTSD, trauma histories, OCD, and eating disorders. Many were prescribed puberty blockers or cross-sex hormones. For example:

a. Patient came to the Center identifying as a "communist, attack helicopter, human, female, maybe nonbinary." Patient was in poor mental health and reported early on that they had no idea of their gender identity. The Center prescribed Patient cross-sex hormones. Patient subsequently reported that their mental health worsened.

b. Patient was in a residential sex offender treatment facility in state custody. Patient had previously sexually abused animals and had stated that they would do so again when released. There were questions about the consistency of gender history. The Center prescribed Patient cross-sex hormones.

c. Patient had severe Obsessive Compulsive Disorder and threatened to self-harm their genitals. Patient did not have a trans or other incongruent gender identity. The Center prescribed Patient cross-sex hormones to reduce libido and sexual arousal chemically.

d. Patient had a history of sexual abuse and notified the psychologist of this. Documented in the letter of support were Patient's concerns about the changes that testosterone would cause to their genitals. The Center prescribed Patient testosterone.

e. Patient had severe mental health concerns and was prescribed psychiatric

medications. Patient failed to take these prescriptions. The Center nonetheless prescribed Patient cross-sex hormones.

f. Patient had significant autism with unrealistic expectations, struggled to answer questions, and wanted questions provided ahead of time. The Center prescribed Patient feminizing hormones.

g. Patient had a mental health history that included violent tendencies. Parent forced Patient to cross-dress. The Center prescribed Patient feminizing hormones.

h. Patient was on cross-sex hormones and had decompensating mental health, outlandish name changes, and a self-diagnosis of multiple personalities. The Center continued prescribing Patient cross-sex hormones.

i. Patient believed that their prescribed testosterone was poisoning them and stopped for a period. Patient had significant serious mental health issues. The Center continued prescribing Patient testosterone.

j. A 17-year-old Patient arrived at the Center with non-relative man who had been living with Patient. One year later, the Center prescribed Patient hormones. Patient's mental health deteriorated. Patient visited the Emergency Department and disclosed that the non-relative man that had brought them to the clinic had been sexually and physically abusing them. The Center continued Patient's medical transition treatment.

k. Patient was in residential facility, in foster care. The Center convinced the facility staff to allow Patient to start testosterone. Patient ran away numerous times from the facility and began having unprotected intercourse while on testosterone. The Center continued prescribing Patient testosterone.

l. Patient admitted that their parent encouraged them to start taking testosterone

at 11- years-old because they were moving to a state that the parent believed would restrict Patient's care in the future. Patient had desisted in male identity to a vague nonbinary. Patient changed their name numerous times and struggled with thoughts about desistence, even saying they wanted breast development. The Center continued prescribing Patient testosterone.

m. Patient on cross-sex hormones was evaluated for OCD and a somatization disorder with "seizure" activity. The Center continued prescribing Patient cross-sex hormones.

n. Patient on cross-sex hormones stopped taking their schizophrenia medications without consulting a doctor. The Center continued prescribing Patient cross-sex hormones.

8. I witnessed puberty blockers worsen patients' mental health. Several children that had never contemplated suicide attempted suicide after taking puberty blockers. Similarly, many patients with depression and anxiety symptoms became more severe after starting cross-sex hormones. The Center did not require children to continue with mental health care after they prescribed cross-sex hormones or puberty blockers. The Center continued treatment despite patients reporting worsening mental health.

9. The Center had four basic requirements to place a child on puberty blockers or cross-sex hormones: age or puberty stage, therapist letter, parental consent, and a clinical visit. In practice, every patient who met these minimum criteria was prescribed cross-sex hormones or puberty blockers.

10. First, the Center required that the child be at a certain age or stage of puberty. Puberty stages were measured according to the Tanner Stage system. When I was at the clinic, the World Professional Association for Transgender Health ("WPATH") Standard of Care Version 7

recommended that children be at least 16 years old before starting cross-sex hormones. The Center routinely prescribed cross-sex hormones to children as young as 13.

11. Second, the Center required the child to have a therapist referral letter authorizing medical treatment. Supposedly, this requirement ensured that two independent professional clinicians agreed that medical transition was appropriate before giving the child medication. The Center would recommend therapists it knew would offer children a letter supporting medical transition. If the child did not receive a letter from an outside therapist authorizing puberty blockers or cross-sex hormones, we would send the patient to the Center's in-house therapists. I was instructed to draft and send language to the therapists for them to use for letters supporting medical transition. Most therapists had a template letter drafted by the Center. Many therapists on the Center's list would return letters supporting medical transition after 1-2 hours with a patient.

12. Third, the Center required parental consent. But parents routinely said they felt they were pressured to consent. I was present during visits where Center doctors obtained consent by telling the parent of a child assigned female at birth, "You can either have a living son or a dead daughter," or parents of a child assigned male at birth, "You can either have a living daughter or dead son."

13. The Center did not inform parents or children of all known side effects before placing children on cross-sex hormones or puberty blockers. Center doctors knew that many of its former patients had stopped taking cross-sex hormones and were detransitioning. Doctors did not share this information with parents or children. The Center nurse and I expressed concerns about one patient's intellectual function and ability to provide informed consent. Patient attended a school district for special education needs, could not identify where they lived, and could not

explain what kind of legal documents or identification they possessed. The provider dismissed our concerns and prescribed hormones. In a follow-up appointment, Patient stated that they were possibly interested in having biological children. Patient never saw the fertility department and the Center never discussed fertility questions with Patient.

14. Fourth, the Center required that the child attend a consultation with the Endocrinology or Adolescent Medicine practices. On several occasions, I witnessed Center doctors mention that they did not have time in the meeting to discuss everything they would have liked to.

15. During my four years working at the clinic, I witnessed only two instances where doctors chose not to prescribe cross-sex hormones or puberty blockers for a child who met the four basic criteria. Both cases involved patients with severe developmental delays. In one of those cases, the doctors did not prescribe cross-sex hormones or puberty blockers, despite recommending the medications, solely because the parents would not agree to monitor the child's medication administration.

16. Toward the end of my time at the Center, I saw a large increase in children seeking transition treatment. When I started in 2018, the Center received between five and ten calls a month. When I left, the Center had received more than 40 calls a month. Many children reported that they learned of their gender identities from TikTok.

17. Center doctors would prescribe puberty blockers or cross-sex hormones even if the child had severe comorbidities or was influenced by social media.

18. Children had come into the clinic using pronouns of inanimate objects like "mushroom," "rock," or "helicopter;" asking for hormones because they do not want to be gay; changing their identities on a day-to-day basis; and under clear pressure by a parent to identify in a way inconsistent with the child's actual identity.

19. In hundreds of other cases, Center doctors regularly issued puberty blockers or cross-sex hormones despite concerns raised by the child's individual circumstances. For example:

- a. Patient's gender identity shifted day-to-day. Patient changed preferred name and at one point changed to non-binary identity. Center doctors continued prescribing Patient cross-sex hormones.
- b. 19-year-old Patient, initially seen as a minor, had a mastectomy at St. Louis Children's Hospital. Three months after the surgery, Patient contacted the surgeon and asked for their breasts to be "put back on."
- c. Doctors placed a biologically female patient on cross-sex hormones. Later, I discovered that Patient desired cross-sex hormones only to avoid becoming pregnant.
- d. I witnessed a call between an outside psychiatrist and the Center's endocrinologist. Psychiatrist recommended that Patient not start cross-sex hormones due to the child's serious mental health issues. Patient had threatened to commit suicide by jumping off a roof. The Center's endocrinologist yelled at the psychiatrist and spoke down to this provider.
- e. At intake, Patient identified as "blind," even though vision tests revealed that the child could see. Patient also identified as transgender. The Center dismissed the child's blindness claim as a somatization disorder but accepted Patient's statement about gender. The Center prescribed that child drugs for medical transition without confirming the length or persistence of the condition. The Center provided no concurrent mental health.

20. I have personally witnessed staff say they were uncomfortable with how the Center

requested that they code bills sent to publicly funded insurance programs. I witnessed staff ask providers for clarification on billing questions and have providers dismiss the concerns and prioritize patients' coverage. I personally witnessed staff report that they were aware that patients had been coded incorrectly, coding for precocious puberty for a puberty blocker prescription when the child did not have the condition.

21. Washington University School of Medicine's Pediatric Transgender Center at St. Louis Children's Hospital is not an outlier in its practices. I know this personally to be true for the following reasons:

- a. Our clinical co-director was trained in gender care by Dr. Steven Rosenthal, the Medical Director of the Children and Adolescent Gender Center at the University of California San Francisco at Benioff Children's Hospital. UCSF is known as a leading institution in pediatric gender care. UCSF recently hosted the 2023 National Transgender Health Summit. Our clinical co-director, Dr. Chris Lewis continued to seek out Dr. Rosenthal's clinical expertise on a regular basis through my tenure at the center and would state that he wanted to discuss cases with his mentor. Even after those discussions clinical decisions like I described above were made.
- b. Our center multidisciplinary team attended numerous national conferences. We attended as a group the Philadelphia Trans Wellness Conference at the Mazzoni Center. We also attended as a group the Gender Odyssey Conference in San Diego. In these conference sessions, we were never challenged with any information or clinical practices that demonstrated that our clinical practices were outside of the norm. If anything, we were presented with information that demonstrated that our clinical care was potentially more conservative than the prevailing norms at the coastal centers. For example, the conference in San Diego

had an entire session on the use of the cancer drug bicalutamide and our provider, Dr Chris Lewis, was using this drug on a regular basis. This drug was not found in any WPATH or Endocrine Society formal ‘guidelines’ and yet was clearly being used by other gender centers treating children around the country.

- c. Our Center’s multidisciplinary team was active in an online email national group that linked together pediatric gender care providers. Although I never completed the steps to join that group, in part because I already had enough email to manage, I heard from the providers comments that our practices were actually more conservative than what they were seeing on the group chats. Casey Lofquest, our Center’s nurse practitioner, even commented once to me about this chat saying that if I think our Center is going too far and not following the ‘guidelines’ that I would be appalled at some of the other clinical practices who do not even know that ‘guidelines’ even exist.
- d. We had patients who transferred their care to our Center from centers in other states. Upon reviewing the records from other centers, I found that other centers did not even attempt to determine who the legal guardians are for children in their care. I found that other centers did not even request a letter of support at all before starting children on cross sex hormone treatment. I also found in one case that a child transferred to our center who was started on testosterone at the age of 11. It was apparent that other centers, within the United States, were operating well outside of any standard of care.

22. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on June 1, 2023.

/s/ Jamie Reed
Jamie Reed