EXHIBIT 4

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

REV. PAUL A. EKNES-TUCKER; BRIANNA BOE, individually and on behalf of her minor son, MICHAEL BOE; JAMES ZOE, individually and on behalf of his minor son, ZACHARY ZOE; MEGAN POE, individually and on behalf of her minor daughter, ALLISON POE; KATHY NOE, individually and on behalf of her minor son, CHRISTOPHER NOE; JANE MOE, Ph.D.; and RACHEL KOE, M.D.

Plaintiffs,

v.

KAY IVEY, in her official capacity as Governor of the State of Alabama; STEVE MARSHALL, in his official capacity as Attorney General of the State of Alabama; DARYL D. BAILEY, in his official capacity as District Attorney for Montgomery County; C. WILSON BAYLOCK, in his official capacity as District Attorney for Cullman County; JESSICA VENTIERE, in her official capacity as District Attorney for Lee County; TOM ANDERSON, in his official capacity as District Attorney for the 12th Judicial Circuit; and DANNY CARR, in his official capacity as District Attorney for Jefferson County.

Defendants.

Civil Action No.

_____

DECLARATION OF REV. PAUL A. EKNES-TUCKER IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER & PRELIMINARY INJUNCTION

I, Paul A. Eknes-Tucker, declare as follows:

1. I am the Senior Pastor at Pilgrim Church in Birmingham, Alabama. I have been a pastor for forty-five years and worked in congregations across the United States.

2. Seven years ago, I was honored to be called to serve the congregation at Pilgrim Church. This calling also allowed me to return to Alabama, the state where I was born and raised.

3. Pilgrim Church was established in Birmingham in 1903 and is part of the United Church of Christ. We hold services every Sunday and open our church during the week for events and community gatherings.

4. A core tenet of this congregation is to love and support all people to be their true selves. This is a belief that I talk about while performing my duties as a Senior Pastor. In fact, my sermon on Easter Sunday this year touched on supporting and caring for the transgender young people in our communities.

5. In my role as Senior Pastor, I have also provided pastoral counseling to parents of transgender children who are church congregants as well as to members of the Birmingham community. In those counseling discussions, parents are often uncertain about what guidance their religious faith can provide as they figure out how to support their child and how their faith can sustain them through that process.

We often talk about their children being made in the image of God and about the role of parents in helping and supporting their children.

6. While providing pastoral counseling, parents of transgender children will often share their worries and fears as well as hopes and aspirations for their transgender child's future. Some of the questions they have relate to the application of our faith's teachings to and the spiritual effects of medical treatments for gender dysphoria. My goal in those conversations is to answer their questions and provide information that the parents would find useful in guiding their decisions about their child's medical care. My religious faith compels me to support parents to love and affirm their transgender children. This includes counseling parents to get help from medical and mental health professionals, when needed, to assist and care for their children and to embrace who they are.

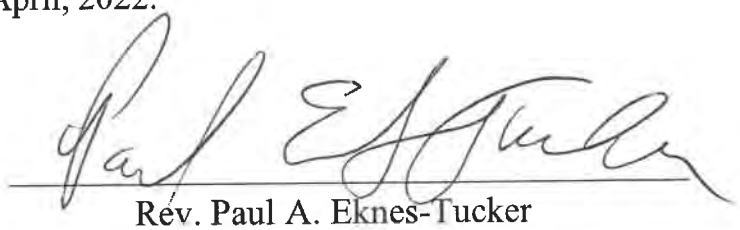
7. I have been fortunate to continue working with the families of transgender children for whom I have provided pastoral counseling. Watching parents support their child, I have seen improvements in the mental health and wellbeing of their children, but also as a family unit; their commitment to one another and their faith only grew stronger.

8. Given my understanding of Alabama's Vulnerable Child Compassion and Protection Act (SB 184), I am concerned that I could face criminal penalties or

fines for my work as a pastoral counselor, which could "cause" a transgender minor to begin receiving medical treatment for their gender dysphoria.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 19 th day of April, 2022.



Rev. Paul A. Eknes-Tucker

EXHIBIT 5

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

REV. PAUL A. EKNES-TUCKER; BRIANNA BOE, individually and on behalf of her minor son, MICHAEL BOE; JAMES ZOE, individually and on behalf of his minor son, ZACHARY ZOE; MEGAN POE, individually and on behalf of her minor daughter, ALLISON POE; KATHY NOE, individually and on behalf of her minor son, CHRISTOPHER NOE; JANE MOE, Ph.D.; and RACHEL KOE, M.D.

Plaintiffs,

v.

KAY IVEY, in her official capacity as Governor of the State of Alabama; STEVE MARSHALL, in his official capacity as Attorney General of the State of Alabama; DARYL D. BAILEY, in his official capacity as District Attorney for Montgomery County; C. WILSON BAYLOCK, in his official capacity as District Attorney for Cullman County; JESSICA VENTIERE, in her official capacity as District Attorney for Lee County; TOM ANDERSON, in his official capacity as District Attorney for the 12th Judicial Circuit; and DANNY CARR, in his official capacity as District Attorney for Jefferson County.

Defendants.

Civil Action No.
_____

DECLARATION OF BRIANNA BOE, IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER & PRELIMINARY INJUNCTION

I, Brianna Boe,[1] declare as follows:

1. I am plaintiff to this action and the mother of Michael Boe, a twelve-year-old transgender boy and another plaintiff in this action.

2. I am a citizen of Alabama and reside with Michael in Montgomery County, Alabama.

3. As a young child, Michael was very care-free and outgoing. He was just a happy kid. Then, when Michael was about nine years old, I noticed a significant change in his behavior. He became depressed, withdrew from his friends, and became more anxious and impatient. He also started acting out in school and struggled academically. Some mornings he would beg not to go to school. Although I still took him, I could see that he was both sad and afraid.

4. I talked with him to try to figure out what was going on. He told me that he was starting to feel different and like he didn't belong, and that he was not like other girls. Michael worried that other kids were judging him, and he told me that he was getting bullied a lot at school.

5. Worried that his stress and anxiety was interfering with this ability to learn, I placed him in a new school the following year and started taking him to see

[1] Because of concerns about criminal liability and my child's privacy and safety, I am seeking to proceed in this case under a pseudonym. *See Motion to Proceed Pseudonymously*, filed concurrently herewith. In addition, contemporaneous with signing this declaration, I have signed with my legal name a separate copy of this declaration. My attorneys have a copy of that separate declaration.

a therapist, who helped Michael begin untangling what was causing his depression. Seeing this therapist helped Michael, but he had still not returned to his old self. Over the following year, he regularly talked to me about his growing awareness of his male gender identity. I could see that this was something that occupied a lot of his mental energy and that navigating the mismatch between his inner sense of who he is and the way others saw him was very stressful for him.

6. At the same time, Michael started going through puberty. His chest, and eventually his period, caused him a lot of anxiety and further fueled his depression. Michael would dread getting his period every month—and still does. He finds it very difficult to go to school—let alone pay attention—during the first few days of his period every month. For Michael, this discomfort is far beyond any sort of normal adjustment or discomfort that a non-transgender adolescent might experience. He is anguished, and often debilitated, by these physical reminders that his body does not match who he knows himself to be.

7. About a year ago, in June 2021, Michael disclosed to me that he is transgender. I was happy that he felt comfortable sharing this with me, and I let him know that I love and support him in being who he is. I also was scared because I saw what the bullying had done to him before and knew that his peers may not be accepting of him. Setting that fear aside, I looked for resources to learn what I needed to know to best support Michael, including making sure that he was seen by

healthcare providers with experience working with kids like him. I wanted to be sure that Michael was getting the best possible treatment and that I would have experts who could answer my questions and advise me about treatment options.

8. Soon after Michael came out as transgender to me, I told Michael's father, his siblings, and extended family that Michael is transgender. As I expected, his father was initially taken aback, but we talked about it, and he took the time to learn about transgender children and the importance of supporting them. After that, he came around quickly and has been supportive of Michael ever since. Michael's siblings and grandparents have been equally supportive.

9. I also started taking Michael to see a second therapist who specializes in working with adolescents experiencing gender dysphoria. The therapist confirmed that Michael has gender dysphoria and recommended that he be evaluated for medical treatment. At the same time, with the support of his therapist and family, Michael began to socially transition. Coming out as transgender and socially transition had a remarkably positive effect on Michael, but because he has not yet been able to start any medical treatments for his gender dysphoria, the conflict between his male identity and his body causes him a lot of distress.

10. Although he doesn't have a large chest, his breasts cause him significant distress. He wears a binder everyday to flatten his chest as much as possible, which he couples with baggy clothes to further hide the contour of his

chest. If he could, he would wear his binder all the time, but it is not recommended to wear a binder more than 8-10 hours each day. As a compromise, I bought him numerous sports bras with different levels of compression for him to wear when he takes the binder off. He relies on those sports bras almost as much as his binder. Michael cannot sleep without wearing a sports bra.

11. Michael's period also continues to be a source of significant distress for him. We keep track of his cycles in hopes that he will be mentally prepared, but no amount of preparation or notice is enough. Every month his depression and anxiety spikes, like clockwork.

12. Michael is working hard to manage his depression and recently started taking medication to treat his mental health. Still, there are days that those coping mechanisms fail him due to the intense distress caused by his gender dysphoria. He has engaged in self-harm, such as cutting, and has had suicidal ideation, which I have learned is common among transgender adolescents who are unable to receive the medical treatments they need.

13. Unfortunately, his school environment has become unwelcoming. Recently, he was cornered by a group of students who insisted that Michael was not a boy. Although his teacher addressed the situation afterwards, most of his teachers have not been that supportive, regularly referring to him by the wrong name or pronouns.

14. In February 2022, I called the gender clinic at Children's Hospital to make an initial appointment for Michael. The first availability they had was in December 2022. If this law goes into effect, Michael will not even be able to be evaluated for medical treatment for his gender dysphoria.

15. I am worried that if law prevents Michael from receiving medical evaluation and care for his gender dysphoria that the hormones in his body will continue to change his body in ways that are inconsistent with his gender identity and that his mental health will decline rapidly. Knowing that he has an appointment at the gender clinic has given him hope. Taking that way will leave him with therapy and mental health medications, which we have already seen are not able to adequately address his gender dysphoria. The fact that Michael has a history of cutting and prior suicidal ideation makes even more worried for his safety and wellbeing. One of my other children lost a transgender friend to suicide and I cannot let that happen to Michael.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 19th day of April, 2022.

Brianna Boe

Brianna Boe

EXHIBIT 6

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

REV. PAUL A. EKNES-TUCKER; BRIANNA BOE, individually and on behalf of her minor son, MICHAEL BOE; JAMES ZOE, individually and on behalf of his minor son, ZACHARY ZOE; MEGAN POE, individually and on behalf of her minor daughter, ALLISON POE; KATHY NOE, individually and on behalf of her minor son, CHRISTOPHER NOE; JANE MOE, Ph.D.; and RACHEL KOE, M.D.

Plaintiffs,

v.

KAY IVEY, in her official capacity as Governor of the State of Alabama; STEVE MARSHALL, in his official capacity as Attorney General of the State of Alabama; DARYL D. BAILEY, in his official capacity as District Attorney for Montgomery County;; C. WILSON BAYLOCK, in his official capacity as District Attorney for Cullman County; JESSICA VENTIERE, in her official capacity as District Attorney for Lee County TOM ANDERSON, in his official capacity as

Civil Action No. _____

DECLARATION OF JAMES ZOE IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

District Attorney for Coffee County; and DANNY CARR, in his official capacity as District Attorney for Jefferson County.

Defendants.

I, James Zoe,[1] hereby declares as follows:

1. I am a citizen of Alabama and reside with my wife and our son in Jefferson County, Alabama.

2. My son, Zachary Zoe, is a thirteen-year-old transgender boy and is another plaintiff in this action. He is in the seventh grade, a bright boy with a close group of friends, and is interested in video games and art. He hopes to become a mental health professional one day.

3. I was born and raised in Alabama, attended the University of Alabama at Birmingham, and have been living in Birmingham my entire life. My wife resided in Alabama from 2009 to 2011, and she returned in 2018. We met that year and married in 2020. Alabama is our family's home and we want to stay here.

[1] Because of concerns about criminal liability and my child's privacy and safety, I am seeking to proceed in this case under a pseudonym. *See* Motion to Proceed Pseudonymously, filed contemporaneously herewith. In addition, contemporaneous with signing this declaration, I have signed with my legal name a separate copy of this declaration. My attorneys have a copy of that separate declaration.

4. When my wife and I married, my wife became Zachary's stepmother, and she has been his champion ever since they met. We share custody and co-parent with Zachary's biological mother and stepfather who also live in Alabama. They fully support the decision to fight for Zachary in court.

5. Zachary was born in Alabama and, like me, has lived in this state for his entire life. Zachary resides half-time with me and my wife in Jefferson County, and half-time with his biological mother and stepfather in St. Clair County. Alabama is Zachary's home and he too, plans to continue residing here.

6. Zachary was assigned female at birth. As a younger child, Zachary was shy and reserved. Around the age of 8, Zachary began to dislike wearing dresses and bright clothing, especially if the clothing was pink. Over time, Zachary started to prefer dressing in masculine attire more and more strongly. He became distressed if people identified him as a girl.

7. Around a year later when Zachary was 9 years old, he started female puberty. Zachary was distressed that he was developing breasts and had to confront menstrual cycles. This caused him to become withdrawn. Around the age of 10, Zachary became uncomfortable wearing any kind of clothing that revealed his body. For example, he started to wear boys' athletic shorts and t-shirts instead of girls' bathing suits when going to swim. As his parents, we did not initially understand why he was withdrawn or why he was so uncomfortable with his body.

8. When Zachary was 11 years old, he began referring to himself using "he" and "him" pronouns. In response, some of his friends mirrored his use of male pronouns. Identifying with male pronouns brought Zachary a greater sense of self-awareness, self-acceptance, allowing him to feel more at ease and happy. It was also when Zachary was 11 years old that he formally told me, my wife, his biological mother, and his stepfather that he is a transgender boy. He declared to us that he did not want to be identified as female. He told us that he uses he/him pronouns and wants us to call him by his chosen name. We all love our Zachary and were supportive of him.

9. Zachary's social transition has been very positive for him. He uses a chest binder and appears and dresses like other boys his age. His friends and his teachers refer to him using "he" and "him" pronouns. It is important to his mental health and well-being that others around him see him as the boy he is. After he came out, Zachary has blossomed into a happier and more outgoing child.

10. In October 2021, after completing appropriate mental health evaluations, Zachary began taking puberty-blocking medication, prescribed by his pediatrician with the support of both sets of parents. He just recently had an appointment to start the assessment process for hormone therapy at the Children's Hospital of Alabama at Birmingham.

11. Continued access to puberty-blockers is essential to maintain Zachary's current state of mental health. It is also critical that he continues on a steady path of receiving future treatments that are age-appropriate and medically necessary to address gender dysphoria. This law has caused my family enormous anxiety. If it goes into effect, we will be forced to choose between harming our son by denying him medically necessary care or facing criminal prosecution. I know the rates of suicide that run through the transgender population due to discrimination and harassment, and I am terrified that this law will exacerbate my son's anxiety and push him into self-harm.

12. None of the decisions surrounding Zachary's medical care have been easy. But the one decision that has not been difficult is to listen and talk to Zachary and engage in regular conversations with medical professionals to determine what course of treatment would be appropriately tailored for my son.

13. I am concerned for Zachary's mental health and well-being if his gender-affirming treatments are disrupted, suspended, or discontinued. No parent should have to watch their child experience severe, unnecessary distress, and this law will do just that because its enforcement and implementation will cause Zachary to develop irreversible physical traits that are inconsistent with his male identity. I am concerned that being forced to undergo this harmful experience will have a

lasting negative effect on Zachary's future and irreparably jeopardize his chance to lead a healthy, happy life as an adult.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 19th day of April, 2022 in Jefferson County, Alabama.

James Zoe

EXHIBIT 7

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

REV. PAUL A. EKNES-TUCKER; BRIANNA BOE, individually and on behalf of her minor son, MICHAEL BOE; JAMES ZOE, individually and on behalf of his minor son, ZACHARY ZOE; MEGAN POE, individually and on behalf of her minor daughter, ALLISON POE; KATHY NOE, individually and on behalf of her minor son, CHRISTOPHER NOE; JANE MOE, Ph.D.; and RACHEL KOE, M.D.

Plaintiffs,

v.

KAY IVEY, in her official capacity as Governor of the State of Alabama; STEVE MARSHALL, in his official capacity as Attorney General of the State of Alabama; DARYL D. BAILEY, in his official capacity as District Attorney for Montgomery County; C. WILSON BAYLOCK, in his official capacity as District Attorney for Cullman County; JESSICA VENTIERE, in her official capacity as District Attorney for Lee County; TOM ANDERSON, in his official capacity as District Attorney for the 12th Judicial Circuit; and DANNY CARR, in his official capacity as District Attorney for Jefferson County.

Defendants.

Civil Action No.
_____

DECLARATION OF MEGAN POE IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER & PRELIMINARY INJUNCTION

I, Meagan Poe,[1] hereby declare as follows:

1. I am a plaintiff to this action and the mother of Allison Poe, another plaintiff in this action.

2. I was born and raised in Cullman County, Alabama. Other than the years that my ex-husband, Allison's father, was a member of the United States Army and stationed outside Alabama, I have lived in Cullman County along with my extended family.

3. Allison is a fifteen-year-old transgender girl. Allison was identified as male at birth, but, as her father and I have come to understand, she has a female gender identity. I know that if she could force herself to live as a boy, she would, but that is simply not possible for her. It is who she is.

4. Allison started showing an interest in girls' toys around the age of two. We were stationed overseas at the time and most of her friends were girls because most kids her age on the army base were girls. As a result, she would regularly play with her friends' typical "girls' toys" and wear princess dresses, but we would not buy her girls' toys or clothing. She begged us to buy her a Barbie doll and we refused. Without consulting us, however, her grandmother eventually bought her a Barbie

[1] Because of concerns about criminal liability and my child's privacy and safety, I am seeking to proceed in this case under a pseudonym. *See Motion to Proceed Pseudonymously*, filed concurrently herewith. In addition, contemporaneous with signing this declaration, I have signed with my legal name a separate copy of this declaration. My attorneys have a copy of that separate declaration.

doll. Allison carried that Barbie everywhere she went; it was like a teddy bear to her. Although we were not happy that Allison's grandmother bought the Barbie, we figured this was phase that would pass after we left that base. At most, we thought this was a clear sign that Allison would grow up to be gay.

5. We returned to the United States when Allison was approximately four years old. While stationed at the new base, Allison's interest in girls' clothing and toys persisted. Every time we went shopping for clothes, she would cry that I would not buy her clothes from the girls' section. Because Allison's grandmother already bought her a doll, I figured it would be okay to allow her to have some girls' toys. Knowing that her father wouldn't approve, I bought her a few small dolls and other toys that she could play with while her father was at work. Allison's father eventually found the toys and threw them all away, but her older brother then snuck outside and pulled them out of the garbage for Allison.

6. I eventually started working as a babysitter for a local family with kids close to Allison's age. The mother of that family was nurse and after observing Allison over time, she commented to me that Allison might be transgender. Before that day, I had never heard the word transgender. I did a little research into it but did not follow up much further because Allison's father was not accepting of her, and I still strongly believed that Allison would grow up to be gay.

7. After completing his assignment, Allison's father decided to leave the Army and was honorably discharged. We returned to Cullman County, Alabama to be closer to family. Unfortunately, soon after relocating, we legally separated and I was left to raise two kids on my own as a single working parent.

8. While around her cousins, Allison started doing more boys' activities, like playing video games. I thought maybe Allison was just growing up and that her girl phase was coming to an end. But that could not have been further from the truth.

9. Over the next few years, Allison's personality changed significantly. She became very quiet, showed signs of depression, and regularly commented that she wanted to die. She also stopped eating regularly. All of that was very concerning to me, but Allison would not share with me what was causing that change. Then, towards the end of Allison's fourth-grade year, when she was nine years old, I found a drawing she made of herself. On one side of the drawing was a crying boy and on the other was a happy girl. Around that same time, one of my family members pointed out to me that Allison was not really playing video games; she had been spending the majority of the time perfecting her female avatars on each of the games she was "playing."

10. Not sure what to make of all this, and at my wits end about how to help Allison, I took her to see her pediatrician. After evaluating Allison and talking with us about what had been going on, the pediatrician reiterated what I had heard from

that nurse years prior: Allison may be transgender. She then referred Allison to the gender clinic at UAB in Birmingham for specialized care and assessment.

11. While Allison was being evaluated by a team of clinicians at UAB, I finally got a sense of the emotional issues Allison had been trying to deal with on her own. For example, Allison earnestly asked Dr. Abdul-Latif why God hates her. Faith has always been a very important part of my life and that of our family. Hearing her ask that question broke my heart, both because I wanted Allison to have a strong tie to her faith and because I recognized that my actions as her parent likely contributed to her feeling that way.

12. Because Allison had not yet started puberty, there was no medical treatment for Allison's gender dysphoria, but Dr. Abdul-Latif and the other medical and mental health providers at the clinic gave me information about my options and recommendations about how to support Allison and treat her gender dysphoria. The clinic also connected Allison with regular mental health treatment.

13. That was a turning point for me. I had been very nervous about publicly supporting Allison's transition because I was worried about how our family—and the broader community—would respond. But, I quickly pushed those feelings aside, knowing that I had to do what was right for my child based on the advice of experts.

14. After returning from the appointment at UAB, I made an appointment for Allison to fix her hair into more of a girls' style while she grew it out. We also

cleaned out Allison's room of all boys' clothes, toys, bedding, and decorations, and I took Allison shopping to entirely redo her bedroom and wardrobe. Once we finished setting up her new room, I left her in the room so she could change into one of her new outfits. It is not an exaggeration to say that I saw a totally different child come out of that bedroom moments later. Allison was beaming. She was smiling and happy in a way that I had not seen for a long time.

15. The following night I e-mailed my family to update them about Allison's transition. My family took a long time to process that announcement and some family members initially cut ties with us.

16. The remaining few weeks of Allison's fourth-grade year were equally challenging. She experienced bullying from her classmates who were confused or did not understand Allison's transition and why it was so critical to her health and wellbeing. It was a painful time, but even through all those challenges, Allison remained resilient, further confirming that supporting her in this way was the right decision.

17. Over the summer between Allison's fourth and fifth grade, I had multiple meetings with school administrators and Allison's teachers regarding Allison's transition. We worked together to ensure that she received the supports she needed when she returned to school for fifth grade to prevent further bullying and

allow her to focus on learning. Those efforts largely worked; Allison was generally accepted by her peers and had a much better school experience than in prior years.

18. During Allison's fifth-grade year, some of her peers started showing the first signs of puberty. Allison became very scared about what would happen when she began puberty. Around that same time, we had a follow up appointment at the gender clinic at UAB. The purpose of the visit was to assess whether Allison had begun puberty and to gather more information about possible treatments for Allison's gender dysphoria once she begins puberty. I came to the appointment prepared with a list of questions and notebook to take notes. Allison and I asked many questions about puberty-blocking medications. As the providers answered our questions, I could see the relief in Allison's face when she realized that there was a solution to her worries about puberty. Given the distress Allison was already having around puberty, it was important to me that I got all the information I needed to make an informed decision so that I was prepared with my decision when that time came.

19. The providers at the UAB clinic patiently answered each of our questions during that initial follow up visit. We had several more follow up visits at UAB and in each of those visits, we asked any additional questions about puberty-blocking medications that had come to mind in the months between visits. Thus, when the doctors determined that Allison had started puberty at the end of sixth

grade, I had all the information I needed to consent to Allison starting puberty-blocking medication and did so without hesitation.

20. Because of the puberty-blockers, Allison has been able to have a typical childhood. Allison loves art and is creative. She is also an avid gamer, playing both for the entertainment and camaraderie with fellow gamers.

21. Approximately seven months ago, Allison started taking estrogen. As with puberty-blockers, the clinic at UAB answered all our questions and made sure that we understood the risks, benefits, and alternatives of hormone-replacement therapy. Allison self-administers her dose of estrogen and medication to suppress her testosterone.

22. Allison's mental health has improved dramatically since starting estrogen. She used to be very self-conscious, but now she is confident in herself and excited by all the changes in her body. She has grown new friendships and is doing well in school.

23. Without medical treatment all Allison's fears around developing an Adam's apple, facial hair, and other defining features of male puberty would become her reality. Her appearance would not align with who she is and would likely disclose to everyone that she is transgender, causing her extreme anxiety and distress and exposing her to more ridicule and harassment.

24. Seeing Allison's response to the Alabama legislature's consideration of the Act and knowing how afraid she is of male puberty, I am very worried that Allison's mental health would quickly deteriorate if the Act goes into effect. As much as I want to assure Allison that we would find a way to get her the medications she needs to treat her gender dysphoria—medications that are critical to her ability to function—I don't know if it would be possible. We receive our health insurance coverage through Alabama Medicaid. Although I would drive Allison anywhere so that she could get those medications, we cannot afford to pay for them out of pocket and I don't know if Alabama Medicaid would cover out-of-state providers or prescriptions written by those providers.

25. Stopping or delaying Allison's medical treatments for her gender dysphoria will be devastating to her overall health and wellbeing. I worry that Allison will be inconsolable and retreat into herself. Once the medications wear off, I have little doubt that I will have to bring Allison back to UAB and that she will have to be admitted for in-patient psychiatric care to prevent her from harming herself or worse. And I know that will only be the beginning, it is hard to imagine what the long-term effects will be on her day-to-day life, but I am certain that she will no longer be the same happy child that she is today.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 19 th day of April, 2022.

Megan Poe

Megan Poe

EXHIBIT 8

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

REV. PAUL A. EKNES-TUCKER; BRIANNA BOE, individually and on behalf of her minor son, MICHAEL BOE; JAMES ZOE, individually and on behalf of his minor son, ZACHARY ZOE; MEGAN POE, individually and on behalf of her minor daughter, ALLISON POE; KATHY NOE, individually and on behalf of her minor son, CHRISTOPHER NOE; JANE MOE, Ph.D.; and RACHEL KOE, M.D.

Plaintiffs,

v.

KAY IVEY, in her official capacity as Governor of the State of Alabama; STEVE MARSHALL, in his official capacity as Attorney General of the State of Alabama; DARYL D. BAILEY, in his official capacity as District Attorney for Montgomery County; C. WILSON BAYLOCK, in his official capacity as District Attorney for Cullman County; JESSICA VENTIERE, in her official capacity as District Attorney for Lee County; TOM ANDERSON, in his official capacity as District Attorney for the 12th Judicial Circuit; and DANNY CARR, in his official capacity as District Attorney for Jefferson County.

Defendants.

Civil Action No.
_____

DECLARATION OF KATHY NOE, IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER & PRELIMINARY INJUNCTION

I, Kathy Noe,[1] hereby declare as follows:

1. My son, Christopher Noe, and I are plaintiffs in this action. We are citizens of Alabama and reside in Lee County, Alabama.

2. Christopher is a seventeen-year-old transgender boy. He is very passionate about music. He loves listening to all genres of music and plays the trumpet.

3. Christopher and I have resided in Lee County since we moved to Alabama just before Christopher's fourth birthday. We moved to Alabama when my now-former husband was stationed at Fort Benning, Georgia. It is common for families stationed at Fort Benning to live in Phenix City, Alabama, like we do. I also am former active-duty military. Christopher's father is still active-duty military and is currently stationed abroad.

4. Although Christopher was born on a military base in Oklahoma, Alabama is the only home he has known. He has gone to school in Alabama since kindergarten and still has friends he has known since kindergarten.

5. Although Christopher was assigned female at birth, I always knew he was not a typical girl. When Christopher was two and three years old, he had long,

[1] Because of concerns about criminal liability and my child's privacy and safety, I am seeking to proceed in this case under a pseudonym. *See Motion to Proceed Pseudonymously*, filed concurrently herewith. In addition, contemporaneous with signing this declaration, I have signed with my legal name a separate copy of this declaration. My attorneys have a copy of that separate declaration.

pretty hair, which I would put bows in and do in other traditionally girl hairstyles. He always hated it and pulled the bows out. When he was four years old, he asked to cut it short, and I agreed. Christopher loved his new, short haircut immediately.

6. When Christopher was in day care before he was old enough for school, he never played dress up with the other girls. He always wanted to wear pants and shorts. When his kindergarten tried to force Christopher to wear a skirt for their graduation ceremony, Christopher refused, and I fought the school and won the right for him to wear pants. The same thing happened in sixth grade, but this time, when the school refused to let him wear pants instead of a dress for the graduation ceremony, Christopher chose not to attend the ceremony rather than wear a dress.

7. As Christopher got older, he kept wanting his hair cut even shorter, to the point where his hair was shorter than his friends who were assigned male at birth. He also gravitated towards blues and darker colors.

8. When Christopher was around thirteen or fourteen and in his first romantic relationship, he realized that he felt more masculine than his boyfriend and identified more as a boy than a girl. That is when he told me he was transgender. Partly because it did not surprise me, I was immediately supportive.

9. After Christopher came out to me, I put him in counseling so he could talk about it with someone who had experience with transgender children and make sure he was doing what he thought was best for him.

10. About a year later, when Christopher was fifteen, he told his father he is transgender. Christopher's father needed some time to accept that Christopher is transgender, which really hurt Christopher. His father's initial hesitance also delayed Christopher starting hormone replacement therapy because it was important to me to have his father's approval first. Christopher's father ultimately came to accept Christopher's gender identity, which was a relief to Christopher and enabled him to start hormone replacement therapy. When Christopher's father came to support him at the Columbus, Georgia pride parade, Christopher was overjoyed.

11. When Christopher first came out as transgender, he continued to use his birth name, which is unisex. It was also at that time that he started using "he/him" pronouns. Recently, he expressed an interest in being referred to as Christopher instead. All his teachers at school began calling him Christopher and using "he/him" pronouns. Christopher also hopes to legally change his name, but it is difficult to do so while his father is stationed abroad.

12. Despite his social transition, when Christopher started going through female puberty it was a very hard time for both of us. He started his period at age nine, which immediately caused him extreme distress and anxiety. Christopher has never accepted the physical changes that came with female puberty and is particularly distressed by his breasts. Despite having naturally small breasts, Christopher wore a binder for nearly three years. He now prefers TransTape, which

he wears almost daily. He prefers the TransTape because it is more comfortable and looks more like skin than a bra. With the TransTape, he feels more like who he really is.

13. Christopher knows he is different because he is transgender, but counseling and seeing his family and his peers accept him has helped. His family—including me, his father, his aunt, and his siblings—and other longtime family friends have strived to support him. It was hard for Christopher when one of his longtime best friends rejected his transition, but he has many other supportive friends, and he strongly stands up to anyone who bullies him or other kids.

14. Christopher's counselor first recommended him for hormone therapy when he was sixteen. I discussed it several times with Christopher and his counselor, and we decided to pursue hormone treatment for him when he was seventeen. After being provided with a letter of recommendation from his counselor, Christopher's pediatrician referred him to an endocrinologist in November 2021. I took Christopher to his initial visit with the endocrinologist in February 2022. The endocrinologist reviewed Christopher's medical history, the recommendation of Christopher's counselor, and Christopher's lab results. He also asked how long Christopher had been seeing a counselor and how often and asked Christopher to see a psychologist as well, which he did, before he started hormone treatment.

15. Christopher received his first testosterone injection in March 2022, and

since then I have given him his injections at home every other week. His current prescription is valid until June, at which time we will have to go back to the endocrinologist for a follow up appointment, more lab testing, and a new prescription.

16. Christopher's care team includes his pediatrician, endocrinologist, mental health counselor, and psychiatrist. I consult with all of them on his care. Because we live in such a small town, so close to the Alabama–Georgia state line, all Christopher's doctors are in Columbus, Georgia. Both his endocrinologist and his psychiatrist have offices in both Georgia and Alabama, but we go to the Columbus, Georgia locations because they are closer. I fill his testosterone prescription at a pharmacy in Alabama.

17. Even though it has only been a short time since starting hormones, Christopher is already significantly and noticeably happier. He is bubbly, more outgoing, and more confident in himself. I have noticed it myself and have spoken about it with Christopher's counselor, who also has noticed these positive changes. Christopher's co-workers at the local pizza place have also noticed that Christopher is more excited to go to work and be around other people. He loves showing off his new facial hair and deeper voice.

18. Although we travel to Georgia for Christopher's care, because we live in Alabama, I am afraid of what would happen to Christopher if there were an

interference or disruption in his counseling or hormone schedule because of this law. I also fear criminal prosecution for helping my son get the care he needs.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 19th day of April, 2022.

Kathy Noe

EXHIBIT 9

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

REV. PAUL A. EKNES-TUCKER; BRIANNA BOE, individually and on behalf of her minor son, MICHAEL BOE; JAMES ZOE, individually and on behalf of his minor son, ZACHARY ZOE; MEGAN POE, individually and on behalf of her minor daughter, ALLISON POE; KATHY NOE, individually and on behalf of her minor son, CHRISTOPHER NOE; JANE MOE, Ph.D.; and RACHEL KOE, M.D.

Plaintiffs,

v.

KAY IVEY, in her official capacity as Governor of the State of Alabama; STEVE MARSHALL, in his official capacity as Attorney General of the State of Alabama; DARYL D. BAILEY, in his official capacity as District Attorney for Montgomery County; C. WILSON BAYLOCK, in his official capacity as District Attorney for Cullman County; JESSICA VENTIERE, in her official capacity as District Attorney for Lee County; TOM ANDERSON, in his official capacity as District Attorney for the 12th Judicial Circuit; and DANNY CARR, in his official capacity as District Attorney for Jefferson County.

Defendants.

Civil Action No.
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DECLARATION OF JANE MOE, PhD, IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER & PRELIMINARY INJUNCTION

I, Jane Moe,[1] declare as follows:

1. I am a licensed clinical psychologist and have been practicing in Alabama for twenty years. I am licensed to practice by the State of Alabama and I work and reside in Jefferson County, Alabama.

2. I obtained my PhD in clinical child psychology with a specialization in child development from a major university in Alabama. After completing my post-doctoral work and clinical intern hours, I received my license to practice in Alabama.

3. Since I started my practice twenty years ago, I have worked exclusively with patients under the age of 24. Over that time, I have treated patients with a variety of mental health issues ranging from anxiety and depression to attention deficit hyperactivity disorder or "ADHD."

4. I currently work in a hospital setting within the University of Alabama at Birmingham (UAB) system providing direct mental health care to children and adolescents as well as training other medical providers to work with young patients. For the past two years, I have dedicated part of my practice to working with transgender young people. During that time, I have treated approximately forty transgender young people, ranging in age from five to nineteen.

[1] Because of concerns about criminal liability and my privacy and safety, I am seeking to proceed in this case under a pseudonym. See Motion to Proceed Pseudonymously, filed concurrently herewith. In addition, contemporaneous with signing this declaration, I have signed with my legal name a separate copy of this declaration. My attorneys have a copy of that separate declaration.

5. My work with transgender patients is guided by the well-established standard of care developed by the World Professional Association for Transgender Health (WPATH) and a comprehensive informed-consent protocol.

6. When I start seeing a transgender patient who presents for a mental health assessment, I make clear that the assessment is a process that engages both the patient and their parents. The process requires a minimum of three to four visits, which typically take place over the course of two to three months, depending on the needs of the patient and their family. It is not uncommon for the assessment process to require more visits and take place over a longer period of time.

7. The assessment begins with gathering background information on the patient through questionnaires, rating scales, and talking with the patient and their parents. Through those methods I build a profile of the patient: their level of adjustment and overall functioning, available coping mechanisms, and an understanding of their strengths and weaknesses.

8. As the assessment proceeds, I continue to gather information from multiple sources, including the parents, that will help me determine whether the patient meets the diagnostic criteria for gender dysphoria as outlined in the Diagnostic and Statistical Manual of Mental Disorders ("DSM-5").

9. As part of the assessment, consistent with the informed-consent protocol, I review with the patient and the patient's parents the risks, benefits, and

ranges of medical treatment available and appropriate for treating any particular patient's condition. These discussions often happen over more than one session. Based on the needs of the patient and the patient's family, I may have separate meetings with the patient and parent(s), which gives each the opportunity to ask questions or talk about issues they may not initially feel comfortable discussing in front of the other.

10. I also encourage families to seek out other services that they may find helpful, such as talking with a religious leader, either in the hospital or the community.

11. Once I have completed the informed-consent protocol and am confident that the patient and their parents understand the risk, benefits, and range of medical treatments for gender dysphoria, I write a letter to the patient's doctor detailing the results of my assessment. In addition to the diagnosis, I discuss the patient's overall mental health and functioning as well as recommendations for continued mental health care, as needed. Although my letters detail a patient's readiness from a mental health perspective, I always recommend that the patient's medical provider undertake a further assessment of the patient before initiating any medical treatment.

12. Given that I work in a hospital setting, it is not uncommon for me to see patients again after they have already begun medical treatment for their gender dysphoria. During those sessions, we often talk about how their treatment is

progressing and the effects it is having on their mental health. In those discussions, we often return to our prior conversations that we had in connection with the informed-consent protocol.

13. I understand that Governor Ivey signed the Vulnerable Child Compassion and Protection Act (the "Act"). My understanding is that the Act expressly prohibits anyone from doing or saying anything that could cause a transgender young person, under the age 19 in Alabama to undergo medical treatment for gender dysphoria. I further understand that violating the Act exposes Alabama healthcare providers and others to criminal prosecution, which could result in me or others being sentenced to prison or a fine. Effectively, the Act prevents transgender young people in Alabama from obtaining medically necessary, safe, effective, and established treatments for their gender dysphoria.

14. For me, the Act means that I would have to abandon my professional and ethical obligations when treating transgender patients or risk criminal penalty for providing mental health care consistent with the prevailing standards of care. I also will be prevented from educating my patients about treatment options for gender dysphoria or referring my patients to medical providers for further evaluation and possibly prescriptions for this essential medical care. I cannot imagine doing that and, as a result, I am very afraid that I will be subject to criminal prosecution and face criminal penalties under the Act.

15. I also am deeply concerned about the effects this law will have on my patients' mental health. Before SB 184 was debated—let alone signed into law—my patients were regularly bullied and harassed in their schools and communities. Because of the dangerous message the Act sends to Alabamians about transgender young people, many of my patients are bracing for an increase in bullying and harassment from those who would feel emboldened by the Act.

16. Receiving medical treatment for gender dysphoria has also significantly improved the mental health and wellbeing of all the patients I have seen. If healthcare providers were required to comply with the Act, it would force transgender young people to put their health-related goals on hold. Their mental health would deteriorate and impair their ability to function in their day-to-day lives. That decline in mental health will cause a cascade of negative health outcomes, including exacerbating co-occurring mental health issues, increased reliance on maladaptive coping mechanisms (*e.g.* cutting, substance abuse), and suicidality. In fact, in the days following the signing of the Act, I had to work with two patients to develop safety plans to prevent them from attempting suicide, a risk that is well-documented and disproportionately affects transgender young people. Talking with them, I could see that the hope they had for the future had been replaced with distress, anxiety and sadness.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 19 th day of April, 2022.

Jane Moe, PhD

Dr. Jane Moe, PhD

EXHIBIT 10

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

REV. PAUL A. EKNES-TUCKER; BRIANNA BOE, individually and on behalf of her minor son, MICHAEL BOE; JAMES ZOE, individually and on behalf of his minor son, ZACHARY ZOE; MEGAN POE, individually and on behalf of her minor daughter, ALLISON POE; KATHY NOE, individually and on behalf of her minor son, CHRISTOPHER NOE; JANE MOE, Ph.D.; and RACHEL KOE, M.D.

Plaintiffs,

v.

KAY IVEY, in her official capacity as Governor of the State of Alabama; STEVE MARSHALL, in his official capacity as Attorney General of the State of Alabama; DARYL D. BAILEY, in his official capacity as District Attorney for Montgomery County; C. WILSON BAYLOCK, in his official capacity as District Attorney for Cullman County; JESSICA VENTIERE, in her official capacity as District Attorney for Lee County; TOM ANDERSON, in his official capacity as District Attorney for the 12th Judicial Circuit; and DANNY CARR, in his official capacity as District Attorney for Jefferson County.

Defendants.

Civil Action No.
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DECLARATION OF RACHEL KOE, MD, IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER & PRELIMINARY INJUNCTION

I, Rachel Koe,[1] declare as follows:

1. I am a physician licensed to practice by the State of Alabama. I work in southeast Alabama.

2. I attended medical school in Alabama and, since completing my pediatrics residency, have provided care to patients in rural southeast Alabama. I have been practicing for approximately ten years.

3. As a board-certified pediatrician, I treat patients from birth to nineteen years of age. Because I provide primary medical care, my patients present with a wide range of physical and mental health conditions. That also means that I have a wide network of medical and mental health providers that I rely on to refer patients who require subspecialty care. I am very careful with my referrals, ensuring that I am referring my patients to providers who offer quality care and follow evidence-based medicine.

4. About eight years ago, I started treating my first transgender patient. I had learned about gender dysphoria during my medical residency, but had never treated a transgender patient. When the patient first came under my care, he was seeing a therapist, a psychiatrist, and pastoral counselor, but his health and wellbeing

[1] Because of concerns about criminal liability and my privacy and safety, I am seeking to proceed in this case under a pseudonym. *See Motion to Proceed Pseudonymously*, filed concurrently herewith. In addition, contemporaneous with signing this declaration, I have signed with my legal name a separate copy of this declaration. My attorneys have a copy of that separate declaration.

were not improving despite this care. His mother knew that her son, who had been assigned female at birth, was struggling with gender dysphoria, but the only answer she had been given to that point was more psychiatric medication. She came to me scared that her son's declining mental health was placing him at serious risk for self-harm or even suicide.

5. Because of my involvement in pediatrics community in Alabama, I had heard of the gender clinic at UAB and referred this patient to the clinic. The referral was life changing for my patient. After about six months, he started puberty-blocking medications and approximately eighteen months later began taking testosterone. Over that time, my patient became a totally different child. He blossomed in ways that neither I nor his mother could have anticipated.

6. Due to the distance between my patient's home and the gender clinic in Birmingham, he would come to my office for regular blood work. I would always review the test results to make sure there wasn't something urgently wrong and would then pass the results along to his medical providers at the UAB gender clinic. Once my patient started testosterone, he did not feel comfortable self-administering the medication so he came to my office every other week to have my medical staff give him his medication.

7. This patient has graduated from my practice, but his mother keeps me updated on his life. According to his mother, he continues to thrive as a healthy and well-adjusted adult.

8. After seeing the difference in my patient once he received care at the gender clinic, I started to learn more about medical treatments for gender dysphoria so that I would be better able to answer questions posed to me by future patients and their parents. As part of my self-study, I familiarized myself with the medical literature including publications by the World Professional Association for Transgender Health and the Endocrine Society detailing the standards of care for medical treatment for gender dysphoria.

9. Since then, I have treated four more transgender patients. When those patients first came to see me, most had just started expressing that they were transgender. Given that, I referred them to local mental health providers for support. Once the patient was diagnosed with gender dysphoria and reached an age where medical treatment may be appropriate, I referred them to the gender clinic for further evaluation and specialty care. As with my first patient eight years ago, these patients would come to me for regular blood tests and lab work, the results of which would be sent to the UAB gender clinic so their medical providers could monitor their progress.

10. Unfortunately, not all those patients were fortunate enough to have supportive parents to take them for treatment at the UAB gender clinic, but those who did were able to lead the happy and healthy lives that every parent wants for their child. One of those patients is still under my care to this day.

11. As a pediatrician, I see my purpose as increasing access to quality, evidence-based care for children throughout Alabama. If allowed to go into effect, the Vulnerable Child Compassion and Protection Act (the "Act") would do the opposite. My transgender patient, and every other transgender young person across Alabama, would be denied evidence-based medical treatment for gender dysphoria. As a medical provider, this situation is very concerning to me. I am certain that my transgender patient's mental health will suffer significantly if she is denied ongoing medical treatment for her gender dysphoria. If I were to comply with the Act, I would be limited to referring her to counseling and a psychiatrist. Doing so would be a violation of my professional and ethical duties as a physician for two reasons: (1) talk therapy and psychiatric medication alone will not be effective in treating her gender dysphoria; and (2) I would be refusing to provide proven effective treatments, namely puberty-blocking medications and estrogen. That course of treatment is consistent with the standards of care and is well-supported in the medical literature by data published in reputable and peer-reviewed medical journals.

12. This Act also would criminalize me for making appropriate referrals to providers, such as the UAB gender clinic, who can offer the specialized care that transgender young people need. The Act would prevent me from answering parent questions and educating them about the literature underpinning the current standards of care. Without primary care providers who can share that critical information with transgender youth and their parents and connect them with healthcare providers who treat gender dysphoria, families raising transgender children will experience even greater isolation and barriers to medical providers with the necessary expertise to offer quality medical care. Even my support staff are concerned that the broad language used in the Act could result in them violating the Act simply by helping to provide competent quality care.

13. The Act places me in an impossible situation on multiple fronts. If I comply with the Act to avoid criminal penalties, I am abandoning my current transgender patient by not providing medical care consistent with the accepted standard of care. Further, as a medical provider who accepts Alabama Medicaid, and thus receives federal funds, complying with the act would require me to discriminate against transgender patients, jeopardizing all of my patients' access to care by violating federal antidiscrimination laws.

14. This Act also sets a dangerous precedent for interfering with the sanctity of the doctor-patient relationship. If the Alabama legislature can criminalize

evidence-based medical treatment for gender dysphoria, the Act may have a chilling effect on the treatment of many other conditions where public opinion may not align with medical treatments grounded in evidence-based standards of care.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 19 th day of April, 2022.

Rachel Koe, MD

Dr. Rachel Koe, MD