

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
Tallahassee Division**

JANE DOE, individually and on behalf
of her minor daughter, SUSAN DOE,
et al.,

Plaintiffs,

v.

JOSEPH A. LADAPO, M.D., *in his
official capacity as Florida's Surgeon
General of the Florida Department of
Health*, et al.,

Defendants.

Case No. 4:23-cv-00114-RH-MAF

**DECLARATION OF LINDA LOE IN SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY INJUNCTION**

I, Linda Loe,¹ hereby declare and state as follows:

1. I am over the age of 18, of sound mind, and in all respects competent to testify. I have personal knowledge of the information contained in this Declaration and would testify completely to those facts if called to do so.

¹ Because of concerns about 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.

2. I am a plaintiff in this Action and I am the parent and next friend of my minor child, Lisa, who is also a Plaintiff in this action. I am a Florida resident and live in Miami-Dade County with my husband of fifteen years and our two children.

3. My family has always considered Miami to be our home. I moved to Miami when I was two years old and have lived in the area ever since. My husband was born in Brooklyn, NY but has resided in Miami-Dade County since he began college. He is a worker's compensation attorney who runs a small law firm representing injured workers across the state of Florida. I work alongside him as the finance director of his firm. We have worked hard to build our small business over the course of 18 years, and are proud of the legal services we provide to our community.

4. My daughter, Lisa, who is also a Plaintiff in this action, is an eleven-year-old girl who is transgender.

5. Although Lisa has a male birth sex, she has always gravitated toward interests and activities that are more stereotypically associated with girls. At around age five, I noticed that Lisa was drawn to the girl's toy section of our local department store. As she grew older, she increasingly preferred toys and other products traditionally marketed to girls, and she would often tell me that she wished that they made Barbies for boys. All of her closest friends were girls.

6. In February of 2022, when she was nine years old, Lisa told me that she was a girl. I was not surprised by the news, and neither was my husband. We come from a loving and accepting family, so we were thrilled that Lisa felt comfortable articulating these feelings. At the time, we were naïve to the stigma and marginalization that transgender children face. If I knew then what I know now, I would have been terrified for my daughter.

7. In March of 2022, Lisa became depressed as a result of her gender dysphoria. We sought the care of a psychologist who assisted us in supporting Lisa to begin to live consistent with her female gender identity. We began to allow Lisa to wear clothing that was more feminine and grow her hair out long, which helped to alleviate some of Lisa's depressive symptoms.

8. When Lisa began living in accordance with her gender identity, I witnessed a wonderful change in her overall wellbeing and happiness. This came as no surprise to my husband and me, but we were not prepared for the stigmatization that was in store for her. While she was comfortable at home, teachers and fellow classmates continued to refer to her as a boy rather than as a girl. Because the class was often categorized by gender, Lisa was consistently forced to sit with the boys rather than the girls. I would see the light drain out of Lisa's eyes every time she told me about these painful experiences.

9. Lisa's gender dysphoria was greatly exacerbated by her experiences at school. It evolved to the point where she developed both motor and verbal tics due to the stress and anxiety that the school environment had imposed upon her. She began to fail her math exams, despite knowing the material, because being treated like a boy in the classroom exacerbated her dysphoria and distress. Because we were concerned about the toll this was taking on Lisa both academically and socially, we withdrew her from the school she had attended since kindergarten and enrolled her in a new school that we hoped would be supportive and committed to her inclusion and equal treatment as a transgender girl.

10. With Lisa on the cusp of puberty, our pediatrician referred us to a Miami-based pediatric endocrinologist who specializes in the treatment of gender dysphoria in transgender youth. In his clinical evaluation of Lisa in the fall of 2022, our endocrinologist confirmed her diagnosis of gender dysphoria and set a follow-up appointment to assess her pubertal stage and readiness to initiate puberty blocking medication.

11. At her follow-up appointment in March 2023, Lisa's endocrinologist confirmed that she has reached puberty and will need puberty blockers prescribed within the next few months. However, we were heartbroken to hear that our provider was no longer permitted to prescribe Lisa the puberty blocking medication we know to be medically necessary for her. Due to the Florida Board of Medicine's new rules,

our doctor advised that we would have to travel out of state for Lisa to receive this necessary medical care.

12. Lisa is incredibly anxious as her puberty progresses, and we feel as if it is a race against the clock to find care elsewhere. We have heard that there are significant wait times for new patients at out-of-state clinics.

13. I believe our trusted medical provider, and all leading medical authorities, when they say that this treatment is medically necessary to enable Lisa and other transgender children like her to thrive. However, the Florida Medical Boards' rules prevent me from making the informed and evidence-based medical decisions for my daughter and from accessing the care she needs in Florida. As her parent, I feel like my hands are tied.

14. The level of stigma that these rules impose upon us is also hard to bear. The rule makes me feel as if I am seeking "black market" medicine for my child in forcing us to travel hundreds of miles away from our community to receive the care Lisa needs to survive and thrive. We have considered leaving Florida, but it would involve abandoning our family and friends, family business, and the only home we have ever known.

15. Lisa is a profoundly intelligent and happy-go-lucky kid, but I have seen the devastating toll that her gender dysphoria has taken on her mental health. Lisa felt so relieved when we enrolled her in a new school where no one would misgender

her. I worry that if Lisa does not get the medical care she needs, her health and well-being will suffer. It pains me so much to think of the impact that these rules will have on her as she is trapped within a developing body that she does not recognize as her own.

16. As a parent, it is my duty to protect Lisa from harm and ensure that she has everything she needs to live a healthy life. But I feel powerless in the face of this rule, and unable to protect her from the harm and marginalization that it imposes upon us.

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

Executed this 19th day of April 2023.

Respectfully Submitted,



Linda Loe