

Exhibit

5

CAUSE NO. _____

LAZARO LOE, *et al.*,

Plaintiffs,

v.

THE STATE OF TEXAS, *et al.*,

Defendants.

§ IN THE DISTRICT COURT OF
§
§
§
§ TRAVIS COUNTY, TEXAS
§
§
§
§ _____ JUDICIAL DISTRICT
§

DECLARATION OF SARAH SOE

1. My name is Sarah Soe. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct. I would testify competently to these facts if called to do so.

2. I am a Plaintiff in this case. I am bringing claims on behalf of myself as the parent and next friend of my daughter, Samantha Soe, a fifteen-year-old girl about to start tenth grade.¹

3. I am a member of PFLAG, which is also a Plaintiff in this case.

4. I am a Texas resident. I live in Hays County, Texas with my husband Steven Soe, our daughter Samantha, and Samantha’s sibling. I work as an educator.

5. Samantha is resilient and confident. She loves choir, theater, geography, music, and video games.

6. My husband and I love Samantha and want her to be able to be herself.

¹ Sarah Soe, Steven Soe, and Samantha Soe are all pseudonyms. My daughter (who is a minor), husband, and I are all proceeding pseudonymously to protect our right to privacy and ourselves from discrimination, harassment, and violence, as well as retaliation for seeking to protect our rights.

7. Samantha is transgender. When she was born, her sex on her birth certificate was designated as male, but she is a girl.

8. When Samantha was around 12 years old, there were many nights where I would find her crying in bed and I would comfort her and encourage her to talk about her feelings. One night, she finally confided in me that she was transgender. She explained that she had reached this realization gradually and that she did not feel like a boy. I told her that she had plenty of time to figure out her feelings and her father reassured her that there are many ways to be a man, but my daughter insisted she was not a man.

9. When my daughter came out, my main concern was about protecting her. At first, it was hard for me to accept her changing her name because the name I gave her when she was born was a family name. However, I could see changing her name made her very happy. I don't know what the future holds but listening to my child's fears and concerns is where I begin. As a parent, I know my job is to parent her and help her.

10. Looking back, my daughter never fit stereotypical male gender norms. She was always snuggly, sweet, and a little shy and as she grew up, she became more talkative and sociable. She was never very interested in monsters or trucks like her male friends. She grew up wearing her sister's hand-me-downs. I never dressed her in exclusively "boy" colors like blue, but as she grew up and especially as she neared puberty, she became noticeably more uncomfortable being treated as a boy.

11. When my daughter first came out to her male friends, they rejected her, and she lost the ability to make new friends through sports teams due to the sports ban in Texas. School being remote during the COVID-19 pandemic made it difficult for her to make new friends, but

since she has returned to in-person learning, she has found some new friends who accept her as she is.

12. After Samantha came out to us, my husband and I started researching how best to support her mental health and we found her a counselor through a group for LGBTQ+ youth. Before starting gender-affirming care, Samantha struggled with depression, but since starting hormone therapy, her mental health has improved dramatically.

13. After my daughter came out, I asked her if she was comfortable discussing her gender identity with her pediatrician at her annual checkup. Samantha gave me the okay and at her 2020 checkup, she informed the pediatrician about her gender dysphoria. A year later, her pediatrician asked her if she still experiencing gender dysphoria, and Samantha affirmed that she did. It was at that visit that I asked Samantha's doctor for a referral to a doctor who could help treat our daughter's dysphoria, and her doctor referred us to Dell Children's.

14. After five months we were able to get an appointment at Dell Children's for Samantha and we first met with our pediatric endocrinologist in October 2021. This first appointment was only a consultation where our endocrinologist apprised us of the potential risks that come with taking puberty blockers and hormones including possible weight gain, mood swings, possible bone density loss, and potential infertility. It was also at this appointment that Samantha was officially diagnosed with gender dysphoria. After carefully weighing the risks, we decided that the benefits to Samantha of receiving gender-affirming care outweighed potential negative outcomes. Samantha received her first Lupron shot two weeks later and in December 2022, Samantha started hormone therapy and began taking estradiol. Samantha has been taking hormone therapy continuously since that time. We have taken measures to help encourage

Samantha to exercise and eat healthy food, take a vitamin D supplement to counter potential bone density loss, and see a counselor regularly to talk about mood.

15. Before meeting with Samantha's endocrinologist, we conducted our own research and read everything we could about gender dysphoria. We read peer-reviewed medical studies, books and news stories, and we spoke with multiple doctors. By the time of Samantha's first appointment, we had already spent years looking into how best to care for Samantha as a young trans girl.

16. We discussed the risks that our pediatric endocrinologist clarified for us as a family and concluded that the risks of delaying treatment were much more immediate, certain, and severe for Samantha than the potential risks posed by beginning gender-affirming care.

17. Since starting hormone therapy, Samantha's mental health has improved significantly. She now speaks much more positively about herself and her body and is excited about the feminine changes she is seeing in herself.

18. We fear Samantha will not be safe here in Texas. Samantha is considering not attending college here in Texas, even though she has always wanted to attend college in Texas and even though in-state tuition would be far less costly.

19. The prospect of having to stop Samantha's treatment is terrifying and upsetting. As parents, we want to protect Samantha from the bad in the world, but SB 14 has made that incredibly difficult. I fear losing access to the care that made her happy and confident will cause her to shut down emotionally. We are also considering having Samantha receive treatment out of state, but this would either require us to split up the family, send her to boarding school, or spend thousands of dollars on out-of-pocket care and travel. We have been able to obtain health care coverage for our daughter through our state employee plan and will lose coverage as a result of

SB 14. To afford moving, boarding school, or out-of-pocket care, my husband and I would likely have to delay our retirement by five years, and the emotional toll of splitting up our family cannot be valued.

20. We are a loving and caring family. The most important thing in the world to me is my child's safety, including her physical and mental health. My husband and I are educators and we raised our children to be kind and intelligent people. We never thought our daughter's medical care would be targeted by politicians or that we would join a lawsuit to fight such an attack. However, we have tried to do everything right and to be the best parents we can be for our kids and we have to do everything we can to protect them.

21. My name is [REDACTED]. My date of birth is [REDACTED]. My address is [REDACTED]
[REDACTED]. I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hays County, State of Texas, on Jul 10, 2023.

[REDACTED]

[REDACTED]

Sarah Soe

[Sarah Soe \(Jul 10, 2023 10:21 CDT\)](#)

Sarah Soe