

Exhibit H

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

PFLAG, INC.; *et al.*,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States; *et al.*,

Defendants.

Civil Action No.

DECLARATION OF CLAIRE COE

I, Claire Coe,¹ hereby declare and state as follows:

1. My name is Claire Coe. I offer this Declaration in support of Plaintiffs' Motion for Preliminary Injunction. I am over 18 years old, have personal knowledge of the facts set forth in this Declaration, and would testify competently to those facts if called as a witness.

2. I am a Plaintiff in this action. I am bringing claims on behalf of myself and as the parent and next friend of my child, Cameron Coe.

3. My husband and I are the parents of Cameron Coe, our twelve-year-old child. We live in New York City. We are members of PFLAG.

4. When Cameron was born, they were designated as male at birth, but they are nonbinary.

¹ Claire Coe and Cameron Coe are pseudonyms. My family is proceeding under pseudonym to protect our right to privacy and ourselves from discrimination, harassment, and violence, as well as retaliation for seeking to protect our rights.

5. When Cameron was a toddler, we let them dress however they wanted at home and preschool. We had a variety of clothes, including hand-me-down dresses from their older sibling, as well as pants and shirts. They gravitated toward dresses. Cameron was bundle of joy, smiles, and laughter as a baby and toddler. My husband thought we were lucky that our second child was the easy one. That was true until pre-K, when they started to get the message that who they are was not part of the world.

6. When Cameron started pre-K, at four years old, they started to feel like there wasn't a place for them because they didn't fit in with boys or girls. The boys' restroom was painted blue, the girls' restroom was painted pink, and boys and girls were often asked to line up separately. It came to a head one day when the kids were asked to pick a theme for dress up day, and the boys picked superheroes and the girls picked princesses. Cameron came home crying, bereft. They didn't know what to do or who to dress up as. We would ask Cameron if they felt more like a boy or a girl, and they would say, "I'm not sure, I kind of just don't feel like either." We didn't have the language for nonbinary then, but Cameron would clearly say, "I don't feel like a boy or a girl."

7. That same year, we were invited to a New Year's Eve party. Cameron had started asking for their own dresses, not just hand-me-downs, and we bought them one black dress with little red flowers. Cameron still had a boys' short haircut. Cameron wanted to wear the dress to the party, but was nervous. I thought they would be fine, since it was neighbors we knew, and reassured Cameron that they could wear whatever they wanted and be whoever they wanted. But the older kids at the party made fun of them. Cameron was devastated, and I was, too. I worried that I hadn't prepared my child well enough for the world.

8. Through another parent at our school, we learned about a program for young transgender and gender-expansive people, that offered therapy, resources, and community groups.

There was a supportive playgroup for gender non-conforming children and a support group for parents that met at the same time. We wanted Cameron to meet other gender non-conforming children so they would feel less alone, and we wanted to hear from other parents.

9. Watching Cameron play with other children who also didn't fit into traditional categories of "girls" and "boys" was incredible. Cameron's relief and joy was palpable. Talking with other parents, though, I heard about how their transgender children, who were older, had struggled with depression, anxiety, and suicidality. I did not want that for Cameron and continued to worry that I hadn't prepared them for a world of gendered expectations, where they didn't seem to be fitting in. Cameron stopped going to the playgroup after a few times, though, because it was mostly trans girls and trans boys, and they didn't see other kids there who felt more in the middle.

10. In kindergarten, when Cameron was five, Cameron was beloved by their teachers: Cameron is a smart, engaged, and sweet child, who can get other kids engaged and excited. But Cameron butted up against other people's expectations for them. After a physical altercation over Cameron's pink backpack and pink shoes, they tried to present more masculine.

11. In first grade, when Cameron was six, we started Cameron at a new school, which intentionally had fewer distinctions between boys and girls.

12. In second grade, when Cameron was seven, though, Cameron started having difficulty in the classroom, but it was unclear why. Sometimes they would just refuse to participate. We found Cameron a therapist to try to work through what was happening.

13. In third grade, when Cameron was eight, Cameron tried using she/her pronouns for two months, in part because other kids often called them "she" anyway because of Cameron's long hair and more girly clothes, and Cameron was tired of correcting people. But Cameron said that she/her felt wrong, too, and asked us to use they/them pronouns. Around that time, Cameron found

the language of nonbinary, and said that felt like it described their identity, too. Cameron had a small class that year, in part because of the pandemic, and they did so well in an environment where they could just be themselves and not forced to pick between acting or looking more like a boy or a girl. Cameron continued to do well in places where there was room for nonbinary children. For example, the summer after fourth grade, when Cameron was ten, they went to a sleepaway camp that only had one mixed-gender bunk for kids Cameron's age because of the small enrollment. Cameron thrived.

14. In fifth grade, when Cameron was ten, Cameron's mental health deteriorated. Cameron was in a larger classroom and getting harassed for using they/them pronouns. They seemed to be falling off a cliff. Cameron said, "It's not that I want to die, but I just don't see how I can keep doing this." We found Cameron a new therapist who had a specific focus on gender, and that therapist suspected Cameron had gender dysphoria, but we did not ask for a formal diagnosis. Cameron's anxiety also manifested with insomnia and wracking stomach pains.

15. After fifth grade, when Cameron was 11, we sent Cameron back to the same summer camp. Because Cameron was older, there was no mixed gender bunk option. After two weeks, the camp called and said we needed to take Cameron home. Cameron just couldn't function in the gendered environment and felt betrayed that the summer camp they had loved so much was just another place that couldn't accommodate who they were. For the rest of the summer, we rented a house by a lake and sent Cameron to day camp. We noticed that Cameron, who used to love to go swimming, had started to refuse to change into a swimsuit or swim at all. Cameron started covering their body and refused to be topless. We weren't sure exactly what the problem was, so we tried giving a Cameron a wetsuit, thinking that would help. I was wrong. Cameron couldn't stand the wetsuit; I had never seen them have such a meltdown. As they were in such distress and

pulling down at the crotch, I realized that Cameron physically couldn't tolerate the thought of someone seeing the outline of their genitals. That was the first time that Cameron expressed not being okay with their body, as opposed to just not being accepted socially. I realized that we needed more help and to see a doctor.

16. Cameron's therapist and the parent support group we had attended helped us find an endocrinologist, and we took Cameron in for a consultation. Before then, I had not considered that Cameron might need medical interventions for gender dysphoria. Although we took Cameron for the consultation, my hope against hope was that Cameron would listen and decide that they did not need or want anything.

17. The doctor asked Cameron what was bothering them, and Cameron's main complaint was that they never wanted facial hair or a beard. Cameron would look at their dad and think, "I don't want that face. That's my future, but I don't want it." The doctor laid out different potential options and paths, depending on how Cameron felt or continued to feel. The doctor said Cameron could get things like vocal therapy if their voice got deeper, and could continue to socially transition. The doctor also explained that puberty blockers could be an option, and that Cameron needed to think about what the right path forward would be for them. I was worried that we didn't know the right path forward, or what Cameron's future sexuality would look like. Cameron seemed anxious during and after the conversation.

18. We talked more about the doctor's visit at home, and Cameron told us that because they felt supported in their new school, and had friends, that they would be okay without blockers. I was massively relieved that they did not ask for puberty blockers. Based on my conversation with the doctor, I knew that puberty blockers were safe, but I didn't know what the plan after blockers

would be for Cameron. I would later learn that Cameron did actually want puberty to stop, but felt pressure from me to say they were fine.

19. Cameron seemed to be doing well in sixth grade, when they were 11, and turned 12 before the summer. Over the summer 2024, though, it became clear that Cameron had really started to go through male puberty. Cameron grew several inches, and their jaw started to change shape. Their voice dropped. Cameron hoped that their voice was just hoarse from screaming at camp, but their voice stayed low.

20. This past fall, in 2024, when Cameron started seventh grade as a 12 year old, we continued to talk more about how Cameron was feeling. I also noticed that people we didn't know had started to use he/him pronouns for Cameron more often, even though they were dressing femininely, because of how their body looked. Cameron told me that it felt good when people couldn't tell if they were a boy or a girl, and it felt much worse when people misgendered them as male. I also noticed that Cameron was uncomfortable in their clothes; they started pulling down the crotch of their pants, and trying pull their tunic shirts away from their body when the fabric started to cling. It became clear that Cameron was uncomfortable with anyone noticing the changes that puberty was having on their genitals.

21. By October of 2024, Cameron came back to me and said that they wanted medical treatment to stop male puberty. Once puberty really started to change their body, they realized that they could not feel good in their body right now with those changes.

22. We went back to the endocrinologist, and Cameron consented to getting a physical exam. It had been three or four years since Cameron allowed a doctor to see them fully naked. The physical exam confirmed that Cameron was experiencing puberty, as did blood tests, which showed that Cameron had the increased levels of testosterone that signaled male puberty was

underway, and so much so that the changes would start becoming permanent. At that point, Cameron said that if they really had to choose, they would rather go through female puberty, but what they really wanted was to wait and to have more time before making that decision.

23. Although we had discussed the risks, benefits, and alternatives the year before, the endocrinologist again reviewed with us the risks, benefits, and alternatives of puberty blockers, including the different kinds of medication that could be options. We understood that blockers were safe, and reversible. We knew that Cameron would need monitoring for bone health. We also knew that, at some point, Cameron would have to decide whether to go through endogenous male puberty or start hormone therapy, but that the blockers would give them time to make that decision.

24. We received a letter of support from Cameron's therapist, indicating their prior and current diagnosis and symptoms of gender dysphoria.

25. We then considered whether Cameron should get an injection of puberty blocking medication, for either three months or six months, or whether a longer-acting puberty blocking implant was the better decision. I wanted Cameron to have as much time as they needed, and we were worried about potential future restrictions on gender affirming medical care for transgender and nonbinary young people, so our first choice was the implant; however, the doctor was concerned that, in the time between our appointment that fall and the next available surgical date, Cameron might experience more permanent changes from male puberty. So, we decided as a family that, to address Cameron's immediate medical need to pause puberty, that they would receive a three-month acting pubertal suppression injection, even though that meant delaying when they could receive a longer-acting implant. The plan was after the three-month shot to stop any imminent further changes, Cameron would receive an implant.

26. Cameron experienced a great deal of relief after receiving this first injection. This relief positively influenced their relationships with others, including with other students and teachers at school. They were less anxious, less stressed, and less vigilant about how their body might be changing. They were happier and lighter. Those positive changes from the three-month puberty blocking injection only further confirmed that a longer-acting implant was the right decision for Cameron.

27. We made an incredible effort to get Cameron an appointment for the longer-acting implant as soon as the first injection wore off, but the soonest we could receive an appointment with Cameron's doctors at NYU Langone to have the implant placed was Friday, January 31, 2025.

28. On Tuesday, January 28, 2025, the White House issued an Executive Order entitled "Protecting Children from Chemical and Surgical Mutilation" ("Executive Order").

29. On Wednesday, January 29, 2025, two days before Cameron's appointment, we received a call from NYU Langone informing us that our appointment would be cancelled.

30. Cameron's anxiety went through the roof when we told them that their appointment had been cancelled. They missed days of school because of their mental health. Cameron's stomach pains, which they had during their greatest periods of anxiety as a child, returned. Cameron has been waking up at 3:00 A.M., unable to sleep, and their father stays up with them for an hour or two until they go back to bed. Oftentimes, they don't. We are anxious about Cameron's immediate severe distress and potential suicidality if we are unable to continue pubertal suppression for Cameron.

31. Cameron looks like they are carrying the weight of the world on their shoulders; they are closed off. I no longer see the happy, lighthearted child that I used to have, and that I started to get back after the first puberty blocker shot. Cameron says that most of the time, they

are so unhappy, and the daily struggle of trying not to be unhappy makes it hard to experience joy, even when good things happen.

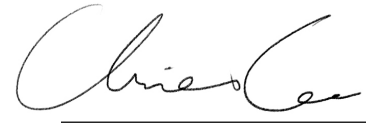
32. After NYU Langone cancelled Cameron's appointment, I took the week off from work. It has been a full-time job trying to find alternative providers and options for my child. I have called every lead under the sun to find a new gender clinic or surgeon for Cameron. I have probably called nine or ten places; we have looked as far away as Maryland, and anything within a five-hour drive of New York City. I am taking appointments anywhere I can, no matter when they are, because I have no idea if suddenly another clinic or hospital will call back to say that they are no longer providing gender affirming medical care to new patients, or even at all. A number of clinics have turned us away because they are not taking new patients because of the Executive Order. Others have just not called me back.

33. After all of those efforts, including scheduling intake appointments at multiple other clinics, we were finally rescheduled for placing the longer-acting implant. That procedure happened the week of February 10. I am so relieved, and so is Cameron. They are visibly lighter, like a weight has been lifted. But I continue to live in fear that Cameron will lose care again. Cameron is 12, and the Executive Order covers people under 19; that is seven years of healthcare and monitoring that my child will need.

34. All I want is for my child to feel safe and loved in their body, our family, and our community. It is our job as parents to protect our child, and the Executive Order stops me and Cameron's father from making medical decisions for our child to protect them.

I declare under penalty of perjury that the foregoing is true to the best of my knowledge and belief.

Dated this 13th day of February, 2025



Claire Coe