I. Kaiser's violations of the professional standards of care:

Section A: Alleged Standards and Guidelines

1. In 2012, the American Psychiatric Association (APA) Task Force on the Treatment of Gender Identity Disorder advised that teens be "screened carefully" for trauma as well as for other psychiatric disorders that may produce gender confusion. (https://www.dropbox.com/scl/fi/28cl7vd09o5dbzkj3rvl3/L-1.-APA-advises-that-teens-need-to-be-screened-carefully-for-trauma.pdf?rlkey=txlagcgpczfe3j7i0dhwm28rh&dl=0; pages 759-796);

2. The APA Handbook on Sexuality and Psychology states: "Premature labeling of gender identity should be avoided…This approach runs the risk of neglecting individual problems the child might be experiencing and may involve an early gender role transition that might be challenging to reverse if cross-gender feelings do not persist." (W. Bockting, Ch. 24: Transgender Identity Development, in 1 American Psychological Association Handbook on Sexuality and Psychology 744, 750 (D. Tolman & L. Diamond eds., 2014).) (https://www.dropbox.com/scl/fi/vbfga15iu1uu9bo0n6sim/Transgender-Identity-Development-Ch-24.pdf?rlkey=tdiydf3drssviag0wa5u054op&dl=0);

3. The APA's December 2015 Guidelines for Psychological Practice With Transgender and Gender Nonconforming People (2015 Guidelines) states that psychological care to transgender people should "draw[] from empirically validated literature when available" and consider what their own "values and beliefs may have on the treatment approaches they select". Mental health professionals "are encouraged to carefully reflect on their personal values and beliefs about gender identity development in conjunction with the available research, and to keep the best interest of the child or adolescent at the forefront of their clinical decisions at all times" (https://www.dropbox.com/scl/fi/gmezm0nql4nefpjr4ua1u/L-111.1-APA-Trans-Guidance.pdf?rlkey=cstmh3q60fc3h9jepfza39g2s&dl=0; Page 843);

4. The APA's 2015 Guidelines state that "Moving more slowly and cautiously in [cases of late-onset gender dysphoria] is often advisable" (https://www.dropbox.com/scl/fi/gmezm0nql4nefpjr4ua1u/L-111.1-APA-Trans-Guidance.pdf?rlkey=cstmh3q60fc3h9jepfza39g2s&dl=0; Page 843);

5. The APA's 2015 Guidelines state that "psychologists are encouraged to conduct a careful diagnostic assessment, including a differential diagnosis, when working with TGNC people" (https://www.dropbox.com/scl/fi/gmezm0nql4nefpjr4ua1u/L-111.1-APA-Trans-Guidance.pdf?rlkey=cstmh3q60fc3h9jepfza39g2s&dl=0; Page 845);

6. The President of the American Academy of Pediatrics recently made a statement that hormones and surgery are not the preferred treatment for gender dysphoric youth, and that in fact "for the vast majority of children, it recommends the opposite". (Moira Szilagyi,

2022): https://www.dailysignal.com/2022/08/24/did-american-academy-of-pediatrics-just-blink-on-gender-affirming-care-or-bluff/;

7. The September 2017 Endocrine Society's Guideline 1.3 "advise[s] that decisions regarding the social transition of prepubertal youths with GD/gender incongruence are made with the assistance of an MHP or another experienced professional" (Page 3870): https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence;

8. Follow-up studies show that childhood gender dysphoria does not always continue into adulthood. According to the Endocrine Society's 2017 Guidelines, the gender dysphoria "in a minority of children appears to persist into adolescence" (Page 3876): https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence;

9. According to the Endocrine Society's 2017 Guidelines, "GD/gender incongruence may be accompanied with psychological or psychiatric problems", "make a distinction between GD/gender incongruence and conditions that have similar features" and treat, or refer out for treatment, the other mental health issues (Page 3876): https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence;

10. The assistance of a mental-health professional can also be critically important during any social transition. The Endocrine Society's 2017 Guidelines note, a social transition "may test the person's resolve, the capacity to function in the affirmed gender, and the adequacy of social, economic, and psychological supports," and processing the transition is often "a major focus of the counseling" during the transition (Page 3877): https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence;

11. The Endocrine Society Guidelines also recognize that "[s]ocial transition is associated with the persistence of GD/gender incongruence as a child progresses into adolescence. It may be that the presence of GD/gender incongruence in prepubertal children is the earliest sign that a child is destined to be transgender as an adolescent/adult. However, social transition (in addition to GD/gender incongruence) has been found to contribute to the likelihood of persistence." (Page 3879): https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence;

12. In a 2006 article, Peggy T. Cohen-Kettenis, Ph.D., one of the authors of WPATH SOC 7, warned of the risks of retarding bone density growth and brain development by starting medicalized gender transiting on adolescents. She also stated that the adolescents' serious co-morbidities needed to be treated first. She further stated that the existing WPATH standards of care required that the use of cross-sex hormones should not begin before age 16, and surgery before age 18. https://www.dropbox.com/scl/fi/x2vvuq9ty3y82lzoowyce/Clinical-Mgt-of-Gender-Identity-Disorder-European-Journal-Endocrinology-2006.pdf?rlkey=y8b29dtjeuoznz5snogk6qg6t&st=5cx731c8&dl=0

13. The 2017 Endocrine Society Guidelines, No. 2.5, requires that a "compelling reason" existed to initiate cross- sex hormone treatment to Brockman prior to 16 years of age (Page 3883): https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence. (*See also Footnote 1 below);

14. **The Kaiser Gender Affirming Procedures that were first effective in January 2013, and last revised in October 2022, state that members eligible for mastectomies should be "at least 18 years old", and further set an absolute minimum age of 16 for mastectomies, citing the WPATH, version 7, and the 2009 Endocrine Society Guidelines**:https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/health-plan-documents/coverage-information/clinical-review-gender-affirming-procedures-nw.pdf;

15. The 2009 Endocrine Society Guidelines, No. 2.6, state that surgery should not occur "until the individual is at least 18 yr. old": https://assets.ctfassets.net/6npzwubtivm2/7BpnNKDsqKchRr1QRPYF3p/3e6256ce8dc7336a32085c18128ab5b1/endocrine-guidelines.pdf;

16. Kaiser's transgender care medical center in West Los Angeles states that it also follows WPATH SOC 7 and the 2009 Endocrine Society Guidelines: https://thrive.kaiserpermanente.org/care-near-you/southern-california/transgender/wp-content/uploads/sites/26/2019/03/Transgender-Surgery-Program-Fact-Sheet-2018-v3.pdf;

17. "The transgender patient care settings at Kaiser Permanente take a common approach to ensure coordinated care, reflecting the organization's integrated care model.": https://permanente.org/coordinated-transgender-person-care-pathway/;

18. The WPATH Standards of Care, version 7 (SOC7), acknowledges that a small percentage, "only 6-23% of children", persist in their gender incongruence (Page 11): https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf;

19. The WPATH SOC7 recommends a careful psychological assessment and guidance from a mental health professional (Page 14-15): https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf;

20. The WPATH SOC7 recommends "a thorough assessment for gender dysphoria and any co-existing mental health concerns", exploration of "the nature and characteristics of a child's or adolescent's gender identity", the performance of a "psychodiagnostic and psychiatric assessment – covering the areas of emotional functioning, peer and other social relationships, and intellectual functioning/school achievement", an evaluation "of the strengths and weaknesses of family functioning" and consideration of "unresolved" "[e]motional and behavioral problems" (Page 15): https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf;

21. The WPATH SOC7 notes that mental health professionals "should strive to maintain a therapeutic relationship with gender nonconforming children/adolescents and their families throughout any subsequent social changes," (i.e., after the diagnostic process it

recommends), which "ensures that decisions about gender expression and the treatment of gender dysphoria are thoughtfully and recurrently considered" (Page 16): https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf;

22. The WPATH SOC7 states that "the potential benefits and challenges of particular choices" must be discussed with both parents and gender dysphoric children (Page 17) https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf;

23. The WPATH SOC7 required Kaiser to conduct an "extensive exploration of psychological, family, and social issues" of the patient (Page 18): https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf;

24. The WPATH SOC 7 states: "Mental health professionals assess clients' gender dysphoria in the context of an evaluation of their psychosocial adjustment (Bockting et al., 2006; Lev, 2004, 2009). The evaluation includes, at a minimum, assessment of gender identity and gender dysphoria, history and development of gender dysphoric feelings, the impact of stigma attached to gender nonconformity on mental health, and the availability of support from family, friends, and peers (for example, in person or online contact with other transsexual, transgender, or gender nonconforming individuals or groups)." (Page 23) https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf;

25. The WPATH SOC7 acknowledges that clients with "gender dysphoria may struggle with a range of mental health concerns" including "anxiety, depression, self-harm, a history of abuse and neglect, compulsivity, substance abuse, sexual concerns, personality disorders, eating disorders, psychotic disorders, and autistic spectrum disorders". Mental health professionals "should screen for these and other mental health concerns and incorporate the identified concerns into the overall treatment plan." Not doing so "can complicate the process of gender identity exploration and resolution of gender dysphoria" (Page 24-25): https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf;

26. Adolescents' decisions are often influenced by factors that are unrelated to their long-term best interests. The WPATH Standards of Care, version 8 (SOC8), acknowledges that "adolescence is also often associated with increased risk-taking behaviors", a "heightened focus on peer relationships", and "a sense of urgency that stems from hypersensitivity to reward" (Page S44): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644; This fact of life was not addressed in the SOC7 https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf;

27. The SOC7 acknowledges an increase in child and adolescent referrals: A clinic in Canada reported a "four- to five-fold increase in child and adolescent referrals" https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf; Similarly, the WPATH SOC8, acknowledges the "phenomenon" of "the increased number of adolescents seeking care who have not seemingly experienced, expressed (or experienced and expressed) gender diversity during their childhood years" (Page S45): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644;

28. The SOC7 acknowledges "lifelong" treatment, "Transsexual, transgender, and gender nonconforming people need health care throughout their lives." https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf. Similarly, the WPATH SOC8 acknowledges the "lifelong implications of medical treatment" and that adolescents, their parents, and care providers should be informed about the nature of the evidence base", which is "still low" and that "there are few outcome studies that follow youth into adulthood" (Page S46): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644

29. Yet another reason for caution is the growing awareness of "detransitioners"—youth who previously transitioned to a transgender identity but later decide to revert to an identity that aligns with their natal sex. Many of these youth express regret about their prior transition. The WPATH SOC8 acknowledges that "detransitioning may occur in young transgender adolescents and health care professionals should be aware of this" (Page S47): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644; The SOC7 does not address detransitioners at all.

30. The SOC 7 recognizes the need for a comprehensive evaluation of a minor with gender dysphoria: "If there are persistent and strong indications that gender dysphoria is present, a comprehensive evaluation by clinicians skilled in the assessment and treatment of gender dysphoria is essential, irrespective of the patient's age." https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf. Similarly, the WPATH SOC8 recognizes that a "comprehensive clinical approach is important and necessary" (Page S45), and recommends "a comprehensive biopsychosocial assessment to guide treatment decisions and optimize outcomes" (Page S50): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644

31. The SOC7 suggested that any "co-existing mental health concerns of children or adolescents" be "[a]ssess[ed] and treat[ed]", https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf. Similarly, the WPATH SOC 8 for adolescents required that Brockman's "mental health concerns that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed (Page S48, No. 6.12.d): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644

32. As reflected by this 2017 study, the Kaiser defendants have long used the diagnostic coding of the International Classification of Diseases (ICD), published by the World Health Organization (WHO), for diagnosing gender dysphoria in minors: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5770907/; moreover, WPATH SOC 8, Section 6.12.a, also uses ICD-11 (the eleventh edition of the ICD), for diagnosing adolescents with gender dysphoria; however, **in a recent statement, the WHO announced that it does not recommend GAC for minors because of the insufficient evidence base supporting its use for children and adolescents: https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/tgd_faq_16012024.pdf?sfvrsn=79eaf57f_1 (section 5); therefore, the Kaiser defendants and WPATH are using ICD-11, published by WHO, for a purpose that even WHO does not approve.**

33. The SOC7 suggested that Brockman undergo "comprehensive primary care" prior to undergoing testosterone: https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf. Similarly, the WPATH SOC 8 for adolescents required that Brockman have undergone "a comprehensive biopsychosocial assessment" before she received gender affirming care (Page S48, No. 6.3): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644

34. The WPATH SOC8 emphasizes that "[t]reatment in this context (e.g., with limited or no assessment) has no empirical support and therefore carries the risk that the decision to start gender-affirming medical interventions may not be in the long-term best interest of the young person at that time" (Page S51): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644; The SOC7 does not address such lack of support for limited or no assessment of a gender dysphoric individual.

35. The SOC7 acknowledges that "it is relatively common for gender dysphoric children to have co-existing internalizing disorders such as anxiety and depression", and that "prevalence of autistic spectrum disorders seems to be higher in clinically referred, gender dysphoric children than in the general population": https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf. Similarly, the WPATH SOC8 notes that "depression and self-harm may be of specific concern" and acknowledges "[h]igher rates of suicidal ideation, suicide attempts, […] self-harm", "eating disorders" and "high rates of autism spectrum disorder/characteristics" (Page S62): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644

36. The WPATH SOC8 repeatedly "emphasizes the importance of a nuanced and individualized clinical approach to gender assessment" (Page S68): https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644

37. **2009 Endocrine Society Guidelines** state: ***"Diagnostic assessment and psychotherapy:*** Because GID may be accompanied with psychological or psychiatric problems (see Refs.23–27), it is necessary that the clinician making the GID diagnosis be able 1) to make a distinction between GID and conditions that have similar features; 2) to diagnose accurately psychiatric conditions; and 3) to undertake appropriate treatment thereof. Therefore, the SOC guidelines of the WPATH recommend that the diagnosis be made by a MHP (28). For children and adolescents, the MHP should also have training in child and adolescent developmental psychopathology. MHPs usually follow the WPATH's SOC."

38. "Always make and document a differential diagnosis" by Kaiser doctor Kim Tran, MD FACP: https://kpactionplans.org/dex/; In that regard, Kaiser did not do a differential diagnosis for Brockman for body dysmorphia, as opposed to gender dysphoria. This is despite the fact that she was attracted to boys; however, she naively thought that she could never become the idealized attractive woman that would be expected of her: https://www.ncbi.nlm.nih.gov/books/NBK519712/table/ch3.t19/; Learning About Body Dysmorphic Disorder | Kaiser Permanente

39. Kaiser acknowledges the importance of screening for adverse childhood experiences; https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.screening-for-adverse-childhood-experiences-aces.acm1712; https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.acm1444#acl1429; https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.acm1499#acl1429; ACEs are very common. Two of every three adults have had at least one ACE, and many have had several. A person with four or more ACEs is at a higher risk for emotional or physical health problems in adulthood: https://mydoctor.kaiserpermanente.org/ncal/Images/011061-601_tcm75-1929347.pdf

40. "Kaiser Permanente is one of the nation's largest not-for-profit health plans, serving 12.4 million members. **At Kaiser Permanente, physicians are responsible for medical decisions.** The Permanente Medical Groups, which provide care to Kaiser Permanente members, continuously develop and refine medical practices to help ensure that care is delivered in the most efficient and effective manner possible." https://www.dropbox.com/scl/fi/vr50fuaezd3qx6n3gaum2/LOVD_04455-04458-Kaiser-Drs-are-Responsible.pdf?rlkey=ip5kb9bnt98mz2doehtlwjyis&st=eppumhzg&dl=0.

41. Kaiser has documentation standards requiring that "Complete and accurate patient record documentation must be created and maintained for any Kaiser Permanente member who has been assessed, treated, or both.": https://www.dropbox.com/scl/fi/r3w4qgmmnsw5jyzt1e5kn/LOVD_04464-04468-Kaiser-Documentation-Standards.pdf?rlkey=w6w5kwb6g76m6gaa9ry50nzjl&st=544riawo&dl=0; As well as "Physicians, dentists, and employees must document and code (where applicable) patient care provided in an accurate, complete, and timely manner.": https://www.dropbox.com/scl/fi/v0zwnblz8s86r0f25yzb7/LOVD_04469-04524-Kaiser-Principles-of-Responsibility.pdf?rlkey=s5a3kpoyn6r0fc5tot83xogs9&st=ksgy8ihl&dl=0

42. A 2022 article by two Kaiser psychiatrists in California warns against the danger to young people who are exposed to harmful content on social media: "Social media will evolve and continue to give rise to cultural trends and fads of all kinds; all of these are forms of contagion …Young people are particularly vulnerable.": https://www.psychiatrist.com/pcc/blue-whale-challenge-social-media-self-harm-suicide-contagion/

43. The label for the adult version of Lupron says "These LUPRON DEPOT formulations are not indicated for use in children. See the LUPRON DEPOT PED® package insert for the use of leuprolide acetate in children with central precocious puberty.": https://www.dropbox.com/scl/fi/y5th8o0hkjiqvin7rvs0z/FDA-Lupron-Depot.pdf?rlkey=01nb5fa2qlmzzd04ti31mti35&st=gri8cihl&dl=0; Despite this, both Ms. Brockman and Ms. Lovdahl were given the adult formulation.

44. A Kaiser Permanente paper, published in December 2020 (after Kaiser's provision of puberty blockers, testosterone and mastectomies to both Chloe and Kayla), summarized responses of 11 Kaiser providers from Kaiser's mid-Atlantic region to "the following question: At a health system with a young, developing Transgender Health Services program, what are the provider-perceived barriers and facilitators to improving the quality

of TGNC care throughout the health system?" In response, "[m]any of the providers described learning about treating [transgender and gender-nonconforming] patients on the job": https://www.dropbox.com/scl/fi/j3ivdjpl1midvyofk3omr/Quality-of-Care-of-Transgender-and-Gender-Nonconforming-Patients.pdf?rlkey=4ajdctxl35iqlw1te3vo5iyqi&st=ecxgour8&dl=0; This sentiment mirrors whistleblower Jamie Reed's bombshell article titled "I Thought I Was Saving Trans Kids. Now I'm Blowing the Whistle", wherein she claims doctors "said frequently about the treatment of our patients: "We are building the plane while we are flying it."": https://www.dropbox.com/scl/fi/vuai7midh932e411drlyb/I-Thought-I-Was-Saving-Trans-Kids.-Now-I-m-Blowing-the-Whistle_.pdf?rlkey=ndshsfts5jzkcticld99hv0ni&st=gy9nfp3n&dl=0

45. An analysis of a comprehensive database of insurance health claims in the US found that "contrary to what has been asserted by advocates of youth transition, most adolescents with a GD diagnosis will not have this diagnosis within as few as seven years, during the period of rapid identity development. The single most important implication is that there is no empirical basis for assuming that most adolescents presenting with GD are destined to live as gender-transitioned adults. This further suggests that the GD diagnosis presents a dubious basis for offering teens life-altering interventions with permanent impacts on health and functioning:" https://www.city-journal.org/article/adolescent-gender-dysphoria-is-a-temporary-diagnosis-for-most-teens

46. A comprehensive psychiatric evaluation of minors presenting with gender dysphoria should focus on answering vital questions, such as: (a) What forces have influenced the minor to repudiate his or her expected gender identity?; (b) When did these forces occur?; (c) What characteristics of the other gender does the patient admire and wish to possess?; (d) What is the relationship between medical and psychiatric co-morbidities and the trans-identity?: https://www.tandfonline.com/doi/full/10.1080/0092623X.2024.2362774#d1e99

47. Kaiser seems to groom children by screening them for GAC in wellness visits: https://x.com/bourne_beth2345/status/1945916141676732832

Section B: Kaiser's History of Violations

1. Kaiser states on its website that it follows the WPATH standards. Notwithstanding the foregoing, Kaiser's "Platinum Rule" is that it will immediately affirm all kids in their gender choices regardless of their age or where they are in their state of transition: https://www.libsoftiktok.com/p/exclusive-whistleblower-exposes-hospital; Kaiser also markets gender transition to children without parental knowledge or consent: https://www.libsoftiktok.com/p/kaiser-healthcare-pushes-gender-affirming?utm_source=%2Fsearch%2Fkaiser&utm_medium=reader2;

2. A Kaiser member acting undercover as a transgender patient wrote the following: "The medical workers I met repeatedly reminded me that they were not there to act as 'gatekeepers'. I was able to instantly change my medical records to reflect my new gender identity and pronouns. Despite never being diagnosed with gender dysphoria, I was able to obtain a prescription for testosterone and approval for a 'gender-affirming' double mastectomy from my doctor. It took only three more months (90 days) to be approved for

surgery to remove my uterus and have a fake penis constructed from the skin of my thigh or forearm. Therapy was never recommended….My story, which I outline in much more detail below, should convince any half-rational person that gender medicine is not operating like any other field of medicine. Based on a radical concept of 'gender identity,' this medical anomaly preys upon the body-image insecurities common among pubescent minors to bill health insurance companies for permanent cosmetic procedures that often leave their patients with permanently altered bodies, damaged endocrine systems, sexual dysfunction, and infertility.": https://www.realityslaststand.com/p/i-pretended-to-be-nonbinary-to-expose;

3. The American Psychological Association Services, Inc. urged the California Department of Managed Health Care (DMHC) to take action to resolve Kaiser's problems in ensuring appropriate access to mental health care for Kaiser patients. (Jared Skillings, Ph.D. Chief of Professional Practice American Psychological Association Services, Inc.): https://www.nbcsandiego.com/news/local/breakdown-kaiser-permanente-criticized-for-mental-health-care/2723477/;

4. Hundreds of Kaiser mental health care professionals have gone on strike because of their inability to provide proper counseling and therapy to Kaiser patients and Kaiser has been repeatedly fined by the State of California for its many violations in this regard, including fraudulent reporting of alleged improvements in its system. (See Exhibits to Complaint: https://libertycenter.org/wp-content/uploads/2023/02/Complaint1.pdf);

5. The National Union of Healthcare Workers ("NUHW") sent the DMHC a letter accusing Kaiser's internal practices with respect to mental health of being "illegal rationing of care […] systematic, widespread, and pervasive" and that Kaiser's practice as further being in a "discriminatory fashion that targets enrollees with [mental health issues]"; and that it is "illegal for Kaiser to design its care-delivery system to deliver, as a default outcome, a system of substandard and noncompliant care that only can be remedied if and when enrollees or their therapists complain to Kaiser's managers.": https://www.dropbox.com/scl/fi/aidtn3031m9k89mbdxjb4/21-0617-NUHW-Ltr-Re-Kaiser-BH-Services_Highlighted.pdf?rlkey=vflees547n0jml12r9et6zirc&dl=0;

6. The NUHW has 1,992 stories of patients sharing their experiences about the extremely poor levels of care they received at Kaiser. For example, one story claims there "was only one child psychiatrist for an island of nearly 120,000 people and less than a dozen therapists." https://nuhw.org/kaiser-dont-deny/patient-stories/;

7. Kaiser has a pattern and practice of underfunding and understaffing it's mental health department. On October 11, 2023, Kaiser and the DMHC entered into a $200 million settlement agreement regarding Kaiser's deficient mental health-related care. Kaiser received the largest fine ever levied on a healthcare plan: $50 million dollars, as well as investing $150 million dollars over the next five years into Kaiser's mental health departments: https://wpso.dmhc.ca.gov/enfactions/docs/4367/1697136977902.pdf;

8. Kaiser's Research Division produced a report that describes in detail the kinds of physical and mental health problems experienced by adolescents and the kind of care that they need: https://about.kaiserpermanente.org/content/dam/kp/mykp/documents/research-

briefs/research-brief_adolescent-health.pdf: "Mental health conditions are also a concern for adolescents. The symptoms of mental health conditions, including depression and anxiety, often begin during the teen years… Approximately 1 in 8 adolescents and young adults in the United States live with depression, and suicide is one of the most common causes of death in this age group. Anxiety disorders affect approximately one-third of teens, and attention-deficit/hyperactivity disorder and eating disorders are common in adolescence. Mental health disorders and other health issues may result from adverse childhood experiences (such as traumatic events, economic hardship, or parental separation or divorce), which affect 45% of American youths."

9. Kaiser Permanente's: "Providing Care to LGBTQ Patients" (September 30, 2016) states that .6 % of U.S. population identify as transgender; however, 2% of Kaiser's Northern California staff self-identify as transgender. (PDF pages 10-11): https://www.dropbox.com/scl/fi/f1sqw328i0vhfdd9rxcz2/160929-Providing-LGBTQ-Care-for-Asthma-Network-9.30.16-v2.pptx?rlkey=4gm4zbvie20zyihf4hiznaop0&dl=0;

Section C: Lack of Consensus

1. There is no true consensus on "gender affirming care" (GFC) for minors as multiple national and international professional associations (representing thousands of reputable medical doctors and mental health care providers), have issued statements against the so-called GFC standards for minors, including the following:
   i. Society of Evidence Based Gender Medicine: https://segm.org;
   ii. Association of American Physicians and Surgeons: https://aapsonline.org;
   iii. American College of Pediatricians: https://acpeds.org;
   iv. Alliance for Therapeutic Choice: https://www.therapeuticchoice.org (mental health providers);
   v. Do No Harm Medicine: https://donoharmmedicine.org;
   vi. Catholic Medical Association: https://www.cathmed.org/resources/the-ideology-of-gender-harms-children/;
   vii. Christian Medical and Dental Association (CMDA): https://spaces.hightail.com/space/k2QImA8pDq; Microsoft Word - Transgender Identification 2021.doc (utah.gov) ;
   viii. International Federation for Therapeutic and Counseling Choice: https://archive.iftcc.org/iftcc-principles-for-approaches-to-transgender-treatments/ (mental health providers);
   ix. Genspect. (2023). Gender Framework: A Vision for Change. The Killarney Group: https://genspect.org/wp-content/uploads/2023/11/The-Gender-Framework-Draft-One.pdf;
   x. World Health Organization (WHO): https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/tgd_faq_16012024.pdf?sfvrsn=79eaf57f_1;
   xi. American College of Family Medicine (ACFM): https://theacfm.org/in-the-media;
   xii. Doctors Protecting Children: https://doctorsprotectingchildren.org/ (This declaration is signed by over a dozen medical and health policy organizations)
   xiii. The American Society of Plastic Surgeons openly stated that it "has not endorsed any organization's practice recommendations for the treatment of adolescents with gender dysphoria" and acknowledged that there is "considerable uncertainty as to the long-term efficacy for the use of chest and genital surgical interventions" and

that "the existing evidence base is viewed as low quality/low certainty." https://www.city-journal.org/article/a-consensus-no-longer#:~:text=The%20American%20Society%20of%20Plastic,%2Daffirming%20care%E2%80%9D%20for%20minors.&text=The%20main%20justification%20for%20%E2%80%9Cgender,U.S.%20medical%20associations%E2%80%9D%20support%20it; Dr. Steven Williams, the president of the American Society of Plastic Surgeons, in an Instagram Live discussion with Dr. Blair Peters, said that the society "Currently, ASPS doesn't think that gender-affirming care for adolescents is appropriate." Dr. Williams further described WPATH as a "disaster", and criticized WPATH for concealing data: https://benryan.substack.com/p/top-plastic-surgeon-wont-commit-to; https://www.foxnews.com/media/president-leading-plastic-surgeons-org-evidence-doesnt-currently-support-gender-surgeries-minors

xiv. "The Medical Case Against Transitioning Minors": 2025 Panel discussion video from Independent Medical Alliance (IMA): There are five key reasons these IMA physicians believe current gender medical protocols are harming minors rather than helping:
   1. Irreversible Harm: Physical and Psychological
   2. Informed Consent and the Maturity Gap
   3. Long-Term Harms of Transitioning
   4. Social Influences and Gender Dysphoria
   5. The Problem with "Affirmation": https://imahealth.org/medical-case-against-transitioning- minors/

2. The U.S. Centers for Medicare and Medicaid Services (CMS) criteria for treatment for gender dysphoria states at this link: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53793&ver=25&bc=CAAAAAAAAAAA:

"The criteria for cross sex hormone therapy are as follows:
   1. *Persistent, well-documented gender dysphoria;*
   2. *Capacity to make a fully informed decision and to consent for treatment;*
   3. ***Member must be at least 18 years of age;***
   4. *If significant medical or mental health concerns are present, they must be reasonably well controlled.";* and

"Surgical treatment for gender dysphoria may be considered medically necessary when ALL of the following criteria are met:
   1. ***The individual is at least 18 years of age.***
   2. *A gender reassignment treatment plan is created specific to an individual beneficiary.*
   3. *The individual has a documented Diagnostic and Statistical Manual of Mental Disorders --Fifth Edition, DSM-5 ™ diagnosis of GD;*

3. The 2012 "Report of the APA Task Force on Treatment of Gender Identity Disorder", states: "As in other disorders, the recommendation for a particular therapy often hinges on the therapist's preferences and training. This is especially true for GID, however, in light of **the lack of consensus** regarding either the goals for therapy or the malleability of gender identity, as well as the controversies surrounding the ethics of aiming to influence identity development.": https://www.psychiatry.org/getattachment/c43b9df8-13ab-4b50-bda2-1cc079b61ace/Resource-Document-2012-Report-APA-Task-Force-Treatment-Gender-Identity-Disorder.pdf;

4. Puerto Rico bans ALL medical sex changes for people under 21: https://thepostmillennial.com/puerto-rico-bans-all-medical-sex-changes-for-people-under-21

5. **As of July 22, 2024, twenty-six (26) U.S. states have banned GAC for minors and the U.S. Supreme Court has upheld these bans:** https://www.nbcnews.com/nbc-out/out-politics-and-policy/south-carolina-governor-signs-ban-gender-affirming-care-transgender-mi-rcna153382; and https://www.dailysignal.com/2023/08/28/more-courts-uphold-bans-gender-affirming-care-minors-divisions-abound-is-supreme-court-next-stop/; and On September 24, 2024, the Attorneys General of 22 states signed a letter to the American Academy of Pediatrics claiming that the AAP's advertising that using puberty blockers to treat adolescents with gender dysphoria is "reversible" is "misleading and deceptive." The letter further compared the AAP's 2018 policy statement to the Cass Report, requested the AAP reconcile it's 2018 policy statement with the Cass Review's various findings: https://www.dropbox.com/scl/fi/m3t32gcyxv7rkavzh32w8/2024-09-24-AAP-s-Compliance-with-State-Consumer-Protection-Laws.pdf?rlkey=b29a85wu0x16inf7sm8r6ax2g&st=8r8e2lpf&dl=0; On November 25, 2024, Judge R. Craig Carter of the Circuit Court of Cole County, Missouri, after a nine day trial in which Chloe Cole testified, found that the use of puberty blockers, cross-sex hormones and cross-sex surgeries are "well outside normal medicine, and medical ethicists are unable to agree on the propriety thereof" and that "the vast majority of children who are diagnosed with gender dysphoria outgrow the condition.": https://www.theepochtimes.com/us/judge-upholds-missouris-ban-on-transgender-procedures-for-children-5765959 and chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.courts.mo.gov/fv/c/JUDGMENT.PDF?courtCode=19&di=3366224; and on June 18, 2025 the United States Supreme Court upheld Tennessee's ban on puberty blockers and cross-sex hormones for minors in *U.S. v. Skrmetti*: "This case carries with it the weight of fierce scientific and policy debates about the safety, efficacy and propriety of medical treatments in an evolving field. The voices in these debates raise sincere concerns; the implications for all are profound," Chief Justice Roberts wrote. He added: "We leave questions regarding its policy to the people, their elected representatives, and the democratic process."

6. On January 28, 2025, President Trump issued an executive order stating, in part: (1) that "medical professionals are maiming and sterilizing a growing number of impressionable children under the radical and false claim that adults can change a child's sex through a series of irreversible medical interventions," (2) that the Attorney General shall "prioritize investigations and take appropriate action to end deception of consumers, fraud, and violations of the Food, Drug, and Cosmetic Act by any entity that may be misleading the public about long-term side effects of chemical and surgical mutilation"; and (3) that the "head of each executive department or agency (agency) that provides research or education grants to medical institutions, including medical schools and hospitals, shall […] immediately take appropriate steps to ensure that institutions receiving Federal research or education grants end the chemical and surgical mutilation of children.": https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/

7. On February 19, 2025, the United States Department of Health and Human Services (HHS) issued this statement: ”A person’s sex is unchangeable and determined by objective biology. The use of hormones or surgical interventions do not change a person’s sex because such actions do not change the type of gamete that the person’s reproductive system has the biological function to produce.”: https://womenshealth.gov/article/sex-based-definitions.

8. On March 5, 2025, the Centers for Medicare & Medicaid Services (CMS) of the U.S. Dep . Health and Human Services (HHS), issued the following Alert to Hospitals, entitled: “Protecting Children from Chemical and Surgical Mutilation”, which it summarized as follows: “• CMS is alerting providers to the dangerous chemical and surgical mutilation of children, including interventions that cause sterilization. CMS is reminding providers of the program requirements of hospitals to serve all patients, especially children, with dignity and adherence to the highest standard of care that is informed by robust evidence and the utmost scientific integrity. • Other developed nations have taken decisive actions to prohibit or significantly limit these mutilation practices to ensure that children are protected from harmful, unscientific medical interventions. This alert is notice that CMS may begin taking steps in the future to align policy, including CMS-regulated provider requirements and agreements, with the highest-quality medical evidence in the treatment of the nation’s children in order to protect children from harmful, often irreversible mutilation, including sterilization practices. CMS will follow any applicable substantive and procedural requirements in taking any future action.”: https://www.cms.gov/files/document/QSSAM-25-02-Hospitals.pdf

9. On June 24, 2024, the United States Supreme Court accepted review in a case involving the Tennessee ban on “gender affirming care”. Although it opposed the ban, that same week the Biden Administration announced that it did not support gender affirming surgery for minors: https://www.nytimes.com/2024/06/28/health/transgender-surgery-biden.html?utm_source=pocket_mylist

10. On May 22, 2024, a systematic review geared towards “characteri[zing] the results of longitudinal clinical research studies that have reported depression and suicidality outcomes,” found that there was no “consistent demonstration of improvement in depression and/or suicidality outcomes in pediatric-age patients with GD treatment with hormonal intervention.”: https://www.dropbox.com/scl/fi/7541rwbqp0qydwn3g6cvi/Paediatric-gender-medicine.pdf?rlkey=nq1ngmd72zonya373izyoleja&st=i5lg8g2t&dl=0

11. Activist attorneys from large firms, including the Cooley firm representing Kaiser in this case, have also represented militant transgender plaintiffs in seeking to overturn the state bans on GAC for minors**. “**On March 19, U.S. District Judge Liles C. Burke of the Northern District of Alabama, an appointee of former President Donald Trump, unsealed an **October 2023 report**, which found that 11 out of 39 lawyers for the plaintiffs tried to circumvent random case assignment procedures. The report was conducted by a panel of three Alabama federal judges after Burke expressed concern about judge shopping.”: https://www.abajournal.com/news/article/lawyers-representing-transgender-plaintiffs-face-possible-sanctions-for-alleged-judge-shopping; One of those 11 lead attorneys found guilty of “misconduct” by the three judge panel was Kathleen Hartnett, who is also one of

the lead attorneys for Kaiser in the Brockman case: https://www.cooley.com/people/kathleen-hartnett. https://www.abajournal.com/news/article/lawyers-representing-transgender-plaintiffs-face-possible-sanctions-for-alleged-judge-shopping;

12. Recent polling reflects the fact that 78% of U.S. voters, including 67% of Democrats, oppose giving puberty blockers and surgery to minors to change their gender: 67% of Democrats OPPOSE child sex changes: poll | The Post Millennial | thepostmillennial.com; Another poll found that the number of voters who oppose child gender transitions has increased by 10 points since August 2024: https://www.dailysignal.com/2024/11/18/vast-majority-americans-want-outlaw-child-sex-changes/

13. Due to its extensive medical literature reviews, the National (NHS) in England is no longer prescribing puberty blockers and GAC to minors: https://www.england.nhs.uk/publication/clinical-policy-puberty-suppressing-hormones/; "For most young people, a medical pathway will not be the best way to manage their gender-related distress. For those young people for whom a medical pathway is clinically indicated, it is not enough to provide this without also addressing wider mental health and/or psychosocially challenging problems.": https://cass.independent-review.uk/home/publications/final-report/; https://www.bbc.com/news/uk-scotland-68844119; On December 11, 2024, the UK's emergency ban on puberty blockers was made indefinite: https://www.gov.uk/government/news/ban-on-puberty-blockers-to-be-made-indefinite-on-experts-advice; Dr. Cass told the New York times that U.S. medical groups are "out of date" and "misleading the public": https://www.nytimes.com/2024/05/13/health/hilary-cass-transgender-youth-puberty-blockers.html; And the latest German systematic review of the medical literature supports the same Conclusion: https://pubmed.ncbi.nlm.nih.gov/38410090/;

14. "A lengthy investigation initiated by centre-right Les Républicains senator Jacqueline Eustache-Brinio has just been made public**. It is alarmed by what has been described as "one of the greatest ethical scandals in the history of medicine"—namely sex reassignment in minors, made possible by the administration of puberty blockers and surgery.** The report, which is detailed and well-argued, points to a number of abuses by health professionals, indoctrinated by a "trans-affirmative" ideology and subject to the influence of experienced trans activist associations. The report's authors accuse these associations of unreasonably encouraging gender transition in minors via an intense propaganda campaign on social media.": https://europeanconservative.com/articles/news/french-senators-call-for-ban-on-gender-transition-for-minors/;

15. "Many European countries do not allow the use of cross-sex hormones until age 16, and only then after completing a number of psychotherapy sessions. In addition, the vast majority of European countries ban surgery until age 16": https://www.forbes.com/sites/joshuacohen/2023/06/06/increasing-number-of-european-nations-adopt-a-more-cautious-approach-to-gender-affirming-care-among-minors/?sh=38b0d9d7efbd;

16. "It 'has…very clearly shown the **devastating consequences that policies on gender treatments have had on human rights of children**, including girls…**its implications go beyond the UK,'** said the UN Special Rapporteur on violence against women and girls, Ms. Alsalem.": https://news.un.org/en/story/2024/04/1148986; and https://www.nytimes.com/2024/07/12/opinion/gender-affirming-care-cass-review.html;

17. It is predicted that there will be at least 1,000 medical malpractice lawsuits filed against the Tavistock Clinic by detransitioners in the U.K.: Tavistock gender clinic facing legal action over 'failure of care' claims | The Independent; In addition to the lawsuits of Chloe Brockman and Kayla Lovdahl against Kaiser, there have multiple other medical malpractice cases filed in the U.S. on behalf of girls that began GAC as minors: https://www.dailywire.com/news/no-one-has-a-right-to-sterilize-a-child-two-detransitioners-sue-doctors-over-medical-interventions;and https://nypost.com/2023/09/14/woman-who-transitioned-at-16-sues-doctors-over-double-mastectomy/; https://www.foxnews.com/media/detransitioner-files-1m-lawsuit-against-doctors-botched-mastectomy-left-her-permanently-disfigured; https://www.foxnews.com/us/uw-gave-gender-transition-surgeries-without-proper-consent-lawsuit; https://www.washingtontimes.com/news/2023/dec/5/surge-of-detransition-lawsuits-pose-threat-to-boom/; On July 29, 2024, the court in the United Kingdom upheld the British Government's "emergency ban on puberty blockers, saying a study that found "very substantial risks and very narrow benefits" of the treatment supported the restriction as potentially being harmful.": https://apnews.com/article/british-court-puberty-blocker-ban-f509fdaa8697803bdfc246212201a802; https://www.dailysignal.com/2024/08/01/exclusive-fda-leader-backed-puberty-blockers-kids-despite-finding-increased-risk-suicidality/

18. Eli Coleman, PhD is a Past President of the World Professional Association for Transgender Health (WPATH), and he is currently the Chair of the WPATH Standards of Care Revision Committee. In his deposition in the Boe v. Marshall case, he testified: **"I have no idea how it was ever said that so many medical organizations have endorsed SOC-7.":** https://www.dropbox.com/scl/fi/zob1og12ippyqrz1zp022/Screenshot_28-11-2024_61624_.jpeg?rlkey=mz5i1rni6t9umfps4xgzxemy4&st=mvm8j9s5&dl=0

19. A letter from the U.S. Congress, House of Representatives, Office of Energy and Commerce, to the HHS Office of Inspector General (OIG), dated December 19, 2024, requests an investigation into HHS statements and policies promoting gender affirming care for minors ; the letter states: "As the agency responsible for safeguarding the health and well-being of Americans, all of HHS's medical treatment recommendations, especially medical treatment recommendations for children, should be based on rigorous and well-established research, such as randomized controlled trials, that have definitively illustrated the long-term benefits of gender affirming care treatments.": https://d1dth6e84htgma.cloudfront.net/12_19_24_Letter_to_HHS_OIG_re_Child_Gender_Transition_Treatments_b0db4481f1.pdf

20. Doctor Fired For Comments Critical of Trans Treatments for Minors Gets $1.6 Million Settlement: https://www.thefp.com/p/doctor-fired-for-trans-comments-gets-settlement

21. The U.S. Department of Health and Human Services (HHS) comprehensive report entitled: *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* is a report by the U.S. Department of Health and Human Services, and released on May 1, 2025, states as follows on pages 239-240: "As demonstrated throughout this Review, the presuppositions that guide PMT [pediatric medical transition] have not been shown to be valid; the nature, probability and magnitude of risks associated with PMT have not been distinguished with sufficient clarity; PMT proponents' estimates of the probability of harm and benefit have not been shown to be reasonable, as judged by known facts and available studies; and the risks of serious impairment that PMT involves have not been shown to be justified. For these reasons, administering PMT to adolescents, even in a research context, is in tension with well-established ethical norms for human subjects research.": gender-dysphoria-report.pdf**; "Our duty is to protect our nation's children—not expose them to unproven and irreversible medical interventions," said NIH Director Dr. Jay Bhattacharya, M.D., Ph.D. "We must follow the gold standard of science, not activist agendas.": https://www.hhs.gov/press-room/gender-dysphoria-report-release.html.**

22. U.S. Attorney General Pam Bondi issues memo that the DOJ will prosecute doctors and medical institutions that mutilating minors and will push for federal legislation with a private right of action and a long statute of limitation: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://s3.documentcloud.org/documents/25912589/bondi-memo-42225.pdf

23. "HHS sent a letter to health care providers, risk managers, and state medical boards urging immediate updates to treatment protocols for minors with gender dysphoria based on HHS' comprehensive review that found puberty blockers, cross-sex hormones, and surgeries have very weak evidence of benefit, but carry risk of significant harms, including sterilization. Providers should no longer rely on discredited guidelines that promote these dangerous interventions for children and adolescents based on ideology, not evidence.": https://x.com/HHSGov/status/1927791449476567043

24. The FTC and Justice Department are taking steps to hold accountable the health care practitioners that have been harming children with so-called "gender affirming care", as well as the professional medical associations that have been supporting them: https://www.ftc.gov/system/files/ftc_gov/pdf/chairman-ferguson-gender-affirming-care-workshop-speech.pdf; https://www.ftc.gov/system/files/ftc_gov/pdf/holyoak-remarks-gender-affirming-care.pdf; https://vimeo.com/1100389593; and https://www.justice.gov/opa/pr/department-justice-subpoenas-doctors-and-clinics-involved-performing-transgender-medical.

25. Trump Admin to Cut Off Federal Funding to Hospitals That Provide Gender-Transition Services to Minors: https://www.nationalreview.com/news/exclusive-trump-admin-to-cut-off-federal-funding-to-hospitals-that-provide-gender-transition-services-to-minors/.
Therefore, Kaiser Permanente stands to lose hundreds of millions in federal funding from Medicaid and Medicare: https://about.kaiserpermanente.org/expertise-and-impact/public-policy/our-key-issues/medicaid; and

https://about.kaiserpermanente.org/expertise-and-impact/public-policy/our-key-issues/medicare; Kaiser further stands to lose hundreds of millions more in funding through federal grants for its research programs: https://divisionofresearch.kaiserpermanente.org/federal-funds-childrens-health/; and https://research.kpchr.org/About/Funding#:~:text=The%20Center%20for%20Health%20Research,industry%2C%20and%20Kaiser%20Permanente%20itself.

26. Planned Parenthood is a leading provider of hormone therapy to transgender persons in the nation. The loss of federal funding and its radical transgender policies are contributing to its financial failure, even as many of its clinics are closing. From 2017 to 2023, Planned Parenthood treated at least 12,000 12- to 17-year-olds for gender dysphoria, according to a Manhattan Institute analysis. Planned Parenthood now usually uses the term "pregnant people" to be "inclusive," but this approach has brought concern among many, including former Planned Parenthood President Pamela Maraldo. According to a Wall Street Journal article, Maraldo said: "I don't understand the national office's thinking in not allowing anyone to talk about women's health anymore. These really, really left-wing ideological postures are to me just as off-putting as they are on the right when they're counter to basic Americans' common sense.": https://www.wsj.com/us-news/what-is-planned-parenthood-fighting-for-ddf1de65

27. Univ. of Chicago Medicine Latest To End Gender-Affirming Care For Minors: https://blockclubchicago.org/2025/07/18/uchicago-medicine-latest-to-end-gender-affirming-care-for-minors-amid-federal-pressure-campaign/; and Children's National Hospital D.C. to end GAC for minors: https://www.foxnews.com/health/childrens-national-hospital-dc-end-gender-transition-medical-interventions

28. The following two websites catalog the current detransitioner lawsuits, and the State legislation in the U.S. prohibiting or restricting gender affirming care to minors as well as the recent Skrmetti Supreme Court decision: https://www.transitionjustice.org/ and https://www.kff.org/other/dashboard/gender-affirming-care-policy-tracker/.

29. Stanford Medicine has stopped providing transgender surgeries to minors in June 2025; and Children's Hospital Los Angeles has stopped providing all transgender services to minors in July 2025: https://www.latimes.com/california/story/2025-06-25/stanford-medicine-ends-surgeries-for-transgender-minors-amid-pressure-from-trump

30. "The Façade of Medical Consensus: How Medical Associations Prioritize Politics Over Science": https://journals.law.harvard.edu/jlpp/the-facade-of-medical-consensus-chloe-jones/

31. **Kaiser Permanente halts gender mutilation surgeries for those under nineteen:** https://www.washingtontimes.com/news/2025/jul/23/kaiser-permanente-pauses-gender-transition-surgeries-19-trump/: "In addition to the federal pressure, Kaiser faces potentially significant legal jeopardy in the form of a lawsuit filed in 2023 by Chloe Cole, who had her breasts removed at age 15 after starting puberty blockers and testosterone at age 13. Now a detransitioner, she has accused her health-care providers of pushing her and her parents into agreeing to gender-transition treatment without informing them of the long-term effects.

Kaiser is fighting the lawsuit. Mark Trammell, CEO of the Center for American Liberty, which represents Ms. Cole, called Kaiser's decision 'a monumental step toward protecting vulnerable youth. Kaiser's pause affirms what our cases have repeatedly argued: children deserve protection from harmful medical practices promoted by radical gender ideology,' Mr. Trammell said in a statement. 'Rest assured, the Center for American Liberty will not stop advocating for vulnerable kids.'"

Section D: Lack of Scientific Evidence

1. WPATH had previously set a minimum age for mastectomies at age 16; however, it admits that it removed any minimum age limitations not for any medical reason but solely so that doctors would not get sued for violating that standard: https://www.dailysignal.com/2022/09/16/top-transgender-medical-group-removes-age-recomendations-for-minors/; https://www.dailywire.com/news/wpath-explains-why-they-removed-minimum-age-guidelines-for-children-to-access-transgender-medical-treatments-so-doctors-wont-get-sued; The N.Y. Times reported that "Biden Officials Pressed Trans Medical Group to Change Guidelines for Minors, Court Filings Show": https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html;

2. In 2021 the prestigious British Medical Journal (BMJ) published a systematic review of the clinical practice guidelines (CPG), used by the defendants for gender affirming care (GAC), and found them lacking; the BMJ concluded the following in its report: "Gender minority/trans health in current international CPGs seems limited to a focus on HIV or transition-related interventions. WPATH SOCv7 is due for updating and this study should be used positively to accelerate improvement. Future guideline developers might better address the holistic healthcare needs of gender minority/trans people by enhancing the evidence-base, upgrading the quality of CPGs and increasing the breadth of health topics wherein this population is considered.": https://www.dropbox.com/scl/fi/6paw4imx5lflw0fv9kl1s/BMJ-Systematic-Review-of-GAC.pdf?rlkey=7jk3gq58wza5ba6gzh28kmz5u&dl=0;

3. "The WPATH Files", an expose of WPATH released by a whistleblower(s) on March 4, 2024, concludes on page 70: "As this report has shown, **WPATH is not a medical organization. It is not engaged in a scientific quest to discover the best possible way to help vulnerable individuals who are suffering from gender-related distress. Instead, it is a fringe group of activist clinicians and researchers masquerading as a medical group, advocating for a reckless hormonal and surgical experiment to be performed on some of the most vulnerable members of society. I**t would be criminal for a surgeon to sever the spinal cord of a person who identified as a quadriplegic or to blind a sighted patient who identified as blind. It is just as unethical to destroy healthy reproductive systems and amputate the healthy breasts and genitals of mentally unwell people…": Final+UPDATED+WPATH+Report.pdf (squarespace.com); and https://www.realityslaststand.com/p/the-end-of-wpath-introducing-the?utm_source=_post-email-title&publication_id=225618&post_id=138642741&utm_campaign=email-post-title&isFreemail=true&r=c4sfo&utm_medium=email: The WPATH Files states on page 9: "SOC8 also contains a chapter on nonbinary medical interventions, which include recommendations on nullification procedures to create a smooth, sexless appearance for people who identify as neither male nor female and penis-preserving vaginoplasties for

those patients who desire both sets of genitals."; Top WPATH doctors also admit in their conferences that their treatments can involve serious complications: https://dailycaller.com/2024/05/14/wpath-tapes-gender-doctors-recordings-sex-changes/;

4. Many of the WPATH SOC authors are activists with extreme and even self-contradictory ideologies. For example, Laura Jacobs--an author of WPATH SOC8--is a self-described activist (https://www.lauraajacobs.com/) and claims to "feel female and male…both and neither one". This activist wants to know: "Do we have to stick to penis & vagina norms? Can we have genitalia that looks like flowers or abstract sculpture? Can we have multiple? Can they be interchangeable?" (https://twitter.com/genspect/status/1770637625143050571);

5. The year after the 2017 Endocrine Society Guidelines were published, Endo Pharmaceuticals (which profits from the sale of the puberty blocker Supprelin LA), paid Joshua D. Safer (who was an author of both the Endocrine Society Guidelines and the most recent WPATH Standards of Care), to be a consultant. Dr. Safer has acknowledged that "most of the rest of the medical world is more conservative than we [endocrinologists] are" (4:33-4:38), and that the Endocrine Society did not even have "some little data"—"we had none"—to justify the "compelling reasons" language for cross-sex hormones prior to age 16, a change that gave doctors "cover" to do so (5:38-6:18): State of the Art: Transgender Hormone Care - YouTube;

6. "These documents reveal how the World Professional Association of Transgender Health (WPATH) commissioned researchers from Johns Hopkins to conduct a systematic review of evidence, and then suppressed the publication of the reviews—because the didn't like what the evidence showed: that there was almost no support for the efficacy of "gender-affirming care." They then followed orders from their activist base to endorse pediatric gender affirmation with no age limits, despite knowing this is contrary to the evidence": https://www.lgbtcourage.org/wpath;

7. Despite Kaiser's false representations to the contrary, there has never been sufficient scientific support to justify providing transgender health care to children and adolescents. This is evident by the new guidelines for transgender health care, released by the World Health Organization (WHO) on January 15, 2024, which state as follows: **"Why will the guideline only cover adults and not also children or adolescents? • The scope will cover adults only and not address the needs of children and adolescents, because on review, the evidence base for children and adolescents is limited and variable regarding the longer-term outcomes of gender affirming care for children and adolescents"**: https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/tgd_faq_16012024.pdf?sfvrsn=79eaf57f_1;

8. The Dutch are now engaged in a debate over whether the "Dutch Protocol" is appropriate care for all "transgender" youth: https://www.realityslaststand.com/p/the-2023-dutch-debate-over-youth?publication_id=225618&utm_campaign=email-post-title&r=c4sfo;

9. The American Academy of Pediatricians (AAP) has recently called for a "systematic review" of the medical literature concerning GAC for minors. McMaster University epidemiologist Dr. Gordon Guyatt, credited as a developer of the field of evidence-based medicine, stated:

"Based on previous systematic reviews, the A.A.P.'s report will most likely find low-quality evidence for pediatric gender care. 'The policies of the Europeans are much more aligned with the evidence than are the Americans,' he said.": AAP calls for "systematic review of evidence," yet reaffirms 2018 gender-affirming care policy (cmda.org); AAP's prior policy statement was based on serious misstatements of the actual research: https://www.ohchr.org/sites/default/files/Documents/Issues/SexualOrientation/IESOGI/Other/Rebekah_Murphy_20191214_JamesCantor-fact-checking_AAP-Policy.pdf;

10. One of the foremost objective medical literature reviews in the U.S. is performed by the Hayes Corporation ("Hayes"). Hayes regularly reviews the research underlying medical treatments and is nationally authoritative, serving companies that cover 83% of insured Americans. See, Hayes, Inc., *The Hayes Difference:* https://www.hayesinc.com/about-hayes/. Hayes reviewed cross-sex hormone administration for adolescent gender dysphoria in 2014 and gave it the lowest "D2" rating: the research findings were "too spare" and "too limited" to even *suggest* conclusions: https://spaces.hightail.com/space/HiGfOiTNeR; Hayes more recently examined the extant evidence for gender reassignment surgery for minors and again concluded that it merited its lowest "D2" rating: "insufficient published evidence to assess the safety and/or impact on health outcomes or patient management.": https://spaces.hightail.com/space/CiCkJj4sMA;

11. A survey the American College Health Association showed that, in 2008, one in 2,000 female undergraduates identified as transgender. By 2021, that figure had jumped to one in 20. Erica Anderson, PhD, a transgender psychologist from UCSF, who treats transgender youth, and who is a past President of the U.S. Chapter of WPATH, has stated: "It is my considered opinion that due to some of the — let's see, how to say it? what word to choose? — due to some of the, I'll call it just 'sloppy,' sloppy healthcare work, that we're going to have more young adults who will regret having gone through this process. And that is going to earn me a lot of criticism from some colleagues, but given what I see — and I'm sorry, but it's my actual experience as a psychologist treating gender variant youth — I'm worried that decisions will be made that will later be regretted by those making them.": https://www.thefp.com/p/top-trans-doctors-blow-the-whistle;

12. Both Dr. Erica Anderson and Dr. Laura Edwards-Leeper call for more assessments for adolescents before medical interventions. Dr. Edwards-Leeper has served as the Chair for the Child Adolescent Committee for WPATH and was selected as a WPATH Standard of Care (SOC) 8 committee member for the revision of both the child and adolescent chapters. Dr. Edwards-Leeper has stated that providers should be **"properly and comprehensively assessing the individual young person and figuring out an individualized treatment plan for them, which may or may not involve medical interventions, but they should always be done before any medical intervention per the standards of care, but especially before hormones…" This is "not conversion therapy, you're not trying to change their gender, you're just trying to help them sort out where this all came from and what it is that's actually going to help them feel better…":** WPATH clinicians stand by statements that more assessment needed — Genspect;

13. Over the past almost two years, there have been six systematic reviews of the evidence surrounding "gender-affirming" medical treatments for children and adolescents (i.e., puberty blockers and cross-sex hormones) conducted by research teams across the globe, and every single one of them has reached the conclusion that "the evidence for mental-health benefits of hormonal interventions for minors to be of low or very low certainty," whereas, "[b]y contrast, the risks are significant and include sterility, lifelong dependence on medication and the anguish of regret." Every systematic review has also contradicted the claims that non-medical intervention for gender diverse youth leads to increased suicides. "There is no reliable evidence to suggest that hormonal transition is an effective suicide-prevention measure.": https://www.wsj.com/articles/trans-gender-affirming-care-transition-hormone-surgery-evidence-c1961e27; Analysis of longitudinal clinical research in this field showed inconsistent demonstration of benefit with respect to depression and suicidality. This analysis suggests that, contrary to assertions of some experts and North American professional medical organizations, the impact of hormonal interventions on depression and suicidality in this population is unknown: https://onlinelibrary.wiley.com/doi/10.1111/apa.17309; In a November 21, 2024 statement by the Ministry of Health of New Zealand: "Overall, the evidence brief found significant limitations in the quality of evidence for either the benefits or risks (or lack thereof) of the use of puberty blockers. This means there is insufficient basis to say that puberty blockers are safe or reversible (or not) for use as an intervention for gender dysphoria in adolescents.": https://www.health.govt.nz/news/additional-safeguards-for-puberty-blockers

14. Puberty blockers followed by cross-sex hormones leads to infertility and sterility. Stephen B. Levine, E. Abbruzzese & Julia W. Mason (2022), *Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults*, Journal of Sex & Marital Therapy, 48:7, 706-727: https://doi.org/10.1080/0092623X.2022.2046221; The effect of "prolonged treatment with exogenous testosterone on ovarian function is uncertain", https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence;

15. A study from the Mayo Clinic, dated March 27, 2024, found "mild-to-severe sex gland atrophy in [puberty blocker] treated [boys]" and raised "a potential concern regarding the complete 'reversibility' and reproductive fitness of SSC.": https://www.dropbox.com/scl/fi/ka6pxa01wj7bbkjx1x2gz/Puberty-Blocker-and-Aging-Impact-on-Testicular-Cell-States.pdf?rlkey=fpnuxgxvs87mdhyabzebuj7jd&dl=0;

16. The American College of Pediatricians (ACPeds) has released a position statement titled *Mental Health in Adolescents with Incongruence of Gender Identity and Biological Sex.* **The authors reviewed over 60 studies and concluded that social transition, puberty blockers, and cross-sex hormones have no demonstrable, long-term benefit on psychosocial well-being of adolescents with gender dysphoria.** The paper details studies that have led many countries to reject transgender interventions in adolescents in favor of psychological treatment: https://acpeds.org/press/pediatricians-release-position-statement-reviewing-over-60-studies-on-mental-health-in-adolescents-with-gender-dysphoria;

17. Respected psychiatrists and psychologists who helped pioneer transgender care for adults for decades, in various countries, have warned against the dangers of providing such treatment to minors, including the following: Paul McHugh, MD, Stephen Levine, MD, and Robin Dea, MD, from the United States; as well as Kenneth Zucker, PhD, from Canada; and, also recently, Rittakerttu Kaltiala, MD, from Finland: https://www.thefp.com/p/gender-affirming-care-dangerous-finland-doctor;

18. Whistleblowers are coming forward to document the fact that the failure to treat the comorbidities of gender dysphoria kids at transgender clinics is causing them serious harm: https://www.thefp.com/p/i-thought-i-was-saving-trans-kids; and Dr. Eithan Haim - Targeted by Biden DoJ/HHS for Whistleblowing Re: Pediatric Transgender Program - YouTube.

19. In 2022, the expert researchers at McMaster University conducted a Meta-Analysis of the previous Systematic Reviews on puberty blockers, cross-sex hormones and surgeries for gender dysphoria, and concluded as follows: "Due to important limitations in the body of evidence, there is great uncertainty about the effects of puberty blockers, cross-sex hormones, and surgeries in young people with gender dysphoria. The evidence alone is not sufficient to support whether using or not using these treatments." (Brignardello-Petersen & Wiercioch 2022 at 5): See page 32 of this comprehensive expert report of James Cantor, Ph.D.: https://dm1l19z832j5m.cloudfront.net/public/2023-06/Boe-v-Marshall-2023-05-19-Cantor-Report.pdf

20. Johanna Olson-Kennedy, M.D. runs the gender clinic at the Children's Hospital of Los Angeles, the largest such clinic in the nation. In 2015, Dr. Olson-Kennedy began a study: she gave 95 children puberty blockers and followed them for two years. In the end, puberty blockers did not lead to mental health improvements, which Dr. Olson Kennedy did not publish because she did "not want our work to be weaponized.": https://www.dropbox.com/scl/fi/dsgrx0i2ga4o0u1pglho8/U.S.-Study-on-Puberty-Blockers-Goes-Unpublished-Because-of-Politics-Doctor-Says-The-New-York-Times.pdf?rlkey=rvvg1ksxlvow301m0lmtp7yyh&st=hk08e4ta&dl=0

21. On February 6, 2025, two new landmark studies were released by Dr. Gordon Guyatt who is known as the "godfather of evidence-based medicine": https://experts.mcmaster.ca/display/guyatt. Both studies conclude that the scientific and medical evidence that puberty blockers and cross-sex hormones provide any real benefit to minors is of low quality and "uncertain": https://adc.bmj.com/content/early/2025/02/06/archdischild-2024-327921 and https://experts.mcmaster.ca/display/guyatt. These two meta-systematic reviews are considered the gold standard in measuring such medical evidence. They are reported to be "the first of their kind to pool study findings and conduct meta-analyses regarding particular outcomes among young people who have received these interventions.": https://www.nysun.com/article/new-research-raises-more-doubts-about-safety-and-benefits-of-gender-transition-treatments-for-minors?lctg=1542199750&recognized_email=tips%40nysun.com&newsletter-access&utm_source=MG&utm_medium=email-newsletter&utm_campaign=Morning%20Sun%20%202025-01-24

22. Colin Wright has put together a running document of a century of evidence of "Citations for the Gamete-Based Definition of Male and Female", which states: "In recent years, a concerted effort has emerged to obscure the basic biology of male and female, often under the guise of inclusivity or rethinking science. Activists and many scholars now frequently portray sex as a spectrum or claim that being male or female depends on a complicated mosaic of traits—chromosomes, hormones, anatomy, identity—with gamete type presented as merely one of many "sex characteristics." This framing is scientifically inaccurate.": https://www.realityslaststand.com/p/citations-for-the-gamete-based-definition

23. A June 2025 study of 966 so-called "female transitioned" males were found to have a mortality rate 51 percent higher than that of the general population. Their main causes of death included cardiovascular disease (21 percent), cancer (32 percent), suicide (7.5 percent), and infection-related disease (five percent): https://www.lifesitenews.com/news/transgender-males-have-51-higher-death-rate-than-general-population-study/

*** See also Footnote 2:** The California Supreme Court has held that in medical malpractice cases the "standard of practice in the community" can itself be shown to be "negligent". Moreover, those medical professionals that hold themselves out as specialists should be held to an even higher standard of practice.

II. Kaiser's Lack of Proper Informed Consent:

Section A: Inability of Minors to Consent

1. A disproportionately high percentage of adolescents with autism (including Kayla Lovdahl) have identified as transgender as compared to the general population: https://www.transgendertrend.com/autism-gender-identity-introduction/#sdfootnote1sym; and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10313553/; "Researchers found that 24 percent of the gender-diverse and transgender respondents were autistic compared with 5 percent of the study's cisgender participants": https://www.autismspeaks.org/science-news/study-finds-higher-rates-gender-diversity-among-autistic-individuals; "[A]autistic traits of 'fixating' on issues could convince children they are the wrong sex." (this article discusses views expressed by Ken Zucker, Ph.D., one of the authors of WPATH SOC 7) : https://nationalpost.com/health/are-autistic-children-more-likely-to-believe-theyre-transgender-controversial-toronto-expert-backs-link

2. "In a nationwide online sample of US adolescents, TGAs [transgender adolescents] had elevated rates of psychological, physical, and sexual abuse compared with heterosexual

CGAs [cisgender adolescents]. Risk for psychological abuse was highest among TGAs assigned female at birth.": https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8344346/

3. The American Society of Plastic Surgeons (ASPS) states in its "Briefing Paper: Plastic Surgery for Teenagers" as follows: "Informed Consent: At the highest level of care, every surgery has risks as well as benefits. ASPS recognizes the physician-patient relationship is one of shared decision-making. This decision-making process is called informed consent. The ASPS *"Statement of Principle on Informed Consent"* details the information that should be discussed and understood by the patient as well as the patient's parents or guardian, including: details of the surgery, benefits, possible consequences and side effects of the operation, potential risks and adverse outcomes as well as their probability and severity; alternatives to the procedure being considered and their benefits, risks and consequences; and the anticipated outcome. For more information on informed consent, patients are encouraged to talk with their surgeons.": https://www.plasticsurgery.org/news/briefing-papers/briefing-paper-plastic-surgery-for-teenagers;

4. The 2015 American Psychological Association *"Guidelines for Psychological Practice With Transgender and Gender Nonconforming People"*, page 842, states: "Additionally, adolescents can become intensely focused on their immediate desires, resulting in outward displays of frustration and resentment when faced with any delay in receiving the medical treatment from which they feel they would benefit and to which they feel entitled (Angello, 2013; Edwards-Leeper & Spack, 2012). This intense focus on immediate needs may create challenges in assuring that adolescents are cognitively and emotionally able to make life-altering decisions to change their name or gender marker, begin hormone therapy (which may affect fertility), or pursue surgery.": https://www.apa.org/practice/guidelines/transgender.pdf;

5. "Brain maturation during adolescence (ages 10–24 years) could be governed by several factors…sex hormones including estrogen, progesterone, and testosterone can influence the development and maturation of the adolescent brain…Furthermore, the adolescent brain evolves its capability to organize, regulate impulses, and weigh risks and rewards; however, these changes can make adolescents highly vulnerable to risk-taking behavior…Plasticity permits adolescents to learn and adapt in order to acquire independence; however, plasticity also increases an individual's vulnerability toward making improper decisions because the brain's region-specific neurocircuitry remains under construction, thus making it difficult to think critically and rationally before making complex decisions.": https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3621648/; and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2892678/; and https://www.nature.com/articles/tp201454; and https://genomicpress.kglmeridian.com/view/journals/brainmed/aop/article-10.61373-bm025w.0008/article-10.61373-bm025w.0008.xml; and https://twitter.com/865Mando/status/1743049598384455738 (trans mass shooters); The immediately preceding link, listing four female to male (FTM) "trans mass shooters", is accurate except that the last (Uvalde, Texas) shooter was apparently not trans; and while only 4% of mass shooters are biological women, half of those are trans FTM: https://www.reuters.com/article/fact-check/majority-of-us-mass-shooters-are-cis-men-not-transgender-or-non-binary-people-idUSL1N363273/. This is despite the fact that

only 2.6 per 100,000 people are trans FTM: https://pmc.ncbi.nlm.nih.gov/articles/PMC7906237/; One obvious explanation of this vastly disproportionate percentage of FTM trans mass shooters is that there is "a significant positive correlation between testosterone levels and violent behaviors among females, but not males. The association between testosterone levels and violent behaviors among females was significant, as it was above and beyond the effects of socio-economic status, age, education, and race": https://pmc.ncbi.nlm.nih.gov/articles/PMC4199296/.

6. The top transgender influencers on social media have tens of millions of followers: https://izea.com/resources/trans-influencers/#:~:text=Dylan%20Mulvaney,with%20a%20Queerties'%20Groundbreaker%20Award; "Today's teens are spending less time with friends and most of their free time alone on screens. They're struggling with depression, anxiety, and body image issues.": https://verilymag.com/2024/02/gen-zs-search-for-fulfillment-less-sex-and-more-porn-and-a-deep-desire-for-friendship-2024; "Breaking the data down by gender we found 58% of females say they don't have a positive body image compared to 43% of males.":https://youthsense.com.au/parents/gen-zs-body-image-problem/; The Attorneys General from the country's two most liberal states acknowledge that "depression, anxiety, eating disorders, and suicidal ideation "have all reached record levels among children in New York and elsewhere" and "a growing body of evidence isolates addictive social media as a key driver of the youth mental health crisis.": https://deadline.com/2024/10/states-sue-tiktok-harming-young-people-1236110318/

7. "Animal studies, single case reports and studies of the impact of puberty blockers in children with precocious puberty indicate that these treatments may be associated with reductions in IQ.": The Impact of Suppressing Puberty on Neuropsychological Function (authorea.com); https://www.dailymail.co.uk/news/article-12960869/Puberty-blockers-given-children-say-born-wrong-body-want-change-gender-lower-IQs.html; and *"Top Doctors In Transgender Field Admit Puberty Blockers Aren't So 'Reversible":* **"Both puberty blockers and cross-sex hormones come with serious health risks. Puberty blockers can affect bone growth and density and cause sexual dysfunction, voice damage, and infertility, among other issues. Cross-sex hormones can cause infertility, deadly blood clots, heart attacks, increased cancer risks of the breasts and ovaries, liver dysfunction, worsening psychological illness, and other serious conditions.":** https://www.dailywire.com/news/top-doctors-in-transgender-field-admit-puberty-blockers-arent-so-reversible-report (with inset videos from WPATH physicians);

8. "We conclude that treatment pathways that delay decisions about medical transition until the child has had the chance to grow and mature into an autonomous adulthood would be most consistent with the open future principle.": https://link.springer.com/article/10.1007/s10508-024-02850-4;

9. "Three issues tend to obscure the salience of informed consent: conspicuous mental health problems, uncertainty about the minor's personal capacity to understand the irreversible nature of the interventions, and parental disagreement. Physical and psychiatric comorbidities can contribute to the formation of a new identity, develop as its consequence, or bear no connection to it. Assessing mental health and the minor's functionality is one of

the reasons why rapid affirmative care may be dangerous for patients and their families. For example, when situations involve autism, learning disorders, sexual abuse, attachment problems, trauma, separation anxiety, previous depressed or anxious states, neglect, low IQ, past psychotic illness, eating disorders or parental mental illness, clinicians must choose between ignoring these potentially causative conditions and comorbidities and providing appropriate treatment before affirmative care (D'Angelo et al., 2020). For youth less than the age of majority, informed consent via parents provides a legal route for treatment but it does not make the decision to socially transition, provide hormones, or surgically remove breasts or testes less fraught with uncertainty. The best that health professionals can do is to ensure that the consent process informs the patient and parents of the current state of science, which is sorely lacking in quality research. It is the professionals' responsibility to ensure that the benefits patients and parents seek, and the risks they are assuming, are clearly appreciated as they prepare to make this often-excruciating decision." Stephen B. Levine, E. Abbruzzese & Julia W. Mason (2022), *Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults*, Journal of Sex & Marital Therapy, 48:7, 706-727: https://doi.org/10.1080/0092623X.2022.2046221;

10. Kaiser Permanente's: "Providing Care to LGBTQ Patients" (September 30, 2016) states: "Mental health evaluation for readiness to start hormones (optional in informed consent model" (PDF page 38): https://www.dropbox.com/scl/fi/f1sqw328i0vhfdd9rxcz2/Providing-LGBTQ-Care-for-Asthma-Network-9.30.16-v2.pptx?rlkey=4gm4zbvie20zyihf4hiznaop0&dl=0;

Section B: Kaiser's Misrepresentation of Adverse Consequences of GAC

1. Kaiser did not fully inform Brockman and her parents that puberty blockers were not approved for treating gender dysphoria by the FDA; rather, they have been approved for chemically castrating convicted sex offenders, and they have serious potential harmful affects on adolescents: https://flboardofmedicine.gov/forms/Puberty-Suppression-Treatment-for-Patients-with-Gender-Dysphoria-Patient-Information-and-Parental-Consent-and-Assent-for-Minors.pdf; https://kffhealthnews.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems/; In a new study, the majority of children put on puberty blockers and hormone drugs experienced erratic and fluctuating mental health, including over a third whose mental health "reliably deteriorated.": https://www.medrxiv.org/content/10.1101/2023.05.30.23290763v3.full; Hormone therapy may increase cardiovascular risk during gender transition | ScienceDaily: https://www.sciencedaily.com/releases/2019/02/190218093959.htm;

2. Kaiser did not inform Brockman that Puberty blockers are more than a "pause button"': Roughly 98% of children who take them go on to take cross-sex hormones. A 2021 study from the UK found that only 1 out of 44 children placed on puberty blockers did not continue to take cross-sex hormones: https://statsforgender.org/puberty-blockers/; "Big pharma, big hospital systems, surgical centers and doctors seek to gain profits. Lupron [a puberty blocker prescribed to children] monthly is $775 alone. That's a $27,000 'pause button' at 5 years [of age]…Multiply this together with the huge rise in cases documented or observed in Western nations and a major windfall is to be had.": https://www.rt.com/usa/469766-transgender-pharma-drugs-surgery/;

6. Kaiser did not inform Brockman that if she went through puberty blockers, testosterone, and "top surgery", and not the much more complex "bottom surgery", she would be left with a masculinized chest, but female reproductive organs, and would therefore have neither a completely male or female body; moreover, bottom surgery has an extremely high complication rate, requiring further life-long medicalization: "Trans surgery nightmares revealed: 81% endure pain in the five years after gender-change procedures, more than half say having sex is painful - and a third are left incontinent, survey shows.": https://www.dailymail.co.uk/news/article-12312219/Trans-surgery-nightmares-revealed-81-endure-pain-five-years-gender-change-procedures-half-say-having-sex-painful-left-incontinent-survey-shows.html; https://www.dailymail.co.uk/news/article-13092239/Top-Canadian-surgeon-unwittingly-reveals-TRUTH-sex-change-ops-unearthed-video-lifts-lid-ill-trained-doctors-dying-appendages-dreaded-complications.html?ito=native_share_article-bottom; https://www.sciencedirect.com/science/article/abs/pii/S1553465024002371; https://x.com/againstgrmrs/status/1865164976786198777?s=42

4. A new long-term Dutch study finds the desire to be the opposite sex in adolescence is common, temporary, and "decreases with age.": https://www.dropbox.com/scl/fi/l2d450booljctmc5vkbtj/New-long-term-study-finds-desire-to-be-the-opposite-sex-in-adolescence-is-common-temporary-and-declines-with-age.pdf?rlkey=vlz16z0s3xu3su3xd2cy74yo1&dl=0; and https://www.dropbox.com/scl/fi/tigt0rxdjyml6kmw07v7w/Rawee.2024.Development-of-Gender-Non-Contentedness-During-Adolescence-and-Early-Adulthood.pdf?rlkey=k5wa6351e811d5tnhvq032i82&dl=0; Experts on both sides of the pubertal suppression debate agree that 80 percent to 95 percent of children with GD accepted their biological sex by late adolescence. (Cohen-Kettenis PT, Delemarre-van de Waal HA, Gooren LJ. *"The treatment of adolescent transsexuals: changing insights".* J Sexual Med 2008; 5: 1892–1897 https://www.dropbox.com/home/KEY%20POINTS%20LIST%20CITATIONS%20-%2001-23-24?select=L-1.+APA+advises+that+teens+need+to+be+%27screened+carefully%27+for+trauma.pdf&preview=L-103.1+Acceptance+of+biological+sex.pdf); The American Psychiatric Association's DSM-5 (https://www.psychiatry.org/psychiatrists/practice/dsm) gender dysphoria desistence rates of 70 to 97 percent in "natal males" and 50 to 88 percent in "natal females." The American Psychological Association's *Psychology states* that the vast majority of gender dysphoric boys and girls accept their birth/chromosomal sex by adolescence or adulthood: *APA Handbook on Sexuality and Psychology* (https://www.thepublicdiscourse.com/2018/01/20547/); Kaiser did not inform Brockman that if she just let puberty take its course, it was highly likely that she would grow to become more comfortable with the changes in, and appearance of, her body. "Evidence from the 10 available prospective follow-up studies from childhood to adolescence (reviewed in the study by Ristori and Steensma28) indicates that for ~80% of children who meet the criteria for GDC, the GD recedes with puberty": https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5841333/#:~:text=Childhood%20GD%20and%20puberty%20development&text=27%20Evidence%20from%20the%2010,the%20GD%20recedes%20with%20puberty;

5. The Kaiser defendants coerced consent from Brockman and Lovdahl's parents by falsely representing that they was a high suicide risk if she did not transition. This is despite the fact that there is no credible scientific evidence to support this coercive threat. Moreover, Chloe had no suicidal ideation before she began "gender affirming care". A 2024 study in the authoritative British Medical Journal concluded that the scientific evidence indicates that deaths by suicide of teens with gender dysphoria was more likely due to their history of associated psychopathology rather than their gender dysphoria diagnosis. https://mentalhealth.bmj.com/content/27/1/e300940; https://nypost.com/2024/02/24/opinion/a-finnish-study-is-changing-how-we-approach-trans-kids/; and https://segm.org/Suicide-Gender-Dysphoric-Adolescent-Young-Adult-Finland-2024**: "That neither the current study nor several other studies to date have been able to demonstrate that gender transition reduces suicide or serious suicide attempts adds to the concern that the suicide narrative has been inappropriately used to promote medical gender transitions of youth.";** "Study finds that the attempted-suicide rate among transgender women who received a vaginoplasty in California was twice as high during the period after the surgery compared with the period before the surgery": https://www.auajournals.org/doi/10.1097/JU.0000000000001971.20; https://www.bbc.com/news/articles/c9x8j5p0992o

6. **Lupron Depot-Ped:** ***Adverse Reactions*** (Section 6.2): "***Psychiatric Disorders***: emotional lability, such as crying, irritability, impatience, anger, and aggression. **Depression, including rare reports of suicidal ideation and attempt.** Many, but not all, of these patients had a history of psychiatric illness or other comorbidities with an increased risk of depression.": https://www.dropbox.com/scl/fi/72lnhgtlbdl3b65s104m3/LupronPed-Adverse-Reactions.pdf?rlkey=sbmym79adaj8xon108x534xdq&dl=0;

7. The most thorough follow-up of sex-reassigned people—extending over 30 years and conducted in Sweden, where the culture is strongly supportive of the transgendered, documents their lifelong mental unrest. Ten to 15 years after surgical reassignment, the suicide rate of those who had undergone sex-reassignment surgery rose to almost 20 times that of comparable peers: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885; and https://www.heritage.org/gender/commentary/sex-reassignment-doesnt-work-here-the-evidence; **The latest large study from April 2024 concludes: Results Individuals who underwent gender-affirming surgery had a 12.12-fold higher suicide attempt risk than those who did not…Conclusion Gender-affirming surgery is significantly associated with elevated suicide attempt risks, underlining the necessity for comprehensive post-procedure psychiatric support:** https://pubmed.ncbi.nlm.nih.gov/38699117/; https://www.dailywire.com/news/the-butchers-and-liars-were-murderously-wrong-suicide-risk-skyrockets-following-gender-affirmation-surgery-new-study-shows?mkt_tok=NDI3LUxFUS0wNjYAAAGTNGDhVI3TECkWjsy6nYdr43BDNTdg0qoD6ziCo5JlyZBD8zhdCN4FsSLPa1COWJufj0rY2a7p9ZHYmMraaDIIariRezDijkUHq1yfbfbU

8. On February 25, 2025, Oxford University issued this national study from the U.S of 107,583 people: Examining gender-specific mental health risks after gender-affirming surgery: a national database study | The Journal of Sexual Medicine | Oxford Academic." The study ran from June 2004 to June 2024. This is what the "Results"

section of the Oxford study states: ”From 107 583 patients, matched cohorts demonstrated that those undergoing surgery were at significantly higher risk for depression, anxiety, suicidal ideation, and substance use disorders than those without surgery”: https://academic.oup.com/jsm/advance-article-abstract/doi/10.1093/jsxmed/qdaf026/8042063

9. While still reported as “rare” by the gender medicine establishment (Coleman et al., 2022; McNamara et al., 2022), the rate of medical detransition is already 10%-30% just a few years following transition (Boyd et al., 2022; Hall et al., 2021; Roberts et al., 2022). These numbers are likely to rise in the future as regret historically has taken up to a decade to materialize (Dhejne et al., 2014): https://segm.org/transition-regret-and-detransition; https://www.transgendertrend.com/detransition/; https://twitter.com/NotScottNewgent/status/1634682798903635970;and https://www.nytimes.com/2024/02/02/opinion/transgender-children-gender-dysphoria.html;

10. In 2024 a massive, peer-reviewed study provided unequivocal evidence that those who undergo so-called “gender reassignment” surgery put themselves at a vastly increased risk of suicide – an astounding 12 times that of the general population. The giant study “involving 56 United States healthcare organizations and over 90 million patients,” analyzed data collected over a 20-year period, from February 2003 to February 2023, examining “suicide attempts, death, self-harm, and post-traumatic stress disorder (PTSD) within five years of the index event.” The researchers compared the experiences of persons aged 18-60 who visited hospital emergency rooms and who had previously undergone “transition” surgery with those who visited emergency rooms without having undergone transgender surgery: A stunning 3.47 percent of those who had surgically “transitioned” were treated for suicide attempts, versus 0.29 percent for non-”transitioned” patients: https://pubmed.ncbi.nlm.nih.gov/38699117/

11. Kaiser did not give any of the following warnings to Brockman as part of the informed consent process: “Starved of estrogen, the female reproductive organs begin to break down, becoming dry, hardened, fused, inflamed, and prone to infection. This increasing atrophy in the uterus and vagina can be extremely painful, making something as simple as walking a difficult feat. After several years on testosterone, the atrophy typically worsens to the point that hysterectomies are recommended. In short: testosterone slowly kills the female reproductive organs until they have to be surgically removed.” (Abigail Favale, p. 188, *“The Genesis of Gender,”* citing Baldassarre, et.al., *“Effects of High Dose Testosterone Administration on Vaginal Epithelium and Estrogen Receptors of Young Women”*, International Journal of Impotence Research 25 (2013): 172-177. (https://www.dropbox.com/scl/fi/fwk4n4ailfhftfzwoc1ce/Baldassarre_et_al-2013-International_Journal_of_Impotence_Research.pdf?rlkey=d6vsshcwvxto60mpnwjxxy7ll&dl=0);

12. Kaiser did not inform Brockman that using a chest binder could cause health problems and break down her breast tissue, leaving her breasts permanently disfigured. ”In extreme cases, breast tissue can become permanently damaged…Strong, prolonged pressure around the chest and back can also cause changes to normal spine alignment, which may result in chronic pain.”: https://www.sharp.com/health-news/chest-binding-tips-and-risks;

13. Kaiser did not inform Brockman that the double mastectomy "operation involves lateral chest contouring placing the distal [long thoracic nerve] at risk of injury along the chest wall. Although proximal [long thoracic nerve] injury can cause debilitating shoulder dysfunction, more distal injury can cause chronic postoperative shoulder pain and dysfunction without frank scapular winging, making diagnosis and treatment difficult.": https://pubmed.ncbi.nlm.nih.gov/39700850/

14. While the goal of a referral for transgender care is to improve mental health, the long-term mental health outcomes for transgender individuals is poor. The Gender-affirming treatment and mental health diagnoses in Danish transgender persons, a nationwide register-based cohort study, "found that the odds ratio for mental health disorders was more than five times higher in transgender persons compared to controls at baseline. The risk for mental and behavioral disorders in transgender persons increased rapidly during the first year after the index date followed by a decreasing trend, but the odds ratio remained elevated throughout follow-up, especially in transgender person's assigned male at birth.": https://www.nationalreview.com/corner/danish-studies-mental-cardiac-health-worse-in-transgendered-persons/;

15. In addition to mental health, the physical health of transgender individuals is poor when compared to similarly situated control groups. The Cardiovascular risk in Danish transgender persons, a matched historical cohort study found "higher risk of any CVD [cardiovascular disease] in transgenders compared to controls of same and other birth sex with the highest risk for any CVD in transgenders AFAB [assigned female at birth] compared to control men. Furthermore, the incidence rate of arterial, venous and metabolic outcomes was higher in transgenders compared to controls. GAHT [gender affirming hormone treatment] was a statistically significant mediator of risk of any CVD in transgenders AFAB, whereas GAHT was not a statistically significant mediator in AMAB [assigned male at birth]: https://www.nationalreview.com/corner/danish-studies-mental-cardiac-health-worse-in-transgendered-persons/;

16. With respect to hormone use, the "differential efficacy and safety patterns between sexes are crucial to understand": https://www.dropbox.com/scl/fi/mn02m6sjfb885eyxgch66/adverse-events-testosterone-gomez-lumbreras-villa-zapata-2024.pdf?rlkey=au2i0n6h5mkbualei8vejl6ik&st=b29q54qo&dl=0; While this is true, "supraphysiologic doses of hormones prescribed to transgender-identified patients, which result in serum levels far above normal sex specific reference ranges, may also be an important driver of adverse reactions. For example, the normal physiological range for total serum testosterone in females is 10 to 50 ng/ dL.2 The Endocrine Society Guidelines for the Treatment of Gender-Dysphoric/Gender-Incongruent Persons recommend upward dose-titration of testosterone to achieve levels of 320 to 1000 ng/dL.": https://www.dropbox.com/scl/fi/e9hx03epn9l0e84u8sqpv/Laidlaw_Jorgensen_2024_Comment_Exploring-Safety-in-Gender-Affirming-Hormonal-Treatments_Ann_Pharmacother.pdf?rlkey=26vsf25in4yd2c838d6th345i&st=xllvedwl&dl=0

17. The Detransitioner Bill of Rights states:

"SECTION 3. RIGHT TO INFORMED CONSENT:

(a) No healthcare professional or physician may provide pharmaceutical or surgical treatment to minors to address an inconsistency between the minor's sex and the minor's perceived gender or perceived sex unless the healthcare professional or physician has obtained informed consent from the minor and the minor's parent(s) or legal guardian(s).

(b) For purposes of this section, informed consent for any treatment requires both verbal and written notice in at least 14-point, proportionally spaced typeface of the following facts, verbatim, during every single medical visit for treatment, for a period of no less than 12 months:

(1) No reliable studies have shown that these treatments reduce the risk of suicide in children or adolescents with gender dysphoria.

(2) The Federal Food & Drug Administration has not approved the use of puberty blockers or cross- sex hormones for the purpose of treating gender dysphoria or gender incongruence. In other words, using these medications to treat gender dysphoria or gender incongruence is considered "off-label" use because they are not being used for their approved purpose.

(3) European governments, including the United Kingdom, Sweden, and Finland, have studied these treatments and have concluded there is no reliable evidence showing that the potential benefits of puberty blockers and cross-sex hormones for this purpose outweigh the risks. Those governments instead recommend psychotherapy as the first line of treatment for children and adolescents with gender dysphoria.

(4) The use of puberty blockers and cross-sex hormones for this purpose increases the risk of your child or adolescent being sterilized, meaning that he or she will never be able to have children.

(5) The use of puberty blockers and cross-sex hormones for this purpose carry numerous other risks of physical harm, including severely decreased bone density, heart disease, stroke, and cancer.

(6) The effect of these treatments on the brain development of your child or adolescent is entirely unknown.":
https://dw-wp-production.imgix.net/2023/10/Detransitioner-Bill-of-Rights.pdf;

18. Kaiser describes informed consent as the patient's "opportunity—your right— as a patient to understand all of your options for having or not having health care such as a treatment, medicines, and tests." This includes "knowing what you might do instead." https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.informed-consent-what-is-it.aco3506; https://www.dropbox.com/scl/fi/g0cw6839tpltg89xk0b2t/LOVD_04361-04364-Informed-Consent.pdf?rlkey=u6fkylzwvrsqdpf7ed9luun75&st=coge0m0k&dl=0; Kaiser recognizes patient's rights to "decide among recognized treatments." To exercise this right, a clinician must "provide members with sufficient information to reach an informed decision." https://wa-provider.kaiserpermanente.org/provider-manual/patient-care/member-rights/consent; https://www.dropbox.com/scl/fi/oyh61eflyk53dxav7u3hx/LOVD_04365-Informed-Consent.pdf?rlkey=ebbikzmnd6zn5dd43r3bx6z0q&st=kui1440o&dl=0

19. Kaiser recognizes a patient's "entitle[ment] to considerate and respectful care" including "**the right** to receive a description of the proposed treatment, the significant risks, and the various alternative methods of treatment including the risks and advantage of each and the consequences of receiving non-treatment before you consent to any action" and "**the right** to refuse to participate in any treatment which is considered experimental in nature. You will not be involved in such a study without your understanding and permission." (Emphasis in original; https://mydoctor.kaiserpermanente.org/ncal/article/kaiser-permanente-patient-bill-of-rights-and-responsibilities-dsa-urology-1212145; https://www.dropbox.com/scl/fi/59jlvzkvy27xn7ypvfap0/LOVD_04366-04367-Patient-Bill-of-Rights.pdf?rlkey=61vnuyjerb8fnmhqxu3lbi0ge&st=q7bteo6v&dl=0).

20. The effects of puberty blockers are not reversible: https://www.thepublicdiscourse.com/2020/01/59422/; This was admitted to by Scott Leibowitz, M.D. (a member of the WPATH Board of Directors and its Standards of Care Revision Committee for the SOC8) in a leaked video wherein he states: "We talk about puberty suppression as reversible. Okay, I'm adding an asterisk to it. It might not be a popular asterisk to add. It's reversible if you were to stop it, okay, so that's a hypothetical. How often do people go onto blockers with the intention of just stopping it and seeing what happens?" Additionally, Dr. Leibowitz says that puberty blockers are not reversible because they lead to cross-sex hormones, and, for the boys whose puberty is blocked, the lack of growth of their genitalia prevents huge problems when they want to have "bottom surgery" down the road: https://t.co/hpZneeLrUm

21. Minors on puberty blockers experience a drop in their IQ: https://pubmed.ncbi.nlm.nih.gov/11683207/; and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5694455/;

22. The label for Lupron Depot acknowledges that "In males, testosterone is reduced to castrate concentrations. In premenopausal females, estrogens are reduced to postmenopausal concentrations.": https://www.dropbox.com/scl/fi/y5th8o0hkjiqvin7rvs0z/FDA-Lupron-Depot.pdf?rlkey=01nb5fa2qlmzzd04ti31mti35&st=gri8cihl&dl=0; https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=019732

23. A new study shows that women taking testosterone become postmenopausal in their 20's and experience bladder and bowel problems and sexual dysfunction: https://www.dailymail.co.uk/news/article-13461901/Transgender-men-postmenopausal-bladder-bowel-problems.html; and https://link.springer.com/article/10.1007/s00192-024-05779-3; Another new study shows that an increasing number of women are reporting serious adverse reactions while taking testosterone: https://www.dropbox.com/scl/fi/mn02m6sjfb885eyxgch66/adverse-events-testosterone-gomez-lumbreras-villa-zapata-2024.pdf?rlkey=au2i0n6h5mkbualei8vejl6ik&st=kt3x5a6c&dl=0

24. According to an article published by Kaiser, the risks of menopause include the following: A higher risk of osteoporosis; skin changes, including thinner, drier skin; thinner, weaker vaginal lining and urinary tract; a higher risk of vaginal and urinary tract infections; and a

higher risk of tooth loss and gum disease. Moreover, the symptoms of menopause include the following: Irregular periods, new PMS symptoms, hot flashes and night sweats, trouble sleeping, vaginal dryness and sexual problems, mood swings, feeling depressed or worried, and problems with remembering or thinking clearly. Furthermore, according to a Kaiser study in 2016, women who begin menopause before age 46 also have an increased risk of developing type 2 diabetes: https://www.dropbox.com/scl/fi/h9dv5g2ype3f8k7pa68h5/Early-and-late-menopause-can-increase-risk-of-type-2-diabetes-_-ScienceDaily.pdf?rlkey=qjflfmypo8xignan00srtieex&st=msz8afgh&dl=0; https://www.dropbox.com/scl/fi/gr0f6s2jpeer8ozw3m9v6/Learning-About-Menopause-and-Perimenopause.pdf?rlkey=ca820rdrdsg54gwjpg0u3idni&st=rld26bt2&dl=0

25. "In the study, people with gender dysphoria who had ever used hormone replacements saw nearly seven times the risk of ischemic stroke (a blockage in a vessel supplying blood to the brain), nearly six times the risk of ST elevation myocardial infarction (the most serious type of heart attack) and nearly five times the risk of pulmonary embolism (a blockage in an artery in the lung), compared with people with gender dysphoria who had never used hormone replacements.": https://www.acc.org/About-ACC/Press-Releases/2023/02/22/20/29/Hormone-Therapy-for-Gender-Dysphoria-May-Raise-Cardiovascular-Risks

26. In a large December 2017 study of 6456 transgender patients from 2006 to 2014, Kaiser admits as follows: "Critical knowledge gaps include the effect of HT [hormone therapy] and surgery on gender dysphoria (the feeling of distress when natal sex does not match gender identity) and other mental health issues, hematological side effects of HT and risk of cardiovascular disease, metabolic or endocrine disorders and cancer following hormonal or surgical gender affirmation.": https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5770907/; Moreover, Kaiser had this information when it started Chloe Brockman on Testosterone in February 2018;

27. "[A] recent study found that approximately 30% of transgender adolescents and adults discontinued cross-sex hormone treatment within four years after commencing treatment (Roberts et al., 2022).": https://link.springer.com/article/10.1007/s10508-023-02716-1. This contrasts with the statements made by Kaiser witnesses in their depositions in this case that the rate of regret and desistance is very low.

***See Footnote 3:** The U.S. Supreme Court has recognized that minors lack the maturity to make major life-altering decisions; also: If a medical practitioner knows or should know of a patient's unique concerns or lack of familiarity with medical procedures, this knowledge may expand the scope of required disclosures and require additional instructional language. (See, Truman v. Thomas (1980) 27 Cal.3d 285, 291); and

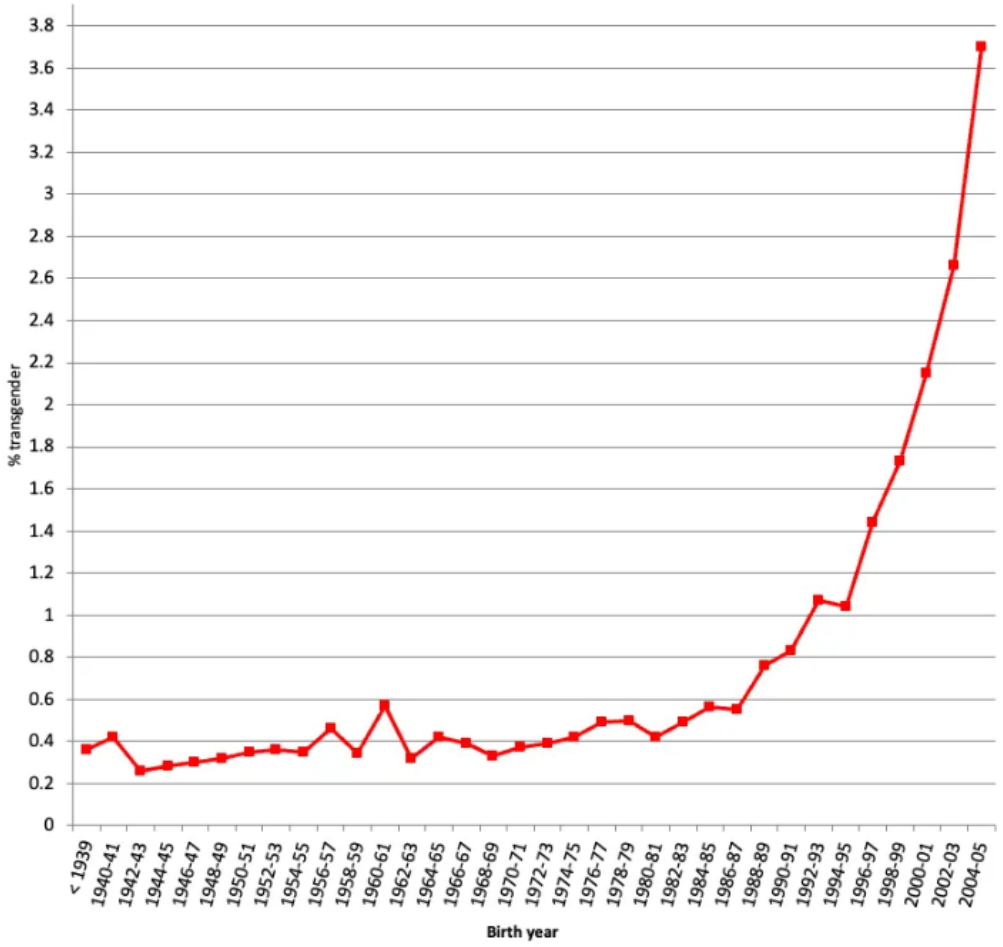
***Footnote 4:** **"**Waiver" is not a legal defense to the lack of informed consent as it is "void as against public policy."

III. Kaiser's Explosive Growth in Gender Affirming Care:

1. In the United States between 2019 and 2023: 13,994 minors underwent sex change treatments; 5,747 minors had sex change surgeries; 8,579 minors received hormones and puberty blockers; 62,682 sex change prescriptions were written for minors; and Total Submitted Charges $119,791,202: https://stoptheharmdatabase.com/about/; and https://nypost.com/2024/10/08/us-news/over-5700-americans-under-18-had-trans-surgery-from-2019-23/

2. Youth referrals for gender reassignment having risen several thousand percent in the last decade, and nearly doubled between 2020/2021 and 2021/2022 (NHS, 2022b; Respaut & Terhune, 2022); and Rates of gender dysphoria have soared in every state except one since 2018- -with children now making up one in five diagnoses: https://www.dailymail.co.uk/health/article-12992859/gender-dysphoria-changed-state-rising.html; A new CDC study states: "In 2023, 3.3% of U.S. high school students identified as transgender, and 2.2% identified as questioning.": https://www.cdc.gov/mmwr/volumes/73/su/su7304a6.htm; If accurate, the study means that of the nearly 17 million estimated high schoolers in the U.S., more than 550,000 identify as the opposite sex that they were born as, while over 370,000 are questioning their sex.

3. The CDC published a very telling graph in Figure 2 of the report at this link: https://www.generationtechblog.com/p/transgender-identity-how-much-has. Please note the high point of 2004-2005 corresponds with the year that Brockman and Lovdahl were both born in 2004. Given the skyrocketing numbers of youth identifying as transgender during that period, can anyone reasonably doubt the impact of social contagion on these impressionable young girls?



4. A 2022 study involving Kaiser patients states: *"Compared with adults, research on gender-affirming surgery in adolescents is more limited. The incidence of referrals or requests for gender-affirming mastectomy in adolescents has risen exponentially over the past decade. Although studies have evaluated the increase in gender-affirming surgery in adults, we know of none that report the incidence of gender-affirming mastectomy in adolescents."* (*Gender-Affirming Mastectomy Trends and Surgical Outcomes in Adolescents,* Annie Tang, MD, A.J. Carlo Hojilla, PhD, Jordan E. Jackson, MD, Kara A. Rothenberg, MD, Rebecca C. Gologorsky, MD, Douglas A. Stram, MS, Colin M. Mooney, MD, Stephanie L. Hernandez, MA, LMFT, and Karen M. Yokoo, MD (Ann Plast Surg 2022;88: S325–S331).): https://spaces.hightail.com/space/jbQqhkWR7X;

5. In the U.S., surgeries to remove breasts for adolescent girls increased nearly 500 percent between 2016 and 2019: Kristen Monaco, "Gender-affirming Chest Surgeries Increase by Nearly 5X in Teens," MedPage Today, October 17, 2022:

https://spaces.hightail.com/space/BF1zkC72QV;

6. "According to medical nonprofit group Do No Harm, between 2019 and 2023, there were at least **13,394 gender reassignment procedures on individuals 17.5 years old or younger** nationwide, with the youngest seven years old. "Procedures" are defined as either the use of puberty or hormone blockers, or gender reassignment surgeries such as mastectomies and penile reconstruction. The organization reports that of those, there were 4,160 breast removal procedures and 660 phalloplasty procedures on minors".: https://www.thecentersquare.com/national/article_556f372a-c479-11ef-9766-0fa11aef4a1e.html

7. There were at least 417 pediatric transgender patients at the Northern California Kaiser Clinic, for the period 2015-2018. (https://pubmed.ncbi.nlm.nih.gov/31619510/);

8. At the Kaiser Permanente health care system in Northern California, the incidence of mastectomies on minor girls rose from a handful of operations in 2013 to nearly 50 in 2019. (Ann Plast Surg 2022;88: S325–S331): https://spaces.hightail.com/space/jbQqhkWR7X;

9. Between 2013 and 2020 Kaiser performed over 200 mastectomies on minor girls. (Ann Plast Surg 2022;88: S325–S331); https://spaces.hightail.com/space/jbQqhkWR7X;

10. "Kaiser Permanente was a main sponsor of the Davis Pridefest and drag show. Look how they attract kids with friendship bracelets, flags, stickers, etc. The first handout I grab is titled, "Gender-Affirming Care, Your Care With Us.": https://x.com/bourne_beth2345/status/1933889733270364480

11. Full-time Kaiser Permanente doctors are paid a salary and are also eligible for "incentives". "Non-Permanente physicians associated with [Kaiser] Medical Groups are paid a predetermined amount for each service that they provide, commonly called fee-for-service payments or by capitation. Other providers of medical and hospital services may be paid in a number of ways. The most common forms of payment include fee-for-service payments, percent discount from charges, per diem or daily rates, and case rates.": https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/health-plan-documents/coverage-information/how-kaiser-permanente-providers-are-paid-ca-en.pdf#:~:text=These%20incentives%20are%20based%20on%20several%20things%2C%20including%3A,Plan%20to%20provide%20stop-loss%20protection%20to%20its%20physicians;

12. It is estimated that in 2022 Kaiser Permanente received $120.20 million in revenue as one of the top providers of sex-trait modification surgeries. See chart on pages 29 and 65 of this newly released report entitled "The Gender Industrial Complex":

https://reports.americanprinciplesproject.org/wp-content/uploads/2024/06/2024-APPGenderIndustrialComplex_report.pdf

13. "One hospital, Kaiser Permanente Oakland, carried out 70 top surgeries in 2019 on teenagers age 13 to 18, up from five in 2013, according to researchers who led a recent study." Dr Karen Yokoo, a retired plastic surgeon at the hospital stated: "*I can't honestly think of another field where the volume has exploded like that.*":https://www.nytimes.com/2022/09/26/health/top-surgery-transgender-teenagers.html;

14. A "horrified" Kaiser hospital worker leaked a DEI training program "pushing 3-year olds identifying as transgender." The DEI training from Kaiser Permanente is reported as having stated: "Many transgender people have ALWAYS known their true gender.": https://www.foxnews.com/media/horrified-hospital-employee-leaks-dei-training-promoting-3-year-olds-identifying-as-trans; and SCOOP: New mandatory hospital staff training promotes transitioning 4-year-olds (libsoftiktok.com). Yet, doctors have warned that children are not always trustworthy when it comes to their own identities and behavior; in that regard, see this study documenting how some children engage in dangerous activities while dressed in superhero costumes: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2083410/;

15. Kaiser policies are designed to avoid "gate keeping", and to generally assume that kids know their gender identity, and that those chosen identities should be accepted and supported by adults; yet, some school age kids are even allowed by teachers and school officials to identify in class as cats: https://elvisduran.iheart.com/content/2022-08-23-teen-who-identifies-as-a-cat-allowed-by-school-to-act-feline-not-speak/; and https://nypost.com/2023/06/19/student-called-despicable-by-teacher-after-questioning-peer-who-identifies-as-a-cat/; some young children identify in school as other animals as well, called collectively as "furies": https://www.dailymail.co.uk/news/article-12213579/How-schools-allowing-kids-identify-cats-horses-dinosaurs.html; it should be obvious to any reasonable person that this calls into serious question the judgment of these immature children, as well as the ideologically driven adults who support them in their delusions;

16. Although purposely wrapped-up in a deceptive "scientific veneer", the transgender movement is actually a top-down radical political ideology: "This is the great project of the transgender movement: to abolish the distinctions of man and woman, to transcend the limitations established by God and nature, and to connect the personal struggle of trans individuals to the political struggle to transform society in a radical way": https://christopherrufo.com/p/inside-the-transgender-empire;

17. Kaiser's long track record of pushing radical gender ideology has helped it earn a 100% perfect score on the Corporate Equity Index (CEI) of the Human Rights Campaign Foundation for 16 consecutive years: A Best Place to Work for LGBTQ+ Equality | Kaiser Permanente; Transgender activist organizations like the HRC receive large donations from the pharmaceutical companies which are making huge profits from selling the drugs used in transitioning children and adults: https://www.dailywire.com/news/how-the-doctor-at-

the-center-of-latest-texas-childrens-hospital-scandal-built-an-alliance-with-transgender-activists;

18. Kaiser's highest CEI rating provides it with opportunities for huge financial profits with multi-trillion dollar investment corporations like BlackRock and Vanguard: Inside the woke scoring system guiding American companies (nypost.com); Consequently, BlackRock invests millions in Kaiser, see SEC report, page 18: https://www.sec.gov/Archives/edgar/data/799113/000119312519026643/d647337dncsrs.htm; and Kaiser invests millions in Vanguard: https://www.myplaniq.com/LTISystem/jsp/portfolio/ViewPortfolioDetail.action?ID=41298; "The cultural shifts we see today regarding gender identity are largely influenced by huge capital inflows from governments, philanthropists, corporations, and investment management and accounting firms like Blackrock and Ernst & Young": "How a Handful of Billionaires Created the Transgender 'Movement'": https://europeanconservative.com/articles/interviews/how-a-handful-of-billionaires-created-the-transgender-movement-an-interview-with-jennifer-bilek/;

19. Kaiser is California's largest health care provider and has more than 700 health care facilities that treat about 8.8 million patients in the state. On September 8, 2023, authorities said that Kaiser Permanente has agreed to pay $49 million as part of a settlement with California. Prosecutors say the health care giant illegally disposed of thousands of private medical records, hazardous materials and medical waste, including blood and body parts, in dumpsters headed to local landfills. In 2021, the federal government sued Kaiser Permanente, alleging the health care giant committed Medicare fraud and pressured doctors to list incorrect diagnoses on medical records in order to receive higher reimbursements: https://www.10news.com/news/kaiser-to-pay-49-million-to-california-for-illegally-dumping-private-medical-records-medical-waste;

20. Kaiser is the fourth largest health care system in the U.S. by net patient revenue: Top 10 largest health systems in the U.S. (definitivehc.com). Most recently, Kaiser reported net income of $24.9 billion for just the third quarter of 2023: https://about.kaiserpermanente.org/news/kaiser-foundation-health-plan-and-hospitals-q3-2023-financials; and **after Brockman had her breasts removed in 2020, Kaiser reported net income of $8.1 billion in 2021 alone**: https://www.statista.com/statistics/401048/kaiser-permanente-net-income/#:~:text=Kaiser%20Permanente's%20net%20income%202007%2D2022&text=In%202022%2C%20the%20company%20had,consortium%20headquartered%20in%20Oakland%2C%20California; In 2022 Kaiser Permanente had overall revenue of $95.41 Billion. (See chart on page 65 of study at this link: https://reports.americanprinciplesproject.org/wp-content/uploads/2024/06/2024-APPGenderIndustrialComplex_report.pdf); In 2018 Kaiser reported a net income of $2.5 billion: https://www.prnewswire.com/news-releases/kaiser-foundation-health-plan-and-hospitals-report-2018-financial-results-300792518.html

21. Paul McHugh, M.D., former Chief of Psychiatry at Johns Hopkins, has stated the following about gender affirming care for minors: *"This is child abuse. It's like performing liposuction on an anorexic child…It is a disorder of the mind. Not a disorder of the body. Dealing with*

it in this way is not dealing with the problem that truly exists.": https://www.foxnews.com/us/controversial-therapy-for-pre-teen-transgender-patient-raises-questions. Dr. McHugh has further stated: *"I will tell you what is going to happen to change the tide; it's going to be major lawsuits by families or individuals who have been through this, gone down this pathway and come back out the other side—and they are going to take down not only the physicians, but the drug companies and the hospital, healthcare systems, and the insurance companies that allowed this to happen, and that's when this will all end."*: https://www.youtube.com/watch?v=rUeqEoARKOA, See 48:05-48:41.

***Footnote 1**: Chloe Brockman and Kayla Lovdahl treated at the same Kaiser facility in Northern California during approximately the same time period. One difference is that Chloe began taking Testosterone, approved by Kristine Taylor, MD (endocrinology) in February 2018, at the **age of 13.** At that time, there were new September 2017 Endocrine Society Guidelines. Those guidelines allowed cross-sex hormones to be prescribed to a minor under 16 if there was a *"compelling reason".* Kayla clearly fell under the former September 2009 Endocrine Society Guidelines, as she was approved by the same Kristine Taylor, MD to start taking Testosterone in June 2017, also at the **age of 13.** Those 2009 Guidelines, No. 2.4, state: **"We suggest that pubertal development of the desired opposite sex be initiated at about the age of 16 *yr*,** using a gradually increasing dose schedule of cross-sex steroids. (2 ⊕○○○)" (bolding added): https://academic.oup.com/jcem/article/94/9/3132/2596324. Thus, there was not yet even the contrived *"compelling reason"* exception to the lower age limit of 16 in those guidelines at that time. Susanne Watson, PhD (psychology) referred Chloe for the double mastectomy at **age 15** in July 2019; and the same Dr. Watson referred Kayla for a double mastectomy at **age 13** in March 2017, both in violation of the 2009 Endocrine Society Guidelines. (See Part I, Nos 12-14 above). The Kaiser defendants also ignored the fact that both Chloe Brockman and Kayla Lovdahl have struggled with "body dysmorphia" issues, as Chloe had a cleft pallet and Kayla was overweight: "It's striking how similar the language that transabled people use about their 'journey' is to those who have 'transitioned' across the gender divide. It's hard to logically explain how one can be seen as valid and the other not": https://www.spiked-online.com/2024/08/28/you-wouldnt-identify-as-disabled/; and both of them had early pubertal development which attracted unwanted attention. (See Endnote).

***Footnote 2:** Even if the Kaiser defendants were following the so-called "standard of practice in the community" (which they were not), that would still not be sufficient to avoid liability when that community practice regarding GAC was itself negligent. As the California Supreme Court recognized in *Leonard v. Watsonville Community Hospital* (1956) 47 Cal.2d 509, 519-520: *"negligence cannot be excused on the ground that others in the same locality practice the same kind of negligence."* (citing and quoting multiple other cases). Moreover, the California Supreme Court has held that those that hold themselves out as specialists in their field should be held to an even higher standard of care: "In the first place, the special obligation of the professional is exemplified by his duty not merely to perform his work with ordinary care but to use the skill, prudence, and diligence commonly exercised by practitioners of his profession. If he further specializes within the profession, he must meet the standards of knowledge and skill of such specialists. The standards for admissibility of expert testimony in medical malpractice cases in California are very broad: 36A Cal. Jur. 3d *Healing Arts and Institutions* § 494 (e.g., no

geographical requirement). Furthermore, expert medical opinions are not required to be generally accepted within the relevant scientific community. *People v. Eubanks* (2011) 53 Cal.4th 110, 140.

***Footnote 3:** "Though it does not require the wisdom of a Supreme Court Justice to see, the Supreme Court recognizes that youth tend to make impetuous and ill-considered life decisions. *'First, as any parent knows and as the scientific and sociological studies tend to confirm, a lack of maturity and an underdeveloped sense of responsibility are found in youth more often than in adults and are more understandable among the young. These qualities often result in impetuous and ill-considered actions and decisions.' Roper v. Simmons, 543 U.S. 551, 569 (2005) (citations omitted). In the same vein, and perhaps especially true in the school setting, 'juveniles are more vulnerable or susceptible to negative influences and outside pressures, including peer pressure.' Id.* And 'the character of a juvenile is not as well formed as that of an adult. The personality traits of juveniles are more transitory, less fixed.' *Id*. at 570 (citation omitted). Indeed, notes the Court, 'the relevance of youth as a mitigating factor derives from the fact that the signature qualities of youth are transient; as individuals mature, the impetuousness and recklessness that may dominate in younger years can subside.' *Id*.": *Mirabelli v. State of California*, page 14 (italics added): https://www.dropbox.com/scl/fi/ff1c5kvfsij6zqd1mbh9z/Mirabelli-v-Olson-Order-re-Prelim-Inj-MTDs-FINAL.pdf?rlkey=t4b30znk7q3ht8ymty9ku1vw9&dl=0 and https://www.thomasmoresociety.org/news/california-federal-court-issues-order-blocking-school-from-forcing-teachers-to-lie-to-parents#gsc.tab=0; (the *Mirabelli* case is the ninth consecutive win in recent years against the State of California by Brockman's counsel).

***Footnote 4:** Kaiser's third affirmative defense of "waiver" in their Answer to Lovdahl's Complaint, is void as against public policy, because one cannot be required to waive in advance of medical treatment any negligence by a hospital, doctor, or surgeon. *Tunkl v. Regents of University of Cal.* (1963) 60 Cal.2d 92; and *Belshaw v. Feinstein* (1968) 258 Cal.App.2d 711, 725–27.

***Footnote 5:** For three recent and well-researched books on the many harms that "gender affirming care" causes to children like Chloe Brockman and Kayla Lovdahl, see: "Irreversible Damage: The Transgender Craze Seducing Our Daughters", 2020, by Abigail Shrier; "Lost in Trans Nation: A Child Psychiatrist's Guide Out of the Madness", 2023, by Miriam Grossman, MD; and "Detrans: True Stories of Escaping the Gender Ideology Cult", 2024, by Mary Margaret Olohan.

***Endnote:** The following similarities between the cases of Chloe Brockman and Kayla Lovdahl are noteworthy:

1. Both patients had been exposed to the radical gender agenda through spending hours on social media;

2. There was no "gender evaluation" for either patient which sought to determine whether they thought from an early age that they had the "wrong genitals" or that they identified as boys. Nor did either patient have the experience where they could say from their early childhood memories: "I never felt like a girl";

3. Both patients' Kaiser health care providers rubber-stamped a gender dysphoria diagnosis without meaningfully considering, evaluating, inquiring into, and treating their complex history and multi-faceted presentation of co-morbid mental health symptoms, including

body dysmorphia, which represented serious risk factors, and was contra-indicated to proceeding with Gender Affirming Therapy;

4. Both patients had certain vulnerabilities, for example, Chloe had a cleft pallet and Kayla had autism;

5. Both patients had a history of treatment for anxiety and depression prior to GAC;

6. Both patients had problems with anger and socialization with their peers at school;

7. Both patients had early puberty and breast development, and were subjected to unwanted attention;

8. Both patients had unresolved sexual trauma, and wanted to change genders to avoid further victimization, and not because they were “born in the wrong body”;

9. Both patients became progressively worse in their psychological conditions during their ill-advised gender transitions before and after their mutilating mastectomies;

10. Under Kaiser’s own published standards, neither patient should have been considered a candidate for a mastectomy below age 18, except in extreme circumstances and then still not below age 16;

11. Neither patient or their parents were informed of the very high rate of desistence of “gender dysphoric” minors who eventually become comfortable with their biological sex if simply allowed to go through natural puberty; and

12. Both patients’ parents were coerced into consenting to their child’s gender affirming treatment by the defendants’ false claims of the suicide risk if they did not consent.