

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE  
Nashville Division**

L.W., by and through her parents and next friends, Samantha Williams and Brian Williams, et al.,

*Plaintiffs,*

v.

JONATHAN SKRMETTI, in his official capacity as the Tennessee Attorney General and Reporter, et al.,

*Defendants.*

**Civil No.** 3:23-cv-00376

**DECLARATION OF JANE DOE**

I, Jane Doe, pursuant to 28 U.S.C §1746, declare as follows:

1. I make this declaration of my own personal knowledge, and, if called as a witness, I could and would testify competently to the matters stated herein.

2. I am 52 years old. My husband, James Doe, and I are the parents of John Doe (“John”), our twelve-year-old son. Our family lives in Tennessee.

3. My son has always been a precocious child who hit many milestones early. He was walking by nine months and had an impressive vocabulary at a young age. He was always mature for his years, which is why people often referred to him as an old soul when he was a child. While he could be mischievous, he has a real tenderness with younger children and animals, and his kind heart is one of the many things I love about him. John picks up many things naturally, from playing the guitar to a variety of different sports, and he is quite gifted athletically. He is also a typical

“tween” on the cusp of becoming a teenager, and he loves playing virtual reality games with his friends in between homework and sports practices.

4. John is transgender. He knew from a very young age who he was. I remember that as early as two to three years old he was deeply upset with the typically female clothing I bought for him. I quickly learned that he would shun anything floral, pink, and feminine. He wanted to wear blue and preferred clothing related to Marvel superheroes and Star Wars. We had painted his room very early on in purple and yellow, with a floral design. But John grew happier and happier as we covered the paint up with posters of the Avengers and Star Wars decorations, and a rack for his light sabers.

5. Looking back now, I can see that participating in sex-separated activities with the girls made him miserable, including an all-girls soccer team when he was four years old. He also took part in dance classes, but always wanted to know why he couldn't dance the boy parts. When it was time for formal rehearsals and he needed to wear the girls' costume he would get so upset and ask why he couldn't wear the boys' outfit. I feel some sadness now when I look back on his dance recitals, because I recall how upset it made him when I put makeup and the girls' costumes on him for the performances.

6. Around the age of three, John began saying repeatedly, “I wish I was a boy.” He told us this over and over again. We learned around the same time that he had adopted a typically male name for himself and was telling other children that he was a boy. For example, I remember being at the park with John when he was three or four years old. I recall him running off with some other children to play, and when we eventually got ready to leave his friends said, “Bye, John.” That was the first time I understood that he had adopted this new name for himself. We

eventually learned that it wasn't just with kids on the playground. He was also telling his friends at school his new name and that he was a boy.

7. I was generally familiar with the concept of being transgender, but I didn't know much about it at the time. I began talking to John's pediatrician, and doing my own research.

8. Then, when John was in the first grade, we noticed that he began trying to make an effort to be more feminine. When I eventually learned the reason why, it broke my heart. He was participating in Girl Scouts that year and grew his hair longer, but he could not change the way he felt and trying to live as a girl made him more and more miserable. One day as we drove home from a Girl Scouts' swim party at the end of his first-grade year in 2018 I could tell that he was really sad, and I asked what was wrong. He said again, "I wish I was a boy." I said something like, "You haven't told us that for some time." He informed me that he had stopped because in his words, "I thought you and Dad weren't listening to me." That was the moment I knew he had simply been pretending to be more feminine during his first-grade year and was suppressing who he was because he thought that's what his parents wanted. Knowing that felt like a dagger through the heart.

9. I pulled my husband aside as soon as we arrived home to tell him what happened, and we both sat down with John and asked him, "What if you could be John, and just be a boy all the time?" His eyes got as big as saucers—I could see he hadn't even realized that it was a possibility and that he was imagining that kind of happiness in his life. It was as if a light came on for him. While I can't suggest the transition was easy for all of us—there have been a number of hard moments—I have seen him clearly for who he is since that day.

10. We reached out to a local LGBTQ resource center, and they suggested a therapist who treats transgender youth. John has seen that therapist since that time, for approximately five

years now. The therapist confirmed that John is transgender and diagnosed him with gender dysphoria.

11. As we prepared for John's second-grade year, I spoke with the principal of his school, fearing that we would need to transfer to find an affirming environment. But the principal told us, "You're not going anywhere. We love all our kids no matter their differences."

12. John began second grade in 2018 and we started planning the timeline for his social transition, so that he could be himself in all aspects of his life and not just at home. Our original plan was to have John come back to school after the Christmas holiday as himself. But that timeline changed after we went on a camping trip during the fall where John got to be himself full-time, including when he introduced himself to others we met on the trip. He was overjoyed to be himself. When he had to revert to pretending to be a girl after we came back home, his mental health quickly deteriorated. He was depressed, angry, and defiant. We decided to move the timeline up so that he could transition at school after Thanksgiving break. Our principal met with the staff to facilitate the transition, and we had a meeting with the other parents in John's class. Everyone was supportive, and when John came back after the break, to our profound relief, he simply got to settle in as himself, finally.

13. The following year, in 2019, we obtained a court order updating John's legal name to the typically male name he had chosen for himself years ago. We also helped him choose a new middle name reflecting his male identity.

14. In 2020, when John was approximately nine years old, I got him a book called "The Care and Keeping of You," which is a book designed to help kids understand how their bodies will change during puberty, and how to maintain good grooming habits. I bought the female version because John wasn't yet on any medication to change his body. When I showed him the book, he

was absolutely mortified at the notion of his body undergoing the changes of a typical female puberty, and it became clear that we needed to explore the possibility of medical treatment to prevent that.

15. The same year, our pediatrician referred us to Dr. Cassandra Brady at Vanderbilt Children's Hospital ("Vanderbilt"). John's therapist, who had seen John for approximately two years by that point, wrote a letter for Dr. Brady confirming his diagnosis of gender dysphoria. Her letter confirms that he has no co-occurring diagnoses; that his mental health appeared stable; that our family was actively engaged in the process of his treatment; and that John, his father, and I are all able to provide informed consent.

16. Dr. Brady began running tests to monitor the development of John's puberty, which had not yet begun, and continued to monitor him during that pre-pubertal phase every six months.

17. In approximately February of 2021, Dr. Brady determined that John was beginning puberty, and he received his first shot of Lupron, a puberty-delaying medication. This was an enormous relief for John. Before starting medication he had enormous anxiety about the prospect of developing breasts and starting menstruation. The idea was so distressing to him that he asked us repeatedly about when he could start puberty-delaying medication. But the process through Vanderbilt was slow and deliberative, which was reassuring to us as parents. When John was finally able to start Lupron, I could see that it was like a weight was lifted for him. His relief at no longer having to carry the stress of an impending puberty that felt completely wrong for him was palpable. He could just be himself.

18. The informed consent process was a lengthy one. Even though John was a couple of years away from initiating puberty delaying treatment when we first saw Dr. Brady, she thoroughly reviewed the potential side effects with us during our first visit. For example, she

reviewed the fact that patients must be monitored to ensure that the medication does not have any significant effect on bone density, and that it can initially slow one's growth in height. We continued to discuss potential side effects with Dr. Brady in most, if not all, of the subsequent visits. We were also advised that the use of puberty-delaying medication to treat gender dysphoria has not been approved by the U.S. Food and Drug Administration.

19. My husband and I had also done our own research on this medication, which was consistent with the information Dr. Brady shared with us. We agreed, along with John and Dr. Brady, that the benefits he was likely to gain from the treatment far outweighed the risk of these side effects.

20. Since the initiation of the puberty-delaying treatment, Dr. Brady has monitored John carefully with regular appointments and tests approximately every four to five months to ensure that John is not experiencing serious side effects from the medication. The only thing John has experienced is that he is sometimes more emotional for about a week-and-a-half after each shot, which is now administered by his pediatrician once every three months. Dr. Brady also monitors John carefully to track his bone age, his height and rate of growth, and his body mass index.

21. When the time is right, John wants to begin receiving testosterone. Dr. Brady has made clear that he will not qualify for this treatment for another year or two, which will allow him to go through puberty within the same range as his peers. But that care is banned by the new law, which is devastating.

22. Even setting aside the hormone therapy that we know John will need soon, if we had to stop John's current puberty-delaying care in the interim, it would be extremely emotionally damaging to him. When this legislation was pending, we discussed with John what it would be

like if he had to stop puberty-delaying medication. He was horrified at the idea and it was clear that it would wreck him to start a typically female puberty.

23. Resolving this issue is urgent for us. Dr. Brady has informed us that despite the grandfather clause in the law, she cannot continue providing the same puberty-delaying care after July 1, 2023. She informed us that her understanding is that the law allows her to do nothing more than wean patients off their care after July 1, 2023, and because she believes that would be inappropriate and harmful to John, she will not continue to treat him.

24. Having to end John's gender-affirming care would be my worst nightmare, as it is the one thing that gives me hope that John will have a fulfilling life and that keeps him happy and healthy. The care he is receiving now also preempts the need for surgery later in life and prevents some of the permanent changes in his body that a feminizing puberty would cause.

25. Having control over John's healthcare allows us to protect his safety, because the care allows others to see him as the boy that he is, and he can decide when it's safe to tell others that he is transgender on his own terms. If we had to stop this care for him, I fear not just that his mental health would backslide dramatically, but that he might harm himself too. The thought is unbearable.

26. We have started researching potential locations to seek this care out-of-state should the ban take effect. Having to travel an extensive distance out of state for this care would be disruptive, costly, and time-consuming, including because there is no place we could travel without needing to stay overnight. We would need to pull John out of school to travel for his medical appointments, which would be an extremely frustrating price to pay, in addition to the disruption to our work schedules. We also worry that having to seek the care out of state, and possibly out of network, might affect the insurance coverage that we rely upon to cover the cost of this care.

27. We have also discussed moving to a state in the Midwest where we have other family, but in addition to the stress it would cause to have to find new employment in another state, it is clear that it would upset John to be uprooted from the only home he has ever known and dragged away from all of his friends.

28. John's gender transition has not been easy, and I shed many tears during the first year of this process when John was in the second grade. This is what I think many people don't understand: no parent would choose to make their child different, or choose a harder path in life for their child. As parents, we're supposed to pave the path so that our children's lives can be easier and better. I know that being a boy is who John is and that we have done the only right thing for him. But in a world full of hostility towards transgender people, I feel like the legislature has made it even worse by singling out transgender kids with this law.

29. When I think about how we know that transition was the right thing for John, I just see his face in my mind. I can see him beaming after he was able to put his male name on his folder and his locker at school. I remember the way he smiled when we had a celebration dinner at a restaurant after the court granted his name change petition. I can see vividly how he glowed when he was able to wear a boys' suit on a trip to the Apple store. And I remember how happy and excited he was when he got to start guitar lessons with someone who had never known him pre-transition, so he could meet that person as himself.

30. As parents, you know that if you let your child be who they are, their life might be hard at times, and you don't put yourself and your child through this unless you know it is the right thing to do. We have questioned ourselves and reevaluated the transition process every step of the way. We waited for some time to legally change John's name because we wanted to make sure we were doing the right thing. He didn't start Lupron until he was 10, three years after his social



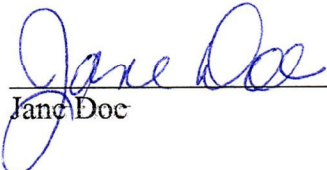
transition. We did not rush the process at any stage. Instead, we took it slowly and listened to his doctors. While I have worried at times that John will have difficult moments in life as a transgender boy, I know nothing would be harder than denying the reality of who he is.

31. If this law took effect, we know that it would set John and our family back tremendously, and I cannot bear that thought.

\* \* \*

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

Dated: April 17, 2023

  
\_\_\_\_\_  
Jane Doe