

Exhibit S

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

PFLAG, INC.; *et al.*,

Plaintiffs,

v.

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

Defendants.

Civil Action No. BAH-25-337

DECLARATION OF DR. PEYTON POE, MD, MPH

I, Peyton Poe,¹ MD, MPH, hereby declare and state and follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have personal knowledge of the facts set forth in this declaration and would testify competently to those facts if called to do so.
3. I am a board-certified pediatrician living and working in the greater Washington, D.C. area. I received my medical degree and completed my residency in pediatrics at a major academic medical center. I have a master's degree in public health. I am a clinician and also regularly train fellows, residents, and medical students.
4. I am licensed to practice medicine in Maryland, Virginia, and Washington, D.C.
5. I am a member of GLMA: Health Professionals Advancing LGBTQ+ Equality.

¹ Peyton Poe is a pseudonym. I am aware of numerous instances in which providers of gender-affirming medical care like me have been doxxed—a form of relentless online harassment from having their private contact information shared publicly—and have had their lives threatened. Accordingly, I am submitting this declaration under a pseudonym to protect my privacy and protect my family and me from harassment and violence.

6. Currently, I work at Children's National Medical Center in Washington, D.C., where one of my clinical focuses is on the care of transgender patients. My practice there includes providing gender-affirming medical care, including gender-affirming hormone therapies, to adolescent and young adult patients.

7. I am aware that Children's National receives extensive federal funding, including from the National Institutes of Health. The vast majority of the research and care that funding supports has nothing to do with caring for transgender patients or gender affirming medical care.

8. In my experience, providing gender-affirming care to youth is a multidisciplinary and collaborative practice. In my institution, that collaboration includes endocrinology, adolescent medicine, gynecology, psychiatry, and psychology. We work closely with our patients and, for those patients who have not reached the age of majority, with their parents, to understand patients' experiences and their goals for care. We conduct detailed assessments of physical and mental health for each individual patient. We undertake an extensive counseling and informed consent process for any patient seeking gender-affirming medical care, to ensure patients have a thorough understanding of the risks and benefits of treatment and how to most effectively care for their health while receiving treatment. For patients under the age of 18, all of the assessment and counseling includes full participation of their parents or legal guardians. Even for those who are legal adults, the vast majority access care with the support and participation of their parents. All patients who initiate gender-affirming hormone therapy are closely monitored for safety and effectiveness of treatment and continue to receive regular care until they age out of our programs.

9. On January 28, 2025, the White House issued Executive Order 14187, which instructs federal agencies to ensure that medical institutions receiving federal grant funding—including medical schools and hospitals—to not provide pubertal suppression, hormone therapy,

or surgeries as treatment for transgender patients with gender dysphoria who are under the age of 19 years old.

10. The evening of January 28—within hours of the Executive Order being signed—a member of Children’s National’s executive leadership team sent an email to affected staff, saying that the Executive Order “will limit the prescription of puberty blockers and hormone therapy to transgender youth” and that “effective immediately, no prescriptions should be written or refilled for gender-affirming medications for patients under 18 years old.”

11. The following day, January 29, a meeting was held with the gender care services team and hospital administrative staff in which we were instructed not to prescribe, fill, or refill medications used as gender-affirming medical care for patients under the age of nineteen. We were also instructed that medical providers could not counsel patients about dosing of such medications, medical and mental health providers could not write letters supporting patients attempting to access hormone therapy or surgical procedures, and our mental health staff could not conduct assessments of readiness for patients seeking to initiate gender-affirming medical care. We were instructed to contact patients under age 19 with upcoming appointments that day or the following days to inform them that we were unable to prescribe or refill medications prescribed for gender affirmation.

12. On January 30, the gender care services team was given specific language to be provided to patients with upcoming appointments to notify them that the hospital would not prescribe or refill prescriptions for hormone therapy for gender affirmation for patients under age 19, “per the directives” of the Executive Order.

13. Because I had several patients with imminent appointments, I had to undertake a heart-breaking task—I had to survey my schedule for upcoming appointments and contact each affected patient to tell them that I could not continue to prescribe the medications they depended

on for their physical and mental wellbeing. While some patients cancelled their upcoming appointments, most patients wanted to go ahead with their appointments, knowing that I would be unable to prescribe their medications. I also began to receive a flood of messages from patients and parents, starting on January 29, expressing distress, anxiety, and fear about their or their children's access to their medications.

14. These conversations and appointments were extremely difficult. Some of the most difficult of these conversations were with patients who have only recently completed the long process to initiate treatment, including waiting to become a new patient, undergoing thorough evaluation of their medical history and mental health, and receiving extensive teaching regarding the details and effects of gender-affirming treatment, and who are now losing access to it so soon after being ready to begin treatment. Similarly difficult were the conversations with patients who have been receiving treatment for several years and are thriving on their medications, who were devastated to learn that I could not refill their medications even if they were going to run out imminently. Likewise, I have had many painful conversations with parents who are desperate to ensure their children can continue their medications and fearful for their children's mental health if medications are discontinued. The few appointments with patients whom I was unable to reach before their appointments, and who came in to see me unaware of this new obstacle to care, were especially difficult, as I had to inform them that I was prohibited from continuing to prescribe the medications they depend on, witnessing their distress and fear firsthand.

15. At each of these appointments, I assessed my patients' mental health, their level of acute distress, and the strength and availability of their support systems. I encouraged patients to reach out to their mental health providers and provided crisis intervention and suicide prevention resources. Patients who had been thriving under my care, and many of whom had undergone a

tremendous and often extremely difficult journey towards initiating gender-affirming medical care, were devastated. Many left their appointments extremely upset, discouraged, and disappointed that the clinic they had trusted with their care was now unwilling to continue to provide that care.

16. I am deeply concerned that the disruptions to care may cause transgender adolescents and young adults to experience mental health crises. Access to gender-affirming medications can be lifesaving and allows these young people to succeed in school and social settings. The prospect of any interruption in medical treatment can cause or exacerbate severe distress and poor mental health outcomes, including possible self-harm. Gender-affirming hormone therapy is not optional or elective; it is essential for their health and wellbeing, and withholding this treatment causes severe harm.

17. As a physician, I am also devastated. The Executive Order forces me to withhold care from patients, some of whom have been under my care for years, when I know that withholding this care will cause deep harm. The order forces me to act in ways that are deeply at odds with my personal values and with medical ethics. It damages my relationship with my patients and, in turn, damages their relationship with the medical establishment. It causes anxiety and fear for myself and for my patients and their families. I have dedicated years of my career to providing care to this stigmatized and marginalized population of patients and have seen firsthand how life-changing it can be for them to access affirming care; it is a betrayal of their trust in me and in my institution to offer only mental health support while withdrawing life-sustaining medications. I care deeply for my patients and their families, with whom I have developed strong and lasting relationships, and I am profoundly honored by their trust in me as their physician. My patients' pain and anxiety, and their parents' fear for their wellbeing, weighs deeply on my heart and in my mind.

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

Dated this 10th day of February 2025.


Peyton Poe, MD, MPH