

Exhibit F

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

PFLAG, INC.; *et al.*,

Plaintiffs,

v.

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

Defendants.

Civil Action No.

DECLARATION OF RACHEL ROE

I, Rachel Roe,¹ pursuant to 28 U.S.C. § 1746, declare as follows:

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

2. I am a Plaintiff in this action. I am bringing claims on behalf of myself and as the parent and next friend of my son, Robert Roe.

3. Along with my husband, I am the parent of Robert Roe, my 16-year-old son. We live in Massachusetts. Robert is eligible for health insurance through MassHealth until he turns 26, because he is adopted. MassHealth is Massachusetts' state Medicaid program.

4. We are members of PFLAG.

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

5. My son, Robert, is an incredible teenager. He is smart, active, and very involved in his school, church, and community. He is an honors student carrying a vigorous academic load. He is a committed member of our church and youth group, where he often volunteers to assist Sunday school teachers with their young children and helps the church with its audiovisual needs. He is very talented at sports and is extremely committed to exercise – he manages his own schedule and is very disciplined. He started for his high school’s varsity team as a freshman, and he is a leader on the team. He has also won a state championship in one sport and been selected for All-Star teams.

6. Robert is transgender. He was assigned a female sex at birth, but I knew from a very early age that he did not identify as a girl. Robert started to express his gender identity as early as two years old. Once, when he was two years old, I picked him up from daycare after they had administered the testing that Massachusetts requires every six months. Robert’s teacher told me that he would have scored 100% on the test, except that he kept insisting that he was a boy. Even when his teacher gave him many chances to change his answer because she wanted him to receive a perfect score, she told me that he refused, and he continued to insist to her he was a boy.

7. Robert also resisted girls’ clothes from an early age. He would regularly dress up in dragon costumes to avoid having to wear girls’ clothes. When Robert would return from his grandparents’ house—where they insisted he wear girls’ clothes—to our house, the first thing he would do would be to run up the stairs to his older brother’s room and change into his older brother’s clothes. Eventually, I started to buy him his own boys’ clothes to wear. I did not know whether Robert was just going through a phase, or really wanted to be like his older brother, or if he was transgender. But as a parent, I knew that the right answer—no matter which it was—was to tell Robert that I loved him and support him.

8. By around eight years old, Robert had been consistently asserting that he was a boy, and we decided to begin a process of social transition. Robert began his social transition at around age 8. It was clear to me that Robert was meant to live as a boy, and that he would do better in school and the rest of his life if we let him live that way. For example, he would refuse to use girls' restrooms at school. When Robert started at a new school for third grade, his teacher introduced him by his chosen male name and with male pronouns. He did better in school being himself.

9. Robert's pediatrician diagnosed him with gender dysphoria diagnosis at the age of nine and referred us to Gender Multispecialty Services (GeMS) at Boston Children's Hospital.

10. Robert has been receiving medical care from GeMS since he was nine years old. He first met with a team of doctors who explored Robert's gender identity with him, as well as a therapist to assess the status of his mental health. They spoke to him at length and had him do different kinds of evaluations to understand his gender and how he felt about it. They agreed that Robert had gender dysphoria. At first he saw a psychologist or psychology fellow every six months, and then every year. Because Robert was doing well with his social transition and had not yet started puberty, all he needed at that point was to feel supported living as a boy. At every appointment, they assessed whether Robert was consistent in his gender identity and if he had any other mental health conditions that needed to be addressed.

11. Robert also had appointments with an endocrinologist at GeMS every six months, both for bloodwork to look for signs of puberty and also to discuss with me and with Robert what choices we would have when puberty started. Robert's endocrinologist showed us detailed charts explaining what a female puberty looks like, so that Robert could understand what would happen to his body during puberty and also be able to tell us when he started seeing those changes.

12. Because of the regular blood tests at GeMS, we were able to discover when Robert's hormone levels starting showing early signs of puberty, around age 11. When the doctors saw that puberty had started, but there had not yet been many physical changes, we discussed again whether that was the right time for Robert to start puberty blockers. Robert knew from his discussions with the doctors what the changes from female puberty would mean for him, and he was clear and consistent that he did not want that to happen. The whole world knew and saw Robert as the boy he is and it was difficult for him to imagine going through physical changes that would compromise that.

13. Although we had already been talking for several years at that point about what the options would be when puberty started, the doctors again thoroughly explained the risks, benefits, and alternatives. I knew that the risks included potential bone density issues and the anesthesia from the procedure to insert the implant. I also remember the emphasis that the blocker was reversible and it would give Robert more time to mature and decide whether he wanted to undergo a female puberty or not. Although we started talking about fertility, I also understood that was a decision Robert could continue to make with our support in the future, and that the blockers themselves didn't eliminate any choices for him to have biological children. Based on those discussions with doctors, with Robert's father, and with Robert, I decided that benefits of a puberty blocker outweighed the risks, and certainly the alternative of starting female puberty. I wanted Robert to continue growing up and feeling comfortable in his body without worrying about physical changes that did not match who he was.

14. Based on those discussions, and with my consent and Robert's assent, Robert received a puberty-blocking implant at age 11 at GeMS. Robert continued to see endocrinologists at GeMS to make sure the blocker was working to stop female puberty, and also psychologists to

make sure he was doing well emotionally. Robert did not have negative side effects from the puberty blockers and thrived while on them.

15. After Robert received the puberty blocker, we had time to let Robert continue to get older and live his life, without the anxiety of worrying about physical changes that did not match Robert's male identity. We also started having conversations with Robert's doctors, and with Robert, about testosterone. We knew that Robert could not be on blockers indefinitely, and at some point would have to undergo either a female puberty or a male puberty.

16. Eventually, after being on the blocker for about three years, Robert started receiving hormone therapy (testosterone) at age 14 at GeMS. Again, before we began this treatment, Robert's doctors made sure he understood what male puberty would look like, and that the alternative would be female puberty. Robert's doctors provided us with extensive counseling on the risks, benefits, and alternatives to hormone therapy. For Robert, most of the risks were things he was looking forward to—getting taller, facial hair, a deeper voice—and the things that he wasn't looking forward to, he could live with, like acne or male pattern baldness. Robert's doctors also specifically informed him of the risks to his fertility and repeatedly asked him about whether he would ever want to get pregnant or wanted to undergo female puberty, harvest his eggs, and preserve them. Robert and I also discussed the impact of hormone therapy on his fertility at home, where I asked him these same questions. At every turn, Robert consistently told both me and his doctors that he would not want any of that. Robert wants to be a father to children someday, but, as an adopted child himself with adopted siblings, he knows that there are many ways to make a family. When I asked him if he would ever want to be pregnant, he looked at me as if I were an alien and forcefully told me no. We also talked about the alternatives to testosterone, meaning

letting female puberty start, which Robert was very clear he could not let happen. I also knew, as his mother, that he would not be himself if he started female puberty.

17. We also talked about the benefits of starting testosterone at 14, as opposed to a later time. Robert was mature enough to understand what puberty meant, and also that other boys his age had started puberty or would be starting soon. As his mother, I agreed with his doctors that Robert would benefit from going through puberty alongside his peers. Robert also noticed that boys were starting to look more adult and less like little kids, and that was something he wanted to do alongside his friends. Robert was clear and consistent that he was ready to start living and looking like a young man. I was also told, and Robert understood, that the changes from testosterone would be gradual, and that if at any point Robert did not like the changes, he could stop increasing or lower his dose.

18. Based on our consent as Robert's parents and Robert's assent, he started testosterone. At first, I did his weekly shot for him. Eventually, Robert felt comfortable enough that he wanted to be responsible for his own shots, and he's been doing that for a while. Robert lets me know when he needs refills, which I order and pick up for him. We have follow-up appointments with Robert's endocrinologist at GeMS every six months to assess his dosage levels and see if they should stay the same or increase. Like with the puberty blockers, he has not complained of any unwanted side effects from the testosterone.

19. Robert has been doing very well on testosterone. His voice is getting deeper, he has grown some facial hair, and he likes getting and feeling taller and stronger. He is very clearly comfortable in his own skin. Robert has the freedom to be himself because of the medical care that he has been able to receive as a young person. He is healthy, social, and thriving. He has a close group of friends who have played sports with him since they were in middle school, and he is

beloved by many of his friends' families, including and especially their little siblings. While some close friends know that he is transgender, most people do not, and it remains his choice who he decides to tell. The friends that do know he is transgender are incredibly supportive, as are their families. To know Robert is to love him.

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

21. Robert had an appointment scheduled at GeMS for Wednesday, January 29, 2025. This appointment was supposed to be a routine check-up regarding Robert's hormone therapy: he would get bloodwork done, his providers would confirm that he was receiving the correct level of testosterone or adjust his dosage if necessary, and that would be it.

22. But that morning, a Nurse Practitioner whom we had seen at GeMS called me and told me that, because of the Executive Order, the appointment was canceled, and GeMS were canceling all of its appointments for people under age 19 as of that morning.

23. Without testosterone, I am fearful that Robert will experience significant distress and anxiety. He has never undergone an endogenous female puberty because of the blockers; he has only ever developed and lived life as a boy. He needs testosterone to continue to live his life. If he could not get testosterone, he would start to undergo female puberty, and I am terrified of what that experience would do to his mental health when he has been so consistent and so insistent that he does not want that. This is a child who has been telling me since he was two years old that he is a boy; he is now a 16 year old young man. It would be alarming to him to suddenly start developing a woman's body.

24. I am also worried that Robert will lose all the physical benefits of the medical care that he has been able to receive up until this point. Robert will likely not require chest

masculinization surgery (“top surgery”) because his puberty-blocking implant prevented the growth of breast tissue. If he loses access to medical care and cannot continue to take testosterone, I am worried that female puberty will start and he will need surgery later on.

25. When the Nurse Practitioner from GeMS called me the morning of January 29 to tell me that they were canceling Robert's appointment, Robert was silent. Since then, Robert has been worried that he may not be able to continue his care. He is scared that female puberty would undo all of the good things in his life, from sports to school to church.

26. I am devastated that the President has sought to prevent my child from accessing the health care that allows him to be his true self. I would do anything to get Robert the care he needs, even if that meant the time and expense of going abroad to Canada. I do not know if that is even possible, or if Canadian providers would treat him, or have room on their schedules. I do not know if MassHealth would cover that treatment, either. And I would much rather Robert continue to see the providers at GeMS, who we both know and trust. Because of the Executive Order, I do not know how else to get Robert the care he needs.

27. As a parent to Robert and his siblings, it is my job to assess the risks, benefits, and alternatives to recommended medical care, which I routinely do. It is only in this context of gender affirming medical care for my son Robert that the federal government is preventing me from caring for my children.

28. The health and safety of my children is more important to me than anything else. I have watched Robert become a successful, involved, and happy young man. As his mother, it is my job to do everything in my power to keep him on that path.

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

Dated this 12th day of February 2025.

Rachel Roe

Rachel Roe