

Exhibit V

**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 DR. KYLE KOE, M.D.

I, Kyle Koe, M.D.,¹ 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 an internal medicine board-certified primary care physician at Boston Medical Center (BMC) and associate professor of medicine at the Boston University Chobanian and Avedisian School of Medicine. I am a clinician-researcher specializing in sexual and gender minority health, including a focus on primary care outcomes and chronic conditions. As the research lead for a center at Boston Medical Center, I collaborate with researchers, clinicians, and communities to assess and address the health and wellbeing of patients and communities, including transgender and gender diverse people.
4. I am a member of GLMA: Health Professionals Advancing LGBTQ+ Equality and have been since 2010.

¹ Kyle Koe is a pseudonym. I am submitting this declaration under a pseudonym to protect my privacy and to protect my family and me from harassment and violence.

5. As a clinician-researcher at BMC, I depend on grant funding, including federal grants, to conduct my research to better understand and therefore improve the health and wellbeing of patients. At present, my research includes, *inter alia*, serving as the principal investigator (PI) in two grants provided by the National Institutes for Health. I have previously served as a subcontract PI in other NIH-funded research studies. Such federal support is critical in funding scientific endeavors in medicine, as funding innovative science is an essential aspect of the NIH's mission.

6. In addition, BMC is the recipient of millions of dollars in federal grants, including from the NIH, Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), and Agency for Healthcare Research and Quality (AHRQ), among others. The vast majority of these grants do not relate to the provision of medical interventions for the treatment of gender dysphoria, a serious medical condition recognized by virtually every major medical organization in the United States.

7. The aforementioned federal grant funding by the NIH, HRSA, CDC, and AHRQ is critical to improving our medical and scientific knowledge, training the next generation of physicians, and improving access to health care for vulnerable populations, core components of the mission of BMC.

8. Aside from my research, I also serve as a medical provider. I treat both cisgender and transgender patients for a variety of medical conditions and ailments. Among the conditions I treat is gender dysphoria, for which I provide gender-affirming hormones as treatment for a transgender patient's gender dysphoria as young as 17 years of age.

9. When treating gender dysphoria, healthcare providers use the same medications to treat transgender people as they use to treat cisgender people with hormone deficiencies. The same is true in my practice.

10. BMC also has a center providing support and care to adolescents and young adults across the gender spectrum, which among its services provides mental health services, puberty-delaying hormone blockers, gender-affirming hormone therapy, and referrals to surgery as treatment for gender dysphoria when medically indicated and appropriate under established clinical guidelines.

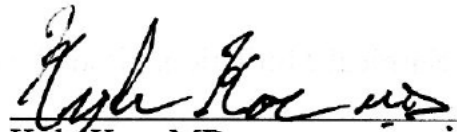
11. I am, however, aware that Executive Order 14187, titled “Protecting Children from Chemical and Surgical Mutilation,” issued on January 28, 2025, instructs federal agencies to take immediate steps to ensure that medical institutions, including medical schools and hospitals, receiving federal grant funding, such as research and education grants, do not provide puberty-delaying hormone blockers, gender-affirming hormone therapy, or gender-affirming surgeries as treatment for the gender dysphoria of transgender patients who are under the age of 19 years old. Similarly, I am aware that Executive Order 14168, titled “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government” and published on January 20, 2025, requires federal agencies from restricting the use of grant funds to any entities that it considers are promoting “gender ideology,” which it defines as recognizing that a person may have a gender identity incongruent with their birth-assigned sex.

12. These executive orders are in direct conflict with the oath I swore as a doctor as well as statutes that I am required to follow. They have caused me, my patients, and providers and researchers across a myriad of medical institutions like BMC a great deal of distress and confusion.

13. By threatening to take away all of an institution's federal grant funding because that institution provides evidence-based gender-affirming care—even when the grants being taken away are not themselves related to gender-affirming care—the executive orders have placed clinician-researchers like me and many medical institutions in an untenable position. The executive orders force physicians and hospitals to make an impossible choice between denying care to a vulnerable minority community or not being to provide care to anyone at all.

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

Dated this 4th day of February 2025.



Kyle Koe, MD