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Kaya Clementine Breen

SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF LOS ANGELES

KAYA CLEMENTINE BREEN (a/k/a Finn Paul Breen), an individual,

Plaintiff,

v.

JOHANNA OLSON-KENNEDY, M.D., an individual; CHILDREN'S HOSPITAL LOS ANGELES, a California Corporation; CHILDREN'S HOSPITAL LOS ANGELES MEDICAL GROUP, INC., a California Corporation; SCOTT MOSSER, M.D., an individual; SCOTT W. MOSSER, M.D., APMC dba THE GENDER CONFIRMATION CENTER OF SAN FRANCISCO, a California Professional Medical Corporation; UCSF HEALTH COMMUNITY HOSPITALS aka ST. FRANCIS MEMORIAL HOSPITAL, a California Corporation; ST. FRANCIS MEMORIAL HOSPITAL, an entity of

Case No.: ____________________

COMPLAINT FOR:

1. MEDICAL NEGLIGENCE
2. MEDICAL NEGLIGENCE – HOSPITAL/MEDICAL GROUP

JURY TRIAL DEMANDED

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unknown form; SUSAN P. LANDON, an individual; and SUSAN P. LANDON, Inc., a California Corporation; and DOE DEFENDANTS 1-20,

Defendants.

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Plaintiff Kaya Clementine Breen (a/k/a Finn Paul Breen), an individual ("Plaintiff" or "Clementine"), brings this Complaint against Defendants Johanna Olson-Kennedy, M.D., an individual, Scott Mosser, M.D., an individual, Susan P. Landon., M.A., LMFT, an individual, (collectively, the "Defendant Providers"), Children's Hospital Los Angeles, a California Corporation, Children's Hospital Los Angeles Medical Group, Inc., a California Corporation, Scott W. Mosser, M.D., APMC d/b/a The Gender Confirmation Center of San Francisco, a California Professional Medical Corporation, UCSF Health Community Hospitals a/k/a St. Francis Memorial Hospital, a California Corporation, St. Francis Memorial Hospital, an entity of unknown form, and Susan P. Landon, Inc., a California Corporation (collectively, the "Institutional Defendants") (the Defendant Providers and the Institutional Defendants are collectively referred to as the "Defendants"), alleging as follows:

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INTRODUCTION

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1. This case is about a team of purported health care providers who collectively decided that a vulnerable girl struggling with complex mental health struggles and suffering from multiple instances of sexual abuse should be prescribed a series of life-altering puberty blockers and cross-sex hormones, ultimately, receive a double mastectomy at the age of 14.

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2. Clementine is a female who suffered from a complex, multi-faceted array of mental health symptoms as a child and adolescent. She is also a survivor of multiple instances of sexual abuse as a child and adolescent, something that was never explored, addressed, or discussed by Defendants in the course of their purported treatment. Her presentation of symptoms and concerns included, among other things, anxiety, depression, autism, undiagnosed post-traumatic stress disorder (PTSD), potential bipolarism, as has been suggested by one of her psychiatrists, ongoing confusion regarding her gender, and eventually psychosis (including audio and visual hallucinations), panic

attacks, and paranoia. Her family also has a lengthy history of mental health issues. She needed psychotherapy to evaluate, assess, and treat her complex co-morbid mental health symptoms.

3. Instead, she was fast-tracked onto the conveyor belt of irreversibly damaging puberty blockers (age 12), cross-sex hormones (age 13), and "gender-affirming" surgery (age 14). Around the age of 11 or 12, likely due at least in part to the sexual abuse she experienced as a young child, Clementine began struggling with the thought of developing into a woman and began to believe that life would be easier if she were a boy. She expressed as much to her then-school counselor in some of her sessions discussing her then-declining mental health, who told Clementine that she was transgender and called her parents to tell them the same.

4. Clementine's parents, completely surprised by and unaware of how to handle this supposed diagnosis but wanting to care for their daughter, decided to take Clementine to "the experts," which led them to the Center for Transyouth Health and Development at Children's Hospital in Los Angeles and under the care of Dr. Johanna Olson-Kenedy ("Dr. Olson-Kennedy"), the director of the Center and one of the most prominent advocates for so-called pediatric "gender-affirming care" in the country. Clementine had just turned 12 years old.

5. Dr. Olson-Kennedy and the team at LA Children's immediately and unquestioningly "affirmed" Clementine as transgender, and at her very first visit, after mere minutes, Dr. Olson-Kennedy diagnosed Clementine with gender dysphoria and recommended surgical implantation of puberty blockers. Dr. Olson-Kennedy performed no mental health assessment. She did not ask about things like past trauma, abuse, or mental health struggles or diagnoses. She involved no other providers or health care professionals in this purported gender dysphoria diagnosis and recommendation for puberty blockers. Instead, she simply took a handful of platitudinal statements from a scared, confused, and traumatized barely-12-year-old girl to give a life-altering diagnosis and handed her the prescription pad. In short, it took Dr. Olson-Kennedy and the team at LA Children's a single visit to send Clementine down a life-altering, traumatic, body-disfiguring, and irreversibly damaging path of transgender medicalization.

6. Under Defendants' "care," from the ages of 12 to 19, Clementine had a puberty blocker surgically inserted into her left arm at age 12, was prescribed "gender-affirming" cross-sex

hormones from ages 13 to 19, had a "gender-affirming" double mastectomy at only 14 years old, and was urged to get a "gender-affirming" hysterectomy as a 17-year-old. She did not experience any long-term relief from these gender dysphoria "treatments." Rather, her mental health progressively declined, as she proceeded into depression, anxiety, psychosis, hallucinations, self-harm, and suicidal ideation and even attempted suicide, none of which she had experienced prior to her gender medicalization.

7. Defendants also failed to obtain informed consent, which, for this type of "treatment," is a process requiring an extended period of time and complete assessment of the patient's mental health. It involves extensive discussion of the known and unknown risks of the proposed treatments and ensuring that the patient and parents understand and fully appreciate the long-term consequences and effects, such as the loss of the ability to ever conceive a child or breastfeed one should the patient. It requires discussion of alternative methods of treatment. It should additionally entail discussion of the evidence base, or lack thereof, to support the off-label use of the proposed "treatments." None of the above was discussed or explained in Clementine's case. In fact, the opposite occurred. Defendants obscured and concealed important information and failed to disclose the significant health risks associated with a female taking high doses of harmful male hormone drugs and puberty blockers. Even worse, Defendants made numerous material misrepresentations in order to convince Clementine's parents to agree to puberty blockers, such as assuring them that puberty blockers are "completely reversible," and cross-sex hormones, including asserting that Clementine would commit suicide if she did not begin taking testosterone. Defendants' coercion, concealment, misrepresentations, and manipulation are appalling and represent an egregious breach of the standard of care. This misconduct also constitutes fraud, malice, and oppression.

8. Eventually, through mental health care she began receiving at the end of high school and the natural desistance of gender dysphoria as one progresses into adulthood, Clementine realized that she was not "trans." She was a vulnerable child suffering from untreated PTSD from traumatic events in her childhood. Consequently, she detransitioned and no longer identifies as a male. But the damage has been done, and it is profound. As a result of Defendants' so-called "gender-affirming care," Clementine now has deep physical and emotional wounds, severe regrets, and distrust of the

medical system. She has suffered physically, socially, neurologically, and psychologically. Her voice has permanently deepened. Her female body did not develop, and she has a very masculine body structure. Her fertility is almost certainly destroyed from the combination of years on puberty blockers and testosterone. And even if she could conceive and deliver a child, she would not be able to breastfeed because her healthy breasts were removed when she was only 14. And she has to see the scars from that unnecessary surgery every day. She has experienced vaginal atrophy, and her sex life has been materially impacted. She is also at risk for bone-related problems later in life. In short, her body has been profoundly damaged in ways that can never be repaired. Furthermore, her mental health condition is now also damaged by medical abuse trauma, for which she will likely need long term mental health care as a result.

9. Clementine's providers deliberately, grossly, and recklessly breached the standard of care in this case as discussed above, by among other things, failing to adequately assess and treat Clementine's complex array of mental health symptoms and prior trauma before prescribing irreversible and life-altering medications and performing surgery. Instead, the Defendants coerced Clementine and her parents with the threat of suicide, presentation of false information, and concealment of full information, into an ill-advised experimental course of chemical/surgical imitation sex change treatment that was utterly unsupported by any reliable medical research. This so-called "treatment" of Clementine by her providers represents a despicable, failed medical experiment and a knowing, deliberate, and gross breach of the standard of care that was substantially certain to cause serious harm.

PARTIES

10. At all times relevant herein, Plaintiff, an individual, was a resident of the County of Los Angeles, State of California.

11. Plaintiff is informed and believes and thereon alleges that at all relevant times alleged herein, Defendant Johanna Olson-Kennedy, M.D., is a physician duly licensed by the State of California to practice medicine in California. On information and belief, Dr. Olson-Kennedy practices medicine primarily in Los Angeles, California.

12. Plaintiff is informed and believes and thereon alleges that at all relevant times alleged

herein, Defendant Scott Mosser, M.D. ("Dr. Mosser"), is a physician duly licensed by the State of California to practice medicine in California. On information and belief, Dr. Mosser practices primarily in San Francisco, California.

13. Plaintiff is informed and believes and thereon alleges that at all relevant times alleged herein, Defendant Susanne P. Landon, M.A., LMFT ("Ms. Landon"), is a therapist duly licensed by the State of California to practice in California. On information and belief, Ms. Landon practices or practiced primarily in Los Angeles, California.

14. Plaintiff is informed and believes and thereon alleges that at all relevant times alleged herein, Defendant Children's Hospital Los Angeles Medical Group, Inc. ("LA Children's Medical Group") is, and at all times mentioned in this complaint was, a California corporation with its executive offices located in Los Angeles, California. On information and belief, LA Children's is the medical group through which Dr. Olson-Kennedy provided a course of experimental transgender medical "treatment" to Plaintiff that occurred and caused substantial injury to Plaintiff at least in substantial part in Los Angeles, California and San Francisco, California.

15. Plaintiff is informed and believes and thereon alleges that at all relevant times alleged herein, Defendant Children's Hospital Los Angeles ("LA Children's") is, and at all times mentioned in this complaint was, a California corporation with its executive offices located in Los Angeles, California. On information and belief, this hospital is affiliated with LA Children's and Plaintiff may have received care that is at dispute herein through this hospital.

16. Plaintiff is informed and believes and thereon alleges that at all relevant times alleged herein, Defendant St. Francis Memorial Hospital ("St. Francis") is, and at all times mentioned in this complaint was, a California corporation operating in and with executive offices located in San Francisco, California. On information and belief, St. Francis is the hospital at which experimental transgender medical treatment was provided by Dr. Mosser to Plaintiff, causing substantial injury to Plaintiff in San Francisco, California and Los Angeles, California.

17. Plaintiff is informed and believes and thereon alleges that at all relevant times alleged herein, Defendant UCSF Health Community Hospitals aka St. Francis Memorial Hospital ("UCSF") is, and at all times mentioned in this complaint was, a California Corporation operating in and with

executive offices located in San Francisco, California. On information and belief, UCSF has legally acquired St Francis and is the successor in interest to St. Francis.

18. Plaintiff is informed and believes and thereon alleges that at all relevant times alleged herein, Defendant Susan P. Landon, Inc. ("Landon, Inc."), was a California corporation operating in and with executive offices in Los Angeles, California. On information and belief, Landon, Inc. was the entity through which experimental transgender medical treatment was provided by Ms. Landon to Plaintiff, causing substantial injury to Plaintiff in Los Angeles, California and San Francisco, California.

19. Plaintiff is informed and believes and thereon alleges that at all relevant times alleged herein, Defendant Scott W. Mosser, M.D., APMC d/b/a The Gender Confirmation Center of San Francisco ("GCC"), was a California professional medical corporation operating in and with executive offices in San Francisco, California. On information and belief, GCC was the entity through which experimental transgender medical treatment was provided by Dr. Mosser to Plaintiff, causing substantial injury to Plaintiff in Los Angeles, California and San Francisco, California.

20. Plaintiff is ignorant of the true names and capacities of defendants sued herein as DOES 1 through 20, inclusive, and therefore sues these defendants by such fictitious names. Plaintiff will amend her Complaint to allege their true names and capacities and causes of action against said fictitiously named defendants when the same have been ascertained. Plaintiff is informed and believes and thereon alleges that each of the defendants designated herein as a "DOE" is responsible in some manner and liable herein to Plaintiff for her injuries.

21. Plaintiff is informed and believes and thereon alleges that at all times herein mentioned all of the DOES were the agents, servants, and employees of their co-defendants and in doing the things hereinafter alleged were acting within the course and scope of their authority as such agents, servants, and employees with the authorization, permission and consent of their co-defendants, except where stated otherwise below. Each of these acts and failures to act is alleged against each Defendant whether acting individually, jointly, or severally. Each of the Defendants or their alter egos agreed and conspired with the others in the commission of these acts or failures to act and fully ratified those acts.

22. At all times mentioned herein, each Defendant was the agent and employee of each and all of the other Defendants and, in performing the acts herein alleged, was acting within the course and scope of such agency and employment. Plaintiffs are informed and believe that all of the wrongful acts alleged herein were authorized and/or ratified by officers, directors, or other managerial agents of Defendants.

23. On September 5, 2024, Clementine sent a notice of intent to sue letter to the Defendants. The statutorily prescribed 90-day hold period for litigation has expired.

JURISDICTION AND VENUE

24. This Court has jurisdiction over this matter, and venue is proper because a substantial portion of the injury and experimental medical treatment upon which this action is based occurred in Los Angeles, State of California, in the city of Los Angeles.

25. The amount in controversy exceeds the jurisdictional minimum of this Court.

GENERAL ALLEGATIONS

26. Clementine is a young woman currently pursuing an acting major at UCLA. As a young child, Clementine was what most would consider a stereotypical young girl. She never expressed feelings of gender confusion or dysphoria. She never felt like or identified as a boy. Quite the contrary, she was always what many would consider a "girly girl." She enjoyed choir, dance, and theatre and loved to collect dolls.

27. However, progressing through childhood and adolescence, she began to suffer from a complex array of mental health issues. These included, among other things: anxiety, depression, presumed autism, and undiagnosed post-traumatic stress disorder (PTSD), as well as potentially bipolarism, as one of her psychiatrists has suggested. Many of these issues may be or are attributable to prolonged sexual abuse she suffered around the ages of 6 and 7, something that was never explored, addressed, or discussed by Defendants in the course of their purported treatment. She also suffered PTSD from growing up around a severely autistic brother, whose autism caused him to act out violently and made him highly volatile, creating a difficult home environment. She had additional unaddressed trauma from a period when she was 10 where both of her grandmothers—both of whom she was very close to and one of whom acted as her caretaker when both parents worked—died within

one month of each other, followed by her dog passing away the day after one of the grandmother's funeral. Her family on both sides had a complex history of mental health issues, including depression, anxiety, autism and developmental disability, suicide attempts, bipolar disorder, and substance abuse.

28. Starting around the age of 11, around the onset of puberty, Clementine began struggling with the thought of developing into a woman, not surprising given the sexual abuse she had suffered. She also began questioning her sexuality.

29. In July 2016 (age 11) she came out as gay. Not long thereafter, in the fall of 2016, Clementine began meeting with a school counselor to discuss issues connected to her deteriorating mental health. In some of those sessions, Clementine expressed that she believed life would be so much easier if she were a boy—a fully understandable feeling given her sexual abuse. Based on those conversations and few statements, the counselor called Clementine's parents and told them she believed Clementine was transgender.

30. Clementine's parents, completely surprised by and unaware of how to handle this supposed diagnosis and wanting to figure out how to best care for their child, decided to take Clementine to "the experts," which led them to the Center for Transyouth Health and Development at Children's Hospital in Los Angeles (the "Center") and under the care of Dr. Johanna Olson-Kenedy. Clementine had just turned 12 years old. To be sure, Dr. Olson-Kennedy is considered one of the most prominent experts and advocates for so-called pediatric "gender-affirming care" in the country. She is the Medical Director of the Center, the nation's largest pediatric gender clinic. She is double board-certified in Pediatrics and Adolescent Medicine and specializes in "the care of transgender youth and gender diverse children." Over the course of her work in this area over the last 18 years, she has treated over 1,200 young people and their families and typically has a panel of 650 patients of varying ages, up to 25 years old. She has been awarded research grants to fund research in pediatric gender medicine. She has lectured extensively across the United States and internationally on the treatment and care of "gender diverse children and transgender adolescents." She is an Associate Professor at the Keck School of Medicine at the University of Southern California. She is an Executive Board Member and President-elect of the U.S. Professional Association for Transgender Health ("USPATH"). And she has been retained as an expert in several cases across the country

challenging states' bans on pediatric gender medicine, in which she has provided expert reports and sworn deposition testimony. Sadly, as Clementine's case demonstrates, she does not practice what she preaches.

31. Clementine first visited LA Children's and Dr. Olson-Kennedy on December 27, 2016. Amongst the first actions that Dr. Olson-Kennedy took was to separate Clementine from her parents. Alone in the room with Dr. Olson-Kennedy, Clementine described her surface-level understanding of gender, stating things like "I mostly have boy friends" and "I like boy things." Based on such statements, Dr. Olson-Kennedy immediately diagnosed Clementine with gender dysphoria and told her that she was "trans," which Dr. Olson-Kennedy described as "all very normal." This all took place within minutes during her very first visit.

32. Dr. Olson-Kennedy performed no mental health assessment. She did not ask about things like past trauma, abuse, or mental health struggles or diagnoses. She involved no other providers or health care professionals in this purported gender dysphoria diagnosis. She did not perform any extensive exploration of psychological, family, or social issues. She did not perform any psychodiagnostics or psychiatric assessments. Instead, she simply took a handful of platitudinal statements from a scared, confused, and traumatized barely-12-year-old girl to give a life-altering diagnosis.

33. Dr. Olson-Kennedy then immediately recommended Clementine be put on puberty blockers so as to prevent her body from going through the "wrong puberty" and prevent the "irreversible" changes of female puberty. Dr. Olson-Kennedy described puberty blockers as "a great option" that would simply "pause puberty" to give Clementine time to figure herself out. Again, she recommended and prescribed life-altering puberty blockers where (1) Clementine did not have a long-lasting or intense pattern of gender nonconformity or gender dysphoria; indeed, her feelings around gender had only recently emerged just a couple of months prior; (2) she had performed no mental health psychodiagnostics, or psychiatric assessment; (3) she failed to address or even discuss potential preexisting mental health comorbidities or psychological or medical issues; and (4) she did not provide anywhere near the information required (or time to consider it) to obtain informed consent, as detailed below.

34. Ultimately, Dr. Olson-Kennedy recommended that Clementine have a puberty blocker surgically implanted in her arm. She ordered the implant that same day.

35. On March 6, 2017, Clementine had a Supprelin LA (histrelin acetate) blocker surgically implanted in her left arm. Histrelin acetate is a drug that has historically been used for two main purposes: treating precocious puberty in children (i.e., children who enter puberty at too early of an age) and treating advanced prostate cancer in adult males. Its use to treat gender dysphoria in children is off-label (i.e., it has not been approved by the FDA for such use).

36. Dr. Olson-Kennedy never discussed nor attempted to treat Clementine with psychotherapy or other less-invasive options to address Clementine's existing comorbidities and past trauma (about which she never asked). She never told Clementine that puberty changes are a struggle for most people, particularly females (and particularly survivors of sexual assault, as Clementine was and is), and that negative emotions tend to increase during puberty, and further that it takes time to settle into these changes to one's evolving body. These are very basic components of psychotherapy for young adolescent girls that should have been evaluated and discussed with Clementine but were not.

37. Dr. Olson-Kennedy pushed Clementine and her parents down this transition path by engaging in intentional, malicious, and false representations and oppressive concealment of important information. This concealment included, among other things, the lack of adequate clinical research supporting this treatment, particularly for 12-year-old girls for treating gender dysphoria; the existence of higher-quality clinical research contra-indicating treatment; the 80-90% desistence rates for childhood gender dysphoria; and the significant possibility of detransition and regret. She misled not just Clementine but also her parents by stating that taking histrelin was akin to pushing pause on puberty and would give Clementine time to explore her gender identity. She described puberty blockers as "completely reversible" to both Clementine and her parents, an outright lie. She failed to list known risks and possible harms of taking puberty blockers, especially for an extended period of time (the FDA recommends replacement of a puberty blocking implant for precocious puberty every 12 months, while one study suggests that a replacement every two years is adequate; Clementine's implant was left in for more than 4 years). She also failed to disclose that of young patients put on

puberty blockers to treat gender dysphoria, almost all of them (some studies showing as many as 95%) are then put on cross-sex hormones, the combination of which has devastating effects on the young female body. Dr. Olson-Kennedy did not state that for girls who are put on puberty blockers and then cross-sex hormones, it is almost a certainty that they will be rendered infertile. She did not discuss with Clementine or make sure that Clementine had the capacity to appreciate the cost of losing the ability to ever conceive a child. Dr. Olson-Kennedy not only misled Clementine and her parents into taking histrelin, but in doing so she also failed to obtain informed consent before putting Clementine on histrelin.

38. Notably, at Clementine's first visit, Dr. Olson-Kennedy ordered a bone density scan to determine her baseline bone density. It is a known risk that puberty blockers in adolescents can have significant detrimental effects on bone density formation. However, according to her records, Dr. Olson-Kennedy never ordered another bone density scan during the entire course of her treatment of Clementine (which alone would be malpractice).

39. At just her third visit to LA Children's with Dr. Olson-Kennedy, on September 9, 2017, Dr. Olson-Kennedy asked Clementine if boys in her class were going through puberty. When Clementine stated that they were, Dr. Olson-Kennedy suggested in order to "keep you on track," Clementine should get started on testosterone. Dr. Olson-Kennedy noted that, despite it only being her third visit and Clementine having only adopted a trans identity less than a year prior, Clementine "would likely benefit from testosterone" and sent her and her parents home with a consent form for testosterone. That consent form has not been produced by LA Children's or Dr. Olson-Kennedy, but upon information and belief, it was highly deficient, failing to properly disclose numerous known risks, discuss alternative treatment options, or disclose the lack of reliable research to support the off-label use of testosterone to treat adolescents for gender dysphoria.

40. Clementine was unsure and expressed doubt about wanting to take testosterone, but Dr. Olson-Kennedy assured her that doing so early on would ensure that later in life, Clementine would be more likely to fully "pass" as a "cis male." Dr. Olson-Kennedy further stated that if Clementine got on cross-sex hormones faster, it "would be easier on your body." Clementine hesitantly agreed.

41. Clementine's parents, on the other hand, were very much against the suggestion that Clementine needed to be put on testosterone, and they expressed as much to Dr. Olson-Kennedy. In order to convince her parents to agree to cross-sex hormone therapy, Dr. Olson-Kennedy again separated Clementine from her parents, this time to address the parents, and lied to them, just as she had done when she convinced them to have Clementine start puberty blockers. Dr. Olson-Kennedy first told them that Clementine was suicidal. This was a lie. At that time, Clementine had never had any thoughts of suicide, and she certainly had never expressed anything along those lines to Dr. Olson-Kennedy. Dr. Olson-Kennedy went even further and lied again by telling them that if they did not agree to cross-sex hormone therapy, Clementine would commit suicide. She bluntly asked them if they would rather have a living son or a dead daughter. In tears, Clementine's parents would "consent" to allowing Dr. Olson-Kennedy and her team inject their confused, suffering child with life-altering testosterone. Upon information and belief, threatening that a child will commit suicide unless undergoing cross-sex medicalization is a common tactic Dr. Olson-Kennedy and others at LA Children's engage in to convince uninformed parents who are averse to puberty blockers, cross-sex hormones, or surgery to treat their gender-confused children.

42. Not only did Dr. Olson-Kennedy obtain the parents' purported consent under fraudulent pretenses, but she also failed to provide the necessary information that they would have needed to consider in order for them or Clementine to provide informed consent—just as she had done when she convinced them to start puberty blockers. This included, among other things, that she failed to meaningfully discuss alternative treatments, failed to go over the all of the known risks and irreversible effects testosterone has on a female body, failed to discuss fertility preservation options given that testosterone following puberty blockers is all but certain to lead to infertility, and failed to discuss the lack of reliable clinical research to support the off-label use of testosterone to treat gender dysphoria.

43. Clementine was started on testosterone injections on January 26, 2018, at 13 years old and just 13 months after her first visit with Dr. Olson Kennedy. She was started at 10 mg shots weekly. She immediately began experiencing significant adverse effects, including bad acne. She requested to be moved to topical testosterone gel. At her request, she was switched to gel, but after labs came

back showing her testosterone levels were "too low" for a boy, she was switched back to injections.

44. By her fifth visit to Dr. Olson-Kennedy, on June 20, 2018, her testosterone prescription had been tripled, up to 30 mg shots weekly. Dr. Olson-Kennedy additionally noted that Clementine would "need [her blocker] implant removed next March in 2019."

45. By her sixth visit, on September 5, 2018, Clementine had had very little breast development (the product of the puberty blocker, which remained implanted in her arm after 16 months). Dr. Olson-Kennedy noted that Clementine had noticeably more body hair, her voice had gone down, and "libido is substantial." She additionally noted that Clementine "has had genital changes including growth of clitoral tissue and dryness" as a result of the blocker and no circulating estradiol.

46. Dr. Olson-Kennedy also recommended that she get a double mastectomy. Just as she had misled and coerced Clementine and her parents to start testosterone, Dr. Olson-Kennedy again misled them by emphasizing the supposed importance of getting such a radical procedure early. She represented that if Clementine got a double mastectomy at an early age, the healing process would be easier, and that if she waited any longer, it would be impossible to do it right. That is, if she wanted a "natural," "cis male-looking chest," they had to do it now. Dr. Olson-Kennedy noted that she would refer for surgery in 4-6 weeks. Clementine was still only 13 years old.

47. Notably, for much of the time that she was seeing Dr. Olson-Kennedy, Clementine was also seeing a therapist, Defendant Susan P. Landon, who was recommended by Dr. Olson-Kennedy.[1] Clementine trusted she would be adequately treated and properly evaluated, but every time she discussed feelings of discomfort with her body or feelings about gender, Ms. Landon simply reduced all of her issues to the notion that all of her problems were perfectly normal for someone who is trans. She also immediately "affirmed" Clementine's transgender identity, never once exploring what might be the reasons she had so suddenly come to identify as transgender or exploring potential other reasons Clementine had felt uncomfortable in her female body as she entered puberty.

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[1] Ms. Landon and Dr. Olson-Kennedy are two of three board members—with the third being Dr. Olson-Kennedy's spouse—of Transforming Family, a "support group for families with transgender, non-binary, and gender-expansive children."

Clementine, with the benefit of hindsight, now recognizes that most of her feelings were rooted in her past sexual trauma (i.e., feeling that she hated her body, did not want to grow up, did not want to be an adult woman). But not once, ever, was Clementine asked if she had any history of trauma or physical or sexual abuse (which should be amongst the most basic, first-line questions a therapist asks a girl struggling with her body image of gender identity). Instead, Ms. Landon simply attributed anything and everything to Clementine's purported gender identity.[2]

48. Ms. Landon also cheered on Clementine at every medical step Clementine took. This included encouraging Clementine to get a double mastectomy at age 14. Dr. Olson-Kennedy recommended that Clementine get "gender-affirming top surgery" from Dr. Scott Mosser at St. Francis. The only requirement from Dr. Mosser to perform the surgery on Clementine was getting a letter of recommendation from a primary care physician and a mental health provider that she was a good candidate for a "gender-affirming" double mastectomy at 14 years old. Ms. Landon and Dr. Olson-Kennedy provided those letters, which contained numerous misrepresentations, such as that Clementine had "endorsed a male gender identity since childhood"; had "full understanding that chest reconstruction is a permanent intervention" (even though Clementine could not have and did not appreciate the impact of failing to be able to breastfeed a child and her potential (now actual) deep desire to do so (should she be able to conceive a child, which is highly unlikely)); had "no psychiatric contraindications to Gender Confirmation Surgery"; had "the capacity to give consent and make fully informed decisions about [her] care;" and that her "[d]iagnoses and treatment were conducted in accord with the standards of the World Professional Association for Transgender Health (WPATH)," when none of the diagnoses or treatments prescribed by Dr. Olson-Kennedy met even WPATH's deeply flawed and significantly discredited "standards." Ms. Landon's letter also added that the "surgery will remedy [Clementine's] persistent and unwavering gender dysphoria related to [her]

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[2] Notably, Ms. Landon apparently failed to maintain records for Clementine. In response to a request for Clementine's records, Ms. Landon produced merely the original intake paperwork and "Child Identity Questionnaire" originally filled out by Clementine's parents, 2.5 pages of hand-written notes from her first meeting with Clementine's parents, a single bill from August of 2020, and a copy of the letter she wrote in support of Clementine's double mastectomy. She evidently did not maintain and failed to produce a single note from a single session with Clementine.

chest and will bring [her] greater congruency, and add great quality to [her] life." As detailed below, it did anything but.

49. But Dr. Mosser never bothered to discuss the letters with Clementine. Dr. Mosser did not even bother to meet with Clementine before the day of her surgery. Instead, the surgery was scheduled after a perfunctory virtual meeting with someone on Dr. Mosser's staff.

50. Without Dr. Mosser ever meeting with or talking to Clementine, Dr. Mosser's office scheduled the surgery for the morning of May 14, 2019, at St. Francis San Francisco. Clementine and her mother had a brief, 30-minute pre-op meeting with Dr. Mosser the morning before the surgery. There, they were given a packet, which included a "consent form." That form notably stated that "[t]ransgender mastectomy is an elective operation" and that "[t]he best candidates for surgery are those who are mature enough to understand the procedure and have realistic expectations about the results." It additionally was facially deficient, including but not limited to failing to disclose the experimental nature of the procedure, failing to list the known risks, and failing to list all alternative forms of treatment (such as therapy or psychotherapy to treat the gender dysphoria).

51. Clementine and her mother arrived at the hospital around 6:00 AM. Notably, the only "consent form" that Clementine's mother signed with St. Francis was a generic St. Francis "consent" document that merely stated that Clementine's mother would "consent to the procedures that may be performed during the Patient's Hospital stay or provided to the Patient as an outpatient." It was not specific to Clementine's forthcoming double mastectomy. It did not list any particular risks. It did not list possible alternatives to the procedure. In fact, the only mention of risks was a line that "[y]ou understand that diagnosis and treatment may involve risks of injury or even death." And it concluded with several acknowledgment lines, including that "[y]ou have read this form" and "were given the opportunity to ask questions," even though at that point neither Clementine nor her mother had met with any of the doctors involved in the surgery. Clementine's mother signed the document at 6:03 AM. Neither she nor Clementine would meet with Dr. Mosser until 7:00 AM.

52. Although it is unclear from the records, it appears that Dr. Mosser met with Clementine and her mother for no more than 28 minutes before Clementine was taken back for surgery. This brief period of time was enough for Dr. Mosser to sign that he (i) "explained to the

patient, and the patient has demonstrated understanding of the proposed procedure" which he described as "transgender mastectomy," and (ii) explained "the potential risks, expected benefits or effects of the procedure; the recuperation period following the procedure; alternative treatments/modalities as appropriate for the procedure, non-treatment risk and benefits." But Dr. Mosser did not go over any of those. Moreover, Dr. Mosser signed under "History and Physical Examination" that the "History Present Illness" was "gender dysphoria" and that for "Significant Family/Social History" it was "OK to proceed." But Dr. Mosser never diagnosed Clementine, performed any independent evaluation of her fitness for the procedure, and never discussed any of her family/social history, let alone her complex mental health history. Instead, Dr. Mosser simply rubber-stamped Clementine to be wheeled into the operating room without obtaining informed consent from either her or her mother and proceeded to remove her barely-developed healthy breasts. Clementine was discharged early that afternoon.

53. At Clementine's first visit with Dr. Olson-Kennedy post-mastectomy, on August 28, 2019, Dr. Olson-Kennedy noted that Clementine's testosterone prescription had been increased from 30 mg per week to 40 mg per week. She also noted that Clementine "had minimally invasive chest surgery in May of this year with Dr. Mosser." Notably, under "Review of Symptoms," for Psychiatric, she simply noted "Denies anxiety, Denies depression."

54. In reality, between the histrelin, testosterone, and double mastectomy, Clementine's mental health had begun to spiral. For the first time in her life, Clementine began feeling symptoms of depression, intense anger, and thoughts of suicide. She could not focus. For the first time, she began self-harming. After her double mastectomy, she began suffering from symptoms of psychosis. During this time, she grew to hate her body more and more, leading to severe body image issues, which led to obsessively working out and adopting an abnormally low-calorie diet. When she brought up these feelings and struggles with Ms. Landon or Dr. Olson-Kennedy, they were simply dismissed as Clementine's being jealous of "cis men" or not feeling like she fit in because she was trans. All of these symptoms and struggles began after taking testosterone or getting her double mastectomy. And yet not once did Dr. Olson-Kennedy or Ms. Landon question the propriety of continuing to medicalize Clementine. Quite the opposite, they continued to push her further down the path of transition, despite

her obvious decline and growing skepticism over the ensuing years.

55. Desperate to help their spiraling child, Clementine's parents began taking her to see psychiatrists to try to treat her rapidly declining mental state. She first started visiting UCLA Health for such treatment on October 14, 2019, exactly 5 months after her double mastectomy. At that meeting, Clementine discussed how she had begun experiencing auditory and visual hallucinations, describing "seeing bugs and shadows of people on rooftops and hearing voices telling [her] to 'do things.'" She described experiencing "large figures behind me" and hearing voices whispering in her ear, "shouting s@!# in [her] ear," and telling her to "leave and run from the classroom." For the first time, she had reported feeling "thoughts of suicide when [she] 'wants them to stop.'" She also discussed how she began to start having panic attacks. She discussed having thoughts that she "is not real" and was worried she "is only here for others peoples development." Her doctor noted that she appeared to suffer from "trauma and stress related disorder," psychosis, anxiety, and depressive symptoms. The doctor prescribed Sertraline (Zoloft), an antidepressant used to treat depression, obsessive-compulsive disorder (OCD), panic disorder, anxiety, and other mental health issues.

56. At her meeting at UCLA Health the following month, on November 22, 2019, Clementine continued to report "hearing s!@#" in classes, including one episode that led to her feeling such paranoia that she "dissociated and felt like [she] 'woke up' 2 periods later," with friends noting she was "unresponsive." She additionally reported hearing voices telling her "you have to leave" and "he's watching you." She also described a period of not sleeping for 3 days. In response, the doctor increased her Sertraline dosage and started Clementine on a new prescription of hydroxyzine to address her anxiety and insomnia.

57. Clementine returned to UCLA Health on January 7, 2020, and reported that her hallucinations had increased. She relayed that they were "occasionally frightening" and that she had begun seeing hallucinations of "small people" and "spiders." She also relayed that she was now experiencing migraines and continued to have high anxiety. Clementine's Sertraline dosage was further increased to 200 mg. She reported similar struggles regarding hallucinations and sleepless nights at her subsequent appointment on February 19, 2020.

58. Yet at Clementine's next visit to Dr. Olson-Kenned on February 26, 2020, almost none

of these issues were noted. While Dr. Olson-Kennedy passingly noted that Clementine was taking Zoloft for anxiety and "occasionally gets panic attacks," she described Clementine's psychiatric condition as "[a]ppropriate mood and affect, Cooperative, Normal Judgment." And she unquestioningly continued her prescription of 40 mg per week of testosterone. The total time she spent "counseling/coordinating care" for Clementine was 17 minutes, only 4 minutes of which was spent addressing psychological support (as compared to 3 minutes on "safe sex practices"). She did not appear at all to address and made no note regarding Clementine's newly onset suicidality, depression, and deeply disturbing auditory and visual hallucinations.

59. Clementine continued visiting UCLA Health through October 2020, reporting continued anxiety, paranoia, suicidal ideation, "tic-like behavior," and hallucinations, such as seeing "shadows" and hearing voices telling her to "hurt other people" and that "there's someone behind you." She also began engaging in self-harm, including cutting "to feel less numb," "occasionally burn[ing] self with a lighter," and picking at her skin. She additionally reported "dissociative features" and increased panic attacks. She began taking propranolol for tremors and shaking. She was formally diagnosed with PTSD and attenuated psychosis syndrome. She also, sadly, reported being sexually assaulted, again, which caused further trauma and PTSD.

60. That sexual assault took place from December 2018 through March 2019—shortly before her double mastectomy. Notably, Clementine had been discussing her relationship with the perpetrator with Ms. Landon.

61. And yet at Clementine's visits to Dr. Olson-Kennedy during this timeframe (on July 8, 2020, and August 28, 2020), Dr. Olson-Kennedy made only passing notations of panic attacks and anxiety while continuing to describe her "Psychiatric" state as "Appropriate mood and affect, Cooperative, Normal Judgment." Dr. Olson-Kennedy appeared to be more concerned that Clementine was not regularly taking her testosterone shots and was interested in switching to gel, which Dr. Olson-Kennedy prescribed, while noting that Clementine "would probably benefit from an increased dose of testosterone." At no point did Dr. Olson-Kennedy question the propriety of continuing to prescribe (and increasing the dosage of) testosterone during Clementine's spiraling decline.

62. From June 2020 through July 2021, Clementine began seeing a different psychiatrist,

Dr. Robert Holloway at LA Children's. Dr. Holloway's notes similarly reflect Clementine's continual and tragic mental health decline. In visits with Dr. Holloway, Clementine reported "chronic tics including finger snapping, head shaking, hitting [herself] in the head, touching [her] eyes, squinting" and "bit[ing] [her] skin to see if [she] has blood." He similarly noted that she described continuing to hear voices or "see people that aren't there," as well as having hallucinations like "see[ing] bugs all the time and see[ing] blood on [her] face," "see[ing] a corpse lying next to [her] in bed," and "a shadowy black figure that was almost as tall as the ceiling." She heard voices telling her to "kill [herself], kill others, break up with [her] boyfriend, check the doors."[3] She reported feelings of increasing anxiety and obsessive behavior, like changing clothes 5 times per day and "obsessively check[ing] doors, corners, boxes, drains, under [her] bed." She had passive suicidal ideation and reported actually attempting suicide by hanging, and cutting her wrists in response to her hallucinations. She also continued to engage in self-harm and experienced on-and-off insomnia. She was prescribed several new medications with varying degrees of effect. Dr. Holloway noted that she was likely suffering from schizoaffective disorder.

63. But Dr. Olson-Kennedy apparently did not seem concerned. In her December 15, 2020, visit with Clementine, Dr. Olson-Kennedy noted that Clementine was seeing Dr. Holloway and that she was taking Zoloft and Seroquel but noted that "[o]verall [Clementine] tells me [she] is doing well." She noted that Clementine was "[s]truggling still with anxiety but in good mental health." She continued to describe her psychiatric condition as "Appropriate mood and affect, Cooperative, Normal Judgment, Non-suicidal." Dr. Olson-Kennedy concluded that "[i]t is likely that I will increase [her] dose" of testosterone. Again, she ignored almost altogether Clementine's mental health spiral and never questioned the propriety of continuing to prescribe, and even increase the dosage of, testosterone for Clementine.

64. Notably, Dr. Olson-Kennedy did not have Clementine's puberty blocker removed until June 14, 2021—more than four years after it was installed.

65. Eventually, Clementine's and her parents' trust in Dr. Olson-Kennedy began to wane.

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[3] Clementine had been a high-achieving student before the onset of her hallucinations, but she really struggled following the onset of the hallucinations and still struggles to this day.

One of the events that precipitated this was at one of their final visits, when Clementine was 17 Dr. Olson-Kennedy told her that, having been on testosterone for about 5 years, she should get a "gender-affirming" hysterectomy. That prompted Clementine to realize that she likely would want children one day. Dr. Olson-Kennedy, nonetheless, insisted she get a hysterectomy, telling Clementine that having children was probably not possible, due to her having been on histrelin and testosterone for five combined years (something she had not told Clementine years earlier).

66. Shortly before heading to college at UCLA—where she currently studies acting—Clementine saw a Dialectical Behavior Therapist (DBT) specialist. For the first time, she began to realize that many of her mental health struggles were a byproduct of unresolved trauma from being sexually abused, multiple times, over her childhood and adolescence. She began to realize that she may not actually be "trans" but rather had been suffering from PTSD and other issues related to her unresolved trauma. Clementine began to scale back her testosterone dosage/frequency. And when she did so, her mental health issues began to resolve. She began seeing a new therapist, and in early 2024, she stopped taking testosterone altogether.

67. And once she stopped, her mental health issues improved even further. Her psychosis and hallucinations went away. Her depression went away. Her attention problems went away. Her anxiety went away. She began to have a healthy view of her body. In short, she began to heal.

68. Lastly, it is important to note that the relevant facilities and institutions where Clementine received her purported treatment have failed to enact policies and procedures for preventing the grossly negligent, willful and deliberate experimental treatment that occurred in her case. Indeed, the facilities and institutions appear to actively promote, encourage, and advertise the availability of these treatments and procedures on minors. They also present parents and children with a false and manipulative suicide dilemma by asking: "would you rather have dead daughter or a living son?" These acts and omissions, in addition to others, represent additional egregious breaches of the standard of care that are willful and deliberate on the part of the Institutional Defendants with regard to Clementine's treatment. The Institutional Defendants are jointly and severally liable with the providers for the grossly negligent and fraudulent, malicious, and oppressive acts described in this complaint. The Institutional Defendants are also separately and independently liable on the

grounds described in this paragraph and the paragraphs above, pertaining to the failure to provide proper oversight and supervision, failure to maintain proper policies and procedures pertaining to the care that Plaintiff received, and by allowing non-evidenced based medical practices to be performed on minors expressing gender dysphoria symptoms.

69. In addition, from a financial perspective, patients such as Clementine who undergo gender transition medicalization represent a lucrative business opportunity for Defendants. Patients who undergo gender transition typically represent the opportunity for a lifelong revenue stream for certain providers. A patient typically stays on cross-sex hormones for the entirety of her transition treatment. Alternatively, if a patient detransitions after years of taking cross-sex hormones, her body usually has lost the ability to produce her normal hormones, such that the patient will require a prescription for her natural hormones (i.e., a female who has taken testosterone for a prolonged period of time will have to receive a prescription for estrogen after detransitioning). Either way, the patient must continue to rely on prescriptions from her medical providers. Thus, Defendants have a high monetary incentive to send patients who appear to present with some symptoms of gender dysphoria down the path to transition as soon as possible.

70. It appears that the lucrative nature of transition treatment, rather than sound medical evidence and Clementine's wellbeing, represented a substantial factor motivating Defendants' ill-formed advice to start Clementine on the transition path.

71. Clementine now realizes she was never "trans." She has only recently come to realize that the "treatment" provided by Dr. Olson-Kennedy, Dr. Mosser, and Ms. Landon was in reality gross harm. But her body has been irreversibly and profoundly damaged. As noted above, Clementine used to be in choir; she used to love to sing. But her voice is entirely different now, and she no longer sounds like she once did due to years on testosterone. She now has an Adam's apple, which she hates and wants to get surgically removed. But she cannot afford to do so out of pocket, and her insurance will not cover it unless she identifies as transgender again, which would be retraumatizing. She wants to be a mother one day, to give birth to her own children. But due to the years on histrelin and testosterone, she is almost certainly infertile. And because her breasts were taken from her, should she be able to conceive and deliver a child, she will never be able to breastfeed, something that

devastates her to think about. Her body did not develop into the female figure it should have. She has a very masculine body structure, including broadened shoulders and narrower hips. She has significant unwanted body hair. She has facial hair that she has to constantly shave and that she wants to have laser-removed, but she cannot currently afford it. She has experienced vaginal atrophy for which she has taken topical estrogen, and sexual intercourse has been very painful at times. Over the course of her treatment, her labs show that her VLDL cholesterol (considered one of the bad cholesterols) rose from a level of 26 mg/dL at her first visit to a level of 73 mg/dL by her final labs in February 2020. Below 30 is considered healthy; above 30 is considered elevated. Similarly, her final bloodwork in 2020 showed that her total testosterone level was 478 ng/dL. The normal range for testosterone in teenage girls is 7-75 ng/dL. She still does not "pass" as fully female. And because she transitioned so young, most of her friends have only known her as the boy "Finn." Accordingly, she is constantly retraumatized every time she has to "come out" as female to her friends and broader community. She was placed in a boys' dormitory at UCLA. Additionally, although the more severe symptoms of depression and hallucination have subsided, she continues to have mental health issues and still struggles in school, and the medical abuse trauma that she suffered at the hands of the Defendants has likely permanently damaged her mental health condition.

72. But the full extent of Clementine's damages are being investigated and are not fully known at the time of filing this complaint. The allegations herein are intended to be only a partial summary of the relevant facts and medical records and Clementine's medical issues and damages resulting from the gross negligence, coercion, and fraud Defendants committed in this case.

FIRST CAUSE OF ACTION

MEDICAL NEGLIGENCE

(By Plaintiff Against All Defendants)

73. Plaintiff hereby incorporates each and every allegation previously set forth above as though fully set forth herein.

74. During all relevant times, Plaintiff was a patient of Defendants who undertook to supervise, treat, and provide medical care and medical facilities to Plaintiff as described herein. Defendants collaborated to perform a course of experimental chemical and surgical mimicry change

"treatment" on Plaintiff as described in detail above. In summary, Defendants intentionally induced in Plaintiff an endocrine disorder through the administration of puberty blockers, placed Plaintiff on cross-sex testosterone hormones that did profound and irreparable damage to her body, and eventually collaborated to recommend and perform on Plaintiff a mutilating double mastectomy.

75. By virtue of this doctor-patient relationship, Defendants owed Plaintiff a duty to exercise the level of skill, knowledge, and care in the evaluation, diagnosis, and treatment of Plaintiff that other reasonably careful providers in the same respective fields/specialties would use in similar circumstances. Defendants breached the standard of care as described in more detail above by, among other things: (1) failing to properly evaluate, assess, diagnose, discover, and treat Plaintiff's medical and mental health conditions, including, but not limited to, Plaintiffs' medical and mental health co-morbidities and symptoms that presented prior to and concurrent with her gender dysphoria symptoms; (2) failing to recognize and provide or refer Clementine to a provider who could evaluate and treat her on a regular weekly basis over an extended period of time; (3) grossly overemphasizing Plaintiff's gender dysphoria symptoms to the point of excluding and ignoring her co-morbidities, related symptoms, and their relevant treatment options; (4) failing to provide Plaintiff with information necessary to obtain informed consent regarding the treatments, possible alternative options available, and the relevant risks and benefits of the treatments; (5) failing to perform a differential diagnosis; and (6) manipulating Plaintiff and her parents into a false decision making matrix by deliberately obscuring relevant information, by presenting false and misleading information, and by thwarting their rational decision making process through inserting an emotionally supercharged ultimatum of a grossly exaggerated suicide risk when no such risk existed for Clementine.

76. Regarding informed consent, among other things, Defendants obscured and did not disclose the important potential results, risks of, and alternatives to this transition course of "treatment," as discussed and elaborated in detail above. In addition, Defendants intentionally obscured and failed to disclose relevant information regarding the lack of reliable medical research purportedly supporting such treatment, and the existence of higher-quality studies establishing poor mental health outcomes for this treatment. They also affirmatively misrepresented that Plaintiff's

symptoms would never resolve without this chemical/surgical transition and failed to disclose and discuss the high desistence rates. Defendants also failed to discuss and disclose the practical effect of having a mastectomy but not bottom surgery, specifically, having a masculinized chest and feminine reproductive organs, as well the high complication rates for bottom surgery. Defendants also manipulated and derailed Plaintiff and her parents' rational decision-making process, boxing them into a false decision-making matrix by inserting an emotionally supercharged ultimatum of grossly exaggerated suicide risk when no such risk existed for Clementine. Defendants falsely represented that Clementine would commit suicide unless she transitioned. Clementine's parents were also coercively asked if they "would rather have a dead daughter or a living son." Defendants failed to adequately assess, evaluate, and diagnose Plaintiff's widely varied presentation of symptoms and co-morbidities, which fatally undermined and obstructed the possibility of Defendants providing Plaintiff with informed consent. The process of assessing, evaluating, diagnosing, and recommending treatment options, risks, and benefits, could not possibly have met the standard of care in the limited visits that occurred in Plaintiff's case (she was prescribed puberty blockers on her very first visit and recommended testosterone on just her third visit). Defendants did not discuss, evaluate, or inform Clementine as to alternate treatment options, and the related risks and benefits. Defendants failed to disclose to Clementine that the decline in her mental health symptoms was an indicator that she was not responding to "treatment" and that she should not continue with "treatment." These, among other issues, represent a deliberate and gross breach of the standard of care and an egregious failure of informed consent. A reasonable person in Plaintiff's position would not have agreed to the transition treatment if properly and adequately informed of the risks. Plaintiff suffered harm and damage relating to numerous serious risks that should have been disclosed, discussed, and explained to Clementine and her parents but were not disclosed.

77. As a direct and proximate cause of Defendants' breaches of the standard of care, Plaintiff sustained serious and permanent personal injuries, causing her general and special damages to be determined according to proof at trial.

78. The acts and omissions described in this complaint also constituted fraud, oppression, and malice.

79. The harm that Plaintiff experienced in this case as a result of being improperly treated with chemical/surgical interventions would not have occurred unless the Defendants were negligent. The fact that Plaintiff detransitioned after the so-called treatment establishes *res ipsa loquitor* that Plaintiff was not transgender and that Defendants were guilty of medical malpractice in their evaluation, assessment, and treatment of Plaintiff. The fact that Plaintiff's numerous and severe mental health issues resolved once she stopped taking hormones further demonstrates as much. Defendants' diagnoses, evaluation, and "treatment" of Clementine were *de facto* medical malpractice. Proper evaluation, diagnosis, informed consent, and treatment of Plaintiff that met the standard of care would never have started Plaintiff down this harmful path of physical transition that ultimately turned out to be a horrible experiment causing irreversible and serious injuries to Plaintiff.

80. The harm occurred while Plaintiff was under the care and control of Defendants, and Plaintiff's own voluntary actions were not a cause contributing to the events that harmed Plaintiff. Plaintiff was a minor incapable of understanding and evaluating the decisions she was making, yet her providers recklessly treated her as if she could understand the implications of the decisions that she was making as described in greater detail above.

SECOND CAUSE OF ACTION

MEDICAL NEGLIGENCE – INSTITUTIONAL DEFENDANTS

(By Plaintiff Against LA Children's Medical Group, LA Children's, St. Francis, UCSF, and Landon, Inc.)

81. Plaintiff hereby incorporates each and every allegation previously set forth as though fully set forth herein.

82. The Institutional Defendants were a medical provider for Plaintiff and had a duty of reasonable care to Plaintiff. The Institutional Defendants had the obligation to select, maintain, and ensure the competence of the Defendant Providers. The Institutional Defendants also had the obligation to provide procedures, policies, facilities, supplies, and qualified personnel reasonably necessary for the treatment of Clementine. The Institutional Defendants breached these duties by failing to provide the requisite procedures, policies, facilities, supplies, and qualified personnel, and by failing to adequately select, maintain, and ensure the competence of the Defendant Providers.

Among other things, the Institutional Defendants allowed the Defendant Providers to treat Plaintiff with radical, inadequately studied, off-label, and essentially experimental transition "treatment" on Clementine, a minor during the entire course of her "treatment." The Institutional Defendants failed to have adequate policies and procedures in place to prevent the acts, omissions, failures of informed consent, fraudulent concealment, fraudulent misrepresentations, negligent treatment, and other breaches of the standard of care that occurred in regard to Plaintiff as described above. Furthermore, the Institutional Defendants not only have inadequate policies and procedures to prevent such harmful treatment of patients like Clementine, but they actively promote, encourage, and advertise on their websites that their facilities and providers offer proper transgender treatment, including for minors.

83. The Institutional Defendants also failed to employ adequate mental health professionals. This inadequate staffing of mental health providers contributed to preventing Plaintiff from receiving regular psychotherapy evaluation, assessment, and treatment with the same provider, which was necessary in Plaintiff's case to meet the standard of care.

84. Among other acts and omissions, these breaches of the standard of care caused Plaintiff to suffer personal injury and resulting special and general damages according to proof at trial.

85. The acts and omissions described in this complaint also constituted fraud, oppression, and malice. Defendants deliberately conveyed false information and obscured and concealed true information. Defendants failed to inform Plaintiff about the issue of the high likelihood of desistence and the significant risk of regret. Defendants failed to spend sufficient time with Plaintiff over an adequate period of time evaluating her condition and/or failed to inform her of her need for regular psychotherapy and the need for her to seek a therapist who could spend adequate time with her. Defendants did not tell her about the increased risk of suicide for transgender individuals receiving chemical/surgical transition treatment. Defendants did not tell her about the existence of higher-quality evidence demonstrating poor mental health outcomes for this treatment and the existence of only low to very low-quality evidence purportedly supporting this treatment. Defendants did not tell her about all of the extensive health risks. Defendants experienced significant financial gain as the intended result. The Institutional Defendants knowingly authorized and ratified this substandard and

fraudulent treatment of Plaintiff. The Institutional Defendants knowingly failed to employ adequate mental health professionals to treat complex cases like Clementine's. These deficiencies, among other acts and omissions, support a finding of intentional fraud, malice, and oppression.

86. The harm that Plaintiff experienced in this case as a result of being improperly treated with chemical/surgical interventions rather than psychotherapy for her varied presentation of co-morbid symptoms, would not have occurred unless the Defendants were negligent. The fact that Plaintiff detransitioned after the so-called treatment establishes *res ipsa loquitor* that Plaintiff was not transgender and that Defendants were intentional or negligent in their evaluation, assessment, and treatment of Plaintiff. The fact that Plaintiff's numerous and severe mental health issues resolved once she stopped taking hormones further demonstrates as much. Defendants' diagnoses, evaluation, and "treatment" of Clementine were *de facto* incorrect. Proper evaluation, diagnosis, informed consent, and treatment of Plaintiff that met the standard of care would never have started Plaintiff down this harmful path of physical transition that ultimately turned out to be a horrible experiment causing irreversible and serious injuries to Plaintiff.

87. The harm occurred while Plaintiff was under the care and control of Defendants, and Plaintiff's own voluntary actions were not a cause contributing to the events that harmed Plaintiff. Plaintiff was a minor incapable of understanding and evaluating the decisions she was making, yet her providers treated her as if she could understand the implications of the decisions that she was making as described in greater detail above.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays for judgment against Defendants according to law and according to proof, for the following:

1. General damages, in an amount according to proof at the time of trial;
2. Special damages for medical and related expenses, in an amount according to proof at the time of trial;
3. Pain and suffering, past and future, and mental anguish, past and future;
4. Pre-judgment interest on damages;
5. Costs of suit; and

6. Such other and further relief as the court deems just and proper.

Respectfully Submitted,

LiMANDRI & JONNA LLP

Campbell Miller Payne, PLLC

Dated: December 5, 2024 By: ______________________

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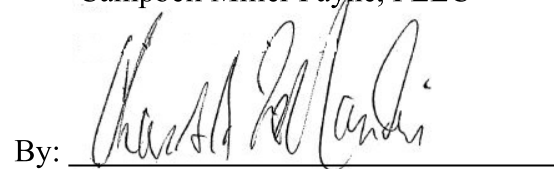
DEMAND FOR JURY TRIAL

Plaintiff demands a trial by jury on all claims.

Respectfully Submitted,

LiMANDRI & JONNA LLP

Campbell Miller Payne, PLLC



Dated: _December 5, 2024 By: ______________________

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