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November 9, 2022

NINETY DAY NOTICE OF INTENT TO SUE
PURSUANT TO C.C.P. § 364

Via Certified Mail – Return Receipt
& Federal Express – Next Day

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Kaiser Foundation Health Plan, Inc.
Kaiser Foundation Hospitals
c/o CSC-Lawyers Incorporating Service
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Sacramento, CA 95833

Re: ***Chloe Cole [redacted] v. Dr. Lisa Kristine Taylor M.D., Dr. Hop Nguyen Le M.D., Susanne E. Watson, PhD, Kaiser Permanente Medical Group, Inc., Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals***

Dear Medical Providers and Institutions:

Please be advised that we represent Chloe Cole [redacted] ("Chloe"), a former patient under your care. You performed, supervised, and/or advised transgender hormone therapy and surgical intervention for Chloe when she was between 13-17 years old, which constitutes breach of the standard of care.

This letter shall serve as notice that Chloe will be filing a Complaint in California Superior Court naming you as Defendants after ninety days of the date of this letter, unless this matter can be resolved prior to that time.

Introduction

Chloe is a biological female who suffered from a perceived psychological issue "gender dysphoria" beginning at 9 years of age. Under Defendants' advice and supervision, between 13-17 years old Chloe underwent harmful transgender treatment, specifically, puberty blockers, off-label cross-sex hormone treatment, and a double mastectomy. This radical, off-label, and inadequately studied course of chemical and surgical "treatment" for Chloe's mental condition amounted to medical experimentation on Chloe. As occurs in most gender dysphoria cases, Chloe's psychological condition resolved on its own when she was close to reaching adulthood, and she no longer desires to identify as a male. Unfortunately, as a result of the so-called transgender "treatment" that Defendants performed on Chloe, she now has deep emotional wounds, severe regrets, and distrust for the medical system. Chloe has suffered physically, socially, neurologically, and psychologically. Among other harms, she has suffered mutilation to her body and lost social development with her peers at milestones that can never be reversed or regained.

Defendants coerced Chloe and her parents to undergo what amounted to a medical experiment by propagating two lies. First, Defendants falsely informed Chloe and her parents that Chloe's gender dysphoria would not resolve unless Chloe socially and medical transitioned to appear more like a male. Second, Defendants also falsely informed Chloe and her parents that Chloe was at a high risk for suicide, unless she socially and medically transitioned to appear more like a male. Chloe has been informed by her parents that Defendants even gave them the ultimatum: "would you rather have a dead daughter or a live son?"

Both of these statements were false. First, the vast majority of childhood gender dysphoria cases resolve by the time the child reaches adulthood, with the patient's self-perception reverting back to align with their biological sex. In such situations, the dysphoria resolves without any cross-sex chemical or surgical interventions. Despite an undeniable body of relevant medical literature, Defendants never once informed Chloe of the possibility, indeed the high likelihood, that her gender dysphoria would resolve, without cross-sex treatment, by the time she reached adulthood. Also, Defendants never once informed Chloe and her parents of other legitimate options such as monitoring Chloe's psychological condition and/or receiving non-invasive psychological or psychiatric counseling or treatment. Instead, Defendants fraudulently concealed this information from Chloe and fraudulently informed Chloe that the only way to resolve her psychological condition was to undergo physical, chemical, and social transition to a male role.

Second, a long-term follow-up population-based study (cited below) found that gender dysphoric individuals who undergo sex reassignment continue to have considerably higher risks

for mortality, suicidal behavior, and psychiatric morbidity as compared with the general population. In other words, in a large number of cases, suicidality and psychiatric issues are not resolved by sex reassignment. Indeed, the best mental health outcomes occur when a patient's gender dysphoria resolves so that the patient's perceived gender identity aligns with the person's biological sex. Defendants intentionally obscured these facts and defrauded Chloe and her parents in order to perform what amounted to a lucrative transgender medical experiment on Chloe.

Indeed, in Chloe's situation she was advised that the distress she experienced because of her gender dysphoria would resolve as she transitioned. However, the opposite occurred. As she transitioned, the distress did not resolve. At each phase of transition, she experienced some initial relief, but the distress always came back worse. She believed that she needed to complete her transition for these issues to resolve. However, after undergoing multiple phases of transition over multiple years, Chloe's overall mental distress only got worse. Indeed, her mental health and suicidality issues worsened significantly after she had the double mastectomy. Eventually, Chloe realized that the answer to her struggle was not surgery and hormones, as she had been advised, but a shift in her mental perspective. She realized that the only way she would be happy is if she mentally accepted her biological sex and chose to live a life that aligned with her natural sex.

Lastly, it is important to note that the relevant Kaiser Permanente facilities and institutions where Chloe received treatment have failed to enact policies and procedures preventing the risky, inadequately studied, and essentially experimental treatment that occurred in Chloe's case. Indeed, to the contrary, the facilities and institutions actively promote, encourage, and advertise the availability of these treatments on minors, which represents an additional clear and egregious breach of the standard of care in this case.

Background Facts

On June 2, 2017, Chloe first expressed confusion regarding her gender to her primary pediatric care provider. Chloe was 12 years old. **At this visit, she reported having gender confusion as young as age 9.** She reported having attraction to males and relating more to males than females. She expressed that males were less judgmental than females. She also had prior diagnoses of ADHD and Disruptive Behavior Disorder.

On November 20, 2017, Chloe had a visit with endocrinologist Dr. Francis Myatukasae Hoe, M.D, who *advised against beginning hormone therapy* due to Chloe's young age. She also had a visit with social worker Krista Schmidt. Chloe expressed that she had "social anxiety" and that her mood "feels 'low' at times." She reported that her mood fluctuated between a 3 and a 9 out of 10.

On December 27, 2017, Chloe received a second opinion from Dr. Lisa Kristine Taylor regarding her gender confusion. Dr. Taylor was willing to begin masculinizing hormone therapy despite Chloe's young age. Dr. Taylor prescribed Lupron Depot to interrupt and stop Chloe's natural progression of puberty, which is an inadequately studied and off-label use of the drug.

Chloe received the first dose on January 10, 2018. On February 12, 2018, Defendants purportedly obtained an "informed consent" document from Chloe to begin testosterone hormone therapy. There was no separate informed consent form obtained for the off-label administration of Lupron Depot.

Although the signed consent form claimed that it included a statement of all known risks pertaining to the experimental therapy, the form contained *no specific information regarding the actual risks of the testosterone and puberty blockers*. For example, the form failed to mention the known risks pertaining to puberty blockers and testosterone treatment of *permanent fertility loss, painful intercourse, impairment of orgasm, reduced bone development and inability to obtain peak or maximum bone density, stopped or stunted widening and growth of the pelvic bones for reproductive purposes, increased risk of osteoporosis and debilitating spine and hip fractures as an adult, increased morbidity and death in older age due to increased risk of hip fracture, negative and unknown effects on brain development, emotional lability such as crying, irritability, impatience, anger, and aggression, and reports of suicidal ideation and attempt.*

The form also failed to identify risks noted in the testosterone drug labeling including *"serious cardiovascular and psychiatric adverse reactions," "increased or decreased libido, headache, anxiety, depression, and generalized paresthesia," "premature closure of boney epiphyses with termination of growth" causing inability to reach full height for adolescents, and pulmonary embolism (i.e. blood clots in the lungs).* There is a study of transgender men in which all of the individuals who reported adverse drug reactions reported *cardiovascular events, and of those reports 50% of cases involved pulmonary embolism.* The labeling also notes *risk of liver disfunction stating that "prolonged use of high doses of androgens … has been associated with development of hepatic adenomas [benign tumors], hepatocellular carcinoma [cancer], and peliosis hepatis [generation of blood-filled cavities in the liver that may rupture] – all potentially life-threatening complications."*

Specifically for females, studies of transitioned females (i.e., trans males) taking testosterone have shown *a nearly 5-fold increased risk of myocardial infarction. Females can also develop unhealthy, high levels of red blood cells (occurring in Chloe's case) which create an increased risk for cardiovascular disease, coronary heart disease, and death due to both. Other effects include irreversible changes to the vocal cords, abnormal hair growth, and male pattern balding of the scalp. Additional risks include, polycystic ovaries, atrophy of the lining of the uterus, and increased risks of ovarian and breast cancer.*

The form failed to identify any of the foregoing risks, which are not exhaustive, and the informed consent discussions with Chloe and her parents fell utterly short of properly advising them of the relevant risks. Furthermore, the form and informed consent discussions failed to identify that there have been *no long-term controlled follow-up studies involving hormone treatment on children of Chloe's age and that there are many substantial and unknown risks in addition to the foregoing identified risks.*

Perhaps of greatest importance, *the informed consent form did not discuss and Chloe and her parents were never informed of the high rate of desistence for children diagnosed with gender dysphoria. Also, they were never informed of the high probability that Chloe's gender dysphoria would resolve as an adult without hormone or surgical treatment.* Along the same lines, Chloe and her parents were not informed of *the option for psychiatric treatment and care involving either a watchful waiting approach or an approach that attempted to treat the underlying psychological conditions to bring about a mental state congruent with Chloe's biological sex.* Instead, Chloe and her parents were provided with the opposite information. They were informed that the only way to resolve Chloe's gender dysphoria was to proceed with opposite sex hormone therapy and surgical intervention. Chloe is informed that Defendants presented Chloe's parents with misleading statistics about transgender suicide and *gave them the ultimatum: "Would you rather have a dead daughter or a live son?" This ultimatum was given even though Chloe was not deemed to have any suicide risk prior to beginning puberty blockers.*

In sum, there was a complete failure to properly advise Chloe and her parents of the serious risks of undergoing this permanent treatment that amounted to medical experimentation on Chloe. Nevertheless, Chloe began weekly doses of testosterone which lasted more than three years. Chloe also had three more injections of the Lupron Depot puberty blocking drug.

Base on Defendants' advice and recommendation to continue with so-called "transitioning," Chloe consulted with plastic surgeon Dr. Hop Nguyen Le, M.D. in or around July 2019. Thereafter, she had additional consultations with Dr. Nguyen. During this time, Chloe's psychological condition worsened. Chloe's mother even requested from Chloe's pediatric care provider a "VOT for intermittent leave" from school for Chloe because Chloe had been having a lot of mental health issues for the prior several months. Despite this worsening psychological condition, Defendants elected to proceed with permanent, irreversible transition surgery.

Dr. Susanne E. Watson, Ph.D., performed the perfunctory pre-op psychological evaluation and recommended Chloe for surgery. On June 3, 2020, Dr. Nguyen performed a radical double mastectomy, removing both of Chloe's breasts. Similar to the testosterone treatment, the medical file contains *a vague purported "informed consent" document that fails to explain and elaborate the risks and effects of the surgery.* Chloe was shocked and unprepared for how cut-up her chest looked after the surgery was performed. *She was never shown any pictures of negative results before the surgery, including of what the surgery looked like in other people in the several months following the operation. Most importantly, she was not informed by Dr. Watson or Dr. Nguyen that her gender dysphoria, the condition for which she was receiving the surgery, had a high likelihood of resolving without undergoing such permanent, mutilating surgery. Instead, these relevant facts were intentionally concealed and opposite facts were fraudulently represented.*

Thereafter, Chloe began to regret the transition hormones and surgery she had undergone. She realized that she was not a "male." She realized the hormones should never have been administered, and that the surgical intervention should never have been performed at such a young

age. She has severe regrets about receiving this experimental, irreversible medical treatment without proper informed consent, if it is even possible to give such consent as a minor and at such a critical time in her life and development.

On May 28, 2021, Chloe expressed regret to Dr. Taylor regarding the transition and at a later date to Dr. Watson and Dr. Hoe. Chloe stopped taking testosterone. She had speech therapy to try to make her voice more feminine, but it did not work. She had laser treatment to remove excess hair that had grown. She expressed concerns about whether her body would ever return back to normal, whether she would be infertile, whether she had developed endometriosis, and whether she would have bone problems, etc. She is devastated that she will never be able to breastfeed a baby. She now has a substantially increased risk of having long-term fertility issues, and it is unknown whether her fertility is permanently adversely affected. Her voice is now a lower pitch and is not as feminine, which greatly troubles her. Several of her female physical attributes were negatively affected, causing her extreme emotional distress. This includes the loss of her otherwise healthy breasts and the stunted development of the female curvature of her body and face. She is also at a substantial increased risk for future health issues because of the ill-conceived puberty blocker and hormone treatment she has received.

Liability Analysis

The primary basis for assessing liability is Defendants' treatment, advice, and recommendation that Chloe undergo a puberty blocker, masculinizing hormone therapy, and radical surgical removal of her breasts. Recommending, supervising, prescribing, and advising inadequately studied, off-label, high risk treatments on Chloe, between 13 to 17 amounts to medical experimentation on Chloe, and represents gross negligence and an egregious breach of the standard of care. Furthermore, Defendants concealed the significant likelihood that Chloe's childhood gender dysphoria would resolve by adulthood without chemical or surgical intervention, and fraudulently represented the opposite proposition, namely, that such chemical and surgical interventions were necessary to resolve Chloe's gender dysphoria. These concealments and fraud also represented a breach of the standard of care and a failure to obtain informed consent.

Chloe is a biological female diagnosed with psychological issues including gender dysphoria, ADHD, and Disruptive Behavior Disorder, with expressed social anxiety and feelings of low mood. Chloe did not have any diagnosis of a physical issue that would require hormone therapy treatment, and she had no diagnosis of a physical issue, such as breast cancer, that would justify an invasive and permanent removal of her otherwise healthy breasts. Her hormone levels and breasts were operating and developing normally for a child of her age.

The treatment that Defendants prescribed does not comport with the appropriate standard of care for children such as Chloe. There have been no controlled or long-term comprehensive follow-up studies demonstrating improved long-term psychological and/or physical health of children and adolescents who undergo such treatment. Furthermore, at least one long-term

population-based study in Sweden found that gender dysphoric individuals receiving sex reassignment, including hormone treatment and surgery, have *substantially higher suicide rates than the general population.* In other words, receiving sex-reassignment hormones and surgery does not materially improve the well-being of gender dysphoric individuals, as they still experience extraordinarily high suicide rates.

Furthermore, multiple studies demonstrate and it is largely undisputed that *the majority of cases of gender dysphoria that present in children resolve in adulthood, as in fact occurred in Chloe's case.* Additionally, Chloe had a pre-existing history of other psychological issues prior to her gender dysphoria diagnosis. *These underlying psychological issues should have been carefully treated and resolved before considering experimental sex-reassignment drugs and surgery.* Furthermore, Chloe's psychological condition worsened after she received the puberty blockers and hormone treatment and prior to the double mastectomy being performed. Yet, you decided to press forward with the transition despite the decline in her psychological well-being. Furthermore, Chloe had no significant indications of suicide or severe depression, and she had no other psychological factors or conditions that would justify recommending such an extreme and experimental course of treatment. *The standard of care clearly mandated a wait and see approach in Chloe's case, and Defendants decision to treat Chloe with drugs/hormones and surgery that caused permanent damage and mutilation represents gross-negligence and intentional fraudulent concealment.*

Even in agenda driven groups that support these experimental treatments, such groups generally acknowledge the lack of adequate long-term studies with these types of treatment. Furthermore, current experimental models, including the most prevalent "Dutch Model," *do not recommend hormone treatment before age 16 and do not recommend surgical intervention before adulthood, in large part due to the high frequency that such issues will resolve by adulthood*. Additionally, there are no competent models for predicting which cases of gender dysphoria will resolve by adulthood. Furthermore, Chloe was never evaluated to be at high risk for suicide, a popular reason touted by proponents of this treatment as a justification for early experimental treatment for children. Consequently, your treatment of Chloe, putting her on puberty blockers and testosterone hormones at age 13.5, and recommending and advising breast removal surgery at age 15, represents breach of the standard of care even by experimental treatment standards.

Finally, it is quite clear that that the informed consent forms and discussion regarding these treatments were highly deficient from a standard of care perspective and constituted intentional fraudulent concealment. Although the hormone therapy consent form contained an affirmation by the patient that "the information in this form includes the known effects and risks," the form fails to meaningfully identify **any** risks of hormone therapy and puberty blockers. (See **Exhibit A**, Masculinizing Hormone Therapy Consent Form, dated 2/12/2018.) As noted above, there are extensive documented known risks of such treatment, none of which were included in the form. The informed consent form for the breast removal surgery identified some basic risks of the

surgery, and loss of the ability to breastfeed. However, it failed to disclose the experimental nature of the surgery and the lack of long-term studies for performing this surgery at such an early age as a treatment for "gender dysphoria." (See **Exhibit B**, Consent for Operation, Anesthesia, Procedures, and Medical Services dated 6/4/2020.)

Both consent forms also entirely failed to inform Chloe of the significant probability that her gender dysphoria would resolve by adulthood, resulting in severe regret and harmful physical changes to her body that can never be reversed. Furthermore, Defendants never verbally advised Chloe of this potential risk. To the contrary, Defendants advised Chloe that her gender dysphoria would only resolve if she underwent sex-reassignment hormones and surgery, which proved to be false. This inadequate consent and Defendants' failure to properly advise Chloe and her parents of the associated risks and the experimental nature of the treatment, represents gross/reckless negligence and is an additional breach of the standard of care.

The Kaiser Permanente medical groups, hospitals, entities, and facilities, including those named in this letter and those whose names are unknown by Chloe at this time are liable for the foregoing acts of their providers. These institutional Defendants are additionally liable for allowing such radical, inadequately studied, off-label, and essentially experimental treatment to occur on minors, including Chloe, at their facilities. They are also liable for failing to have adequate policies and procedures prohibiting and preventing the acts, omissions, failures of informed consent, fraudulent concealment, fraudulent misrepresentation, below the standard of care treatment, and other issues that occurred in Chloe's case as described in this letter. Indeed, the institutional Defendants not only have inadequate policies and procedures in place to prevent such treatment, but they actively promote, encourage, and advertise on their website that their facilities and providers offer transgender treatment, including for minors. Consequently, these institutional Defendants are jointly liable with the providers, but also have additional and separate basis for incurring liability for Chloe's damages.

Damages

As a result of the grossly negligent treatment that you performed, Chloe has permanent irreversible mutilation and damage to her body, particularly the female characteristics of her body. The full scope and extent of her physical damage is currently being investigated. Nevertheless, a non-exhaustive summary of her past symptoms and ongoing issues is summarized here.

Based on Chloe's medical records she has had medical diagnosis indications for: (1) Hypogonadotropic Hypogonadism, (2) Hyperandrogenism, (3) Hypoestrogenemia, (4) Erythrocytosis (leading to increased cardiovascular risk), and (5) an abnormal Complete Blood Count (CBC). Additionally, Chloe is 2.5 inches shorter than her predicted adult height, and she is about 4.5 inches shorter than the maximum predicted height that she may have attained had she not taken testosterone.

[redacted]

[redacted]

[redacted]

The full extent of Chloe's damages is being investigated and is not fully known at this time. The foregoing statement is intended to be a partial summary of Chloe's medical issues and general damages resulting from the grossly negligent treatment that you performed on Chloe. She will seek the full extent of her damages in litigation, including special damages in an unknown amount at this time and general damages equal to the full MICRA-cap of $350,000 against each of Chloe's various health care providers, and an additional $350,000 MICRA-cap against each of Chloe's various health care institutions, and punitive damages against all of her providers and health care institutions, pursuant to Civil Code Section 3294.

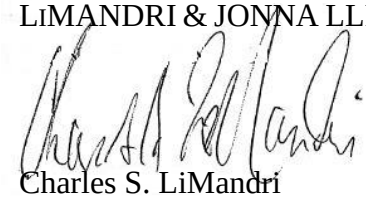
Please be advised that as of January 1, 2023, the MICRA-cap limitations on general damages are increasing from $250,000 to $350,000, and that multiple MICRA-caps may now be recovered against each group listed in Civil Code Section 3333.2(b)(1)-(3). Specifically, a $350,000 cap may be recovered against health care providers, a separate $350,000 cap may be recovered against health care institutions, and a separate $350,000 cap may be recovered against unaffiliated health care providers and institutions for a total potential general damage recovery of $1,050,000. We are currently in the process of evaluating whether there are unaffiliated providers under section 3333.2(b)(3), against which the third damage cap may be recovered. Currently, we expect that at least two damage caps will be recoverable, one against the Kaiser affiliated providers and one against the Kaiser affiliated health care institutions, for a total general damage cap of $700,000, which our client will seek to recover in full.

The punitive damages will be based on clear and convincing evidence of "malice" (Defendants conscious disregard for Chloe's health and safety), "oppression" (Defendants exaggerating the suicide risk to Chloe's parents to coerce them into agreeing to a treatment that was extremely harmful to the minor patient, but very lucrative for Defendants), and "fraud" (Defendants concealing the serious aforementioned risks of this reckless course of treatment from both the patient and her parents). These experimental procedures are very dangerous, especially to young patients, but also very lucrative to the Defendants. Therefore, the Defendants are motivated to place their profits above these vulnerable patients' physical and mental health and well-being. This despicable conduct on the part of the Defendants justifies a substantial award to Plaintiff of both compensatory and punitive damages, pursuant to California Civil Code Section 3294.

Please contact us at your earliest convenience if you are interested in discussing an early resolution of this matter. If we do not hear from you within the 90-day statutory time period, we will promptly proceed with litigation. Alternatively, we look forward to working with you to resolve this claim without the time and expense of litigation.

Very truly yours,

LIMANDRI & JONNA LLP



Charles S. LiMandri

DHILLON LAW GROUP, INC.

Harmeet K. Dhillon, Co-Counsel

CSL/REW
Enclosure

References

Included below is a preliminary, partial, list of references consulted with regard to the liability and damages issues discussed above, which will be supplemented in more detail if/when the case proceeds to litigation:

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