

1 Charles S. LiMandri, SBN 110841
cslimandri@limandri.com
2 Paul M. Jonna, SBN 265389
pjonna@limandri.com
3 Robert E. Weisenburger SBN 305682
rweisenburger@limandri.com
4 LiMANDRI & JONNA LLP
P.O. Box 9120
5 Rancho Santa Fe, California, 92067
Telephone: (858) 759-9930
6 Facsimile: (858) 759-9938

7 Jordan Campbell*, TX No. 24087251
jordan@cmppllc.com
8 Daniel Sepulveda*, TX No. 24100910
daniel@cmppllc.com
9 Campbell Miller Payne, PLLC
5955 Alpha Rd #1491
10 Dallas, Texas 75240

11 **pro hac admittance pending*

12 Attorneys for Plaintiff
13 *Kaya Clementine Breen*

14 SUPERIOR COURT OF THE STATE OF CALIFORNIA
15 IN AND FOR THE COUNTY OF LOS ANGELES

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

17 Plaintiff,

18 v.

19 JOHANNA OLSON-KENNEDY, M.D., an
20 individual; CHILDREN'S HOSPITAL LOS
21 ANGELES, a California Corporation;
22 CHILDREN'S HOSPITAL LOS ANGELES
23 MEDICAL GROUP, INC., a California
24 Corporation; SCOTT MOSSER, M.D., an
25 individual; SCOTT W. MOSSER, M.D.,
26 APMC dba THE GENDER
27 CONFIRMATION CENTER OF SAN
28 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.: 24STCV32096

COMPLAINT FOR:

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

JURY TRIAL DEMANDED

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

4 Defendants.

5
6 Plaintiff Kaya Clementine Breen (a/k/a Finn Paul Breen), an individual (“Plaintiff” or
7 “Clementine”), brings this Complaint against Defendants Johanna Olson-Kennedy, M.D., an
8 individual, Scott Mosser, M.D., an individual, Susan P. Landon., M.A., LMFT, an individual,
9 (collectively, the “Defendant Providers”), Children’s Hospital Los Angeles, a California Corporation,
10 Children’s Hospital Los Angeles Medical Group, Inc., a California Corporation, Scott W. Mosser,
11 M.D., APMC d/b/a The Gender Confirmation Center of San Francisco, a California Professional
12 Medical Corporation, UCSF Health Community Hospitals a/k/a St. Francis Memorial Hospital, a
13 California Corporation, St. Francis Memorial Hospital, an entity of unknown form, and Susan P.
14 Landon, Inc., a California Corporation (collectively, the “Institutional Defendants”) (the Defendant
15 Providers and the Institutional Defendants are collectively referred to as the “Defendants”), alleging
16 as follows:

17 **INTRODUCTION**

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

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

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

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

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

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

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

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

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

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

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

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

21 **PARTIES**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 **JURISDICTION AND VENUE**

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

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

13 **GENERAL ALLEGATIONS**

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

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

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

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

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

13 30. Clementine's parents, completely surprised by and unaware of how to handle this
14 supposed diagnosis and wanting to figure out how to best care for their child, decided to take
15 Clementine to "the experts," which led them to the Center for Transyouth Health and Development
16 at Children's Hospital in Los Angeles (the "Center") and under the care of Dr. Johanna Olson-
17 Kennedy. Clementine had just turned 12 years old. To be sure, Dr. Olson-Kennedy is considered one
18 of the most prominent experts and advocates for so-called pediatric "gender-affirming care" in the
19 country. She is the Medical Director of the Center, the nation's largest pediatric gender clinic. She is
20 double board-certified in Pediatrics and Adolescent Medicine and specializes in "the care of
21 transgender youth and gender diverse children." Over the course of her work in this area over the last
22 18 years, she has treated over 1,200 young people and their families and typically has a panel of 650
23 patients of varying ages, up to 25 years old. She has been awarded research grants to fund research
24 in pediatric gender medicine. She has lectured extensively across the United States and internationally
25 on the treatment and care of "gender diverse children and transgender adolescents." She is an
26 Associate Professor at the Keck School of Medicine at the University of Southern California. She is
27 an Executive Board Member and President-elect of the U.S. Professional Association for Transgender
28 Health ("USPATH"). And she has been retained as an expert in several cases across the country

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

4 31. Clementine first visited LA Children's and Dr. Olson-Kennedy on December 27,
5 2016. Amongst the first actions that Dr. Olson-Kennedy took was to separate Clementine from her
6 parents. Alone in the room with Dr. Olson-Kennedy, Clementine described her surface-level
7 understanding of gender, stating things like "I mostly have boy friends" and "I like boy things." Based
8 on such statements, Dr. Olson-Kennedy immediately diagnosed Clementine with gender dysphoria
9 and told her that she was "trans," which Dr. Olson-Kennedy described as "all very normal." This all
10 took place within minutes during her very first visit.

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

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

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

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

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

16 37. Dr. Olson-Kennedy pushed Clementine and her parents down this transition path by
17 engaging in intentional, malicious, and false representations and oppressive concealment of important
18 information. This concealment included, among other things, the lack of adequate clinical research
19 supporting this treatment, particularly for 12-year-old girls for treating gender dysphoria; the
20 existence of higher-quality clinical research contra-indicating treatment; the 80-90% desistence rates
21 for childhood gender dysphoria; and the significant possibility of detransition and regret. She misled
22 not just Clementine but also her parents by stating that taking histrelin was akin to pushing pause on
23 puberty and would give Clementine time to explore her gender identity. She described puberty
24 blockers as “completely reversible” to both Clementine and her parents, an outright lie. She failed to
25 list known risks and possible harms of taking puberty blockers, especially for an extended period of
26 time (the FDA recommends replacement of a puberty blocking implant for precocious puberty every
27 12 months, while one study suggests that a replacement every two years is adequate; Clementine’s
28 implant was left in for more than 4 years). She also failed to disclose that of young patients put on

1 puberty blockers to treat gender dysphoria, almost all of them (some studies showing as many as
2 95%) are then put on cross-sex hormones, the combination of which has devastating effects on the
3 young female body. Dr. Olson-Kennedy did not state that for girls who are put on puberty blockers
4 and then cross-sex hormones, it is almost a certainty that they will be rendered infertile. She did not
5 discuss with Clementine or make sure that Clementine had the capacity to appreciate the cost of losing
6 the ability to ever conceive a child. Dr. Olson-Kennedy not only misled Clementine and her parents
7 into taking histrelin, but in doing so she also failed to obtain informed consent before putting
8 Clementine on histrelin.

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

14 39. At just her third visit to LA Children’s with Dr. Olson-Kennedy, on September 9,
15 2017, Dr. Olson-Kennedy asked Clementine if boys in her class were going through puberty. When
16 Clementine stated that they were, Dr. Olson-Kennedy suggested in order to “keep you on track,”
17 Clementine should get started on testosterone. Dr. Olson-Kennedy noted that, despite it only being
18 her third visit and Clementine having only adopted a trans identity less than a year prior, Clementine
19 “would likely benefit from testosterone” and sent her and her parents home with a consent form for
20 testosterone. That consent form has not been produced by LA Children’s or Dr. Olson-Kennedy, but
21 upon information and belief, it was highly deficient, failing to properly disclose numerous known
22 risks, discuss alternative treatment options, or disclose the lack of reliable research to support the off-
23 label use of testosterone to treat adolescents for gender dysphoria.

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

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

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

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

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

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

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

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

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

26

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

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

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

24
25 _____
26 ² Notably, Ms. Landon apparently failed to maintain records for Clementine. In response to a request
27 for Clementine’s records, Ms. Landon produced merely the original intake paperwork and “Child
28 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.

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

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

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

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

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

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

13 53. At Clementine’s first visit with Dr. Olson-Kennedy post-mastectomy, on August 28,
14 2019, Dr. Olson-Kennedy noted that Clementine’s testosterone prescription had been increased from
15 30 mg per week to 40 mg per week. She also noted that Clementine “had minimally invasive chest
16 surgery in May of this year with Dr. Mosser.” Notably, under “Review of Symptoms,” for Psychiatric,
17 she simply noted “Denies anxiety, Denies depression.”

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

1 her obvious decline and growing skepticism over the ensuing years.

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

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

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

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

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

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

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

20 61. And yet at Clementine’s visits to Dr. Olson-Kennedy during this timeframe (on July
21 8, 2020, and August 28, 2020), Dr. Olson-Kennedy made only passing notations of panic attacks and
22 anxiety while continuing to describe her “Psychiatric” state as “Appropriate mood and affect,
23 Cooperative, Normal Judgment.” Dr. Olson-Kennedy appeared to be more concerned that Clementine
24 was not regularly taking her testosterone shots and was interested in switching to gel, which Dr.
25 Olson-Kennedy prescribed, while noting that Clementine “would probably benefit from an increased
26 dose of testosterone.” At no point did Dr. Olson-Kennedy question the propriety of continuing to
27 prescribe (and increasing the dosage of) testosterone during Clementine’s spiraling decline.

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

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

15 63. But Dr. Olson-Kennedy apparently did not seem concerned. In her December 15,
16 2020, visit with Clementine, Dr. Olson-Kennedy noted that Clementine was seeing Dr. Holloway and
17 that she was taking Zoloft and Seroquel but noted that “[o]verall [Clementine] tells me [she] is doing
18 well.” She noted that Clementine was “[s]truggling still with anxiety but in good mental health.” She
19 continued to describe her psychiatric condition as “Appropriate mood and affect, Cooperative,
20 Normal Judgment, Non-suicidal.” Dr. Olson-Kennedy concluded that “[i]t is likely that I will increase
21 [her] dose” of testosterone. Again, she ignored almost altogether Clementine’s mental health spiral
22 and never questioned the propriety of continuing to prescribe, and even increase the dosage of,
23 testosterone for Clementine.

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

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

27 _____

28 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.

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

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

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

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

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

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

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

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

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

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

21 **FIRST CAUSE OF ACTION**

22 **MEDICAL NEGLIGENCE**

23 **(By Plaintiff Against All Defendants)**

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

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

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

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

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

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

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

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

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

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

16 **SECOND CAUSE OF ACTION**

17 **MEDICAL NEGLIGENCE – INSTITUTIONAL DEFENDANTS**

18 **(By Plaintiff Against LA Children’s Medical Group, LA Children’s, St. Francis, UCSF, and**
19 **Landon, Inc.)**

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

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

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

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

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

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

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

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

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

20 **PRAYER FOR RELIEF**

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

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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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: _____

Charles S. LiMandri
Paul M. Jonna
Robert E. Weisenburger
LiMANDRI & JONNA LLP

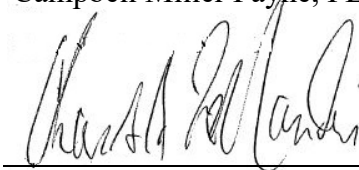
Jordan Campbell
Daniel Sepulveda
Campbell Miller Payne, PLLC

Attorneys for Plaintiff
Kaya Clementine Breen

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: _____

Charles S. LiMandri
Paul M. Jonna
Robert E. Weisenburger
Jordan Campbell
Daniel Sepulveda

Attorneys for Plaintiff
Kaya Clementine Breen