

EXHIBIT 2

CAUSE NO. _____

PFLAG, Inc., *et al.*,

Plaintiffs,

v.

GREG ABBOTT, *et al.*,

Defendants.

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IN THE DISTRICT COURT OF

TRAVIS COUNTY, TEXAS

_____ JUDICIAL DISTRICT

AFFIDAVIT OF LISA STANTON

1. “My name is Lisa Stanton. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct. I would testify competently to these facts if called to do so.

2. My husband and I, Jeffrey Stanton, have two children.

3. We are members of PFLAG.

4. Jeffrey and I have been married for 18 years and have made Texas our home for the past 11 years.

5. Our daughter, M.S., is 11 years old.¹ Jeffrey and I love and support her and only want what is best for her. We feel the same way about our son, M.S.’s twin brother. Our highest priority is to ensure the health, safety, and wellbeing of our children, whom we love and support with everything we have. We want to give our children all the tools they need to live happy, healthy, and productive lives.

6. M.S. is transgender. When she was born, she was assigned the sex of “male” at

¹ Because M.S. is a minor, we are referring to her by initials only.

birth, even though she is a girl.

7. From the outset, Jeffrey and I noticed differences between M.S. and her brother. M.S. took little interest in the types of toys that boys stereotypically play with and instead, gravitated toward dolls and toys that girls stereotypically play with.

8. As soon as M.S. began speaking, she told her father and I that she was “born in the wrong body.” She asked us “why can’t I be a girl” and “why did G-d put me in this body?”

9. By the age of two, M.S. was persistently and consistently asking for girl clothes and girl toys and was creating makeshift girl outfits for dress-up at home. As early as I can remember she drew pictures of herself as a girl that included bright colors, flowers, and rainbows. When her father and I tucked the twins in at night, we would say “goodnight boys,” but M.S. began asking us to say “goodnight, boys and girls.”

10. By the age of three, M.S. was asking questions related to her anatomy.

11. M.S.’s twin brother is living with cerebral palsy and other developmental disabilities that he was diagnosed with shortly after his birth. He is treated by a team of doctors at Texas Children’s Hospital in Houston, Texas.

12. When M.S. told us that she was a girl and started asking questions about her body, we asked her brother’s physicians questions about how M.S. expressed herself to us. They referred us to a psychologist in childhood pediatrics at Texas Children’s Hospital.

13. The psychologist informed us that M.S. was gender nonconforming and told us that she might be transgender. The psychologist and other healthcare providers told Jeffrey and me that it was important to let M.S. explore her gender and to “let her be the one to lead that exploration.”

14. Jeffrey and I began to educate ourselves about what it means to be transgender:

when a person's gender identity differs from the sex they were designated at birth. When M.S. was about five years old, one step that M.S.'s team of doctors at Texas Children's Hospital suggested was that we allow M.S. to wear a dress to school. When she wore a dress to school for the very first time, which she was so excited to do, the other students made fun of her. But even though the other kids made fun of her, she said she would rather dress in girls' clothes and be bullied than dress in boys' clothes. After that, her father and I allowed her to wear dresses to school and to grow her hair long.

15. As M.S. continued her therapy, M.S.'s psychologist and team of healthcare providers at Texas Children's Hospital also diagnosed her with gender dysphoria.

16. After a year and a half of therapy, M.S. told us that she wanted to change her name and go by female pronouns and dress in girls' clothes full time. In 2017, my husband and I changed her legal name to M.S. to align with her gender identity. We also corrected her social security records and obtained a social security card in her new name.

17. Prior to our allowing M.S. to transition, she was extremely depressed, anxious, and cried a lot. She would bite her fingernails all the way down and lick around her upper and lower lips so much that the skin stayed red and irritated. When we began allowing her to be her true and authentic self, it was like a light turned on. She was a completely different child; she was happier and healthier—emotionally, mentally, and physically. She stopped biting her nails and licking her lips, and became much more outgoing and enthusiastic about playing with other children, whereas before she had been very withdrawn and disinterested in playing with other children.

18. However, allowing her to transition was a long, arduous, and thoughtful process. Jeffrey and I consulted with many experts, and every doctor or therapist we saw, from her

pediatrician to a neurologist to an endocrinologist and therapists, all agreed that the right thing to do for M.S. was to allow her transition to be who she knew herself to be. The doctors and specialists told us that transgender youth who face rejection and repression are far more likely to attempt suicide and self-harm. Faced with her depression, anxiety, and continued insistence that she was a girl, her father and I considered our decision to allow her to transition, or not, as a matter of life or death. The change in her behavior after we allowed her to transition and change her name was like night and day. M.S. told us that she has always thought of herself as a girl and that she finally “felt right” in her body after we allowed her to transition. We are incredibly grateful to the doctors and therapists who walked us through our decision.

19. After educating ourselves about what it means to be transgender, going through the decision-making process of affirming our child’s gender, seeing how it has made such a profound difference in her life for the better, and watching her thrive as her true self, Jeffrey and I decided to advocate for M.S. and kids like her. At first, we were torn over whether to speak publicly about M.S.’s journey. We ultimately decided to speak out to bring awareness about transgender people within the Jewish community, of which we are a part, including in a 2017 article in Houston’s Jewish newspaper. Our community is a very important foundation for our lives. We believe the best way to remove stigma is to talk openly about an issue and to empower people with knowledge instead of fear. We also wanted to help other families who find themselves in the same situation. When we were grappling with this, we did not know anyone who was going through anything remotely similar with a child as young as ours. Having a support system is so crucial, so, by telling our story, we were hoping that we could be a resource to anyone in the future who might need it.

20. During the Texas legislative session in 2021, M.S. and I both appeared and

testified against anti-transgender legislation, including legislation that would have prohibited and/or severely restricted medically necessary gender affirming care for transgender youth. M.S. testified that being transgender is “not a choice and that she “would rather die than be a boy.” None of the of the anti-gender affirming care legislation passed, which was a huge sigh of relief for us and other families with transgender kids like M.S.

21. M.S. is 11 years old and is not currently undergoing medical treatment for her gender dysphoria. She is currently under the care of a team of physicians and mental health providers. M.S.’s doctors may recommend she take medication to block puberty once she enters puberty. While we do not know for sure when she will enter puberty, her team of doctors has recommended routine checkups to determine when she begins puberty, which could be as soon as the early fall.

22. After the issuance of Attorney General Paxton’s opinion dated February 18, 2022 (“Opinion”) and Governor Abbott’s letter dated February 22, 2022 (“Directive”), directing the Texas Department of Family and Protective Services (“DFPS”) to investigate the provision of medically necessary gender-affirming health care as “abuse,” our lives have been full of uncertainty, stress, anxiety, and fear.

23. We had a doctor’s appointment at Texas Children’s Hospital scheduled for one of M.S.’s routine checkups to see if she needs treatment for her gender dysphoria during the third week of March 2022. On Friday March 4, 2022, we received a notification through the portal cancelling M.S.’s appointment. At that point, I did not know that Texas Children’s Hospital had stopped providing gender affirming medical care to transgender youth. I tried to reschedule the appointment through the portal, but it would not let me reschedule it.

24. I immediately began to panic because I knew about the Paxton Opinion and the

Governor's Directive. I frantically reached out to several of M.S.'s doctors, asking them what we should do. Based on their advice, my husband and I began to look for healthcare options for M.S. outside of Texas. We contacted health care providers in other states to try to schedule appointments for M.S. but the waiting lists were long and travelling to another state to obtain care would have been expensive and time-consuming. Texas Children's Hospital later announced it would start seeing patients for gender affirming care again and we were able to reschedule M.S.'s March appointment to late April 2022.

25. After Texas Children's Hospital cancelled M.S.'s appointment, Jeffrey and I began making plans to move away from Texas. Jeffrey set up meetings with a potential employer on the east coast and we scheduled an appointment to meet with a realtor to look at places to live. Moving to another part of the country would be an extreme financial hardship for our family; it would be as if my husband and I were both starting over from scratch. Jeffrey has worked in commercial real estate and construction for over twenty years, the last eleven (11) of which in Texas. He has established relationships that he relies upon to make his business successful through hard work, integrity and trust. Picking up and moving at this stage of our lives would require him to build new relationships and new networks as well as trust. That takes time. The same thing holds true for me as a consultant and development officer for nonprofit organizations. Our businesses are similar in that they rely on relationships, networks, hard work, follow-through, integrity, and trust. Separate and aside from our careers, we are a part of, and have established deep roots in the community where we live, and in the Jewish community. I am on three different committees for our synagogue and four nonprofit boards in our community, including the Advisory Board of Volunteer Houston. Moving away when our lives are grounded here would tear us away from the relationships and community we rely upon, feel a part of, and love.

26. Furthermore, M.S.'s and our son's healthcare teams are at Texas Children's Hospital. M.S.'s twin brother who lives with cerebral palsy and other developmental disabilities has a good relationship with his doctors and finally has a psychiatrist that he trusts and has bonded with. It would be devastating to separate him from his care team if we were forced to move out of state. Finding new healthcare providers for M.S. and our son in another city would be a great hardship for them. Moving is a last resort that would change the trajectory not just of our careers, but all of our lives. Nonetheless, we will seriously consider whether and when to move if DFPS opens an investigation into our family for providing gender-affirming treatment to M.S. that her doctors recommend and deem medically necessary.

27. As a result of DFPS's change in policy implementing the Paxton Opinion and the Governor's Directive, my family has gone through extraordinary mental and emotional stress and hardship. The psychological impact has been devastating for the entire family. Our anxiety levels are at an all-time high. I experience terrible headaches and insomnia. I am kept awake at night by anxiety about my family's well-being and am not able to fall asleep without the help of prescription medication, which is not something I have needed before. Jeffrey has difficulty concentrating at work. Each new announcement about executive actions that impact transgender youth and their families creates uncertainty about how we can continue to make the best decisions for M.S. and our family.

28. We are nervous and fearful to take our kids out in public after the Paxton Opinion and Governor's Directive. We have isolated ourselves at home and do not leave the house other than to go to work. We are also fearful that if M.S. sprains her ankle again, which she has done before, taking her to the emergency room near our home could result in a report to DFPS's Child Protective Services division ("CPS") simply because we have a transgender kid.

29. After the Governor issued his Directive, we attended a seminar for parents with transgender kids. During the seminar, the speakers suggested that kids carry a card with them to school that they could hand to a CPS investigator if an investigator came to school to interview them. The card was something the youth could hand to the investigator indicating they were unwilling to speak without a lawyer or their parents present. That evening we printed out the card and sat down with M.S. to give her the card and explain its purpose. She immediately became upset and started crying—we all did. Since then, one of us needs to be with her each night as she falls asleep, or she cannot sleep. While M.S. used to sleep well, now she takes melatonin each night to help her settle down.

30. Jeffrey and I also bought her a cell phone because we want her to be able to contact us if she needs us. M.S. will not leave the house without the phone and worries that it is not fully charged. She does not like to be at home alone or just with her brother, even if it is for a very short time.

31. While M.S. is normally an excellent student, her studies have suffered. M.S. often feels sick and misses school, which she loves. She wants to spend her time and energy focusing on school and her extracurriculars like her music magnet program, advanced choir, and piano lessons, but she has been distracted and is having trouble concentrating. M.S. is also on a private, co-ed swim team and is fearful that she will be forced to give it up, which is something that she loves and helps her manage her anxiety.

32. M.S. is fearful that she will be taken away from us and from her brother. She is also worried that we will be forced to move away from the only home she has ever known. Our son feels the same way.

33. M.S. told us that she feels “othered” and dehumanized by the Paxton Opinion and

the Governor's Directive. Since the opinion and directive came out, M.S. has asked to go to therapy more frequently. For a long time, she only met with her therapist quarterly, but she asked to see her therapist at least five or six times since March. The one thing that we can point to for the sudden change in her is the Paxton Opinion and the Governor's Directive and the fear these have created for families with transgender kids.

34. The threat of being reported to DFPS when we have done nothing but love and support our children causes particular stress for Jeffrey and me because it has happened before. Last summer, our son attended a summer camp in another state. After some negative interactions with other campers, he tried to run away and the camp personnel could not find him for about four and half hours. CPS contacted us stating that they had received a report that our son had left our home in Texas and was missing, despite that our son's brief disappearance occurred in another state while he was not in our physical custody. CPS designated the matter as warranting an "alternative response" given the lack of actual risk to our son and closed it within ten days.

35. When we met with CPS as part of its investigation, CPS informed us that there had been a prior report against us a couple of months before, of which we were unaware. Someone had anonymously reported us for "transgendering" M.S. CPS designated that report as "priority none" without opening a new case and without advising us that a report had been made.

36. Despite our doing nothing wrong, we are extremely fearful of what a third report could do to our family. Our understanding is that CPS keeps records of certain reports in a family's file. When multiple reports are made, it makes it more likely that another later report will result in an investigation. We are also keenly aware that although the agency recognized that our affirming our daughter did not involve any risk of harm to her then, DFPS's change in policy as a result of the Paxton Opinion and the Governor's Directive would foreclose investigators from

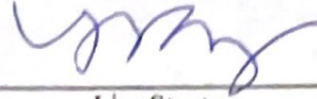
exercising the same discretion to designate a similar complaint against us as either “priority none” or warranting an “alternative response” despite our doing nothing different at all.

37. Since the Paxton Opinion and the Governor’s Directive, we have faced constant criticism for our parenting and doxing on social media, when all we have ever done is to affirm M.S., take care of our family, contribute to our community, and follow the advice of experts and medical professionals.

38. Our family, like other families with transgender youth in Texas, has been harmed by DFPS’s change in policy implementing Paxton’s Opinion and the Governor’s Directive. Texas Children’s Hospital stopped providing gender affirming medical care to transgender youth in early March as a direct result of the Opinion and Directive. When Texas Children’s Hospital stopped providing care, it cancelled M.S.’s previously scheduled routine appointment to determine whether gender-affirming treatment was medically necessary for her. We want to be able to continue to follow the advice and recommendations of M.S.’s medical and mental health providers and to provide her with the medically necessary care that she needs, including puberty blockers, if that is what her healthcare team recommends. Our decision to follow the advice of her healthcare team is especially acute because M.S. testified before the Texas Legislature last summer that she would rather die than be a boy. If CPS investigates us, which is more likely given the past two CPS reports, and if M.S. is taken away from us, she will not have access to the medically necessary healthcare she needs.

39. Further Affiant Sayeth Not.”

Signed on this the 6th day of June 2022.



Lisa Stanton

State of Texas

County of Harris

Before me, a notary public, on this day personally appeared Lisa Stanton, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Sworn to and subscribed before me on the 6th day of June 2022, by Lisa Stanton.

(Personalized Seal)



Notary Public's Signature