

# Exhibit

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CAUSE NO.

LAZARO LOE, *et al.*,

*Plaintiffs,*

v.

THE STATE OF TEXAS, *et al.*,

*Defendants.*

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IN THE DISTRICT COURT OF  
TRAVIS COUNTY, TEXAS  
\_\_\_\_ JUDICIAL DISTRICT

**AFFIDAVIT OF M. BRETT COOPER, M.D., M.Ed.**

I, M. Brett Cooper, M.D., M.Ed., hereby declare and state as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to those facts.
3. I am a pediatrician and adolescent medicine doctor at Children’s Medical Center Dallas in Dallas, Texas.
4. As part of my practice, I provide transgender adolescents with medical treatment for their gender dysphoria, including prescribing puberty-delaying medications and gender-affirming hormones.
5. I intend to continue providing gender-affirming medical care to transgender adolescents with gender dysphoria should the court stop Senate Bill 14 (hereafter “SB 14” or “the Ban”) from taking effect and being enforced.
6. I am a member of GLMA: Health Professionals Advancing LGBTQ+ Equality, as well as of the American Academy of Pediatrics, American Medical Association, Society for Adolescent Health and Medicine, Texas Medical Association, and Texas Pediatric Society

7. I obtained my medical degree from Wright State University in 2011. I completed my residency in general pediatrics in 2015 at the University of Toledo/Toledo Children's Hospital *and my fellowship in adolescent medicine in 2018 at Baylor College of Medicine/Texas Children's Hospital*. Throughout medical school, as well as my residency and fellowship programs, I received training and obtained clinical experience in the provision of gender-affirming health care to gender-diverse youth.

8. I also hold a Master's of Education degree in curriculum and instruction for health care professionals from the University of Houston.

9. I am double board certified by the American Board of Pediatrics in General Pediatrics and Adolescent Medicine. I am licensed to practice medicine in the State of Texas.

10. In 2018, I became an Assistant Professor in the Department of Pediatrics at UT Southwestern Medical Center and an adolescent medicine provider at Children's Medical Center Dallas. *This declaration reflects my personal opinions and beliefs, and is not made as a representative of UT Southwestern Medical Center or Children's Medical Center Dallas.*

11. At Children's Medical Center Dallas, I specialize in adolescent and young adult medicine (ages 11–25). I maintain a panel of patients for whom I provide a wide spectrum of health care services, including, but not limited to gender-affirming medical care, including hormone treatment and puberty blockers; HIV treatment, testing, and prevention; and STD testing, treatment and prevention.

12. Over the course of my career, including my residency and fellowship, I have provided health care services and treatment to over 100 transgender young people and their families.

13. When providing gender-affirming medical care to transgender adolescents with gender dysphoria, I am informed by my training, clinical experience, as well as well-established clinical practice guidelines such as the *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, published by the World Professional Association for Transgender Health (“WPATH”) in 2022, and *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, published by the Endocrine Society in 2017. I also utilize the diagnostic criteria for “Gender Dysphoria in Adolescents and Adults” set forth in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR), published by the American Psychiatric Association in 2013 and revised in 2022.

14. As with all other medical care I provide, care for gender dysphoria is individualized, based on the needs of the patient.

15. I do not provide any medical interventions to minor patients until after the onset of puberty.

16. If medical interventions are medically indicated for an adolescent with gender dysphoria, I provide puberty-delaying medications and gender-affirming hormones as appropriate to the patients. I provide this care consistent with evidence-based clinical practice guidelines such as the *Endocrine Society Guidelines and WPATH Standards of Care*, which include recommendations on when a patient may begin receiving care, dosages for treatment, and other recommendations.

17. Before providing gender-affirming medical interventions to my transgender patients, and consistent with clinical practice guidelines, we require a biopsychosocial assessment of the adolescent, which is typically conducted by a separate mental health provider.

18. For my transgender patients who are receiving hormone therapy, I monitor their bloodwork to assess hormone levels, lipid levels, blood count, and liver and kidney function. *This type of monitoring helps ensure that patients are generally healthy and minimizes the risk of any adverse side effects from treatment, which are similar to when these medications are provided to my non-transgender patients.*

19. The passage of Senate Bill 14 (“SB 14” or “the Ban”) has caused a great deal of anxiety and fear amongst my patients and their families, as well as concern and distress amongst *health care professionals like myself.*

20. I understand that SB 14 requires the revocation of my medical license, as well as other disciplinary actions, if I were to provide gender-affirming medical care to a patient under 18 years of age after September 1, 2023 and who do not qualify under the “wean off” exception set forth in SB 14.

21. *SB 14 thus not only endangers the health and wellbeing of my patients, but also places me in the unsustainable position of having to choose between providing my patients with the medical care that they need and deserve and having to comply with a discriminatory law like SB 14.*

22. I have an ethical duty to provide my patients with the best medical care for their *conditions, if it is medically indicated for them. I consider the provision of gender-affirming medical care to treat a transgender adolescent’s gender dysphoria to be the best medical care for my patients when medically indicated.*

23. The Society for Adolescent Health Medicine (“SAHM”), of which I am member, considers bills like SB 14 to be harmful to the health and wellbeing of transgender and gender *diverse youth, a vulnerable population, and to have a negative impact and hinder the work of*

clinicians who deliver gender-affirming care. As such, SAHM has adopted two position statements opposing such legislative restriction on the provision of gender-affirming medical care. See Society for Adolescent Health Medicine, *Statement on the Politicization of Gender-Affirming Care and Threats of Violence Against Clinicians* (2023), <https://www.adolescenthealth.org/SAHM-News/SAHM-Statement-about-the-Politicization-of-Gender.aspx>; Society for Adolescent Health Medicine, *SAHM Statement in Opposition of State Legislation Barring Evidence-Based Treatment* (2020), [https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-\(1\)/SAHM-Opposition.aspx](https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-(1)/SAHM-Opposition.aspx). These position statements further state, among other things, that there is growing robust evidence that these treatments are associated with better health outcomes for transgender and gender diverse youth; that legislative bans like SB 14 disproportionately impact transgender and gender diverse youth from minoritized backgrounds and communities of color who cannot travel or relocate for care; that laws like SB 14 may worsen preexisting health disparities by race, ethnicity, and socioeconomic status; and that laws like SB 14 limit the ability of clinicians to practice in accordance with evidence-based standards. I agree with each of these statements.

24. I also co-authored the Society for Adolescent Health Medicine's position statement "Recommendations for Promoting the Health and Well-being of Sexual and Gender-diverse Adolescents Through Supportive Families and Affirming Support Networks," published in the peer-reviewed *The Journal of Adolescent Health* in 2022. Among the recommendations contained in this paper is the recommendation that transgender and gender diverse youth in state systems, like foster care and juvenile justice systems, be provided access to gender-affirming care.

25. As a physician, whether a particular form of medical treatment should be provided should be based on discussions between the patient, the patient's parents/guardian if a minor, and myself, based on the patient's needs.

26. Notwithstanding that gender-affirming medical care has improved the health and wellbeing of many of my patients, I am now being prohibited from providing this safe and effective treatment to adolescents with gender dysphoria, regardless of whether it is medically indicated for them. SB 14 thus will interfere with my ability to provide the best care that I can to my patients.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 8 day of July 2023.

Brett Cooper, MD  
M. Brett Cooper, M.D., M.Ed.

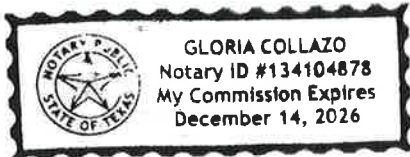
**JURAT**

State of Texas )  
County of Collin )

Before me, a notary public, on this day personally appeared, M. Brett Cooper, known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument, and being first duly sworn by me states that the statements contained in the foregoing are true and correct to the best of his knowledge, information, and belief.

Sworn to and subscribed before me on the 8th day of July 2023, by M. Brett Cooper.

IN TESTIMONY WHEREOF, I have set my hand and affixed my official seal on the day and year first written above.



Gloria Collazo  
Notary Public