

Exhibit

14

CAUSE NO.

LAZARO LOE, et al.,

Plaintiffs,

v.

STATE OF TEXAS, et al.,

Defendants.

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IN THE DISTRICT COURT OF
TRAVIS COUNTY, TEXAS
____ JUDICIAL DISTRICT

DECLARATION OF KATHRYN KOE, D.O.

I, Kathryn Koe, D.O.,¹ 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 offer this declaration in support of Plaintiffs’ Motion for a Temporary Injunction.
4. I am a pediatrician and adolescent medicine doctor living in Texas. Texas is my home. I grew up in Texas, received my undergraduate and medical education in Texas, did my residency in Texas, and have established a career in Texas.
5. I have provided transgender adolescents with medical treatment for their gender dysphoria, including prescribing puberty-delaying medications and gender-affirming hormones.

¹ Kathryn Koe is a pseudonym. I am aware of numerous instances in which providers of gender-affirming care like me have been doxxed—a form of relentless online harassment from having their private contact information shared publicly—and have had their lives threatened, including by people in Texas. Accordingly, I am submitting this declaration under a pseudonym to protect my privacy and protect my family and me from harassment and violence.

6. I intend to continue providing gender-affirming medical care to transgender adolescents with gender dysphoria should the court enjoin Senate Bill 14 (hereafter “SB 14” or “the Ban”) from taking effect.

7. I am a member of GLMA: Health Professionals Advancing LGBTQ+ Equality, as well as of the American Academy of Pediatrics, the Society for Adolescent Health and Medicine, and the World Professional Association for Transgender Health (“WPATH”).

8. I obtained my degree in osteopathic medicine eight years ago. I completed an internship and residency in pediatrics and a fellowship in adolescent medicine.

9. I am licensed to practice medicine in the State of Texas and am board certified in pediatrics.

10. I have also received training and obtained clinical experience in the provision of gender-affirming medical care to transgender youth.

11. As a pediatrician and adolescent medicine doctor, I treat a variety of conditions in my pediatric patients. This includes providing medical care to transgender adolescents with gender dysphoria.

12. I deliberately sought out training in providing care for transgender adolescents and established my medical practice to do so because I knew transgender people generally, and transgender youth in particular, are underserved populations.

13. Over the course of my career, including my residency and fellowship, I have provided health care services and treatment to over 50 transgender young people and their families.

14. Gender-affirming medical care for gender dysphoria is evidence-based care. In providing this care, I am informed by widely accepted clinical practice guidelines such as the *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, published

by WPATH in 2022; *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, published by the Endocrine Society in 2017; and the *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*, published by the Center of Excellence for Transgender Care at the University of California – San Francisco in 2016. 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.

15. In my practice, before providing any medical care to an adolescent with gender dysphoria, we conduct a very thorough initial evaluation, which sometimes can take several visits and involves meeting with the adolescent patient and their guardians or parents, getting the perspective of the young person and the family. In doing so, I work with providers from other disciplines, such as mental health providers, to ensure we are properly assessing the patient and that the patient has the adequate support that they need.

16. After confirming that there is a diagnosis of gender dysphoria, we develop a treatment plan for the adolescent. Sometimes this involves assistance with social transition and sometimes involves medical treatment if medically indicated for the young person. Other times, we determine that medical treatment is not appropriate for the young person. The care provided to each patient is individualized, based on their particular needs and circumstances.

17. The aforementioned approach to treatment is consistent with evidence-based, widely accepted clinical practice guidelines, like the WPATH Standards of Care.

18. Depending on the patient’s development including pubertal stage and maturity, the medical treatment may involve the provision of puberty-delaying medications or masculinizing or

feminizing hormones. I provide these same medical treatments to cisgender patients to treat other conditions. The risks and side effects of these treatments are similar when used to treat transgender and cisgender patients.

19. No medical interventions are provided to any patient prior to the onset of puberty.

20. The attacks on the provision of gender-affirming medical care over the past year in Texas have caused a great deal of confusion, anxiety, and distress to my transgender patients and their families. These attacks include not only the passage of SB 14 but also baseless investigations by the Texas Attorney General of institutions providing gender-affirming care, the exertion of political pressure to force the closure of clinics specializing in providing this care, and the Governor's directive attempting to treat the provision of this necessary and evidence-based care as child abuse.

21. I understand that SB 14 requires the revocation of my medical license and threatens other penalties if I were to provide gender-affirming medical care to a patient under 18 years of age after September 1, 2023. This is an untenable position for me. Do I comply with this discriminatory law or do what I think is medically indicated and ethically and morally correct?

22. I have a duty to provide my patients with the best medical care for them, based on their needs and circumstances. SB 14 prevents me from doing that, bars me from treating my patients with gender dysphoria according to the generally accepted standards of care, interferes with my ability to practice medicine and the doctor-patient relationship, and endangers the health and well-being of my patients.

23. As a health care provider, whether a particular form of medical treatment is provided should be based on discussions between the patient, the patient's parents/guardian if a minor, and the doctor, and the patient's needs.

24. I have seen how gender-affirming medical care has improved my patients' lives, health, and well-being. I have seen lives forever changed for the better when their gender dysphoria is actually addressed through puberty-delaying medications and/or gender-affirming hormones, and they are affirmed for who they are.

25. I believe SB 14 will interfere with my ability to provide the best care that I can for my patients—care that, in my opinion, is evidence-based, necessary, and often lifesaving. SB 14 is thus a barrier to me saving a life.

26. The passage of SB 14 has made difficult circumstances feel even more precarious for my patients and their families. I believe SB 14 has put them in a position where it is no longer their choice to stay in Texas, where they call home. While I have been able to assist some of my patients with establishing care outside of Texas, many others do not have the resources or ability to obtain care elsewhere, whether by relocating and seeking refuge outside Texas or by repeatedly traveling to states that do not bar access to medically necessary care.

27. For my patients and their families who have the resources and ability to relocate, moving away from Texas will likely mean taking them away from their biggest support systems-- their friends, the people in their community who support them--and forcing them to essentially start over somewhere new, hoping to find a safe haven there.

28. I believe that most of my patients and their families do not have the resources or ability to leave and relocate outside Texas. They do not have the finances to uproot their lives. They do not have the connections to uproot their lives. So now families must live in fear and wonder if they are ever going to get the care that their transgender adolescents deserve and need. I understand that close to one-third of my patients are on Medicaid or CHIP and so SB 14 doubly

impacts them as it prohibits coverage of this evidence-based, necessary care, even if medically indicated, which they cannot afford otherwise.

29. SB 14 and Texas's repeated attacks on gender-affirming medical care have made it more difficult for providers like me to continue our medical practices and provide our patients with the medical care that they need. Still, I intend to continue providing this care when medically indicated for my patients should the Court prevent SB 14 from taking effect or being enforced.

30. I have seen transgender youth who have wanted to commit suicide and engage in life-threatening risky behaviors due to, in large part, the incredible distress they experience as a result of their gender dysphoria grow up and graduate high school and live full lives because they had access to medical care for their gender dysphoria. That is what I call good medicine. That is just good care. If I can help one individual do that, I will continue providing gender-affirming medical care if SB 14 is stopped from taking effect and being enforced.

31. My name is [REDACTED]. My date of birth is [REDACTED]. My address is [REDACTED]. [REDACTED]. I declare under penalty of perjury that the foregoing is true and correct.

Executed in Travis County, Texas on this 10th day of July 2023.



Kathryn Koe, D.O.

[REDACTED]

[REDACTED]