Exhibit 9

CAUSE NO.

LAZARO LOE, *et al.*, *Plaintiffs*, v. THE STATE OF TEXAS, *et al.*, *Defendants*.	§ § § § § § § § § § §	IN THE DISTRICT COURT OF TRAVIS COUNTY, TEXAS ____ JUDICIAL DISTRICT

AFFIDAVIT OF DAVID LEO PAUL, M.D.

I, David Leo Paul, M.D., 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 personal knowledge of the facts set forth in this Declaration and could and would testify competently to those facts if called as a witness. The views expressed herein are my own and not necessarily the views of my employer.

3. I am a Plaintiff in this action. I am bringing claims on behalf of myself and my patients.

4. I am a pediatric endocrinologist living in Texas.

5. I am a member of GLMA: Health Professionals Advancing LGBTQ+ Equality, as well as the Endocrine Society and Pediatric Endocrine Society.

6. I obtained my medical degree from University of Texas at San Antonio in 1984, after which I completed my residency in pediatrics at Wilford Hall U.S. Air Force Medical Center, Lackland Air Force Base in San Antonio, followed by a clinical fellowship in pediatric endocrinology at the University of California – San Francisco.

7. I am board-certified in pediatric endocrinology and am licensed to practice medicine in Texas.

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Page 1 of 7
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8. I am currently an associate professor of pediatrics, diabetes, and endocrinology at Baylor College of Medicine in Houston, and I am on the faculty of Texas Children's Hospital. This declaration reflects my personal opinions and beliefs, and is not made as a representative of Baylor College of Medicine or Texas Children's Hospital.

9. I served 28 years in the United States Air Force and retired as a lieutenant colonel in 2012. During my time in the service, I was chief of pediatric endocrinology at Keesler Air Force Base Medical Center in Biloxi, Mississippi; at David Grant U.S. Air Force Medical Center at Travis Air Force Base in Fairfield, California; and at San Antonio Military Medical Center.

10. In 2007 and 2008, I was deployed with NATO forces in Afghanistan, where I was the sole pediatrician at Bagram Air Base. There, I was responsible for the care of civilian pediatric patients in the trauma and burn units, as well as the intensive care unit (ICU).

11. The first patient I treated for gender dysphoria was in 2007 while I was chief of pediatric endocrinology at San Antonio Military Medical Center. That patient was a 15-year-old transgender girl who, prior to entering my care, had been dosing herself with estrogen without a prescription. I familiarized myself with the WPATH Standards of Care and began to manage her hormone therapy to ensure the safety of her medical transition. As an endocrinologist, I was already familiar with providing this same treatment to cisgender patients with various conditions related to abnormal puberty. It was around then that I realized that gender-affirming medical care is simply standard medicine.

12. After a few years, when that patient stopped coming to my clinic, I assumed that she had just aged out and started seeing a provider for adults. Years later, that patient's sister reached out to me and informed me that my patient had died by suicide after learning that she was HIV positive.

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13. Thankfully, I have not lost another patient to suicide since then. If SB 14 takes effect, I fear that more young Texans will, like my first patient with gender dysphoria, either take their gender-affirming health care into their own hands, by obtaining medications from questionable sources and dosing at potentially unsafe levels, or engage in self-harm including suicide just because they have a stigmatized medical condition.

14. When I arrived at Texas Children's in 2012, patients with gender dysphoria were typically referred to a doctor in Galveston who was double certified in psychiatry and pediatric endocrinology. It was important to me to be able to provide this care to our patients closer to home. I also knew that the doctor in Galveston was approaching retirement.

15. In my 11 years at Texas Children's, I have treated approximately 198 patients for gender dysphoria. In that same time, I have seen well over 15,000 patients total. A significant number of my patients receive coverage for their medical care through Medicaid or CHIP.

16. As part of my practice, I provide puberty-delaying treatment to transgender patients with gender dysphoria after the onset of puberty, if such treatment is medically indicated for the patient. This treatment pauses puberty and provides the young person more time to understand their gender identity without having to experience the anxiety and distress associated with developing undesired secondary sexual characteristics that do not match their gender identity. It also provides the patient and their family with more time to work together, along with their providers, to decide on the best long-term course of appropriate medical treatment for the young person.

17. For patients whose gender identity has been persistent and consistent, I explore gender-affirming hormone therapy (testosterone suppression or blocking and estrogen for transgender girls and estrogen suppression or blocking and testosterone for transgender boys) with

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Page 3 of 7 3104FE57A40CB

the adolescent patients and their families, usually beginning around the age of 14, and initiate such treatment if medically indicated. The purpose of this treatment is to attain the appropriate masculinization or feminization of the transgender person to achieve a gender phenotype that matches as closely as possible to their gender identity.

18. Eligibility and medical necessity are determined case-by-case, based on an assessment of the adolescent's unique cognitive and emotional maturation and ability to provide a knowing and informed assent. The decision is made only after a careful review with the adolescent and parents/guardians of the potential risks and benefits of hormone therapy, both short-term and long-term, and including potential impacts on fertility.

19. When I first see a patient seeking puberty blockers or hormone therapies, I conduct an assessment that is often as long as three hours to ensure that these treatments are medically indicated. Before starting these treatments, I also make certain that the patient has started puberty, either by reviewing other providers' notes, or by conducting a physical exam or reviewing bloodwork.

20. I regularly treat cisgender patients who have precocious puberty with the same puberty suppressing medications I use for my transgender patients. I also regularly treat cisgender patients who have delayed puberty or hypogonadism with the same hormone therapies.

21. If SB 14 takes effect, I will be barred from treating my transgender patients with gender dysphoria in accordance with the accepted standards of care. I will thus knowingly be causing harm to my patients by following Texas law. If I were to follow the medically indicated protocols for treating gender dysphoria, I could lose my license and my livelihood and face other disciplinary action and penalties.. However, under SB 14, I would be able to continue providing the same treatments to my cisgender patients to treat other conditions, which is discriminatory and

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Page 4 of 7 4104FE57A40CB

violates my ethical obligations and nondiscrimination laws. SB 14 thus puts me in an untenable situation as a healthcare provider.

22. If SB 14 is blocked from going into effect and being enforced, I would be able to continue practicing medicine to all of my patients based on the standards of care and my clinical judgment without the specter of losing my medical license for providing my patients with the best medical care possible.

23. In my years of treating patients with gender dysphoria, I have routinely heard from my patients and their parents that accessing gender-affirming care has dramatically improved my patients' wellbeing and quality of life.

24. If my patients with gender dysphoria are prohibited from accessing the medically necessary and lifesaving care in the State of Texas, I fear that they will experience severely negative physical and health outcomes, up to and including death. When not properly treated, my patients' gender dysphoria negatively affects their ability to establish and maintain healthy relationships, as well as their academic performance. If they lose access to gender affirming care, I know that my patients' entire worlds will be disrupted at a critical time in adolescence and the progress they have made in leading healthy, successful lives will be erased.

25. Unless SB 14 is enjoined, I will be prohibited from providing puberty-blocking medication or hormones to treat gender dysphoria in my adolescent patients. While I understand that I may "wean off" my adolescent patients who are already receiving treatment for gender dysphoria as of June 1, 2023, and who meet a set of criteria set forth in SB 14, the Ban does not specify any time period by which this needs to be accomplished. Thus, the provision of SB 14 that would require my patients to "wean off" their puberty-blocking or hormone replacement medications is of no help.

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Page 5 of 7
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26. Providing my patients with doses of puberty-blocking medication or hormones below what would be medically indicated for them would be inconsistent with the evidence-based medicine that I practice, as well as unsafe and inappropriate for my patients.

27. For example, if patients begin receiving sub-therapeutic doses of puberty-delaying medications, they will begin endogenous hormonal puberty inconsistent with their gender identity. As such, I would expect my patients' gender dysphoria to worsen as they begin to develop secondary sex characteristics inconsistent with their gender identity. Similarly, as my transgender adolescent patients who are receiving hormone therapy begin to take sub-therapeutic doses, I anticipate that their gender dysphoria will increase: the hormone therapy they take brings their bodies into alignment with their gender identity, reducing the distress from the incongruence.

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

Executed in Houston, Texas, this 11th day of July 2023.

David Leo Paul
Signed on 2023/07/11 16:07:08 -6:00

David Leo Paul, M.D.

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Page 6 of 7 6104FE57A40CB

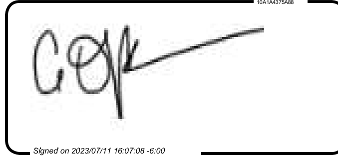
JURAT

State of TEXAS)
)
County of HARRIS)

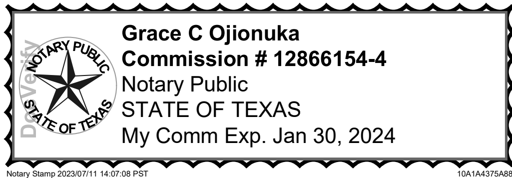
Before me, a notary public, on this day personally appeared, Patrick W. O'Malley, known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument, and being first duly sworn by me states that the statements contained in the foregoing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

Sworn to and subscribed before me on the 11th day of July 2023, by Patrick W. O'Malley.

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



Notary Public, State of Texas



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