CAUSE NO. ________________

LATANYA WALKER, on behalf of the ESTATE OF TIERRA WALKER, deceased, and as NEXT FRIEND for J.W., a minor, ERIC CARSON and PAMELA WALKER, as All Wrongful Death Beneficiaries of Tierra Walker, deceased,	§	IN THE DISTRICT COURT
Plaintiffs,	§	
	§	_________JUDICIAL DISTRICT
v.	§	
KEN PAXTON, Attorney General of Texas, in his official and individual capacities; STEPHEN BRINT CARLTON, Executive Director of the Texas Medical Board, in his official and individual capacities; UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO; BEXAR COUNTY HOSPITAL DISTRICT d/b/a UNIVERSITY HEALTH SYSTEM; BREANNA CLIFTON, M.D., in her individual capacity; THERESA L. STEWART, M.D., in her individual capacity; JOHN FRANKA, M.D., in his individual capacity; and JOE GONZALES, District Attorney for Bexar County, in his official capacity,	§	BEXAR COUNTY, TEXAS
Defendants.		

PLAINTIFFS' ORIGINAL PETITION

Plaintiffs LATANYA WALKER, on behalf of the ESTATE OF TIERRA WALKER, deceased, and as NEXT FRIEND for J.W., a minor, ERIC CARSON and PAMELA WALKER, as ALL WRONGFUL DEATH BENEFICIARIES OF TIERRA WALKER, deceased, bring this lawsuit against Defendants, and allege as follows:

I. INTRODUCTION

1. Tierra Walker is dead and those responsible must be held accountable. At every turn, Texas's political and medical establishments not only failed but actively harmed Ms. Walker. During the four months of her pregnancy, as she suffered through seizures, blood clots, and one hypertensive crisis after another, Ms. Walker repeatedly asked for an abortion to save her life. Defendants associated with University Health responded only "your baby is fine," disregarding Ms. Walker's deteriorating health and constitutionally protected right to life. Their deliberate indifference, discrimination, and medical mistreatment ultimately caused her horrific and tragic death. Now, Ms. Walker's husband is a widower. Her disabled mother has lost her daughter and caregiver. And her teenaged son has no mother.

2. Meanwhile, from the moment Texas's first abortion ban went into effect in 2021, through the overturning of *Roe v. Wade*, through the present day, Defendants Ken Paxton and Stephen Brint Carlton have imposed a merciless blanket prohibition on abortion that intimidates doctors into inaction and breeds extreme fear among Texas's medical establishment. As a result, too many pregnant Texans have already died preventable deaths. Yet no one has held them accountable.

3. This petition includes legal claims against every state actor who played a role in Ms. Walker's preventable death, as there must be at least one door through which the courthouse is open. Texas OB/GYNs have spent the last five years complaining that the bans are vague because they fail to specify when abortion is legal. Yet State officials have insisted the medical emergency exception is clear while simultaneously threatening doctors who rely on it. The Texas Supreme Court has directed individuals who have been denied life-saving abortion care to sue their physicians for malpractice. Yet the Texas Torts Claims Act has only made public hospitals subject

to malpractice liability in specific and rare cases. Federal civil rights law prevents the state from depriving a person of their fundamental right to life. Yet Courts interpreting these laws have erected legal barrier after barrier. And the federal EMTALA law mandates that emergency rooms must provide life-saving treatment to unstable patients. Yet Attorney General Ken Paxton has railed that EMTALA cannot turn Texas emergency rooms into "walk-in abortion clinics."

4. Ultimately, none of the state actors named as Defendants in this lawsuit are wholly immune from being sued. Both the Texas Constitution and the Federal Constitution prohibit state actors from killing their citizens. If that means that Texas's abortion bans or the Texas Torts Claims Act—or both—are unconstitutional, so be it.

II. PARTIES

A. PLAINTIFFS

5. Latanya Walker is the legal representative of the Estate of Tierra Walker, deceased. Latanya Walker, who is Tierra Walker's aunt, resides in Bexar County, Texas. Tierra Walker died intestate, and Latanya Walker has been appointed Independent Administrator of her Estate. Latanya Walker brings suit under the Texas Survival Statute.

6. Latanya Walker is Next Friend for J.W., the minor child of Tierra Walker, deceased. J.W. resides in Bexar County, Texas.

7. Eric Carson is the husband of Tierra Walker, deceased. Mr. Carson resides in Bexar County, Texas.

8. Pamela Walker is the natural mother of Tierra Walker, deceased. Pamela Walker resides in Bexar County, Texas.

9. Latanya Walker as Next Friend of J.W., a minor, Eric Carson, and Pamela Walker bring suit under the Texas Wrongful Death Act as all wrongful death beneficiaries of Tierra Walker.

B. DEFENDANTS

a. Defendant Ken Paxton

10. Defendant Ken Paxton is the Attorney General of Texas. As Attorney General, he is empowered to enforce Texas's abortion bans and has intentionally used that authority to perpetuate a climate of extreme fear throughout the state's medical community, deliberately ignoring that abortion is the standard of care for many emergent health conditions that arise during pregnancy. Defendant Paxton has used and abused his office to impose a merciless blanket prohibition on abortion, and his deliberate indifference to the concrete suffering of countless Texas women and families caused by the abortion bans—Texans whose identities were and are known to him—directly contributed to Ms. Walker's death.

11. Defendant Paxton is sued in his individual capacity as to Count I, and in his official capacity, as well as his employees, agents, and successors, as to Count VI. Defendant Paxton may be served with process at 300 West 15th Street, Austin, Texas 78701.

b. Defendant Stephen Brint Carlton

12. Defendant Stephent Brint Carlton is the Executive Director of The Texas Medical Board ("TMB"), the state agency mandated to regulate the practice of medicine by licensed doctors in Texas. As Executive Director of the TMB, Defendant Carlton serves as the chief executive and administrative officer of the TMB, exercising the TMB's authority by issuing guidance to medical professionals and initiating professional disciplinary proceedings against violators. Tex. Occ. Code § 152.051. Despite having such authority, Defendant Carlton has refused to use his position

to respond to the fear and desperation of patients and medical providers alike over Texas's abortion bans. Like Defendant Paxton, Defendant Carlton's deliberate indifference to the concrete suffering of countless Texas women and families caused by the abortion bans—Texans whose identities were and are known to him—directly contributed to Ms. Walker's death.

13. Defendant Carlton is sued in his individual capacity as to Count I, and in his official capacity, as well as his employees, agents, and successors, as to Count VI. Defendant Carlton may be served with process at 1801 Congress Avenue, Suite 9.200, Austin, Texas.

c. Defendant UT Health Science Center San Antonio ("UTHSCSA")

14. University of Texas Health Science Center at San Antonio ("UTHSCSA") is a governmental entity with offices in Bexar County, Texas. UTHSCSA may be served with process by serving its administrative head, Taylor Eighmy, PhD, President, University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, Texas 78229-3900.

d. Defendant Bexar County Hospital District d/b/a University Health System ("University Health")

15. Defendant Bexar County Hospital District d/b/a University Health System ("University Health"), is a hospital district and the primary county hospital system serving the population of San Antonio. University Health is the Bexar County region's only Level I trauma center and the only locally owned and operated health system in San Antonio. University Health's hospital system is staffed by physicians from UTHSCSA.

16. As a county healthcare provider for the residents of San Antonio and Bexar County generally, University Health is a political subdivision of the state and accepts federal funding in the form of reimbursement for Medicare and Medicaid, and so is subject to certain provisions of federal law, including the federal Emergency Medical Treatment and Labor Act ("EMTALA"), 42 U.S.C. § 1395dd.

17. University Health is a governmental entity with offices in Bexar County, Texas. University Health may be served with process by serving the President/CEO, Edward Banos, 4502 Medical Drive, San Antonio, Texas 78229.

e. Defendant Dr. Breanna Clifton

18. Dr. Breanna Clifton is an emergency medicine physician licensed to practice in the State of Texas. Dr. Clifton is sued in her individual capacity and may be served with process at 7703 Floyd Curl Drive MC 7736, San Antonio, TX 78229 or wherever she may be found.

f. Defendant Dr. Theresa L. Stewart

19. Dr. Theresa L. Stewart is a Maternal Fetal Medicine ("MFM") physician licensed to practice in the State of Texas. Dr. Stewart is sued in her individual capacity and may be served with process at 25723 Old Fredericksburg Road, Boerne, TX 78015 or wherever she may be found.

g. Defendant Dr. John Franka

20. Dr. John Franka is an obstetrician physician licensed to practice in the State of Texas. Dr. Franka is sued in his individual capacity and may be served with process at 7703 Floyd Curl Drive, OB/GYN Department, San Antonio, TX 78229 or wherever he may be found.

21. Defendant Paxton in his individual capacity, Defendant Carlton in his individual capacity, and Defendants Clifton, Stewart, and Franka are hereinafter referred to collectively as "Individual Defendants."

h. Defendant Joe Gonzales

22. Defendant Joe Gonzales is the district attorney of Bexar County. He is responsible for prosecuting criminal violations of Texas's abortion bans in Bexar County. Shortly after *Roe* was overturned, Defendant Gonzales made a public statement about his reluctance to prosecute violations of the abortion bans: "Absent aggravating circumstances, my plan is is [sic] to review

each case and make that decision on a case by case basis. But I'm here to say that again, that my obligation is to seek justice. I do not believe that that there's any justice in prosecuting this case, these cases."[1] In response to this and similar statements by Defendant Gonzales and other Texas prosecutors, Defendant Paxton has threatened to crack down on "rogue district attorneys" with legal action, burdensome reporting regulations, loss of funding, and removal from office.[2]

23. Defendant Gonzales is sued in his official capacity, as well as his employees, agents, and successors, and may be served with process at 101 W. Nueva Street, Paul Elizondo Tower, 4th Floor, San Antonio, TX 78205 or wherever he may be found.

III. FACTUAL ALLEGATIONS

A. TIERRA WALKER'S DEATH

a. Ms. Walker's September Emergency Room Visits and Admission at University Health

24. In 2024, Tierra Walker was thirty-seven years old and living with her husband, Eric, and her then fourteen-year-old child, J.W. on San Antonio's East Side, in a historically black neighborhood. For years, she had struggled with chronic health problems, including obesity, uncontrolled hypertension, asthma so severe she had required intubation, a seizure disorder called PNES (psychogenic nonepileptic seizures), Type 2 diabetes with hyperglycemia, gastroparesis, hyperlipidemia, and complicated prior pregnancies. A twin pregnancy three years earlier in 2021 had sent her into a health spiral. During that pregnancy, she struggled with gestational diabetes

[1] David Martin Davies, *Bexar County DA Plans—But Can't Pledge—to Not Prosecute Abortions*, TEXAS PUBLIC RADIO (June 24, 2022, 12:54 PM CDT), https://www.tpr.org/government-politics/2022-06-24/bexar-county-da-plans-but-cant-pledge-to-not-prosecute-abortions.

[2] *See* Jolie McCullough & Eleanor Klibanoff, *Texas Legislature Passes Bill Reining in "Rogue" Prosecutors*, THE TEXAS TRIBUNE (May 28, 2023), https://www.texastribune.org/2023/05/28/texas-legislature-prosecutors-removal/; Andrea Drusch, *Bexar County District Attorney Joe Gonzales Won't Seek Re-Election*, SAN ANTONIO REPORT (June 5, 2025), https://sanantonioreport.org/bexar-county-district-attorney-joe-gonzales-wont-seek-reelection/.

and preeclampsia and as a result, at twenty-five weeks,[3] both twins died in utero. The pregnancy and the loss were physically and mentally devastating.

25. But by mid-2024, Ms. Walker's health was improving, and she was on a good path. She was working hard to get healthy: she was on GLP-1 drugs and losing weight, her blood pressure was improving, and her seizures had stopped.

26. Then, on September 19, 2024, for the first time in eleven months, Ms. Walker had several seizures in quick succession, and her son called an ambulance.

27. Because Ms. Walker was uninsured and received medical financial assistance from CareLink through the University Health System,[4] she was transported to University Hospital in San Antonio. In the emergency department, she learned she was pregnant—not even six weeks along.

28. She also learned that her blood pressure was severely elevated at **172/97** mmHg. When blood pressure reaches **≥160/110** mmHg in pregnancy, this is considered an obstetrical and/or hypertensive emergency. Hypertension in pregnancy contributes substantially to maternal morbidity and mortality.[5]

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[3] Consistent with standard medical practice, gestational ages as used in this complaint are dated from the first day of the patient's last menstrual period ("LMP"), which is typically approximately two weeks before the estimated date of fertilization of a pregnancy.

[4] CareLink is a charity program offered through University Health that provides financial assistance for medical expenses to Bexar County residents who are uninsured and do not qualify for other coverage. Notably, "CareLink only covers University Health services and providers. If CareLink members need hospital care, they must use a University Health hospital." *See What is CareLink?*, UNIVERSITY HEALTH, https://www.universityhealth.com/patient-visitor-resources/patients/financial-assistance-health-coverage/carelink (last visited Sept 9, 2026); *CareLink Frequently Asked Questions*, UNIVERSITY HEALTH, https://www.universityhealth.com/patient-visitor-resources/patients/financial-assistance-health-coverage/carelink/faqs (last visited Sept 9, 2026).

[5] *See* Nicole Ford et al, *Hypertensive Disorders in Pregnancy and Mortality at Delivery Hospitalization — United States, 2017–2019*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Apr. 29, 2022), https://www.cdc.gov/mmwr/volumes/71/wr/mm7117a1.htm#suggestedcitation (noting that hypertensive disorders are "a leading cause of pregnancy-related death in the United States.").

29. The emergency department resident Elizabeth H Kuge, DO noted it was "too early in pregnancy to have eclampsia" but it was clear from the very outset that every physician, including the residents, were aware that severe hypertension was going to be a serious issue for Ms. Walker during this pregnancy.

30. Preeclampsia is a pregnancy-related hypertensive disorder that involves the onset of new or worsening hypertension (blood pressure ≥140/90 mmHg) with proteinuria (protein in the urine) at or after twenty weeks gestation.[6] The treatment for preeclampsia is immediate delivery—which in Texas before full term is legally an abortion. Left untreated, preeclampsia can lead to eclampsia (seizures), among other highly fatal complications. Risk factors for preeclampsia include obesity, maternal age of thirty-five years or older, diabetes mellitus, chronic hypertension, and a previous pregnancy with preeclampsia—all of which Ms. Walker had.[7] But because she was early in pregnancy, months away from the twenty-week mark, she technically did not yet have preeclampsia.

31. Ms. Walker was sent to the obstetrics department for gestational age dating via transvaginal ultrasound and "gyn clearance" where her blood pressure medications were adjusted to account for her pregnancy. The most effective medications for hypertension are contraindicated in pregnancy. Then, she was sent home.

32. Ms. Walker returned to University Hospital only hours later with continued seizure activity. She was horribly nauseated, vomiting, and unable to tolerate eating or drinking anything—even her medications. She was also dizzy and had a terrible headache.

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[6] *Pre-eclampsia*, WORLD HEALTH ORGANIZATION (Dec. 10, 2025), https://www.who.int/news-room/fact-sheets/detail/pre-eclampsia; *see also* Am. Coll. of Obstetricians & Gynecologists, Task Force on Hypertension in Pregnancy, Hypertension in Pregnancy (2013), 14.

[7] ACOG Practice Bulletin No. 222: Gestational Hypertension and Preeclampsia, 135 Obstet. & Gynecol. e237, e237–38 (2020).

33. Ms. Walker remained in the ER for nearly two days waiting for an inpatient bed to become available. In the emergency room, she was tachycardic (fast heart rate), tachypneic (fast breathing rate of up to fifty breaths per minute, which is shockingly high), and having persistent seizures, as witnessed by ER staff. Ativan was given. Her blood pressure was severely elevated, up to **210/48** at 06:04 a.m. on September 21, and remained elevated, signaling a hypertensive crisis unresponsive to the medications she was receiving.

34. By 7:30 a.m. on September 22—now nearly two days after presenting at University Hospital for the second time—Ms. Walker was still in the emergency room. According to her records, she was "crying in bed, upset with care that has been given. Pt states she has been requesting pain meds and wants to be transferred to another hospital." University Hospital staff met with her and explained they could not give her stronger pain medications *due to her pregnancy*. Around 1:30 p.m., she was finally admitted to an inpatient unit.

35. During this hospitalization, it was noted that her seizures were triggered by her significant pregnancy-related nausea. A note in her medical records reads: "Seizures do seem to get provoked by vomiting."[8]

36. Seizures and nausea were not Ms. Walker's only symptoms of ill health. Her blood pressure was uncontrollable, and her lactic acid and creatine kinase numbers were also dangerously high—5.8 and 712, respectively. Additionally, her blood glucose, pulse, and respiratory rate were all consistently elevated, signifying the immense stress her body was under due to the new pregnancy.

[8] Where indicated with quotation marks or a screen shot, the quotes in this petition are taken verbatim from Ms. Walker's medical records.

37. Ms. Walker was also in significant pain, reporting 10/10 on the pain scale. Yet University Health staff continued to cite pregnancy as the reason they could not and would not relieve her suffering with more aggressive pain management.

38. Her seizures continued as well—at one point she had more than ten seizures over the span of seven hours. Her medical records paint a bleak picture. For example:

Interval History: Rough night, had multiple seizure like activities. Asleep at time of my evaluation after receiving versed. Episodes appear to be triggered by nausea vomiting. Discussed with patient's SO, Eric. He reports that patient has had generalized body pain.

INTERVAL HISTORY:
Patient had 4 times seizure like activities per nurse and she wasn't able to draw blood and give oral meds. Patient was complaining of having abdominal pain and headache. Also, had nausea. Denied chest pain and shortness of breath.

39. Ms. Walker's pain and distress were largely dismissed or ignored. As she struggled with her physical symptoms of pregnancy, University Health staff suggested her problems were actually psychological and accused her of "minimiz[ing] mental health symptoms."

40. University Health staff also characterized Ms. Walker as having "periods of physical aggression." They further suggested testing her for STIs, including HIV—despite the fact that Ms. Walker was in a monogamous marriage.

41. The root cause of Ms. Walker's sudden medical problems was clear even at this early stage: she was pregnant. It was entirely predictable that things would only deteriorate from there. Both Ms. Walker and her medical providers worried that Ms. Walker would develop preeclampsia.

42. Yet as soon as University Health staff were able to get her blood pressure readings slightly lower with medications such that she appeared at least temporarily stable, they sent her home with nothing more than a blood glucose monitor and instructions to follow-up with outpatient prenatal care.

43. In agony and terrified for her life, Ms. Walker presented to a private hospital outside the University Health System, which only provided her treatment until she was deemed stable enough for them to transfer her back to University Health. She remained admitted in the outside hospital until October 24, 2024, when she was discharged so that—according to her medical records—she could continue "OBGYN care in community (appt within University System scheduled for 30 Oct.)." Due to her lack of insurance, she had no choice as to where she was qualified to receive care.

b. October/November Admission at University Health

44. On October 30, 2024, Ms. Walker went to the Kenwood Women's Health Clinic at University Hospital for an initial prenatal appointment. She was then eleven weeks pregnant.

45. At the clinic, she was extremely hypertensive and her left leg was hugely swollen with a massive deep vein thrombosis ("DVT"), a severe blood clot. Pregnancy induces a state of hypercoagulability of the blood that increases the risk of blood clots, which can lead to potentially fatal conditions like DVT and pulmonary embolism.[9]

46. As captured in her medical records, Ms. Walker reported: "pain that shoots from the top of her head radiates to chest and bottom of left foot. Rates pain sometimes 'greater than a 10,' had been taking Tylenol which does not alleviate pain at all. Also endorses severe headaches that are not either improved with tylenol, currently has a headache, rates 6/10. Is taking bentyl for gastroparesis, however still has nausea and vomiting that have not improved with zofran."

47. The Nurse Practitioner who assessed Ms. Walker recognized her dire condition and called EMS to have her transported from the clinic to University Health's main emergency

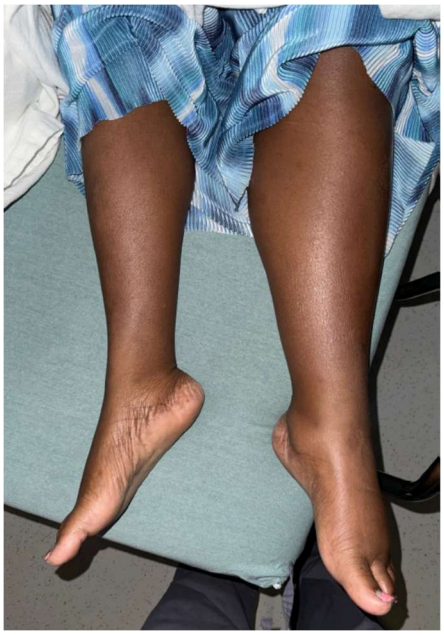
[9] Brian C. Maughan et al., *Venous Thromboembolism During Pregnancy and the Postpartum Period: Risk Factors, Diagnostic Testing, and Treatment*, 77 Obstet. & Gynecol. Surv. 433, 433 (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC10042329/pdf/nihms-1876056.pdf [https://doi.org/10.1097/OGX.0000000000001043].

room. She had chest pain, tenderness, edema, uncontrolled hypertension, and a confirmed severe and worsening DVT in her left leg.

48. Of significance, when Ms. Walker's death was reported by ProPublica late last year, a maternal-fetal medicine specialist practicing in Louisiana, where an abortion ban is also in place, reviewed her records and noted: "At this point, we've gone from 'complicated, but within the realm of normal' to 'we've got someone with a major procedure in pregnancy that tells us something isn't going well.'" He added: "In my practice, we'd have a frank discussion about whether this is a person we'd offer a termination to at the point of thrombectomy."[10]

49. University Health staff also performed Bilateral Lower Extremity Dopplers that showed massive clots in the veins in Ms. Walker's leg:

- 10/30 BLE Dopplers: 1. Occlusive deep venous thrombosis involving the left common femoral vein, saphenous vein, and proximal femoral vein. 2. Deep venous thrombosis involving the mid to distal left femoral vein and popliteal vein with minimal flow.



[10] Kavitha Surana & Lizzie Presser, *"Ticking Time Bomb": A Pregnant Mother Kept Getting Sicker. She Died After She Couldn't Get an Abortion in Texas*, PROPUBLICA (Nov. 19, 2025), https://www.propublica.org/article/texas-abortion-ban-tierra-walker-preeclampsia.

50. The swelling was so severe, the University Health staff took pictures and kept them in her medical records.

51. The ER physician, according to their note, "consulted vascular surgery for IVC [inferior vena cava] filter placement, and they directed me to IR because their scheduling is currently booked. Consulted interventional radiology for IVC placement, IR excepted consult and noted that they are considering IVC placement versus thrombectomy." However, the most standard tests that would normally be ordered—CTPE and CXR—were not obtained "*due to pt's pregnancy state.*"

52. In fact, the most effective treatment to prevent fatal pulmonary embolism in a patient with a massive DVT is IVC filter placement. During placement, a metal cage is inserted into the IVC using radiation for image guidance to trap large clots and prevent them from reaching the lungs. Because she was pregnant, however, Ms. Walker was not offered IVC filter placement.

53. The Obstetrics Department was consulted and noted "complicated pregnancy." It was again noted that a CT scan to rule out pulmonary embolism and a CT scan of the abdomen/pelvis/Lower Extremity was recommended but "*due to patient's pregnancy status*," these tests were not ordered.

54. Ms. Walker and her family members told hospital staff and the UTHSCSA doctors that the pregnancy was going to cost Ms. Walker her life, and asked if she could terminate the pregnancy. Despite the clear risk to her life in continuing the pregnancy, none of University Health's staff counseled Ms. Walker on the possibility of abortion as a life-saving medical treatment, offered her this treatment, or suggested that she leave the state. Instead, hospital staff kept insisting "nothing is wrong with the baby" and continued to refuse the care that she needed on that basis.

55. UTHSCSA physicians ultimately decided to treat Ms. Walker's DVT with thrombectomy. Thrombectomy is a surgical procedure with significant risks, and is generally reserved for patients with acute, extensive DVT who are at risk of limb loss, severe symptoms, or central thrombus propagation despite anticoagulation.

56. While she remained hospitalized waiting for this procedure, her hypertensive crisis continued, with blood pressures of **187/114**, **218/113** and **177/100.** At times, she required oxygen inhalation to maintain her oxygen saturation greater than 90%.

57. Ms. Walker's constellation of symptoms was catalogued in her medical record as follows: seizures; sleep apnea; asthma; hypertension: poorly controlled; angina; GERD: poorly controlled; diabetes mellitus Type 2: poorly controlled, using insulin; obesity; antiplatelet/anticoagulant use; anemia; DVT; pregnancy; chronic pain; mild diffuse encephalopathy.

58. Ms. Walker was seen by the attending UTHSCSA MFM, Theresa Stewart, MD, who noted the large lower extremity DVT, blood pressure of **177/100**, and that "Pregnancy is also complicated by cHTN, T2DM, obesity, history of twin demise at 25 weeks, history of CS x 1, history of preeclampsia, and psychogenic nonepileptic seizures (not currently on medications)." She also documented: "She reports she has noted a headache since the time of NE baptist [sic] admission-- of note she reports that at this time nifedipine was added to her antihypertensive regimen. She reports that there is no improvement with tylenol. Today we did order a combination of fioricet and magnesium for headache, but if no improvement would considered using a different agent for her headache (In pregnancy we commonly use labetalol instead of Metoprolol). One option could be to switch her metoprolol and nifedipine to labetalol 200mg BID-and then titrate to 130-140/80-90." This was not done.

59. The thrombectomy was performed on October 31 to remove the clot from her leg, but Ms. Walker's other medical concerns—including seizures, persistent nausea, severe headaches, abdominal pain, asthma, and high blood pressure—persisted, and she remained at high risk for subsequent clots. As was the case during her prior admission at University Health, these symptoms were largely ignored: "Complains of headache, MD notified, no pain meds ordered."

60. Ms. Walker's medical records repeatedly listed "pregnancy" as a "complication," a source of "anxiety," "stress," and "pain," and as to her DVT, noted that "pregnancy is a well known prothrombotic state" and Ms. Walker "had not had any blood clots prior to this." Tellingly, her records categorize her pregnancy as one of the "barriers" to her medical care.

61. At various points during this hospitalization, Ms. Walker also encountered skepticism from staff who questioned her compliance with her prescribed medical care. For two weeks prior to being admitted to University Health, she had been on the medication Lovenox—an anticoagulant—to help treat the blood clots in her leg, and it clearly was not working. Yet notes in her record state: "treatment failure with Lovenox is relatively rare" and describe Ms. Walker as "adamant that she has been taking her Lovenox as prescribed."

62. Once again, University Health staff suggested STI testing, and an OB/GYN resident ordered screening for HIV, syphilis, and other STIs, despite the fact that Ms. Walker was in a monogamous marriage. All of these tests were negative.

63. Most alarmingly, multiple UTHSCSA physician notes from this hospitalization note that Ms. Walker was at risk of death. Dr. Guiseppe Annuziata, an attending internist, signed a note on 10/30 saying:

LEVEL OF RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY IN THE SHORT TERM:
HIGH: The patient does have acute issues that pose a threat to life or bodily function. Currently, there is a significant probability of sudden, clinically significant or life threatening deterioration anytime in the short term.

Dr. Gregory Bowling, the attending UTHSCSA internist, signed a similar note on November 1 saying:

> This patient requires acute management of serious illness and related medical complications (left femoral and popliteal vein DVT, leg pain, pregancy, asymptomatic bacteriuria, PNES, headaches, benign essential HTN, DM type 2), placing patient at high risk of clinical deterioration and/or death. My medical decision making involves a high level of medical complexity to ensure clinical improvement, stability, or to prevent further decompensation.

64. Nonetheless, Ms. Walker was sent home the next day with a note that "patient will need to establish care with MFM [maternal fetal medicine] outpatient."

c. Emergency Room Visit to University Health on November 4

65. Just two days after discharge, Ms. Walker again returned to University Health's emergency room. She was experiencing severe abdominal pain—with a pain score of 9/10—and vomiting so persistent that she was unable to keep down her many medications, including her blood pressure medications.

66. Ms. Walker was triaged by University Health staff, who documented her Emergency Severity Index ("ESI")—an algorithm used to categorize patient acuity from Level 1 (most urgent) to Level 5 (least urgent)—as Level 3, an improper designation given her irregular vitals and labs. She was tachycardic, with a respiratory rate into the thirties, and her blood pressure was elevated, peaking at **178/95**, again demonstrating a hypertensive crisis.

67. During this emergency room visit, University Health failed to provide Ms. Walker with an appropriate medical screening exam. Ms. Walker was not seen by an OB/GYN, but rather by the emergency medicine attending, Dr. Breanna Clifton, who did not question whether or not Ms. Walker's blood pressure medications were working, did not take into account how her gastroparesis and severe pregnancy-related nausea were exacerbating her other symptoms, and did not offer Ms. Walker termination of the pregnancy to treat her condition. Given Ms. Walker's

symptoms, Dr. Clifton did not use all appropriate diagnostic tools available at the facility to determine if an emergency condition—like preeclampsia—existed. Nor did she perform a pelvic exam, as would be standard in an obstetrical screening exam.

68. Instead, Dr. Clifton ordered that Ms. Walker be administered short acting anti-nausea medication (Zofran and Reglan) and an injection of Hydralazine to lower her blood pressure. Hydralazine injection's effect on blood pressure begins within 5-20 minutes, peaks in 10-80 minutes, and lasts 2-6 hours. With these "quick fixes" that would last only long enough to get Ms. Walker out of the emergency room door, Dr. Clifton noted "we are comfortable sending you home," and sent Ms. Walker home.

69. Dr. Clifton discharged Ms. Walker in an unstable and dangerous condition.

d. Prenatal and Follow-Up Appointments in November and December

70. From November 7 until December 27, Ms. Walker attended regular prenatal follow-up appointments with the UTHSCSA OB/GYNs and MFM doctors that staffed the outpatient women's health clinic at University Health.

71. According to her medical records, the physicians and nurses who treated Ms. Walker at the clinic did no more than perform ultrasound examinations and document that they were "educating" Ms. Walker about her various health conditions including high blood pressure, asthma, and diabetes. Some appointments were as short as fifteen minutes. Others were only used to reprimand Ms. Walker for not comprehensively cataloguing her blood glucose levels—an impossibility for her because of her deteriorating health.

72. Ms. Walker's physical deterioration from week to week, while exceedingly hard to watch, was easy to see. At nearly every appointment, Ms. Walker's blood pressure was dangerously high. Each of her physicians documented that she was at increased risk of stroke,

renal failure, and cardiac failure due to her persistent hypertension alone. And the medications did little to manage her headaches, persistent nausea, light-headedness, dizziness, and vomiting.

73. Defendant Dr. Stewart was responsible for Ms. Walker's obstetrical care during both her October/November admission at University Health and her final prenatal appointment. Dr. Stewart oversaw Ms. Walker's care as her health deteriorated in the final weeks of her life but never suggested, recommended, or offered the abortion that would have saved her life. Dr. Stewart never counseled Ms. Walker on the dangers of continuing pregnancy despite her awareness that the pregnancy placed Ms. Walker at serious risk of substantial impairment of a major bodily function and death.

74. At Ms. Walker's final prenatal appointment at University Health on December 27, she was profoundly ill and completely demoralized. She had been vomiting all day, was showing signs of heart failure, had lower extremity swelling that waxed and waned, and her blood pressure readings were dangerously high—**174/115** and **164/102**. She was given Nifedipine IR (meaning, immediate release) at 11:35 a.m., a fast-acting but temporary drug, which briefly brought her blood pressure down to **154/82**. Nifedipine IR is known to potentially cause pulmonary edema. Ms. Walker was sent to University Health's emergency room for further evaluation and blood pressure monitoring.

e. Final Trip to University Health's Emergency Room on December 27

75. When Ms. Walker entered University Health's emergency room for the last time, she was already in a dire state of health.

76. Ms. Walker was treated by the on-call OB/GYN, Defendant Dr. John Franka and an OB resident, Dr. Andrea Parra Jaimes. These physicians were the first to diagnose Ms. Walker with preeclampsia. Her blood pressure was **174/115** and her Urine Total Protein with Creatinine

test resulted at **0.311**, indicating that Ms. Walker had in fact developed severe preeclampsia. Further, she had neurosensory symptoms, including a persistent headache resistant to treatment and blurry vision.

77. Ms. Walker displayed all the signs and symptoms of severe preeclampsia and pulmonary edema, including high blood pressure, excess protein in the urine, kidney damage, severe headaches, changes in vision, nausea, vomiting, pain, and shortness of breath caused by fluid in the lungs. Although they diagnosed her with preeclampsia, her physicians did not order a chest x-ray and thus failed to appropriately screen her for pulmonary edema.

78. Ms. Walker's blood pressure had dipped temporarily after receiving Nifedipine IR earlier in the day, but in the emergency room, it began to steadily climb again. Her blood pressure was **129/73** at 4:31 p.m., **134/80** at 4:59 p.m., **136/82** at 5:28, and **144/80** at 5:46 p.m. Immediate-release (IR) Nifedipine has an onset of action of 5-10 minutes when administered orally with peak effect at 30-60 minutes, and duration of action of 4-6 hours. Although Ms. Walker was not discharged from the hospital until after 1:00 a.m. on December 28, 2024, the last time her blood pressure was checked was at 8:15 p.m. and it was already elevated (**143/80**). Her blood pressure continued to climb and returned to levels of severe hypertension prior to her discharge but went uncommented upon by her physicians.

79. Dr. Franka never counseled Ms. Walker on the dangers of continuing pregnancy, let alone offered or provided her with termination of the pregnancy. This despite the fact that, in any competent physician's reasonable medical judgment, it was clear that the pregnancy placed Ms. Walker at risk of imminent death. Again, the treatment for preeclampsia is an abortion through early delivery. Ms. Walker's discharge paperwork from December 27 even states that immediate delivery is the only available treatment for preeclampsia:

Preeclampsia and Eclampsia

Preeclampsia is a serious condition that may develop during pregnancy. This condition involves high blood pressure during pregnancy and causes symptoms such as headaches, vision changes, and increased swelling in the legs, hands, and face. Preeclampsia occurs after 20 weeks of pregnancy. Eclampsia is a seizure that happens from worsening preeclampsia. Diagnosing and managing preeclampsia early is important. If not treated early, it can cause serious problems for mother and baby.

There is no cure for this condition. However, during pregnancy, delivering the baby may be the best treatment for preeclampsia or eclampsia. For most women, symptoms of preeclampsia and eclampsia go away after giving birth. In rare cases, a woman may develop preeclampsia or eclampsia after giving birth. This usually occurs within 48 hours after childbirth but may occur up to 6 weeks after giving birth.

80. Yet instead, Dr. Franka decided to discharge Ms. Walker and recommend nothing more than to start Labetalol 100 BID[11] and "follow-up in clinic as scheduled." A note in Ms. Walker's medical record states:

Dr. Parra, has examined you and/or reviewed your chart with all information available at this time. It has been decided that you are stable enough to be dismissed home. Please feel free to call OB Triage at (726) 235-0108 if you have any questions about if you should return.

81. Two days later, Ms. Walker was dead.

f. Ms. Walker's Death and Autopsy

82. On the morning of December 30, 2024, Ms. Walker took her Lovenox and at-home breathing treatments as prescribed and rested.

83. That afternoon, her minor son, J.W., found her in bed, not breathing. It was his fifteenth birthday.

84. The autopsy performed by the Bexar County Medical Examiner's Office paints a terrifying portrait of the horrific ordeal that Ms. Walker's body endured during the months of her pregnancy.

85. Ms. Walker's heart was massively enlarged at 500 grams, unable to withstand the bodily efforts of pregnancy. Pregnancy significantly impacts heart health, increasing the workload

[11] Labetalol can contribute to pulmonary edema in certain clinical contexts.

on the heart and exacerbating pre-existing conditions, while also introducing new cardiovascular risks.[12] During pregnancy, blood volume can increase by 30% to 50%, which means the heart has to work harder to pump more blood, placing additional strain on the cardiovascular system. Strained by her pregnancy and illnesses, Ms. Walker's heart had increased to twice the weight of an average adult female heart.

86. Ms. Walker's kidneys had granular and pitted cortical surfaces, which are hypertensive renal changes consistent with the "impaired renal function" that is "common" in hypertensive pregnancies because of the acute strain placed on the kidneys.[13] Had Ms. Walker's pregnancy ended, however, the severe burden of pregnancy on her kidneys would have resolved, and her kidney function would have improved.[14]

87. Ms. Walker's lungs were full of frothy secretions and pleural effusions. The medical examiner noted severe pulmonary edema. Pulmonary edema is known to occur in preeclampsia—particularly with the type of severe early onset preeclampsia that Ms. Walker had developed—and is an emergency condition requiring ICU admission and treatment with diuretics to remove fluid from the lungs.[15] Despite her complaints of shortness of breath and inability to

[12] *See* Emily Lau et al., *Contemporary Burden of Cardiovascular Disease in Pregnancy: Insights From a Real-World Pregnancy Electronic Health Record Cohort*, 152 Circulation 1044, 1053 (Oct. 14, 2025), https://www.ahajournals.org/doi/epub/10.1161/CIRCULATIONAHA.125.074692 (noting that "[c]ardiac and vascular complications are among the leading causes of maternal morbidity and mortality, and account for more than one-third of maternal deaths" and that there are "significant racial and ethnic disparities," with the "highest incidence of pregnancy-related cardiovascular complications" occurring "among non-Hispanic Black women.").

[13] *See* Hannah Cutler et al., *Subclinical Postpartum Renal Structure After Hypertensive Pregnancy Disorders*, 82 Hypertension 1948 (November 2025), https://www.ahajournals.org/doi/epub/10.1161/HYPERTENSIONAHA.125.25130.

[14] *Id*. (noting that "traditional markers of renal dysfunction, such as proteinuria, decreased glomerular filtration rate, and the acute renal lesions, seen in preeclampsia, typically resolve postpartum.").

[15] *See* Megan Purvey & George Allen, *Managing Acute Pulmonary Oedema*, 40 Aust. Prescr. 59, 60 (2017), https://pmc.ncbi.nlm.nih.gov/articles/PMC5408000/ [https://doi.org/10.18772/austprescr.2017.013].

breathe, Ms. Walker was repeatedly sent home. Because of this, she literally drowned to death in her own secretions.

88. The medical examiner concluded that Tierra Lanesa Walker died as a result of hypertensive cardiovascular disease with superimposed preeclampsia.

89. Ms. Walker was a smart, passionate, ambitious human being. She was an educator with a Teacher of the Year award, a registered dental assistant, and a certified paralegal who constantly strove to educate herself and support her family. She was the anchor of her family: adoring mother to her fifteen-year-old son, a loving wife to her husband, a doting caregiver to her mother.

90. For months, Ms. Walker had been asking for termination of her pregnancy—even though this was a wanted pregnancy—because she did not think she would survive the pregnancy. Tragically, she was right. An abortion at any point during her pregnancy would have saved her life.

B. BACKGROUND IN TEXAS

a. Maternal Mortality is on the Rise, Particularly for Black Texans

91. Maternal healthcare in the United States is in a state of preventable crisis and is particularly severe for Black women.

92. Racial and ethnic disparities in pregnancy-related health outcomes are well-documented throughout the medical literature. Regardless of socioeconomic status or educational level, Black women are three to four times more likely to die from pregnancy-related causes than white women.[16] As compared to non-Hispanic white women, Black women in the United States

[16] *See Data from the Pregnancy Mortality Surveillance System*, CENTER FOR DISEASE CONTROL AND PREVENTION (Dec. 18, 2025), https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html?cove-tab=1 (noting that Black women have a maternal mortality ratio of 45.0, compared to 13.6 for white women).

are considerably more likely to experience obstetric complications and die from pregnancy complications, including preeclampsia.[17] Additionally, Black people in the United States are more likely to have preexisting conditions that may be exacerbated by pregnancy, such as high blood-pressure, asthma, diabetes, sickle cell disease, and lupus.[18]

93. Barriers to care also disproportionately impact Black patients. Black patients face significant barriers to quality, equitable health care, including delays in care, systemic discrimination, and implicit biases in their interactions with health care providers.[19] Black women in Texas also face disproportionate poverty: 18.4% of Black Texans live in poverty compared to 10.2% of white Texans. And 14.8% of Texan women live in poverty compared to 12% of Texan

[17] Marian F. MacDorman et al., *Racial and Ethnic Disparities in Maternal Mortality in the United States Using Enhanced Vital Records, 2016–2017*, 111 Am. J. Publ. Health 1673, 1676 (2021), [https://doi.org/10.2105/AJPH.2021.306375] (noting that the risk of death from preeclampsia for Black woman is 5 times that of non-Hispanic white women); *see also* Texas Dep't of State Health Servs., Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2024 (Sept. 1, 2024), at 11-12, https://www.dshs.texas.gov/sites/default/files/legislative/2024-Reports/MMMRC-DSHS-Joint-Biennial-Report-2024.pdf (hereinafter "Texas MMRC 2024 Report").

[18] *High Blood Pressure Facts*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Jun. 2, 2026), https://www.cdc.gov/bloodpressure/facts.htm; Cynthia A. Pate et al., *Asthma Surveillance — United States, 2006–2018*, 70 Morbidity and Mortality Weekly Report 1 (Sept. 17, 2021), https://www.cdc.gov/mmwr/volumes/70/ss/ss7005a1.htm?s_cid=ss7005a1_w; *National Diabetes Statistics Report*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Mar. 11, 2026), https://usdss.cdc.gov/diabetes/report.html; *Data & Statistics on Sickle Cell Disease*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Aug. 7, 2026), https://www.cdc.gov/ncbddd/sicklecell/data.html; Maria Dall'Era, *Systemic Lupus Erythematosus*, *in* CURRENT RHEUMATOLOGY DIAGNOSIS AND TREATMENT, 4TH ED (John B. Imboden et al., eds., 2013).

[19] Michael T. Halpern & Debra J. Holden, *Disparities in Timeliness of Care for U.S. Medicare Patients Diagnosed with Cancer*, 19 Curr. Oncol. e404 (2012), https://pubmed.ncbi.nlm.nih.gov/23300364/ [https://doi.org/10.3747/co.19.1073]; Jasmine M. Miller-Kleinhenz et al., *Racial Disparities in Diagnostic Delay Among Women with Breast Cancer*, 18 J. Am. Coll. Radiol. 1384 (2021); Joe Feagin & Zinobia Bennfield, *Systemic Racism and U.S. Health Care*, 103 Soc. Sci. & Med. 7 (2013); Bani Saluja & Zenobia Bryant, *How Implicit Bias Contributes to Racial Disparities in Maternal Morbidity and Mortality in the United States*, 30 J. Women's Health 270 (2021); Brenda Pereda & Margret Montoya, *Addressing Implicit Bias to Improve Cross-Cultural Care*, 61 Clinical Obstetrics & Gynecology 2, 3-5 (2018).

men.[20] This, coupled with Texas's restrictive Medicaid and insurance coverage policies, renders health care unaffordable for many.[21]

94. The mortality data in Texas is even more stark. Texas's Maternal Mortality and Morbidity Review Committee ("MMRC") and the Department of State Health Services have traditionally issued a joint biennial report, the results of which are consistently alarming. The 2024 report found that 80% of maternal deaths were preventable, and the maternal mortality ratio for Texas was higher than the national average—37.7 maternal deaths per 100,000 live births (in 2021, the latest year for which data is available), compared to the national average of 32.9 deaths per 100,000 live births for the same year.[22]

95. Texas's maternal mortality ratio was highest for Black Texan women, who also had the highest Severe Maternal Morbidity ("SMM") rate—defined as "unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health" that "if left untreated, could result in death." The SMM for Black Texan women consistently surged from 2016 to 2020 to 2021—from 91.6 to 117.3 to 134.4 cases per 10,000 delivery hospitalizations.[23] The total rate of pregnancy-related illnesses and injuries is likely much higher, as the SMM rate only captures the most severe events that occur in specific contexts (in hospitals when a patient delivers).

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[20] *American Community Survey S107: Poverty Status in the Past 12 Months*, UNITED STATES CENSUS BUREAU, https://data.census.gov/table?q=gender+poverty+in+texas (last visited Sept. 4, 2026).

[21] *The State of Reproductive Health and Rights: A 50-State Report Card*, POPULATION INSTITUTE (Mar. 1, 2021), https://www.populationinstitute.org/resource/the-state-of-reproductive-health-and-rights-a-50-state-report-card.

[22] Texas MMRC 2024 Report at 7; Donna L. Hoyert, *Health E-Stat 100: Maternal Mortality Rates in the United States, 2023*, CENTERS FOR DISEASE CONTROL AND PREVENTION (May 1, 2025), https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/Estat-maternal-mortality.pdf.

[23] *Compare* Texas MMRC 2024 Report at 8, *with* Texas Dep't of State Health Servs., Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2022 (Dec. 2022), at 12, https://www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/2022-MMMRC-DSHS-Joint-Biennial-Report.pdf.

96. According to recent reporting, the 2026 report will leapfrog 2022 and 2023 data, obscuring the immediate impact of Texas's abortion bans that went into effect in 2021 and 2022.[24] The 2026 report was due to be published September 1 but as of the filing of this petition, Texas still has not released the 2026 report, with reports suggesting it will instead be published by December 1.[25] Meanwhile, Texas is considering eliminating the MMRC altogether.

b. Texas Threatens to Punish Physicians Who Perform Abortions with Severe Penalties

97. Texas's ban on abortion is among the most severe in the country, with almost no exceptions.

98. Under Texas law, abortion is defined as "the act of using or prescribing an instrument, a drug, a medicine, or any other substance, device, or means with the intent to cause the death of an unborn child of a woman known to be pregnant. The term does not include birth control devices or oral contraceptives. An act is not an abortion if the act is done with the intent to: (A) save the life or preserve the health of an unborn child; (B) remove a dead, unborn child whose death was caused by spontaneous abortion; or (C) remove an ectopic pregnancy." Tex. Health & Safety Code § 245.002(1).

99. Texas law prohibits physicians from performing abortion under three separate statutes. The first law is the abortion ban that was struck down as unconstitutional in *Roe v. Wade* but has remained on the books. Vernon's Tex. Civ. Stats. ch. 6-1/2. The second—sometimes called the "trigger ban" because it was signed into law in 2021 but only went into effect after *Roe* was

[24] Mary Tuma, *Texas Maternal Mortality Committee's Next Report Will Skip Post-'Roe' Deaths. Lawmakers Suspect Political Influence*, TEXAS OBSERVER (Aug. 17, 2026 at 8:00 AM CDT), https://www.texasobserver.org/maternal-mortality-committee-roe-deaths-lawmakers-politics/.

[25] Benjamin Wermund, *Texas' First Study of Maternal Deaths Since Banning Abortion Won't be Ready by the Midterms*, HOUSTON CHRONICLE (Sept. 2, 2026), https://www.houstonchronicle.com/politics/texas/article/maternal-deaths-abortion-22412853.php.

overturned in 2022—states that "[a] person may not knowingly perform, induce, or attempt an abortion," citing to Texas's longstanding definition of abortion. Tex. Health & Safety Code §§ 170A.001(a), 170A.002(a). The third, Senate Bill 8 of 2021 ("S.B. 8"), went into effect in September 2021 and prohibits physicians from providing an abortion in Texas if the embryo or fetus has detectible cardiac activity. Tex. Health & Safety Code §§ 171.201-171.209.

100. Of the three, the Trigger Ban provides the most severe penalties for a physician who performs an abortion.

101. First, a physician can be charged with either a first- or second-degree felony for violating the Trigger Ban, meaning up to ninety-nine years in prison. Tex. Health & Safety Code § 170A.004; Tex. Penal Code §§ 12.32, 12.33. Defendant Gonzales, as the District Attorney of Bexar County, directly enforces these criminal penalties in Bexar County, sometimes with the assistance of the Attorney General.

102. Second, under the Trigger Ban, the TMB "shall revoke the license, permit, registration, certificate, or other authority of a physician or other health care professional who performs, induces, or attempts an abortion in violation" of the Trigger Ban. Tex. Health & Safety Code § 170A.007.

103. Third, a physician who performs an abortion in violation of the Trigger Ban risks being "subject to a civil penalty of not less than $100,000 for each violation," and "[t]he attorney general shall file an action to recover a civil penalty assessed under this section and may recover attorney's fees and costs incurred in bringing the action." Tex. Health & Safety Code § 170A.005.

104. A physician who performs an abortion after detection of cardiac activity also risks being subject to a bounty-hunting civil enforcement scheme under S.B. 8, allowing any individual to seek "statutory damages in an amount of not less than $10,000 for each abortion that the

defendant performed" and "injunctive relief sufficient to prevent the defendant from violating" S.B. 8 in the future. Tex. Health & Safety Code §§ 171.207-211.

105. Each abortion ban provides only one exception—for a "medical emergency" to save the life of the pregnant person. As of June 2025, all three bans contain the same definition of medical emergency. A physician may only perform an abortion if "in the exercise of reasonable medical judgment, the pregnant female on whom the abortion is performed, induced, or attempted has a life-threatening physical condition aggravated by, caused by, or arising from a pregnancy that places the female at risk of death or poses a serious risk of substantial impairment of a major bodily function unless the abortion is performed or induced." Tex. Health & Safety Code § 170A.002(b)(2).

106. Texas law defines "reasonable medical judgment" as "a medical judgment made by a reasonably prudent physician, knowledgeable about a case and the treatment possibilities for the medical conditions involved." Tex. Health & Safety Code § 170A.001(4).

107. The Texas Supreme Court's opinion in *State v. Zurawski* was issued in May 2024, months before Ms. Walker's death, and said the following about the medical emergency exception: "the law does not require that a woman's death be imminent or that she first suffer physical impairment"; "Texas law permits a physician to address the risk that a life-threatening condition poses before a woman suffers the consequences of that risk." 690 S.W.3d 644, 653 (Tex. 2024). These statements reinforced similar ones in the Court's opinion in Kate Cox's case, *In re State*, 682 S.W.3d 890 (Tex. 2023), from December of 2023. The Court in *Zurawski* also concluded that its interpretation of the medical emergency exception was not new but rather, had always been true.

108. In June of 2025, the Texas Legislature added this language from the *Zurawski* opinion to the statute for ease of reference. *See* Acts 2025, 89th Leg., R.S., ch. 758 (S.B. 31), §§ 3, 15(1), eff. June 20, 2025; Tex. Health & Safety Code §§ 170A.002(c-1). In other words, this bill did not change the legal definitions of abortion and medical emergency that applied both before and after Ms. Walker's death.

c. Defendants Paxton and Carlton Imposed a Merciless Abortion Policy that Intimidates Doctors into Inaction

109. The office of the Attorney General and the TMB are the only governmental agencies that have statewide authority over enforcement of Texas's abortion bans.

110. As Attorney General of Texas, Ken Paxton is empowered to institute an action for a civil penalty against any physician licensed in Texas who violates or threatens to violate any provision of the Texas Medical Practice Act, including provisions triggered by a violation of the Trigger Ban. Tex. Occ. Code §§ 165.101, 164.053. The Attorney General is also empowered to file a civil action against any person who violates the Trigger Ban, seeking a civil penalty of at least $100,000, plus attorney's fees and costs. Tex. Health & Safety Code § 170A.005.

111. The moment *Roe v. Wade* was overturned on June 24, 2022, Defendant Paxton vowed to "strictly enforce" Texas's prohibition on physicians providing abortions through "advisories" he issued both the day of the decision and August 25, 2022, the day the Trigger Ban took effect.[26] In these advisories, Defendant Paxton proclaimed that the pre-*Roe* ban was immediately enforceable and the Trigger Ban was enforceable as of August 2022 by both

[26] Ken Paxton, Tex. Att'y Gen., *Advisory on Texas Law Upon Reversal of* Roe v. Wade (June 24, 2022), https://www.texasattorneygeneral.gov/sites/default/files/images/executive-management/Post-Roe%20Advisory.pdf; Ken Paxton, Tex. Att'y Gen., *Updated Advisory on Texas Law Upon Reversal of* Roe v. Wade (July 27, 2022), https://www.texasattorneygeneral.gov/sites/default/files/images/executive-management/Updated%20Post-Roe%20Advisory%20Upon%20Issuance%20of%20Dobbs%20Judgment%20(07.27.2022).pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=.

prosecutors and his office. In doing so, he not only relied on his ability to assist prosecutors in criminal cases and his independent authority to initiate civil proceedings and fines, but also sought to expand his own legal authority under the statutes. Meanwhile, multiple district attorneys across Texas have contradicted Defendant Paxton, arguing that Texas abortion funds do not have standing to challenge the pre-*Roe* ban because it is not enforceable against them. *See, e.g.*, Oral Argument at 28:03, *Fund Texas Choice v. Deski*, No. 25-50563 (5th Cir. argued Aug. 28, 2026).

112. Defendant Paxton also designated June 24, the day *Roe* was overturned, as "Sanctity of Life Day to honor and commemorate the tens of millions of lives lost to abortion." Every year since 2022, Defendant Paxton's office has been closed on June 24 to "celebrate" this "agency holiday."[27]

113. As Executive Director of the TMB, Defendant Carlton serves as the chief executive and administrative officer of the TMB, initiating disciplinary action against licensees who violate Texas's abortion bans. Tex. Occ. Code §§ 152.051, 165.001, 164.055. The TMB may impose discipline on a doctor who violates any state law "connected with the physician's practice of medicine" because such violation constitutes per se "unprofessional or dishonorable conduct." Tex. Occ. Code §§ 164.053(a)(1), 164.052(a)(5); *see also id.* § 164.053(b) (making clear that "[p]roof of the commission of the act while in the practice of medicine . . . is sufficient" for discipline by the TMB). The TMB "shall" also "revoke the license, permit, registration, certificate,

[27] Press Release, Ken Paxton, Attorney General Ken Paxton Commemorates the End of *Roe v. Wade* on Sanctity of Life Day (June 24, 2025) (https://www.texasattorneygeneral.gov/news/releases/attorney-general-ken-paxton-commemorates-end-roe-v-wade-sanctity-life-day); Press Release, Ken Paxton, Attorney General Ken Paxton Celebrates Sanctity of Life Day on Second Anniversary of the End of *Roe v. Wade* (June 24, 2024), (https://www.oag.state.tx.us/news/releases/attorney-general-ken-paxton-celebrates-sanctity-life-day-second-anniversary-end-roe-v-wade); Press Release, Ken Paxton, Office of the Attorney General Celebrates One Year Anniversary of the Overturning of *Roe v. Wade* in Observation of Sanctity of Life Day (June 23, 2023), (https://www.texasattorneygeneral.gov/news/releases/office-attorney-general-celebrates-one-year-anniversary-overturning-roe-v-wade-observation-sanctity); Press Release, Ken Paxton, AG Paxton Celebrates End of *Roe v. Wade*; Announces Abortion Now Illegal in Texas (June 24, 2022), (https://www.texasattorneygeneral.gov/news/releases/ag-paxton-celebrates-end-roe-v-wade-announces-abortion-now-illegal-texas).

or other authority" of a physician who violates the Trigger Ban. Tex. Health & Safety Code § 170A.007.

114. Defendant Carlton has known for more than four years that Texas physicians have avoided relying on the medical emergency exception to the abortion bans for fear of prosecution. Shortly after *Roe v. Wade* was overturned, the Texas Medical Association ("TMA") asked state regulators to provide guidance to the state's physicians on the scope of the exception. Public reporting indicates that in July 2022, TMA sent a letter to the TMB saying it had received complaints that hospitals, administrators, and their attorneys are prohibiting doctors from providing abortion services to patients with major pregnancy complications for fear of violating Texas's abortion bans. The letter, which is not public, is said to have asked the TMB to "swiftly act to prevent any wrongful intrusion into the practice of medicine."[28] Yet the TMB, under Defendant Carlon's direction, never responded.

115. While Texas's abortion bans ostensibly have a "medical emergency" exception, Defendant Paxton and Defendant Carlton have used the many powers of their offices to deter and bar reliance on the exception under any circumstances, effectively rendering it nonexistent. When more than twenty Texans denied or delayed access to emergency abortions during obstetrical complications sued the State seeking clarification of the exception, Defendants Paxton and Carlton did nothing more than insist the exception was clear. This, even when some of the plaintiffs became septic before their doctors would provide abortion care. *See Zurawski v. Texas*, No. D-1-GN-23-000968 at ¶¶ 21, 23, 255, 552 (Travis Cty. Dist. Ct. second amended petition filed Nov. 14, 2023).

[28] Allie Morris, *Texas Hospitals Fearing Abortion Law Delay Pregnant Women's Care, Medical Association Says*, DALLAS MORNING NEWS (July 14, 2022), https://www.dallasnews.com/news/politics/2022/07/14/texas-hospitals-fearing-abortion-law-delay-pregnant-womens-care-medical-association-says/.

In fact, there was no single case for which Defendant Paxton or Defendant Carlton could affirmatively state that an abortion would have been legal under Texas law.

116. After the *Zurawski* case was argued at the Texas Supreme Court at the end of 2023, several Justices pointed their fingers at the TMB to write regulations clarifying the exception. The TMB instead went on to hold a shambolic "hearing" and "stakeholder meeting" on March 22 and May 20, 2024, respectively. At issue were proposed TMB regulations that Defendant Carlton claimed would "clarify" the exception. In reality, the proposed regulations simply restated language that already existed in the relevant statutes and binding court opinions. The TMB later finalized regulations that, once again, did nothing more than quote from existing authorities. *See* 22 Tex. Admin. Code § 163.10-163.13.

117. Meanwhile, Defendant Paxton went so far as to directly threaten a specific physician for seeking to rely on the medical exception. After a patient named Kate Cox sought judicial authorization for her emergency abortion, Defendant Paxton openly flouted the judicial order granting the abortion and directly threatened her medical provider, stating via press release and Tweet:

> The Temporary Restraining Order ("TRO") granted by the Travis County district judge purporting to allow an abortion to proceed will not insulate hospitals, doctors, or anyone else, from civil and criminal liability for violating Texas' abortion laws. . . . [W]hile the TRO purports to temporarily enjoin actions brought by the OAG and TMB against Dr. Karsan and her staff, it does not enjoin actions brought by private citizens. Nor does it prohibit a district or county attorney from enforcing Texas' pre-Roe abortion laws against Dr. Karsan or anyone else.[29]

See Cox v. Texas, No. D-1-GN-23-008611 (Travis Cty. Dist. Ct. filed Dec. 5, 2023).

[29] Press Release, Ken Paxton, Attorney General Ken Paxton Responds to Travis County TRO (Dec. 7, 2023), (https://www.texasattorneygeneral.gov/news/releases/attorney-general-ken-paxton-responds-travis-county-tro) (internal citations omitted).; Texas Attorney General (@TXAG) X (Dec. 7, 2023, at 2:49 PM EST), https://x.com/TXAG/status/1732849903154450622?lang=en (internal citations omitted).

118. At the same time that Defendant Paxton has used the powers of his office to exacerbate Texas physicians' fear of prosecution under the abortion bans, he has also asserted state authority over the medical care of pregnant Texans. Just recently, Defendant Paxton intervened in support of an Alaskan surrogate who traveled to Texas to give birth, igniting a dispute with the biological parents who had arranged for medical care in their home state of California, after the surrogate declined to receive an abortion. Defendant Paxton went so far as to notify Texas hospitals of their "legal obligations" to provide medical intervention.[30]

119. Meanwhile, doctors and lawyers alike have begun giving renewed attention to a federal law—EMTALA. EMTALA was enacted in 1986 to prevent "patient dumping," where hospitals would refuse treatment to individuals based on their financial status. The law mandates that Medicare-participating hospitals with emergency departments provide patients with an "appropriate medical screening examination" to determine if they have an "emergency medical condition." 42 U.S.C. § 1395dd(a). If an emergency medical condition is identified, the hospital is required to either provide stabilizing treatment or arrange for an appropriate transfer to another facility that can provide the necessary care. 42 U.S.C. § 1395dd(b)(1). EMTALA also prohibits hospitals from discriminating against patients based on their insurance status, race, national origin, or other factors, requiring that all patients receive the same level of care.[31]

120. After *Roe* was overturned, Secretary of Health and Human Services Xavier Becerra issued guidance reiterating that EMTALA obligates hospitals and physicians to provide abortion care to a patient who presents to the hospital's emergency department if it is determined that the

[30] Press Release, Off. of the Att'y Gen. of Tex., Attorney General Paxton Fights to Save Unborn Child Diagnosed with Treatable Heart Condition and Demands Dallas Hospitals Provide Life-Saving Care (Aug. 11, 2026), https://www.texasattorneygeneral.gov/news/releases/attorney-general-paxton-fights-save-unborn-child-diagnosed-treatable-heart-condition-and-demands.

[31] *You Have Rights in an Emergency Room Under EMTALA*, CENTERS FOR MEDICARE & MEDICAID SERVICES, https://www.cms.gov/priorities/your-patient-rights/emergency-room-rights (last visited September 1, 2026).

patient has an emergency medical condition for which an abortion would prevent serious jeopardy to the patient's health. The guidance stated that physicians and hospitals have a legal obligation to follow EMTALA even if doing so involves providing treatment—including abortion—that is prohibited in the state where the hospital is located.[32]

121. Defendant Paxton immediately sued HHS, seeking to block the guidance. After receiving a preliminary injunction blocking part of the guidance in Texas, Paxton issued a press release lauding the decision, stating: "We're not going to allow left-wing bureaucrats in Washington to transform our hospitals and emergency rooms into walk-in abortion clinics" and "I will fight back to defend our pro-life laws and Texas mothers and children."[33] Defendant Paxton then litigated the case all the way up to the U.S. Supreme Court, after which President Trump rescinded the guidance.[34]

122. At the same time Defendants Paxton and Carlton were stoking fear about Texas's abortion bans, there was widespread public reporting of four deaths linked to Texas's abortion bans. On none of these occasions did Defendants Paxton and Carlton use the powers of their offices—*e.g.*, by issuing a press release, public statement, guidance document, or attorney general option—to condemn the deaths. Notably, much of the reporting of these deaths was released *in the same weeks when Ms. Walker's health was rapidly deteriorating*:

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[32] Letter from Xavier Becerra, Sec'y, U.S. Dep't of Health & Human Servs., to Health Care Providers (July 11, 2022), https://www.hhs.gov/sites/default/files/emergency-medical-care-letter-to-health-care-providers.pdf.

[33] Press Release, Ken Paxton, Paxton Secures Victory Against Biden Administration, Blocks HHS from Forcing Healthcare Providers to Perform Abortions in Texas (Aug. 24, 2022), https://www.texasattorneygeneral.gov/news/releases/paxton-secures-victory-against-biden-administration-blocks-hhs-forcing-healthcare-providers-perform.

[34] Mary Kekatos, *Trump Administration Rescinds Biden-era Guidance Requiring Hospitals to Perform Emergency Abortions*, ABC NEWS (Jun. 4, 2025), https://abcnews.com/Health/trump-administration-rescinds-biden-era-guidance-requiring-hospitals/story?id=122463514.

- **Yeni Glick**'s death was publicly reported on January 8, 2024[35]
- **Josseli Barnica**'s death was publicly reported on October 30, 2024[36]
- **Nevaeh Crain**'s death was publicly reported on November 1, 2024[37]
- **Porsha Ngumezi**'s death was publicly reported on November 25, 2024[38]

123. It was into this medical, legal, and political morass that Tierra Lanesa Walker—a Black thirty-seven-year-old mother with a number of dangerous but all-too-common health problems—became pregnant in the fall of 2024.

124. On December 30, 2024, Tierra Walker was pronounced dead. Her death was entirely preventable.

IV. JURISDICTION AND VENUE

125. Pursuant to Texas Civil Practice & Remedies Code § 15.002(a)(1), venue is proper in Bexar County because all or a substantial part of the events or omissions giving rise to the claims occurred in Bexar County.

126. This Court has jurisdiction because the claims and causes of action herein have resulted in damages to Plaintiffs within the jurisdictional limits of this Court and arise under the statutory and common law of the State of Texas.

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[35] Stephania Taladrid, *Did an Abortion Ban Cost a Young Texas Woman Her Life?*, NEW YORKER (Jan. 8, 2024), https://www.newyorker.com/magazine/2024/01/15/abortion-high-risk-pregnancy-yeni-glick.

[36] Cassandra Jaramillo & Kavitha Surana, *A Woman Died After Being Told It Would Be a "Crime" to Intervene in Her Miscarriage at a Texas Hospital*, PROPUBLICA (Oct. 30, 2024), https://www.propublica.org/article/josseli-barnica-death-miscarriage-texas-abortion-ban.

[37] Lizzie Presser & Kavitha Surana, *A Pregnant Teenager Died After Trying to Get Care in Three Visits to Texas Emergency Rooms*, PROPUBLICA (Nov. 1, 2024), https://www.propublica.org/article/nevaeh-crain-death-texas-abortion-ban-emtala.

[38] Lizzie Presser & Kavitha Surana, *A Third Woman Died Under Texas' Abortion Ban. Doctors Are Avoiding D&Cs and Reaching for Riskier Miscarriage Treatments*, PROPUBLICA (Nov. 25, 2024), https://www.propublica.org/article/porsha-ngumezi-miscarriage-death-texas-abortion-ban.

127. Defendant UTHSCSA is a governmental unit in the State of Texas, but has waived its immunity as to Plaintiffs' state law claims and is subject to the jurisdiction of this Court because Tierra Walker's injuries were caused by the misuse of tangible personal property within the exclusive control of Defendant UTHSCSA, by and through its staff, agents, servants, and employees.

128. Defendant University Health is a governmental unit in the State of Texas, but has waived its immunity as to Plaintiffs' state law claims and is subject to the jurisdiction of this Court because Tierra Walker's injuries were caused by the misuse of tangible personal property within the exclusive control of Defendant University Hospital, by and through its staff, agents, servants, and employees.

129. Defendant University Health is a county hospital that has a hospital emergency department within the meaning of Title 42 U.S.C. § 1395dd. University Health violated Title 42 U.S.C § 1395dd(a) and (b), as set forth *infra* at Claim II. As a direct result of University Health's violations of Title 42 U.S.C. § 1395dd(a) and (b), Ms. Walker suffered severe personal injury and death, entitling Plaintiffs to damages under Texas law, and pursuant to Title 42 U.S.C. § 1395dd(d)(2)(A).

130. As a county hospital district, University Health is not a governmental entity immune from suit. *See Hoff v. Nueces Cnty*., 153 S.W.3d 45, 49 (Tex. 2004) ("[I]mmunity does not bar suit against lesser entities such as a municipal corporation or other governmental entity which is not an arm of the State." (internal citations omitted)); *Bansal v. Univ. of Texas M.D. Anderson Cancer Ctr*., 502 S.W.3d 347, 357 (Tex. App. 2016) (distinguishing between "a State entity," which may possess immunity, and "a political subdivision" such as "a county or a hospital district," which possesses no such immunity).

131. Although Texas law generally requires all original petitions to contain a statement that informs the Court and Defendants of the range of monetary relief that is being sought by the Plaintiff, Texas law specifically prohibits pleadings in a suit based on a health care liability claim from specifying an amount of money claimed as damages. Because Tex. Civ. Prac. & Rem. Code § 74.002(a) states that "[i]n the event of a conflict between this chapter and another law, including a rule of procedure or evidence or court rule, this chapter controls to the extent of the conflict," Plaintiffs will refrain from specifying an amount of money claimed as damages and simply informs the Court that the damages in this case exceed $1,000,000.

132. This action is also brought pursuant to the Texas Uniform Declaratory Judgments Act, Tex. Civ. Prac. & Rem. Code § 37.001, *et seq.* ("UDJA") the common law of Texas to obtain declaratory relief against Defendants.

133. This Court has jurisdiction over this matter, pursuant to the UDJA, Sections 24.007 and 24.008 of the Texas Government Code, and Texas Constitution, Article V, § 8.

134. Further, this Court has jurisdiction over Plaintiffs' request for declaratory relief against Defendants because the UDJA waives sovereign and governmental immunity for challenges to the validity of statutes. *See* Tex. Civ. Prac. & Rem. Code §§ 37.003, 37.004, 37.006; *Tex. Lottery Comm'n v. First State Bank of DeQueen*, 325 S.W.3d 628, 634-635 (Tex. 2010).

135. The Court also has jurisdiction over the Defendants sued in their official capacity because the *Ultra Vires* Doctrine permits claims brought against state officials for nondiscretionary acts unauthorized by law. *Tex. Dep't of Transp. v. Sefzik*, 355 S.W.3d 618, 621-22 (Tex. 2011).

136. Finally, Texas's abortion bans and the Texas Torts Claims Act ("TTCA") are enforced through civil means, including steep civil penalties and disciplinary sanctions. *See, e.g.*,

Tex. Occ. Code §§ 165.001, 165.003, 164.052(a)(5), 164.053(a), 164.055; Tex. Health & Safety Code §§ 170A.005, 170A.007 Tex. Civ. Prac. & Rem. §§ 101.003, 101.023.

137. This Court has jurisdiction to render a declaratory judgment regarding civil enforcement schemes.

V. CAUSES OF ACTION

CLAIM I: VIOLATION OF 42 U.S.C. § 1983 (TIERRA WALKER'S RIGHT TO LIFE)
(against Defendants Paxton, Carlton, Clifton, Stewart, and Franka in their individual capacity)

138. Plaintiffs incorporate by reference all of the foregoing as if fully restated herein and further alleges as follows:

139. Individual Defendants' conduct, as described in this petition, deprived Ms. Walker of her right to life as guaranteed by the Fourteenth Amendment to the United States Constitution.

140. There is no right more fundamental to our system of government, more clearly established, than a person's right to life. *Cruzan v Director, Mo. Dep't. of Health*, 497 US 261, 281 (1990) ("It cannot be disputed that the Due Process Clause protects an interest in life."); *see also Tennessee v. Garner*, 471 U.S. 1, 9 (1985) ("[The] fundamental interest in [one's] own life need not be elaborated upon."); *Kallstrom v. City of Columbus*, 136 F.3d 1055, 1063 (6th Cir. 1998) ("[I]t goes without saying that an individual's interest in preserving her life is one of constitutional dimension." (internal citations and quotations omitted)). The fundamental right to life does not cease to exist simply because a person is pregnant. *Wilner v. Prowda*, 158 Misc.2d 579, 583 (Sup. Ct. N.Y. County 1993) ("[W]omen do not lose their constitutionally protected liberty . . . when they are pregnant" (internal citations omitted)); *State v. Zurawski*, 690 S.W.3d 644, 673 (Tex. 2024) (Lehrmann, J., concurring) ("[A] pregnant patient retains a liberty interest in access to medical care, including abortion, to protect her life and health.").

141. Individual Defendants stripped Tierra Walker of her right to life without any due process or available recourse to obtain lifesaving treatment. By imposing a merciless blanket prohibition on abortion and deliberately ignoring numerous reported deaths of pregnant Texans due to the abortion bans, Defendants Ken Paxton and Stephen Brint Carlton both created and affirmatively exacerbated known substantial dangers to the lives of pregnant Texans like Ms. Walker. And by failing to offer, let alone provide, Ms. Walker with life-saving medical treatment during the same months that they recorded their knowledge of her substantial health risks and imminent death, Defendants Breanna Clifton, Theresa L. Stewart, and John Franka likewise deprived Ms. Walker of her right to life.

142. Individual Defendants are not entitled to immunity because (1) they violated Ms. Walker's constitutional right to life, which (2) was clearly established at the time of the conduct, such that a reasonable state officer in Individual Defendants' positions would have understood that their conduct is unlawful. *See Easter v. Powell*, 467 F.3d 459, 461 (5th Cir. 2006). Indeed, it is a "fundamental tenet" that "the state cannot arbitrarily assert its power so as to cut short a person's life." *Ross v. United States*, 910 F.2d 1422, 1431, 1433 (7th Cir. 1990) (finding liability where the county had policy of "arbitrarily cutting off private sources of rescue without providing a meaningful alternative" and deputy sheriff "knew there was a substantial risk of death yet consciously chose a course of action that ignored the risk," in violation of a drowning victim's right to life).

143. It is likewise "clearly establish[ed]" that courts find constitutional violations of due process where a state official "creates or exacerbates a danger to the plaintiff." *Irish v. Fowler*, 979 F.3d 65, 77 (1st Cir. 2020); *see also, e.g.*, *L.W. v. Grubbs*, 974 F.2d 119, 121-122 (9th Cir.1992); *Wood v. Ostrander*, 879 F.2d 583, 589-590 (9th Cir.1989); *White v. Rochford*, 592 F.2d

381, 383 (7th Cir.1979) (holding that "the unjustified and arbitrary refusal" of state actors to "lend aid to [individuals] endangered by the performance of official duty violates the constitution where that refusal ultimately results in physical and emotional injury to the [individuals]").

144. Moreover, when the state exercises "coercion, dominion, or restraint" that "limit[s] an individual's freedom or impair[s] [her] ability to act on [her] own," the state is "constitutionally required to care and provide for that person." *Whitton v. City of Houston*, 676 F. Supp. 137, 139 (S.D. Tex. 1987). Defendants Paxton and Carlton's punitive, merciless blanket prohibition on abortion was an exercise of coercion, dominion, and restraint that rendered Ms. Walker utterly incapable of acting on her own to save her life. Despite her pleas to be transferred and attempts to be treated elsewhere, Ms. Walker had no other option but to be placed in University Health's custody, after which she became too ill to reasonably have been able to leave voluntarily. *See Pena v. Dallas Cnty. Hosp. Dist*., No. 3:12-CV-439-N, 2013 WL 11299229, at *7 (N.D. Tex. June 26, 2013). Of note, even if she could have tried to leave, Defendant Paxton has imposed state authority over patients with medically complex pregnancies in the past where abortion was at issue.

145. Ms. Walker had a right to life, and a right to obtain life-saving medical care. *See Andrews v. Ballard*, 498 F. Supp. 1038, 1047 (S.D. Tex. 1980) (concluding that the right to obtain medical care is of constitutional importance); *State v. Zurawski*, 690 S.W.3d 644, 673 (Tex. 2024) (Lehrmann, J., concurring) ("A woman's right to access life-saving medical care without undue interference by the government is deeply rooted in our history and tradition, essential to our Nation's scheme of ordered liberty, and enshrined in the explicit language of the Fifth and Fourteenth Amendments."). Because of the acts and omissions of Individual Defendants, these rights were wrongfully stripped from Ms. Walker, and Individual Defendants must be held accountable.

A. Section 1983 Claim Against Ken Paxton and Stephen Brint Carlton

146. Defendants Ken Paxton and Stephen Brint Carlton, in their individual capacities and under the color of state law, violated Ms. Walker's Fourteenth Amendment right to life by using and abusing the offices of Attorney General and Executive Director of the TMB, respectively. They intentionally instituted a merciless blanket prohibition on abortion that intimidates doctors into inaction, even in medical emergencies. In so doing, they arbitrarily cut off all sources of medical aid to Ms. Walker and Texans like her, without providing any meaningful life-saving alternative. *See Beck v. Haik*, No. 99-1050, 2000 WL 1597942, at *4 (6th Cir. Oct. 17, 2000) (finding that "official action preventing rescue attempts … can be arbitrary in a constitutional sense if a state-sponsored alternative is not available when it counts").

147. Defendants Paxton and Carlton (1) imposed a dangerous, punitive, and merciless prohibition on abortion that foreseeably intimidated doctors into inaction and placed pregnant Texans such as Ms. Walker at risk, (2) knew, based on the mounting deaths and injuries suffered by pregnant Texans who were denied access to life-saving care, that the environment they created was lethal, and (3) used their authority to create a situation that otherwise would not have existed in which Ms. Walker's right to life was wrongfully deprived. Had Ms. Walker been able to legally obtain an abortion, she would not have been forced to endure months of mistreatment at University Health—the only hospital system at which she could obtain care because she was uninsured—which ultimately led to the wrongful taking of her life. *Freeman v. Ferguson*, 911 F.2d 52, 54 (8th Cir. 1990) (holding that a claim may exist when an "affirmative act by a state actor to interfere with the protective services which would have otherwise been available in the community" increased a person's vulnerability to danger).

148. As a medically high-risk Texas woman of reproductive age, Ms. Walker was both a foreseeable victim of Defendants Paxton's and Carlton's acts as well as a member of a discrete class of persons subjected to the known harms of their arbitrary conduct. *Sanford v. Stiles*, 456 F.3d 298, 304 (3d Cir. 2006). Defendants Paxton and Carlton had ample "opportunity to reflect and make reasoned and rational decisions" in response to the numerous well-documented contemporaneous deaths and other harms to pregnant patients due to Texas's abortion bans over the course of years. *Rivera v. Rhode Island*, 402 F.3d 27, 36 (1st Cir. 2005). "When such extended opportunities to do better are teamed with protracted failure even to care, indifference is truly shocking." *Cnty. of Sacramento v. Lewis*, 523 U.S. 833, 853 (1998).

149. Beyond deliberately ignoring these known risks of substantial harm, Defendants Paxton and Carlton have continued to take extreme measures to stoke fear among Texas's medical community to effectively bar any practical application of the medical emergency exception to the abortion bans, including refusing to provide any clarity to the medical exceptions and threatening legal action against a physician for acting in reasonable reliance of it. These "multiple acts of indifference to a rising risk of acute and severe danger" is exactly the kind of callous disregard in the face of known substantial risks of substantial harm that courts can and should condemn. *Irish v. Fowler*, 979 F.3d 65, 75 (1st Cir. 2020).

150. All the while, Defendant Paxton has proactively used the power of his office to intervene and notify Texas hospitals of their "legal obligations" to interfere with and continue medically complex pregnancies. By inserting himself to assert his state authority over such cases, Defendant Paxton has "assum[ed] the responsibility" over medically complex pregnancies and "placed an obligation on the state to insure the continuing safety of that environment." *Taylor By & Through Walker v. Ledbetter*, 818 F.2d 791, 795 (11th Cir. 1987).

151. As a direct result and proximate cause of the forgoing, Ms. Walker suffered agonizing pain and died.

B. Section 1983 Claim Against Defendants Clifton, Stewart, and Franka

152. Defendants Breanna Clifton, Theresa L. Stewart, and John Franka violated Ms. Walker's Fourteenth Amendment rights by denying her necessary medical attention while she was at University Health between the months of September and December 2024.

153. At all relevant times, Defendants Clifton, Stewart, and Franka acted under color of state law.

154. By callously mistreating Ms. Walker and ignoring their own observations and records of her dire and imminently fatal state, Defendants Clifton, Stewart, and Franka "consciously chose a course of action that ignored the risk" of her death. *Ross v. United States*, 910 F.2d at 1433; *see also Austin v. Johnson*, 328 F.3d 204, 210 (5th Cir. 2003) (plausible Section 1983 claim made when state officers "both knew of and disregarded an excessive risk to" victim's safety for several hours (internal citations omitted)). As early as September 2024, Ms. Walker's need for medical attention was obvious; in fact, her substantial risk of death was recorded in her medical records repeatedly over the course of months.

155. Defendants Clifton, Stewart, and Franka therefore all had actual knowledge that Ms. Walker was at substantial risk of serious harm, yet still willfully failed to provide her with the life-saving medical care she needed—an abortion. *See Pena v. Dallas Cnty. Hosp. Dist*., No. 3:12-CV-439-N, 2013 WL 11299229, at *8 (N.D. Tex. June 26, 2013) (health care providers had knowledge of patient's "serious medical need" when patient had been previously treated by them for it). They continued to do nothing even as University Health staff noted that she was "at high risk of clinical deterioration and/or death" and her pregnancy was a "barrier" to her care. And

when Ms. Walker was on the brink of death, Defendant Franka discharged her, ignoring all known signs of danger and saying Ms. Walker was "stable enough." By being deliberately indifferent to the known risks to Ms. Walker's life, Defendants Clifton, Stewart, and Franka affirmatively placed her in danger when she was already at her weakest and most vulnerable, leaving her without any ability to fend for herself or obtain alternative life-saving remedies. *Sanders v. Bd. of Cnty. Comm'rs*, 192 F. Supp. 2d 1094, 1112 (D. Colo. 2001) (plausible Section 1983 claim made against state actors who "acted recklessly in conscious disregard of the risk that Dave Sanders' survivable wounds would prove fatal if they affirmatively delayed/prevented rescue or medical help from reaching him.").

156. During Ms. Walker's many visits to University Health from September to December 2024, there was mounting evidence of her high risk of imminent death. Defendants Clifton, Stewart, and Franka had ample time and notice to engage in "actual deliberation" and "unhurried judgments" in light of these known and accumulating risks to Ms. Walker, yet they repeatedly chose a path that would lead to her inevitably slow and painful death, even as she continued to deteriorate. *County of Sacramento v. Lewis*, 523 U.S. 833, 851 (1998); *see also Irish v. Fowler*, 979 F.3d 65, 75 (1st Cir. 2020).

157. Defendants Clifton, Stewart, and Franka are liable not only because they placed Ms. Walker in harm's way, but because as the medical experts entrusted with her care, they owed a duty to protect her. *See Dollar v. Haralson Cnty*., Ga., 704 F.2d 1540, 1543 (11th Cir. 1983) (noting that "the relationship between a county hospital and its patients gave rise to a duty of reasonable care" for which the hospital could be liable under Section 1983); *Taylor By & Through Walker v. Ledbetter*, 818 F.2d 791, 798 (11th Cir. 1987) (noting that "the existence of duties resulting from relationships is usually clear in section 1983 cases" involving "hospitals and

patients" and concluding that "the more important the relationship and its attendant duties, the more likely it is that an act or omission on the part of one party has the potential to deprive the other of a constitutional right.").

158. Ms. Walker was in the custody of Defendants Clifton, Stewart, and Franka because she had no other choice. She received medical financial assistance through University Health's CareLink, with no option as to where she could obtain obstetrical care and no ability to pay for it.[39] In essence, she was trapped: Her state barred her from obtaining an abortion on her own accord; her uninsured status precluded her from getting care at another San Antonio hospital despite her best efforts and pleas to be transferred elsewhere; and she was too sick and her pregnancy too high-risk to leave even if she tried. *See Pena v. Dallas Cnty. Hosp. Dist*., No. 3:12-CV-439-N, 2013 WL 11299229, at *7 (holding that a state hospital can be liable under Section 1983 for its failure to provide necessary medical care, consequently leading to patient's death, when patient was too ill to have been reasonably able to leave voluntarily).

159. As a direct result and proximate cause of the forgoing, Ms. Walker suffered agonizing pain and died.

CLAIM II: EMTALA
(against University Health)

160. Plaintiffs incorporate by reference all of the foregoing as if fully restated herein and further alleges as follows:

161. At all relevant times, including Ms. Walker's November 4 and December 27, 2024 Emergency Department admissions, University Health is and was a hospital with an emergency

[39] *See CareLink Frequently Asked Questions*, UNIVERSITY HEALTH, https://www.universityhealth.com/patient-visitor-resources/patients/financial-assistance-health-coverage/carelink/faqs (last visited Sept. 9, 2026) ("CareLink only covers University Health services and providers. If CareLink members need hospital care, they must use a University Health hospital.").

department within the meaning of Title 42 U.S.C. § 1395dd, as well as a participating hospital that has entered into a provider agreement to be eligible for Medicare and Medicaid reimbursement. 42 U.S.C. § 1395dd(e)(2). Therefore, University Health is and was subject to EMTALA.

162. Under EMTALA, when an individual comes to a hospital's emergency department, the hospital must appropriately screen for an emergency medical condition. 42 U.S.C. § 1395dd(a). If such a condition is determined to exist, the hospital must provide "such treatment as may be required to stabilize the medical condition" or transfer the individual to another medical facility. 42 U.S.C. § 1395dd(b)(1). EMTALA defines an emergency medical condition as "a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—(i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part[.]" 42 U.S.C. § 1395dd(e)(1).

163. In the context of hypertensive disorders such as preeclampsia, the absence of medical treatment can "reasonably be expected to result" in (1) placing the health of the pregnant patient "in serious jeopardy," (2) as well as causing "serious impairment to bodily functions," and (3) "serious dysfunction of any bodily organ or part." 42 U.S.C. § 1395dd(e)(1); *see, e.g.*, *St. Luke's Health Sys., Ltd. v. Labrador*, 782 F. Supp. 3d 953, 964 (D. Idaho 2025) (concluding that "preeclampsia, which can result in the onset of seizures and hypoxic brain injury" qualifies as an "emergency medical condition"); *United States v. Idaho*, 623 F. Supp. 3d 1096, 1104 (D. Idaho 2022) (listing preeclampsia as an example of a condition that "may place the patient's health in serious jeopardy or threaten bodily functions."). Other conditions identified in Ms. Walker's autopsy as having contributed to her death, such as pulmonary edema, likewise constitute

"emergency medical conditions." *See Bustillos v. Rowley*, 225 S.W.3d 122, 131 (Tex. App. 2005) (noting that pulmonary edema is a "life-threatening condition").

164. By this standard, University Health failed to appropriately screen and provide stabilizing treatment for Ms. Walker's emergency medical conditions, resulting in her death.

165. Indeed, each time that University Health discharged Ms. Walker without providing her with the stabilizing care necessary to treat her emergency medical condition—both on November 4, 2024 as well as December 27, 2024—it violated EMTALA in three independent ways. First, University Health improperly triaged Ms. Walker, failed to ensure that she was seen by the on-call OB/GYN attending, and failed to properly screen for preeclampsia and pulmonary edema, each a violation of EMTALA's medical screening requirements. Second, hospital staff knew that failing to treat Ms. Walker's preeclampsia could reasonably be expected to result in serious jeopardy to her health, including death. University Health staff documented those risks in her chart, yet still never offered Ms. Walker the appropriate—and only—stabilizing treatment for her emergency medical condition: an abortion. Third, University Health discharged Ms. Walker without providing the stabilizing care she urgently required, causing her death.

A. Failure to Provide Medical Screening: November 4, 2024 and December 27, 2024 Visits to University Health

166. On both November 4, 2024 and December 27, 2024, University Health violated EMTALA's screening examination requirement in at least two ways. *Cruz-Queipo v. Hospital Espanol Auxilio Mutuo de Puerto Rico,* 417 F.3d 67, 70 (1st Cir. 2005) (concluding that, to "fulfill[] its statutory duty to screen patients in its emergency room" a hospital must "provide[] for a screening examination reasonably calculated to identify critical medical conditions that may be afflicting symptomatic patients" *as well as* "provide[] that level of screening uniformly to ***all*** those who present substantially similar complaints." (emphasis added)).

167. First, its screenings of Ms. Walker on November 4 and December 27, 2024 were not "reasonably calculated to identify the patient's critical medical condition." *See Southard v. United Regional Health Care System, Inc.,* 2006 WL 1947312, *2 (N.D. Tex. 2006). Not only did University Health staff improperly triage Ms. Walker's ESI as Level 3 on November 4, 2024, but University Health did not have the on-call OB/GYN evaluate her when she presented to the ER, a plain violation of EMTALA's medical screening requirement. *See* 42 U.S.C. § 1395dd(a). Indeed, CMS recently found a hospital in violation of EMTALA when its similar decision to send a patient home without properly screening her pregnancy-related emergency condition caused her to lose part of her reproductive system.[40] In that case, as here, the on-call OB/GYN did not evaluate the patient when she first presented to the emergency room.[41] CMS concluded that the hospital's "failure to provide an appropriate medical screening examination, within the capability of the hospital's emergency department (including but not limited to the ancillary services of the on-call obstetrical physician) . . . placed the patient at risk for deterioration of her health and wellbeing as a result of an untreated medical condition." [42]

168. Both during her November 4, 2024 and December 27, 2024 emergency room visits, University Health failed to conduct an adequate medical screening exam, which would have included assessment of her hypertensive disorder and the efficacy of her blood pressure medications, and a pelvic exam. And on December 27, despite showing all the symptoms of severe hypertension, as well as severe shortness of breath with fluid in the lungs signifying pulmonary

[40] Ascension Seton Williamson, Statement of Deficiencies and Plan of Correction (Form CMS-2567) (Sept. 25, 2024), https://reproductiverights.org/wp-content/uploads/2025/06/Kyleigh-Thurman-Deficiency-Letter_CONFIDENTIAL.pdf.

[41] *Id.* at 2.

[42] *Id.* at 3.

edema, University Health failed to provide the medical screening exams that these symptoms required, including but not limited to a chest x-ray.

169. Second, University Health treated Ms. Walker "differently from other patients with similar symptoms." *Southard v. United Regional Health Care System, Inc.,* 2006 WL 1947312 at *2 (quoting *Battle ex rel. Battle v. Memorial Hosp. at Gulfport, 228* F.3d 544, 557 (5th Cir. 2000)). Ms. Walker was far from the first person to present to University Health's emergency department with signs and symptoms of hypertensive crisis and pulmonary edema, nor was she the last. University Health's failure to properly screen Ms. Walker occurred either because it failed to apply its screening protocols uniformly, or because it lacks such protocols entirely. Either way, this constitutes a violation of EMTALA. *Power v. Arlington Hosp. Ass'n,* 42 F.3d 851, 858 n.4 (4th Cir. 1994) (finding that "the plain language of EMTALA requires hospitals to develop screening procedures and apply the procedures uniformly," and that the "failure to have any screening procedures could itself be a violation of EMTALA").

170. To the extent any screening examinations were performed on November 4 and December 27, they were patently deficient, as they failed to meaningfully detect and evaluate, let alone determine, the existence and severity of Ms. Walker's emergency medical conditions. *See Griffith v. Mt. Carmel Medical Center*, 831 F. Supp. 1532, 1538 n.4 (D. Kan. 1993) (rejecting hospital's argument that the "appropriate medical screening requirement in EMTALA merely requires a hospital to give access to medical screening examinations" and concluding "[t]hat is clearly an understatement of the duty imposed by EMTALA. At a minimum, the statutory language requires the hospital to give a screening *to determine whether an emergency medical condition exists*. If the screening given is not intended and calculated to meet this objective, then it can hardly be called an "appropriate medical screening." (internal quotations omitted) (emphasis in original)).

B. Failure to Stabilize and/or Transfer: November 4, 2024 and December 27, 2024 Visits to University Health

171. Under EMTALA, patients who are determined to have an "emergency medical condition" must receive stabilizing care within the hospital's capabilities. "'[T]o stabilize'" is defined as "to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during" the patient's discharge or transfer. 42 U.S.C. § 1395dd(e)(3)(A). Although hospitals may admit a patient "as an inpatient in good faith in order to stabilize the emergency medical condition," 42 C.F.R. § 489.24(d)(2)(i), EMTALA "requires more than the admission and further testing of a patient; it requires that actual care, or treatment, be provided as well," *Moses v. Providence Hosp. and Med. Ctrs., Inc*., 561 F.3d 573, 582 (6th Cir. 2009).

172. Both times Ms. Walker presented at University Health's emergency department on November 4, 2024 and December 27, 2024, she was discharged in an unstable and dangerous condition without being provided, let alone counseled about, the "only" treatment available to stabilize her debilitating condition—an abortion. *See St. Luke's Health Sys., Ltd. v. Labrador*, 782 F. Supp. 3d at 964 (concluding that preeclampsia is recognized as among a number of emergency medical conditions for which "abortion is the *only* treatment that will 'stabilize' them.") (emphasis added); *Moyle v. United States*, 603 U.S. 324, 335–36 (2024) (Kagan, J., concurring) ("The United States identified PPROM, placental abruption, pre-eclampsia, and eclampsia as conditions for which EMTALA requires an emergency abortion to be available."). Instead, Ms. Walker was prescribed nothing more than short acting anti-nausea medication and Labetalol, which is known to cause pulmonary edema.

173. On November 4, 2024 and on December 27, 2024, University Health staff, including Defendants Clifton and Franka, discharged Ms. Walker despite having actual knowledge

of her ongoing emergency medical conditions, including the uncontrollable pregnancy-related hypertension that ultimately took her life. It was clear both on November 4, 2024 and on December 27, 2024 that Ms. Walker was displaying all the signs and symptoms of an emergency medical condition that placed her at risk of imminent death. In fact, a note in her University Health medical records from just days prior to her November 4 visit indicated that Ms. Walker was "at high risk of clinical deterioration and/or death." And during her December 27, 2024 visit, she was diagnosed with preeclampsia, a medical emergency for which immediate delivery is the treatment—and yet was still discharged.

174. Had University Health not discharged/dumped Ms. Walker when she was not stable, but instead performed a complete physical examination and provided her with the stabilizing treatment she needed—an abortion—Ms. Walker would not have died and would have recovered to her normal state of health pre-pregnancy.

175. As a direct result of University Health's violations of Title 42 U.S.C. § 1395dd(a) and (b), Ms. Walker suffered severe personal injury and died, entitling Plaintiffs to damages under Texas law, and pursuant to Title 42 U.S.C. § 1395dd(d)(2)(A).

CLAIM III: TITLE II OF THE AMERICANS WITH DISABILITIES ACT ("ADA")
(against University Health and UTHSCSA)

176. Plaintiffs incorporate by reference all of the foregoing as if fully restated herein and further alleges as follows:

177. Plaintiffs bring claims against University Health and UTHSCSA for violations of Title II of the Americans with Disabilities Act ("ADA") (42 U.S.C. §§ 12131, et. seq.).

178. First, Ms. Walker was a qualified individual within the meaning of the ADA due to her pregnancy-related disability. Second, Ms. Walker was treated discriminatorily and denied the benefits, services, programs, or activities for which University Health and UTHSCSA are

responsible because of her pregnancy-related disability. *See Melton v. Dallas Area Rapid Transit*, 391 F.3d 669, 671–72 (5th Cir. 2004). Third, Ms. Walker had a right to life-saving medical treatment that other patients presenting with life-threatening medical complications would have received.

179. At all relevant times, University Health and UTHSCSA are and were government entities that fall squarely within the mandate of the ADA. *See* 42 U.S.C. § 12131(1)(B) (defining a public entity as "any department, agency, special purpose district, or other instrumentality of a State [ ] or local government.").

180. At all relevant times, Ms. Walker had a pregnancy-related disability associated with several severe and life-threatening health complications—including but not limited to seizures, preeclampsia, DVT, and pulmonary edema—all of which substantially limited her ability to perform major life activities such as breathing, caring for herself, thinking, concentrating, and working. 42 U.S.C. § 12102(2)(A); *see Hernandez v. Clearwater Transportation, Ltd*., 550 F. Supp. 3d 405, 413 (W.D. Tex. 2021) (finding that plaintiff's pregnancy-related condition impaired her ability to engage in major life activities and therefore qualified as a disability under the ADA); *Flores v. Pilot Travel Centers, LLC*, No. CV H-21-2317, 2021 WL 4925386, at *4 (S.D. Tex. Oct. 21, 2021) (concluding that "complications resulting from pregnancy can be impairments under the Act" if they substantially limit a major life activity). Because she was uninsured, Ms. Walker was restricted to seeking medical care at University Health.

181. University Health and UTHSCSA's staff intentionally discriminated against Ms. Walker because of her pregnancy-related disability by denying her meaningful access to University Health's medical services and programs and refusing to provide reasonable modifications to its treatment protocols that her disability required. In so doing, University Health

and UTHSCSA failed to accommodate Ms. Walker's pregnancy-related disability and knowingly subjected her to unequal and dangerous medical treatment. *See Harley v. Cnty.*, No. SA-25-CV-01426-FB, 2026 WL 2131784, at *6 (W.D. Tex. June 4, 2026), *report and recommendation adopted sub nom. Harley v. Comal Cnty.*, No. SA-25-CV-01426-FB, 2026 WL 2129240 (W.D. Tex. July 22, 2026) (concluding plaintiff properly stated a claim of discrimination under the ADA and Rehabilitation Act for a prison's failure to provide necessary medical care for her pregnancy).

182. University Health and UTHSCSA were fully aware of Ms. Walker's pregnancy-related disability. It was in fact because of Ms. Walker's condition, and not despite it, that University Health and UTHSCSA expressly denied her the life-saving medical attention that otherwise would have been available to her. At several points, University Health staff noted that they were denying Ms. Walker necessary medical treatment—including but not limited to pain medication, treatment for her DVT, and medical screening exams—specifically *because* of her pregnancy—noting that pregnancy was a "barrier" to proper medical care. Yet despite knowing Ms. Walker needed these medical services to avoid death, University Health and UTHSCSA denied her these medical services, and refused to make *any* attempt to provide the necessary medical accommodation needed to provide this care—an abortion.

183. This is prima facie differential and discriminatory treatment on the basis of Ms. Walker's pregnancy-related disability; had she not been pregnant, Ms. Walker would have received the necessary care she needed, like the countless non-pregnant patients who have presented at University Health prior to and after Ms. Walker's care and received the pain medications, DVT treatment, and medical screenings she was denied.

184. Far from a clinical judgment call, University Health and UTHSCSA's conduct was the result of discriminatory animus towards Ms. Walker due to her disability that excluded her

from the full and equal benefit of University Health and UTHSCSA's medical services. *See Taylor v. Richmond State Supported Living Ctr*., No. CIV.A. 4:11-3740, 2012 WL 6020372, at *3, 5 (S.D. Tex. Nov. 30, 2012) (holding plaintiff sufficiently pled discrimination claim stemming from assisted living facility's denial of medical care commiserate with plaintiff's individual needs). At several points, University Health and UTHSCSA displayed animus for Ms. Walker due to her pregnancy-related disability, including by falsely discounting the severity of her pain, accusing her of not taking her medications and/or inventing her symptoms in her head, and forcing her to endure unnecessary STI testing. Apparently, the value of Ms. Walker's life was outweighed by the inconvenience of treating her pregnancy-related disability in a post-*Roe* Texas.

185. As a direct result and proximate cause of the forgoing, Ms. Walker suffered agonizing pain and died.

CLAIM IV: TEXAS TORTS CLAIMS ACT ("TTCA")
(against University Health and UTHSCSA)

186. Plaintiffs incorporate by reference all of the foregoing as if fully restated herein and further alleges as follows:

187. Defendants University Health and UTHSCSA are governmental units subject to the TTCA. *See* Tex. Civ. Prac. & Rem. Code § 101.021.

188. Defendants University Health and UTHSCSA, by and through their staff, agents, servants, and employees, owed Ms. Walker a duty to act as ordinarily prudent medical providers would under the same or similar circumstances. They breached that duty to Ms. Walker, proximately causing Plaintiffs' damages.

189. Specifically, Defendants University Health and UTHSCSA employed all physician and nursing staff who interacted with, treated, or were responsible for treating Ms. Walker. All of those individuals were acting in their capacity as either University Health or UTHSCSA employees

at all relevant times. Defendants University Health and UTHSCSA are therefore vicariously liable for the torts committed by their physician staff, agents, servants, and employees in the course and scope of their employment.

190. Ms. Walker presented to University Health and UTHSCSA in desperate need of help. Defendants University Health and UTHSCSA had a duty with respect to Ms. Walker to act in accordance with the medical standard of care, as Ms. Walker was their patient who they were supposed to treat.

191. In particular, Defendants University Health's and UTHSCSA's conduct fell below the applicable standard of care due to one or more of the following acts, among others, which caused Plaintiffs' damages:

a. Ordering and administering Nifedipine IR to Ms. Walker, which temporarily lowered her blood pressure but also likely caused, in conjunction with her existing preeclampsia, pulmonary edema; and

b. Ordering Labetalol in the absence of close monitoring of fluid status and blood pressure control, which is essential to prevent this exact complication.

192. These medications were ordered and administered in an attempt to temporarily lower Ms. Walker's blood pressure to levels low enough to make her appear "stable" so that she could be discharged. So long as Ms. Walker was discharged, UTHSCSA and University Health staff would not have to escalate her care, and therefore would not need to determine whether she could be provided with an abortion under state law.

193. Further, ordering and administering these medications in Ms. Walker's clinical context without admission for monitoring of fluid state and blood pressure control was a misuse of the medication, and a breach of the standard of care. Because Ms. Walker was administered

these medications and sent home, her pulmonary edema was grossly exacerbated, leading to her death.

194. Defendants University Health and UTHSCSA, by and through their staff, agents, servants, and employees, thus engaged in wrongful acts and misuse of tangible personal property, directly and proximately causing Ms. Walker to suffer severe injury and resulting in her untimely death and Plaintiffs' damages, for which Plaintiffs now seek recovery in an amount within the jurisdictional limits of the court.

195. No exceptions to the waiver of Defendants' immunity apply. If Defendants were private persons, they would be liable as a private entity under Texas malpractice law.

CLAIM V: TTCA—TEXAS CONSTITUTION, ARTICLE I, SECTION 19
(against University Health and UTHSCSA)

196. Plaintiffs incorporate by reference all of the foregoing as if fully restated herein and further alleges as follows:

197. Under the Texas Constitution, "[n]o citizen of this State shall be deprived of life, liberty, property, privileges or immunities, or in any manner disfranchised, except by the due course of the law of the land." Tex. Const. Art. I, § 19.

198. The TTCA provides that a state governmental entity is liable for "personal injury and death so caused by a condition or use of tangible personal or real property if the governmental unit would, were it a private person, be liable to the claimant according to Texas law." Tex. Civ. Prac. & Rem. Code § 101.021(2). The TTCA also provides that a state governmental entity is liable for "property damage, personal injury, and death proximately caused by the wrongful act or omission or the negligence of an employee acting within his scope of employment," *id.* § 101.021(1), but only under specific circumstances. Specifically, liability for "omission(s)" is

limited to injuries or deaths caused by "operation or use of a motor-driven vehicle or motor-driven equipment." *Id.* § 101.021(1)(A)-(1)(B).

199. To the extent that that University Hospital System and UTHSCSA are immune from suit under the TTCA because their treatment of Ms. Walker is characterized solely as a refusal to provide medical treatment (a "non-use" or an "omission") and not the misuse of personal property, Plaintiffs allege in the alternative that the provision of the TTCA that limits state liability for omissions to those caused by motor vehicles ore equipment—specifically Tex. Civ. Prac. & Rem. Code § 101.021(1)(A) and (1)(B)—is unconstitutional under Article I, Section 19 of the Texas Constitution.

200. All Texans have a constitutional right to their own life under Article I, Section 19. In the context of state-provided healthcare, a governmental unit violates a person's rights under Section 19 *both* by providing medical care negligently and by deliberately refusing to provide life-preserving medical care, as either can—and in Ms. Walker's case did—deprive the individual of their right to life. It would work a fundamental unfairness, inconsistent with Texas's core Constitutional values, were a governmental unit able to *evade* liability for killing one of its own citizens by refusing to provide medical treatment at all, when the same governmental unit *would* be liable if it instead negligently provided medical treatment that resulted in the citizen's death. The fact that Texas law provides such liability for refusal to provide life-saving medical treatment when the medical provider is a private person or entity only reinforces this principle. *See* Tex. Civ. Prac. & Rem. Code § 74.001, *et seq.*

201. In addition, a state statute is unconstitutionally vague in violation of the due course of law provision of Article I, Section 19 and thus unenforceable where "'it fails to give fair notice of what conduct may be punished' and where its 'language is so unclear that it invites arbitrary or

discriminatory enforcement.'" *Paxton v. Annunciation House, Inc.*, 719 S.W.3d 555, 589 (Tex. 2025). The Texas Supreme Court has repeatedly emphasized that the distinction between "use" and "non-use" under the TTCA is vague. *See, e.g.*, *Tex. Dept. of Criminal Justice v. Miller*, 51 S.W.3d 583, 588-89 (Tex. 2001) ("We recognize that the distinction we draw is problematic. . . . For many years, this Court and its justices have expressed their frustration in trying to draw principled boundaries between 'use' and 'non-use.'"); *id.* at 591 (Hect, J., concurring) ("After thirty-two years and hundreds of cases, I am now convinced that it is simply impossible for the courts to meaningfully construe and consistently apply the use-of-property standard in the Tort Claims Act."); *Kassen v. Hatley*, 887 S.W.2d 4, 15 (Tex. 1994) (Gammage, J., concurring in part and dissenting in part) ("I am incredulous that the majority call it a 'non-use' of tangible property to . . . consciously *withhold* [medication] from [the patient].").

202. The Texas Supreme Court and the Attorney General's office have also emphasized the importance of having malpractice liability available in the context of the state's abortion bans. For example, during oral arguments at the Texas Supreme Court in the *Zurawski* case, both the Attorney General's office and the Justices indicated that malpractice law was the proper legal vehicle when a patient is denied access to abortion due to fear or a refusal to rely on the medical emergency exception to Texas's abortion bans.[43] The Attorney General's Office argued:

- "[M]edical malpractice claims" are a "tool available to, to bring clarity."
- If a patient's health condition qualified under "the exception, but their doctor still said no. That's not the fault of the law. That's, that's a decision of the doctor."

[43] *See generally* Transcript of Oral Argument, *State v. Zurawski*, 2023 WL 8360124 (Tex. Nov. 28, 2023) (No. 23-0629), https://search.txcourts.gov/SearchMedia.aspx?MediaVersionID=81009af6-3cd9-4993-9887-f202a6b4d78e&coa=cossup&DT=ORAL%20ARGUMENT&MediaID=2bcef5bd-83ec-4a59-8b15-b69ec0e28f10.

During collogues about the doctors' potential liability, Justice Brett Busby, Justice Jeffrey Boyd, and Justice Debra Lehrmann appeared to agree.

- Justice Boyd: "She should have sued the doctor."
- Justice Busby: "So why isn't she suing her doctors? That sounds like medical negligence to me."
- Justice Lehrmann: "What about the argument that the correct person to be sued would have been one of the doctors, or several of the doctors?"

203. The Texas Supreme Court and the Attorney General's office have therefore made it clear both that malpractice liability should be available to her family and that *someone* must be held liable in cases like Ms. Walker's.

204. Because the line between use and non-use is impossible to discern, and because liability for the wrongful death of Ms. Walker cannot turn on whether University Health and UTHSCSA's medical treatment of Ms. Walker is characterized as use or non-use without running afoul of Article I, Section 19, subsections (A) and (B) of Tex. Civ. Prac. & Rem. Code § 101.021(1) are unconstitutional.

CLAIM VI: ABORTION BANS—TEXAS CONSTITUTION, ARTICLE I, SECTION 19
(against Defendants Gonzales, Paxton, and Carlon in their Official Capacities)

205. Plaintiffs incorporate by reference all of the foregoing as if fully restated herein and further alleges as follows:

206. Under the Texas Constitution, "[n]o citizen of this State shall be deprived of life, liberty, property, privileges or immunities, or in any manner disfranchised, except by the due course of the law of the land." Tex. Const. Art. I, § 19.

207. Texas's abortion bans subject physicians to severe criminal and civil penalties for providing an abortion unless it is for a medical emergency to save the life of the pregnant person.

Not one of Ms. Walker's medical providers sought to rely on the exception to Texas's abortion bans or offered Ms. Walker's life-saving abortion. To the extent Ms. Walker's medical providers believed that she was never sick enough to qualify for the exception, Texas's abortion bans, combined with the associated definitions of "abortion," "reasonable medical judgment," and "medical emergency," are unconstitutionally vague in violation of the due course of law provision of Article I, Section 19 and thus unenforceable. *See Paxton v. Annunciation House, Inc.*, 719 S.W.3d at 589.

208. In addition, to the extent Texas's abortion bans and associated definitions were a proximate cause of Ms. Walker's death, they violated her right to life under the Texas Constitution and are unconstitutional. Vernon's Tex. Civ. Stats. ch. 6-1/2; Tex. Health & Safety Code §§ 170A.001-170A.007; Tex. Health & Safety Code §§ 171.201-171.212; Tex. Health & Safety Code § 245.002.

209. Finally, to the extent Texas's statutory scheme, taken as a whole, cumulatively denied Ms. Walker her right to life without due process of law, Texas violated her right to life under the Texas Constitution.

VI. DAMAGES

210. Plaintiffs incorporate by reference all of the foregoing and further alleges as follows:

211. Defendants deprived Ms. Walker of her civil rights under the United States Constitution and under federal law. Moreover, these acts and omissions by the Defendants, their agents, employees, and/or representatives proximately caused and/or were a moving force of Plaintiffs' injuries and damages, and those same acts and/or omissions proximately caused and/or

were a moving force of Ms. Walker's wrongful death. Accordingly, Plaintiffs assert claims under the ADA, 42 U.S.C. § 1983, EMTALA, and the Texas wrongful death and survivorship statutes.

212. Plaintiff Latanya Walker, in her capacity as Independent Administrator of the Estate asserting survival claims on behalf of the Estate of Ms. Walker, has incurred damages including, but not limited to:

a. Physical pain and mental anguish suffered by Ms. Walker prior to her death;

b. Past medical expenses;

c. Punitive damages;

d. Any other costs incurred by the Estate as a result of Defendants' deliberate indifference and/or misconduct; and

e. Funeral and burial expenses.

213. Plaintiffs in their individual capacities asserting wrongful death claims, have incurred damages, including but not limited to:

a. Past and future mental anguish;

b. Past and future loss of companionship and society;

c. Past and future medical expenses;

d. Punitive damages;

e. Past and future pecuniary loss, including loss of care, maintenance, support, services, advice, counsel, and reasonable contributions of a pecuniary value; and

f. Attorneys' fees, expenses (including expert expenses), and costs pursuant to 42 U.S.C. § 1988, 42 U.S.C. § 12205, or as otherwise allowed by law.

VII. DISCOVERY CONTROL PLAN

214. Pursuant to Tex. R. Civ. P. 190.1, Plaintiffs intend to conduct discovery under Level 3.

VIII. SUITS IN ASSUMED NAMES

215. To the extent any of the Defendants are conducting business pursuant to a trade name or assumed name, then suit is brought against them pursuant to the terms of Tex. R. Civ. P. 28, and Plaintiffs hereby demand that upon answering this suit, that such Defendants answer in their correct legal name and assumed name.

IX. NOTICE OF CLAIM UNDER STATE LAW

216. Pursuant to Tex. Civ. Prac. & Rem. Code §§ 74.051, 74.052, Plaintiffs provided notice to the healthcare Defendants of the healthcare liability claims made the subject of this action.

217. Furthermore, Defendants received actual notice pursuant to Tex. Civ. Prac. & Rem. Code § 101.101, in that Plaintiffs' claims were obvious and actually known to them within six months or less of the injury at issue. When a provider should have known from its records that its negligence was more likely than not the cause of a plaintiff's injuries, a fact issue will have been raised on the actual notice issue sufficient to thwart summary judgment. "[M]edical records may create a fact issue on actual notice if they indicate to the governmental unit its possible culpability in causing the injuries." *Texas Tech University Health Science Center v. Bonewit*, 2017 WL 5505513 (Tex. App.—Amarillo 2017, pet. denied) (internal citations and quotations omitted); *see also Gaskin v. Titus County Hosp. Dist.*, 978 S.W.2d 178, 181–82 (Tex. App.—Texarkana 1998, pet. denied).

218. Here, as recorded in Ms. Walker's medical records, the clinical nursing director—a person in a position of authority with a duty to investigate and report the death and allegations at University Health—was informed both of Ms. Walker's death on January 21, 2025, and of University Health and the UTHSCSA physicians' responsibility in causing her death.

Patient Expiration - Tue January 21, 2025

Row Name	1400
Offsite Death Notification	
Date of Notification	01/21/25
Time of Notification	1418
Reported date of death	12/30/24
Notified by	Camille (OB)
Relationship to patient	other (comment)

X. ATTORNEYS' FEES

219. Pursuant to 42 U.S.C. § 1988, Plaintiffs are entitled to recover attorneys' fees, costs, and expenses against all Defendants as to the 42 U.S.C. § 1983 claims. Additionally, pursuant to 42 U.S.C. § 12205, Plaintiffs are entitled to recover attorneys' fees, costs, and expenses (including expert expenses) against Defendants University Health and UTHSCSA as to the ADA claim.

XI. JURY DEMAND

220. Plaintiffs hereby demand a trial by jury on all issues herein and pay the requisite jury fee.

XII. STATEMENT OF INTENTION TO TAKE ORAL VIDEO DEPOSITIONS

221. By filing this petition Plaintiffs put Defendants on notice of their intention to take oral/video depositions of Defendants as soon as possible and accordingly request that counsel for Defendants immediately contact Plaintiffs' counsel to arrange mutually convenient dates and times for the taking of the Defendants' depositions.

XIII. CHAPTER 74 DAMAGE CAPS UNCONSTITUTIONAL

222. To the extent that Defendants attempt to rely upon Tex. Civ. Prac. & Rem. Code §§ 74.301, 74.302, or 74.303 to limit Plaintiffs' recovery of non-economic damages, Plaintiffs contend that the limitations imposed by those statutory provisions are unconstitutional in that they violate the right to jury trial guaranteed by the United States and Texas Constitutions.

XIV. CHAPTER 74 EXPERT REPORT REQUIREMENT UNCONSTITUTIONAL

223. To the extent that Defendants attempt to rely upon Tex. Civ. Prac. & Rem. Code § 74.351 to try to obtain a dismissal of this case because they contend that Plaintiffs' initial § 74.351 report failed to address all theories of liability asserted in this petition, Plaintiffs assert the restrictions on discovery and the expert report requirement imposed by Tex. Civ. Prac. & Rem. Code § 74.351 are unconstitutional because they deny Plaintiffs due process to the extent that they require a report but do not allow Plaintiffs the right to conduct the discovery necessary to prepare the report. *See Societe Internationale v. Rogers,* 357 U.S. 197, 209-210, 212 (1958) (holding that because "there are constitutional limitations upon the power of courts … to dismiss an action without affording a party the opportunity for a hearing on the merits of his cause," courts are not authorized to dismiss a legal action due to a party's noncompliance with a procedural rule with which the party cannot comply.)

XV. PRAYER FOR RELIEF

WHEREFORE, Plaintiffs request that this Court:

a. Enter a judgement in favor of Plaintiffs and against Defendants;

b. Award compensatory damages against all Defendants, jointly and severally, in an amount to be determined at trial;

c. Award punitive damages against Individual Defendants in their individual capacities;

d. Find that Plaintiffs are the prevailing party in this case and award reasonable attorney's fees and costs pursuant to 42 U.S.C § 1988, 42 U.S.C. § 12205, and 29 U.S.C. § 794a(b);

e. Award prejudgment and post-judgment interest at the highest rate allowable under the law;

f. Enter a judgment declaring that the provision of the TTCA limiting government liability for omissions to those caused by motor vehicles or equipment—

specifically Tex. Civ. Prac. & Rem. Code § 101.021(1)(A) and (1)(B)—violates Article I, Section 19 of the Texas Constitution;

g. Enter a judgement declaring that Texas's abortion bans and associated definitions—Vernon's Tex. Civ. Stats. ch. 6-1/2; Tex. Health & Safety Code §§ 170A.001-170A.007; Tex. Health & Safety Code §§ 171.201-171.212; Tex. Health & Safety Code § 245.002—violate Article I, Section 19 of the Texas Constitution; and

h. Grant such other and further relief as the Court deems just and proper.

Date: September 15, 2026.

Respectfully submitted,

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