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Commission*

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO**

PAM POE, by and through her
parents and next friends, et al.

Plaintiffs,

v.

RAÚL LABRADOR, in his official
capacity as Attorney General of the State
of Idaho, et al.

Defendants.

Case No. 1:23-cv-00269-BLW

NOTICE OF ERRATA

In their Surreply submitted October 27, 2023 (Dkt. 71), Defendants refer to portions of the Transcript of the Deposition of Dr. Jack Turban as Exhibit A, but it was inadvertently omitted with the filing. Defendants make the filing now, and collectively attached hereto as Exhibit A are the deposition pages referred to in the Surreply.

DATED: October 27, 2023.

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL

By: /s/ Rafael J. Droz
Deputy Attorney General

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on October 27, 2023, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which sent a Notice of Electronic Filing to the following persons:

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By: /s/ Rafael J. Droz

RAFAEL J. DROZ

Exhibit A

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UNITED STATES DISTRICT COURT
DISTRICT OF IDAHO

PAM POE, by and through her)	Case No.
parents and next friends,)	1:23-cv-00269-CWD
Penny and Peter Poe; PENNY)	
POE; PETER POE; JANE DOE, by)	
and through her parents and)	
next friends, Joan and John)	
Doe; JOAN DOE; JOHN DOE,)	
)	
Plaintiffs,)	
)	
v.)	
)	
RAÚL LABRADOR, in his)	
official capacity as the)	
Attorney General of the State))	
of Idaho; JAN M. BENNETTS, in))	
her official capacity as)	
County Prosecuting Attorney)	
for Ada, Idaho; and the)	
INDIVIDUAL MEMBERS OF THE)	
IDAHO CODE COMMISSION, in)	
their official capacities,)	
)	
Defendants.)	
_____)	

REMOTE VIDEOTAPED DEPOSITION OF JACK TURBAN, M.D., MHS
MONDAY, OCTOBER 16, 2023

Reported By: Amy E. Simmons, CSR, RDR, CRR, CRC

1 several other factors that would be important to
2 consider when -- whether or not to recommend a
3 treatment.

4 But it has two steps in that way. It has
5 kind of the grading of the evidence and then
6 determining strength of recommendations.

7 Q. And have you ever attempted to apply the
8 criteria specified by GRADE to assess a study?

9 A. It's generally recommended that one do
10 that as part of, like, a full research group. And
11 I've not been on one of those groups.

12 Q. And so then you -- you've also never
13 attempted to do that for any of the studies that
14 you cite in your declaration, correct?

15 A. No, not apply specific GRADE criteria.
16 Generally GRADE criteria is used when one is
17 writing guidelines.

18 Q. I'm sorry. Say that again?

19 A. GRADE is typically used when one is
20 writing clinical practice guidelines.

21 Q. Is GRADE ever used in a systematic
22 review?

23 A. Some people might. I have not.

24 Q. How many systematic reviews have you
25 done?

1 A. Just one.

2 Q. Can you explain how those who would use
3 GRADE in a systematic review would use it in the
4 process of creating the systematic review?

5 MS. NOWLIN-SOHL: Object to the form;
6 foundation.

7 THE WITNESS: Yeah, I don't think they
8 would GRADE the systematic review. I think they
9 would have different research questions, and there
10 would be a body of literature they would identify
11 through their search that they would then look at
12 in their specific tables that give you, like, a
13 rough general sense of how to apply the GRADE
14 criteria to different conclusions.

15 Q. (BY MR. RAMER) And then sticking with
16 this document, I'd like to go to page 273, which
17 is 302 in the PDF, I believe.

18 Are you there?

19 A. Yes.

20 Q. Okay. And then the -- well, the only
21 full paragraph on the page, it's a little long,
22 but I'm going to read it and ask if I read it
23 correctly.

24 It says "In contrast to systematic
25 reviews, traditional narrative reviews typically

1 address multiple aspects of the disease (e.g.,
2 etiology, diagnosis, prognosis, or management),
3 have no explicit criteria for selecting the
4 included studies, do not include systematic
5 assessments of the risk of bias associated with
6 primary studies and do not provide quantitative
7 best estimates or rate the confidence in these
8 estimates.

9 "The traditional narrative review
10 articles are useful for obtaining a broad overview
11 of a clinical condition, but may not provide a
12 reliable and unbiased answer to a focused,
13 clinical question."

14 Did I read that correctly?

15 A. Yes.

16 Q. And then what is your understanding of
17 how systematic reviews differ from narrative
18 reviews with respect to systematic assessment of
19 the risk of bias associated with primary studies?

20 A. A systematic review may or may not
21 include an assessment of the risk of bias.

22 Also, as the paragraph that you skipped
23 over notes, it may or may not include, like, an
24 unbiased summary of the literature, like a
25 meta-analysis.

1 final two sentences of that paragraph.

2 A. Okay. I'm there now.

3 Q. Okay. I'll start again.

4 "Even if the results of different studies
5 are consistent, determining their risk of bias is
6 still important. Consistent results are less
7 compelling if they come from studies with a high
8 risk of bias than if they come from studies with a
9 low risk of bias."

10 Did I read that correctly?

11 A. Yes.

12 Q. So this is saying even if you have
13 numerous studies showing the same results, you
14 still should assess those individual studies for
15 risk of bias, correct?

16 A. Yes. I think we can broadly always agree
17 in medicine that anytime you have a research
18 study, you should assess it for risk and bias.

19 I think I'd also highlight that there are
20 many different types of bias. I don't know what
21 specific type of bias they're referencing here
22 without reading the full chapter and the context.

23 Q. And is some bias worse than others?

24 A. I don't know that I would say "worse."
25 They're different.

1 Q. And for the studies that you cite in your
2 declaration, have you assessed them for risk of
3 bias?

4 MS. NOWLIN-SOHL: Object to form.

5 THE WITNESS: Yes. Any scientific
6 research paper you read is going to, likely in the
7 discussion section, talk about for that individual
8 paper what biases may come up or what limitations
9 there are to how you interpret that study in
10 isolation, which is why, back to your point of why
11 you want the systematic review and identifying all
12 of the research, that you always want to look at
13 all the research as a whole, because every
14 individual study is going to have strengths and
15 weaknesses. They're pointing out that's true even
16 for randomized controlled trials.

17 Q. (BY MR. RAMER) And so I think you
18 discussed that you read the discussion to see
19 where the bias is in the study.

20 And is that generally how you assess
21 studies for risk of bias?

22 A. That's a good starting point, because
23 often the author of the paper, in the peer-review
24 process, whatever peer reviewer identifies as a
25 limitation of the study, if that -- that's due to

1 something like recall bias, et cetera, that that's
2 usually the part of the paper where that's going
3 to be written.

4 But I think most experts are also going
5 to read the full paper to see if they identify any
6 other limitations of the study that weren't
7 explicitly noted in the discussion section of the
8 paper.

9 Q. And this will for now be my last question
10 on this, and then maybe we can take a break.

11 But I'd like to go to page 182 in this
12 document. Just let me know if you're there.

13 A. We're there.

14 Q. Okay. And I'd like to look at the last
15 paragraph on the page in the first sentence. And
16 I'll just read it and ask if I read it correctly.

17 It says "In answering any clinical
18 question, our first goal should be to identify
19 whether there is an existing systematic review of
20 the topic that can provide a summary of the
21 highest quality available evidence (see the
22 summarizing the evidence section)."

23 Did I read that correctly?

24 A. Yes.

25 Q. And do you agree that the first goal in

1 A. Not necessarily. Ideally it would be,
2 but I don't believe all systematic reviews reach
3 that level of rigor.

4 Q. Okay. So on this document, Turban
5 Exhibit 6, there is a -- on page 1 there is a bold
6 question that says "What is a systematic review?"
7 And I'm just going to read the first two sentences
8 under that and ask if I read them correctly.

9 It says "A systematic review is guided
10 filtering and synthesis of all available evidence
11 addressing a specific, focused research question,
12 generally about a specific intervention or
13 exposure. The use of a standardized, systematic
14 methods and preselected eligibility criteria
15 reduce the risk of bias in identifying, selecting,
16 and analyzing relevant studies."

17 Did I read that correctly?

18 A. Yes.

19 Q. What is your understanding of what this
20 page is describing when it mentions "analyzing
21 relevant studies"?

22 MS. NOWLIN-SOHL: Object to form.

23 THE WITNESS: So they're saying you use
24 standardized systematic methods in preselected
25 eligibility criteria, so those are all things to

1 you. And I'll just read the first, the first part
2 of this paragraph, and ask you a question about
3 it.

4 And it says "Yeah, I think that's a huge
5 question that especially in pediatrics people are
6 grappling with -- I think people have had an
7 easier time in adult medicine kind of recognizing
8 that these, like, assessment/gatekeeping were a
9 little bit ridiculous and damaging. And it's
10 interesting that not all of the lessons from that
11 have made it into pediatrics yet because people
12 don't trust kids to make decisions in the same
13 way, obviously, but, like, things people are
14 familiar with, right? Like, if you're -- if you
15 set up this assessment, gatekeeping protocol,
16 people are just going to figure out the answers
17 and then tell you what you want to hear. And
18 you've set up this really kind of like argument
19 representative with your patient or client.
20 (Unclear time stamped 1407). And you're like why?
21 Why even bother? You know?"

22 And do you think there's any reason to
23 bother with an assessment model for
24 gender-affirming medical interventions?

25 MS. NOWLIN-SOHL: Object to form.

1 THE WITNESS: For minors or adults?

2 Q. (BY MR. RAMER) Minors.

3 A. No. But again, it's this what do you
4 mean by informed consent?

5 So what I would say, which hopefully
6 answers the question, is that everyone I know
7 conducts this comprehensive biopsychosocial
8 evaluation prior to initiating care, and that that
9 biopsychosocial assessment involves ensuring the
10 patient can provide informed consent or assent and
11 that the parents can provide informed consent.

12 Q. In sticking with this same document, I'd
13 like to move to page 11. And on this page there
14 are two answers attributed to you. One is very
15 short. I'm looking at the second one further
16 down.

17 And in particular in that paragraph, I
18 just want to read the third to last sentence that
19 begins with the words "And right." And I'll
20 ask -- I'm sorry. Maybe the fourth to last -- the
21 sentence that begins with the words "And right,"
22 and then I'll ask if I read it correctly.

23 It says "And right. The only argument
24 for the diagnosis existing is insurance coverage."

25 Did I read that correctly?

1 A. Correct.

2 Q. And you're talking about the diagnosis
3 for gender dysphoria here; is that right?

4 A. In the context of psychiatric
5 appointments.

6 Q. So what do you mean when you say, "The
7 only argument for the diagnosis existing is
8 insurance coverage"?

9 A. I believe this was in the context of
10 arguments about whether or not gender dysphoria
11 should be in the DSM. And there have been
12 arguments on both sides. Some people have
13 highlighted concerns that because gender dysphoria
14 is in the DSM, that the general public will
15 misinterpret that to think that trans identities
16 are a mental illness and that that will promote
17 stigma, which I think is something that we've
18 seen.

19 My philosophy on that is that we just
20 shouldn't stigmatize mental health conditions
21 broadly. I wouldn't stigmatize someone with major
22 depressive disorder in the same way that I
23 wouldn't stigmatize someone with gender dysphoria,
24 but I understand that stigma exists.

25 Another side of the spectrum, people have

1 this end.

2 Did you say you could not picture a case?

3 A. I cannot picture a case where that would
4 be a reasonable practice.

5 Q. And I want to skip the next sentence and
6 then read the one after that and ask if I read it
7 correctly.

8 It says "Never once have I had a" --
9 sorry. I'll start again.

10 "Never once have I had a treatment plan
11 for someone's, like, gender dysphoria. But I've
12 had treatment plans to help them with their
13 anxiety or their depression or trauma-related
14 symptoms."

15 Did I read that correctly?

16 A. Sorry. I'm just finding where you are.

17 Yes.

18 Q. And is it true that you have never once
19 had a treatment plan for someone's gender
20 dysphoria?

21 A. So again, this is talking in the context
22 of a psychiatric treatment plan. So I wouldn't
23 have -- there's no evidence psychotherapy is to
24 try and push someone to identify with their sex
25 assigned at birth.

1 Do you see the date that this article was
2 published?

3 A. Yes.

4 Q. And do you recall what day you published
5 the article we were just looking at in Turban
6 Exhibit 12?

7 A. I do not.

8 Q. If we go back to Turban Exhibit 12 and go
9 to the first page, which is page 68, and then
10 towards the bottom, do you see where it says
11 "Published online September 11, 2019"?

12 A. Yes.

13 Q. And so the news article in Turban
14 Exhibit 13 was published the same day that you
15 published this article in Turban Exhibit 12
16 online; is that correct?

17 A. That seems to be the case. That's
18 generally how news outlets cover new research
19 articles is they get them ahead of time while
20 they're under embargoes so they have time to read
21 them and conduct interviews so that they can
22 publish them around the same time that the paper
23 comes out.

24 Q. How do the news organizations become
25 aware of the article when it's embargoed?

1 A. I'm not sure if they sign up for it or --
2 but essentially most of the major high-impact
3 medical journals send out press releases about
4 articles that are coming out in their future
5 editions that aren't out yet to journalists so
6 that the journalists have a chance to request an
7 embargoed version of the article with the
8 agreement that they don't talk about it publicly
9 until the article is officially posted online.

10 Q. And then in this NBC article, which is
11 Turban Exhibit 13, I'd like to go to page 2 of the
12 PDF. And about halfway down before this blank
13 space, there's a quote attributed to you.

14 And it says "We hope our findings
15 contribute to ongoing legislative efforts to ban
16 gender identity conversion efforts."

17 Do you see that?

18 A. Yes.

19 Q. And do you think that's an accurate
20 quote?

21 A. Yes.

22 Q. And before you conducted this study, did
23 you want to ban gender identity conversion
24 efforts?

25 A. They were labeled dangerous and unethical

1 that you disagree with?

2 A. It's been a while since I read it, so I'd
3 have to ask you if there's a specific line you're
4 referencing.

5 Q. Well, when you -- the comment you just
6 made about them excluding studies that you thought
7 were important, so do you have reason to doubt
8 that the analysis in this document is reliable?

9 MS. NOWLIN-SOHL: Object to form.

10 THE WITNESS: I recall them not including
11 all the studies that they should have included.

12 Q. (BY MR. RAMER) And do you know whether
13 this systematic review assessed any of the studies
14 that you rely on in your declaration?

15 A. I presume it reviews some of them, but
16 it's been a while since I've read it.

17 Q. Okay. Let's go to page 74. And kind of
18 middle of the page, you see appendix D entitled
19 "Excluded Studies Table"?

20 A. Yes.

21 Q. And do you recall whether you cite the
22 first study -- let me rephrase.

23 Do you recall whether in your declaration
24 you submitted in this case that you cite the first
25 study listed here?

1 A. Yes.

2 Q. And the fourth one down on this table,
3 the de Vries study, do you recall, is that also a
4 study you cite in your declaration?

5 A. Yes.

6 Q. And the next page, third from the bottom,
7 the Turban article. And do you recall is this a
8 study you cite in your declaration?

9 A. Yes.

10 Q. And did you know the review excluded
11 these studies?

12 A. Yes.

13 Q. And do you disagree with the review's
14 conclusion to exclude these studies?

15 A. I call it a decision, not a conclusion,
16 but yes.

17 Q. And why?

18 A. Because I think the studies give you
19 valuable information. The Achille study, though
20 it doesn't separate GnRH analogues out from the
21 other interventions because it's underpowered when
22 it does that, I do think it's valuable information
23 to know when they look at the group that received
24 gender-affirming medical interventions including
25 blockers and hormones that their mental health

1 Q. Okay. That's sufficient.

2 Okay. I'd like to go to -- let's stick
3 with this document and go to page 99. And at the
4 top it says "Appendix G Grade Profiles."

5 Do you see that?

6 A. Yes.

7 Q. And the first study in Table 2 here is
8 de Vries 2011 study.

9 And you cite that in your declaration,
10 correct?

11 A. Yes.

12 Q. And in that table, there's a little
13 footnote 2. And then you go down to footnote 2
14 and it says "Downgraded one level -- the cohort
15 study by de Vries, et al. (2011) was assessed as
16 at high risk of bias (poor quality overall, lack
17 of binding, and no control group)."

18 Do you see that?

19 A. Yes.

20 Q. And do you disagree with that assessment?

21 A. No.

22 Q. And then I'd like to go to page 101.

23 Actually, I'm sorry, 102. The following page.

24 And do you see they refer to the Costa
25 2015 study in this table?

1 A. Yes.

2 Q. And you also cite the Costa 2015 study,
3 right?

4 A. Yes.

5 Q. And if you go to page 106, down at the
6 very bottom there's another little footnote 1.
7 And it says "Downgraded one level -- the cohort
8 study by Costa, et al. (2015) was assessed as at
9 high risk of bias (poor quality overall, lack of
10 binding, and no control group."

11 Do you see that?

12 A. Yes.

13 Q. And do you agree with that assessment?

14 A. I agree with the lack of binding. I
15 don't think it's fully accurate to say there
16 wasn't a control group.

17 Q. Do you agree it's at high risk of bias?

18 A. It depends on how they're defining that
19 term.

20 Q. What if they're defining it in accordance
21 with the GRADE methodology?

22 MS. NOWLIN-SOHL: Object to form.

23 THE WITNESS: The thing about GRADE
24 methodology is there are several categories to go
25 through each one, and then it's somewhat

1 Correct?

2 A. Yes.

3 Q. And is this something you've read before?

4 A. Yes.

5 Q. And did you study it closely?

6 A. At the time.

7 Q. And what did you think when you read it?

8 A. What I recall, it reviewed studies that I
9 generally was already aware of, and I believe
10 similarly had excluded a handful of studies.

11 I think when I was reading it, it was --
12 it had been published for a while, so I also
13 noticed that there understandably was not
14 inclusion of important studies that were published
15 after it came out.

16 Q. Okay. I'd like to go to page 70. And
17 toward the bottom there's a bold blue header that
18 says "Appendix D Excluded Studies Table."

19 Do you see that? Sorry. I missed you.
20 Did you see that?

21 A. Yes.

22 Q. And then I'd like to go to page 72. And
23 the second study listed there, the de Vries 2014
24 study. That's a study that you cite in your
25 declaration, correct?

1 A. Correct.

2 Q. And then I'd like to go to -- well, and
3 you were aware that the publishers of this
4 systematic review excluded that study from
5 consideration before you cited it in your
6 declaration, correct?

7 A. It's years ago that I read this, but yes,
8 I would have at some point been aware of that.

9 Q. And let's go to page 77. And that's
10 entitled "Appendix E, Evidence Tables."

11 Do you see that?

12 A. Yes.

13 Q. And there they are discussing the Achille
14 article that you cite, correct?

15 A. I believe that's how you pronounce it.

16 Q. But that's the article that you cite,
17 correct?

18 A. Yes.

19 Q. And then go to page 79. And toward the
20 bottom, that's the Allen study that you cite,
21 correct?

22 A. Correct.

23 Q. And then 81. And that's the Kaltiala
24 study that you cite, correct?

25 A. Yes.

1 Did I read that correctly?

2 A. Yeah. I think that's true because this
3 was published prior to some of those other studies
4 that looked at psychotherapy as a potential
5 confounder.

6 Q. But for the record, I read that
7 correctly?

8 A. Yes.

9 Q. Okay. And what do you -- well, let me
10 read the next sentence, and then I'll -- my first
11 question will be did I read it correctly.

12 "Because of this, it is not clear whether
13 any changes seen were due to gender-affirming
14 hormones or other treatments the participants may
15 have received."

16 And did I read that correctly?

17 A. Yes.

18 Q. And is this paragraph describing a
19 confounding variable like we discussed earlier?

20 MS. NOWLIN-SOHL: Object to form.

21 THE WITNESS: Yes.

22 Q. (BY MR. RAMER) And the, quote, other
23 treatments in that last sentence could include
24 psychotherapy, correct?

25 A. Theoretically, yes. I can't be sure what

1 It says "This systematic review
2 originated from a two-year commissioned work from
3 the governmental body of the Swedish agency for
4 health, technology, assessment, and assessment of
5 social services (SBU)."

6 Did I read that correctly?

7 A. Yes.

8 Q. And do you understand this article to be
9 a systematic review commissioned by the Swedish
10 government?

11 A. I believe so, yes.

12 Q. So same page in the very top in the fully
13 gray box, there is a conclusion. And I'll read it
14 and ask if I read it correctly.

15 It says "Evidence to assess the effects
16 of hormone treatment on the above fields in
17 children with gender dysphoria is insufficient.
18 To improve future research, we present the GENDHOR
19 checklist, a checklist for studies in gender
20 dysphoria."

21 Did I read that correctly?

22 A. Yes.

23 Q. Do you disagree with the conclusion that
24 evidence to assess the effects of hormone
25 treatment on children with gender dysphoria is

1 insufficient?

2 MS. NOWLIN-SOHL: Object to form.

3 THE WITNESS: I would need a precise
4 definition of what they mean by "insufficient."

5 Q. (BY MR. RAMER) When you read this, did
6 you try to figure out what they meant by
7 "insufficient"?

8 A. Probably at the time. I don't recall
9 what their definition was.

10 Q. And so you said the article included a
11 lot of hyperlinks to very long appendices; is that
12 right?

13 A. Yes.

14 Q. And did you ever try to analyze those?

15 A. I started to, but didn't have time. But
16 as I mentioned earlier, a lot of what happens with
17 the systematic review is there are subjective
18 choices made in how you define your search
19 terminology, how you decide to exclude and
20 include.

21 So my intention was to go through and
22 better understand their full methodology, but
23 ultimately I did not have time.

24 Q. Okay. I'd like to go to -- maybe we're
25 still on 2280. And in the right column there is a

1 the next page, right column, 3.1. And the final
2 sentence of that paragraph in 3.1 says "A list of
3 excluded studies is provided at the SBU web page,"
4 and then includes a hyperlink.

5 Do you see that?

6 A. Yes.

7 Q. All right.

8 MR. RAMER: I'd like to now introduce
9 Turban Exhibit 20 if you have that, Li.

10 MS. NOWLIN-SOHL: Yes.

11 (Deposition Exhibit No. 20 was marked.)

12 Q. (BY MR. RAMER) And, Dr. Turban, I will
13 represent to you that this document is located at
14 the hyperlink that we just read.

15 And is this one of the long appendices
16 you were referring to?

17 A. It looks a lot nicer than the one I
18 remember. I wonder if they fixed some of the
19 formatting in translation.

20 Q. It could be.

21 A. But no, that's fine. It's not very long.

22 Q. And the -- let's see here.

23 Okay. Can you see in the light blue -- I
24 won't ask you to read Swedish -- but after the
25 backslash, it says "Appendix 2 studies excluded

1 due to high risk of bias."

2 A. Yes.

3 Q. And do you cite -- let me rephrase.

4 The first study listed is the Achille
5 study you cite, correct?

6 A. Yes.

7 Q. And the second study listed is the Allen
8 study you cite, correct?

9 A. Yes.

10 Q. And the third study listed is one of the
11 de Vries studies that you cite, correct?

12 A. Yes.

13 Q. And at the bottom of this page is the de
14 Lara study that you cite, correct?

15 A. Yes.

16 Q. Dr. Turban, are you aware of any
17 systematic reviews that have been able to draw
18 conclusions about the effects of gender-affirming
19 hormone therapy on suicide?

20 A. Like death from suicide?

21 Q. Yes.

22 A. No.

23 MR. RAMER: I think this is a good
24 breaking point. I also think I've been going for
25 about an hour.

1 provide puberty blockers to adolescents with
2 gender dysphoria; is that correct?

3 MS. NOWLIN-SOHL: Object to form. Object
4 to the extent that it calls for a legal
5 conclusion.

6 THE WITNESS: I'm not certain if it's
7 physically in that center, but the report makes it
8 clear that pubertal suppression is still an option
9 for individual patients, and that the general
10 gender dysphoria care is being moved from that
11 centralized clinic to regional clinics.

12 MR. RAMER: I'd like to look at -- did
13 the Turban Exhibit 21 come through, Li?

14 MS. NOWLIN-SOHL: Yes.

15 MR. RAMER: Okay. I'd like to pull up
16 Turban Exhibit 21, which has the title "Effects of
17 Gender-Affirming Therapies and People With Gender
18 Dysphoria: Evaluation of the Best Available
19 Evidence."

20 (Deposition Exhibit No. 21 was marked.)

21 Q. (BY MR. RAMER) And Dr. Turban, have you
22 seen this document before?

23 A. I have not.

24 Q. And were you aware that the Florida
25 Agency For Healthcare Administration imposed

1 policies that restricted access to
2 gender-affirming medical interventions?

3 A. I read it in the news.

4 Q. And did you ever try to research the
5 evidentiary basis for that decision?

6 MS. NOWLIN-SOHL: Object to form.

7 THE WITNESS: I know they commissioned a
8 report that was criticized by others, but I
9 personally did not go through it.

10 Q. (BY MR. RAMER) Okay. That's all I have
11 on that one.

12 And, Dr. Turban, do you consider yourself
13 to be an expert?

14 MS. NOWLIN-SOHL: Object to form.

15 THE WITNESS: Are you still there?

16 Q. (BY MR. RAMER) I didn't hear you. I'm
17 sorry.

18 My question was do you consider yourself
19 to be an expert?

20 MS. NOWLIN-SOHL: Same objection.

21 THE WITNESS: Do you mean in something
22 specific?

23 Q. (BY MR. RAMER) In anything.

24 A. I would say I'm an expert in the research
25 regarding the mental health treatment of

1 that pubertal suppression improves mental health
2 in transgender youth."

3 Did I read that correctly?

4 A. Yes. And again, this is why I wouldn't
5 take any one study in isolation since they all
6 have strengths and weaknesses. This was not one
7 of the studies that adjusted for psychotherapy. I
8 think we mentioned earlier some of the ones that
9 did.

10 Q. And so next page, study 10, I believe
11 this is your own study. And the final sentence
12 says "Of note, this study did not identify
13 psychotherapy as a potentially confounding
14 variable."

15 Did I read that correctly?

16 A. Yes.

17 Q. Was this the one you were struggling to
18 remember earlier?

19 A. No. The question was whether or not it
20 adjusted for access to gender-affirming hormones.

21 Q. Which -- the question in the study or the
22 question I had earlier?

23 A. The question I could not recall for sure
24 is whether or not it adjusted for gender-affirming
25 hormones, not psychotherapy.

1 legislation lead you to think it was a good time
2 to review the relevant research for the readers of
3 this blog?

4 A. Because legislators in several states
5 were making false statements that there was not
6 evidence regarding the benefits of this care, and
7 that I thought it was important for constituents
8 to know when statements by lawmakers are untrue.

9 Q. Is it fair to say that the -- I'm going
10 to put it this way: In the cases where you have
11 testified as an expert, is it fair to say that the
12 laws at issue in those cases were enacted by
13 Republican lawmakers?

14 MS. NOWLIN-SOHL: Object to form;
15 foundation.

16 THE WITNESS: I believe that's true.

17 MR. RAMER: And to go back to -- I think
18 I finally have the correction, so I will send
19 that.

20 Q. (BY MR. RAMER) Okay. So I will
21 represent to you that what I am sending is the
22 correction to the Plos One article entitled
23 "Access to Gender-Affirming Hormones During
24 Adolescence and Mental Health Outcomes Among
25 Transgender Adults."

1 MS. NOWLIN-SOHL: I believe so. Yes.

2 (Deposition Exhibit No. 25 was marked.)

3 Q. (BY MR. RAMER) And, Dr. Turban, do you
4 have a -- an account on the website formerly known
5 as Twitter, now known as X?

6 A. Yes.

7 Q. And is your handle @jack_turban?

8 A. Yes.

9 Q. And do you have Exhibit 25 in front of
10 you?

11 A. Yes.

12 Q. And is this a Tweet that you sent?

13 A. Yes.

14 Q. And I'll just read it first and then ask
15 if I read it correctly. It says "I'm really sick
16 of the #GOP's creative ways of signaling bigotry.
17 They don't care about the flag. They just want to
18 signal that they: (1) hate #LGBTQ people, (2)
19 want them to shut up and hide, and (3) want to
20 (and feel entitled to) have power over them. It's
21 gross."

22 Did I read that correctly?

23 A. Yes.

24 Q. Do you think that Republicans hate LGBTQ
25 people?

1 legislators that you were referring to in this
2 Tweet about the flag -- and sorry. Where was
3 that, the flag episode that you were describing?

4 A. This was back in June. I don't recall
5 the specifics.

6 Q. It was back just a few months ago. You
7 don't recall, like, what state? Was it Congress?

8 A. There have been many instances like this
9 over the past several months. I wish this one
10 stood out more than others, but no, I don't
11 remember this specific instance in June.

12 MR. RAMER: And I'd like to go to Turban
13 Exhibit 26.

14 (Deposition Exhibit No. 26 was marked.)

15 Q. (BY MR. RAMER) And do you have that up?

16 A. Yes.

17 Q. And I'll just read this one again and ask
18 if I read it correctly.

19 "Republicans don't believe in freedom of
20 speech. They silenced an elected representative
21 because she disagreed with them on the House
22 floor. It's not a coincidence that she's
23 transgender. They are steadfast in silencing and
24 attacking trans Americans. American democracy is
25 dead."

1 Did I read that correctly?

2 A. Yes, with a -- there's a statement below
3 it from the representative who was forced to stop
4 speaking on the House floor.

5 Q. Do you think that Republicans are
6 steadfast in attacking trans Americans?

7 MS. NOWLIN-SOHL: Object to form.

8 THE WITNESS: I think there's been a
9 clear rise in legislation that is not evidence
10 based and goes against the broad consensus in
11 medicine about how we can help these young people
12 I'm responsible for taking care of. And I have
13 been watching more and more legislation being
14 introduced that is harmful to them and that is
15 concerning to me.

16 Q. (BY MR. RAMER) Do you think supporters
17 of that legislation are attacking trans Americans?

18 MS. NOWLIN-SOHL: Object to form.

19 THE WITNESS: Again, I can't speak to
20 every individual who's introducing legislation,
21 but I can tell you it's legislation where the
22 evidence suggests that it's going to be harmful to
23 this population.

24 And it's very sad to me to watch that
25 non-evidence-based legislation be pushed forward

1 democracy is dead?

2 MS. NOWLIN-SOHL: Object to form.

3 THE WITNESS: I think it's very scary
4 that politicians would weaponize the government to
5 silence elected representatives from being able to
6 speak on legislation.

7 And as someone who's aware that often
8 physicians don't do a good job sharing evidence
9 broadly and that often the information that we
10 have and this research and peer-reviewed journals
11 doesn't always make its way into legislative
12 debates, it's scary to imagine that the few ways
13 in which that research and data is supposed to get
14 into the law-making process is in some instances
15 being prevented.

16 MR. RAMER: And I'd like to go to Turban
17 Exhibit 27.

18 (Deposition Exhibit No. 27 was marked.)

19 Q. (BY MR. RAMER) And do you have that up?

20 A. Yes.

21 Q. And I'll just read it first and then ask
22 if I read it correctly.

23 "Our country is dying and the GOP is
24 killing it. They are abusing power to attack
25 minorities, then demand that they stand silent

1 while attacked. We've seen this before in
2 history, and it's never ended well."

3 Did I read that part of the Tweet
4 correctly?

5 A. I'll have to read the screenshot below it
6 to know what the context was, but you read the
7 part above the screenshot correct.

8 Q. And do you think that the GOP is killing
9 our country?

10 MS. NOWLIN-SOHL: Object to form.

11 THE WITNESS: I'll need a second to read
12 the part you didn't read.

13 Q. (BY MR. RAMER) Okay.

14 A. Okay. This seems like the same -- a
15 reference to the same situation as the last Tweet,
16 which, again, I think was very concerning that
17 there was a member of this legislative body trying
18 to share research and data about -- I think in
19 this case it was a ban on gender-affirming medical
20 care for adolescents being dangerous.

21 And they used different techniques to
22 eventually silence that representative from being
23 able to share that information.

24 And I think the representatives who did
25 that and actively worked to try and remove

1 and answered.

2 THE WITNESS: I think I answered the
3 question.

4 Q. (BY MR. RAMER) Are you refusing to
5 answer the question yes or no of whether you think
6 that those certain GOP lawmakers who you just
7 referenced are killing our country?

8 MS. NOWLIN-SOHL: Object to form;
9 argumentative, asked and answered.

10 THE WITNESS: I don't think it's a
11 yes-or-no question, and I think I answered the
12 question.

13 MR. RAMER: All right. Let's go to
14 Turban Exhibit 28.

15 (Deposition Exhibit No. 28 was marked.)

16 Q. (BY MR. RAMER) Do you have that up?

17 A. Yes.

18 Q. I'll just read this and then ask if I
19 read it correctly.

20 "I should clarify. I don't hate all
21 conservatives," exclamation point. "Mostly just
22 the aggressive anti-trans Heritage folks," heart
23 emoji. "I should use more precise terminology for
24 my haters."

25 Did I read that correctly?

1 A. Yes.

2 Q. And what are anti-trans Heritage folks?

3 A. I don't recall the specific context of
4 this Tweet, but presumably it was someone similar
5 to this line of questioning accusing me of hating
6 all conservatives.

7 I have many conservative friends. I have
8 all throughout my education. I'm very close with
9 conservatives and people across the political
10 spectrum.

11 At the end of the day I work as a child
12 psychiatrist who takes care of a specific
13 population that I care deeply, which are the young
14 transgender youth.

15 There are individuals at the Heritage
16 Foundation who intermittently have passed
17 misinformation or said things about this
18 population or the research regarding them that's
19 not true, and it is very upsetting for me to see
20 people spread misinformation that's going to hurt
21 the young patients that I take care of.

22 So again, this is meant to clarify -- I
23 think the line of questioning that you're going
24 after is whether or not I have an issue with a
25 certain political party. And this Tweet is

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REPORTER'S CERTIFICATE

STATE OF IDAHO)
)
COUNTY OF ADA)

I, Amy E. Simmons, Certified Shorthand Reporter and Notary Public in and for the State of Idaho, do hereby certify:

That prior to being examined, the witness named in the foregoing deposition was by me duly sworn to testify to the truth, the whole truth, and nothing but the truth;

That said deposition was taken down by me in shorthand at the time and place therein named and thereafter reduced to typewriting under my direction, and that the foregoing transcript contains a full, true, and verbatim record of said deposition.

I further certify that I have no interest in the event of the action.

WITNESS my hand and seal this 19 day of October, 2023.



AMY E. SIMMONS

ID CSR No. 685

CA CSR No. 14453

WA CSR No. 22012915

OR CSR No. 22-009

RDR, CRR, CRC,

and Notary Public

My commission expires: 6/13/28.