

August Dekker

vs.

Jason Weida

CONFIDENTIAL - ATTORNEY'S EYES ONLY

Deposition of:

E. Kale Edmiston, Ph.D

March 23, 2023

Vol 1



UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA
TALLAHASSEE DIVISION
CASE NO. 4:22-CV-00325-RH-MAF

AUGUST DEKKER, et al.,

Plaintiffs,

v.

JASON WEIDA, et al.,

Defendants.

VIDEO-RECORDED DEPOSITION OF E. KALE EDMISTON, Ph.D.

Thursday, March 23, 2023
10:07 a.m. - 11:43 a.m.

VIA ZOOM

Stenographically Reported By:
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1 Thereupon,
 2 the following proceedings began at 10:07 a.m.:
 3 * * *
 4 THE VIDEOGRAPHER: We are now on the record.
 5 The time is 10:07 a.m. This is the
 6 video-recorded deposition of Dr. Kale Edmiston
 7 in the matter of August Dekker et al. versus
 8 Jason Weida, et al.
 9 This deposition is being held remotely via
 10 Zoom meetings on March 23rd, 2023. The
 11 videographer is Randy Wright, and the
 12 stenographer is Barbie Gallo, both in
 13 association with Lexitas.
 14 Will counsel please announce their
 15 appearance for the record.
 16 MR. BEATO: Good morning. This is
 17 Michael Beato on behalf of the defense.
 18 MS. RIVAUX: Good morning. This is
 19 Shani Rivaux with Pillsbury, Winthrop, Shaw,
 20 Pittman on behalf of the plaintiffs, and with me
 21 is Gary Shaw.
 22 MR. GONZALEZ: This is Omar Gonzalez on
 23 behalf of the plaintiffs. I'm with Lamda Legal.
 24 THE VIDEOGRAPHER: Will the court reporter
 25 please swear in the witness.

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1 THE STENOGRAPHER: Do we need an appearance
 2 from Mr. Bennington?
 3 If you would, Doctor --
 4 MR. BENNINGTON: I'm --
 5 THE STENOGRAPHER: I'm sorry.
 6 MR. BENNINGTON: That's okay.
 7 Good morning. I'm a paralegal appearing
 8 here from Holtzman Vogel.
 9 THE STENOGRAPHER: Dr. Edmiston, do you
 10 consent to my administering the oath to you
 11 remotely this morning since we are not all in
 12 person?
 13 THE WITNESS: Yes.
 14 THE STENOGRAPHER: If you would raise your
 15 right hand, I'll swear you in. Do you swear the
 16 testimony you're about to give in this matter
 17 will be the truth, the whole truth and nothing
 18 but the truth so help you God.
 19 THE WITNESS: Yes.
 20 THE STENOGRAPHER: Thank you.
 21 THEREUPON,
 22 E. KALE EDMISTON, Ph.D.,
 23 Being by me first duly sworn to tell the whole truth,
 24 as hereinafter certified, testified as follows:
 25

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1 DIRECT EXAMINATION

2 BY MR. BEATO:

3 Q. All right. Perfect.

4 Good morning, Doctor. Again, my name is

5 Michael Beato, and I represent the defendants in this

6 case. Before we begin, let me ask you, have you ever

7 been deposed before?

8 A. No.

9 Q. Okay. So let me go over some ground rules.

10 So, number one, for the benefit of the court reporter

11 when answering a question, please verbally state "yes"

12 or "no" if the question so desires instead of nodding

13 "yes" or "no."

14 A. (Nodding head).

15 Q. Also, a deposition is not an endurance

16 contest. If you need a break at any time, please let

17 me know, and I think we can accommodate that.

18 Moreover, for the benefit of the court

19 reporter, we can endeavor to limit crosstalk, so I will

20 not speak when you're speaking and vice versa. And if

21 you don't understand any of my questions, please let me

22 know. I'm more than happy to clarify or restate the

23 question.

24 With that said, let me ask you some

25 preliminary questions. Are there any notes or

Page 7

1 documents in front of you right now?

2 A. I have my -- my report in front of me right

3 now.

4 Q. Perfect. Any other documents?

5 A. I have a tablet, but I can put it away.

6 Q. I'm just curious.

7 Have you talked to anyone about this

8 deposition?

9 MS. RIVAUX: I'm going to object to form.

10 Go ahead, you can answer.

11 A. I -- my -- my partner is aware that I'm

12 doing it.

13 BY MR. BEATO:

14 Q. Okay. What is your current occupation?

15 A. I am an associate professor.

16 Q. At what university?

17 A. UMass Chan School of Medicine.

18 Q. When did you start this job?

19 A. September.

20 Q. And you are a professor of what area?

21 A. Psychiatry.

22 Q. What does your job entail?

23 A. My job entails conducting research and

24 mentoring students.

25 Q. What specific research?

Page 8

1 A. I conduct research in anxiety and

2 depression.

3 Q. Where do you currently live?

4 A. I live in Worcester, Massachusetts.

5 Q. And could you describe to me your

6 educational background.

7 A. Yeah, I completed a bachelor's degree at

8 Hampshire College, and from there I worked at a

9 neuroscience or psychiatry lab at the Yale School of

10 Medicine.

11 Then I went on to earn a Ph.D. in

12 neuroscience from Vanderbilt University. And then

13 after that, I did two post docs, one at China Medical

14 University and the other at university of Pittsburgh.

15 Q. Thank you, Doctor.

16 And this is a standard deposition question.

17 Are you taking any medications that would affect your

18 memory today?

19 A. No.

20 Q. Perfect. So for the purposes of this

21 deposition I'm going to define the firm

22 "gender-affirming care" as puberty blockers, cross-sex

23 hormones, surgeries and treatments to alter primary or

24 secondary sex characteristics for gender dysphoria.

25 Does that work for you, Doctor?

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1 A. I think those are all very different things,

2 so I would actually appreciate specificity.

3 Q. Okay. Fair enough. But in terms of the

4 blanket term, it's our understanding that it would

5 incorporate those four different treatments. When

6 greater specificity is warranted, I can clarify.

7 A. Okay.

8 Q. Are you a psychiatrist?

9 A. No.

10 Q. Are you a neurologist?

11 A. No.

12 Q. Are you an endocrinologist?

13 A. No.

14 Q. Are you a surgeon?

15 A. No.

16 Q. In your medical opinion, what is your

17 definition of gender dysphoria?

18 A. Well, I don't have a medical opinion because

19 I'm trained as a scientist, not a medical provider.

20 Q. All right. So what is your going definition

21 of gender dysphoria?

22 A. I would probably -- probably lean on the

23 language that's used in the DSM-5.

24 Q. And what is your definition of gender

25 identity?

Page 10

1 A. A sense of one's self as being a particular
2 gender.
3 Q. Can one change one's gender identity
4 throughout one's life?
5 MS. RIVAUX: Objection. Form.
6 BY MR. BEATO:
7 Q. You can answer.
8 A. I don't really feel that it's my place to
9 determine that for another person.
10 Q. Fair enough.
11 So based on your previous answers you
12 haven't diagnosed anyone with gender dysphoria?
13 A. No.
14 Q. Never prescribed puberty blockers for an
15 individual with gender dysphoria?
16 A. No. I have a Ph.D., not an M.D.
17 Q. So cross-sex hormone surgeries, haven't
18 prescribed or performed that for an individual with
19 gender dysphoria?
20 A. No.
21 MS. RIVAUX: Objection. Form.
22 BY MR. BEATO:
23 Q. So now I'm going to pull up a document.
24 Hopefully this works. I am not good with technology,
25 so please bear with me, Doctor.

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1 Tell me if you see this document.
2 A. Yes.
3 Q. Okay. Perfect. What is this document?
4 A. That is my rebuttal report.
5 MR. BEATO: So, court reporter, I'm going to
6 mark this as Exhibit 1.
7 (Defendants' Exhibit Number 1 for i.d.)
8 BY MR. BEATO:
9 Q. So, Doctor, does this document fairly and
10 accurately state your expert opinions in this case?
11 A. Yes.
12 Q. Are all of the studies and evidence you
13 relied on contained in the bibliography in this report?
14 A. Yes.
15 Q. So I'm scrolling down on page 1. The title
16 says "corrected." Why is this a corrected copy?
17 MS. RIVAUX: Objection. You can answer.
18 A. Can you sort of -- can you restate that?
19 BY MR. BEATO:
20 Q. Oh, sure. What does the title of this
21 document say?
22 A. Corrected Expert Rebuttal Report of
23 E. Kale Edmiston, Ph.D.
24 Q. Thank you, Doctor. And why does it say
25 "corrected"?

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1 A. Because it was corrected.
2 Q. Did you submit an earlier version of an
3 expert rebuttal report in this case?
4 A. Yes.
5 Q. What is the difference between Exhibit 1,
6 the corrected one, and the previous one?
7 A. The previous one cited a Soleman 2013 study
8 where I should have cited a Soleman 2016 study, and
9 there are two instances where that's the case.
10 Q. Thank you, Doctor.
11 Could you just quickly specify, do you
12 recall which paragraphs?
13 A. Paragraphs 26 and 29.
14 Q. Okay. Excellent memory, by the way. It's
15 impressive.
16 So here's another question. Have you
17 conducted any empirical research on gender dysphoria?
18 A. Can you define what you mean by "empirical"?
19 Q. What does empirical research mean to you?
20 A. All -- if you mean by empirical, original
21 research with data than I've collected, I have. But I
22 have not -- my publications have been reviews of the
23 extant literature.
24 Q. So to clarify, you have original research
25 with data; is that correct?

Page 13

1 A. I'm sorry?
2 Q. I apologize, Doctor. So am I correct so for
3 empirical research on gender dysphoria you have
4 original research with data?
5 MS. RIVAUX: Objection. Form.
6 You can answer.
7 A. I have done studies related to gender
8 dysphoria, but those studies haven't been published to
9 date.
10 BY MR. BEATO:
11 Q. So could you -- oh, I apologize, Doctor.
12 A. I've also -- but I have published studies
13 that have reviewed the literature on specific topics
14 related to gender dysphoria.
15 Q. Thank you for the clarification. Could you
16 describe those for us?
17 MS. RIVAUX: Objection. Form.
18 You can answer.
19 A. Yeah. What do you mean by "describe"?
20 BY MR. BEATO:
21 Q. Can you explain what you are studying in
22 those studies you referenced?
23 A. So there is review study that I published
24 some years ago that reviews the primary care literature
25 among transgender people. There is a review paper that

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1 is currently in press that reviews the neuro -- the
2 sort of biological basis for a trans identity. And
3 then I have another paper that has been submitted
4 related to adolescent decision making and brain
5 development as it pertains to gender dysphoria.
6 **Q. Thank you. Are those documents mentioned in
7 your bibliography?**
8 A. They are. There's also another paper that
9 I'm revising that's in the bibliography as well that is
10 about development and mental health in trans
11 adolescents.
12 **Q. In your opinion, what makes a treatment
13 experimental?**
14 MS. RIVAUX: Objection. Form.
15 A. I would say that that designation is outside
16 of -- that's not my responsibility to determine, but I
17 would say that -- I'll leave it at that.
18 BY MR. BEATO:
19 **Q. Okay. And you collect research, Professor?**
20 A. Yes.
21 **Q. And you deal with -- do you deal with
22 studies that are high quality and low quality?**
23 A. Yes.
24 MS. RIVAUX: Objection. Form.
25

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1 BY MR. BEATO:
2 **Q. So what is -- so what makes evidence low
3 quality?**
4 A. There are a lot of different reasons why a
5 study might be low quality. However, all studies have
6 limitations, and so as a scientist my job is to review
7 all of the literature and look at it as a whole because
8 any one study will necessarily have limitations, so you
9 can't look at any one study to sort of draw a
10 definitive conclusion.
11 **Q. So in your answer, Doctor, you mentioned
12 limitations. What are the limitations that you're
13 thinking of?**
14 A. I mean, I think any study can have
15 limitations, and there are so many different sorts of
16 limitations. It can be related to study design or
17 available data. No one study can do everything, so,
18 you know, resources are always finite.
19 **Q. Understood. Could you think of any other
20 limitations besides those two?**
21 A. It -- there are -- I mean, there are
22 numerous possible limitations. That's sort of the
23 nature of science, so I couldn't possibly begin to list
24 every limitation or every possible limitation of a
25 scientific study.

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1 **Q. Okay. And, Doctor, how did you learn about
2 this case?**
3 A. I was aware of the law from the news, and I
4 assumed that there would be a challenge to it. And
5 then I was approached by Lambda Legal, and that's how I
6 learned about this specific case.
7 **Q. And in preparing your expert rebuttal
8 report, what defendants' reports did you read?**
9 A. I read Dr. Scott's and Biggs', Dr. Levine's,
10 several others. I don't recall all of them at this
11 time.
12 **Q. So I'm going down on Exhibit 1 to page 3,
13 paragraph 7 which I'm highlighting. Doctor, could you
14 read the highlighting. Don't read the highlight, but
15 can you see the highlighting? It doesn't make the text
16 darker?**
17 A. Yes.
18 **Q. Perfect.
19 Is that an accurate statement, Doctor?**
20 A. Yes.
21 **Q. Did you rely on the WPATH Standards of Care
22 8 in making conclusions in your expert report?**
23 MS. RIVAUX: Objection. Form.
24 A. I relied on my expertise on the topic.
25

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1 BY MR. BEATO:
2 **Q. Is it your opinion that WPATH sets the
3 professional standards of care for treatments for
4 gender dysphoria?**
5 MS. RIVAUX: Objection. Form.
6 You can answer.
7 A. They are one organization. There are other
8 medical organizations that also have standards of care.
9 BY MR. BEATO:
10 **Q. And what are those medical organizations?**
11 A. Well, the Endocrine Society comes to mind.
12 **Q. Did you review any Endocrine Society
13 documents in making this expert report?**
14 A. No.
15 **Q. In paragraph 7, it states that you were a
16 chapter author for the Assessment chapter; is that
17 correct?**
18 A. Yes.
19 **Q. Does the Assessment chapter involve
20 treatments for adults?**
21 MS. RIVAUX: Objection. Form.
22 A. The Assessment chapter outlines the
23 assessment process for adults.
24 BY MR. BEATO:
25 **Q. Does your expert report concern treatment**

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1 for adults?
2 A. No.
3 MS. RIVAUX: Objection. Form.
4 BY MR. BEATO:
5 Q. Do your conclusions reached in the
6 Assessment chapter fairly and accurately describe your
7 opinions and conclusions about gender-affirming care?
8 MS. RIVAUX: Objection. Form.
9 A. The Assessment chapter is a consensus
10 document of many experts.
11 BY MR. BEATO:
12 Q. Is that a "yes"?
13 MS. RIVAUX: Objection. Form.
14 A. I -- you know, my -- I stand by the
15 standards of care as the gold standard for treatment
16 guidelines.
17 BY MR. BEATO:
18 Q. Why do you say that?
19 MS. RIVAUX: Objection. Form.
20 You can answer.
21 A. Yeah, because it -- because of the process
22 through which it was created.
23 BY MR. BEATO:
24 Q. And what was the process in which it was
25 created?

Page 19

1 MS. RIVAUX: Objection. Form.
2 I'm also going to object to the extent that
3 it would address any issues that are covered by
4 the stay that you -- in this case that you do
5 not go into any of that.
6 So I'm assuming, Michael, that you're not
7 asking anything that's privileged information as
8 it relates to that.
9 MR. BEATO: So let me ask you -- let me ask
10 you, Shani, is it plaintiffs' position that I
11 cannot ask any WPATH-specific question to the
12 doctor?
13 MS. RIVAUX: No, I'm not suggesting you
14 can't ask WPATH questions, but just you can't go
15 into the issues that are currently addressed in
16 the order that stays the discovery relating to
17 internal processes of WPATH. So as long as it's
18 not going into that, it's fine just depending on
19 the question, but I guess that's the concern
20 that I have is just not to violate that court
21 order or to violate any nondisclosure agreement.
22 You can ask anything that's about public
23 information but nothing internal or private to
24 WPATH that would violate that court order or
25 require Dr. Edmiston to violate his

Page 20

1 confidentiality agreement.
2 MR. BEATO: So, for example, asking about
3 how the doctor went about and revised the
4 assessment chapter to Standard of Care 8 I
5 cannot, according to plaintiffs, I cannot ask
6 questions relating to that?
7 MS. RIVAUX: Ask -- say that again. I'm not
8 sure I understood.
9 MR. BEATO: Sure. I'll break it down. So
10 in paragraph 7 the doctor states that the doctor
11 was an author for the Assessment chapter for
12 Standards of Care 8. And in revising the
13 standards of care, specifically the Assessment
14 chapter, I cannot ask any questions as to what
15 was the consensus; how did you come up with
16 revisions; what was the process like, I
17 cannot --
18 MS. RIVAUX: I -- so I think it's going to
19 be tough to -- I'm not giving you any blanket
20 prohibition or objection, so it may be easier
21 just to go question by question.
22 But I think to the extent it doesn't reveal
23 information that seeks confidential information,
24 then that's fine. So I think the limitation and
25 the instruction is just not to reveal

Page 21

1 confidential information.
2 MR. BEATO: Okay. I'm a little --
3 MS. RIVAUX: If you want to ask -- ask the
4 question, and then we can, you know -- to the
5 extent it doesn't seek information, my
6 instruction is going to be to the extent it
7 doesn't reveal confidential information or
8 information that would otherwise be barred by
9 the current stay and order, then Dr. -- then
10 Dr. Edmiston can certainly answer the question.
11 MR. BEATO: Sure. And I'm happy to seek
12 additional court guidance on this particular
13 issue too.
14 MS. RIVAUX: I'm sorry?
15 MR. BEATO: I'm happy to seek additional
16 court guidance on this issue too because we
17 believe it goes to credibility.
18 MS. RIVAUX: Right. Well, I think here
19 really the issue is he's here to take about his
20 expert report, not WPATH. And if there's
21 specific questions that you want to ask about
22 it, you know, we could go about it individually.
23 But, as I mentioned, there's a stay in place as
24 it relates to specific areas relating to WPATH
25 that you're aware of, and, you know, there's a

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1 confidentiality agreement. So to the extent
2 that it doesn't violate those, you can ask the
3 questions. And if we need to seek additional
4 guidance from the court, we certainly can do
5 that.
6 MR. BEATO: Okay. How about -- okay. How
7 about this? I ask my questions. You can
8 instruct the witness not to answer any questions
9 you believe he should not answer.
10 MS. RIVAUX: Okay.
11 MR. BEATO: Okay. Perfect.
12 BY MR. BEATO:
13 Q. So, Doctor, how does the -- well, let me
14 take a step back before I take a step forward.
15 Does WPATH standards of care have a process
16 in which those standards of care are revised?
17 MS. RIVAUX: Objection. Form.
18 You can answer.
19 A. What do you mean by "revised"?
20 BY MR. BEATO:
21 Q. So in terms of making a new version.
22 A. Oh. So the shift -- the drafting of
23 version 8?
24 Q. Precisely. Perfectly.
25 A. All right. Yes.

Page 23

1 Q. What is that process?
2 MS. RIVAUX: Objection. Form.
3 You can answer to the extent it doesn't
4 violate your confidentiality agreement or the
5 stay entered by the Appellate Court relating to
6 the subpoenas to WPATH.
7 A. I would refer you to the WPATH SOC8 website
8 which outlines that process.
9 (Defendant's Exhibit Number 2 for i.d.)
10 BY MR. BEATO:
11 Q. So I'm going to pull up another document.
12 I'm mark this as Exhibit 2. So I will scroll down.
13 It's six pages. And I will ask if this document looks
14 familiar to you.
15 A. No, I have not seen it before.
16 Q. Could you read the title for me?
17 A. "Establishing the SOC8 Revision Committee
18 and Meet the Chairs and Lead Evidence Team."
19 Q. And I can represent that this was on the
20 website.
21 So I'm going to page 3. Doctor, were you a
22 chapter lead when the Assessment chapter was being
23 revised or reviewed?
24 MS. RIVAUX: Objection. Form.
25 A. I was a chapter co-author.

Page 24

1 BY MR. BEATO:
2 Q. What's the difference between the two?
3 A. A chapter lead, I don't believe I can answer
4 a specific question about roles.
5 Q. Okay. Based on what counsel said?
6 A. Yes.
7 Q. Who was the chapter lead during the revision
8 process for the Assessment chapter?
9 A. Christina. I'm sure she's listed on the
10 website.
11 (Defendant's Exhibit Number 3 for i.d.)
12 BY MR. BEATO:
13 Q. I'm going to pull up another document. This
14 is Exhibit 3. It's a little bit longer than the other
15 one, but I'm going to scroll down. I will also
16 represent that this is from the WPATH website.
17 Does this document look familiar to you,
18 Doctor?
19 A. No.
20 Q. So I'm scrolling down to page 12, and I'll
21 represent that there are individuals under the
22 Assessment Of Adults With Gender Diversity/Dysphoria.
23 Doctor, do these individuals look familiar
24 to you?
25 A. Yes.

Page 25

1 MS. RIVAUX: Objection. Form.
2 BY MR. BEATO:
3 Q. How do you know these individuals?
4 MS. RIVAUX: Objection. Form.
5 You can answer.
6 A. I worked with them to write the chapter.
7 BY MR. BEATO:
8 Q. Are there any individuals who worked with
9 you who are not listed here?
10 MS. RIVAUX: Objection. Form. And
11 objection to the extent you can't answer without
12 violating a confidentiality agreement or any
13 stay in this case.
14 A. The authors list for SOC8 is very long.
15 Many different people were involved in it, and the
16 document was written collaboratively.
17 BY MR. BEATO:
18 Q. And earlier in the deposition you said that
19 the standards of care is a consensus document. What
20 does that mean?
21 A. I would refer you to the process, the
22 consensus process that is outlined on the website.
23 Q. Can you describe the process just generally?
24 A. There --
25 MS. RIVAUX: I'm going to object, again,

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1 only to the extent that you can answer the
2 question -- I mean to the extent the question is
3 asking generalities and not asking specifics
4 into the process or things that would be
5 violated, then that's fine, you can answer.
6 BY MR. BEATO:
7 Q. Let me clarify. Generally speaking.
8 A. Yes, there was a lit review that was
9 conducted externally, and then there were grievance
10 statements, and then the authors all had to build a
11 consensus around the statements.
12 Q. Understood.
13 Doctor, are you a member of WPATH?
14 A. I was. I believe my membership -- I might
15 be overdue on my dues, but, yes, I was at one time.
16 Q. When did you start being a member of WPATH?
17 A. I don't recall at this time exactly.
18 Q. Ballpark range?
19 A. Probably around probably 2017, I would
20 guess.
21 Q. And so this is another general question.
22 Looking at Exhibit Number 3 for the individuals listed
23 here -- and, again, you recall working with these
24 individuals?
25 A. Yes.

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1 Q. Are any of them endocrinologists, to your
2 memory?
3 MS. RIVAUX: Objection. Form.
4 A. No.
5 BY MR. BEATO:
6 Q. Are any of them surgeons?
7 MS. RIVAUX: Objection. Form.
8 A. There are endocrinologists and surgeons
9 involved in SOC8 for the hormone and surgery chapters
10 of SOC8.
11 BY MR. BEATO:
12 Q. And how would you describe each of these
13 individual's areas of expertise?
14 MS. RIVAUX: Objection. Form.
15 A. I think that the document describes their
16 areas of expertise.
17 BY MR. BEATO:
18 Q. Fair enough. So I'm going back to Exhibit
19 Number 2, and I'm scrolling down to page 4, chapter
20 stakeholder members. Again, this is on the public
21 website. Does WPATH when it's revising its standards
22 of care, to your knowledge, employ the help of
23 nonmedical professionals in that process?
24 MS. RIVAUX: Objection. I'm going to give
25 the same instruction. And also just to the

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1 extent that Dr. Edmiston is also not here,
2 doesn't speak on behalf of WPATH. But to the
3 extent that Dr. Edmiston has personal knowledge
4 that doesn't violate any confidentiality
5 agreement or the order, then you may answer.
6 A. Can you define "medical professional"?
7 BY MR. BEATO:
8 Q. Sure. So, for example, an M.D., an
9 endocrinologist, psychiatrist, someone who's gone to
10 medical school.
11 A. There are certainly people involved in
12 drafting the standards of care who have expertise who
13 did not go to medical school because obviously there
14 are lots of different manners to become educated and
15 gain expertise on this topic.
16 Q. And this topic is?
17 A. Transgender healthcare.
18 Q. And you mentioned or counsel mentioned a
19 confidentiality agreement.
20 A. Yes.
21 Q. As a member of WPATH you signed a
22 confidentiality agreement?
23 A. No, as a --
24 MS. RIVAUX: Objection. Form.
25 Sorry.

Page 29

1 BY MR. BEATO:
2 Q. I'm sorry.
3 MS. RIVAUX: I'm raising an objection only
4 to the extent you're not going to violate any
5 agreement.
6 BY MR. BEATO:
7 Q. No, do not violate anything. I'm just
8 asking what's with the confidentiality?
9 A. The chapter authors all signed it.
10 Q. I see.
11 A. We were asked to. I don't know what anyone
12 else did.
13 Q. Understood. So WPATH asked you to sign that
14 confidentiality agreement?
15 MS. RIVAUX: Objection to form.
16 A. I signed a confidentiality statement.
17 BY MR. BEATO:
18 Q. Understood. And, again, Doctor, we're just
19 building the record. I don't want you to violate
20 anything or make you feel uncomfortable in answering
21 any questions.
22 So let me scroll up on Exhibit 2. I know,
23 Doctor, you said you weren't a chapter lead. But
24 looking at the criteria for chapter leads, WPATH full
25 member in good standing. What do you think that means?

Page 30

1 MS. RIVAUX: Objection. Form.
2 A. I assume it means that you're a member of
3 WPATH.
4 BY MR. BEATO:
5 Q. A well-recognized advocate for WPATH and the
6 standards of care?
7 MS. RIVAUX: Objection. Form.
8 A. I'm not sure what you're asking me. Are you
9 asking me what a -- like what the word "recognized"
10 means? I'm not sure what you're asking.
11 BY MR. BEATO:
12 Q. Sure, what does recognize mean in this
13 context, in your opinion?
14 MS. RIVAUX: Objection to form.
15 A. That -- that you are known to people in this
16 area.
17 BY MR. BEATO:
18 Q. Understood.
19 So, Doctor, we're going to move away from
20 the process questions.
21 So now let me see if I can move this.
22 (Defendant's Exhibit Number 4 for i.d.)
23 BY MR. BEATO:
24 Q. I'm now going to introduce this as
25 Exhibit 4. Doctor, does this look familiar?

Page 31

1 A. Yes.
2 Q. What is this document?
3 A. This is the Standards of Care 8.
4 Q. Excellent.
5 So -- well, let me ask you this.
6 Do you think WPATH is an advocacy
7 organization?
8 MS. RIVAUX: Objection. Form.
9 A. No.
10 BY MR. BEATO:
11 Q. Why?
12 MS. RIVAUX: Objection, form.
13 You can answer.
14 A. The purpose of WPATH is to gather the
15 scientific evidence and expertise of scientists and
16 clinicians to -- to develop the standards of care and
17 to disseminate research.
18 BY MR. BEATO:
19 Q. And what kind of evidence does WPATH
20 collect?
21 MS. RIVAUX: Objection. Form.
22 A. So, again, I would refer you to the website
23 which outlines the process for drafting the standards
24 of care.
25

Page 32

1 BY MR. BEATO:
2 Q. And in terms of the chapter that you
3 assisted with authoring, which chapter is that?
4 MS. RIVAUX: Objection. Form.
5 A. I am co-author of the Assessment of Adults
6 chapter.
7 BY MR. BEATO:
8 Q. And that is Chapter 5?
9 A. Yes.
10 Q. I am now going on Exhibit 4 to page 33. I'm
11 scrolling to the -- now I'm on page 34. I'm scrolling
12 to the bottom of page 34. Doctor, I just have a few
13 questions.
14 If you look at 5.4, it says, "We suggest..."
15 and 5.5, "We recommend..."
16 A. Um-hum.
17 Q. Is there a difference between "suggest" and
18 "recommend" here?
19 A. Yes.
20 Q. What is that difference?
21 A. They are different words.
22 Q. Okay. Do they convey anything differently?
23 So there is -- strike that.
24 So they're used synonymously?
25 A. No.

Page 33

1 Q. So what are their differences?
2 A. The WPATH document has graded evidence, so
3 the language there is specific to the strength of
4 evidence.
5 Q. And what kind of evidence grading systems
6 does WPATH use?
7 A. I'm sorry. Can you repeat the question?
8 Q. Sure. So what kind of evidence grading
9 system does WPATH use?
10 So, for example, I believe the Endocrine
11 Society uses the GRADE system.
12 A. I would refer you to the website for that
13 information.
14 Q. Understood. So now I'm going to go back to
15 page 33, Doctor. One moment, Doctor.
16 33, I'm highlighting a section. It begins,
17 "For TGD..." and goes all the way to "... required."
18 So, Doctor, I highlighted this sentence.
19 Just so the record is clear, what does TGD mean in this
20 chapter?
21 A. I would suggest that you scroll up to the
22 top. It will be defined there.
23 Q. Right up here (indicating)?
24 A. Yes.
25 Q. Transgender and gender diverse?

Page 34

1 A. Yes.

2 Q. So in this highlighted section can you

3 elaborate on that sentence?

4 MS. RIVAUX: Objection. Form.

5 A. No.

6 BY MR. BEATO:

7 Q. It says what it says?

8 A. If you have a specific question, I'm happy

9 to, you know -- if you have a specific question. But

10 I -- I don't know what you -- you'll have to ask me a

11 specific question.

12 BY MR. BEATO:

13 Q. Sure. So when it says "...less common

14 treatments..." what does less common treatments mean?

15 MS. RIVAUX: Objection. Form. You can

16 answer.

17 A. I think if an adult was to ask for an

18 intervention that was nonstandard.

19 BY MR. BEATO:

20 Q. As an example, what would that be?

21 A. I wouldn't really want to speculate.

22 Q. Can you provide an example, though?

23 MS. RIVAUX: I'm going to object on the

24 grounds of scope, but you can go ahead and

25 answer.

Page 35

1 A. Yeah, I mean, it's a -- it is a bit outside

2 of the scope of, you know, my rebuttal. Sometimes

3 people ask for -- they might ask for a surgical

4 intervention that's nonstandard for as an example.

5 BY MR. BEATO:

6 Q. And limited research evidence, what does

7 that mean?

8 MS. RIVAUX: Objection. I'm going to object

9 on both form and scope here, but you can answer.

10 A. I mean, somebody -- it's -- there's always a

11 possibility that someone might request an intervention

12 that hasn't been researched before or has been

13 researched very little.

14 BY MR. BEATO:

15 Q. Can you provide an example, Doctor?

16 MS. RIVAUX: Objection. Form and scope.

17 You can answer.

18 A. I think the same -- the same answer. So if

19 someone were to ask -- if an adult were to ask for a

20 nonstandard surgical intervention, for example.

21 BY MR. BEATO:

22 Q. Scrolling to page 34, I'm highlighting

23 another sentence beginning with, "The statements

24 below..." and ending with "...consensus of professional

25 best practice."

Page 36

1 Doctor, what does the phrase "consensus of

2 best" -- strike that -- "consensus of professional best

3 practice" mean?

4 MS. RIVAUX: Objection. Form and scope.

5 You can answer.

6 A. Yeah, I mean, again, I would refer you to

7 the WPATH website where they outline a lot of sort of

8 the process and the specific terminology that they use

9 in this document.

10 BY MR. BEATO:

11 Q. With that in mind, could you today provide

12 me with what your opinion as an author of this section,

13 what consensus of professional best practice means?

14 MS. RIVAUX: Objection to both form and

15 scope.

16 You can answer.

17 A. The consensus of ex -- people with expertise

18 on the topic.

19 BY MR. BEATO:

20 Q. And how would you define expertise on the

21 topic?

22 MS. RIVAUX: Objection. Form and scope.

23 But you can answer.

24 A. I would, again, refer you to the WPATH

25 website where they talk about the -- they outline the

Page 37

1 sort of selection process for authors and how they

2 determine expertise.

3 BY MR. BEATO:

4 Q. Okay. So I'm going back to Exhibit -- bear

5 with me. This is now Exhibit 3. Again, we're still on

6 page 12 and 13. Do all of these individuals support

7 gender-affirming care?

8 MS. RIVAUX: Objection. Form; scope.

9 And to the extent it doesn't violate your

10 confidentiality agreement or the stay, you can

11 answer and if you know.

12 A. These individuals support the care that

13 is -- has an evidence -- that -- you know, your

14 question is very broad because gender-affirming care is

15 very broad.

16 BY MR. BEATO:

17 Q. It is.

18 A. And the SOC8 guidelines recommend an

19 individualized approach to care. So I think everyone

20 involved in -- for those individuals they support

21 quality healthcare.

22 Q. Going back to Exhibit 4, this sentence,

23 Doctor, "The empirical evidence base for the,"

24 scrolling to page 35 -- "assessment of TGD adults is

25 limited."

Page 38

1 My question is, in the sentence, what does
2 "empirical evidence base" mean?
3 MS. RIVAUX: Objection. Form and scope.
4 You can answer.
5 A. So I would have to re-read the chapter in
6 context. I do not want to define what a specific word
7 means in a specific sentence without reading the
8 context in which it occurs.
9 BY MR. BEATO:
10 Q. Fair enough. And would that same answer be
11 true for "limited" in this sentence?
12 A. Yes.
13 MS. RIVAUX: Objection. Form; scope.
14 BY MR. BEATO:
15 Q. Doctor, I apologize. I did not hear an
16 answer.
17 A. Oh. Yes.
18 Q. Let's go to the next page. This sentence,
19 Doctor, "Some TGD individuals will have the capacity to
20 grant consent immediately during the assessment."
21 What does that mean?
22 MS. RIVAUX: Objection. Form and scope.
23 A. This is about the assessment of adults and
24 is about the assessment process being individualized.
25

Page 39

1 BY MR. BEATO:
2 Q. So in an individualized scenario, can an
3 individual be given puberty blockers for gender
4 dysphoria after one medical treatment?
5 MS. RIVAUX: Objection. Form.
6 A. I would ask you to restate the question with
7 a little bit more specificity.
8 BY MR. BEATO:
9 Q. Fair question, Doctor. Fair question.
10 Let me -- let me go back to these questions.
11 Scrolling down to the next page, statement
12 5.3A, Doctor, what does this sentence mean?
13 MS. RIVAUX: Objection. Form and scope.
14 A. So this is a sentence from the adult chapter
15 that says "To access GAMSTs, a TGD person's gender
16 incongruence must be marked and sustained."
17 So that means that part of the assessment
18 process is to determine sort of the duration of the
19 feelings of gender incongruence and the degree to which
20 they are distracting or upsetting or troubling.
21 BY MR. BEATO:
22 Q. Scrolling a little bit further down, while
23 marked and sustained gender incongruence is present,
24 going all the way down to access gender-affirming care,
25 Doctor, what does that sentence mean?

Page 40

1 MS. RIVAUX: I'm going to object to form and
2 scope.
3 A. That if a person -- it just means that --
4 it's not -- there's not some threshold of suffering
5 that someone -- you know, that someone needs to suffer
6 a certain amount before they're allowed to access
7 healthcare.
8 BY MR. BEATO:
9 Q. Okay. Moving to page --
10 Well, actually, Doctor, we've been going for
11 about an hour. Would you like a five-minute break?
12 A. No, I'm okay.
13 Q. Okay. Okay. And, once again, if you'd like
14 a break at any time, please let me know. More than
15 happy to accommodate.
16 A. Sure.
17 Q. So this is on Page 38 highlighting the
18 sentence -- oops, no -- I -- I apologize.
19 Page 39, "in rare cases..." Doctor, in this
20 sentence what does "rare cases" mean?
21 MS. RIVAUX: Objection. Form and scope.
22 A. So in rare cases would mean a nontypical
23 instance.
24 BY MR. BEATO:
25 Q. And in the context of this sentence what

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1 would that nontypical instance be?
2 MS. RIVAUX: Objection. Form and scope.
3 A. So I would have to review the Hembree
4 citation there. I mean, one example could be if
5 someone had an estrogen receptor positive cancer.
6 BY MR. BEATO:
7 Q. And generally speaking, Doctor, when you
8 were authoring this section, did you read all of these
9 cases that are mentioned in this chapter?
10 MS. RIVAUX: Objection. Form; scope.
11 And to the extent it doesn't violate any of
12 the stay order that we discussed or the
13 confidentiality order, you may answer.
14 A. I have reviewed much of this literature. If
15 you have a specific question about a specific paper,
16 then I would request that you give me a break to review
17 the specific paper.
18 BY MR. BEATO:
19 Q. Understood. And perfectly reasonable. I
20 just had a broad general question.
21 And within the literature that you have
22 reviewed when authoring this chapter, do you know if
23 any of those studies were low evidence?
24 MS. RIVAUX: Objection. Form; scope.
25 You can answer.

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1 A. I think that you would have to describe what
2 you mean by "low evidence." I recall you asked me that
3 question before, and I answered that all studies have
4 limitations, and that's why we look at the literature
5 as a whole to draw conclusions.
6 I'm sure you're aware, there's quite a bit
7 of evidence cited in SOC8. I'm not sure off the top of
8 my head how many citations there are, but it's quite a
9 few.
10 BY MR. BEATO:
11 Q. So earlier in the deposition I think you
12 provided examples of low-quality evidence or
13 limitations. Do you recall saying study design could
14 lead to evidence being low quality?
15 MS. RIVAUX: Objection. Form.
16 A. I believe I said that that is an example of
17 a limitation. I didn't -- I do not think I said that
18 it was an example of low quality.
19 BY MR. BEATO:
20 Q. Okay. And -- okay. And as of right now,
21 you do not recall if any of those citations mentioned
22 in Chapter 5 have low-quality evidence?
23 MS. RIVAUX: Objection. Form; scope.
24 A. I -- I take -- I sort of -- I challenge the
25 premise of the idea of low quality. I am instead

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1 talking about the limitations that occur with any
2 scientific study, which is why we do lots of different
3 studies to draw conclusions.
4 So I sort of -- or not sort of. I object to
5 the premise of the question.
6 BY MR. BEATO:
7 Q. So still on page 39, sentence, "Because of
8 the possible harm..." all the way down to "...is
9 important," Doctor, what does this sentence mean?
10 MS. RIVAUX: Objection. Form and scope.
11 A. Again, I would ask that if you want me to
12 discuss specific sentences from a very large document
13 that I would be given time to review the document in
14 its entirety to ensure that I am fully representing the
15 context of any particular sentence.
16 BY MR. BEATO:
17 Q. Fair enough. And, again, you authored this
18 document, or at least this chapter in the Standards of
19 Care 8?
20 MS. RIVAUX:
21 A. I --
22 MS. RIVAUX: Objection to form; scope and
23 the other restrictions that we've talked about
24 before relating to your confidentiality
25 agreement and the stay order in place.

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1 A. Yes, I was a co-author of SOC8.
2 BY MR. BEATO:
3 Q. And this chapter?
4 A. Yes.
5 Q. Any other chapters, Doctor?
6 MS. RIVAUX: Objection. Form; scope; and
7 same objections relating to the confidentiality
8 agreement and the violation of -- and any -- and
9 not to violate the stay in place.
10 A. I would, again, refer you to the WPATH
11 website which outlines the process by which this
12 document was drafted. It was written via consensus and
13 was drafted collaboratively.
14 BY MR. BEATO:
15 Q. Okay. So I don't think you answered my
16 question. Did you -- again, noting the objections, did
17 you contribute in authoring any other chapters in
18 WPATH?
19 MS. RIVAUX: I'm going to object to form;
20 scope.
21 Again, do not violate your confidentiality
22 agreement or the stay that's in place.
23 A. Yeah, that would -- that would -- discussing
24 that would be in violation of the confidentiality
25 agreement.

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1 BY MR. BEATO:
2 Q. All right. I'll move on.
3 Doctor, to the best of your knowledge in
4 Chapter 5, does Chapter 5 discuss any negative health
5 risks of gender-affirming care?
6 MS. RIVAUX: Objection. Form; scope.
7 You can answer.
8 A. The Assessment chapter discusses the types
9 of assessments that are necessary to determine
10 eligibility and readiness for gender-affirming care.
11 BY MR. BEATO:
12 Q. Does it also talk about risks involved?
13 MS. RIVAUX: Objection. Form and scope.
14 You can answer.
15 A. I would ask what you mean by "talk about."
16 It outlines what assessments need to be or should be
17 done to determine the readiness for care.
18 BY MR. BEATO:
19 Q. And if I understand this correctly, part of
20 the assessments involve evaluating benefits and risks?
21 MS. RIVAUX: Objection. Form and scope.
22 You can answer.
23 A. Broadly, yes.
24 BY MR. BEATO:
25 Q. And in evaluating the risks, does that

Page 46

1 also -- in evaluating -- sorry.
2 In evaluating risks, do you also have to
3 weigh irreversible potential medical consequences?
4 MS. RIVAUX: Objection. Form; scope.
5 You can answer.
6 A. This is very standard healthcare. All
7 healthcare interventions have outcomes associated with
8 them, and this is no different from any other type of
9 health intervention.
10 BY MR. BEATO:
11 Q. So, Doctor, I would like to take a
12 five-minute break if you don't mind.
13 A. Sure.
14 MR. BEATO: Would you mind if we reconvene,
15 just because I like base-five numbers, how about
16 11:15?
17 THE WITNESS: Sounds good.
18 MR. BEATO: Thank you very much.
19 THE VIDEOGRAPHER: Stand by. We're going
20 off video record. The time is 11:08 a.m.
21 (A recess was taken from 11:08 a.m. to 11:16 a.m.)
22 THE VIDEOGRAPHER: We are back on the video
23 record. The time is 11:16 a.m.
24 BY MR. BEATO:
25 Q. All right. So, Doctor, let me ask you this.

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1 And let me pull up Exhibit 1, the expert rebuttal
2 report. Did you base any of your expert opinions on
3 the WPATH Standards of Care Version 8?
4 MS. RIVAUX: Objection. Form. You can
5 answer.
6 MR. BEATO: Counsel, can I have the basis
7 for the objection?
8 MS. RIVAUX: It was confusing the way you
9 worded the question.
10 MR. BEATO: Okay. I could rephrase.
11 BY MR. BEATO:
12 Q. Doctor, did you use WPATH's Standard of Care
13 Version 8 recommendations as a basis for your expert
14 report opinions?
15 A. I suppose I would ask what you mean by
16 "use." I have expertise and I reviewed the relevant
17 literature.
18 Q. So I'm scrolling down to page 4, paragraph
19 13. I highlight, "My opinions are based..." and I go
20 down to "...including my work as a contributing author
21 of WPATH Standards of Care 8."
22 Doctor, is paragraph 13 a fair and accurate
23 representation of your opinion?
24 A. Yes.
25 Q. Is the confidentiality from WPATH, is that

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1 preventing you from answering some of the WPATH
2 questions in this case?
3 MS. RIVAUX: Objection. Form; scope; and,
4 again, the same objections relating to the
5 confidentiality agreement and the stay order.
6 A. I'm adhering to the confidentiality
7 agreement that I signed.
8 BY MR. BEATO:
9 Q. Understood.
10 And, Doctor, again, in your expert report do
11 you opine on adult treatment?
12 A. In the rebuttal.
13 Q. Right. Apologies. I can be clear. Let me
14 rephrase.
15 Doctor, in your expert rebuttal report, do
16 you discuss adult treatment?
17 A. It -- the primary point or one of the
18 primary points of my report was related to adolescent
19 brain development.
20 Q. Understood. So where specifically do you
21 mention adults in your expert rebuttal report?
22 A. I would have to review, but I believe by and
23 large the report is regarding adolescents because that
24 is what is pertinent.
25 Q. And if you need time to review this report,

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1 let me know. So, again, your report concerns
2 adolescent treatment; is that correct?
3 A. Yes.
4 Q. Now, Doctor, regarding adolescent treatment
5 and gender-affirming care, is there a lot of literature
6 out there on the treatment?
7 MS. RIVAUX: Objection. Form.
8 MR. BEATO: Basis for objection?
9 MS. RIVAUX: It's a really broad, ambiguous
10 question. There's a lot of literature out
11 there. It's just, you know, just a broad,
12 ambiguous question.
13 BY MR. BEATO:
14 Q. Okay. Let me rephrase.
15 Doctor, is there a good, a great deal of
16 evidence on the effects of gender-affirming care on
17 adolescents?
18 MS. RIVAUX: Objection. Form.
19 MR. BEATO: Basis, Counsel.
20 MS. RIVAUX: Same thing. I think it's
21 ambiguous to say whether there's a great deal.
22 I think it's ambiguous. But he may answer.
23 BY MR. BEATO:
24 Q. I will scroll down to, we're still on
25 Exhibit 1, page 21.

Page 50

1 Doctor, could you read this sentence for me?

2 A. "In contrast, there is a great deal of

3 evidence supporting the mental health benefits of GnRHa

4 treatment for transgender adolescents."

5 Q. Doctor, is "great deal," is that vague?

6 MS. RIVAUX: Objection. Form.

7 MR. BEATO: Basis?

8 MS. RIVAUX: What's the relevance?

9 MR. BEATO: The doctor wrote it.

10 MS. RIVAUX: Okay. So you can ask him about

11 what he means by it.

12 BY MR. BEATO:

13 Q. What do you mean by "a great deal"?

14 A. So in this instance I'm looking at the

15 literature, the decades of use of GnRHa treatment and

16 the expertise of, my own expertise, the expertise of my

17 colleagues. There's a great deal -- again, there's a

18 great deal of evidence to support this, right. So I'm

19 thinking broadly about evidence from clinical

20 experience of my colleagues as well as the research

21 literature.

22 Q. Okay. When you say "research literature,"

23 what do you mean?

24 A. Publications like peer-reviewed

25 publications.

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1 Q. Can you provide me examples of those?

2 A. I would refer to you my bibliography. I

3 think there's quite a few citations.

4 Q. Can you name one off the top of your head?

5 A. There's a de Vries paper.

6 Q. And, again, Doctor, if I'm reading this

7 correctly, "In contrast, there's a great deal of

8 evidence supporting the mental health benefits of GnRHa

9 treatment for transgender adolescents."

10 Again, that's accurate?

11 A. Yeah, so the sentence that that is -- so the

12 sentence begins with the phrase, "In contrast." The

13 sentence prior to it says, "There is little to support

14 the defendants' designated experts' speculation about

15 the negative effects of GnRHa treatment on the brain."

16 So I stand by the sentence as written.

17 Q. Understood. I will scroll up to page 16,

18 paragraph 31. I highlighted the first sentence.

19 Doctor, could you please read that sentence?

20 A. Yes, "There is a small body of literature on

21 the effects of gender-affirming hormone care on the

22 brain in transgender adolescents."

23 So am I correct in assuming that you're

24 trying to suggest that these two sentences are in

25 conflict with each other?

Page 52

1 Q. No.

2 A. Oh, okay. Great.

3 Q. Let's go to paragraph 5. I'm sorry. I

4 misspoke. Page 5. Bear with me, Doctor. Sorry. So

5 in chapter -- strike that. Sorry.

6 In paragraph 16, I believe you're responding

7 to one of Dr. Scott's statements; is that correct?

8 A. Yes.

9 Q. I'm highlighting one sentence, I believe

10 it's the second sentence, "That is, literature

11 indicates that there are highly specific circumstances

12 in which adolescents are more likely to engage in risky

13 or impulsive behavior."

14 Doctor, my question is, did you provide a

15 citation for that assertion?

16 A. I do later on.

17 Q. Where is that?

18 A. I believe it's -- yeah, paragraph 18.

19 Q. And all those cases stand for that

20 proposition?

21 A. So those are references that describe the

22 context -- the contextual nature of decision making and

23 adolescents.

24 Q. And I'm scrolling back to page 5. Bear with

25 me. The sentence, "However, none of these examples are

Page 53

1 relevant to the issue at hand: Protracted medical

2 decision making made in the context of adult guidance

3 and consultation with a medical professional."

4 Doctor, my question is, what does protracted

5 mean here?

6 A. Drawn out.

7 Q. So in this context, what period of time are

8 we talking about?

9 A. I'm sorry. They're doing some work outside

10 of my office and it's a little loud. Can you repeat

11 the question?

12 Q. No problem whatsoever. No problem. And,

13 again, if there's like a -- something going on in the

14 background, more than happy to do that.

15 So in the final sentence of paragraph 16,

16 "However, none of these treatments are relevant to the

17 issue at hand: Protracted medical decision making made

18 in the context of adult guidance and consultation with

19 a medical professional," what does "protracted" mean?

20 Like what kind of -- here's the question. What kind of

21 period of time are we looking at?

22 A. So it could be -- you know, I think that it

23 varies, which is why SOC8 recommends an individualized

24 approach. It could be eight months or even years for

25 some people.

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1 Q. Okay. Do you have a citation or a study or
2 some basis for that proposition?
3 A. I believe in the next paragraph I cite the,
4 I think it's a Bauer study. Yeah, the Bauer 2022 study
5 which outlines the time between an adolescent realizing
6 that they're trans and then them coming out to a
7 healthcare provider.
8 Q. All right. So the this sentence -- okay.
9 Understood. So that citation for that's -- okay.
10 Thank you, Doctor. That's all I wanted.
11 A. Um-hum.
12 Q. Give me one second.
13 Let's go to Paragraph 25. I think this is
14 on page 10, still on Exhibit 1. I'm highlighting the
15 second sentence in Paragraph 25, "Case studies are the
16 lowest quality of evidence." Could you elaborate on
17 that, Doctor?
18 A. Yeah, a case study is a study of a single
19 individual, so they are generally not regarded as the
20 type of evidence that we would want to use to make --
21 to inform, you know, standards of care policy, you
22 know, the -- because it's just regarding a single
23 person, so generally, you know, we don't think of those
24 as being generalizable.
25 Q. Understood. And what limitations come with

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1 case studies?
2 A. Well, it's a study of a single person, so we
3 don't know if we can extrapolate the findings to the
4 broader population.
5 Q. Are there any other limitations inherent
6 with case studies, or it's just the focus of an
7 individual on one person, to your knowledge?
8 A. I would say that's probably the primary
9 limitation of a case study is just the, you know,
10 questionable generalized ability of them.
11 Q. Understood.
12 In your knowledge, do you know if WPATH
13 references any case studies in its standards of care?
14 A. I don't know off the top of my head, but I
15 do know that WPATH cites a large body of literature
16 that includes empirical studies, longitudinal studies,
17 cross-sectional studies, cohort studies, unlike
18 Dr. Levine who did not cite any valid literature.
19 Q. And in terms of the literature, does it
20 pertain to adolescent treatments with gender dysphoria?
21 MS. RIVAUX: Objection. Form.
22 MR. BEATO: Basis?
23 MS. RIVAUX: I didn't understand the
24 question.
25 MR. BEATO: Sure, I'll back up. I can take

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1 a step back before taking a step forward.
2 BY MR. BEATO:
3 Q. So, Doctor, you said that in the standards
4 of care, in WPATH there's a lot of longitudinal
5 peer-reviewed literature, correct?
6 A. I said that there is a variety of different
7 types of evidence that are informing recommendations as
8 a whole, so that could include longitudinal cohort,
9 cross-sectional.
10 Q. Could that also include case studies?
11 A. It may, yes.
12 Q. And in terms of the longitudinal cohort
13 literature that you mentioned, does that literature
14 reference or relate to adolescent treatment concerning
15 gender-affirming care?
16 A. There have been longitudinal adolescent
17 studies. If you're asking me to speak to a specific
18 one, I would want to take a break and review it.
19 Q. Understood. Without speaking in depth about
20 it, could you identify them for me off the top of your
21 head, or are they mentioned in your bibliography?
22 A. They are mentioned in my bibliography.
23 Q. To your mind, does your bibliography
24 reference all of those longitudinal cohort adolescent
25 related studies that you're thinking of right now?

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1 A. I cite the -- so I did a targeted literature
2 review, and I cite the studies that I was -- that I
3 identified that looked at mental health outcomes in
4 transgender youth. I would hesitate to claim that I
5 have cited every longitudinal study of transgender
6 youth, but I did do a thorough literature review.
7 Q. Fair enough. Fair enough. Are there any
8 additional reports that should be in your bibliography?
9 A. Not that I'm aware of.
10 Q. Let me go to paragraph 27 highlighting the
11 first sentence, "Both Dr. Levine and Dr. Laidlaw state
12 that the effects of GnRHa treatment on the brain are
13 both 'unknown' and 'likely negative.'"
14 Does WPATH comment on the effects of GnRH --
15 I'm going to get it wrong, Doctor. I apologize.
16 Does WPATH opine on the effects of GnRHa
17 treatment on the brain?
18 A. Not that I recall, but I would want to
19 review the entire document before making a definitive
20 statement.
21 Q. Is there a great deal of evidence on the
22 subject?
23 A. There is --
24 MS. RIVAUX: Objection.
25 THE WITNESS: Sorry.

March 23,, 2023

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1 MS. RIVAUX: You can answer.
 2 MR. BEATO: And what's the basis for the
 3 objection?
 4 MS. RIVAUX: I'm not sure when you're saying
 5 "there's a great deal of evidence on the
 6 subject" what the subject in particular you were
 7 referring to.
 8 MR. BEATO: The effects of GnRHa treatment
 9 on the brain.
 10 MS. RIVAUX: Do you want to rephrase -- the
 11 way -- to me, the way it came out was a
 12 little -- is a little bit ambiguous. If you
 13 want to rephrase it that way, that's fine.
 14 MR. BEATO: No problem whatsoever. I'm just
 15 asking for the basis of the objection so I can
 16 ask a better question.
 17 MS. RIVAUX: Yeah, that's fine.
 18 MR. BEATO: Perfect.
 19 BY MR. BEATO:
 20 Q. So, Doctor, is there a great deal of
 21 evidence on the effects of GnRHa treatment on the
 22 brain?
 23 A. There is -- there is evidence. There are
 24 studies that look at GnRHa treatment on the brain.
 25 Q. How many studies are you thinking of right

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1 now?
 2 A. In humans -- well, also, I guess it would
 3 depend. If you mean in humans, in transgender
 4 adolescents, I believe there's three neuroimaging
 5 studies. There are also animal studies as well.
 6 Q. With, for example, I think, sheep?
 7 A. Yes, there are some studies of sheep.
 8 Q. Sheep and mice?
 9 A. And a primate study also.
 10 Q. And for those -- if I remember this --
 11 please correct me if I'm wrong. For those three human
 12 studies, what were the results of those studies?
 13 A. I outlined those in the report. Those
 14 studies used different imaging modalities. They found
 15 differences in brain structure function that were
 16 associated with sex assigned at birth; others that were
 17 associated with gender identity.
 18 But when they ran correlations to determine
 19 associations between GnRHa treatment and brain
 20 structure function, they did not find any -- there were
 21 no significant findings.
 22 Q. Okay. So no significant findings of
 23 benefits in the treatments?
 24 A. No significant findings of any association.
 25 Q. Understood. And for the animal studies, the

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1 sheep, mice and primates, what were the results of
 2 those studies?
 3 A. Well, as I outlined in my rebuttal as well
 4 as the paper, the review paper that I wrote that I
 5 cited, the problem with a lot of the animal literature
 6 is that they don't use the correct reference group for
 7 comparing. So a lot of those studies report
 8 differences with GnRH treatment, but really their
 9 difference is between natal sex, so we would expect a
 10 medication that delays puberty to have sex-specific
 11 effects. That is the desired outcome of the treatment.
 12 Q. And I have no additional questions regarding
 13 the report. I do have additional follow-up questions,
 14 though.
 15 Earlier in the deposition you stated that
 16 you were aware of the law in place in Florida.
 17 A. (Nodding head).
 18 Q. By the way, it's not a law; it's a
 19 regulation, but understood, understood.
 20 A. All right.
 21 Q. How did you hear about it, the at-issue
 22 regulation?
 23 A. I don't recall.
 24 Q. Understood. If you could think back, was it
 25 social media, the news or you don't remember?

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1 A. I don't remember. I don't recall at this
 2 time.
 3 Q. And for your expert report, did you review
 4 the at-issue regulations?
 5 A. I reviewed, as I believe is stated at the
 6 beginning of the report, I reviewed the Florida
 7 Medicaid opinion.
 8 Q. The so-called GAPMS report?
 9 A. Yes.
 10 Q. But not the at-issue regulation?
 11 A. No, I did not review the text of it.
 12 Q. But you were aware of the at-issue
 13 regulation through something?
 14 A. (Nodding head).
 15 Q. Okay. What is your opinion on the GAPMS
 16 report?
 17 MS. RIVAUX: Objection. Scope.
 18 A. I would ask that you just be a little bit
 19 more specific.
 20 BY MR. BEATO:
 21 Q. Sure. So in writing this expert report, you
 22 reviewed the GAPMS report with the accompanying
 23 attachments, correct?
 24 A. Um-hum, yes.
 25 Q. As a professor, as a scientist, what are

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1 your opinions of the GAPMS report?
2 MS. RIVAUX: Objection. Scope.
3 You can answer.
4 A. I was surprised that it didn't seem to cite
5 a lot of relevant literature.
6 BY MR. BEATO:
7 Q. What literature would you have cited?
8 A. All the literature that I cited in my
9 rebuttal.
10 Q. And in hearing about the at-issue
11 regulation, how do you feel about the regulation?
12 MS. RIVAUX: Objection.
13 BY MR. BEATO:
14 Q. What is your opinion as to the regulation?
15 MS. RIVAUX: Objection. Scope.
16 A. I believe that healthcare decisions should
17 be made between patients and providers and their
18 families and based on expert medical evidence and
19 standards of care.
20 MR. BEATO: Doctor, I have no further
21 questions.
22 Counsel can ask some follow-up questions.
23 MS. RIVAUX: I don't have any follow-up
24 questions.
25 MR. BEATO: All right. Doctor, you're done.

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1 THE WITNESS: All right. Thank you.
2 MR. BEATO: Thank you, Doctor. I know
3 you're probably busy. And thank you for making
4 yourself available and taking time to answer
5 these questions. It's really appreciated.
6 MS. RIVAUX: Do you want to give him the
7 instruction about reading or waiving?
8 MR. BEATO: Could you do that, Counsel?
9 MS. RIVAUX: Sure. So, Dr. Edmiston, you
10 have the right to read your report and make any
11 changes to the extent that there were any errors
12 in the transcription or you can waive that.
13 Otherwise, you'd get a copy. If you choose to
14 read it, you'll have 30 days when you get it to
15 review it to make any changes. There will be a
16 form in which you can make any correction. And
17 then that gets sent back and a corrected copy
18 will get circulated to everybody.
19 THE WITNESS: Yeah, I'd like to read it.
20 MS. RIVAUX: Okay.
21 MR. BEATO: And, Doctor, just to be super
22 cautious because I know you have a
23 confidentiality agreement, I don't want to
24 violate that at all. If you said something
25 inadvertently that, you know, maybe you probably

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1 shouldn't have said, should this deposition be
2 under seal? We can send the court reporter the
3 protective order. I just want to make sure.
4 MS. RIVAUX: Yeah, you know what? Why don't
5 we do it that way, and then if there's any
6 reason to unseal it or to seal any specific
7 portion, we can go ahead and do that. And then
8 we can -- you know, if there's anything -- so
9 until Dr. Edmiston has an opportunity to review
10 it, and then we can mark things confidential as
11 appropriate later on. I appreciate that. Thank
12 you.
13 MR. BEATO: No problem. Doctor, I
14 understand. You're put in a tough position,
15 right. You have -- you got something signed. I
16 respect that. I wasn't trying to make you feel
17 uncomfortable or get around that, so I just want
18 to make sure everything is good.
19 I will ask, though, for an expedited
20 transcript.
21 And, Doctor, I want to make sure you have
22 sufficient time to review it, but at the same
23 time we want to get this finalized as soon as
24 possible.
25 THE WITNESS: I appreciate that.

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1 MR. BEATO: So, Zack, are you on there? We
2 can send over the court reporter the protective
3 order.
4 THE STENOGRAPHER: I just want to remind you
5 we're still on video record.
6 MR. BEATO: That's fine. This can all be on
7 the record. That's fine.
8 Okay. I think we're -- I think we're good.
9 Thank you for your time, Doctor.
10 THE WITNESS: You're welcome.
11 THE VIDEOGRAPHER: This is the videographer.
12 Would anyone like to order a copy of the video?
13 MR. BEATO: A copy of the video, I don't
14 need a copy of the video.
15 THE VIDEOGRAPHER: And Ms. Rivaux?
16 MS. RIVAUX: I don't -- I don't think we
17 need a copy of the video at this time. But for
18 the transcript, we'd like it at the same time,
19 please.
20 MR. BEATO: Yes, expedited.
21 THE VIDEOGRAPHER: Is there a date for that?
22 Just as soon as possible or --
23 MS. RIVAUX: As soon as possible.
24 THE VIDEOGRAPHER: Okay.
25 MR. BEATO: Thank you very much.

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1 THE VIDEOGRAPHER: And then I'll go ahead
 2 and take us off the video record. We're going
 3 off the record in the video deposition of
 4 Dr. Kale Edmiston. We're going off the record
 5 on March 23rd, 2023 at 11:43 a.m.
 6 (Thereupon, the proceedings concluded at
 7 11:43 a.m.)
 8 (The witness did not waive signature.)
 9
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CERTIFICATE OF REPORTER

THE STATE OF FLORIDA)
 COUNTY OF PALM BEACH)

I, Barbie Gallo, RMR-CRR, Registered Merit
 Reporter-Certified Realtime Reporter, certify that I
 was authorized to and did stenographically report the
 deposition of E. KALE EDMISTON, Ph.D., pages 1 through
 69; that a review of the transcript was requested; and
 that the transcript is a true and complete record of my
 stenographic notes.

I further certify that I am not a relative,
 employee, attorney, or counsel of any of the parties,
 nor am I a relative or employee of any of the parties'
 attorney or counsel connected with the action, nor am I
 financially interested in the action.

DATED this 23rd day of March 2023.

Barbie Gallo

Barbie Gallo, RMR-CRR

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CERTIFICATE OF OATH

THE STATE OF FLORIDA)
 COUNTY OF PALM BEACH COUNTY)

I, the undersigned authority, certify that

E. KALE EDMISTON, Ph.D. remotely appeared before me and

was duly sworn on the 23rd day of March 2023.

Signed this 23rd day of March 2023.

Barbie Gallo

BARBIE GALLO, RMR-CRR

Notary Public - State of Florida

My Commission No. GG939757

My Commission Expires: December 15, 2023

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Thursday, March 23rd, 2022
 E. Kale Edmiston, Ph.D. c/o Shani Rivaux
 Pillsbury, Winthrop, Shaw, Pittman, LLP
 600 Brickell Avenue
 Suite 3100
 Miami, Florida 33131
 (786) 913-4900
 shani.rivaux@pillsbury.com

IN RE: DEKKER vs WEIDA
 CASE NO.: CASE NO. 4:22-CV-00325-RH-MAF

Please take notice that on the 23rd day of March 2023,
 you gave your deposition in the above cause. At that
 time you did not waive your signature.

The above-addressed attorney has ordered a copy of this
 transcript and will make arrangements with you to read
 their copy. Please execute the Errata Sheet, which can
 be found at the back of the transcript, and have it
 returned to us for distribution to all parties.

If you do not read and sign the deposition within 30
 days, the original, which has already been forwarded to
 the ordering attorney, may be filed with the Clerk of
 the Court.

If you wish to waive your signature now, please sign
 your name in the blank at the bottom of this letter and
 return it to the address listed below.

Very truly yours,
Barbie Gallo
 Barbie Gallo, RMR-CRR
 Phipps Reporting, Inc.
 1551 Forum Place, Suite 200-E
 West Palm Beach, Florida 33401

I do hereby waive my signature.

 E. KALE EDMISTON, Ph.D.

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ERRATA SHEET

DO NOT WRITE ON TRANSCRIPT - ENTER CHANGES HERE

IN RE: DEKKER vs WEIDA

CASE NO. : CASE NO. 4:22-CV-00325-RH-MAF

WITNESS: E. KALE EDMISTON, PH.D.

TAKEN: 03/23/2023

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Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Date E. KALE EDMISTON, Ph.D.

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